

.DRAFT Equally Well Implementation Plan : Our Indicators

The Equally Well Implementation Plan sets out how we will turn the vision and ambitions into real outcomes in the short and longer term for our residents. We need to know if our approach and strategic ambition is making a difference.

It is widely acknowledged that it is difficult to monitor effectiveness of interventions to reduce health inequalities because of the complex range of factors that contribute to change. All partners acknowledge that major change will not happen overnight, so we will be seeking gradual improvements in these indicators

The high-level measures a population level are the overarching indicators that will be monitored are set out in Table 1

We will also measure our progress by focusing on the impact that the strategy will have on people's lives and case studies and residents' experience will supplement the quantitative data below.

Table 1: Overarching indicators: high level measures of health inequalities

| Overarching indicators |
|--|
| Male life expectancy at birth |
| Female life expectancy at birth |
| Healthy life expectancy – male |
| Healthy life expectancy – female |
| Infant mortality |
| Life expectancy gap between most and least deprived areas - Male |
| Life expectancy gap between most and least deprived areas - female |

Table 2: Indicators to monitor progress across each of the 7 priorities:

*= overall figure for borough and also by ward/PCN/locality etc

| | |
|--|--|
| Best start in life | <ul style="list-style-type: none"> •Smoking in pregnancy (SATOB/SATOD, partners smoking)* •Breastfeeding rates (delivery, 48hrs, day 10, 6 weeks)* •Children who receive a good level of development at the end of reception* |
| Maximising capabilities of children, young people and adults | <ul style="list-style-type: none"> •Educational attainment (overall, by ward and by FSM eligibility) •Attendance and exclusions (overall, by ward and by FSM eligibility) •Percentage of 16-18 year olds NEET (link to 'fair employment') •Hospital admissions as a result of self harm (10-24 years) •Apprenticeship and destination data •Adult learning completers in education/employment |
| Fair employment and good work for all | <ul style="list-style-type: none"> •NEETs at age 18-24* •Proportion of adults who are unemployed* •Number of long term claimants of JSA •Proportion of employed adults earning the Living Wage •Disability employment gap •Rates of sickness absence across North Tyneside |
| Ensure healthy standard of living for all | <ul style="list-style-type: none"> •TBC, but indicator relating to schools running the poverty proofing programme and/or HAF and/or food bank usage |
| The places and communities we live in and with | <ul style="list-style-type: none"> •TBC, but measure of child poverty and/or low income households, crime rates (ASB), access to parks/beaches etc •Proportion of residents feeling safe in their communities •Proportion of residents experiencing social isolation •Proportion of residents experiencing digital inclusion/isolation •Number of affordable housing units developed •Number of energy efficient improvements made in the private sector |
| Our lifestyles and healthy behaviours | <ul style="list-style-type: none"> •Smoking prevalence (overall, by ward, hospital inpatients) •Alcohol-related hospital admissions (adults and under 18s) * •NCMP indicators* •Physical activity in hospital inpatients •Uptake of screening programmes* •Drug Related Deaths* and unmet need |
| An integrated health and care system | <ul style="list-style-type: none"> •TBC - but could include referrals to Community Frailty Team •Delayed transfers of care •Hospital admissions (over 64s?) •Hospital readmission rates •Referrals for social prescribing •Patients breaching 18 week wait •Average length of stay in hospital and intermediate care settings •Prescribing rate of medicines that cause dependency, antimicrobial medication and medicines of low value •Indicator linked to short term reablement or discharge to usual place of residence |

DRAFT Ambition: Best Start In Life

Leads: Wendy Burke, Janet Arris, Jill Harland, Jenna Wall

Governance: Children and Young People’s Partnership

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs outcomes |
|---|---|--|--|--|
| <p>Consult and publish the Start for life offer.</p> <p>New NHS LTP Tobacco Dependency model will be implemented by quarter 4.</p> <p>Reducing Parental Conflict training is rolled out to frontline staff</p> <p>Implement the new breastfeeding strategy</p> <p>Review supply of healthy start vitamins especially for families eligible for the free scheme</p> <p>Effective implementation of Revised EYFS</p> <p>2 Matters – promote the award for settings working with funded two-year-olds with more vulnerable children.</p> | <p>Public Health (NTC)</p> <p>Northumbria Healthcare NHS Foundation Trust</p> <p>Early Help (NTC)</p> <p>All partners (Breastfeeding Strategy Delivery Group)</p> <p>School Improvement Early Years (NTC)</p> <p>Early Help / Early Years (NTC)</p> | <p>Families have seamless access to information and support</p> <p>Reduction in smoking in pregnancy</p> <p>Increase uptake of healthy start vitamins especially for families eligible for the free scheme</p> <p>Practitioners’ confidence and ability to provide support for parents in conflict will be improved</p> <p>Increase in breastfeeding in our more deprived communities.</p> <p>More children achieving a good level of development at the 2-2.5 year health and development review.</p> <p>More children achieving a good level of development at the end of reception</p> <p>EYFSP – narrowed gaps between more disadvantaged groups</p> | <p>Prospective and new parents are supported as they make the transition to parenthood</p> <p>Mothers and babies have positive pregnancy outcomes</p> <p>Babies and parents/carers have good early relationships to promote attachment.</p> <p>Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported</p> <p>Children and parents/ carers have good health outcomes</p> <p>Children and parents / carers are supported with early language, speech and communication</p> <p>Children have access to high quality early years provision and are ready to learn for nursery and ready for school and achieve a good level of overall development</p> | <p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> • Increase in the rates of breastfeeding • Reduction in smoking in pregnancy • More children achieving a good level of development at the 2-2.5 year health and development review. • Good level of development at age 5 with free school meal status (%) |
| | | | | <p>Community Engagement and mobilising community assets</p> <p>Consultation on the Start for Life offer</p> <p>VCSE will be a critical conduit for disseminating the start for life offer</p> <p>Delivery of the Breastfeeding Strategy includes peer support</p> |
| | | | | <p>Links to other priorities</p> <p>Needs a dotted line to ‘Ensuring a healthy standard of living for all’ workstream.</p> <p>Addressing family poverty</p> <p>Healthy Standard of Living for All: parents/ carers are in secure employment or in training</p> |

DRAFT Ambition: Maximising capabilities of children, young people, and adults.

Leads: Jacqui Old, Janet Arris/Anne Foreman, Ruth Auten

Governance: Children and Young People's Partnership

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs |
|--|--|---|--|---|
| <p>Achievement for all with a focus on the most vulnerable children – as part of the ambition for Education.</p> <p>Route 16 Pilot to smooth transitions for a specific cohort of young people.</p> <p>Roll out of Youth Mental Health First Aid (MHFA) across schools in second and third cohorts</p> <p>Pilot a model of 'sleep' support including a community sleep clinic.</p> <p>Implement and launch new framework for revised parenting offer including mental health and children with SEND and reducing parental conflict</p> <p>Improve early language and reading with a focus on SEND and improving outcomes for disadvantaged</p> <p>Pilot programme in two schools to embed careers into the school curriculum</p> <p>Review and develop programme of post 16 support</p> <p>Review lifelong learning opportunities – including older people accessing digital technology and retirement courses</p> | <p>Strategic Education and Inclusion Programme Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>CYP Mental health partnership</p> <p>Barnardo's Strategic Alliance.</p> <p>Strategic Education and Inclusion Programme Board</p> <p>SEND Strategic Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>Ageing Well Board</p> | <p>Reducing inequalities in pupils' educational outcomes is a sustained priority.</p> <p>Increase in levels of school attendance in lowest attaining schools</p> <p>School staff trained in Youth Mental Health First Aid (MHFA) are able to identify children and young people at risk of developing mental health problems and to support them to get appropriate professional help</p> <p>Increase in uptake of training and development and apprenticeships for 16–25-year-olds</p> <p>Reduction in the proportion of pupils being referred for Social Emotional Mental Health.</p> <p>Easily accessible support and advice is available for 16–25-year-olds on life skills, training and employment opportunities</p> <p>Increase access to and uptake of adult learning with a specific focus on those living in the 25% most deprived areas in NT</p> <p>Increased availability of non-vocational lifelong learning across the life course, including retirement</p> | <p>Narrow the gap in attendance and attainment in our most vulnerable children.</p> <p>A child's progress, strengths and needs are identified at an early stage in order to promote positive outcomes</p> <p>Schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people</p> <p>Improved physical and mental wellbeing of young people</p> <p>Improved access and use of quality lifelong learning across all communities</p> <p>Increase proportion of 16–18-year-olds in post-16 education or training</p> <p>Reduced proportion of 18–24-year-olds claiming JSA.</p> <p>Reduced rates of first / repeat offences in 16–24-year-olds</p> <p>Reduced rates of teenage pregnancy.</p> <p>Reduce levels of anti-social behaviour, drug and alcohol misuse among young people.</p> | <p>Reduced gaps in educational attainment</p> <p>Attendance and exclusion data</p> <p>Percentage of 16–18-year-olds not in education, employment or training</p> <p>Apprenticeship & destination data</p> <p>Hospital admissions as a result of self-harm (10-24 years)</p> <p>Increase in adult learning completers in education / employment across the lifecourse</p> <p>Community Engagement and mobilising community assets</p> <p>Children in Care Council, SEND Youth Forum and the Youth Council</p> <p>Emotional Wellbeing Advisory Panels.</p> <p>CYP Peer Supporters for Mental Health and Wellbeing</p> <p>Engagement with the Wallsend Children's Community</p> <p>Links to other priorities</p> <p>Ensure a healthy standard of living for all</p> <p>An integrated health and care system</p> <p>The places and communities we live in</p> |

DRAFT Ambition: Fair Employment and Good Work for All.

Leads: John Sparkes, Gary Charlton, Ruth Auten/Kate Thompson

Governance: North Tyneside Employability Partnership and Strategy Group

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs |
|---|---|--|---|---|
| <p>Needs Assessment of population and insight data to understand employment and skills of different residents and communities</p> <p>Specific sector analysis to identify issues and solutions regarding recruitment and retention e.g., health and social care sector.</p> <p>Delivery of employability projects targeting support at disadvantaged groups.</p> <p>Pilot the North Shields Employability Hub – Working Well North Tyneside</p> <p>Rollout of Skills Bootcamps to support recruitment and progression</p> <p>Supporting over 50s back to work, upskilling people to work in the digital environment</p> <p>Digital Outreach Project (DOP) supporting informal digital skills development and digital champions training.</p> <p>Work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to local residents.</p> | <p>Public Health / Performance and Intelligence team</p> <p>Adults and Children’s Social Care</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employability Partnership and Strategy Group</p> <p>Employability Partnership and Strategy Group</p> | <p>In depth understanding of residents and communities needs for employment and skills support</p> <p>Targeted health and social care recruitment drive</p> <p>Increase in the skills levels of residents</p> <p>Increase in the number of people in Education and Training</p> <p>Increase the number of residents moving into work</p> <p>Increase the number of residents receiving enterprise support</p> <p>Increase the number of Apprenticeships available to local residents</p> <p>Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required</p> <p>Numbers of people completing digital champion training</p> | <p>More residents from groups identified as being furthest away from the labour market will be supported into employment</p> <p>It will be easier for people who are disadvantaged in the labour market to obtain and keep work</p> <p>More good quality jobs will be created</p> <p>Improvement in young people’s transition from education to employment</p> <p>Increase in the number of new business start-ups.</p> <p>Improved local workforce skills across the social gradient</p> <p>Increased wage levels and reduction in wage gap</p> <p>More businesses will be supporting the health and wellbeing of their staff and reducing sickness absence rates</p> <p>Increase in numbers of organisations and business signed up to North of Tyne Good Work Pledge</p> <p>Improved wellbeing and job satisfaction among working population</p> <p>Digitally confident workforce</p> | <p>Across our most disadvantaged communities we will see:</p> <p>Fewer NEET aged 18-24</p> <p>A reduction in unemployment %</p> <p>Reduction in long-term claimants of Jobseeker’s Allowance</p> <p>Increase proportion of employed adults earning the living wage</p> <p>Reduction in the disability employment gap.</p> <p>Reduced rates of sickness absence across North Tyneside</p> <p>Community Engagement and mobilising community assets</p> <p>Community engagement to inform the development of the North Shields Employability Hub</p> <p>Digital Champions across communities</p> <p>Links to other priorities</p> <p>Enable all children, young people and adults to maximise their capabilities and have control over their lives – regarding lifelong learning</p> <p>Ensure healthy standard of living for all – re addressing in work poverty</p> |

Ambition: Ensure a healthy standard of living for all

Leads: Jaqueline Laughton, Gary Charlton, Jill Harland

Governance: PIF Steering Group, HAF Steering Group, Food Forum, NTSP

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs outcomes |
|--|--|--|---|--|
| <p>Maximise residents' income by delivering benefits take up advice and campaign via CAB and Age UK.</p> <p>Support financial capacity and inclusion by delivering projects with essentials such as food, energy, and clothing, using the household support fund.</p> <p>Develop and publish the digital inclusion strategy to ensure all residents can benefit from digital technology</p> <p>Support every school in North Tyneside through the Poverty Proofing the School Day training, delivered by Children North East.</p> <p>Fund schools to set up their own school uniform schemes to reduce the cost of the school day for families.</p> <p>Continue to manage and extend the Holiday Activities and Food programme, to ensure that vulnerable children in low-income families access nutritious food and enriching activities during the school holidays.</p> <p>Provide supermarket vouchers to families on FSM for all school holidays up until the end of the academic year 2021/22 and potentially beyond, dependent on funding.</p> <p>Continue to provide Healthy Start Scheme vouchers for pregnant women and children under 4 in eligible low-income families.</p> <p>Deliver community-based projects which enable low-income households to access affordable healthy food. This includes launching The Bread-and-Butter Thing (TBBT) in five community hubs in 2022.</p> <p>Extend the Council Tax Support Scheme backdating rules to 20 weeks.</p> <p>Directly support residents in fuel poverty by delivering the Green Homes Grant Local Authority Delivery Scheme for residents on low incomes to improve home energy efficiency and through the Welfare assistance scheme or those in crisis.</p> <p>Raise awareness of how to save energy through targeted leaflet campaign, energy bingo events at community centres and the recruitment of community energy champions.</p> | <p>Citizens Advice</p> <p>Age UK</p> <p>North Tyneside Council</p> <p>North Tyneside Schools</p> <p>VCSE Sector</p> <p>North Tyneside Council (Social Inclusion Team, Public Health, Digital Inclusion Team)</p> <p>The Bread-and-Butter Thing</p> <p>North Tyneside Council</p> <p>North Tyneside Council</p> <p>North Tyneside Council</p> | <p>Increased benefit uptake and income for residents</p> <p>Support for residents in work poverty</p> <p>Awareness raised and information given about managing energy bills and heating efficiently</p> <p>Schools receive training to implement reducing poverty impact for young people.</p> <p>Children have access to nutritious food and activities during school holidays.</p> <p>Support given to families during school holidays to support the expense of this period.</p> <p>Bread and Butter things established within 5 Communities.</p> <p>Increase uptake of healthy start vouchers</p> <p>Community Energy Champions recruited and trained</p> <p>Delivery of the DfE funded scheme delivering laptops and wifi devices</p> | <p>More people achieving a healthy standard living above the relative poverty threshold</p> <p>Early identification of people at risk of getting into crisis e.g. homelessness.</p> <p>Residents able to navigate the benefits system – smoothing the cliff edge between in and out of work poverty</p> <p>Young people have an equitable experience within school</p> <p>Residents improve their homes to be more energy efficient.</p> <p>All residents have physical access, economic ability & knowledge to access and consume healthy food</p> <p>Residents are digitally confident and connected both in terms of physical access to technology and digital connection</p> | <p>Across out most disadvantaged communities we will see:</p> <p>Reduction of number of children in poverty</p> <p>Reduction in number of households not reaching Minimum Income Standard (%)</p> <p>Fuel poverty for high fuel cost households (%)</p> <p>Reduction in the number of residents experiencing digital exclusion</p> <p>Community Engagement and mobilising community assets</p> <p>Community Projects developed and delivered in collaboration with VCSE</p> <p>Cross sector partnership to develop the digital inclusion strategy – considering barriers and access funding for future projects</p> <p>Increased Opportunities Committee</p> <p>Poverty Truth commissioners will inform work to address poverty within communities.</p> <p>Links to other priorities:</p> <p>Maximising the capabilities of Children, Young People and Adults</p> <p>Best Start in Life</p> <p>Our lifestyles and healthy behaviours</p> <p>The Places and Communities we live in</p> |

DRAFT Ambition: The Places and Communities we live in and with

Leads: Sam Dand, Gary Charlton/Adrian Dracup, Mike Blades / Robin Fry/ Paul Jones

Governance: TBC

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs |
|--|--|---|--|--|
| <p>Deliver the Health inequalities VCSE small grants funding and monitor projects</p> <p>Living Well North Tyneside will be kept up to date and promote widely so residents who want to can be actively involved in their communities.</p> <p>Develop the Community Hub model to host and provide universally accessible services in all communities e.g. (Drug and Alcohol, Police, CAB, ASC, OT, Reablement and Care Call)</p> <p>Review the Social prescribing offer across the system</p> <p>Pilot Healthy, Happy Places in North Shields and Wallsend which aims to shape places to benefit mental health and wellbeing in our communities.</p> <p>Development of Strategic Cycling Route network to increase opportunity for active travel</p> <p>Review the community safety board and take a public health approach to community safety</p> <p>Expand the safe and healthy homes initiative to support more households in need</p> <p>Deliver more energy efficiency measures to reduce fuel poverty</p> <p>Establish a cultural compact that supports health and wellbeing and reduces inequalities</p> | <p>VODA / NTC</p> <p>NTC Corporate strategy</p> <p>NTC Corporate Strategy Team and Partners</p> <p>Commissioning / Public Health</p> <p>Academic Health Science Network for the North-East and North Cumbria/ Public Health and PCNs</p> <p>Regeneration</p> <p>Safer North Tyneside Partnership</p> <p>Regeneration</p> <p>Housing</p> <p>Culture and wellbeing partnership</p> | <p>Proposed solutions and interventions to reduce inequalities are co-produced and fully informed by the lived experience of North Tyneside residents.</p> <p>More socially connected communities with more opportunities for all residents to take part in community life</p> <p>Active travel infrastructure will enable more residents from disadvantaged communities to access education, employment and leisure opportunities.</p> <p>Increased levels of volunteering</p> <p>A supply of good quality affordable homes for those most in need</p> <p>Improved active travel across the social gradient</p> <p>Improve the accessibility, existing parks, green spaces and beaches to promote good mental health and physical activity</p> | <p>Building on communities' assets and strengthening our work with communities across the system</p> <p>Adequate resourcing of VCSE to support their work</p> <p>Clean, green and safe open spaces across the Borough</p> <p>Improved digital inclusion</p> <p>Integrated planning, housing, environmental and health systems in place</p> <p>Well-designed communities with decent homes and good transport links</p> <p>Access to arts and culture and outdoor spaces that provide opportunities to connect with others</p> <p>Support community regeneration schemes that remove barriers to community participation and reduce social isolation.</p> <p>Improved energy efficiency of housing across the social gradient.</p> <p>Improved the food environment in local areas</p> <p>Reduced social isolation</p> <p>More residents feeling safer in their local community</p> <p>Social prescribing becomes a routine part of community support</p> | <p>Across our most disadvantaged communities we will see:</p> <p>Improved results in resident survey - participation / safety, accessing services/ parks/ beaches etc.</p> <p>Fewer socially isolated residents</p> <p>Reduction in the number of residents who are digitally excluded</p> <p>More residents feeling safe in their communities</p> <p>Number of affordable housing units developed</p> <p>Number of energy efficient improvements made in private sector</p> <p>Community Engagement and mobilising community assets</p> <p>Supporting community engagement of the implementation plan</p> <p>Connecting diverse communities to local policy makers to ensure their voices are central to the commissioning, and decision-making process in North Tyneside.</p> <p>Links to other priorities</p> <p>Communities and Place are a golden thread across all priorities</p> |

Ambition: Our lifestyles and healthy behaviours across the life course

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well Locally Board, NHCT Inequalities Board

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs outcomes |
|---|---|--|--|---|
| <p>Strengthen treatment pathways for people who smoke to support them to quit, including those admitted to hospital and other targeted groups</p> <p>Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels</p> <p>Target schools, GP practices and other community services in areas with high rates of under-18s and adults being admitted to hospital due to alcohol to ensure appropriate support in place</p> <p>Targeted delivery of bespoke weight management programmes in communities with inequalities, including a Healthy4Life pilot in school, HENRY, Body Benefit and HowFit approaches</p> <p>Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity across the lifecourse</p> <p>Deliver a community offer for blood pressure, atrial fibrillation, and diabetes checks</p> <p>Embed and sustain learning from NHCT Active Hospitals pilot to continue to support people in hospital with physical activity</p> <p>Develop partnership approach with VCS to reach vulnerable groups with poorer cancer outcomes</p> <p>Support people affected by drug misuse including exploring opportunities to embed a substance misuse social worker into treatment services, developing the M-PACT programme to support the wellbeing of children and families affected by substance misuse and developing processes to learn from drug-related deaths</p> <p>Ensure those with lived experience of substance misuse can shape and influence services</p> <p>Develop a Health Equity in All Policies (HEiAP) approach including training materials and champions to improve understanding of health inequalities across all Health and Wellbeing Board partners</p> <p>Promote a Making Every Contact Count (MECC) approach across the borough, particularly in targeted areas, to impact on lifestyles and behaviours across the lifecourse</p> | <p>North Tyneside Council (Public Health, Early Help, Schools Improvement)</p> <p>Active North Tyneside Partnership</p> <p>Northumbria Healthcare NHS Foundation Trust (Public Health, Inequalities Board and Tobacco Dependency Steering Group)</p> <p>North Tyneside CCG</p> <p>North Tyneside Recovery Partnership</p> | <p>People who smoke are supported to quit</p> <p>Adults and under-18s who drink alcohol at harmful levels are identified and supported to reduce their drinking</p> <p>Adults and children are supported to achieve a healthy weight</p> <p>People have access to cancer services and interventions to support early diagnosis to promote the best possible outcomes</p> <p>Healthcare professionals have increased capability and opportunities to promote physical activity to people in hospital and are able to signpost patients appropriately</p> <p>People using drugs or affected by drugs are identified and supported, and so are their families</p> | <p>Children are exposed to less second-hand smoke and are less likely to start smoking due to a reduction in illicit tobacco</p> <p>People who require specialist alcohol support are identified and able to access appropriate services and all residents are less likely to be affected by all aspects of alcohol-related harm.</p> <p>Children are less likely to be affected by the broader effects of excess weight in childhood and less likely to become overweight as adults</p> <p>Inequalities in health outcomes driven by the food environment and wider environment are reduced, leading to lower levels of excess weight and cardiovascular disease</p> <p>Residents have improved awareness of cancer and are supported to receive earlier diagnoses to promote the best possible outcomes</p> <p>Harm from illicit drug use is reduced, in line with the findings of the Dame Carol Black review</p> <p>HWB Board partners promote HEiAP and MECC approaches to recognise and reduce the impact of inequalities</p> | <p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> • Reduction in smoking • Reduction in alcohol-related hospital admissions (adults and under 18s) • Reduction in children with excess weight (NCMP indicators) • Increased physical activity in hospital inpatients • Increased uptake of cancer screening programmes • Reduction in drug-related deaths and unmet need <p>Community mobilising community assets</p> <p>Consultation on approaches to reduce alcohol-related harm and improve healthy weight</p> <p>Co-production of cancer prevention work</p> <p>Co-production of MECC at scale work</p> <p>Needs a dotted line to 'Best Start in Life' workstream</p> <p>Reduction in smoking in pregnancy</p> <p><i>Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators</i></p> |

DRAFT: Ambition: An integrated health and care system

Leads: Jacqui Old, Lesley Young-Murphy, Claire Riley

Governance: Future Care Programme Board, Safeguarding Adults Board, Ageing Well Board, NHCT Inequalities Board

| Actions | Responsibility | Short-term outcomes | Long-term outcomes | Proposed KPIs outcomes |
|---|--|---|--|--|
| <p>Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.</p> <p>Implement the integrated North Tyneside Frailty Service with two pathways.</p> <p>Backworth Ageing Well Village development to continue and integrated services to be established to prevent unnecessary hospital admissions and premature admissions to long-term care</p> <p>Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently.</p> <p>All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities</p> <p>Northumbria Healthcare Trust will continue to work with key partners to deliver their Community Promise</p> <p>Promoting the services of community pharmacy to support our local communities.</p> <p>Strengthening public, patient and carers 'voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience</p> | <p style="text-align: center;">PCNs</p> <p style="text-align: center;">Ageing Well Strategy</p> <p style="text-align: center;">Adult Social Care</p> <p style="text-align: center;">All Partners</p> <p style="text-align: center;">Northumbria Foundation Trust</p> | <p>It will be easier for residents to 'navigate' the system</p> <p>Integrated working with Primary Care Networks, statutory partners and the VCSE working together to reduce inequalities</p> <p>Residents experiencing falls and frailty have support from a 'one stop shop' and an integrated care service</p> <p>Residents have improved access to technology and are more digitally included.</p> <p>Care home residents and other vulnerable groups are supported to receive COVID booster vaccinations in line with current JCVI recommendations</p> <p>BCF and iBCF continue to meet local and national priorities</p> | <p>Our most vulnerable residents to live healthier and fulfilling lives and maintain independence for longer</p> <p>Improved access to appropriate support and unnecessary variations and fragmentation in care.</p> <p>Fewer residents will be discharged from hospital directly into permanent residential/nursing care</p> <p>Demand in the acute sector is well managed and the gaps in care which have the most impact on health inequalities have reduced</p> <p>Health inequalities are considered in all policies across health and social care and the work of the Health and Wellbeing Board partners</p> <p>Organisations work together at scale to share planning and pool resources to work sustainably and address financial pressures that can be a barrier to providing health and social care</p> | <p>Across our most disadvantaged communities we will see:</p> <p>Increased referrals to the Community Frailty Team</p> <p>Reduction in delayed transfers of care</p> <p>Reduction in hospital admissions</p> <p>Reduction in hospital re-admission rates</p> <p>Increased referrals for social prescribing</p> <p>Reduction in patients breaching 18 week waits for hospital treatment</p> <p>Reduction in average length of stay in hospital and intermediate care settings</p> <p>Reduction in prescribing rate of medicines that can cause dependency, antimicrobial medication and medicines of low value</p> <p>Increased proportion of people who receive short term (enablement) service in year with an outcome of no further requests for support or increase in over 64s discharged to their usual place of residents (examples from Rotherham and elsewhere)</p> <p style="text-align: center;">Community mobilising community assets</p> <p>Participatory engagement methods where community members are actively involved in design, delivery and evaluation of integrated services 'Ageing Well Village'</p> <p style="text-align: center;"><i>Link to all priorities</i></p> |