



**Agenda item
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| Meeting | South Tees Health and Wellbeing Board |
| Date | 19 July 2017 |
| Title | Assurance report from Chair of The South Tees Health and Wellbeing Executive |
| Responsible Officer | DR ALI TAHMASSEBI |
| Purpose of Item | To provide South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Boards Vision and Priorities. |

Summary of Recommendations

That Health and Wellbeing Board:

1. Notes the progress made by the South Tees Health and Wellbeing Executive in fulfilling its statutory obligations
2. Delegates the responsibilities around Pharmaceutical Needs Assessments to the Director of Public Health (DPH) for elements of maintenance and use of the PNAs and for the Health and Well-being Executive to approve, as required.
3. Delegates the function of receiving Healthwatch report to the Health and Wellbeing Executive
4. Notes the progress made by the South Tees Health and Wellbeing Executive in implementing the Board's Vision and Priorities
5. Notes the updates on statutory consultations, recent inspections and relevant scrutiny reviews.

1 PURPOSE OF THE REPORT

- 1.1. To provide South Tees Health and Wellbeing Board with updates on progress with the delivery of the Boards Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 ESTABLISHMENT OF A SOUTH TEES HEALTH AND WELLBEING EXECUTIVE

- 2.1 To support the Board in the delivery of its priorities it is a South Tees Health and Wellbeing Executive has been established. It has met in shadow form in order to prepare for the first meeting of the Health and Wellbeing Board.
- 2.2 The South Tees Health and Wellbeing Executive will oversee and ensure the progress and implementation of the Board's work programme and create opportunities for the single Health and Wellbeing Board to focus on the priorities.
- 2.3 The South Tees Health and Wellbeing Executive will
- a, Be responsible for establishing appropriate task and finish groups where necessary to deliver key programmes of work in line with the Board's vision and priorities. Progressing the delivery of the Health and well-being board's statutory functions such as
- Refresh of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment,
 - Approve Better Care Fund plans and monitoring returns,
 - Note CCG Operational Plan/ Annual Report,
 - Receive Health Protection Assurance Report,
 - Receive HealthWatch updates and reports,
 - Liaising with scrutiny on work programmes and progressing scrutiny recommendations,
 - Respond to adhoc requests for health and wellbeing responses.
- 2.4 The South Tees Health and Wellbeing Executive is a system wide strategic partnership that comprises of senior officers from:
- NHS South Tees Clinical Commissioning Group (STCCG),
 - South Tees Hospitals NHS Foundation Trust (STHFT),
 - Tees, Esk and Wear Valley NHS Foundation Trust (TEWV),
 - Primary care representation,
 - Middlesbrough Borough Council,
 - Redcar & Cleveland Borough Council,
 - Middlesbrough Voluntary Development Agency,
 - Redcar Voluntary Development Agency,
 - Coast & Country Housing,
 - Thirteen Housing Group,
 - HealthWatch,
 - Cleveland Police,
 - Cleveland Fire and Rescue.

Additional officers will be co-opted/invited to attend as the agenda dictates.

- 2.5 The co-chairs of the Health and Wellbeing Board will have a standing invite to attend the Health and Well-being Executive.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

- 3.1 The next section of this report sets out progress the Health and Well-being Executive has made against the board's statutory functions

3.2 **Pharmaceutical Needs Assessment**

- 3.2.1 Redcar & Cleveland Health and Wellbeing Board and Middlesbrough Health and Wellbeing Board both published their second Pharmaceutical Needs Assessment (PNA) in March 2018 in accordance with statutory requirements. The PNA includes a description of all the pharmaceutical services currently available from local community pharmacies, and other providers, and identifies any gaps or potential for improvement or better access.

- 3.2.2 Alongside the current NHS Regulations for pharmaceutical services, the PNA is used by NHS England to guide the commissioning of pharmaceutical services in the area. The PNA may also be used to inform the commissioning of some local services from pharmacies by Middlesbrough and Redcar & Cleveland Borough Councils and NHS South Tees Clinical Commissioning Group.

- 3.2.3 The Health and Wellbeing Board is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement and by publishing a full revised assessment before March 2021. When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the **availability** of pharmaceutical services; Supplementary Statements cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment.

- 3.2.4 Supplementary Statement – The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 - *pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA (and any such supplementary statement becomes part of that assessment), where—*
(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
(b) the HWB—(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

- 3.2.5 It is proposed that the Joint Health and Wellbeing Board delegates authority to the Director of Public Health (DPH) for elements of maintenance and use of the PNAs and

for the DPH to approve, as required:

- a. publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNAs, for example changes of ownership, minor relocations of pharmacies, update to the statutory map of pharmaceutical services, minor adjustments to opening hours or locally commissioned services that would not impact either market entry or pharmaceutical need
- b. any response on behalf of the Joint Health and Wellbeing Board to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA
- c. any initial determination with respect to the potential for either a Supplementary Statement or need for full review.

3.2.2

Recommendation

It is recommended that the Joint Health and Wellbeing Board delegates authority to the Director of Public Health (DPH) for elements of maintenance and use of the PNAs and for the Health and Well-being Executive to approve, as required.

3.3

Better Care Fund Update

3.3.1 The Better Care Fund (BCF) provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, the Disabled Facilities Grant (DFG) and funding paid directly to local government for adult social care services – the Improved Better Care Fund (IBCF).

3.3.2 Through the Health and Wellbeing Board, local partners need to develop and agree a joint spending plan that meets the national conditions of the BCF.

Better Care Fund Plans 2017-19

3.3.3 Middlesbrough and Redcar & Cleveland's Better Care Fund Plans for 2017/19 were formally approved by NHS England in autumn 2017.

3.3.4 The table below summarises the progress against a number of key schemes within the Better Care Fund Plans in 2017/18

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| Single Point of Access | Work continues to explore how to make best use of the facility and the teams who have re-located. A pilot is underway to look at a single rapid response call handling referral service. |
| Support to Care Homes | From April 2017 a range of schemes have been in place to improve the quality of care for people in care homes: <ul style="list-style-type: none">• Care Home Education visiting and Support Service (CHESS)<ul style="list-style-type: none">➤ Emergency Health Care Practitioners in |

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| | <p>place to provide response within 2 hours for any resident at risk of being admitted to hospital</p> <ul style="list-style-type: none"> • Proactive Medicine Management Support • Nutrition Training, Education and Support • End of Life Specialist Palliative Nurse • Patient Passport developed and rolled out to all care homes • Infection Control Nurse |
| Effective Discharge | <p>Appointment of a Delayed Transfers of Care Liaison Officer to support with the reduction of unnecessary delays to a patient leaving hospital</p> <p>A discharge to assess pilot which saw a specified cohort of patients being discharged from hospital once medically fit to a community bed. There they were assessed weekly to determine their on-going care needs in a better environment for them.</p> |
| Promoting Prevention and Independence | <ul style="list-style-type: none"> • Community Connect in Middlesbrough • Support for the Transformational Challenge Team in Redcar & Cleveland |
| Support to Carers | <ul style="list-style-type: none"> • Carers Information, Advice and Support • Short breaks for carers |

3.3.5 The performance dashboard provides a high level summary of performance against each of the BCF metric targets for 2017/18

| Metric | | BCF Target 2017/18 | Actual | Target Achieved | Commentary |
|--------|--|--------------------|--------|-----------------|---|
| MBC | METRIC 1 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population | 970 | 970 | Yes | |
| R&CBC | | 878 | 855 | Yes | |
| MBC | METRIC 2 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 86 | 81 | No | |
| R&CBC | | 84 | 86 | Yes | |
| MBC | METRIC 3 – Delayed transfers of care from hospital per 100,000 population | 767 | 1339 | No | Delays attributable to social care have met the targets, but more work is on needed on delays attributable to health. |
| R&CBC | | 726 | 1642 | No | |
| MBC | METRIC 4 – Total emergency admissions into hospital | 19209 | 18655 | Yes | |
| R&CBC | | 17609 | 17004 | Yes | |

Better Care Fund 2018/19

- 3.3.6 Whilst 2018/19 plans were assured as part of the two year planning cycle there is an expectation that Better Care Fund Plans for 2018/19 will need to be refreshed. BCF Operational Guidance is expected imminently to set out the process and timetable to refresh plan. It is also expected that local areas will need to agree targets for reducing Delayed transfers of Care.

- 3.3.7 However in the absence of operational guidance both BCF plans are continuing to be delivered. An evaluation of all schemes is on-going to ensure that schemes continue to be effective

Better Care Fund 2019 onwards

- 3.3.8 We wanted to ensure that you are aware of the statement yesterday by the Secretary of State for Health and Social Care, following the Prime Minister's announcement of a new long-term funding plan for the NHS. The secretary of State for Health and Social Care made a statement which reiterated the importance of the full integration of health and social care and the role of the Better Care Fund in supporting that:

"For our most vulnerable citizens with both health and care needs, we also recognise that NHS and social care provision are two sides of the same coin. It is not possible to have a plan for one sector without having a plan for the other. Indeed, we have been clear with the NHS that a key plank of its plan must be the full integration of the two services. As part of the NHS plan, we will review the current functioning and structure of the Better Care Fund to make sure that it supports that. While the long-term funding profile of the social care system will not be settled until the spending review, we will publish the social care Green Paper ahead of that. However, because we want to integrate plans for social care with the new NHS plan, it does not make sense to publish it before the NHS plan has even been drafted, so we now intend to publish the social care Green Paper in the autumn around the same time as the NHS plan."

It is assumed that for 2019/20 the better care fund will remain as a transitional year having limited changes only – keeping to the original principles of BCF in bringing health and care together, while trying to make refinements such as further reducing administrative burden. More significant changes will potentially be explored for the BCF starting from 2020/21.

3.4 National Breast Screening incident

- 3.4.1 Public Health England has been leading the National Breast Screening incident that involves eligible women not being invited for breast screening appointments. Nationally, there were two cohorts of women affected by this incident, who may not have received an invite for their final breast screening appointment:

- 70-71 year old cohort
- 72 year old and over cohort

NHS providers have been sent guidance on the appointing process which contains the policy decision and process for managing women in relation to the national breast screening incident. Locally work is underway with North Tees and Hartlepool NHS FT to ensure all women within the South Tees area are offered an opportunity to attend for screening.

3.4.2 The update for both cohorts is below:

70 – 71 year old cohort

- a. All of the 70 – 71 year old women affected by this incident have been sent screening appointments by NTHFT and these appointments are being held in June, July and August
- b. From June onwards, additional clinics are being held across the South Tees area
- c. Some women are unable to make the appointment and are given a more convenient opportunity, for example an appointment closer to home or at a more suitable time
- d. Women who fail to attend their initial appointment are being sent a second appointment

72 year old and over cohort

- a. NTHFT have recently started receiving lists of women within this older age group, who have called the national breast screening incident helpline requesting a screening appointment.
- b. These women are now being sent invitations to attend a local screening clinic during July and August. As with the younger age group, women who fail to attend will be sent a second appointment

NHS England has confirmed that the local provider, NTHFT have capacity to screen all women affected by this incident and will continue to offer additional screening opportunities until October or until all women have been screened. Women who require further diagnosis following a mammogram will receive ongoing treatment.

3.5 Healthwatch South Tees Reports

3.5.1 Healthwatch South Tees produce several reports a year arising from work and investigations they carry out as part of their annual work programme. It is proposed that going forward these reports will be presented to the Health and Wellbeing Executive for consideration and provide an opportunity for a system as well as individual organisational response.

3.5.2 The Executive will also oversee any actions required and provide the response to Healthwatch for dissemination to the public. Updates on recommendations and responses received in respect of Healthwatch reports will be included in the Chair of the Health and Wellbeing Executive's assurance report to the Board.

3.5.3

Recommendation

It is recommended that the H&WBB delegate the function of receiving Healthwatch report to the Health and Wellbeing executive in accordance to the procedure outlined above.

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| 4 | PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRORITIES |
| 4.1 | <p>The board's agreed vision and priorities is to: Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes</p> <ul style="list-style-type: none">a. Inequalities - Addressing the underlying causes of inequalities across the local communities,b. Integration and Collaboration - across planning, commissioning and service delivery,c. Information and Data – data sharing, shared evidence, community information, and information given to people. |
| 4.2 | <p>The Health and Well-being Executive is progressing the development of a detailed work programme and performance framework to progress the above Vision and priorities. The Board will receive the work programme and performance management framework at the next meeting and this will be used to monitor progress.</p> |
| 4.3 | <p>Set out below is a summary of the progress the Executive has made towards achieving each of the Boards priorities to date</p> |
| 4.4 | PRIORITY 1 - Inequalities - Addressing the underlying causes of inequalities across the local communities |
| 4.4.1 | <p><i>Health, Housing and Wellbeing</i></p> <p>Both Local Authorities have initiated assessments to understand the needs, wants and demands for supported housing by the vulnerable population. It has been agreed to explore commissioning this piece of work on a South Tees basis which will involve wider stakeholder engagement through the Health and Wellbeing Board. An update will be presented to future Board meetings.</p> |
| 4.5 | PRIORITY 2 - Integration and collaboration |
| | <p>Progress against this priority is being considered by the update on the financial challenges report and the NHS Sustainability and Transformation Plans which are separate agenda items.</p> |
| 4.6 | PRIORITY 3 Information, Data and intelligence |
| 4.6.1 | <p>To progress the Board's vision to develop a joint understanding of the local challenges through better use of information and intelligence. South Tees Health & Wellbeing Executive has been exploring how data and intelligence can be shared and joined up to inform service planning, commissioning and delivery across the health and care system.</p> |

There is recognition that the current approaches to data analysis and intelligence cannot provide the intelligence required to address the key system challenges and demands.

4.6.2 Two workshops have been delivered with key staff from Information Governance, Data Analysts and Operational Managers across agencies.

4.6.3 The first workshop covered:

- Current work taking place by North East Commission Support to develop an Integrated Data Set and the Information Governance and technical challenges that they have overcome and next steps
- An overview of how we can use the data to inform system planning - resource available
- Begin to explore what are the hypotheses / analytical questions we need data to answer
- Revisiting the joint strategic needs assessment (JSNA) – What do we know now and what doesn't the JSNA tell us that would be useful? What hypotheses are we acting on / investing in that we should test? If we do this analysis what difference will it make?

4.6.4 The outcome of the workshop was a consensus to share data, intelligence across the system and the method to achieve this was further explored at the second workshop. Actions agreed were exploring the establishment of a data warehouse, understanding the Information Governance Framework to allow us share data safely, identifying analytical resource, agreeing some specific projects to test the approach and hypotheses and cataloguing what data is currently available.

The workshop also included a presentation from Dr Abraham George from Kent County Council who shared their journey in developing the Kent Integrated Data Set, and are seen as leaders in this field. The presentation covered the Kent approach to bringing together data intelligence from NHS providers, adult social care and housing and how they are using the data to inform planning, forecasting, modelling, service planning and commissioning.

4.6.5 Discussions have also taken place with colleagues from North East Commissioning Support Unit, who provide business intelligence support to the CCG. They have experience in developing integrated data sets and hold much of the data they are keen to support the wider system across South Tees in its ambitions - initially this support can be provided through existing arrangements with South Tees CCG.

4.6.6 The longer-term ambition may be to develop a whole system integrated data set, there is a recognition that such an approach will require a significant degree of system leadership and commitment to such a project. In order to inform the development of a business case for a South Tees integrated data set it is proposed that a number of small scale pilots to act as proof of concepts to support our longer-term vision. These will include the following areas the JSNA refresh, Violence Prevention, Mental Health Crisis, Frailty, Paediatrics (SEND) and Adverse Childhood Experiences.

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| 5 | STATUTORY CONSULTATION AND LOCAL NHS SERVICE CHANGES |
| 5.1 | This section summarises statutory consultations or changes to service that the Board needs to be made aware of. |
| 5.2 | <i>Changes to A&E clinic Venues</i> |
| 5.2.1 | The Foundation Trust has recent undertaken a review of activity in its A&E outpatient and follow up clinics and identified that the A&E clinic at East Cleveland Primary Care Hospital in Brotton is underutilised. As such, a decision was been taken to no longer hold these clinics at that site from 1 July 2018. |
| 5.2.2 | Given the location of the facility and the impact on residents of the borough, a representative from the Foundation Trust has been invited to the meeting of Redcar & Cleveland's Adult and Communities Scrutiny & Improvement Committee on 10 July to explain the background to their decision and to respond to questions from the Committee. |
| 6 | UPDATES ON RECENT INSPECTIONS |
| 6.1 | This section provides the Board with an update on any relevant inspections that have taken place, reports received and progress towards delivering any improvement plans. |
| 6.2 | SEND inspection Middlesbrough Local Area |
| 6.2.1 | In March 2017 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Middlesbrough to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. |
| 6.2.2 | There has been significant progress against delivery of the requirements of the SEND reforms in the Middlesbrough local area , including - robust governance structures and strategic leadership and oversight ; development of a joint commissioning strategy and SEND strategy between Middlesbrough LA and South Tees CCG; the approval by NHS digital to share pseudo anonymised data between the local authority and the CCG via NHS numbers to inform joint planning and joint commissioning of services; plus significant engagement and participation with children and young people and development / marketing of the local offer . Progress is monitored by the Department for Education (DfE) and NHS England (NHSE) on a quarterly basis . The fourth monitoring meeting took place on 4th July. |
| | Redcar and Cleveland Local Area |
| 6.2.3 | In February 2018 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Middlesbrough to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. |
| 6.2.4 | Following the inspection the CCG and the local authority have met with members of |

the parent carer forum to shape the content of the written statement of action, which is due for submission to Ofsted / CQC on 1st August. There are governance structures in place to take forward the SEND reforms. The LA are currently reviewing the joint commissioning strategy between South Tees CCG and Middlesbrough LA with a view to endorsement and sign up.

- 6.3.5 The LA and the CCG are currently working with partners to finalise an action plan with a particular focus on the 4 keys areas for improvement identified by the inspectors :
- Shared understanding of the needs of children and young people who have SEN or disabilities and their education, health and care outcomes
 - An effective approach to jointly planning and commissioning the services that children and young people who have SEN and/or disabilities
 - Evaluation of the effectiveness of the local area's arrangements for improving the education, health and care outcomes of children and young people who have SEND and/or disabilities.
 - Involvement of children, young people and families in meaningfully co-producing the services, resources and support they need
- 6.3.5 Senior managers from the LA and the CCG met with national officers from NHSE and DfE on 5th July to discuss the outcome of the inspection and arrangements for future monitoring meetings.

7 UPDATE ON SCRUTINY REPORTS

This section provides the Board with an update on relevant Scrutiny investigations, reports and recommendations

7.1 *Durham, Darlington, Teesside, Hambleton Richmondshire and Whitby STP Joint Overview and Scrutiny Committee*

- 7.1.1 The Durham Darlington Teesside Hambleton Richmondshire and Whitby STP Joint Overview and Scrutiny Committee met on 13 June 2018, to receive an update on the NHS Sustainability and Transformation Plan (STP). At the meeting members discussed previously reported plans for delivering the “Better Health Programme” element of the STP by way of the development of a three centre acute hospitals model serving the population of South Durham, Darlington, Teesside and North Yorkshire which carried out both emergency and elective work.

At the meeting, the Joint OSC expressed their disappointment at the lack of progress and the absence of clear communication since the January 2018 scrutiny meeting. The Committee resolved to write to the Chief Executives of County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust to request that discussions on this matter take place urgently and that the respective Foundation Trusts report back to this Joint Overview and Scrutiny Committee in respect of the development of the three centre acute hospitals model proposed as part of the delivery of the STP.

8 RECOMMENDATIONS

8.1 It is recommended that the Board:

- a. Notes the progress made by the South Tees Health and Wellbeing Executive in fulfilling its statutory obligations
- b. Delegates the responsibilities around Pharmaceutical Needs Assessments to the Director of Public Health (DPH) for elements of maintenance and use of the PNAs and for the Health and Well-being Executive to approve, as required.
- c. Delegates the function of receiving Healthwatch report to the Health and Wellbeing Executive
- d. Notes the progress made by the South Tees Health and Wellbeing Executive in implementing the Board's Vision and Priorities
- e. Notes the updates on statutory consultations, recent inspections and relevant scrutiny reviews.

9 BACKGROUND PAPERS

9.1 No background papers other than published works were used in writing this report

10 Contact Officer

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