

**HEALTH SCRUTINY PANEL
VULNERABLE AND FRAGILE SERVICES – ACTION PLAN**

21 JANUARY 2020

SCRUTINY RECOMMENDATION	PROPOSED ACTION	POST TITLE	BUDGET COST	TIMESCALE
<p>a) That the five-year system plan covering the period 2019/20 to 2023/24 due to be submitted by NENC ICS to the Department of Health by November 2019 be shared with the local authority's HWBB, health scrutiny panel, the VCS and Healthwatch South Tees in advance of formal submission.</p>	<p>The overall ICS strategic plan has been developed to reflect the health priorities of the region and has been informed by significant patient and stakeholder engagement undertaken over an extended period by local CCGs, foundation trusts and Health and Wellbeing Boards.</p> <p>The ICS level plans are based on a foundation of ICP level plans. The ICP plans have been shared with, contributed to and commented on by Partners within the South ICP.</p> <ul style="list-style-type: none"> • The final ICS/ICP plans will be shared with all appropriate bodies following the end of purdah 	<p>Director of Commissioning Strategy and Delivery (CCG)</p>		<p>January 2020</p>
<p>b) That demand reduction across the system be prioritised and a deal with South Tees residents formulated. Changing behaviours and empowering residents to reverse the decline in life expectancy, reduce the increasing gap in 'healthy years lived' between the most deprived and most</p>	<p>The South Tees Integration Programme, formulated from Health and Social Care partners will;</p> <ul style="list-style-type: none"> • Establish a Population Health and Prevention Programme Board to drive forward and co-ordinate activities that improve wellbeing 	<p>Director of Public Health</p>		<p>December 2020</p>

<p>affluent wards of the town is paramount. The Extra Life initiative should be given much greater prominence and / or built upon with a new offer that involves and appeals to all South Tees residents.</p>	<p>and reduce demand for health and social care services</p> <ul style="list-style-type: none"> • Work in partnership to co-produce an Integrated Prevention Strategy for South Tees, taking into account the recommendations from Health Scrutiny Panel and the government's prevention green paper • Develop a Population Health Management approach to identify people at the greatest risk of developing ill health, so that resources and interventions can be targeted where they will make the biggest difference. 			
<p>c) That moves towards the development of an integrated commissioning plan between health, social care (including both adults and children) as well as public health be accelerated, with a fresh commitment to increasing significantly the local authority and CCG's pooled budgets arrangements.</p>	<p>South Tees CCG and Middlesbrough Borough Council will;</p> <ul style="list-style-type: none"> • Use the Joint Strategic Needs Assessments to identify shared priorities for health and social care, and opportunities for integrated or aligned commissioning. • Through the Adult and Children's Joint Commissioning Boards, co-produce integrated commissioning plans that maximise opportunities for aligning or pooling resources, where it makes sense to do so 	<p>Director of Adult Social Care and Health Integration / Director of Commissioning Strategy and Deliver, South Tees CCG</p>		<p>April 2020</p>

<p>d) That a shared understanding between the local authority and local NHS partners in respect of the governance arrangements around the NENC ICS, the Southern ICP and newly established PCN's within South Tees need to be further developed. The formal decision-making processes and how any key decisions taken by these new bodies are reported to Council, the HWBB and Scrutiny need to be clarified.</p>	<ul style="list-style-type: none"> • The ICS plan will be shared after purdah and will clearly set out the Governance arrangements • Engagement will continue at a local level to discuss areas that impact at a local level. • The CCG will retain its statutory responsibilities and decision making through the Governing Body, ICP/ICS are not decision making bodies in their own right but are partnerships of various organisations across the system. 	<p>Director of Commissioning Strategy and Delivery (CCG)</p>		<p>January 2020</p>
<p>e) That greater emphasis be given to the integration of mental health services and joint working between Tees, Esk and Wear Valley NHS FT and the local authority. There is significant overlap between mental and physical health and a need to improve the joint working undertaken with local mental health service providers.</p>	<ul style="list-style-type: none"> • South Tees bi-monthly meeting scheduled between local authorities and the partnership to discuss planning, care management and provider issues • LA representation on the CYP commissioning pathway • Partnership formalised links with the mental health provider partnership developed 	<p>Head of Strategic Commissioning</p>		<p>March 2020</p>
<p>f) That given the workforce pressures on the whole system there remains a real risk that individual services may well be moved to other hospitals without formal consultation. That where there is any indication that this may happen</p>	<p>Some services are experiencing workforce pressures mirroring the position at both a regional and national level. Clinical and managerial leaders from across our system have been working together to understand those</p>	<p>Director of Commissioning Strategy and Delivery (CCG)</p>		

<p>in respect of services currently delivered at JCUH the local authority be notified immediately. Regular updates on any services that ST CCG determines will be decommissioned also need to be provided.</p>	<p>services that represent the biggest risk to the system in terms of vulnerability.</p> <ul style="list-style-type: none"> • Wherever there would be a direction to move services then the appropriate level of consultation/engagement with members of the public, partners and scrutiny committees will continue to be undertaken • The CCG will continue to deliver against its statutory obligations in relation to engagement and consultation 			
<p>g) That prescribing costs for ST CCG continue to be monitored and the impact of the introduction of the new PCN's and appointment of Social Prescribers within individual practices across GP practices be reported to scrutiny in 2020/21.</p>	<p>Prescribing costs remain a priority for the CCG.</p> <p>An update on the development of Primary Care Networks, including the implementation of Social Prescribers, will be reported to OSC during 2020/21.</p> <ul style="list-style-type: none"> • Routine reporting on progress with Primary Care Networks will be shared with HWB and Scrutiny as appropriate 	<p>Director of Commissioning Strategy and Delivery (CCG)</p>		<p>April 2020</p>
<p>h) That consideration be given to revising the current health scrutiny arrangements at local, sub-regional and regional level in response to the development of the NENC ICS, ICP's</p>	<ul style="list-style-type: none"> • Amendments to be made to the remit of the "STP OSC" to include scrutiny of NENC ICS, relevant ICPs and organisational arrangements as appropriate. 	<p>Head of Democratic Services / Director of Commissioning</p>		<p>May 2020</p>

<p>and PCN's.</p>	<p>Relevant proposal to be presented to OSB / full Council for approval.</p> <ul style="list-style-type: none"> • Officers will examine/clarify the role of the Tees Valley Joint Health OSC and "STP OSC" to avoid any duplication. • The views of senior health colleagues involved in the work of the ICS and ICP South to be sought prior to any revisions. 	<p>Strategy and Delivery, South Tees CCG</p>		
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