

# **‘Active, Healthy and Well Gateshead’**

**A Health & Wellbeing Strategy for Gateshead  
(2013/14 to 2015/16)**

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## Foreword

I'm pleased to introduce you to our Health and Wellbeing Strategy: 'Active, Healthy and Well Gateshead', which sets out our aspirations and priorities to improve the health and wellbeing of all communities across Gateshead.

We are in a period of much change, both nationally and locally. We're seeing significant changes in the way services are organised and delivered. At the same time, we need to ensure we get the most from our limited resources in a context of new and increasing financial pressures.

Against this background, we need to redouble our efforts to address new and existing health and wellbeing challenges. We also need to reduce the unacceptable gap in healthy life expectancy within our own communities and between Gateshead and the rest of the country. Only in this way can we deliver our vision for Gateshead, set out in 'Vision2030'.

Our priorities have been shaped by what the evidence is telling us about the health challenges we face in Gateshead. We're having an ongoing conversation with local groups and communities about how we can take these priorities forward so that we can work together to improve the health and wellbeing of local people.

We know that the agenda we've set ourselves is not an easy one, but it's an agenda we must address head-on if we are to make the step-changes needed to achieve our health and wellbeing aspirations.

We also know that there is much more we can do to 'work better together' so that local people get the right package of advice, support and services they need, when they need them, delivered in a joined-up way. We also need to help people to help themselves, to improve their own health and wellbeing and remain independent for as long as possible.

I have no doubt that we can build upon the fine tradition of working in partnership in Gateshead, to take on the agenda for change set out in our strategy document. I look forward to working with you, and colleagues on our Health and Wellbeing Board, to achieve our health and wellbeing aspirations for the people of Gateshead.



Councillor Mick Henry

Chair of Gateshead's Health & Wellbeing Board and  
Leader of Gateshead Council

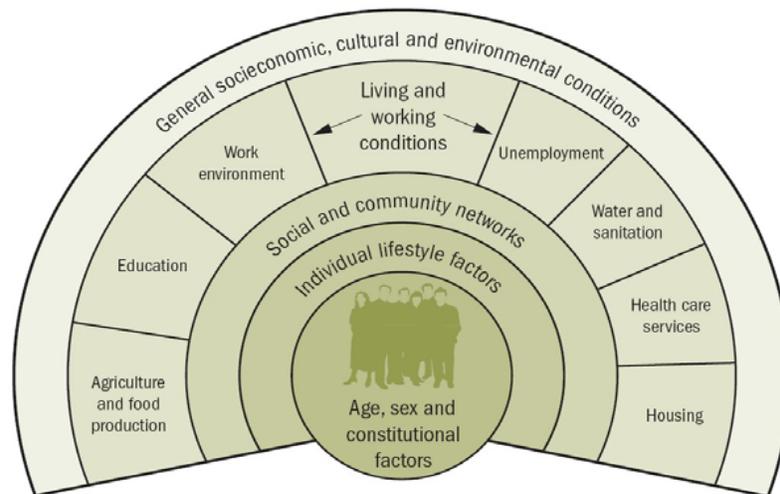
## Health and Wellbeing – What is it and why does it matter?

We all have heard the old saying “Your health is your wealth”, which remains as true today as it ever did.

The word "**health**" comes from the old English word *hale*, meaning "wholeness, a being whole, sound or well." Although it has been defined and redefined many times over the years, it is clear that health is more than the ‘physical’ aspects of health - good body health from regular physical activity, good nutrition and lifestyle etc. Health is as much about our ‘emotional wellbeing’ - realising one’s potential, coping with the normal stresses of life, working productively and making a contribution to one’s community.

Together, ‘physical’ and ‘emotional health’ combine to provide a rounded view of health, as was intended by the original meaning of the word. It follows that health and wellbeing underpins every aspect of our lives, as individuals and in our relationships with one another.

Our health and wellbeing strategy ‘*Active, Healthy and Well*’ recognises this diversity of health and wellbeing and the factors which influence and underpin it. The following diagram illustrates the range of factors which determine good health, starting with the individual and moving outwards to include the wider influences of society – from people’s age and hereditary factors, to their social networks and position within society such as their income, employment, education and skills level, social class; their local environment such as housing conditions, crime levels, access to services; and their ability to have control over their life and to lead a life they value (i.e. the social or wider determinants of health).



Dahlgren G and Whitehead M 1992 Policies and Strategies to Promote Equity in Health

## **Health and Wellbeing in Gateshead – A Snapshot**

Gateshead has a population of 200,300 which is forecast to increase by around 5% over the next 20 years. We have a higher proportion of older people in comparison with England as a whole. It is also predicted that the number of people aged 85 years and over will nearly double over the next 20 years.

While there have been improvements, far more people in Gateshead continue to suffer illness and early death than the national average. The life expectancy gap between England and Gateshead for men is 1.9 years and 1.7 years for women, although the trend over recent years is for life expectancy to be improving faster than the national average.

There are also big differences between different areas within Gateshead. Life expectancy is 8.9 years lower for men and 9.4 years lower for women in the poorest areas of Gateshead, compared to the most affluent areas. People who live in the more affluent areas of the borough can also expect to live much longer without getting a limiting, long term illness or disability than people from more deprived areas. In Gateshead, the difference in 'disability free life expectancy' for men is 14.8 years and for women it is 11.5 years. Worklessness, family poverty and deprivation play a major part in creating these inequalities in health outcomes, across the whole lifecourse from 'early life' to 'end of life'.

In Gateshead, people feel that they have poorer health and wellbeing than the rest of England, and are admitted to hospital more often. The major causes of premature deaths are cardiovascular disease and cancer, and these avoidable deaths are linked with lifestyle issues such as smoking, alcohol and obesity.

Gateshead has also seen significant increases in the number of older people most at risk of needing care and support e.g. people with dementia, people living alone, and those with long term illnesses. In recent years, the demand for social care services has increased which has placed extra demands on adult social care.

Gateshead has higher than England average proportions of families in low-rise social housing with high levels of benefit need.

In terms of overall deprivation, Gateshead is ranked 43rd out of 326 local authorities (where 1 is most deprived). It is particularly disadvantaged in relation to employment and also disadvantaged in relation to income and education, skills and training. Higher than average proportions of children are living in poverty or in low income families.

The current economic climate and welfare reforms have the potential to result in worsening health for our population. It is all the more important therefore that we

have clear aspirations for the health and wellbeing of local people and how we are going to deliver them by working with local communities and our partners. For more information on Gateshead's health profile, use the following link:

[http://www.apho.org.uk/default.aspx?QN=HP\\_METADATA&AreaID=50316](http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50316)

## **Our Vision for Health and Wellbeing**

Gateshead's Vision 2030 sets out an ambitious and aspirational vision, that:

*"Local people will realise their full potential and enjoy the best quality of life in a healthy, equal, safe, prosperous and sustainable Gateshead."*

Much of the success of the council and local partners in recent years has been rooted in a clear sense of the importance of people and place to regenerate the borough, to attract investment and to ensure local people and local businesses are well placed to make the most of those opportunities.

Our vision is underpinned by our aspirations for an active and healthy Gateshead:

- Gateshead residents are amongst those with the longest, happiest and healthiest lives in England
- Gateshead is recognised as a healthy and happy community in which to live
- All people across Gateshead have the opportunity to make positive lifestyle choices to improve their physical and mental health and wellbeing
- All residents have a positive attitude to physical activity and incorporate it into their daily lives
- Vulnerable and older residents lead fulfilling lives with support of their choice
- The unacceptable health and inequality gaps across the Borough and with England have been eradicated, particularly in relation to life expectancy

## **Our Health and Wellbeing Strategy - 'Active, Healthy and Well Gateshead'**

*Our Health and Wellbeing Strategy 'Active, Healthy and Well Gateshead'* sets out a route map on how we can work towards our ambitious vision for health and wellbeing based on evidence of local needs and evidence of what works.

*Our Strategy* has been informed by a wide range of information on local needs brought together by the Gateshead Strategic Needs Assessment (which incorporates our Joint Strategic Needs Assessment). This information was also used as a basis for engagement with partners and local communities on our emerging priorities.

*Our Strategy* sets out our response to the key health and wellbeing challenges facing present and future generations and what success would look like - where we need to be in 2, 5 and 10 years time in addressing these challenges.

*Our Strategy* recognises the financial constraints faced by the public sector as a whole as well as the potential impact of the Government's welfare reform measures on peoples' health and wellbeing. Against this backdrop, it sets out our priorities to transform the way we work together and allocate available resources to achieve our goals.

*Our Strategy* recognises the importance of the 'wider determinants' of health, both in securing the sustained health improvement of local people and addressing health inequality gaps within and between Gateshead communities. It recognises that there is a strong association between worklessness and poor health – leading to higher mortality rates, poorer general health and mental health. This means looking at how we live, how we can build active and healthy lifestyles into our lives, how we can make the most of peoples skills, community assets and diversity, and how we can help people to improve their life chances by learning new skills and securing employment to ensure a prosperous, attractive, healthy and safe Gateshead for all to enjoy.

## **Our Health and Wellbeing Board for Gateshead**

The NHS is changing significantly from 1<sup>st</sup> April 2013 as GPs take on a bigger role in deciding how health services are provided locally. Gateshead Council will also have a bigger role to play through its new public health responsibilities. Healthwatch Gateshead, the new local consumer champion for health and social care, will have a key role to play in ensuring the views of local people are heard and inform decision making.

Each of these organisations will also have a joint leadership role to drive forward the health and wellbeing agenda through their membership of the Gateshead Health and Wellbeing Board. As part of the Government's health reforms, local areas are required to establish Health and Wellbeing Boards to lead on the health and wellbeing agenda locally. Gateshead was an 'early implementer' and established a shadow Health and Wellbeing Board in October 2011, building upon its successful track record of partnership working with local NHS and partner organisations. From the 1<sup>st</sup> April, 2013, the Board formally became a committee of the Council.

A Health and Wellbeing Board for Gateshead provides an important new opportunity to consider public health, health care and social care services in the

round (i.e. as a 'whole system') and how they link to the wider determinants of health.

The Board will work collectively to:

- Transform health, social care and wellbeing outcomes for the better;
- Significantly reduce health inequalities;
- Enable people and communities to improve their own health and wellbeing and to influence the delivery of services;
- Provide greater accountability to local people.

A 'Who's Who' on Gateshead's Health & Wellbeing Board is included with the supporting information section at the end of this document.

## **Our Health and Wellbeing Priorities – Overview**

In working towards our ambitious aspirations for the health and wellbeing of local people in Gateshead, the Health and Wellbeing Board has developed:

- a set of '**working better together**' (**system improvement**) **priorities** that focus on changing the way we work together, the way we organise and deliver various activities and services that will support better health and wellbeing.
- a set of '**thematic priorities**' to help focus action on particular health and wellbeing topics, which our evidence base tells us will secure the biggest health improvements for the people of Gateshead and reduce health inequalities. As the factors which influence health are very much interrelated, our key themes are cross-cutting and span the life course of the individual, from early life to end of life.

## **Working Better Together – Our ‘System Improvement’ Priorities**

The Gateshead health and social care system is undergoing significant change arising from the health reforms and the overall policy direction of Government. This presents both challenges and opportunities. We need to recognise these so that we are well placed to respond to the challenges and make the most of opportunities to tailor the new system to help us achieve our health and wellbeing priorities for local people.

We also need to recognise the external pressures on the ‘system’ as a whole, not least the financial constraints on health and social care which will impact on how we do business, how we make the most of available resources (whether financial, human or technological) and ultimately, how we can work together to enhance the health and wellbeing of our communities.

The NHS Institute for Innovation and Improvement worked with our shadow Health & Wellbeing Board to help us identify the key issues to be addressed across Gateshead. The key system improvement priorities which have been identified are:

- **Secure joined-up, person centred services across health and social care – address ‘service fragmentation’.**
- **Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision.**
- **Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.**
- **Make the most of new working opportunities, including those across new geographies.**
- **Make the most of ‘place shaping’ opportunities to promote active and healthy lifestyles.**

## ***Working Better Together:***

### **Secure joined-up, person centred services across health and social care – address ‘service fragmentation’.**

#### **Why is this a priority?**

We want the focus of services to be on the individual across the life course (from ‘early life’ to ‘end of life’) so that peoples needs can be met in a joined-up and seamless way throughout their lives i.e. care that is not restricted by either organisational or professional boundaries. This will require local agencies and professionals working together ever more closely.

The health reforms will see significant changes in the way services are commissioned and delivered. We need to ensure that we use opportunities presented by the changes to address service fragmentation across health and social care and avoid duplication. Fragmented services do not make the most of clinical and professional resources and can lead to unscheduled care instead of proactive planned care. This, in turn, impacts on the quality and value of care provided and ultimately, on patient outcomes and experience.

Working towards integrated commissioning and integrated provision of services will be the focal point of our approach. We will align service delivery arrangements into an integrated model that provides excellence across the whole system, especially at the interfaces between services and the transition of care. A culture shift is also required to embed an ethos of collaborative working across organisations and workforces.

#### **Focus for action (2013 – 16):**

- Develop a route map for integrated commissioning of health and social care - from alignment of commissioning intentions to working towards a single integrated commissioning plan.
- Work towards an integrated commissioning model across health and social care (adults and children). Share learning from the integrated commissioning pilots around services to children (0 to 5) and older people with long term conditions.
- Address fragmentation around the way services are delivered across agencies so that they respond to the needs of the individual in a holistic way – secure integrated provision of services shaped by our commissioning intentions/plans.

- As part of this, develop a locality model for the delivery of services – identify appropriate population level(s) to deliver services and match with service provision arrangements.
- Secure the necessary culture shift required to support and embed collaborative working and service re-design.
- Ensure continuity of existing services as new working arrangements are implemented.

## ***Working Better Together:***

### **Make the most of available resources to secure better, higher quality services – shift more investment from expensive hospital care towards prevention, early intervention and community provision**

#### **Why is this a priority?**

Currently, there are significant resource constraints upon health and social care, pressures that will continue in the future. We will need to work in new ways to get the most from available resources, while maintaining and improving service quality. It is not just our financial resources that need to be maximised, but our staffing, technological and other resources as well.

This will mean working together to reduce our reliance on acute services (hospital admissions and readmissions) and investing more in prevention, early intervention and community provision. In doing so, we will need to ensure that we sustain the viability of key local services and that local people have easy access to quality primary care and other services.

We will need a particular focus on urgent care where much of our hospital spend is focused on. We need to help services to work more effectively and efficiently in this setting and to link better with intermediate care, including reablement.

We also need to reduce unwarranted variations in the way services are delivered across primary and secondary care, whilst enabling individuals and communities to shape and tailor services to best meet their needs.

We need to lead by example and help employers in Gateshead to maintain and improve the health and wellbeing of their employees and become 'health improving' organisations. A happier, healthier workforce will also be more productive, more efficient and cost effective.

Ultimately, we need to change hearts and minds about how we use our resources. At a time when resources are limited, we need to focus on key common goals, in areas that will make the biggest difference - targeting our most vulnerable groups and specific areas of our community. This approach is central to tackling health inequalities, to closing the gap between our most advantaged and most disadvantaged communities.

We need to mitigate the impact of the current economic climate on those who are most disadvantaged and vulnerable. In particular, we need to mitigate the impact of the welfare reforms on these groups.

**Focus for action (2013 – 16):**

- Secure a greater shift in investment from acute services towards prevention, early intervention and community provision where appropriate.
- Ensure local people have easy access to quality primary care services.
- Review urgent care and links with intermediate care and reablement to secure better, higher quality services.
- Tackle unwarranted variations in service delivery (clinical and other variations) and seek to 'bring the worst up to the level of the best'.
- Ensure commissioning is evidence based and clinically led as appropriate.
- Develop 'health improving' organisations across Gateshead, including the Council itself, making the most of our human and financial resources and promoting a health improving culture amongst employees.
- Minimise the impact of social care and health funding pressures, as well as the current economic climate generally, on the health and wellbeing of our most vulnerable communities. As part of this, address the impact of the government's welfare reforms on these communities.

## ***Working Better Together:***

**Strengthen engagement and build capacity within communities, especially those with the poorest health. Make the most of community assets.**

### **Why is this a priority?**

Gateshead has a strong sense of community where local people have a clear sense of belonging to their neighbourhood and want to live in a community with a sense of pride. We want our communities to be sustainable and cohesive – places where people share values and aspirations for the future and work together to achieve them, making the most of community assets.

In May 2012, Gateshead Strategic Partnership agreed the Gateshead Communities Together Strategy which sets out how partners will work together to ensure that local communities are engaged and empowered to be involved in decisions that affect their lives, where everyone feels valued and understood and share a sense of belonging.

The strategy identifies five key priority areas, each of which will shape how we work with local communities in taking forward our joint health and wellbeing agenda:

- *Community engagement and participation* – promoting positive and effective relationships, identifying issues that concern our diverse communities and responding appropriately, and ensuring hard to reach and other groups are not disadvantaged.
- *Community capacity building and making the most of community assets* – supporting the development of new skills within communities and the development of new and existing voluntary and community sector groups and social enterprises to help build community assets. Also, building community resilience to withstand the current economic climate, helping communities to make the most of their assets and to harness local resources and expertise to help themselves in an emergency (in ways which complement council and emergency service responses).

This will also support the ‘co-production’ of solutions (for example, design of services) by people who may use them alongside those who have traditionally provided or arranged them.

- *Information and communication* – ensure that local people have access to up-to-date information in suitable formats on activities, planned developments and support available within their communities.

- *Involving children, young people and schools* – encouraging the development of children’s and youth forums that provide a platform for all young people in Gateshead; promoting community cohesion, equality and diversity and citizenship in schools, out of school activities, youth and sports clubs and uniformed organisations.
- *Supporting positive community relationships* – supporting people within communities to live, work and learn together and to respect the diversity of communities within Gateshead.

Gateshead Council’s Volunteers Plan will support this work and, in particular, will link to community capacity building and making the most of peoples skills. It encompasses all volunteering activity across the borough and will provide strategic direction for work to build on current volunteering activity within areas and neighbourhoods, making the most of new opportunities. It will also focus on areas where volunteer activity is currently low and support work with communities to improve their health and wellbeing.

Gateshead Healthwatch will be the new consumer champion for both publicly funded health and social care. It will gather people’s views on, and experiences of, health and social care which will be used to influence those who commission and provide services for local people. This will enable commissioners to be more responsive to what matters to service users and the public, and to design services around their needs.

Through its membership of our health and wellbeing board, Gateshead Healthwatch will contribute to the preparation of our Joint Strategic Needs Assessment and Health and Wellbeing Strategy action plans on which local commissioning decisions will be based. This will help to hardwire public engagement into the strategic planning of health and care services.

Gateshead Healthwatch will also support individuals by providing information and advice about access to services (e.g. signposting) and promoting choice. This will help to empower and enable people to take more control of their own health, treatment and care, and understand and use the increased choices available to them.

**Focus for action (2013 – 16):**

- Continue to identify the issues that concern local people, particularly those with the poorest health, through an on-going conversation with local communities.
- Work in a collaborative and supportive way with local people and groups to develop ideas and solutions to address their health and wellbeing needs.
- Ensure local people have access to up-to-date information on activities and support available within their communities, including advocacy support.
- Build community resilience to withstand the current economic climate and help communities to make the most of their assets, resources and skills to help themselves.
- Through the Volunteers Plan, make the most of new opportunities to build on volunteering activity within areas and neighbourhoods across Gateshead and support communities in improving their health and wellbeing.
- Develop a communications and engagement plan for the Health & Wellbeing Board to help secure a more joined-up and cohesive approach to communications and engagement around our health and wellbeing agenda.

## ***Working Better Together:***

### **Make the most of new working opportunities, including those across new geographies**

#### **Why is this a priority?**

The health reforms will see significant changes in the way health services are commissioned and organised. Clinical Commissioning Groups will become the main commissioners of health care, local authorities will take on new public health responsibilities and a new footprint will emerge for the Gateshead health system. We need to be well placed to make the most of opportunities arising from these changes to work across new geographies where appropriate to achieve our health and wellbeing priorities for local communities.

Social care is also seeing significant changes in the way services are commissioned and delivered through the impact of 'personalisation' (enabling people to tailor and to be more in control of the services they receive). There is also scope for a broader range of services to be delivered by a greater variety of organisations. We need to make sure that we build upon what works locally, develop and make the most of new relationships and new ways of working for the benefit of local people.

#### **Focus for action (2013 – 16):**

- Examine the scope for collaboration on a footprint beyond Gateshead (both north and south of the river) to deliver our priorities. Also, make the most of opportunities to collaborate at a regional level where appropriate e.g. to address health inequalities across the north east.
- Make the most of collaborative working opportunities to secure economies of scale and value for money e.g. around the support infrastructure to Gateshead's health and social care system (*this is linked to the priority on making the most of available resources*).
- Ensure peoples' needs can be met through a diversity of quality provision.
- Ensure maximum available choice for Gateshead residents when accessing health and social care, having regard to patient/service user flows and a move towards greater personalisation.

## ***Working Better Together:***

### **Make the most of 'Place Shaping' opportunities to promote active and healthy lifestyles**

#### **Why is this a priority?**

'Place shaping' describes the ways in which local authorities and local partners can collectively use their influence, powers and creativity to create attractive, prosperous, healthy and safe communities – places where people want to live, work, enjoy leisure activities and do business.

Place shaping brings together a number of components that are central to sustainable and healthy communities:

- active, inclusive and safe – fair, tolerant, cohesive
- well run – effective and inclusive participation
- environmentally sensitive – caring for environment and resources
- well designed and built – quality environment
- well connected – good services, access and links
- thriving – flourishing and diverse economy and jobs
- well served – good public, private and voluntary services
- fair for everyone – just and equitable

It is clear that place shaping is central to delivering our vision and aspirations for Gateshead in the long term, in promoting active and healthy lifestyles, improving peoples life chances (including developing skills and employment opportunities) and securing sustainable health and wellbeing. It also lies at the heart of the approach we are taking to regenerate and develop our borough for the long term benefit of local people.

Our investment in place shaping aligns very closely with investment in prevention, as a key aspect of our approach is the creation of the necessary conditions to facilitate community wellbeing.

We need to make the most of opportunities to connect our place shaping and health and wellbeing agendas in everything we do. We need to join up the social elements of wellbeing (such as self esteem, social networks, mental health etc.) with the physical elements that promote active lifestyles and wellbeing (such as health enabling environments, sustainable transport, housing, employment and local amenities etc.).

Gateshead's Local Economic Assessment states that there is a need to tackle worklessness, improve skills levels of local people:

- There is a need to provide innovative approaches to help unemployed young people aged 18-24 to find suitable work and training opportunities.

- Promoting financial inclusion will improve economic wellbeing and will enhance life chances. Reducing illegal money lending, improving financial education and addressing issues such as child poverty will help create sustainable communities.
- Welfare reforms impact on people in work and out of work, affecting over half of Gateshead's households. This will reduce spend in the economy and impact widely on businesses.

Housing is a basic human need and good quality homes are essential to ensuring that local residents have good physical and mental health. The security of a warm, dry home, free from hazards and harrassment and with sufficient space is a positive contributor to health and wellbeing.

Our cultural and countryside offer to Gateshead residents **also** presents significant opportunities to join-up the social and physical infrastructure that supports health and wellbeing.

**Focus for action (2013 – 16):**

- Use the community leadership role of the Council and Health and Wellbeing Board to champion our 'place shaping for better health and wellbeing' agenda.
- Take forward opportunities arising from the Joint Gateshead and Newcastle 'One Core Strategy' and other planning and development initiatives to secure health enabling environments (*this also links to the priority on making the most of collaborative working opportunities*).
- Join-up work across partners which address the wider determinants of health, such as education and skills development, employment, economy, housing, transport, environment and amenities etc.
- Develop Gateshead's cultural and countryside offer and other assets in ways which support our health and wellbeing aspirations for local people.
- Develop our approach to Health Impact Assessment as a tool to inform our local planning framework and decision making.

## **Our Thematic Priorities – Securing the Biggest Health and Wellbeing Improvements for the People of Gateshead and Reducing Health Inequalities**

In order to give focus to our work to address the key health and wellbeing needs of local people across the life course (from early life to end of life), we have identified the following thematic priorities:

- **Ensure children have the best start in life and lead active, happy and healthy lives.**
- **Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment.**
- **Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.**
- **Improve mental health and wellbeing for all members of our community.**

We believe they will secure the greatest health and wellbeing improvements for the people of Gateshead.

For each thematic priority, we have described why it is a priority, drawing on evidence of peoples needs. We have then set out the key outcomes we are seeking to achieve and how we will measure progress. Finally, we have identified the main focus of action for the period 2013-16.

### **Overarching Outcomes**

There are two overarching outcomes which underpin our ‘Active, Healthy and Well Gateshead’ strategy as they cut across all our priority areas and draw on our vision for Gateshead. They are:

1. Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life. (Public Health Outcomes Framework 0.1)
2. Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities). (PHOF 0.2)

## **Priority - Ensure children have the best start in life and lead active, happy and healthy lives**

### **Why is this a priority?**

The Marmot Review into health inequalities (*'Fair Society, Healthy Lives'*) identified 'Giving every child the best start in life' as its most important recommendation.

Gateshead Children's Trust has as its aspiration "all children and young people are empowered and supported to develop to their full potential and have the life skills and opportunities to play an active part in society." This aspiration is supported by strategic objectives around safeguarding children and young people, supporting families and vulnerable children and young people, tackling poverty, starting and staying healthy and safe, and giving all children and young people the best chance of success, as outlined within our 'Children Gateshead Plan'.

What our children experience during their early years lays down a foundation for the whole of their lives. A child's physical, social, and cognitive development during their early years strongly influences their school-readiness and educational attainment, economic participation, lifestyle and health. Development begins before birth when the health of a baby is crucially affected by the health and wellbeing of their mother. Low birth weight in particular, is associated with poorer long-term health and educational outcomes (Marmot 2011).

The development of good speech, language and communication skills in early years is crucial to improving long term outcomes for children and young people. Research has shown that children who have normal non-verbal skills but a poor vocabulary at age five are one-and-a-half times more likely to have literacy difficulties or mental health problems later in life. This same group was more than twice as likely to be unemployed as those who had normally developing language at age five. Vocabulary levels at age five has been found to be a very strong predictor of the qualifications achieved at school leaving age and beyond.

Similarly, lifestyle choices at an early age are a good predictor of lifestyle choices later in life. It is all the more important therefore that young children are encouraged and supported to lead active lifestyles, built into their daily lives, and that this continues across the lifecourse. The needs of our most vulnerable children and young people warrant particular attention.

Each year, around 2,300 babies are born in Gateshead, offering an opportunity for every child to be supported to have the best health outcomes possible and to realise their full potential. Additional support is needed for children who are more vulnerable so that all children are born healthy, develop healthily and stay healthy.

In order to do the best for every child in Gateshead, we will ensure we have integrated commissioning arrangements in place and that roles are clear and focus on the needs of children and families.

We will ensure that we have universal children and family services in place that can identify vulnerable children early and assess their needs quickly. This will include:

- a family focused approach which builds on strengths as well as needs;
- high quality early education which is flexible and run by well trained staff and includes high levels of parent participation and an ethos of partnership with families
- sharing of information on assessment, including the 2 to 2.5 year check

We will ensure that we have effective targeted interventions to help children and their families. These will include:

- home visiting services coordinated by health visitors and midwives and the family nurse partnership as an intensive service
- access to additional family support services such as parenting support
- agreed integrated working between health and early years practitioners
- special educational needs (SEN) support in early years settings

We will also ensure that we have effective and clear routes into more specialist services for those children and families with multiple needs. These will include the new education, health and care plans for 0-25 for children with complex special educational needs and disabilities (SEND).

***Issues from Gateshead Strategic Needs Assessment (includes JSNA) –***

- 53% of children in Gateshead achieve a good level of development at age 5, which is lower than the England average.
- The proportion of women smoking during pregnancy is higher than the England average.
- Teenage conceptions in Gateshead are higher than the England Average.
- There are 190 low birth weight births in Gateshead each year (below 2,500g) - this represents 7.8% of all births.
- Breast feeding rates are increasing but remain significantly lower than the England average.
- Over 20% of 10 and 11 year olds in Gateshead are obese.

**Issues from Gateshead Strategic Needs Assessment (includes JSNA) –**

- The proportion of children undertaking 3 hours of PE and out of school sport each week (2009/10) is only 47%, which is much lower than the England average.
- Gateshead had 365 Looked after Children in 2011 - the rate per 10,000 children is significantly higher than the England average.
- Rates of immunisation for first dose against measles, mumps and rubella are higher than the England average. However, the percentage of children receiving their second dose of MMR immunisation is lower than the England average.
- Admissions to hospital due to injury, self harm and alcohol are high for children and young people

The Children's Trust Board has a major role to play to ensure children have the best start in life and lead active and healthy lives. It will work with the Health and Wellbeing Board to deliver priority actions to improve health and wellbeing outcomes for all children and, in particular, those who are most vulnerable through an integrated commissioning model.

The outcome measures and indicators to track progress (below) should be seen alongside the Children's Trust Board outcomes. So, for example, educational attainment and those related to safeguarding and child protection are covered there. Monitoring of immunisation and screening will also be done separately, working with Public Health England and the NHS England. There are some areas, recently flagged up in the Government's Children and Young People's Health Outcomes report, which we hope to be able to measure in future including wellbeing, physical activity and diet, and better measures of risk taking behaviour relating to drugs, alcohol, tobacco and sexually transmitted infections.

**Headline Outcome Measure**

1. Children in Poverty (PHOF 1.01).

**Indicators**

- Smoking status at time of delivery (PHOF 2.03)
- Low birth weight of term babies (PHOF 2.01)
- Breastfeeding initiation (PHOF 2.02i)
- School readiness (PHOF 1.2 *placeholder*)
- Excess weight in 4-5 year olds and 10-11 year olds (PHOF 2.06i 2.06ii)
- Risk taking behaviour: first time entrants to the youth justice system (PHOF 1.04i)
- Risk taking behaviour: smoking at age 15 (PHOF 2.9 *placeholder*)

- Hospital admissions as a result of self harm (PHOF 2.10 *under 18s when available*)
- Under 18 conceptions (PHOF 2.04)
- 16-18 years olds not in education, employment or training (PHOF 1.05)

**Focus for action (2013 – 16):**

- Ensure high quality maternity care across the antenatal and postnatal period and reduce risk taking behaviours during pregnancy.
- Promote breastfeeding, good nutrition and play.
- Provide parenting and family support proportionate to family needs, recognising the particular needs of looked after children and other vulnerable children.
- Ensure effective and clear routes into specialist services are in place for those children and families with multiple and complex needs.
- Continue to improve immunisation uptake rates.
- Encourage and enable children to lead active lives, building physical activity into their daily lives.
- Raise aspirations and improve attainment levels of all children.
- Reduce risk taking behaviours amongst children and young people e.g. smoking, drug and alcohol misuse, preventing hospital admissions and improving outcomes and life chances.
- Ensure children stay healthy and safe e.g. promoting a healthy weight, sexual health and emotional health and wellbeing (*this links to the priorities on tackling the major causes of ill health and early death, and improving emotional health and wellbeing*).
- Tackle child poverty, focusing upon the needs of the family as a whole.
- Ensure sufficient focus on transition from childhood to adulthood.

## **Priority - Tackle the major causes of ill health and early death, ensuring a focus on prevention and high quality treatment**

### **Why is this a priority?**

The health of the people of Gateshead is generally worse than the England average. Life expectancy is 76.7 in men (compared to an England average of 78.6 and England best of 85.1) and 80.9 in women (compared to an England average of 82.6 and England best of 89.8). As well as dying earlier, people have fewer years without health problems and overall wellbeing is worse than the national average.

There are also marked inequalities. Life expectancy is 8.9 years lower for men and 9.4 years lower for women in the most deprived areas of Gateshead than in the least deprived areas.

Overall, health is improving in Gateshead although the gap with England has not changed significantly.

Cancers and circulatory disease both have complex and multiple causes. Some of these cannot be changed: age, sex and family history for example. Others can, particularly if related to lifestyle.

The most important causes of cancer that can be changed are: smoking tobacco, excess alcohol, being overweight, physical inactivity and poor diet (including low consumption of fruit, vegetables and fibre rich foods and high intake of red meat and salt).

The causes of circulatory disease include: smoking tobacco, excess alcohol, being overweight and poor diet (particularly high salt intake).

In Gateshead, we have particularly high rates of obesity, many people have a poor diet with low levels of physical activity and consume too much alcohol. We have had very high rates of smoking, although these are now down to below the national average. While this is still too high (about 1 adult in 5 smokes), it shows that lifestyle factors which affect peoples health can be improved.

A significant proportion of health and social care resources are devoted to these conditions: in prevention, diagnosis, treatment and care. Many people will have these conditions for many years and need long term support and care. Commissioners of services aim to get the best outcomes for the people of Gateshead in all these areas within the resources available.

There is an important role for services to detect conditions early (e.g. screening for cancers) so that they can be treated earlier and to prevent progression of the condition once it is recognised ('secondary prevention'). This is particularly so for

circulatory disease where the management of high blood pressure, high cholesterol, and diabetes are a key part of reducing the burden of disease.

***Issues from Gateshead Strategic Needs Assessment (includes JSNA) -***

- Two groups of conditions account for half of the life expectancy gap: cancers and circulatory disease (sometimes known as cardiovascular disease - CVD).
- The death rate for Lung Cancer in Gateshead is 60% higher than for England. Smoking is a key risk factor for lung cancer and wide disparities in rates of smoking across Gateshead will contribute to the high lung cancer mortality rate in some communities.
- For men, 30% of the life expectancy gap with England is due to cancer (notably lung cancer) and 20% to circulatory disease. For women, 25% is due to cancers (lung cancer again predominating) and 27% to circulatory disease.
- Every year around 2,000 people die in Gateshead: of these about 670 deaths are from circulatory diseases, 600 from Cancer, 300 from respiratory diseases and 430 from all other causes.
- The most recent Health Profiles suggest that 22% of Gateshead residents are drinking at increasing or higher risk and 31% are obese. Moreover only 8% are taking sufficiently physical activity and 20% have a healthy diet. With the exception of alcohol consumption, these are all much worse than the average for England. Alcohol misuse, nevertheless, remains a key public health issue for Gateshead.
- The rate of diagnosis of genital herpes in Gateshead is slightly higher than both the England and regional average. The rate of gonorrhoea is higher than the regional average, but slightly lower than the national average. STI's are rising in new groups in the population, notably those over the age of 55 years. An estimated 169 people in Gateshead are HIV infected, this is a rising trend.

**Headline Outcome Measures**

1. Potential Years of Life lost from causes amenable to healthcare (NHS Outcomes Framework 1a)
2. Life expectancy at 75 (NHSOF 1b)

**Indicators**

- Smoking prevalence (Public Health Outcomes Framework 2.14)
- Alcohol related hospital admissions (PHOF 2.18)
- Proportion of physically active adults (PHOF 2.13)
- Excess weight in adults (PHOF 2.12)

- Cancer screening coverage (PHOF 2.20)
- Take up of NHS health check programme (PHOF 2.22)
- Emergency admissions for acute conditions that should not usually require hospital admission (NHSOF 3a)
- Emergency readmissions within 30 days of discharge from hospital (NHSOF 3b and PHOF 4.11)
- Reducing time spent in hospital by people with long-term conditions (NHSOF 2.3)
- Gateshead CCG Quality Premium indicators

**Focus for action (2013 – 16):**

***Prevention:***

- Maintain momentum on actions to reduce smoking prevalence.
- Address the harm caused by substance misuse and promote sensible drinking.
- Promote healthy eating, build exercise into peoples' daily lives (especially walking and cycling) and ensure people have access to leisure opportunities that help them remain active and healthy.
- Promote positive sexual health messages across the life course and support individuals to access high quality services.

***Early identification, treatment and condition management:***

- Better awareness of early signs and symptoms of cancer.
- Promote the uptake of Health Checks, cancer and other screening programmes.
- Ensure high quality clinical management of long term conditions.
- Promote self care and support individuals to manage their long term conditions.

## **Priority – Promote choice and empower local people to have more control over their health and social care and remain independent for as long as possible.**

### **Why is this a priority?**

The numbers of older people in the population will increase significantly over the next 20 years. In particular, there will be large increases in the numbers of people aged 80 and over. This is the age group that needs most support e.g. people with dementia, people living alone and those with a limiting long term illness. A key part of our commissioning plans will be to invest in services that aim to reduce people's needs for care and support whilst also delivering better outcomes.

We are also reviewing provision to the most vulnerable older adults so that services in care homes and to those who are housebound better meet their needs.

People's expectations are changing, they want more say in how they are supported through 'personalisation'. We need to support and empower people to have as much choice and control over their care and support as possible, whether they have short term needs or long term conditions. This is consistent with our vision for social care.

A key theme of our Housing Strategy is the provision of support to residents to find and maintain a home of their own which enables them to live independently and which promotes their wellbeing.

Living a life that is free from harm and abuse is a fundamental right of every person. We need to ensure that people at risk from abuse or neglect are effectively safeguarded, with the person at risk staying as much in control of decision making as possible.

Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. We need to provide the right support to carers so that they can fulfil their caring roles whilst also feeling fulfilled and valued themselves. Similarly, we need to maximise the contribution of housing packages and solutions to our preventative work.

Under the Equality Act 2010, public bodies are required to eliminate unlawful discrimination, harassment and victimisation and promote equality of opportunity. We will champion equality of opportunity in all aspects of health and social care and, in particular, our work to promote choice and to empower local people to have more control over their care and to remain independent for as long as possible.

***Issues from Gateshead Strategic Needs Assessment (includes JSNA) -***

- The proportion of over 65s is projected to rise by 25% between 2008 and 2025 (to 42,000 people). Even more dramatic is the expected rise in population aged 85+, increasing to 4,600 by 2015, then to 6,600 by 2025 (74% increase from 2008).
- Isolation and loneliness in older people may lead to malnutrition and health problems, including depression and dementia. Contact with health and social care systems can be delayed until a crisis is reached.
- There are over 1,100 admissions a year to hospital due to falls among people aged 65 and over (significantly higher rate than that of England).
- There are around 90 Excess Winter Deaths in Gateshead each year (i.e. extra deaths from all causes that occur in the winter months), most of which are considered preventable.
- 62% of terminally ill patients died in hospital, rather than at home in Gateshead during 2009-10, above the national average.
- Approximately 1.2% of children in Gateshead are severely disabled and an estimated 0.5% of children have a severe learning disability. As many as 7% of all children may have some form of disability. This has particular implications for transition from child to adult services e.g. identifying the needs of young people returning to Gateshead from out of borough placements.
- It is estimated that 12,000 people aged 18 – 64 in Gateshead (10.2% of the population) have a moderate or severe physical disability. This will grow as a result of overall population growth. Whilst the number of younger people with a disability is set to remain constant, the number of all people with a sensory impairment will increase significantly as a consequence of an aging population.
- It is estimated that 2,874 people aged 18 – 64 in Gateshead (2.4% of the population) have a learning disability. People with learning disabilities are living longer and the number of older people with a disability will increase significantly.
- 6.1% of Gateshead's adults with learning disabilities were in employment at their latest review, which is higher than the regional average.
- Carers who are unable to take advantage of educational or job opportunities suffer poorer health associated with low incomes.

**Headline Outcome Measures**

1. Social care related quality of life (Adult Social Care Outcomes Framework 1A)
2. Health related quality of life for people with long term conditions (NHSOF 2)

## Indicators

- Proportion of people who use services who have control over their daily life (ASCOF 1B)
- Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)
- Proportion of adults with a learning disability who live in their own home or with their family (ASCOF 1G and PHOF 1.6)
- Proportion of adults in contact with secondary mental health services living independently (ASCOF 1H and PHOF 1.6)
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcomes Framework 2.3 i)
- Proportion of older people who were still at home 91 days after discharge from hospital (ASCOF 2B and NHSOF 3.6)
- Falls and injuries in the over 65s (Public Health Outcomes Framework 2.24)
- Proportion of people who use services who feel safe (ASCOF 4A)
- Patient experience of primary care (NHSOF 4a), secondary care (NHSOF4b) and satisfaction of service users with care and support (ASCOF 3A)
- Carer-reported quality of life (ASCOF 1D)

### Focus for action (2013 – 16):

- Ensure individuals are supported and empowered to maintain and regain their health and independence e.g. through reablement, housing solutions.
- Invest in services that prevent or delay people reaching the point where they need health and/or social care e.g. falls prevention, telecare etc.
- Support people to have as much choice and control as possible through personalisation.
- Ensure seamless transition from child to adult services where care and support is tailored to meet individual needs. Ensure individuals, their families and carers have a positive experience of care and support.
- Ensure people are protected from abuse and avoidable harm and that their wellbeing is safeguarded, in particular those who are most vulnerable.
- Support people and their carers to take part in their communities, to have opportunities for work and leisure and to feel fulfilled and valued. As part of this, ensure people with physical and/or learning disabilities have the same rights and opportunities as everyone else.

## **Priority - Improve mental health and wellbeing for all members of our community**

### **Why is this a priority?**

Good mental health and wellbeing are essential prerequisites for an individual's ability to live to their full potential. While the terms mental health, mental wellbeing, and emotional wellbeing are often used interchangeably, mental health refers to a positive state, not just an absence of mental disease or illness. Mental health is described by the World Health Organization as:

“... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Work is underway locally and nationally to more accurately capture local information on peoples' mental health and wellbeing. Mental illnesses such as anxiety and depression are very common and can exacerbate long term conditions experienced by people. Nationally, among people under 65, nearly half of all ill health is mental illness. There are inequalities in the incidence of mental illness, with higher levels of mental illness in particular sections of the community, including socioeconomically disadvantaged communities, the unemployed and people with poor educational achievement.

Mental illness often increases the scale of physical illness. It can make existing physical illness worse, with complex relationships between mental health problems, smoking, obesity and physical activity. Good mental health therefore underpins any attempt to improve population health and reduce health inequalities – ‘no health without mental health’.

The Welfare Reform Act came into force in March 2012, the main aims being to move more people off benefits and into employment, to simplify the benefits system and to tackle administrative complexity. The Act will have a significant impact on local people, with many having to deal with changes that they are ill equipped to deal with. GP practices are already seeing an increase in the numbers of patients experiencing stress and anxiety associated with financial difficulties, impacting on family wellbeing. There could also be an increase in levels of homelessness. The Council and partner organisations will need to work together and provide advice and support to those affected.

***Issues from Gateshead Strategic Needs Assessment (includes JSNA) –***

- There are around 90 emergency hospital admissions each year due to self-harm among children and young people under 19 years of age in Gateshead, significantly higher than the rate across England.
- In Gateshead, 31,000 adults – nearly 19% of the adult population – have been diagnosed with depression (significantly different from England's 11%).
- As at February 2012, there were about 4,700 people claiming benefits due to mental and behavioural problems in Gateshead (a rate of 38 per 1,000 working population, higher than the England rate of 27 per 1,000).
- Between 2007 and 2011, the number of people diagnosed with dementia in Gateshead has risen from 1,000 to 1,200. Gateshead's prevalence of dementia, 0.60%, is significantly higher than that of England (0.48%). Increasing life expectancy will mean that the number of people with dementia living in Gateshead will rise.
- Initial analysis of data from a local survey shows that in adults, mental wellbeing dips between the ages of 35 to 54. It rallies between the ages of 55 to 74, then decreases again for those aged 75 and over.

**Headline Outcome Measure**

Self reported wellbeing (Public Health Outcomes Framework 2.23)

**Indicators**

- Suicide (PHOF 4.10)
- Employment of people with mental illness (Adult Social Care Outcomes Framework 1F, NHS Outcomes Framework 2.5, PHOF 1.8)
- Enhancing quality of life for people with dementia (NHSOF 2.6)
- Social connectedness (PHOF 1.18)
- Statutory homelessness (PHOF 1.15)
- Patient experience of community mental health services (NHSOF 4.7)
- Percentage of the population affected by noise (PHOF 1.14)
- Utilisation of green space for exercise/ health (PHOF 1.16)
- Air pollution (PHOF 3.1)
- Excess winter deaths (PHOF 4.15)

**Focus for action (2013 – 16):**

- Raise the aspirations of local people to achieve their full potential.
- Improve provision for children and adults with anxiety and/or depression by developing the range of services available.
- In implementing the Dementia Strategy for Gateshead, ensure emphasis on enablement and intermediate care access, accommodation solutions, end of life support and health and social care workforce development.
- Improve outcomes for patients by ensuring that all mental health treatment and care services sign post and refer patients to the full range of advice, advocacy and support services (e.g. debt counselling, employment services, housing, physical health improvement).
- Address the impact of the welfare reforms on local communities, particularly those who are most vulnerable.
- Support action to tackle loneliness, reduce social isolation and homelessness.
- Support the development of vibrant, safe and cohesive neighbourhoods e.g. through multi-agency safer neighbourhoods arrangements.
- Wider actions to tackle social and economic wellbeing.

## **‘Active, Healthy and Well Gateshead’ - How we will Deliver**

Our health and wellbeing strategy ‘**Active, Healthy and Well Gateshead**’ sets out challenging aspirations for the health and wellbeing of local people, in line with ‘Vision 2030’, our vision for Gateshead.

We will work to deliver these aspirations through the priority areas and actions set out in this document.

Our strategy sets out a number of headline outcomes measures to track progress in working towards these aspirations. Trajectories will be set for these measures so that we can see where we are now, where we want to be in the future to achieve our health and wellbeing aspirations and the progress that will be need to be made along the way to get there.

These measures will be supported by indicators to track progress on particular aspects of our health and wellbeing agenda.

During our engagement work with partnerships, local groups and communities, a number of big ideas were suggested to take forward our health and wellbeing agenda. These fell under the following themes:

- ‘Do the best for every child born in Gateshead / Make a commitment to every child’
- ‘Think ‘families’ in everything we do’
- ‘Get every child ready for school’
- ‘Make the most of intergenerational work to support health and wellbeing’
- ‘Make sure health is everyone’s business’
- ‘Get the most from our natural assets and use to promote active lifestyles’
- ‘Introduce car free areas ‘(e.g. a car-free central Gateshead on Sundays) to bring streets back into community use, to promote cycling, walking, family and community interaction/activities’
- ‘Lead by example to send out clear messages e.g. around alcohol’
- ‘Restrict hot food take-aways e.g. around schools’
- ‘A local food economy for Gateshead’
- ‘Gateshead communities coming together / Bring health close to communities’
- ‘Increase community access to local facilities and amenities’
- ‘Focus on hard to reach and vulnerable groups’

Through our ongoing conversation with local communities, we will consider how we can take these ideas forward as part of our health and wellbeing agenda. In particular, we will work to ensure that we do the very best for every child in Gateshead in order to give them the best start in life.

We will also work with local commissioners, local providers and the voluntary and community sector to turn our health and wellbeing aspirations into reality and secure an active, healthy and well Gateshead.

## **Supporting Information**

- **'Who's Who' on Gateshead Health & Wellbeing Board**
- **Our Joint Statement on Commissioning for Health and Wellbeing**
- **Explanation of Terms Used**

## **'Who's Who' on Gateshead's Health & Wellbeing Board**

The membership of Gateshead's Health & Wellbeing Board from 1 April 2013 is:

Cllr Mick Henry (Leader of Gateshead Council),  
Cllr Martin Gannon (Deputy Leader of Gateshead Council),  
Cllr Mary Foy (Cabinet Member for Healthier Communities),  
Cllr Michael McNestry (Cabinet Member for Adult Social Care),  
Cllr Gary Haley,  
Cllr Frank Hindle,  
David Bunce (Group Director, Community Based Services),  
Margaret Whellans (Group Director, Learning & Children),  
Carole Wood (Director of Public Health),  
Dr. Mark Dornan, (Chair of NHS Gateshead Clinical Commissioning Group),  
Mark Adams or Jane Mulholland (NHS Gateshead Clinical Commissioning Group),  
Alison Slater, (Director of Operations & Delivery, Cumbria, Northumberland, Tyne & Wear Area Team, NHS England)  
Robert Buckley (Healthwatch Gateshead representative),  
Gev Pringle (Chief Executive, GVOC) and

Additional representatives of partner organisations can be invited to take part in Board discussions on particular issues. These may include:

- Clinical leads on particular issues
- Gateshead NHS Foundation Trust, Northumbria, Tyne & Wear Mental Health Trust and other Providers
- NHS England
- Public Health England
- The Gateshead Housing Company
- Northumbria Police
- Northumbria Probation Service
- Tyne & Wear Fire and Rescue Service
- Gateshead College
- Nexus
- Business sector
- Gateshead Community Network

- Other Council Members & Officers

The Board will also work with the Children's Trust Board and other thematic partnerships of Gateshead Strategic Partnership, the Local Safeguarding Children's Board and Safeguarding Adults Partnership Board in taking forward its health and wellbeing agenda.

## **Our Joint Statement on Commissioning for Health and Wellbeing**

Gateshead Health and Wellbeing Board has a duty to promote and encourage integrated commissioning of services for the health and wellbeing benefit of local people across the lifecourse (including health care, public health and social care).

A Strategic Commissioning Group has been established to provide strategic leadership and to support the Health and Wellbeing Board to fulfil this responsibility. It will also have a reporting relationship to the Children's Trust Board and other partnership boards as required.

### **Areas of Focus**

- Provide strategic leadership on developing integrated commissioning arrangements to enhance the health and wellbeing of Gateshead residents across the lifecourse (from prenatal care to end of life care).
- Develop our understanding of the total level of resources available across the system i.e. the resource base as a whole and how this can best be matched and targeted to meet identified needs (to maximise returns from resources, secure value for money etc.).
- Scope out existing arrangements for the commissioning of services and where opportunities exist to work towards greater alignment /integration of commissioning arrangements.
- For those service areas, identify where they currently lie on a continuum from 'working towards alignment' to 'working towards full integration' of commissioning plans/intentions.
- Consider what the pace of change/timescales should be in moving towards a more integrated commissioning approach i.e. acknowledging that:
  - some service areas may be better placed to move along the continuum at a faster pace than others and/or
  - the progression of key priorities of our Health & Wellbeing Strategy (HWB) will likely require more integrated commissioning arrangements to be in place for particular service areas.
- Oversee the integrated commissioning pilots for older people with long term conditions and services for children (0 to 5), sharing learning to inform further pilot work across Gateshead.
- Look at new and innovative ways to deliver the priorities of Gateshead's HWB strategy through integrated commissioning arrangements.
- Oversee the integrated commissioning cycle and look to align the commissioning cycles of key partner organisations – in particular, needs assessment, development of commissioning intentions, engagement with providers and performance review.
- Develop and link with existing joint working arrangements in place e.g. the Joint Commissioning Business Group.

- Liaise with NHS England and Public Health England to support integrated commissioning arrangements.
- Link our commissioning arrangements with the wider determinants of health.
- Lay the foundations for the alignment and integration of service delivery arrangements, especially at the interfaces between services and the transition of care.

**Relationship with Provider Organisations/Forums**

The Strategic Commissioning Group will utilise and build upon existing provider forums to facilitate engagement with providers on Gateshead's health and wellbeing agenda. This will include moving towards integrated commissioning arrangements and enabling provider organisations to input to this work.

## Explanation of Terms Used

**Capacity Building** – the ability of communities to perform functions, solve problems and set and achieve objectives in a sustainable manner. It is about increasing the skills, infrastructure and resources of individuals, communities and organisations.

**Clinical Commissioning Group (CCG)** – Under the health reforms, CCGs will be the main commissioners of NHS services from 1<sup>st</sup> April 2013. This means that Gateshead CCG will become the main commissioner of NHS hospital, community and mental health services for the local population of Gateshead.

**Commissioner** – a manager in the NHS or a council who oversees the day-to-day process of **commissioning** services.

**Commissioning** – the process of ensuring that health and care services are provided so that they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and overseeing service providers.

**Community Resilience** – the ability of a community to withstand and recover from adversity.

**Co-production** – production of solutions (for example, design of services) by the people who may use them alongside those who have traditionally provided or arranged them. The concept of co-production assumes that people have assets to contribute rather than simply needs which must be met.

**Health and Wellbeing Board (HWB)** – from 1<sup>st</sup> April 2013, a statutory committee of a local authority which will lead and advise on work to improve health and reduce health inequalities among the local population. Members will include councillors, GPs, health and social care officers and representatives of patients and the public, including local HealthWatch.

**Health and Wellbeing Strategy** – **Health and Wellbeing Boards** will be required to produce a Health & Wellbeing Strategy for the local area, based on the needs identified by the **JSNA**

**Health Improving Organisation** – An organisation which seeks to have health improvement as a core element and which, in turn, influences all aspects of the organisation's activity.

**Health Inequalities** – differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore considered to be unacceptable.

**HealthWatch** – effective from April 2013, local HealthWatch will be patient and public engagement bodies, taking over from Local Involvement Networks (LINKs). They will be supported by a national organisation, HealthWatch England.

**Integration** – bringing together the work of partners so that their efforts can be combined. Most commonly applied to the NHS and the social care part of the local authority and now including public health, integration offers a joined-up experience to service users, and can be both more effective and efficient in its use of limited resources. Integration can be applied at different points – for example, in needs assessment, commissioning, or in service provision.

**Joint Strategic Needs Assessment (JSNA)** – the process and document(s) through which local authorities, the NHS, service users and the community and voluntary sector research and agree a comprehensive local picture of health and wellbeing needs. The development of JSNAs will be the responsibility of **Health and Wellbeing Boards**. **CCGs** and **NHS England** will be required to “have regard to” JSNAs when developing their commissioning plans.

**Lifecourse** – a lifecourse approach to health emphasises the accumulated effects of an individual’s experience across their life span in understanding peoples’ health and the prevention of illness. Poor economic and social conditions in the very early years of life have been shown to affect adversely individuals’ growth and development, their risk of disease and ill health in later life and their life expectancy. Professor **Marmot’s 2010 review of health inequalities**, ‘*Fair Society, Healthy Lives*’, strongly advocates a lifecourse approach to population health, health improvement and tackling health inequalities, with the first five years of life being the highest priority.

**Marmot Review of Health Inequalities** – a review of the causes and the “causes of the causes” (i.e. the social and economic determinants) of **health inequalities** in England, carried out by Professor Sir Michael Marmot in 2010. It identifies a number of key areas for action to reduce health inequalities, the most important of which is “giving every child the best start in life”. The review, *Fair Society, Healthy Lives*, can be accessed through the following link:  
<http://www.marmotreview.org/english-review-of-hi/key-messages.aspx>

**Mental Health** – is described by the World Health Organisation as “... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

**Needs Assessment** – reviewing the characteristics of a population (for example their health status, the number with long-term conditions, numbers in different age groups) and their needs, leading to agreed priorities and resource allocation decisions to improve health and wellbeing and reduce inequalities. A **Joint Strategic Needs Assessment** is a statutory requirement for each area.

**NHS England** – a national body created by the Health and Social Care Act 2012, whose role includes supporting, developing and holding to account the **clinical commissioning groups**, as well as being directly responsible for some specialist commissioning. There are 27 Area Teams across the country, including the Cumbria, Northumberland, Tyne & Wear Area Team.

**Outcomes Framework** – a national framework which sets out the outcomes and corresponding indicators against which achievements in health and social care will be measured. There are three outcome frameworks – for the NHS, for adult social care and for public health.

**Personalisation** – the principle behind the current transformation of adult social care services, and also relates to health services. It is about providing individualised, flexible care intended to promote the independence of those who need care.

**Place Shaping** – describes the ways in which local authorities and local partners can collectively use their influence, powers and creativity to create attractive, prosperous, healthy and safe communities – places where people want to live, work, enjoy leisure activities and do business.

**Public Health** – “The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.” (UK Faculty of Public Health, 2010). The three domains of public health are: health improvement; health protection; and health services. Under the Health and Social Care Act 2012, responsibility for public health is transferring from the NHS to local government. A national public health service, Public Health England is also being established.

**Reablement** – is a range of services focused on helping a person maximise their independence by learning or re-learning the skills necessary for daily living.

**Social (or Wider) determinants of health** – the social and economic conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for **health inequalities**.

**Wellbeing** – used by the World Health Organisation (1946) in its definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. More recently the concept was described as “feeling good and functioning well” (New Economics Foundation, 2008).