

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	25 th October 2018
From:	Dr Ali Tahmassebi – Chair South Tees Health and Well-being Executive	Agenda:	7
Purpose of the 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	<p>That Live Well South Tees Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Note the decisions taken by the Health and Wellbeing Executive in fulfilling its delegated responsibilities around Pharmaceutical Needs Assessments; • Note the assurance regarding health protection arrangements; • Note the responses to the Healthwatch report’s findings; • Note the progress made by the South Tees Health and Wellbeing Executive in implementing the Board’s Vision and Priorities; and • Note 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 (HWB) with updates on progress with the delivery of the Boards Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

- 2.1** To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures 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.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

- 3.1** The next section of this report sets out progress the Health and Wellbeing Executive has made against the board’s statutory functions.

3.2 *Pharmaceutical Needs Assessment (PNA)*

3.2.1 The Live Well South Tees Health and Wellbeing Board (HWBB) is required to keep the March 2018 PNAs for each Local Authority 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.

3.2.2 The Live Well South Tees Health and Wellbeing Board has delegated to the South Tees Health and Wellbeing Executive to approve elements of maintenance and use of the PNAs. This section of the report sets out the changes to pharmaceutical services that have been considered by the South Tees Health and Wellbeing Executive.

Redcar & Cleveland PNA

3.2.3 On 29 May 2018, the HWBB received formal notification from NHS England that four pharmacies in Redcar will be delivering additional supplementary hours on a rota basis on a Sunday evening between 8:30pm and 9:30pm from 3 June 2018 in response to the conclusion in the PNA that 'there is potential for the existing contractors to provide improvement or better access to pharmaceutical services (opening hours) within the HWB area. This would help provide any corresponding pharmaceutical need for patients attending the GP extended hours access hubs between 4.00pm and 9.30pm on a Sunday.

3.2.4 The Executive noted the contribution that this increase of supplementary hour provision makes to improvement or better access between 4.00pm and 9.30pm on a Sunday. The Executive agreed to:

- Find that the change is relevant to the granting of pharmacy applications; and
- Find that making a revised assessment of the PNA would be a disproportionate response to this change and therefore approved the publication of a Supplementary Statement explaining the closure as circulated at the meeting.

3.2.5 On 2nd August 2018, the HWB received formal notification from NHS England that the following 100 hour opening pharmacy will close with effect from 22nd August 2018;

- Lloyds Pharmacy – Low Grange Health Centre, Normanby Road, Middlesbrough, TS6 6TD

The pharmacy closed and formally withdrew from the Redcar and Cleveland pharmaceutical list from the 22nd August 2018. This pharmacy originally opened under the 100 hour exemption in 2010 and until its closure, it was one of three 100 hour pharmacies in the Eston area, the other two being the pharmacies in Asda and Tesco; additionally Boots UK Ltd on Cleveland Retail Park also provides extended opening times on a seven day week basis. However, Lloyds at Low Grange Health Centre was the only provider of necessary essential services (i.e. pharmacy opening time) between 6pm and 8.30pm on a Sunday evening across the Redcar and Cleveland HWB area.

The Executive noted the key changes to Sunday evening pharmacy opening time

provision as a result of the closure of this pharmacy, the current statement of need within the 2018 PNA and the log of supplementary statements / other notified changes since the publication of the PNA.

3.2.6 The executive agreed to:

- Find the change relevant to the granting of applications; and
- Find that making a revised assessment would be a disproportionate response to this change and therefore approved the publication of a Supplementary Statement on the following basis:
 - The statement of need in the PNA for essential services (i.e. opening times) with particular consideration to the provision of opening hours on a Sunday after 4pm remains appropriate.

Middlesbrough PNA

3.2.7 On 14th June 2018, the HWB received formal notification from NHS England that the following 100 hour pharmacy had closed with immediate effect;

- BR & KB Ltd (trading as Roman Road Pharmacy) -31-33 Roman Road, Middlesbrough, TS5 6DZ

Roman Road pharmacy originally opened under the 100 hour exemption in September 2012 and has provided pharmaceutical services for nearly six years in the Linthorpe Village location.

3.2.8 The Executive noted the closure of Roman Road pharmacy and the current statement of need within the 2018 PNA. The Executive agreed to:

- Find that the change is relevant to the granting of pharmacy applications; and
- Find that making a revised assessment of the PNA would be a disproportionate response to this change and therefore approved the publication of a Supplementary Statement explaining the closure as circulated at the meeting.

While all agreeing that a revised PNA was disproportionate in this instance, the Executive members sought reassurance that closures of pharmacies were logged and monitored and due consideration given to the impact on the system of multiple changes to the provision of pharmaceutical services. It was agreed that a log of all changes since the last PNA publication date would be circulated with any new requests for consideration of the need to issue a supplementary statement.

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. Revised operational guidance was published in July 2018 which offered the option to update BCF plans and amend targets for 2018/19. The Health and Wellbeing Executive endorsed the Adults Joint Commissioning Board’s decision not to make any update to plans as there were no substantial changes at this stage.

3.3.4 The Health and Wellbeing Executive also received and noted the Better Care Fund (BCF) Quarter 1 Returns to NHS England submitted in July and requested that a review of performance is undertaken at a future meeting.

3.3.5 The table below summarises the progress against a number of key schemes within the Better Care Fund Plans in 2018/19.

Single Point of Access	A model for the future of the SPA is being developed which will hopefully see more integrated call handling and co-ordinated responses to all referrals. The single Rapid Response referral call handling pilot is continuing and the aim is to offer the service to all referrers to rapid response, particularly GP practices.
Support to Care Homes	All the schemes continue until March 2019, but reviews will be taking place to determine whether they should continue in 2019/20. Feedback on all schemes remains positive from care home staff and partner organisations. The Care Home Education Visiting and Support Service (CHESS) has been extended to offer cover at the weekends which it is hoped will help further reduce unnecessary admissions of residents to hospital.
Effective Discharge	A Trusted Assessor is in post in Redcar & Cleveland to carry out assessments on behalf of the 15 older people residential homes who have signed up to the pilot. It is hoped the Trusted Assessor will contribute to a reduction in delayed transfers of care.
Promoting Prevention and Independence	BCF funds provided to Community Connect in Middlesbrough and the Transformational Challenge Team in Redcar & Cleveland
South Tees Integrated Falls Prevention Strategy	<ul style="list-style-type: none"> • Developing an integrated falls pathway across all organisations • Implementation plan with key targets attached to strategy governed by re-established Steering Group • Re-establish falls register for prevention offering targeted approach to future interventions • Community pharmacies reviewing of medication in line with falls risks • Self-management tools and clear branding across all partner

	agencies in development for a clear public message of ‘Keeping You Safe and Steady’ <ul style="list-style-type: none"> • Redevelopment of Multi Factorial Risk Assessment tool to ensure it is accessible and appropriate to use across multiple agencies
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Performance against metrics

3.3.6

The performance dashboard provides a high level summary of performance against each of the BCF metric targets for Quarter 1 2018.

Metric	BCF Target 2018/19		Quarter 1 Performance	Comments
METRIC 1 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	MBC	933	On track to meet the target	
	R&CBC	878	On track to meet the target	
METRIC 2 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	MBC	87%	Rolling data indicates slightly under target	
	R&CBC	84%	Rolling data indicates slightly under target	
METRIC 3 – Delayed transfers of care from hospital per 100,000 population (Quarterly rate shown)	MBC	767	Not on track to meet the target	Delays attributable to social care have met the targets, but joint work is ongoing to address the delays attributable to health.
	R&CBC	726	Not on track to meet the target	
METRIC 4 – Total emergency admissions into hospital	MBC	17564	Not on track to meet the target (currently 8% above plans)	
	R&CBC	16103	Not on track to meet the target (currently 8% above plans)	

3.3.7

A joint evaluation of all BCF schemes is on-going to ensure that they continue to be effective and deliver against the BCF performance metrics. This will be part of the wider review programme being overseen by Adults Joint Commissioning Board.

Better Care Fund 2019 onwards

3.3.8 Although formal confirmation is still awaited, it is assumed that for 2019/20 the BCF will remain as a transitional year with limited changes, keeping to the original principles of bringing health and social care together. Plans will be developed jointly, factoring in evaluations and reviews of programmes and exploration of any new schemes which could potentially help deliver against the metrics and further support closer integration.

3.4 *Health Protection Assurance*

3.4.1 This section of the report provides assurance to the Live Well South Tees Health & Wellbeing Board on the delivery of the Council's statutory public health duties regarding health protection assurance and the main issues to highlight to the Board.

Extension of the eligibility for NHS seasonal influenza vaccination to frontline Health and Care workers

3.4.2 In 2017 NHS England provided additional funding within the healthcare system to support the delivery of flu immunisation for frontline health and social care workers that offer direct patient/client care. Flu can be a serious illness, particularly for older people or those with other health conditions. Health and Care workers who look after the most vulnerable people in our communities are most at risk of cross infection or onward transmission, if not vaccinated themselves. Vaccination of key frontline staff has been shown to be effective in reducing disease spread and patient mortality within the care settings, as well as ensuring business continuity, by reducing staff flu related illness and the need to provide expensive locum cover.

3.4.3 NHS England has confirmed that last year's targeted NHS seasonal vaccination scheme has again been extended and will continue in 2018/19 to also include health and care staff in the voluntary managed hospice sector that offer direct patient/client care. Arrangements have now been put in place by NHS England, for this year's scheme to be offered by GP practices and community pharmacies, as part of the seasonal flu programme. This scheme is though intended to complement, ***not replace***, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce.

3.4.4 NHS England therefore urge employers to continue their efforts to protect their staff and most vulnerable patients/clients, by encouraging frontline social care staff to be immunised. The extension of the NHS England scheme will be offered through GPs and pharmacies and made specifically available to:

- Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.
- Health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those

patients/clients in a clinical risk group for flu or who are aged 65 years and over.

3.4.5 The Eligibility groups for the routine national NHS flu programme are:

- 65 years of age or over;
- pregnant women;
- have certain medical conditions e.g COPD, Asthma;
- living in a long-stay residential care home or other long-stay care facility;
- receive a carer's allowance, or are the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill;
- children over the age of 6 months with a long-term health condition;
- children aged 2 and 3 on August 31 2018 – that is, born between September 1 2014 and August 31 2016; and
- children in reception class and school years 1, 2, 3, 4 and 5.

Current local arrangements for frontline staff

3.4.6 In Middlesbrough and Redcar & Cleveland councils, Public Health departments have opted to collaborate with their respective HR departments to bring an in-house vaccination offer, to key staff as well as the wider workforce. In principle a grant has been annually offered to HR by Public Health, for them to subcontract Occupational Health and implement a targeted vaccination programme for key frontline staff.

3.4.7 This approach has ensured in the past that Occupational Health offers an outreach service into various council settings to bring the services to staff, rather than wait for them to visit clinics. The advantage is that key frontline staff can access the programme within work time, with the flexibility to therefore cater for different staff work patterns. Previous schemes such as the voucher redemption approach at pharmacies, often achieved less uptake due to attrition caused by inconvenient working patterns, or by a lack of strategic departmental buy in/ promotion of the campaign by senior managers.

3.4.8 It would be essential that both councils continue to offer this in-house scheme as well as promoting the NHS England scheme, where frontline staff who fall into the clinical at risk groups can also still take up vaccination through GPs and pharmacies whenever convenient

3.4.9 Flu is a serious illness in vulnerable people, potentially causing deaths and complications such as pneumonia, with any outbreaks inadvertently causing severe disruption to councils' health and social care service delivery in the winter months. It is therefore paramount that all key frontline local authority staff are encouraged to be vaccinated in order to improve herd immunity and maintain business continuity.

3.4.10 Directors of Adult and Children's Social Care of both Councils have been recommended to:

- Note the extension of the NHS seasonal flu vaccination programme to frontline health and social care staff employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the

care of vulnerable patients/clients who are at increased risk from exposure to influenza and to those employed by a voluntary managed hospice provider;

- Advice providers of commissioned care and nursing homes to encourage their staff to access the extended NHS flu programme; and
- Encourage social care workers to access the flu programme that is offered by both councils through occupational health.

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. The Health and Wellbeing Executive consider all Healthwatch reports and provide an opportunity for a system as well as individual organisational response.

3.5.2 The Executive also oversee any actions required and provide the response to Healthwatch for dissemination to the public. The Executive are working with members of Healthwatch South Tees to agree a protocol which will set out how Healthwatch reports should be responded to.

3.5.3 The Health and Wellbeing Executive has received two reports from Healthwatch South Tees namely:

- People’s experiences of living with Dementia in Redcar & Cleveland (Annex A)
- A focus on hearing loss (Annex B)

3.5.4 There were a number of recommendations arising from the two reports. The recommendations are set out below along with the response considered by the Health and Wellbeing Executive:

3.5.5 Table 1 - People’s experiences of living with Dementia in Redcar & Cleveland

Recommendation	Response
Patients are experiencing difficulties in accessing the Memory Clinic due to poor signage and we have been informed that this will be rectified in the near future.	Tees Esk and Wear Valley NHS Foundation Trust have made a formal request to NHS properties for permission in relation to signage and are awaiting permission / approval to progress this work.
Patients are unsure of the role of the Memory Clinic and would benefit from a clear communication of the services provided and what can be offered in their ongoing care. For example, explanation of changes in behaviour and crisis contact details.	All memory clinic patients receive information in relation to out of hours support and where appropriate a Crisis Plan is developed. However it is acknowledged that although there is an Intensive community Liaison service which is accessible 8am – 8pm 7 days a week there is a gap in provision between 8pm and 8am for patients with dementia. TEWV always try to provide both timely

	and relevant information without overburdening the patient and carer with too much information. The services continually reviews the information they provide to both patients and carers.
Information provided to those living with dementia and their carers appears to be a key issue, whether that being about their condition, other services that can support them or what is on offer within the community. Having the right information at the right time seems to be important as well as ensuring that there is consistency on how this is distributed.	In relation to patient and carer feedback TEWV have received; 109 completed patient feedback questionnaires over the past 6 months with an overall patient satisfaction rate of 97.79% 55 completed carer feedback questionnaires over the past 6 months with an overall carer satisfaction rate of 95.87%
Redcar & Cleveland is not currently a dementia friendly community and those living with dementia and their carers feel that they would be able to have more fulfilling lives if steps were made to rectify this. A dementia friendly community would open up more opportunities without relying on bespoke activities for those with dementia.	The South Tees public health team has started work to roll out the Middlesbrough dementia friendly communities model to Redcar & Cleveland.

3.5.6 Table 2 - A focus on hearing loss

Recommendation	Response
Identify what the barriers are to implement the Accessible Information Standards.	The report circulated was for information purposes, it gave the opportunity for service users to have their voices heard. This has formed the basis for additional Healthwatch South Tees work, we are visiting GP practices on an informal basis to raise awareness and gather further information to ascertain if this is a wider issue.
Encourage organisations that support deaf people to raise awareness of the Accessible Information Standard, and support service users to inform providers of their communication needs.	
Consider methods that could be adopted for emergency provision of interpreting services.	
Research deaf awareness training and identify uptake within health and social care settings.	

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 The Board’s agreed vision and priorities are to:

Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes:

- a. Inequalities - Addressing the underlying causes of inequalities across the local communities;
- b. Integration and Collaboration - across planning, commissioning and service delivery; and
- c. Information and Data – data sharing, shared evidence, community information, and information given to people.

4.2 Set out below is a summary of the progress the Executive has made towards achieving each of the Boards priorities to date.

4.3 **PRIORITY 1 - Inequalities - Addressing the underlying causes of inequalities across the local communities**

Health, Housing and Wellbeing

4.3.1 The Health and Wellbeing Executive considered a joint report presented by Thirteen group and Coast & Country housing on recent Housing Legislation.

4.3.2 *Green Paper: A New Deal for Social Housing*

The paper is very much a reaction to the Grenfell Disaster, very London centric and regulation for sector - it was agreed that a joint response from the H&WBB was not necessary however both Thirteen and Coast & Country have responded on behalf of the wider system.

4.3.3 *The Homelessness Reduction Act 2017*

Further discussion queried the implications of the homelessness Act on local authorities and what arrangements had been put in place already in response to the Act. The Executive will consider a joint report by both councils at a future meeting.

4.3.4 *Supported Housing Funding Update*

The Government has responded to the consultations on the funding of supported housing, which were carried out earlier in the year. The main proposals for change have been scrapped, with the Government now intending to work with providers on a system for ensuring high quality provision and value for money.

4.3.5 This is good news for supported housing and should give some long term surety to commissioners, local authorities and housing providers that revenue funding will continue to be made available. Local Authorities are still required to develop Supported Housing Strategies for their areas and these are currently being worked on by Middlesbrough and Redcar and Cleveland councils.

Sport England – Local Delivery Pilot

4.3.6 A presentation was delivered to the Live Well South Tees Health and Wellbeing Board in July, which provided an update on the Sport England Local Delivery Pilot in South Tees. The presentation outlined the aims of the Local Delivery Pilot and requested the full commitment of Board member organisations to support the implementation of the Pilot and support the negotiation of barriers to progress when they arise. Since the Board meeting the programme has hosted an Activity Conference - **“Something Has to Change” Conference** at Redcar College Higher Education Centre. Over 130 people attended the inaugural conference for the Local Delivery Pilot, representing a broad range of local, regional and national organisations; from local community groups, statutory agencies, GPs, sports clubs and National Governing Bodies. The theme of the event was around whole system change and the structure of the day was designed to create a space for delegates to understand ‘systems thinking’ and in particular; their role as a leader within the system.

4.3.7 Programme Update

Programme Management Model

We continue to develop our programme management infrastructure using our “distributed leadership” model. The Project Director is in post, employed through Middlesbrough Environment City and two voluntary organisations have been selected to host the two remaining core posts. RCVDA will host the Programme Officer post and Kidz Konnekt will host the Programme Support Officer post (both will second into Middlesbrough Environment City for management within a single team). It is anticipated that these posts will be filled before Christmas.

Branding

The local partnership and Sport England are keen that we take ownership of our programme and move away from the ‘Local Delivery pilot’ title. Work is ongoing to develop a branding strategy and ‘visualise and vocalise’ – creating the look and feel for the programme not only to local people, but also to partners.

Programme Development

Thematic groups have now been established for each of the five work streams. Each group has a multi-sectoral membership, with numbers being kept deliberately low in the development phase of each theme.

Following the recent agreement of the terms of the award letter between Redcar and Cleveland Council (as the accountable body) and Sport England, the resourced elements of the development phase will be commenced over the next four weeks.

4.4

PRIORITY 2 - Integration and collaboration

4.4.1 The programme to develop a clinical strategy started in September 2018 with the aim of achieving and sustaining high quality hospital care. It is led by a Strategic Oversight Board that includes the three Foundation Trusts and five Clinical Commissioning Groups in Darlington, Durham and Tees.

4.4.2 Sir Ian Carruthers has been commissioned by the Chief Executive Officers of Trusts to facilitate joint working arrangements across trusts, and explore opportunities for greater cohesion and alignment between trusts, to ensure the delivery of improved services and operational efficiencies.

4.4.3 Local clinicians are now working across organisational boundaries to build consensus on the right models of hospital, community and primary care for the increasing number of people who have long term health conditions and to support the delivery of local specialist emergency care where possible and appropriate. A clinical model of care is being developed to describe the way that clinical staff and organisations can work together to deliver hospital services for the population of Darlington, Durham and Tees.

This includes optimising emergency pathways to ensure patients receive appropriate interventions and care as part of managed clinical networks.

4.4.4 Model of care will be developed further through on-going dialogue and engagement with the public and patient involvement and shaped into options for future delivery of acute and specialist services to ensure that high quality services in the Durham, Darlington and Tees area can be sustained.

4.4.5 Alan Foster, STP Lead for Cumbria and North East will attend the next Board meeting to provide a more substantive update.

Opportunities for a joined up approach to planning and commissioning

4.4.6 This item is covered in substantive agenda item 5

4.5 **PRIORITY 3 Information and Data**

4.5.1 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 we can join up our system data so we can have shared intelligence across the health and care system. There is recognition that the headline datasets we are currently using cannot provide the answer to the 'wicked' questions e.g. multi-morbidity, frailty in the population, its impact on health care demand and how we use whole population / whole system data intelligence to support future planning and commissioning.

4.5.2 The Group has been exploring the merits of an integrated data set and its role in the integration agenda. To this extent, a draft project mandate has been produced to inform the phased activities required to bring the project to full implementation. Initial discussions are ongoing with colleagues at North of England Commissioning Support (NECS) to explore the feasibility of a data warehouse. Subsequent conversations have also been held with colleagues from Kent County Council to help define clearly the project scope.

4.5.3 It is intended to develop an integrated dataset of local service(s) utilisation and/or outcomes that is anonymised to give a population/small area/group picture of resource

utilisation. This will help inform individual organisation/collective decisions on service planning, care delivery and resource allocations that are targeted for maximum outputs/outcomes. The programme will not include a single data system for managing patients care.

4.5.4 The programme will be developed using a phased approach. The next steps to progress this work further are :

Phase 1: Programme planning (6 months)

- System approval –agreement from system partners to develop integrated data set
- Partner agencies identify a senior leader who is responsible for ensuring the programme is supported and taken forward within their organisation
- Agree framework for questions/scenarios required i.e scope and vision
- Agree multi-agency information governance arrangements – the Falls group is currently testing out a model. Lessons could be learnt from that work to influence decisions on the framework.
- Establish feasibility of data warehouse arrangements proposed by NECS

Phase 2: Programme development (6 to 12 months)

- Establish programme board to develop a full business case
- Set up task and finish groups to support development of full business case (including risk assessment and resource identification)
- Undertake baseline analysis of current local datasets for appropriate provider and commissioner organisations
- Business case sign off

Phase 3: Programme implementation (12 to 24 months)

- Establish task and finish groups to lead on key project deliverables
- Phased approach to full implementation
- Establish arrangements for evaluation and quality assurance

5 STATUTORY CONSULTATION AND SERVICE CHANGES

5.1 This section summarises statutory consultations or changes to service that the Board needs to be made aware of.

5.2 LGA Green Paper – future of adult social care

5.2.1 The Local Government Association launched a consultation to kick-start a debate on how to pay for adult social care and improve the services caring for older and disabled people.

5.2.2 The LGA eight-week consultation set out options for how the system could be improved and the radical measures that need to be considered given the scale of this funding crisis.

The LGA will respond to the findings in the autumn to inform and influence the

Government's green paper and spending plans.

- 5.2.3** The LGA green paper - alongside funding issues – also seeks to start a debate about how to shift the overall emphasis of our care and health system so that it focuses far more on preventative, community-based personalised care, which helps maximise people's health, wellbeing and independence and alleviates pressure on the NHS.
- 5.2.4** The Health and Wellbeing Board prepared a 'system' response which is attached at Annex C

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 OFSTED - Joint local area 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 of Education (DfE) and NHS England (NHSE) on a quarterly basis . The fourth monitoring meeting will be taking 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.

- 6.2.5** 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.
- 6.2.5** 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.
- 6.3** ***CQC Inspection - Elm Alliance***
- 6.3.1** Following the CQC inspection in January 2018; which found the service to be requiring improvement; the CQC re-issued the ratings following a further inspection meeting in May 2018. The following domains previously rated as Inadequate were changed to Requires Improvement:
- Are services safe?
- Are services effective?
- Are services responsive to people's needs?
- And are services well-led?
- 6.3.2** The domain of Are services caring? Remains as Good. The CQC also confirmed that the provider and services are no longer in 'special measures' and there are no warning notices in place.
- 6.3.3** Clearly there is still much work to do, however since the inspection in January we have seen continued progress and commitment from the service and their turn-around team to provide a level of assurance that they are taking steps in the right direction. It is therefore welcome that the CQC has recognised that improvements were, and are being made, even prior to the latest round of actions

7 **UPDATE ON SCRUTINY REPORTS**

- 7.1** This section provides the Board with an update on relevant Scrutiny investigations, reports and recommendations
- 7.2** ***Respite Opportunities and Short Breaks for People with Learning Disabilities -Referral to Secretary of State***

- 7.2.1** The Transforming Care agenda and the NHS Five Year Forward View drive the agenda for service reform, including improving community based services which prevent hospital admission. As part of this programme, South Tees CCG and Hartlepool and Stockton-on-Tees CCG have been working in partnership with the four Local Authorities across the CCG areas to review the respite services available for people with complex health and social care needs. A Joint Overview and Scrutiny Committee was established across Tees to oversee this work.
- 7.2.2** A full consultation programme was implemented across the two CCG areas between September and November 2017. An independent consultation report was subsequently published in January 2018.
- 7.2.3** On the 5th February 2018 the report findings, along with a plethora of other supporting information were presented to the Joint South Tees and HaST CCG Governing Body. The joint governing body were asked to determine which option following consultation should be progressed. A decision to proceed with Option 2 was made maintaining respite services with the current provider, Tees Esk and Weir Valleys NHS Trust (TEWV) at their current locations of Bankfields Court, Eston and Aysgarth, Stockton, whilst exploring alternative community options, and to introduce a new assessment and allocations process.
- 7.2.4** Redcar and Cleveland Local Authority, on 16th May 2018, and Middlesbrough Local Authority, on 18th May 2018, announced their intention to refer the Governing Body decision to the Secretary of State for review. This was confirmed in writing on 17th August 2018 and the CCG is awaiting a response from the Independent Reconfiguration Panel (IRP). Hartlepool and Stockton Local Authorities did not make a referral.
- 7.2.5** The CCG continues to await the outcome of the referral.

8 RECOMMENDATIONS

- 8.1** It is recommended that the Board:
- Note the progress made by the South Tees Health and Wellbeing Executive in fulfilling its statutory obligations;
 - Note the decisions taken by the Health and Wellbeing Executive in fulfilling its delegated responsibilities around Pharmaceutical Needs Assessments;
 - Note the assurance regarding health protection arrangements;
 - Note the responses to the Healthwatch report's findings;
 - Note the progress made by the South Tees Health and Wellbeing Executive in implementing the Board's Vision and Priorities; and
 - Note 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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