

Thursday 26 September 2019, 3pm – 5pm

Council Chamber - Redcar & Cleveland Leisure and Community Heart

	Agenda item	Priority	Time
1.	<b>Welcome and introductions</b> <i>Cllr Mary Lanigan/ Cllr Anthony High</i>		3 pm
2.	<b>Apologies for absence</b> <i>Cllr Mary Lanigan/ Cllr Anthony High</i>		
3.	<b>Declarations of interest</b> <i>Cllr Mary Lanigan/ Cllr Anthony High</i>		
4.	<b>Minutes of Meeting 21 March 2019</b> <i>Cllr Mary Lanigan/ Cllr Anthony High</i>		3.05pm
<b>Items for Decision</b>			
5.	<b>Live Well South Tees Health and Wellbeing Board review of Terms of Reference and Membership</b> <i>Kathryn Warnock, South Tees Integration Programme Manger</i>	1,2,3	3.15pm
<b>Items for discussion</b>			
6.	<b>Cumbria and North East Integrated Care System - briefing note and presentation</b> <i>Dan Jackson, Head of Strategic Development, North East and North Cumbria Integrated Care System</i>	1,2,3	3.20pm
7.	<b>Opportunities for integrated delivery, commissioning and intelligence - Place based Working - Community Model – presentation</b> <i>Fran Toller, Director of Operations- Community, South Tees NHS Hospitals Foundation Trust</i>	2	4.00pm

8.	<b>Healthwatch South Tees Annual Report and Forward Work Programme</b> <i>Ian Holtby – Chair Healthwatch South Tees</i>	1,3	4.20pm
9.	<b>Health and Wellbeing Board Annual Report 2018/19</b> <i>Edward Kunonga, Director of Public Health, Public Health South Tees</i>	1,2,3	4.30pm
10.	<b>Health and Wellbeing Executive Chair’s report ( assurance report)</b> <i>Dr Ali Tahmassebi, Chair of Health and Wellbeing Executive</i>	All	4.40pm
11.	<b>Health and Wellbeing Work Programme</b> <i>Edward Kunonga, Director of Public Health, Public Health South Tees</i>		4.55pm
<p><b>Date and time of next meeting:</b></p> <p><b>3pm - Thursday 19 December 2019</b></p> <p><b>Board Room, South Tees Clinical Commissioning Group,</b></p> <p><b>14 Trinity Mews, North Ormesby Health Village</b></p>			

Priority 1 - Inequalities
Priority 2 - Integration
Priority 3 - Information and Intelligence

**JOINT HEALTH AND WELLBEING BOARD**

A meeting of the Joint Health and Wellbeing Board was held on 21 March 2019.

**PRESENT:** Councillors Mr D Budd, J Bromiley, M Carr, A Downey, A Foster, D Gardner, Mr J Harwin, I Holtby, I Jeffrey, S Jeffrey, S Johnson, E Kunonga, J Lowe, M Milen, L Pallister, T Parkinson, P Rice, C M Rooney, E Scollay, L Spaven and J Walker

**PRESENT AS OBSERVERS:** D Smith - Teesside Hospice

**OFFICERS:** J McNally  
K Warnock

**APOLOGIES FOR ABSENCE** N Bailey, L Bessant, Mr M Davis, C Hannaway, C Martin, Ms S McArdle, Councillor J Rostron, B Shaw, A Skelton, Ms C Smith, Mr A Tahmassebi, Councillor M Thompson, D Walsh, H Watson, T O'Neill.

**DECLARATIONS OF INTERESTS**

Name of Member	Type of Interest	Item/Nature of Interest
Janet Walker	Non Pecuniary	Agenda Item 9

**1 WELCOME AND INTRODUCTIONS**

Mayor Budd and Councillor Sue Jeffrey welcomed everyone to the meeting and introductions were made.

**2 MINUTES - JOINT HEALTH AND WELLBEING BOARD - 31 JANUARY 2019**

The minutes of the Live Well South Tees Health and Wellbeing Board held on 31 January 2019 were agreed as a true and accurate record.

**3 DIRECTOR PUBLIC HEALTH - ANNUAL REPORT**

Edward Kunonga, Director of Public Health presented the Annual Report to Board members, Members were advised that the Annual Report builds on the corporate plans of both local authorities.

The Director of Public Health highlighted the successes of the past year which included:

- Joint public health service established - first in the north east
- Joint health and well-being board established
- Smoking prevalence continues to fall - stop smoking service in-house delivery model
- Sexual health service commissioning cited as example of good practice nationally
- Cervical cancer screening awareness programme
- Transformation Challenge team and empowering communities in Redcar and Cleveland
- Dementia Friendly South Tees
- Sport England Local Delivery Pilot

The Director of Public Health informed the Board of future challenges which included:

- Widening health inequalities
- Slowing down of progress with length and quality of life
- Organisational changes
- Austerity and funding pressures

James Bromiley, Strategic Director of Finance, Governance and Support provided an update to Board members on the Fair Funding Review.

- Spending Review likely Autumn 2019 which will set out overall local government (and NHS) funding from 2020/21
- LGA estimates funding gap of £3bn in 2019/20, rising to £7.8bn in 2024/25
- Published at/around the same time, Fair Funding Review is intended to address 'distributional issues' also from 2020/21

The Board were informed of funding cuts:

- South Tees LA spending power cut severely since 2010 - R&C 35%, M'boro 36%
- Average national cut 29%; Surrey 15%
- South Tees CCG projected overspend £17.3m
- Cleveland Police decreased by 36% in real terms since 2010

The Board heard that the cuts would impact on:

- Impact on poverty - Middlesbrough now 6th most deprived LA in country; more benefits recipients (and Universal Credit has exacerbated impact)
- Child poverty now 31.3% across Tees Valley, gap to national average increased by 3.3% since 2013
- 50% increase in looked after children in 8 years in North East (national average 15%)
- Gap to national average healthy life expectancy growing quickly
- Impact on crime - Cleveland police 5th highest victim base crime rate in country

The Strategic Director of Finance, Governance and Support informed the Board of emerging themes:

- Everyone has a different view of 'fair'
- Rurality versus Deprivation - to what extent do these drive cost (and demand)
- Simplicity versus robustness of formulae
- Ability to pay for services (eg Adult self-funders)
- How to reflect ability to generate income
- Issues around using historical data and baselines

Members were advised that it was important to lobby and to stress that we are doing some amazing things and transforming but we could do even more with a fair share of the funding.

Members were advised that:

- Spending Review planned to be delivered ahead of Fair Funding in the Autumn
- Spending Review subject to clarity on Brexit
- Unlikely that a Fair Funding Review would be completed without a Spending Review
- The whole thing may be delayed by a year

The Director of Public Health informed the Live Well South Tees Board that the Annual Report contained five recommendations for the coming year:

- As the joint public health service becomes more embedded across both organisations, there is need to demonstrate the benefits that were outlined in the business case.
- The Live Well South Tees Board should enable and promote multi-agency support and delivery of the ambitions set out in the Middlesbrough Strategic Plan and 'Our Flourishing Future'
- Work needs to continue to reduce the inequalities in life expectancy and healthy life expectancy and to ensure the major contributing factors to the decline in life expectancy figures and the widening inequality gaps continue to be addressed
- The Live Well South Tees Board needs to ensure local plans reflect a stronger focus on:

- a) Wellbeing and healthy life expectancy (quality of life)
- b) Primary and secondary prevention;
- c) Children, young people and families; and
- d) Mental health.

- The Live Well South Tees Board will need to continue to hold the Integrated Care System to account for the plans and delivery plans at all the different levels (regional, sub-regional and place based) to ensure the decisions being made lead to improvements in the health of the local population.

Councillor Lynn Pallister informed the Board that she had attended a Transformational Challenge Event from the Event there were two key recommendations:

- Pooling of budgets
- Key people such as Chief Executives, Leaders and Commissioners speaking to service users to see how a difference can be made.

It was agreed that the presentation from the Transformational Challenge Event should come to a future meeting of the Live Well South Tees Board.

**Agreed** as follows:-

- The Live Well South Tees Board noted the content of the report and thanked the Director of Public Health and the Strategic Director of Finance Governance and Support.
- The Live Well South Tees Board agreed to lobby Secretary of State to stress that we are doing some amazing things and transforming but we could do even more with a fair share of Public Health Grant
- The presentation from the Transformational Challenge Event to come to a future meeting of the Live Well South Tees Board

#### 4 **HEALTH WATCH SOUTH TEES - WORK PROGRAMME**

Ian Holtby, Chair of Healthwatch South Tees provided an update to the Live Well South Tees Board,

The Board were informed that a Stakeholder Consultation Event was held on 19 February 2019.19.02.19

Thirty-seven participants attended from a wide range of services across the South Tees area. They represented people supported within Healthwatch's three focus groups; BAME communities, older people and those with long term health conditions. The issues raised were interlinked and cut across all three groups.

Group discussions took place to identify barriers in accessing health and social care services.

Following discussions the prioritised themes were identified as follows;

- Finance and support (impact of funding)
- Communication (individual, between services & language)
- Knowledge and awareness
- Barriers/stigma
- Isolation
- Systems (Process, capacity, navigation)

Members were advised that Healthwatch England had directed local Healthwatch teams to carry out consultation in order to inform and influence the development of the Integrated Care System. This will be carried out via online and face-to-face questionnaires as well as focus groups. As the local consultation highlighted issues for those with long term health conditions for the focus groups, HWST will utilise this process to further explore and inform the direction of our future work.

Youthwatch - Members were advised that this area of work is starting to take traction. Nine Teesside University students have shown interest in the project with a variety of different skills. Some initial development sessions are about to take place with this group to identify priorities and determine how they can best engage and consult with other young peoples' community groups. This will be one of the mechanisms that will enable young people to drive

forwards their agenda and work priorities for HWST.

**Agreed** as follows:-

- The Live Well South Tees Board noted the information provided in the update

## 5 **CUMBRIA AND NORTH EAST INTEGRATED CARE SYSTEM - UPDATE PRESENTATION**

Alan Foster - Lead for Cumbria and North East Integrated Care System delivered an update presentation to the Live Well South Tees Board.

The Board heard that there was a long track record of working at scale in the North East and Cumbria.

- **NENC Cancer Alliance leading on service sustainability**
- **Specialised services commissioned at NENC level**
- **Vascular services review coordinated at NENC level**
- Shared Pathology and Radiology services
- **Standardised commissioning policies**
- **Urgent and Emergency Care( EC) coordination leading to some of the best performance in England**
- **Development of the Great North Care Record with £22 million of national funding secured**
- **Workforce planning and coordination - including the 'Find Your Place' recruitment campaigns**
- **£1million NHS investment agreed to expand prevention activity**
- **Alcohol and tobacco control (FRESH and Balance)**
- **Highly interdependent clinical services with the vast majority of patient flows staying within the patch**

The Live Well Board heard that the next steps would include:

- **Continue dialogue with partners on the opportunities for collaboration that make a difference for our populations**
- **Agree shared priorities and aspirations and how we can take this forward together**
- **Continue to refine our proposed operating model and co-design as much as possible**
- **Continue to demonstrate our progress and ambition to NHS England and NHSI**

**Agreed** as follows:-

- **The Live Well South Tees Board noted the update provided**

## 6 **SOUTH INTEGRATED CARE PARTNERSHIP - CLINICAL STRATEGY - BRIEFING NOTE**

Alan Downey , Chair of South Tees Hospitals NHS Foundation Trust presented a briefing note on the Clinical Strategy - Hospital Services.

The development of the Clinical Strategy for Hospital Services for the South of the North East and North Cumbria region, now overseen by the South Integrated Care Partnership involves close working with partners.

The Board heard that at a regional level, senior clinical staff from across the North East and North Cumbria are building consensus on the right model to deliver local urgent and emergency medical care, particularly for the increasing number of frail people, and support the continued delivery of local specialist emergency care where possible.

They have prioritised services facing the most severe challenges and risks, and which would benefit from working more closely together. This is driven mainly by a shortage of medical staff, in terms of continuity of service, pressures on quality and additional financial issues.

The Clinical Strategy for Hospital Services is a programme of service model development where clinical leaders are developing better ways and new ideas to organise health and care services to help solve some of these challenges, by joining up processes to 'do once' and deliver more with the same resources. They are also taking into account clinical priorities set out by clinical networks across Northern England such as the Northern Trauma Network, the North East Urgent and Emergency Care Network and the Northern England Neonatal Network, and the work of Local Maternity Systems (LMS).

To reflect this work, the Clinical Strategy is split into two phases.

Phase 1 of the clinical strategy looks at the future delivery of a number of key hospital services which are a priority for change - Urgent and Emergency Care, Women's and Children's services (Maternity services, Obstetrics, Gynaecology, Neonatal intensive care and Paediatric services), Frailty and Stroke services, and elective (non-urgent, planned) care for spinal, breast and urology services. It sets out what the shape of the models of care for these services will need to look like.

Phase 2 will look at the development of pathways of care that integrate hospital services across the services and resources that already exist within local communities, bringing care closer to home and reducing an over-dependence on acute hospital services.

The next steps are:

Clinicians with leadership and management support continue to look at each service and are giving their recommendations as to how they think services could be better organised in the future.

Local people, and patients and carers, will also have a chance to say what is important to them about these services.

Both the workstreams and outcomes from listening exercises with patients and the public will form the basis of a case for change which must also take into account a much wider view.

This wider view includes national NHS policy, clinical evidence, consideration of equality impact, a travel and transport review as well as other insights from patients and carers using the services, and staff.

The case for change will be reviewed and concluded by the clinical commissioning groups as it is their duty to ensure the right NHS services are in place for local people.

Further scrutiny will also be carried out by NHS England.

A joint health overview and scrutiny committee will review and scrutinise the process for engagement and consultation, as well as form a view on any future options or scenarios for change.

**Agreed** as follows:-

- The Live Well South Tees Board noted the update provided

## 7 **OPPORTUNITIES FOR INTEGRATED DELIVERY, COMMISSIONING AND INTELLIGENCE - BRIEFING ON PRIMARY CARE NETWORKS - PRESENTATION**

Craig Blair and Alex Sinclair from South Tees Clinical Commissioning Group delivered a presentation to the Live Well South Tees Board on Opportunities for integrated delivery,

commissioning and intelligence - Primary Care Networks.

The Board were advised that South Tees are working together to promote health and wellbeing, reducing dependency and minimising the needs for ongoing care. Ensuring our citizens are well informed and can access the right services at the right time, in the right place. This will be achieved through maximising integration opportunities, great partnership working and a real focus on prevention and sustainable outcomes.

There will be a placed based model of delivery based on:

- Personalised care wrapped around a local population
- Prevention core to the model
- Services are developed and delivered based on local population needs
- One team approach - Multi-disciplinary teams that work with people with multiple complex needs
- Shared responsibility for better coordinating care - giving people clear credible alternatives to hospital.
- Continuity of care to support people to stay healthier for longer
- Community offer is for access to health and social needs in one place, strong links with the voluntary sector.
- Work with local communities focussing on improved health and wellbeing rather than simply treating illnesses.

The Live Well Board heard that Primary Care Networks are:

- New Directed Enhanced Service (DES) for general practice in 19/20
- Primary Care to take the leading role in every Primary Care Network (PCN)
- PCNs are intended to dissolve the historic divide between primary and community health services
- The PCN is a foundation of all Integrated Care and we need to ensure that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropractors, social care and other partners.
- PCNs are about provision not commissioning, and are not new organisations
- PCNs are expected to be established by 1st July 2019 - submissions (national timescales 15th May)

The PCN have to deliver seven national service specifications from 2021

- Structured Medications Review and Optimisation (2020/21) to be undertaken the clinical pharmacists working in the PCN
- Enhanced Health in Care Homes (2020/21) to implement the vanguard model
- Anticipatory Care (2020/21) targeted proactive support for high risk/need patients delivered by a fully integrated primary and community health team
- Personalised Care (2020/21) to implement the NHS Comprehensive Model
- Supporting Early Cancer Diagnosis (2020/21) including timely uptake of screening
- CVD Prevention and Diagnosis (2021/22)
- Tackling Neighbourhood Inequalities (2021/22) 19/20

From July 2019 PCNs will be required to deliver the existing GP extended hours DES to ensure 100% population coverage.

The New Fund will start in 2020, part of the Fund will be dedicated to The NHS Long Term Plan commitment to the principle of 'shared savings' based on improvements in:

- Avoidable A&E attendances - which PCNs will increasingly be able to impact through the digital and access improvements, including 111 direct booking
- Avoidable emergency admissions - impacted through the Anticipatory Care Service and Enhanced Health in Care Homes
- Timely hospital discharge - helped by the development of integrated primary and community teams



- Outpatient redesign - national ambition to redesign outpatients services, PCNs will have a critical role in supporting this ambition, whilst also increasing referrals for cancer, e.g. direct access diagnostics
- Prescribing costs - NHS England will review past and existing prescribing incentive schemes in 2019 to develop a standard national model
- Access to the Fund is anticipated to be a network entitlement from 2020/21

The Board heard the next steps for integrated delivery:

- Primary Care Networks - first steps
- Sense check the proposed Primary Care Networks and their geography
- Shared commitment from all organisations to work with PCN and to develop an integrated community offer
- Further develop plans for Community Hubs - Determine which services to align around proposed population groups
- Agree team configuration and staff alignment
- Engage with voluntary and community sector and develop a simple access point for health and social care practitioners in to the VCS through the Single Point of Access

The Board were advised of the next steps for commissioning:

- Define the vision and purpose for system wide commissioning
- Agree scope and form for system (South Tees) and placed based commissioning
- Baseline existing commissioning arrangements
- Identify the budgets, contracts and services in scope
- Develop key governance requirements - including a MOU and risk sharing
- Identify how existing teams will work together
- Agree how we wish to implement the proposed model for example joint, aligned, integrated, hosted
- Develop a new integrated commissioning strategy

The next steps for integrated intelligence would be:

- Population Health Management - understand the population health needs at all levels
- Undertake mapping around local population health needs and local service and community offers
- Development of an Integrated Data Set
- Support the new community hubs to plan who they need to focus on and how they need to work with their local population.

**Agreed** as follows:-

- The Live Well South Tees Board noted the update on opportunities for integrated delivery, commissioning and intelligence - Primary Care Networks.

## **Agenda Item 5**

**Live Well South Tees Health and Wellbeing Board –  
Review of Terms of Reference**

*Kathryn Warnock – South Tees Integration Programme  
Manager*

**Live Well South Tees Health and Wellbeing Board – Review of Terms of Reference**

<b>To:</b>	Live Well South Tees Health and Wellbeing Board	<b>Date:</b>	26 September 2019
<b>From:</b>	South Tees Integration Programme Manager	<b>Agenda:</b>	5
<b>Purpose of the Item</b>	The purpose of this report is to agree the reviewed Terms of Reference for the Live Well South Tees Health and Wellbeing Board		
<b>Summary of Recommendations</b>	That the Health and Well-being Board: a. Agree the revised Terms of Reference for the Live Well South Tees Health and Wellbeing Board		

**1 PURPOSE OF THE REPORT**

**1.1.** The purpose of this report is to agree the reviewed Terms of Reference for the Live Well South Tees Health and Wellbeing Board

**2 BACKGROUND**

**2.1** The terms of reference for the Live Well South Tees Health and Wellbeing Board was presented to the first meeting in July 2018.

**2.2** In December 2018, Tees Valley Audit and Assurance services reported its finding from an audit of partnership governance (which included the governance the Live Well South Tees Health and Wellbeing Board). The recommendations from that report have informed the revised terms of reference namely

- how decisions will be made
- public access to the meetings and right to ask questions
- calling an extraordinary meeting
- and quorum arrangements.

**2.3** The revised terms of reference are attached at appendix 1..

**4 RECOMMENDATION**

**4.1** It is recommended that the Live Well South Tees Health and Well Being Baord approve the revised terms of reference

**5 Contact Officer**  
Kathryn Warnock, South Tees Integration Programme Manager  
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**Live Well South Tees Health and Wellbeing Board**

**TERMS OF REFERENCE**

**1 OVERALL PURPOSE OF THE BOARD:**

1.1 The Live Well South Tees Health and Wellbeing Board has been constituted to meet the requirements of the Health and Social Care Act 2012. As a Committee of Redcar and Cleveland Borough Council and Middlesbrough Borough Council it acts as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce inequalities.

1.2 The focus for the Live Well South Tees Health and Wellbeing Board

Principal Function	Principal Subject Matter	Main Business Focus	Timescales
Shared Leadership	<ul style="list-style-type: none"> <li>Improved health and social care outcomes</li> <li>Sustainable health and social care system</li> <li>Ensuring system alignment e.g.</li> </ul>	<ul style="list-style-type: none"> <li>Provide strategic leadership and accountability to design, develop and enhance joint health and social care system</li> </ul>	Longer Term – within the next 3-5 years

	commissioning		
<b>Shared priorities approach</b>	<ul style="list-style-type: none"> <li>• solving problems,</li> <li>• removing barriers</li> <li>• sharing risks</li> </ul>	<ul style="list-style-type: none"> <li>• A small number of key priorities to improve health and social care in South Tees.</li> </ul>	Medium term – within the next year
<b>Shared system assurance</b>	<ul style="list-style-type: none"> <li>• high-level performance management</li> </ul>	<ul style="list-style-type: none"> <li>• progress against HWBB work programme</li> <li>• progress against key metrics and projects</li> <li>• Progress against priority workstreams</li> <li>• Be given assurance from South Tees H&amp;WBB Executive</li> </ul>	Short term – within the next week, month

**1.3**

In particular, the Board will:

- Provide strategic direction
- Ensure strategic influence over commissioning decisions across health, public health and social care.
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Board will also provide a forum for challenge, discussion, and the involvement of local people.
- Bring together clinical commissioning groups and council commissioners to develop a shared understanding of the health and wellbeing needs of the community.
- Ensure the Joint Strategic Needs Assessment is undertaken and develop a joint Health and Wellbeing Strategy to address needs and improve health and wellbeing outcomes. This will include supporting the development of joint commissioning and integrating services across health and care where this makes sense.

- Create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

## 2 **OPERATING PRINCIPLES**

2.1 The Board will work to the following principles in the way it conducts business:

- Operate on the basis of consensus and discussion between all organisations
- Demonstrate collective leadership to improve health and wellbeing across the Middlesbrough and Redcar & Cleveland local authority areas
- Consider the views of patients, service users and communities and the third, public and private sectors
- Promote strong collaboration and partnerships and clear links between local statutory and non-statutory bodies
- Consider best use of combined commissioning resources to improve local health and well-being outcomes in the short, medium and long term.
- Members of the HWBB will have genuine levels of trust and an open and honest willingness to work collaboratively, with a culture and way of working that creates the conditions for innovation, integration and high performance.
- Communicate, listen and engage with the communities they serve and be representative of the public/patient voice.

- Decisions will be based on evidence and data sharing will be the norm, not the exception.

### 3 SHARED VISION AND PRIORITIES

3.1 The Live Well South Tees Health and Wellbeing Board has agreed a shared vision and priorities:

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,
- 3.2 c. Information and Data – data sharing, shared evidence, community information, and information given to people.

The following shared priorities were agreed for each theme

- a) **Inequalities** - Addressing the underlying causes of inequalities across the local communities, through a coordinated approach to;
  - Tackling worklessness and underlying health issues,
  - Tackling poverty, financial inclusion and welfare reforms,
  - Tackling fuel poverty,
  - Violence prevention,
  - Promoting good mental health and emotional wellbeing,
  - Maximising the benefits of economic development for all communities,
  - Promoting healthy lifestyles,
  - Developing resilient communities.

**b) Integration and collaboration**

- Joint decision making – single Health and Wellbeing Board and streamlined partnerships,
- Further develop approaches for joint commissioning of health and social care for adults and children as well as joint working with other commissioning organisations to address the wider health and well-being challenges,
- Develop new models of service delivery models that integrate health, social care, housing, VCS, police and fire service.

**c) Information and Data**

- Develop joint understanding of the local challenges through better use of information and intelligence,
- Improved use of intelligence to drive planning and service improvements,
- Improved arrangements for data sharing and integrated data systems,
- Ensuring the local narrative, community information and qualitative information is also considered,
- Joined up approaches for sharing information with residents

**4 ANNUAL WORK PROGRAMME**

- 4.1 The Board will develop an annual work programme to focus on key issues that address the priority areas. The Board will receive update reports on progress against the work programme. The work programme will be reviewed annually as part of the planning and commissioning cycle.

**5 ACCOUNTABILITY AND GOVERNANCE**

- 5.1 As a Council Committee, the Live Well South Tees Health and Wellbeing Board is accountable to Redcar and Cleveland Borough Council and Middlesbrough Borough Council.

The Health and Wellbeing Strategies for both localities are the key partnership strategies



5.2 between the local authorities and other Health and Social Care partners. The Live Well South Tees Health and Wellbeing Board will be the arena for holding individual organisations (and partnerships) to account for delivery.

5.3 The Live Well South Tees Health and Wellbeing Board will in turn be held accountable for implementing the Joint Health and Wellbeing Strategies by the South Tees Joint Scrutiny Committee

5.4 In order to function effectively the Board will need to be supported by a functioning Executive Group, meeting more frequently and ensuring delivery of the agenda. The Executive Group will meet on a monthly basis

## 6 **MEMBERSHIP OF THE BOARD**

6.1 The Live Well South Tees Health and Wellbeing Board will consist of the following members:

- Leader of Redcar & Cleveland Council,
- Mayor of Middlesbrough Council,
- Chief Executive Middlesbrough Council,
- Chief Executive Redcar & Cleveland Council,
- 3 Cabinet Members from Redcar & Cleveland Council,
- 3 Executive Members from Middlesbrough Council,
- Nominated Elected Member from Middlesbrough Council,
- Nominated Elected Member from Redcar & Cleveland Council,
- Chair of NHS South Tees Clinical Commissioning Group (STCCG),
- Chief Officer NHS South Tees Clinical Commissioning Group (STCCG),
- Director Adult Social Care and Health Integration for Middlesbrough,
- Corporate Director for Adults and Communities for Redcar & Cleveland,
- Executive Director of Children's Services for Middlesbrough,

- Corporate Director of Children’s Services for Redcar & Cleveland,
- Director of Public Health for Middlesbrough and Redcar & Cleveland,
- Senior representative of the local HealthWatch,
- Chief Executive of South Tees Hospitals NHS Foundation Trust (STHFT),
- Chief Executive of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV),
- Senior representative on behalf of Middlesbrough and Redcar Voluntary Development Agencies,
- Senior leader on behalf of Coast & Country Housing and Thirteen Housing Group,
- Chief Constable Cleveland Police,
- Chief Fire Officer Cleveland Fire Service

6.2 In order to ensure consistency and ability for senior decision-making, ad-hoc substitutions will not be allowed. However, each member of the group will be asked to nominate one appropriate deputy for those instances of non-attendance. Nominated deputies should be fully briefed prior to attendance and must have the authority to make decisions on behalf of their organisations.

6.3 Members represent their agency or organisation, and individual members of the board remain accountable to their organisations. Members will bring informed views from their agency or organisation to the meetings and act as the conduit of information between the board and their agency or organisation.

6.4 Other guests may be invited from time to time, or attend at their own request, at the discretion of the Chair, and subject, in the event of any dispute, to approval by a majority of members.

## 7 **CODE OF CONDUCT AND MEMBER RESPONSIBILITIES**

7.1 All voting members are required to comply with Redcar & Cleveland’s Borough Council’s Code of Conduct, including submitting a Register of Interests.

7.2 In addition all members of the Board will commit to the following roles, responsibilities and expectations:

- Commit to attending the majority of meetings
- Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest
- Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery
- To ensure that are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

## 8 **QUORACY AND CHAIR (including VICE CHAIR )**

8.1 The Chair and Vice Chair will rotate between the Leader of Redcar and Cleveland Borough Council and Mayor of Middlesbrough Council at each meeting of the Board.

8.2 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the following:

- Middlesbrough Council (Elected Member)
- Redcar & Cleveland Borough Council ( Elected Member)
- South Tees Clinical Commissioning Group Representative
- One senior officer member from both Middlesbrough Council and Redcar & Cleveland Borough Council
- Local Healthwatch/Other Representatives

8.3 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

## 9 **VOTING**

9.1 Officer members of Middlesbrough Council and Redcar & Cleveland Council and any representatives of bodies asked to attend meetings of the Board as 'Standing Invitees' by the Board shall not have a vote. All other members will have an equal vote.

9.2 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is require decisions will be reached through a show of hand and a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

## 10 **FREQUENCY**

10.1 The Board will hold a minimum of four meetings per year. A schedule of meeting dates will be agreed for the year, including key milestones as part of a forward plan. Extraordinary meetings can be arranged throughout the year at the discretion of the Chair.

11

## **PRIVATE / PUBLIC MEETINGS**

11.1

Meetings of the Live Well South Tees Health and Wellbeing Board are open to the public. Members of the public are not permitted to take part in the discussions, unless invited to do by the Chair. The Chair will invite members of the public, to put questions or make a statement to the Board.

12

## **SECRETARIAL SUPPORT**

12.1

Coordination and oversight to be managed by the South Tees Integration Programme

13 Manager. Redcar and Cleveland Borough Council will provide secretariat support for the Board for the 2019 Municipal Year. Papers for Board meetings will be circulated at least seven days in advance of the meeting. All agendas, minutes and related papers will be posted on the Redcar and Cleveland Borough Council and Middlesbrough website.

13.1 **DECLARATION OF INTERESTS**

14. Each member is required to declare any pecuniary or non-pecuniary interest (direct or indirect) in any agenda items, and shall take no part in the discussion or decision-making about that item.

14.1 **REVIEW OF TERMS OF REFERENCE**

The Board will review these Terms of Reference annually. It will develop its sub-structures and keep them aligned with developments within Redcar and Cleveland Borough Council, Middlesbrough Borough Council, South Tees Clinical Commissioning Group and other partners and stakeholders.

**Reviewed 26 September 2019**

## **Agenda Item 6**

### **North East and North Cumbria Integrated Care System Briefing for Health and Wellbeing Boards**

*Dan Jackson, Head of Strategic Development,  
North East and North Cumbria Integrated Care System*

# North East and North Cumbria Integrated Care System

## Briefing for Health and Wellbeing Boards

### 1. Background and context

On the 19<sup>th</sup> of June 2019 the North East and North Cumbria was confirmed by NHS England as one of a small number of 'Integrated Care Systems' across the country. Securing this status is a real vote of confidence in the strength of how NHS organisations, and our partners, work together as system – but we know that there is much still to do to improve the health and wellbeing of the communities that we serve.

Our ICS is a collaboration of NHS commissioners and providers, and our partners, and not a new organisation with statutory powers. Subsidiarity remains our guiding principle, with the majority of our work focused in places and neighbourhood; but, alongside this, our ICS provides a mechanism to build consensus on those issues that need to be tackled at scale.

Whilst the quality of our health and care services is amongst the best in the country – with strong performance against key targets and progress tackling issues such as cancer death rates – we are not making fast enough improvements in improving the overall health of our population. *Healthy* life expectancy in the North East and North Cumbria remains amongst the poorest in England, with high unemployment and low levels of decent housing, and significant areas of deprivation. These contribute to some of the starkest health inequalities, early death rates and highest sickness levels in England, driving much of the pressure that health and social services struggle to manage, so we know things need to change.

Our ambition is to significantly improve health outcomes for people in the North East and North Cumbria (NENC) by working with, and through, communities, partner organisations and our staff. We are focused on creating a common purpose and joint ambition to drive improvements in health, wealth and wellbeing.

Working together across organisations in a coordinated and targeted way can have a major impact on health outcomes. This is demonstrated by the success we have had in reducing early deaths due to cardiovascular disease by 50% between 2001 and 2012. This was achieved through a systematic programme of health checks and stop-smoking initiatives, working with public health leads, GPs, pharmacists, hospitals and commissioners. The scale and ambition of this work is what our aspirant integrated care system wants to achieve across a number of our key priorities.

### 2. Our vision

By working with local communities and staff – and by ensuring system and clinical leaders spend time together to develop and agree joint plans – we are collectively developing priorities for an integrated care system that allows us to transform people's health and wellbeing and deal more effectively with the day to day challenges faced by services. Our vision is:

- To fundamentally shift health outcomes for the local people – working with our partners to challenge health inequalities and improve healthy life expectancy
- To continue to raise standards so services are high quality and delivered effectively. This includes making sure everyone has access to safe, quality care, at the right time and in the right place – whether in the community, hospital or another setting.
- To support staff in working across organisational boundaries and strengthen links between services based in different parts of the system, through more clinical networking and joint priorities.
- To value and develop our workforce – providing the opportunity to develop skills, knowledge and flexibility to work across multiple settings. We will focus on attracting people to our work in the organisations which make up our integrated care system and do more to retain our staff within the North East and North Cumbria.
- To make improved use of information and technology to personalise health and care services, reduce duplication of effort and speed up access to services, particularly for people who are at greatest risk of poor health outcomes.

### **3. The importance of working at ‘place’ with the added value of working ‘at scale’**

Our integrated care system will build upon existing local place-based leadership and responsibilities of clinical commissioning groups, to plan and arrange services for local populations. This will involve local primary care networks (GPs and other health and care professionals) and NHS foundation trusts, working with local authority and voluntary sector partners, in improving health and wellbeing through extending the reach and effectiveness of our services.

While recognising that for most people their health and care needs are best met by integrated, place-based services, NHS organisations are committed to working together ‘at scale’, where appropriate to harness our collective resources and expertise to make faster progress on improving health outcomes.

For a small number of strategic issues working at scale makes sense and adds value. The geography of our ICS recognises the connections between communities and centres of population, how patients access services and move through existing systems, and established networks of health professionals who have a long history of collaboration and working together on shared issues.

This geography of our ICS is already reflected in the footprint of our Northern Clinical Senate and Northern Deanery, our Clinical Networks (including the Northern Cancer Alliance) and Joint CCG Committee, as well as our Urgent and Emergency Care Network, Academic Health Sciences Network and Local Professional Networks for Digital Care and Community Pharmacy services. We also plan and deliver prevention initiatives with our local authority partners on a NENC footprint, including our highly-regarded and effective tobacco and alcohol control programmes FRESH and Balance.

We see the advantage of working at this scale will allow us to:



- Collectively prioritise based on a shared understanding of need
- Target our investment on shared priorities
- Mobilise our collective resources – including our 170,000 strong health and care workforce
- Set stretching and consistent service standards – especially for vulnerable groups
- Manage pressures together as a system
- Share and spread best practice
- Make better use of technology and digital resources
- Develop shared functions and reduce duplication
- Acting with ‘one voice’ to represent the region, securing additional resources and influencing the direction of national health and care policy.

## 4. Working with our partners

Our local authority partners have told us consistently that working together with the NHS at place level through Health and Wellbeing Boards needs to be the fundamental building block of any integrated care system.

This will remain the scale at which we do the vast majority of our joint working with local authorities, especially the work we do together at neighbourhood level with integrated health and social care teams based on primary care networks, as well as the joint commissioning we do at local authority/CCG level - for example through the Better Care Fund and via joint Public Health initiatives.

Our local authority partners have also told us that there is scope for working together on a small number of strategic issues that transcend these boundaries. After a joint session with local authority social care, public health and housing colleagues in November 2018 we identified the following areas for further development and discussion.

- Population health and prevention
- Improving children’s health and wellbeing
- Joint workforce development
- Digital care
- Commissioning services for vulnerable groups

On population health we are already working through our Prevention Board (co-chaired by system leaders from NHS and local authorities) to identify the strategic priorities we intend to invest in. This includes the £1million surplus from our commissioning support provider NECS which was allocated by the NECS Customer Board (made up of our 12 CCGs) to expanding alcohol and tobacco control initiatives and strengthening public health provision in our hospitals. NHS and local authority leads are also working together on innovative approaches to reduce smoking in pregnancy facilitated by the Yale University System Development programme.

ADASS and Public Health leads already participate in our strategic forums and are helping us to develop proposals on all of these issues for consideration by NHS and local authority decision-makers. We are also developing strategic partnership arrangements with HealthWatch and Voluntary Organisations Network North East (VONNE) to coordinate how we ensure a strong voice for service users and the voluntary sector in the development of our ICS.

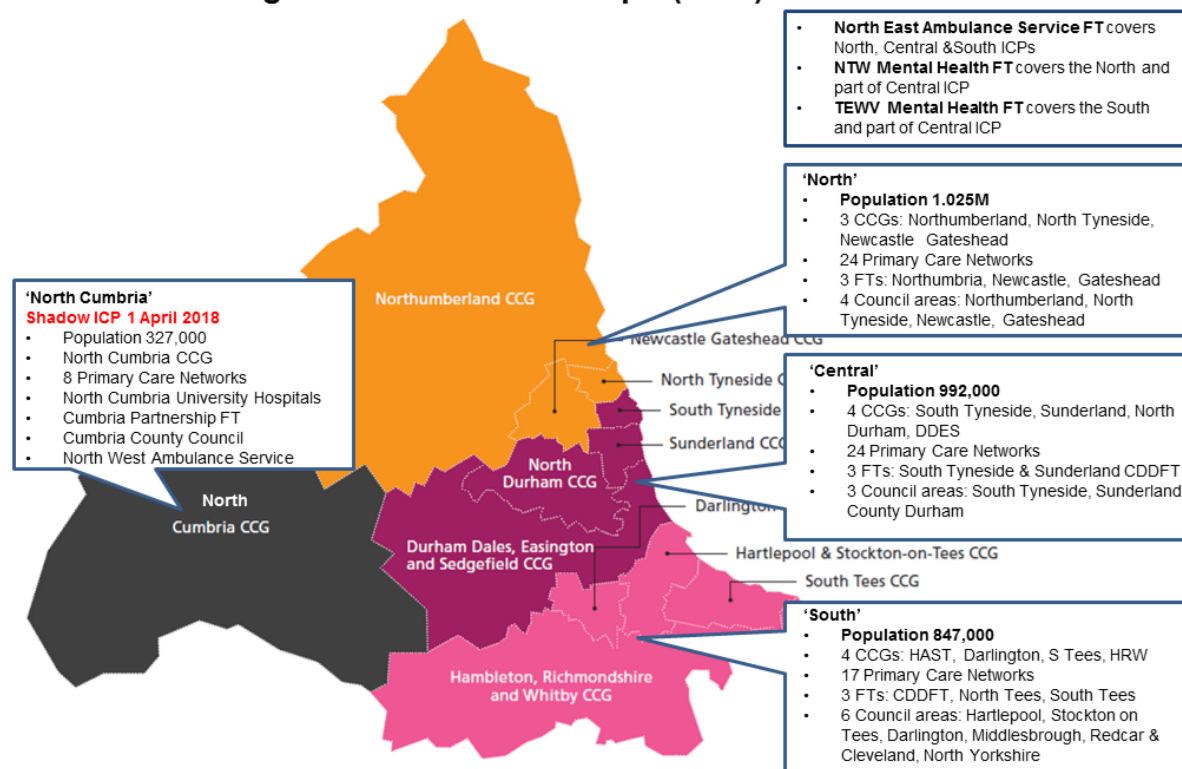
## 5. Our emerging operating model

## One integrated care system, supporting our places and integrated care partnerships.

As an ICS we are clear that subsidiarity is our guiding principle. It is in our ‘places’ where the majority of services will continue to be commissioned, planned and delivered, whilst those places can still work together with their neighbours at scale where this genuinely adds value. As one of the largest integrated care systems we recognise that our operating model is therefore different to other places, and that our constituent organisations work across three levels of scale:

**Place** – populations of circa 150,000 to 500,000 people will be the main focus for partnership working between the NHS and local authorities in our cities, boroughs and counties. In these areas, primary care networks (providing services to populations of circa 30,000-50,000 people) will support collaboration between GP practices, social care, other community based care providers and voluntary sector organisations and build upon work already underway.

### One North East and North Cumbria ICS with four Integrated Care Partnerships (ICPs)





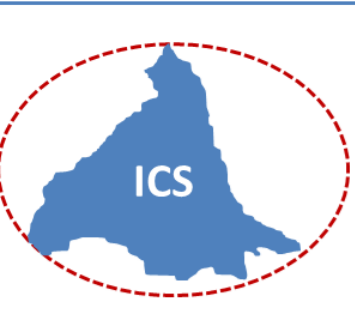
**Integrated care partnerships (ICPs)** – populations of around one million (with the exception of North Cumbria, which has unique geographical and demographic features). These are focused on collaboration and clinical networking between neighbouring NHS hospital trusts, to ensure safe and sustainable services. The geographies of our four integrated care partnerships are based on where people live, how patients use acute services and the location of hospital sites.

Through hospitals and clinical commissioning groups working more closely, ICPs will be able to plan and tailor care to the needs of the local population, while reducing some of the costs associated with planning and delivering services. Some ICPs are also exploring how to share and spread best practice in primary and community care from their constituent places. Our ICPs are also exploring

with local and combined authorities how we can work together on local economic development and workplace health, and extending NHS employment opportunities to local people.

**Integrated care system** – a population of circa 3.1 million people, focussed on ‘at scale’ priorities that multiplies our collective impact.

### Levels of working in our Integrated Care System:

<p><b>Places and neighbourhoods</b></p>		<p><b>Areas of focus</b></p> <ul style="list-style-type: none"> <li>• Partnership working between NHS and local authorities via <b>Health &amp; Wellbeing Boards</b></li> <li>• Ensuring the quality, safety and accountability of local health services</li> <li>• Public and political engagement and consultation</li> <li>• Primary Care Network development</li> <li>• Health and Social Care Integration initiatives</li> <li>• Joint-working with the local voluntary sector</li> </ul>
<p><b>Integrated Care Partnerships</b></p>		<ul style="list-style-type: none"> <li>• Focus on acute services sustainability: clinical networking between neighbouring FTs and coordination of service development proposals</li> <li>• Working towards one streamlined commissioning hub per ICP for acute services, and a single, shared approach to financial planning and risk-sharing</li> <li>• Making best use of existing premises and facilities and jointly planning capital investments</li> </ul>
<p><b>Integrated Care System</b></p>		<ul style="list-style-type: none"> <li>• Strategic Commissioning (e.g. ambulance services)</li> <li>• Shared policy development</li> <li>• Overarching clinical strategy and clinical networks</li> <li>• Emerging ICS-level priorities:             <ul style="list-style-type: none"> <li>- Population Health &amp; Prevention</li> <li>- Optimising Health Services</li> <li>- Workforce Transformation</li> <li>- Digital Care</li> <li>- Mental Health</li> <li>- Learning Disabilities</li> </ul> </li> </ul>

## 6. Joint priorities for an integrated care system

Our emerging joint priorities are focused on improving people’s health and wellbeing and ensuring safe and sustainability services, and have been informed by the views of senior doctors, nurses and other stakeholders. They are:

1. Improve **population health and prevention** through increasing public awareness and developing screening to better prevent, detect and manage the biggest causes of premature death: cancer, cardiovascular disease and respiratory disease, through a focus on tobacco and alcohol consumption.
2. Improving outcomes for people who experience periods of poor **mental health**, particularly those with severe and enduring mental illness, and doing more improve the emotional wellbeing and mental health of children and young people, and breaking down the barriers between physical and mental health services.

3. Transforming care for people with **learning disabilities** and improving the health and care services they receive so that more people can live in the community, with the right support, and close to home.
4. **Optimising the quality and sustainability** of health services, especially those identified as 'vulnerable' (for example due to workforce pressures), by delivering joint solutions devised by clinicians, to ensure all patients have fair access to safe and effective care.
5. By improving how we use **information technology** to meet the needs of care providers, patients and the public, helping people to make appointments, manage prescriptions and view health records online.
6. By building a motivated and flexible **workforce**, looking after their health and wellbeing and ensuring that they have the skills and support that they need, whilst developing how we recruit and retain staff in priority areas.

## 7. How will we make decisions together?

Engagement with patients and service users will remain at the heart of how we make decisions, at whatever level we work. For 'place-based' (CCG and local authority level) activity, we will continue to work through existing Health and Wellbeing Boards, which provide a crucial forum for local authorities, CCGs and wider partners to assess the needs of local populations and jointly commission services; as well as the governing bodies of CCGs and the boards of Foundation Trusts. The performance of local health services will continue to be examined by both local and regional Health Scrutiny Committees.

For issues that cut across wider boundaries, we are working to develop decision-making structures that are based on building consensus for working 'at scale'. Each ICS is required to establish a 'Partnership Assembly' that brings together NHS commissioners and providers with local authority and other partners. Our ambition is to establish such a body by early 2020, and we are currently in discussions with the leadership of local authorities across the North East and North Cumbria on how such a body is best constituted to maximize the impact we can make together on improving health and wellbeing outcomes for our population.

## **Agenda Item 7**

**Opportunities for integrated delivery,  
commissioning and intelligence**

**Place Based Working - Community Model**

*Fran Toller, Director of Operations- Community,  
South Tees NHS Hospitals Foundation Trust*

## **Agenda Item 8**

### **Healthwatch South Tees**

*Dr Ian Holtby,*

*Chair, Healthwarch South Tees*

## Healthwatch South Tees update

April – June 2019

### What is Healthwatch?

Healthwatch South Tees (HWST) is the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland. We are the independent champion for people who use health and social care services and to make sure that those running services, put people at the heart of care.

We focus on ensuring that people's experiences and concerns about health and social care services are heard and speak out on their behalf. This can be done through our information and signposting service, focussed community consultations and attending events. This information is shared with services, commissioners, Trusts and Healthwatch England in order to get services right for the future.

HWST Annual Report 2018-2019 (see *appendix 1 - HWST Annual Report 18-19*)

### NHS Long Term Plan (LTP) Engagement

Every local Healthwatch was tasked with carrying out consultations with their community through a series of focus groups and surveys, the format of both were created by Healthwatch England.

The community engagement was intended to explore how the plan should be implemented locally, based on local people's experiences and views of health and social care services in their area.

Following North East regional priorities set out by the Integrated Care System (ICS), and our work plan priorities for the year which had already been agreed as BAME, young people and older people, we centred our engagement around long-term health conditions with these groups.

To achieve this, we carried out consultation with the following community groups:

- Aapna services
- Regional Refugee Forum
- Redcar and Cleveland Parent Carer Forum
- Community Stepping Stones

One hundred and eighty four surveys were completed and our findings showed a multitude of issues for the different community groups, which can be summarised as:

- Digital solutions need to be developed to help reduce the impact of language barriers for BAME populations when trying to access care and treatment.
- BAME populations need to be informed of prevention, care and treatment of Type 2 diabetes in a culturally appropriate way to be more effective and sustainable.
  - Clarity is needed surrounding access to health and social care, eligibility and confidentiality during the asylum-seeking process.
  - Parents and carers of SEND children and young people need to be listened to with their concerns taken seriously, as they know their child the best.
  - There needs to be a multi-agency approach to the care and support of children and young people with SEND, e.g. health and social services working more effectively together and with schools.
  - Early intervention and diagnosis is vital in ensuring that the child's needs are acknowledged and fulfilled which can also help to prevent further mental health issues.
  - Support for the child and their family is needed pre-diagnosis.
  - Arthritis care for older people requires improvement.

A regional report of this work has been produced

As a result of this we will build on the connections with community groups that have been established through this work in the future for further engagement opportunities, focussing on gathering additional intelligence to influence improvement in the following areas:

1. Asylum Seekers - Raise awareness of information about eligibility for healthcare for asylum seekers and healthcare providers.
2. BAME communities - Inform relevant professionals' ways of improving the self-management of diabetes e.g. exercise and diet for diabetes conflicting with cultural norms.



3. SEND - early diagnosis, intervention and prevention are vital in improving mental health of both the child and the family; and for better working relations between the family and the services. We will work towards ensuring clear and accessible information is available on the Autism Assessment and Diagnosis pathways
4. Develop a pledge for GPS's to sign up to that includes the considerations required for those with long term health conditions and, their carers.
5. Young People - explore the contributing factors and solutions for diagnosed and undiagnosed young people experiencing poor mental health to influence and improve support services.
6. Older People - further explore and understand specific issues relating to arthritis services in order to influence and improve the current offer.

### **Team Development**

During this quarter the HWST team attended an away day to further develop our priorities and identify our forward work plan for 2019-2020 as highlighted above. The team also attended eight events arranged by local organisations, holding stalls and engaging with the public and stakeholders, met with 20 other local agencies on different occasions and established connections with seven new local services.

### **Quality Accounts**

We have given feedback on the following Quality Accounts and Reports:

- South Tees NHS Trust
- TEWV NHS Foundation Trust
- Teesside Hospice

We have also provided information and signposting to members of the public on a variety of issues.

### **Enter and View**

We received a response from the South Tees NHS Trust to the recommendations made in our Enter and View Report after we visited the JCUH Audiology

Department . It has been agreed that these recommendations will be followed up in February 2020.

### **Public Engagement**

During the April-June quarter of 2019 Healthwatch South Tees has initiated consultations with 122 people on a variety of different issues.



# Working together as Healthwatch South Tees

Annual Report 2018-19



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# Message from our Chair

It is with great pleasure that I take this opportunity to introduce the 2018/19 Annual Report, covering our second year of operation as Healthwatch South Tees, bringing together Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland.

The work of local Healthwatch is vast and varied. We spend our time listening to local people about their experiences of health and care services, we respond to queries through our information and signposting work and we represent the views of local communities in a range of forums to bring about positive change in the way services are planned and delivered. You can read more about the work we have been doing throughout this report, as well as some of our future plans.

During the year, we have established our new Partnership Board where the main work has been to consider and determine our immediate priorities and ensuring progress against the commitments we have made. Our staff and volunteers have been working hard through a significant programme of community engagement and consultation activities. We are grateful to all our stakeholders who have made the work of Healthwatch South Tees possible, including local authorities, NHS bodies, charities and community groups, and most importantly the residents of Middlesbrough and Redcar and Cleveland.

We are looking to the year ahead with energy and excitement in doing all we can to support improvements in making a positive difference for the benefit of local people.

Contact our team (details on the back page) if you have any queries about the work of Healthwatch South Tees or if you would like to discuss how you can be involved.



**Paul Crawshaw**  
Chair,  
Healthwatch South Tees Partnership Board

# your voice counts

## Changes you want to see

Last year we heard from 1,270 people, through information and signposting enquiries and community engagement events, who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see:



+ A dementia-friendly community in Redcar and Cleveland for those living with dementia.



+ More provision of information in accessible formats for Black, Asian, Minority Ethnic (BAME) communities.



+ Awareness and implementation of the Accessible Information Standard in health and social care services.



+ More funding for groups to enable them to carry on providing valuable support within the community for kinship carers.



# About us

## Healthwatch is here to make care better

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services\*.

Our sole purpose is to help make care better for people.

Since 1 April 2017, Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland have been working together to deliver Healthwatch activities across South Tees.

We help make care better for people by:

- + Listening to what people like about services and what could be improved through a variety of different methods.
- + Sharing people's views with those with the authority to make change happen to improve the quality of services.
- + Providing information about health and social care services available locally to people and communities.

\* Health and social care services are referred to as care services throughout the report



## Our vision is simple



Our vision is to be a strong, independent and trusted voice for local people. By working together in partnership with other organisations, the voluntary and community sector, the local Clinical Commissioning Group and the Local Authority, we endeavour to ensure that the needs and preferences of service users are central to how services are planned and delivered.

## Our purpose



To find out what matters to you and to help make sure your views shape the support you need.

## Our approach



People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

## People at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our Partnership Board members, volunteers and staff identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations
- + Sharing community intelligence

This helps us to raise people's concerns with health and care decision-makers so that they can improve local support. The evidence we gather also helps us recommend how policy and practice can change for the better.







# Highlights from

# our year

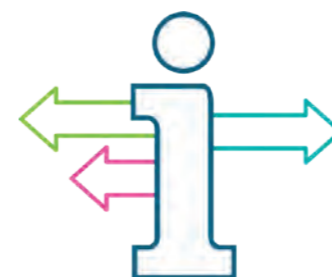
Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



We have reached 35,429 people through our social media platforms, of which 2,711 people have visited us via our website.



We visited 69 services and community events, speaking to 1,228 people to understand peoples experience of care.



900 people were provided with eight e-bulletins containing current information about local health and social care services.

263 People have accessed Healthwatch advice and information online or contacted us with questions about local support.



We provided service user feedback and recommendations regarding the Accessible Information Standards to 38 GP Practices across South Tees.



42 People have shared their personal health and social care stories with us through our information and signposting service and at engagement events.



We have 12 volunteers helping to carry out our work. In total they contributed 195 hours.





**How we've made a difference**

**Changes made to your community**

Sharing your views with us has led to positive changes to health and social care services in Middlesbrough and Redcar and Cleveland. Our work shows that when people speak up about what is important, and services listen, it results in improvements for all.

Over the past year, we have collected specific experiences of dementia services, the Audiology Department and the STAR (South Tees Access Response) Scheme.

**Increasing dementia friendly services across Redcar and Cleveland**

Our report, *'People's Experiences of Living with Dementia in Redcar and Cleveland'*, highlighted a lack of dementia awareness within Redcar and Cleveland and a real gap in services for those living with dementia. Our report and recommendations, based on the views and experiences of those living with dementia and their carers, has had a significant impact in Redcar and Cleveland working towards becoming a dementia friendly community.

We have assisted in the establishment of a Dementia-Friendly Communities Task Group, which meets on a regular basis to guide the work of the project and monitor progress made towards the Action Plan. Someone with lived

experience of dementia works with the group along with their carer, to ensure that progress is driven by the needs of those with dementia.

**Changes Made to Our Community**

From having very little dementia friendly services for those living with dementia and their carers, there are now 87 organisations registered as Dementia-Friendly, and 617 Dementia Friends working within the area.

These organisations include a range of services which people living with dementia use in their everyday life, such as banks, cafes, dentists, libraries, pubs, and supermarkets, helping to prevent the previous trend of isolation in society.

When these organisations have applied to become dementia-friendly and have been asked "How will you listen to what people living with dementia and their carers think is important?", reference has been made to Healthwatch, in particular our report and recommendations.

*Receiving our certificates following Dementia Friends training*





***“We will read the report by Healthwatch regarding people’s experience of dementia and take into account any recommendations that are appropriate.”***

A range of dementia friendly activities are now on offer in the community to enable those living with dementia and their carers to carry on with the things they have always enjoyed and to also offer new opportunities. These include: monthly dementia friendly dances and film screenings which accommodate the specific needs of people living with dementia and their carers. A social prescribing programme\* is also in development, with a focus on using arts and creativity to be inclusive of those living with dementia.

*\* Social prescribing programme is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.*

### **Martin:** **“We now feel we have power”**

“Carol was diagnosed with early onset of Alzheimer’s in March 2011. We managed with the condition for five years without any support, things became a little more difficult when Carol had to give up her driving licence, leaving her isolated at home and dependent on others to take her anywhere. It started to dawn on me that we may need help.

When it came to places to go to for people with dementia of Carol’s age, the only group was at Thornaby, 15 miles away. We didn’t attend as Carol wasn’t interested in going. It was difficult to occupy everyday with something. Friday was the only day of relief in the week.

Attending a dementia training session run by Stirling University, I met Vanessa Newlands (Health Improvement Specialist for Public Health South Tees), she asked if Carol and I would be interested in joining a Dementia Task group.

This led us to attend the first celebration event for the first businesses and community groups in Redcar and Cleveland area signing up to work towards being dementia friendly. We met Brian Rowcroft, who gave me a flyer for a new group which was just setting up for people with dementia, called Whippet Up.

Through these meetings, we have a regular calendar of activities to attend, we now go to Whippet Up every week, go to Cineworld for dementia friendly showings of films for people with dementia, a disco dance to 60’s 70’s music.

We are also part of the Redcar and Cleveland Dementia Task Group. Through this we have been involved in leading change in the borough.

We were invited to walk round a local store to see if there were any improvements, we could make to improve it for people with dementia, we made some suggestions which have been implemented.

When Carole said she loved to go swimming but could not as she needed help dressing and I felt unable to go into the changing rooms with her, Brian asked us to go to Redcar Leisure centre to meet with the Centre Manager, we were advised we could use the group changing rooms. We now go swimming once a week, something which we could not do before.

Carol has gone from not wanting to attend any dementia group meetings, thinking they were for older people, to now being involved with the Dementia Task Group and attending the dementia friendly groups which gives her a sense of worth and things to look forward to.

We now feel we have power; the task group is a vehicle for us to influence change. Being involved with all the above has enriched our lives, being involved with the Dementia Task Group has given me the insight of how both Redcar and Middlesbrough are working together to improve the lives of people living with dementia. At the start of our journey I thought all the dementia agencies were working separately but now through the Dementia Task Group’s efforts I can see they are trying to bring them together.”

**“I used to feel down and very lonely. When I lost my licence and Martin was at work I’d just be sitting in the house. The only people I would see is a few close friends and my weekly trip to the Friday Church Group.”**

**“I’d say to anyone, ask for help; you’ll find it’s out there. And try it!”**

Carol  
Person living with dementia





## Ensuring support for people with hearing loss

During 2017/18 we carried out a consultation with the deaf community and produced a report summarising the key issues raised by those people with hearing loss.

These issues included:

- + A lack of implementation of the Accessible Information Standard by NHS providers and Social Care Services;
- + A lack of emergency provision of interpreting services;
- + A lack of deaf awareness with health professionals;
- + Little opportunity for deaf people to give feedback or make a complaint.

We have continued with this work during the year, by asking organisations how they comply with the Accessible Information Standard. The responses we have collected have shown general compliance to the Standard:

- + Most services ask patients for their preferred method of communication and preferred format of information, and note this on the individual's medical records;
- + Most services provide additional support through provisions such as hearing loops, website services and staff with deaf awareness training.

Where gaps have been highlighted, this is largely to do with capacity and resource; some services cannot provide TV monitors, visual call systems and text systems to support those service-users with hearing loss.

Our report has allowed services to identify the gaps where improvements could be made.

***“We will review the Accessible Information Standards to understand what we need to do to be compliant with the standards.”***

Redcar and Cleveland Adult Social Care

## What is the Accessible Information Standard?

The Accessible Information Standard was established in 2016 with the legal requirement for all NHS services to provide communication support and information in formats that can be accessed by those with a disability, impairment or sensory loss.

It says that patients, service users, carers and parents with a disability, an impairment or sensory loss should:

- + Be able to contact and be contacted by services in accessible ways e.g. via email or text message;
- + Receive information and correspondence in formats they can read and understand;
- + Be supported by a communication professional at appointments if needed e.g. a British Sign Language interpreter;
- + Get support from healthcare staff and organisations to communicate e.g. to lip-read or use a hearing aid.



## Audiology Enter & View

Based on specific intelligence gathered at the Middlesbrough Deaf Centre, we conducted an Enter & View to make observations of the Audiology Department at The James Cook University Hospital and to have the opportunity to speak to service users and staff.

The feedback we collected from this was that appointments were of good quality, reflected by the staff's statement that they were often complemented for providing a high-quality service. Other positives were that waiting times were short and staff were "polite". This was mirrored in our observations whereby staff took the time to chat to patients despite being so busy, creating a friendly environment.

***“A screen would make me feel more comfortable for not missing appointment. I'm on alert all the time - a sign will enable me to relax a little bit”***

Patient at Audiology Department  
James Cook University Hospital

The greatest improvement that could be made for patients, was in regards to the alert that they received for their appointment; 13 had been called to their appointment and two had relied on family members to alert them, as their name hadn't been signed. A visual resource such as a display screen would be more beneficial for them.

We have fed this information back to the department with the recommendations to:

- + Review their call system and introduce a more visual resource to alert patients to their appointment;
- + To indicate how long patients will have to wait for their appointment on arrival to the department;
- + To display more visual resources within the waiting area, for example information on local support services;
- + To have clearer signposting of the different reception desks and waiting areas.

***Enter and View is another way in which we can gather information. We have the statutory power to enter and view services to find out how they are being run by collecting the views of staff, service users, families and carers at the point of service delivery.***





## The STAR Service

Intelligence gathered about the STAR (South Tees Access Response) Scheme, from our Enter & View visits to GP services across the South Tees, highlighted a lack of awareness of the out-of-hours service. Throughout the year, we have worked to promote the service and have further evidenced the need for a greater awareness among service-users.

Our report made the recommendation to promote the service, especially to older people who were largely unaware of it, reflected by the low number of users. A response from South Tees Clinical Commissioning Group (CCG) has however highlighted that older people are more likely to access healthcare during in-hours, and therefore less likely to need the STAR service. Despite this, we have continued to promote the STAR service when engaging with older people throughout the year. This information has been well received and found to be of interest for those who had previously been unaware of the ability to access out-of-hours appointments.

A concern raised by a member of the public highlighted an issue with the STAR Service within Zetland Medical Practice. Although waiting lists for appointments had been recorded as six to eight weeks, service-users had not received a referral to STAR or had been offered it as an alternative option.

We were able to facilitate a meeting with a GP from the Zetland Medical Practice and the Practice Manager, a member of the CCG and the local councillors, to explain the STAR system and how it works within the practice.

While enquiries to our Information and Signposting service still highlight the issue of long waiting times for GP appointments and a corresponding lack of awareness of the STAR Scheme, we will continue to advocate the service and liaise with GPs to ensure service users are aware of their opportunity to access appointments out-of-hours.

*"I am pleased with the positive response from Healthwatch to the concerns expressed in relation to the appointments performance of GP Practices and one in particular, it did demonstrate to me the benefit of having a dialogue and sharing information, creating a greater awareness and understanding of all parties' views."*

Councillor Thomson



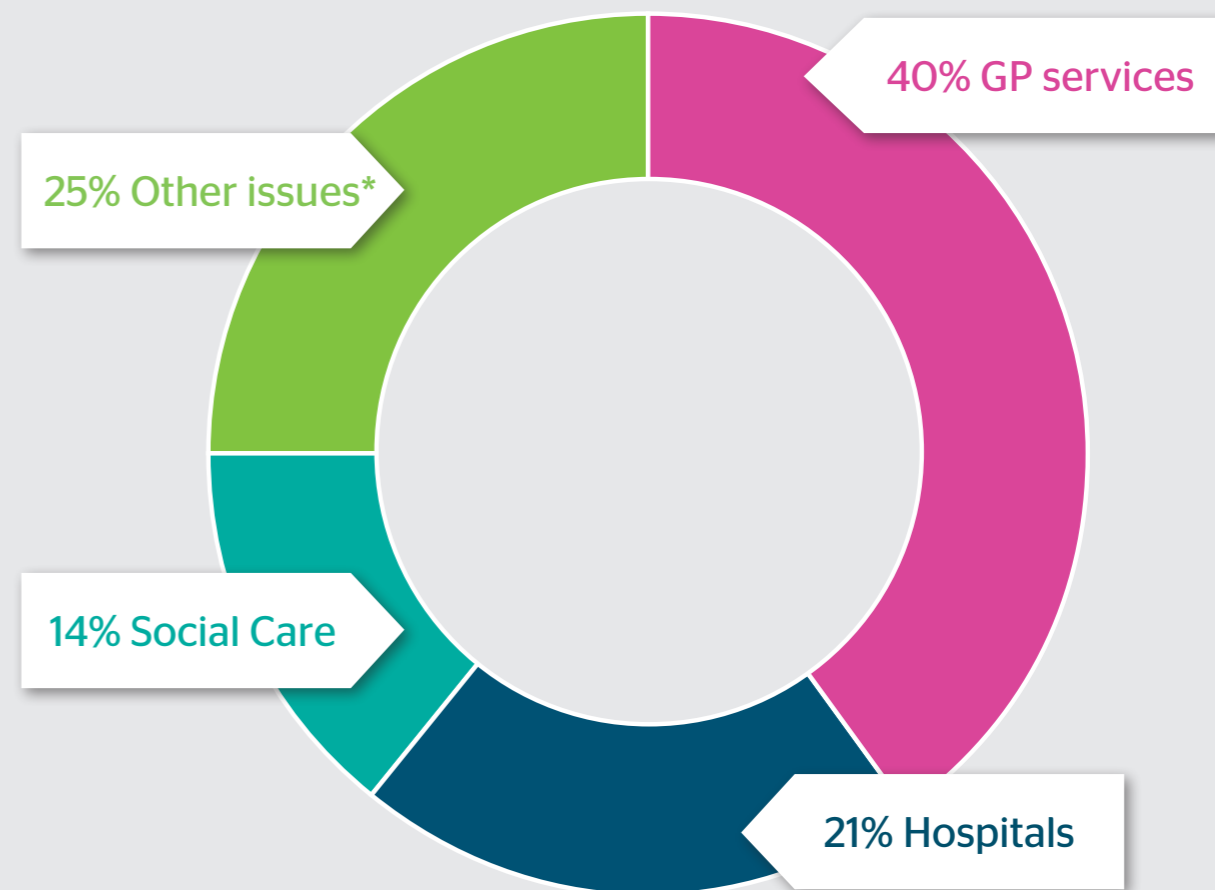


**Helping you find the answers**

**What services do people want to know about?**

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Of the 1,228 enquiries we have received, here are the most common things that people have asked us about:



Throughout the year, our information and signposting enquiries have captured increasingly complex issues and experiences of health and social care services. This seems to be on the increase and can only assume is reflective of the changes to how healthcare services are delivered, and how this is being promoted in communities. We have still endeavoured to signpost people and give them information so they are able to navigate their way through the system and access the appropriate services.

\* Other issues included: information and advice about falls prevention, mental health and dental forms.



## How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look.

Last year we helped 263 people access the advice and information they needed.

You can come to us for advice and information in a number of ways including:

- + The Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland website;
- + Our social media channels;
- + Our SHARE form;
- + Community engagement events;
- + Our free phone number: 0800 989 0080



### Ageing safely

A lady running an elderly community group contacted us, requesting for some information to be delivered to the group about what safety measures could be used in the home to help prevent falls. We were able to ensure that the group gained the appropriate information through contacting Age UK Teesside to visit and deliver the session.

## Transport issues

*“Being able to share the very real worries and anxieties I have experienced has been a great help to me. It's hard to keep up with all the changes, and in these busy times, to find a listening ear that can talk problems through and give helpful advice is a unique experience.”*

Faced with transport issues, a lady rang us to ask for advice on getting from Redcar to her consultation at the RVI in Newcastle. After talking with her, we realised she had been wrongly denied access to the North East Ambulance Service (NEAS) Patient Transport Service, and we helped her successfully book transport for her consultation.



## Making sure people get the right answers about their wellbeing

A lady contacted us, after she had been unable to find the appropriate statutory support for her mental health.

Although being diagnosed with traits of borderline personality disorder, primary care services couldn't support the individual, but her condition was not severe enough for secondary care. The patient wanted help with emotional regulation however their only options were to either get better on their own, or to get worse to ensure they could gain secondary care help. At a loss of where to turn to, they had contemplated suicide.

After coming to us to explain the process that they had been through, we visited Saltburn Wellbeing Centre, which informed us that they could offer support through its funding from Step Forward Tees Valley. We were then able to advise the individual to access this service, ensuring that they would have the support they needed.

## Breaking down barriers

The problems that language barriers can cause within health and social care services was highlighted when a member of the Healthwatch South Tees team visited an organisation working to support refugees and asylum seekers.

The majority of members of the group were unaware of the STAR (South Tees Access Response) Scheme with the 111 service and there were many accounts of difficulties in accessing healthcare due to communication barriers, with some appointments being cancelled as no translator was available.

We have encouraged services to have their information available in other languages, especially that of the STAR scheme so that all service-users can avoid the wait for the next available appointment, if in urgent need. The South Tees Clinical Commissioning Group and North East Ambulance Service have confirmed that this information is available in different languages online with Google Translate, and that hard copies of information can be provided in other languages upon request.

As a result, patients and their families are now telling us how they feel better supported and more knowledgeable about their needs when they leave hospital.



## Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch.

w: [www.healthwatchmiddlesbrough.co.uk](http://www.healthwatchmiddlesbrough.co.uk)  
[www.healthwatchredcarandcleveland.co.uk](http://www.healthwatchredcarandcleveland.co.uk)

t: 0800 989 0080 or 01642 955605

e: [general@healthwatchsouthtees.org.uk](mailto:general@healthwatchsouthtees.org.uk)





## Our volunteers

### How do our volunteers help us?

Our volunteers play a significant role in our engagement work with the community.

Giving up their free time to administer surveys to the public and community groups, such as the University of the Third Age (U3A) group in Saltburn, our volunteers have been able to collate valuable views and experiences from a range of service-users.

Through our surveys, people are able to have their say on their healthcare. When asking about hospital services, our volunteers found that 63% of their respondents rated their patient experience of either James Cook University Hospital or Redcar Primary Care Hospital as “excellent” and clinicians from these hospitals were described as “outstanding” and “well-informed”. Our volunteers have also been able to collect older people’s experiences of health and social care services, exploring national concerns such as isolation and loneliness, and the digital move; the results of this can be seen in our U3A report. The intelligence we gather is always fed back into the services and is shared with the Care Quality Commission upon request of intelligence.

Our volunteers also represent us at public engagement events. This has involved holding information stalls to tell members of the public about the role and work of Healthwatch, at libraries, care homes and hospitals and at seven different community events, for example the Living With and Beyond Cancer events in both Middlesbrough, and Redcar and Cleveland.

We are recruiting more volunteers into the Healthwatch team to ensure this valuable work will be continued in the community over the following year.

#### How Healthwatch South Tees Volunteers are increasing dementia awareness across South Tees:

The work of our volunteers has helped to increase the number of dementia-friendly services across South Tees, enabling those

living with dementia to have a better experience of health and social care services.

Our volunteers are Dementia Champions, allowing them to deliver dementia awareness and training sessions. They have delivered these sessions at a number of care homes, for the carers and relatives of residents and have supported events such as coffee mornings.

#### How our volunteers are influencing our work through the Partnership Board:

The Healthwatch South Tees Partnership Board membership currently includes seven volunteers. They all bring knowledge and skills from a variety of different health and social care backgrounds in addition to a real interest and passion for this work. Each member brings an understanding and experience of community barriers as well as an awareness of current challenges faced by the changing health and social care landscape across the South Tees area. Without their strategic understanding of the role of relevant public bodies and how public engagement can influence them, we wouldn’t be able to be as effective as we are.

Some of the activities carried out by these volunteers are:

- + Promote good governance
- + Attend board meetings, participating with other groups where required
- + Attend external meetings and events, and be an advocate for local Healthwatch and our work
- + Maintain good relationships with all stakeholders, including staff
- + Contribute to decision making and work planning, ensuring independence and transparency
- + Attend relevant training and development days
- + Support the Team to carry our Enter and View activities
- + Feedback on reports and quality accounts



## Meet our volunteers

We caught up with Dr. Ian Holtby, to highlight the valuable role that our volunteers play within Healthwatch and the importance of their work in the local community.

Ian was contacted to get involved with Healthwatch as his previous positions as a GP and within Public Health were guaranteed to provide a valuable insight into healthcare services. Providing healthcare as a junior hospital doctor in Leeds, Nigeria and Middlesbrough, as a GP in Redcar and then as a consultant in Public Health, he feels that this experience allows him to offer a different perspective, weighing up the differences in the supervision of services.

Through his contacts, Ian has been able to share information about Healthwatch, to services as well as the public. He feels that it is important for services to know about the role of Healthwatch as it is a way for patients' views and experiences of that service to be gathered, which are vital in order to make improvements.

Ian has been involved with a lot of our work projects and likes to get involved in the things that link with his previous work and that he knows a lot about. This was the case with our Enter & View at the Audiology Department of James Cook University Hospital, whereby Ian collected both patient and staff experiences, linking to one of Ian's previous roles within Community Child Health.

A key aspect of Ian's role is his seat on the Health and Wellbeing Board whereby he feels supported by us to feedback information that we have gathered from service-users and to share updates on our workplan.

## Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch:

w: [www.healthwatchmiddlesbrough.co.uk](http://www.healthwatchmiddlesbrough.co.uk)  
[www.healthwatchredcarandcleveland.co.uk](http://www.healthwatchredcarandcleveland.co.uk)

t: 0800 989 0080 or 01642 955605

e: [general@healthwatchsouthtees.org.uk](mailto:general@healthwatchsouthtees.org.uk)



**“Anyone with previous working experience in the health and social care field, if you want to make use of that past working life, then this is a really good way to do it... That insider knowledge could be of benefit!”**

Ian Holtby  
Healthwatch Volunteer





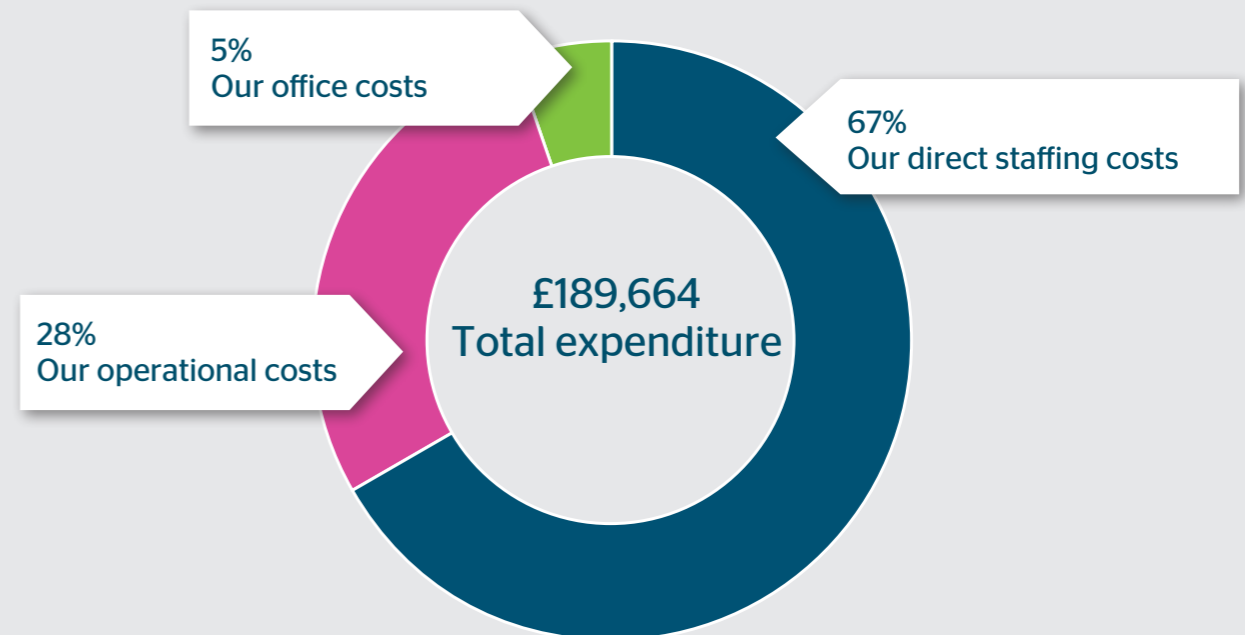
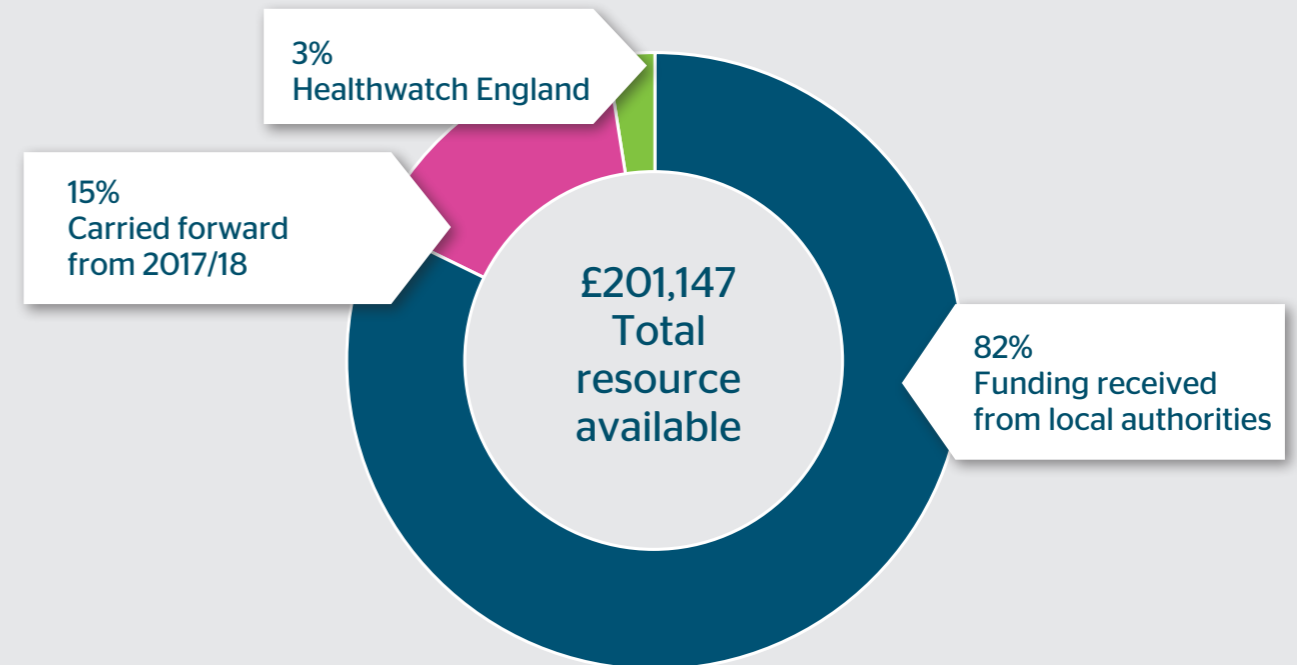
## Our finances

### How we use our money

To help us carry out our work, we are funded by Middlesbrough Council and Redcar & Cleveland Borough Council.

In 2018-19 we spent £189,664

We also received additional income from Healthwatch England to undertake consultation activities.





## Our plans for next year

## Message from our Manager

### Highlights from our year

#### #Haveyoursay Stakeholder event

During this year we hosted a stakeholder event which saw 37 stakeholders and community leaders of groups. The aim of the day was to gain an insight and valuable intelligence into the barriers and issues experienced when accessing and using health and social care services. The focus of discussions centred around older people, the BAME population and those diagnosed with long-term health conditions as these were demographics agreed by our Partnership Board.

The main priorities identified were:

- + Finance and support (impact of funding)
- + Communication (individual, between services language)
- + Knowledge and awareness
- + Isolation
- + Systems (Process, capacity, navigation)
- + Barriers/stigma

There were very few issues that couldn't be shared across the three different demographic areas. This was prominent in the discussions surrounding isolation and communication.

It is interesting to note that a lot of the group discussions centred around those with long-term health conditions, in regard to eligibility for care, accessing services, knowledge about conditions and preventative self-care. This will therefore inform the focus of Healthwatch South Tees consultation 2019-20.

#### Dementia friendly

We have played a big part in supporting Redcar to become dementia friendly. As mentioned previously in the report, the work in partnership with the local Health Improvement Team,

creating a further 10 Dementia Friends and the dementia awareness session delivered by the volunteers to the family and friends of dementia residents at Inglewood Care Home are just a few examples of work we are particularly proud of.

### Looking ahead

Using community intelligence gathered through the NHS Long-Term Plan consultation, we have identified the following key areas to give focus to our work:

- + Combatting the prevalence of diabetes within BAME communities
- + Supporting asylum seekers and refugees who have long-term health conditions to navigate the health and social care landscape
- + Addressing the health and social care challenges faced by children with Special Educational Needs and Disabilities (SEND) and their families
- + Influencing arthritis care to make the necessary changes to improve the wellbeing of older people
- + Working with GP's to improve community wellbeing
- + Further develop and build on the dementia work by supporting our volunteers to lead on delivering awareness training for families and carers within care homes across Redcar and Cleveland.

*One of the ways we will continue to involve and engage the community to influence the commissioning is through developing Youthwatch: a platform for those aged 14-25 to share their views and experiences of health and social care services.*



## We will continue to...

- + Strengthen the collective voice of the community in influencing local health and social care services to better meet their needs.
- + Identify gaps in services and areas which require improvement.
- + Conduct investigations, produce reports and making recommendations to local health and social care providers and commissioners.
- + Act upon concerns highlighted by the public and service users and using our statutory right to Enter & View local services.
- + Support people to find the right health and social care services by providing appropriate information, advice and signposting.
- + Use our seat on the Health and Wellbeing Board to escalate issues raised with Healthwatch.
- + Work closely with key local voluntary and community organisations, networks and forums.
- + Develop collaborative links with GP and NHS Patient and Public Involvement Forums.
- + Build relationships and a network of contacts to ensure representatives of service user patient and carer groups and organisations can get involved, making their views heard.
- + Inform and share intelligence about the work we do with national bodies such as Healthwatch England, Care Quality Commission (CQC) and other bodies responsible for scrutinising local services.



*“Since recently becoming the new Development and Delivery Manager for Healthwatch South Tees it’s been fantastic to see the difference we have made for local communities mentioned throughout this report. Throughout the coming year I’m looking forward to further develop existing relationships with those who can drive change as well as identifying new ones through our future engagement activities. This will only be enhanced with the experience and skills of our new team.”*

**Lisa Bosomworth**  
Development and Delivery Manager  
Healthwatch South Tees

**Because we are always receiving information from the public, the South Tees Award of Recognition enables us to recognise good practice. Here are two shining examples we celebrated this year...**

### Sophie Colella Mental Health Partnership Worker

*“Some young people find it hard to communicate with work coaches for lots of different reasons, with the RACC form, it’s a positive way to help the work coach understand a young person’s situation and are able to give the necessary support. This gives the young person the confidence to open up about their circumstances and improve communication between the two, helping to improve their mental health and wellbeing.”*

Young person

Sophie supported the inclusion of Requesting Adjustments to Claimant Commitment (RACC) Form, developed by the Talent Match Middlesbrough Young People’s Panel, at Middlesbrough Job Centre Plus (JCP). It is a conversation starter that highlights young people’s mental health, anxiety, and other issues due to adverse life experiences, e.g. homelessness, carer and being in the care system.

Because of Sophie, the JCP now use this as part of their suite of documents for work coaches. They are starting to roll this form out regionally with a view to adopting it nationally.

### Kathryn Luczakiewicz Founder and owner of the Saltburn Wellbeing Centre

*“In my own direct experience of working alongside Kathryn over the years, I have been enormously impressed by her selfless commitment to the ongoing success of the Saltburn Wellbeing Centre as a place where people from all backgrounds can access support for all manner of things”.*

Community Development Worker

Kathryn has been a long-standing member of Healthwatch and has always raised awareness of issues that affect her clients, particularly those who seem to fall through the gaps in services and those in mental health crisis including ex armed forces personnel.

We have signposted individuals to the Wellbeing Centre when we have been unable to find appropriate statutory services. The Wellbeing Centre, and Kathryn in particular, does everything she can for individuals and never turns anyone away in crisis.

**healthwatch**  
STAR award

**Who will you nominate?**

# Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff, volunteers and partnership board members
- + Our partners, stakeholders and the voluntary organisations that have contributed to our work:
  - Aapna Services
  - Action on Hearing Loss
  - Alzheimer's Society
  - Audiology Department at JCUH
  - Careline Homecare
  - Carers Federation,
  - Dementia-friendly Communities Task Group
  - Hindu Cultural Society
  - Homegroup
  - Independent Health Complaints Advocacy
  - Job Centre Plus
  - Kinship Carers
  - Linthorpe Road Resource Centre
  - Middlesbrough Live at Home Scheme
  - North East Ambulance Service
  - NHS South Tees Clinical Commissioning Group
  - North Star Housing Group
  - Public Health South Tees
  - Saltburn Wellbeing Centre
  - Saltburn U3A
  - Sanctuary

- SNE Care
- Sunshine Project NE
- Terrence Higgins Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- The Over Fifties' Youth Club (TOFY)
- Virgin Care
- Windermere Grange
- Women Today North East

*“Working with Healthwatch in support of their ‘Enter & View’ project within James Cook University Hospital, I identified potential issues that patients may encounter in the waiting room of the audiology department and found ways to ensure better accessibility to patients with a hearing loss... it afforded the opportunity to share useful information about the service of Action on Hearing Loss and other relevant local services.”*

Raza Hussain  
Action on Hearing Loss

*“The stakeholder consultation was a brilliant event to share ideas and knowledge”*

Locardia Chidanyika  
Women Today North East



# Contact us

- + [www.healthwatchmiddlesbrough.co.uk](http://www.healthwatchmiddlesbrough.co.uk)
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Healthwatch South Tees is the name in which Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland is operating. Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland are delivered by MVDA in partnership with RCVDA.

*If you need this in an alternative format, or for any other information, please contact us.*

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Heathwatch South Tees  
c/o MVDA  
St Marys Centre  
82-90 Corporation Rd  
Middlesbrough  
TS1 2RW

**Agenda Item 9**

**Live Well South Tees Health &  
Wellbeing Board**

**Annual Report 2018/19**

<b>To:</b>	Live Well South Tees Health and Wellbeing Board	<b>Date:</b>	26 September 2019
<b>From:</b>	South Tees Integration Programme Manager	<b>Agenda:</b>	9
<b>Purpose of the Item</b>	<p>The purpose of this report is the Live Well South Tees Health and Wellbeing Board Annual Report for 2018/19 which sets out the progress made under each of the following Board functions:</p> <ul style="list-style-type: none"> <li>• Key Themes and highlights from 2018/19</li> <li>• Fulfilment of Statutory Duties</li> <li>• System Oversight and Influence</li> <li>• Community Engagement and Campaigns</li> </ul>		
<b>Summary of Recommendations</b>	<p>That the Live Well South Tees Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> <li>• approve its Annual Report for its first year of operation; and</li> <li>• agree that the report be submitted to Redcar &amp; Cleveland Borough Council's Cabinet and Middlesbrough Council's Executive</li> </ul>		

### 1. PURPOSE OF THE REPORT

- The purpose of this report is the Live Well South Tees Health and Wellbeing Board Annual Report for 2018/19 which sets out the progress made under each of the following Board functions:
  - Key Themes and highlights from 2018/19,
  - Fulfilment of Statutory Duties,
  - System Oversight and Influence,
  - Community Engagement and Campaigns.

### 3. INTRODUCTION

- Health and Wellbeing Boards are an important feature of the reforms introduced by the Health and Social Care Act (2012). These Boards are constituted as formal committees of all upper tier local authorities and form part of the role that local authorities now have to improve the health of their population.
- The Health and Wellbeing Board has the following four statutory duties:
  - The Board must have a Health and Wellbeing Strategy for its population in place
  - The Board must produce a Joint Strategic Needs Assessment (JSNA) to inform planning and commissioning
  - The Board must produce a Pharmaceutical Needs Assessment (PNA) for the area
  - The Board must oversee the Better Care Fund (BCF) and promote the integration of health, public health and social care where appropriate
- In July 2018 Middlesbrough and Redcar and Cleveland Health and Well Being Boards agreed to come together and form the Live Well South Tees Health and Wellbeing Board.



3.4. The vision for the single Health and Wellbeing board is to: Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes

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

3.5. The priorities for the Live Well South Tees Health and Wellbeing Board against each theme are set below:

Theme	Priorities
<p><b>Inequalities - Addressing the underlying causes of inequalities across the local communities, through a coordinated approach</b></p>	<ul style="list-style-type: none"> <li>• Tackling worklessness and underlying health issues,</li> <li>• Housing and health</li> <li>• Tackling poverty ( including fuel poverty), financial inclusion and welfare reforms,</li> <li>• Violence prevention,</li> <li>• Promoting good mental health, healthy lifestyles and emotional wellbeing,</li> <li>• Maximising the benefits of economic development for all communities and developing resilient communities</li> </ul>
<p><b>Integration and Collaboration - across planning, commissioning and service delivery,</b></p>	<ul style="list-style-type: none"> <li>• Joint decision making – single Health and Wellbeing Board and streamlined partnerships,</li> <li>• Further develop approaches for joint commissioning of health and social care for adults and children as well as joint working with other organisations to address the wider health and well-being challenges,</li> <li>• Develop new models of service delivery models that integrate health, social care, housing, VCS, police and fire service.</li> </ul>
<p><b>Information and Data – data sharing, shared evidence, community information, and information given to people.</b></p>	<ul style="list-style-type: none"> <li>• Develop joint understanding of the local challenges through better use of information and intelligence,</li> <li>• Improved use of intelligence to drive planning and service improvements,</li> <li>• Improved arrangements for data sharing and integrated data systems,</li> <li>• Ensuring the local narrative, community information and qualitative information is also considered,</li> <li>• Joined up approaches for sharing information with residents.</li> </ul>

#### 4. Live Well South Tees Health and Wellbeing Board – Annual Report 2018/19

4.1. This report sets out the progress made under each of the following Board functions:

- Key Themes and highlights from 2018/19
- Fulfilment of Statutory Duties
- System Oversight and Influence
- Community Engagement and Campaigns

#### 5. Key themes and highlights from 2018/19

5.1. This section sets out the key items that the Live Well South Tees Health and Wellbeing Board considered against each of its vision's themes in its first year of being established.

#### 6. Theme 1: Inequalities

Addressing the underlying causes of inequalities across the local communities.

6.1. Set out below are the highlights of the progress the Live Well South Tees Health and Wellbeing Board has made in addressing the underlying causes of inequalities.

##### 6.2. *Housing and health*

*Homelessness Reduction Act 2017*

The Health and Wellbeing Executive were provided with an update on the implementation of the Homelessness Reduction Act 2017 in Middlesbrough and Redcar & Cleveland. The Act aims to prevent people becoming homeless in the first place and offer support to keep the time spent homeless as short as possible. It placed new legal duties on English councils to ensure that everyone who is homeless or at risk of homelessness has access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance.

Local Authorities have to work with clients to prevent them from becoming homeless in the first instance, with other public sector bodies also being required to identify and refer those at risk of homelessness to the local authority via the introduction of a new "duty to refer".

Both Middlesbrough and Redcar & Cleveland Councils have expanded their teams to ensure delivery of the duties outlined in the Act and offer a triage system for clients to offer the appropriate support. The additional assessments required take much longer than previously, as although there has not yet been an increase in numbers of clients expected, those who the service sees often have multiple unmet needs.

Middlesbrough and Redcar & Cleveland have worked with the other local authorities in the North-East region to develop a regional procedure and common referral form that can be used by public bodies to refer clients to housing advice teams. This is to help them fulfil the Duty to Refer.

The Executive are undertaking further work to ensure wider stakeholder are aware



of their duty to refer and a gap analysis in housing support, which includes accommodation for prison leavers, as well as the primary aim of how to reduce the numbers of people facing homelessness

#### *Supported housing funding update*

The Government has responded to the consultations on the funding of supported housing, which were carried out earlier in the 2018. 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. 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.

### **6.3. Tackling poverty( including fuel poverty), financial inclusion and welfare reforms**

#### *Fuel poverty*

Ensuring that people are able to keep warm in their homes is a Government priority. A home should be warm and comfortable and provide a healthy and welcoming environment that fosters wellbeing

The Affordable Warmth group work in partnership to ensure a committed approach to improving health and wellbeing for the people of South Tees by ensuring homes have safe and affordable warmth. The South Tees Affordable Warmth Partnership was established in July 2018 and involves key partners such as Staying Put Agencies, Cleveland Fire Service, housing associations and charities.

The Affordable Warmth Action Plan is currently being refreshed and covers the following themes:

- Ensure a high profile for affordable warmth;
- Promote energy efficiency in housing stock across all tenures;
- Improve affordable warmth through income maximisation and money advice;
- Improve health and wellbeing through affordable warmth.

#### **6.4. Promoting good mental health, healthy lifestyles and emotional wellbeing**

The South Tees Maternal, Infant and Child Health (MICH) partnership are working to ensure that all services that work with pregnant mothers and children in the early years prioritise perinatal and infant mental health needs of women and their families. To this effect a parenting strategy has been developed and approved by the children's Trust in Middlesbrough Council. An alternative arrangement is being progressed by Redcar & Cleveland Council.

On World mental health Day, the Tees Mental Health Training Hub hosted its annual partnership event at Inspire to learn. The event which focused on suicide prevention and support for children and young people was very well attended by a range of frontline practitioners for different agencies across Tees. The Tees Mental Health Training Hub is commissioned by the four public health teams across Tees and delivered by Redcar Mind. The service seeks to build capacity and improve knowledge and skills on mental health support.

Multi-agency work continues to be coordinated across Tees to further reduce the number of suicides and to reduce the stigma and low levels of awareness on emotional well-being across the borough. This is being led by the Director of Public health, who chairs the Tees Suicide prevention taskforce, supported by a Suicide Prevention Coordinator working across the 4 Tees local authorities.

Some of the priority actions for the task force include responsibilities to:

- Reduce the means of suicide by providing adequate signage at hotspot locations and working with colleagues in transport to reduce access to particular structures as identified as hotspots;
- Participate and develop action plans to reduce suicides, to respond to suicide clusters and increasing trends;
- Re-establish the suicide early alert system with Cleveland Police;
- Work alongside coroner's service to conduct suicide audits to identify key at risk groups, based upon demographic and geographic location;
- Develop a network of partners who are key to suicide prevention;
- Set up an information sharing agreement to ensure the safe sharing of information between Middlesbrough Council and key partners; and
- Develop and roll-out a press protocol for the sensitive reporting of suicides locally.

#### **6.5 South Tees Arts in Health Movement**

Arts and culture are a critical part of a wide-ranging view of 'wellbeing'. The Board made an important step forward in developing their broader consideration and influence over 'wellbeing' being much greater than considering 'health and wellbeing' as being limited to what can be delivered by the NHS. To this end the Live Well South Tees Board publicly committed to supporting the development of the South Tees Arts in Health movement and to promote arts, heritage, and culture as a

key priority for the Board.

### **6.6 Sport England Local Delivery Pilot in South Tees – Something has to change**

The Board is fully committed to supporting the implementation of the Sport England Local Delivery Pilot in South Tees and promoting increasing physical activity across the population as a key priority for the Board.

The South Tees pilot outlines four specific 'communities of interest', hidden across the whole area and not geographically defined:

- People waiting for some types of surgery; physical activity before surgery can improve outcomes, reduce dependency on primary care services and surgery can be a 'teachable moment' for positive changing behaviour
- People with or at risk of developing Type II Diabetes; physical activity can reduce the risk or help ease the effects of the condition.
- People accessing commercial weight loss services, as these often look more at changing eating habits rather than increasing physical activity.
- Working with health professionals to change their behaviour and capacity to utilise physical activity as a clinical pathway and first line of intervention

The second element of the pilot takes a whole community approach to increasing physical activity in four of the wards across the boundary of the two boroughs: Grangetown, South Bank, North Ormesby and Brambles & Thorntree. These wards were identified not only because of the significant levels of need and the stubborn health inequalities that prevail in these places, but also because of the assets, resilience and potential that could be unlocked within these communities.

### **6.7 Smoke Free Alliance**

The prevalence of smoking in adults for Redcar & Cleveland is now similar to the national and lower than the regional average. However, Middlesbrough remains higher than both the regional and national averages. Similarly, the number of women smoking in pregnancy in South Tees has been reducing for the last six years from 27.2% in 2010/11 to 17.8% in 2017/18. However, this is still higher than the national average. We are working towards the national ambition of less than 6% of women smoking at time of delivery by 2020 and smoking prevalence among adults of 5% by 2025.

The South Tees Smoke Free Alliance was formed in October 2018. The partnership has developed a Smokefree Action Plan which aims to reduce the harms caused by smoking. The Alliance provides a coordinated and efficient approach to tobacco control with partners sharing information and best practice. The Alliance has meets with representation from a wide range of partners including the South Tees NHS Foundation Trust, Housing Providers, Pharmacists, Regulatory Services, Education Services and Teesside University. The priority for the Alliance Action Plan is to promote an environment across South Tees where the public expectation is that smoking will not take place – whether it is indoors or outdoors. There is a robust and proactive approach to smokefree regulation across South Tees. Whilst there is a high

level of compliance in premises prohibiting smoking in their enclosed spaces, there still remains readily available supplies of cheap illicit tobacco in some wards across South Tees which is creating a barrier to quitting.

A number of measures were put into place to deliver on the Tobacco and Alcohol control agendas to provide additional assurance of delivery after 1<sup>st</sup> April 2019, when Fresh and Balance were no longer be contracted to deliver across South Tees. This includes a strengthened regional offer from Public Health England, the appointment of a tobacco control officer in public protection, the establishment of a South Tees tobacco alliance and development of tobacco control action plan. Senior officers in public health and public protection have also been identified to provide on-going leadership.

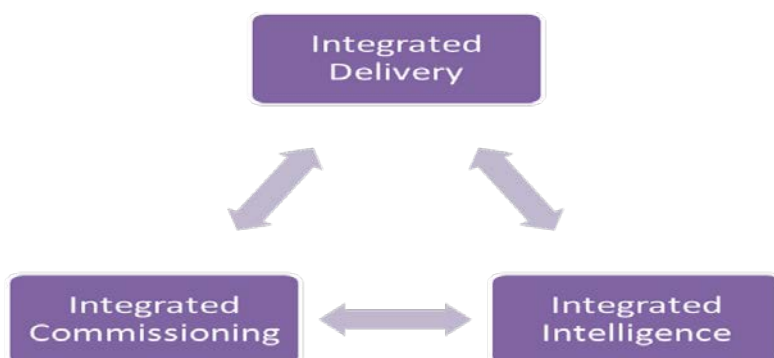
## 7. Theme 2: -

Integration and Collaboration - across planning, commissioning and service delivery,

7.1. The Live Well South Tees Board has agreed to the development of a programme of integration across the health and local government organisations covering the Middlesbrough and Redcar and Cleveland local authority boundaries. The programme covers three distinct areas as set out below:

- The development of integrated delivery of community, health and social care hubs linked to specific smaller geographic population groupings. Social care and community health services will be wrapped around and aligned to the developing primary care networks of 30-50k populations, we aim to include, support and involve local community and voluntary sector partners in these arrangements.
- The development of a local Population health and Population Health Management (PHM) strategy and tools that support integrated working, and enables a focus on the very local needs of our populations. We will then use population health management to tailor how we deliver, improve and commission responsive and tailored local health and care services to both our community hubs and at scale where possible.
- The development of options to progress integrated commissioning across health and social care for the South Tees HWBB geography.

7.2.



7.3. Vision for Integration

*South Tees working together to promote health and wellbeing, reducing dependency and minimising the needs for ongoing care. Ensuring our citizens are well informed and can access the right services at the right time, in the right place.*

*This will be achieved through maximising integration opportunities, great partnership working and a real focus on prevention and sustainable outcomes.*

7.4. Principles for Integration

- Person centred/whole system integrated approach
- Whole population / Whole life course approach
- Seamless Boundaries
- One overarching board
- South Tees Way – culture, way of working, sense of identity, brand
- South Tees £
- Accountability and responsibility for South Tees
- Cognizant of changing landscape - influence and plan for it
- Adaptable and flexible
- 7 day access

***“Integration is an enabler to deliver the South Tees way”***

7.5. Place Based Model of **Delivery**

- Person centred care based around populations and **across all ages**
- **Prevention** core to the model and reflects wider wellbeing of our populations
- Services are commissioned and delivered based on local population needs
- **One team approach** - Multi-disciplinary teams that work in the community with more vulnerable patients with multiple complex needs
- **Shared responsibility** for better coordinating their care – giving people clear credible alternatives to hospital.
- Continuity of care -shared outcome objectives which are often co-produced with their patients.
- Services that cover their medical, community and social needs in one place, link more closely with the voluntary sector and empower them to stay healthier for longer at home.

- System has an incentive to improve the wellbeing and health of the local population, rather than simply treat its illnesses.

## 7.6. Next Steps

The expectation is that we will phase the delivery of these three strands of integration with community hubs and population health management as the initial priorities.

## 8. **Workstream 3: -**

Information and Data – data sharing, shared evidence, community information, and information given to people.

### 8.1. **Our vision**

Our aim is to take a population health approach to understand the health and wellbeing of our population - health needs, resource utilisation - and use the intelligence to drive improvements. Population health brings together an understanding of the health needs of a population using big data analytics, patient engagement and health and care insights. Successful implementation relies on embracing technology and developing models of leadership founded on new ways of working and a shared culture. Population health management (PHM) embraces the quadruple aims of healthcare, which are to: improve the health of the population, the experience of care, the health and wellbeing of the workforce and reduce the overall costs of care<sup>1</sup>.

In order to achieve this we will link health and care records of about 280,000 people who live in South Tees at an individual, but de-personalised level to provide a holistic view of service need and resource utilisation that will inform decision making for commissioning and service re-configuration.

### **Progress to date**

- Programme scope brief developed
- Project lead identified
- Project governance developed
- Stakeholder mapping and recruitment to programme board completed and the initial board meeting has taken place.
- Business case is being developed
- Proposal has been identified by the Board to use a pathfinder project to test to development of the local infrastructure
- Initial briefing was provided to the system leaders in June

### **Next Steps**

- Establish and agree the key tasks for the subgroups of the programme board
- Implement a pathfinder project to test the development of the infrastructure for an integrated dataset: and
- Finalise the business case for approval by March 2020

## 9. **FULFILMENT OF STAUTORY DUTIES**

<sup>1</sup> Deloitte (2019), The transition to integrated care: Population Health Care Management in England.



## 10. Health and Wellbeing Strategies

The Health and Wellbeing Board is responsible for ensuring that there is a strategy in place which sets out a shared vision for improving health and wellbeing and which also addresses issues of health inequality, and how this might be reduced.

### 10.1 Middlesbrough Joint Health and Wellbeing Strategy 2013-2023

*Improve the health and wellbeing of our local population and reduce health inequalities*

The vision for the Middlesbrough Joint Health and Wellbeing Strategy is that by 2023, in Middlesbrough:

- more children and young people will lead healthier,
- safer lives and achieve their full potential,
- fewer people will die prematurely from preventable causes,
- more people will live longer and healthier lives,
- people will receive the right services, at the right time, in the right place,
- there will be fewer people experiencing social deprivation.

### 10.2 The corporate plan for Redcar & Cleveland towards 2020

*“A flourishing future forged from a proud past”*

The vision motivates and guides us. It sums up our optimism for the future. It recognises our heritage, reflects our identity and influences future direction. It is real to local people and is personal to Redcar and Cleveland. Our priorities

- Strong and confident communities
- Prosperity for all
- A brighter future for our children
- Longer and healthier lives
- Attractive and vibrant places
- Good connections
- Clean and safe environment
- Enriching lives through culture and sport

Improving the way we work **Work is underway to refresh the corporate plan for Redcar and Cleveland and the relevant actions will be picked up by the health and well-being board. this will be reflected in the**

10.3 The Board maintains oversight of a number of strategies, ensuring alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. Oversight also provides an opportunity for the escalation of issues that can only be resolved through multi-agency collaboration or holding partners to account.

## 11. Joint Strategic Needs Assessment(JSNA) -

The Joint Strategic Needs Assessments (JSNA) for children and young people has been developed and published for Middlesbrough and for Redcar & Cleveland. The Adults JSNA for Middlesbrough is being developed and we are yet to start the equivalent for Redcar & Cleveland.

## 12. Pharmaceutical Needs Assessments (PNA)

12.1 The Live Well South Tees Health and Wellbeing Board has a statutory responsibility to prepare, publish and maintain a Pharmaceutical Needs Assessment for each local authority every three years and the PNAs were last published 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 for pharmaceutical services identifies any gaps or potential for improvement or better access.

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.

The HWB is required by regulation to keep the PNA up to date by assessing any on-going changes which may impact on pharmaceutical need and by publishing a full revised assessment before March 2021. When changes take place, Supplementary Statements can be used to provide updates to the PNA.

In 2018/19, in accordance with agreed process, 18 formal notifications from NHS England about changes to the availability of pharmaceutical services (6 in Redcar and Cleveland and 12 in Middlesbrough) have been considered and three supplementary statements agreed. In addition, advice in line with the conclusions of the relevant PNA was provided to NHS England on three occasions in relation to applications from pharmacy contractors to reduce/amend their core contractual hours; these applications were subsequently refused by NHSE and core hours protected.

## 13. Health Protection

13.1 Public Health South Tees held the first ever health protection workshop event at Redcar & Cleveland College in November 2018. The conference brought together local partners and shared local health protection arrangements, in order to develop community wide resilience when responding to health protection issues such as communicable diseases or environmental health incidents.

Stakeholders identified and mapped key community assets and enumerated challenges or barriers to help protect the public. Attendees came from varied backgrounds such as schools, fire and rescue, elected members, community centres and hubs, voluntary sector, providers to statutory NHS services, health watch and private housing providers.

This inaugural workshop was the initial phase to develop and embed a cohesive community led response to health protection issues in South Tees. A multi-agency health protection assurance board has subsequently been developed. The board has led in the production and implementation of the local plans to protect the health and wellbeing of local residents. The Health Protection Assurance report will be




presented at a future board meeting.

**14. The Better Care Fund (BCF) 2018/19**

14.1 The Better Care Fund brings together health and social care funding to support the integration of health and social care. The fund is an opportunity for local services to transform services and improve the lives of the people who need it the most. The Health and Wellbeing Board has an oversight and assurance role around health and care integration and must sign off the annual Better Care Fund plan.

14.2 Two of the South Tees wide integration projects funded through the Better Care Funds are summarised below.

<p><b>Single Point of Access - Adults</b></p>	<p>The 5 local partner organisations (South Tees Hospitals NHS Foundation Trust, Middlesbrough Council, Redcar &amp; Cleveland Council, South Tees Clinical Commissioning Group and Tees Esk and Wear Valleys NHS Foundation Trust) have agreed to form a Single Point of Access (SPA). The aim is for this new SPA model to become the point of contact for any health and social care professional seeking advice on the best outcome for an individual. This could be to step up care to avoid a hospital admission or help with complex discharges.</p> <p>Recruitment is being finalised for a Single Point of Access (SPA) Manager and 2 integrated health and social care call handlers. They together with a multi-disciplinary team of health and social care professionals will form the SPA.</p>
<p><b>Support to Care Homes</b></p>	<p>Enhancing health of care home residents continues through the infection control, end of life, nutrition and medicines optimisation support. The Care Home Education and visiting Support Service (CHESS) is in place to respond to referrals from care homes and avoid unnecessary admissions to hospital.</p> <p>A two day event was held in June for all care home staff from Middlesbrough and Redcar &amp; Cleveland to attend. With a mixture of workshops, presentations and stalls, this was very well received and showcased all the support available under this project.</p> <p>A summary of the event is embedded</p> <div style="text-align: center;">  <p>South Tees Care Home Conference 24'</p> </div>

14.3 Two BCF funded schemes were presented to the Better Care National Team and the case studies below were shared on the national BCF Exchange portal as an example of good practice. These are for Middlesbrough Council's Staying Put Agency and Redcar & Cleveland Council's Trusted Assessor initiative.



BCF\_Case\_study  
Middlesbrough Stayin



BCF\_Case\_study\_Tr  
usted Assessor.docx

## 15. Healthwatch

- 15.1 Healthwatch is the statutory partner which represents the voice of patients and the public on the Board, the annual Healthwatch Report, this is being presented to the Live Well South Tees Health and Wellbeing Board at it September meeting.

## 16. Annual Report of the Director of Public Health 2018 -

- 16.1 The Director of Public Health (DPH) report 2018, *Live Well South Tees'*, was published in March 2019. The report provided an outline of the progress made to date on the implementation of the recommendations from the DPH report 2017 for both Councils. There has been progress made on these recommendations however a number of the actions require sustained effort and will need to continue to be monitored closely.

The 2018 report provided a description of the commitment by both Councils to improve the health and wellbeing and reduce inequalities for local populations through their Council plans and describes the actions taken to ensure effective and efficient delivery against a back drop of diminishing resources. The report also highlighted a number of case studies and examples of good practice that has been achieved as well as new multi-agency partnership arrangements. An action plan has subsequently been developed to facilitate implementation of the recommendations from the report and is monitored through the Health and Well-being Executive. The public health team are developing the annual report for 2019 and this will be brought to a future board meeting

## 17. Live Well South Tees Health and Wellbeing Board- Performance Framework

- 17.1 A performance framework has been developed for the Health and Wellbeing Board to help the Board monitor progress against key national indicators. This will help to monitor progress with the Board's objective to reduce health inequalities. The performance framework was signed off by the Health and Wellbeing Board Executive and is attached as appendix 1.

## 18. Live Well South Tees Health and Wellbeing Board – Risk Register

- 18.1 A partnership risk register it being developed by the HWB Executive, to identify the risks that relate to the shared vision and priorities of the partnership i.e. risks that could prevent the attainment of the vision and aims. The risk register will be reported to a future meeting of the Board and be reviewed twice a year to ensure that the risks remain relevant and that planned mitigation actions are in place with planned action taken according to timescales.

## 19. SYSTEM OVERSIGHT AND INFLUENCE

19.1 Across South Tees there are system wide financial challenges that need to be addressed to build a sustainable model of health and wellbeing service provision.

Our population face significant health and wellbeing challenges, widening health inequalities and length and quality of life for our populations is slowing down, to address these challenges, we will need to move towards the more integration and joint working

- South Tees Local Authorities spending power cut ( circ 35%) severely since 2010 compared to an average national cut of 29% and areas such as Surrey 15%
- South Tees CCG projected overspend £17.3m
- Cleveland Police decreased by 36% in real terms since 2010

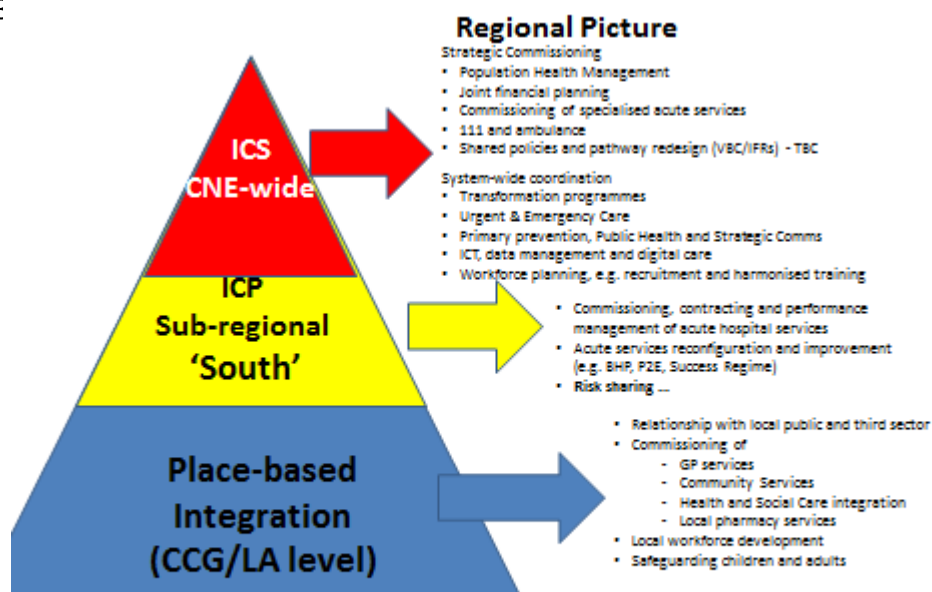
19.2 The Board continually considers the local financial challenges, and their impact, across individual organisations and the health and care system as a result the Board lobbied Government Departments in response to national funding to ensure that South Tees receives a fair allocation.

19.3 The HWBB considered the likely impact of the Fair Funding Review and as a result has written to Secretary of State to highlight the successes achieved in South Tees in addressing health and wellbeing and ask these successes and the continued work required to address health inequalities in South Tees are taken into account in the future distribution of public health funds nationally.

## 20. Integrated Care System for the North East and North Cumbria

20.1 In 2016 NHS organisations and local councils came together to form **sustainability and transformation partnerships (STPs)** to improve health and care for patients these are evolving to form **integrated care systems (ICSs)**, a new type of even closer collaboration.

20.2 The diagram below illustrates the ICS for the North East and North Cumbria Framework for place and at scale working



20.4 An ICS is not a statutory organisation; it's made up of individual organisations committing to work together in partnership to improve health and care based on:

- developing a shared vision and strategic plan
- Reaching a formal agreement with NHSE/I to implement faster improvements in population health outcomes
- Collaborating across organisational and geographical boundaries
- Taking devolved responsibility for key NHS resources

20.5 The Board has held the Integrated Care System to account for the plans and delivery plans at all the different levels (regional, sub-regional and place based) to ensure the decisions being made lead to improvements in the health of the local population.

20.6 In addition to the Board influence the national and regional picture the Health and Wellbeing Executive provides assurance to the Board that it considers the impacts of a range of policy reports and consultation documents including: 'The Hidden Cost of Poor Housing in the North', a report commissioned by the Northern Housing Consortium and 'The Lives we want to lead' a LGA Green Paper for Adult Social Care .

## 21. WIDER STAKEHOLDER ENGAGEMENT

21.1 The diverse voices, views and experiences of the people of South Tees are important in shaping the work of the Board; and the Board needs to communicate with a wide range of partners who are keen to know about the strategic direction for health and wellbeing across South Tees. This happens in a number of ways and all of the Board Members are active in supporting this dialogue through their various networks.

### 21.2 *Scrutiny*

Quarterly updates on progress against the Health and Wellbeing Board's work programme will be provided to the Middlesbrough Overview and Scrutiny Board and to each of Redcar and Cleveland Council's Scrutiny Panels

## 22. **Wider Stakeholder Engagement**

22.1 It is recognised that board effectiveness will require engagement outside of the formal board meetings. The Board has an engagement plan as part of its work programme and this will range from issue specific engagement to establishing task and finish groups to undertake specific pieces of work. This ensures that the right stakeholders are brought together to develop action plans for specific issues.

22.2 Over the course of the year the Board has taken an in depth look at a number of issues. This activity both informs the Board and influences the strategic direction of the areas work under consideration. Topics this year have included a workshop on;

- Physical Activity as part of the Sport England Local delivery Pilot
- Culture, Arts and health
- Health Protection assurance and annual updates
- Health and Social Care Integration

## 23. **RECOMMENDATIONS**

23.1 That the Live Well South Tees Health and Wellbeing Board to:

- approve its Annual Report for its first year of operation; and
- agree that the report be submitted to Redcar & Cleveland Borough Council's Cabinet and Middlesbrough Council's Executive

## 24. **APPENDICES**

### 24.1 **APPENDIX 1 H&WBB PMF**

#### **Contact Officer**

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**Live Well South Tees Health &  
Wellbeing Executive**

**Performance Framework**



## 1. Introduction

- 1.1. The Live Well South Tees Health & Wellbeing Board have requested the creation of a performance framework that allows for the assessment of impact of the board and the achievement of priorities and outcomes to improve the public's health and their health and social care services.

## 2. Overview of the Performance Framework

- 2.1. The data used within the proposed framework are a selection of key indicators from the national Public Health Outcomes Framework (PHOF), the NHS Outcomes Framework (NHSOF) and the Adult Social Care Outcomes Framework (ASCOF). These indicators have been aligned with the key priority themes from the Joint Health and Wellbeing Strategy, Mayor's Vision for Middlesbrough and Our Flourishing Futures plan for Redcar and Cleveland.
- 2.2. The majority of the indicators included in the framework are updated annually, therefore the framework will be updated once a year as part of the annual plan for the Health and Wellbeing Board. Any significant changes with indicators can be escalated to the Board at any time by exception.
- 2.3. A copy of the proposed performance framework can be found in Appendix 2. Data from each indicator is shown for both Middlesbrough and Redcar & Cleveland local authorities. Data shows the count if available and the value which is RAG rated based on how significantly different the value is to the England average. Also included is the rank showing how our local authorities compared to the 152 local authorities in England, where 1 is the highest/worst. There is also a comparator rank comparing Middlesbrough and Redcar and Cleveland to their most similar 16 local authorities in England respectively. Local trend data for up to 7 years if available is also shown.
- 2.4. It was agreed by the executive that a smaller selection of indicators from the performance framework were highlighted where performance was particularly poor locally. These indicators could then inform the annual plan and potential themed discussions at each board meeting based on key priority indicators.

## 3. Priority Indicators

- 3.1. Of the 62 indicators that make up the performance framework for the Live Well South Tees Health and Wellbeing Board, there are 21 indicators where Middlesbrough, Redcar and Cleveland or both local authorities are performing particularly poorly. These are shown in Appendix a. These indicators show that locally
  - Rates are significantly worse than the England average
  - Ranked amongst the worst performing local authorities out of 152 in England
  - Ranked amongst the worst performing local authority against 16 comparator local authorities
  - Data shows a negative trend for the majority

## Appendix a - Worst Performing Indicators

Indicator	Middlesbrough				Redcar & Cleveland			
	Value	National Rank	Comparator Rank	Trend	Value	National Rank	Comparator Rank	Trend
1 Breastfeeding Initiation (%)	47.9%	2	2	→	49.9%	5	3	→
2 School readiness (%)	63.9%	1	1	↑				
3 Excess weight - 4 & 5 year olds (%)	28.8%	3	3	↑	27.3%	8	3	↑
4 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (Rate per 100,000)	520.2	2	1	↑	453.8	12	2	→
5 Children in low income families (%)	31.4%	2	1	↑	24.5%	21	4	↑
6 Under 18 conceptions (Rate per 1,000)	43.8	1	1	↑				
7 Life expectancy - males	75.7	2	1	↓	77.7	26	6	↓
8 Life expectancy - females	79.9	3	1	↓	81.5	26	5	↓
9 Healthy life expectancy - females	57.6	9	4	↓				
10 Under 75 mortality rate from cancer (Rate per 100,000)	182.4	6	4	↑				
11 Under 75 mortality rate from cardiovascular diseases (Rate per 100,000)	114.1	4	2	↑	94.4	28	2	↑
12 Under 75 mortality rate from respiratory diseases (Rate per 100,000)	65.1	6	3	↑				
13 Excess mortality rate in adults with serious mental illness (Ratio as %)	570.4	1	1	↑	512.8	9	4	↑
14 Suicide rate (Rate per 100,000)	15.3	5	1	↑				
15 Drug-related deaths (Rate per 100,000)	10.7	3	2	↑	10.2	6	3	↑
16 Health-related quality of life for people with long-term conditions (score)	0.675	4	2	↓				
17 Delayed transfers of care from hospital (Rate per 100,000)					15.5	27	1	↑
18 Fuel poverty (%)	17%	2	1	↑	14.3%	21	3	↑
19 Employment of people with long term conditions compared to general (%)					27.9%	4	2	→
20 Excess weight in adults (%)					72.5%	5	2	↑
21 Physically active adults (%)	57.9%	13	5	↓				

National Rank -152 LAs

Comparator Rank - 16 LAs

# Appendix b – Performance Framework

Aims	Priorities	Indicator	Measure	Period	Middlesbrough				Local Trend	Redcar & Cleveland				Local Trend	North East	England		
					Count	Value	Rank*	Rank**		Count	Value	Rank*	Rank**		Value	Value		
Ensure children and young people have the best health and wellbeing	Improve the health and emotional wellbeing - prenatal and infants	Low birth weight of term babies	%	2017	51	2.88	67	13			36	2.78	74	9			3.07	2.82
		Breastfeeding - initiation	%	2016/17	941	47.9	2	2			700	49.9	5	3			59	74.5
		Smoking status at time of delivery	%	2017/18	334	17.8	10	5			247	17.8	11	5			16.3	10.8
		Infant mortality	Rate/1,000	2015-17	27	4.7	35	8			15	3.5	84	8			3.3	3.9
	Improve the health and emotional wellbeing - Children and young people	School readiness	%	2017/18	1,290	63.9	1	1			1,161	71.4	78	12			71.5	71.5
		Child excess weight in i) 4-5 and	%	2017/18	573	28.8	3	3			414	27.3	8	3			25	22.4
		Child excess weight in ii) 10-11 year olds	%	2017/18	683	38.2	33	9			553	37.7	43	6			37.5	34.3
		Decayed, missing or filled teeth in 5 year olds	Mean no.	2016/17	-	1.16	28	7			-	0.89	54	4			0.75	0.78
		16-18 year olds not in education, employment or training	%	2017	130	4.2	111	14			160	5.5	71	9			6.2	6
		Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Rate/100,000	2017/18	180	520.2	7	4			135	453.8	12	2			383.3	286.2
	Reduce the impact of poverty on children and young people	Children in low income families	%	2016	10,780	31.4	2	1			6,925	24.5	21	4			22	16.8
		Hospital admissions caused by unintentional and deliberate injuries for children and young people 0-14	Rate/10,000	2017/18	384	139.1	12	5			307	132.7	16	3			130.4	96.4
	Safeguard our children and young people	Hospital admissions caused by unintentional and deliberate injuries for children and young people 15-24	Rate/10,000	2017/18	340	164.6	29	3			236	159.5	35	9			157	132.7
		Looked after children with poor emotional wellbeing	%	2017/18	88	36.7	86	8			43	35.2	96	12			39.4	38.6
	Reduce the risk-taking behaviours of children and young people	Under 18 conceptions	Rate/1,000	2017	103	43.8	1	1			53	24.8	27	8			24.7	17.8
Ensuring children are immunised		Population vaccination coverage (% of children who had 2 MMRs)	%	2017/18	1,889	88.3	68	2			1,494	92.6	129	9			91.9	87.2
People in South Tees live healthier and longer lives independently	Prevention of people dying prematurely	Life expectancy at birth - Males	Actual	2015-17	-	75.7	2	1			-	77.7	26	6			77.9	79.6
		Life expectancy at birth - Females	Actual	2015-17	-	79.9	3	1			-	81.5	26	5			81.6	83.1
		Healthy Life expectancy - Males	Actual	2015-17	-	58.1	15	8			-	58.8	20	5			59.5	63.4
		Healthy Life expectancy - Females	Actual	2015-17	-	57.6	9	4			-	61.4	54	12			60.6	63.8
		Under 75 mortality rate from cancer	Rate/100,000	2015-17	595	182.4	6	4			636	157.6	21	7			155.9	134.6
		Under 75 mortality rate from all cardiovascular diseases	Rate/100,000	2015-17	373	114.1	4	2			377	94.4	28	2			82.9	72.5
		Under 75 mortality rate from liver disease	Rate/100,000	2015-17	82	24.4	33	14			89	22.6	46	11			25.2	18.5
		Under 75 mortality rate from respiratory diseases	Rate/100,000	2015-17	213	65.1	6	3			179	44	36	8			44.2	34.3
		Mortality rate from a range of specified communicable diseases, including influenza	Rate/100,000	2015-17	53	15.6	19	4			55	9.5	102	16			12.5	10.9
		Excess under 75 mortality rate in adults with serious mental illness	Ratio	2014/15	-	570.4	1	1			-	512.8	9	4			461.2	370
		Suicide rate	Rate/100,000	2015-17	53	15.3	5	1			34	9.9	63	13			10.8	9.6
		Excess winter deaths	%	Aug 2016 Jul 2017	106	22.9	59	7			108	22.4	64	10			19.5	21.6
		Drug-related deaths	Rate/100,000	2015-17	41	10.7	3	2			37	10.2	6	3			7.6	4.3
		Breast cancer screening	%	2018	11,206	72.4	55	9			13,535	78.2	121	14			77	74.9
		Bowel cancer screening	%	2018	10,743	53.8	36	3			14,238	60.1	94	11			60.4	59
	Cervical cancer screening	%	2018	25,426	68.6	43	4			25,890	75.6	128	12			74.2	71.4	
	Take up of the NHS Health Check programme	%	2017/18	2,490	46.3	68	6			3,029	46	64	7			38.1	47.9	
	Injuries due to falls in people aged 65 and over	Rate/100,000	2017/18	451	2,010	107	11			486	1,666	143	15			2,320	2,170	
	Enhancing quality of life for people with care and support needs/long term health conditions	Adults with a learning disability who live in stable and appropriate accommodation	%	2017/18	519	78.5	78	5			407	81.4	94	5			82.8	77.2
		Health-related quality of life for people with long-term conditions	Avg. Score	2016/17	702	0.672	4	2			710	0.708	38	8			0.699	0.737
		Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Rate/100,000	2017/18	1,755	1286.2	9	6			1,670	1,049.4	34	9			1,066.6	822.6
	Helping people to recover from episodes of ill health or following injury/ Delaying and reducing the need for care and support	Estimated diagnosis rate for people with dementia	%	2018	1,010	80.3	141	15			1,248	70.5	94	8			74.8	67.5
		Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service	%	2017/18	122	80.3	45	7			67	85.9	89	7			83.9	82.9
		Emergency readmissions within 30 days of discharge from hospital	%	2017/18	2,980	14	-	9			2,485	12.9	-	15			13.8	13.7
		Delayed transfers of care from hospital	Rate/100,000	2017/18	12	11.2	67	6			17	15.5	27	1			6.1	12.3
	Improving the wider determinants of health	Delayed transfers of care from hospital attributable to adult social care	Rate/100,000	2017/18	2	2.1	100	11			3	2.4	92	5			1.1	4.3
		Social isolation for adult social care users	%	2017/18	-	50	123	10			-	52.6	140	15			49.8	46
		Fuel poverty	%	2016	9,962	17	2	1			8,688	14.3	21	3			13.8	11.1
		Fraction of mortality attributable to particulate air pollution	%	2017	-	4.2	117	12			-	4	129	8			3.7	5.1
		Employment of people with long-term conditions compared to general	%	2018 Q4	-	14.5	39	8			-	27.9	4	2			14.3	11.4
	Ensuring people live a healthy life	Excess weight in adults	%	2017/18	-	64.9	48	14			-	72.5	5	2			66.5	62
		Proportion of physically active adults	%	2017/18	-	57.9	13	5			-	64.3	62	14			62.7	66.3
Smoking prevalence in adults		%	2017	20165	18.6	20	7			16245	15	73	11			16.2	14.9	
Alcohol related admissions to hospital		Rate/100,000	2017/18	1,131	878	13	7			963	708	44	13			862	632	
New HIV diagnosis rate		Rate/100,000	2017	8	7.1	65	5			3	2.7	135	13			4.7	8.7	
Chlamydia detection rate		Rate/100,000	2017	399	1888	82	9			354	2319	38	10			2033	1882	
Ensure high quality, sustainable and joined up health, social care and wellbeing services	Ensuring that people have a positive experience of care	Population vaccination coverage for Flu - Over 65s	%	2017/18	18,299	73.5	95	9			22,094	75.7	133	13			73.9	72.6
		Access to GP services	%	2017/18	-	66.1	50	9			-	69	92	10			70	68.7
		Access to NHS dental services	%	2017/18	-	96.7	131	13			-	97.4	144	10			97.1	94.6
		Patient experience of A&E services (CCG)	%	2016	-	83.8	87 (137)	-			-	83.8	87 (137)	-			-	82.7
		Patient experience of GP services	%	2017/18	-	82.2	53	8			-	84.8	92	10			85.7	83.8
		Patient experience of hospital care (CCG)	%	2017/18	-	81.9	133 (148)	-			-	81.9	133 (148)	-			-	78.4
		Patient experience of dental services	%	2017/18	-	90.3	141	13			-	91.2	150	13			90.3	85.2
	Overall satisfaction of people who use social services with their care and support	%	2017/18	-	73.1	143	14			-	67.4	109	11			67.9	65	
	Treating and caring for people in a safe environment and protecting them from avoidable harm	Proportion of people who use services and carers who find it easy to find information about support	%	2017/18	-	80.7	142	14			-	78.1	127	8			79.9	73.3
		Proportion of people who use services who say that those services have made them feel safe and secure	%	2017/18	-	92.5	140	14			-	93.3	146	14			90.9	86.3

\* Ranked highest/worst out of 152 local authorities

\*\* Ranked highest/worst out of 16 comparator local authorities



## **Agenda Item 10**

# **South Tees Health and Well-being Executive**

## **Assurance Report**

Dr Ali Tahmassebi –

Chair South Tees Health and Well-being Executive

## South Tees Health and Well-being Executive Assurance Report

<b>To:</b>	Live Well South Tees Health and Wellbeing Board	<b>Date:</b>	26 <sup>th</sup> September 2019
<b>From:</b>	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	<b>Agenda:</b>	10
<b>Purpose of the Item</b>	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 Board’s Vision and Priorities.		
<b>Summary of Recommendations</b>	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> <li>• Are assured that the Board is fulfilling its statutory obligations</li> <li>• endorse the Executive’s recommendation to submit the BCF Planning Templates as shown in Appendices 1 and 2</li> </ul>		

### 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 Board’s 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 creates 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 (HWB) 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.

**3.2.3** In the period March 2019 – September 2019 the South Tees Health and Wellbeing Executive have not considered any significant changes to pharmaceutical services.

### **3.3** *Better Care Fund Planning 2019/20*

**3.3.1** The Better Care Fund Planning requirements, planning templates and funding allocations for 2019/20 were released nationally in mid-July, which was a delay of several months. There are no significant changes in the Policy Framework from previous years. The 4 national conditions to accessing the Better Care Fund as set by government are:

- a) That a BCF Plan , including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.
- b) A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG’s minimum contribution.
- c) That a specific proportion of the area’s allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care.
- d) A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToC) during 2019-20 into their BCF plans.

**3.3.2** There are 4 national metrics for the fund:

- a) Non-elective admissions
- b) Admissions to residential and care homes
- c) Effectiveness of reablement and
- d) Delayed Transfers of Care (DToC)

**3.3.3** The planning templates ( attached at appendix 1& 2) have been completed collectively by the Adults Joint Commissioning Board and the BCF Implementation and Monitoring Group. These have been reviewed and approved for submission to NHS England by the Health and Wellbeing Executive.

**3.3.4.** The Live Well South Tees Health and Wellbeing Board are requested to endorse the Middlesbrough and Redcar & Cleveland BCF planning templates ( which have been agreed by the CCG and the Local Authorities ) and submit to NHS England 27 September 2019

**3.3.5** *Performance against metrics*

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



Metric	BCF Target 2019/20		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	1018	12 month performance to June 2018 is 1128, so currently not achieving the target	
	R&CBC	902	12 month performance to June 2019 is 872, so achieving 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%	Quarter 1 data shows performance of 49% so not achieving the target at this stage	
	R&CBC	82%	Quarter 1 data shows performance of 94% so above target	
METRIC 3 – Delayed transfers of care from hospital per 100,000 population  (Quarterly rate shown)	MBC	783	Not on track to meet the target	Numbers have fallen when compared to Quarter 1 and Quarter 4 of 2018/19
	R&CBC	1047	Not on track to meet the target	
METRIC 4 – Total emergency admissions into hospital (full year)	MBC	20995	On track to meet the target	
	R&CBC	19248	On track to meet the target	

#### 4 STATUTORY CONSULTATION AND SERVICE CHANGES

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

## **4.2 CCG MERGER**

**4.2.1** The Health and Wellbeing Executive were presented with the proposals for the merger of the current Clinical Commissioning Groups in Durham and the Tees Valley.

**4.2.2** The preferred option is for there to be two CCGs with a shared management structure i.e. a single Tees Valley CCG and a single Durham CCG. The belief is that this option will:

- Retain a local focus whilst making greater savings
- Support pathway transformation and greater equality in clinical outcomes across our populations
- Strengthen working with the Local Authorities
- Help to use clinical leadership effectively across a broader population base
- Support financial sustainability
- Be supported by partners, stakeholders and NHS England

**4.2.3** The HWBB Executive understood the reasons for the proposed mergers of the CCGs, however there was a need for reassurance that a merger would not impact adversely on local integration plans and collective working.

**4.2.4** A collective Executive response to the CCG was submitted in response to the consultation which highlighted the need for a strong locality focus.

## **4.3 Advancing our health: prevention in the 2020s – consultation document**

**4.3.1** The [prevention green paper](#) was published in July 2020. It describes a large range of initiatives and actions to be implemented in the 2020s. As local leaders, all of these will be of interest to the Health and Wellbeing Boardt some key areas are:

- A forthcoming national review of NHS health check to make sure it is fit for purpose for the next decade
- The third chapter of the childhood obesity plan is included in the green paper
- Greater co-commissioning between local government and the NHS is expected, particularly on sexual health and reproductive health services
- The development of a new national sexual health strategy
- The document includes questions for consultation – responses required by 14th October

**4.3.2** The Health and Wellbeing Executive are hosting a workshop to develop a multi-agency response to the consultation document.

#### **4.4 SPENDING ROUND 2019 (4<sup>th</sup> SEPTMBER 2019)**

**4.4.1** The main points of the Spending Round 2019 were announced 4<sup>th</sup> September. The Health and Wellbeing Executive are considering the detail of the effects for South. The initial view is that this is good news, but there is a need to examine any conditions attached to it, and also it needs to be noted that a large proportion of the funding announced will only be for one year (2020/21). A full multi-year spending review will be conducted in 2020 for capital and resource budgets beyond 2020/21.

**4.4.2** Key Points Include:

##### **Local government Core Spending Power**

Local government Core Spending Power is estimated to increase by £2.9 billion in total (6.3% increase) to £49.1 billion in 2020/21. The Government provided the following caveat: "The figure for Core Spending Power is an estimate and subject to data changes. Final figures will be published following final decisions in the 2020/21 Local Government Finance Settlement."

##### **Additional social care funding**

Additional £1 billion grant in 2020/21 for adults and children's social care. This is in addition to maintaining £2.5 billion of the existing social care grants (£1.8 billion improved Better Care Fund, £240m Winter Pressures Grant and £410m Additional Social Care Grant).

##### **2% Adult Social Care Precept**

The government will consult on a 2% Adult Social Care precept that will enable councils to access a further £0.5 billion.

##### **Public Health Grant**

Real term increase in Public Health Grant, which will ensure local authorities can continue to provide prevention and public health interventions.

##### **NHS Better Care Fund**

3.4% increase in real terms of NHS Better Care Fund, in line with the overall NHS long-term settlement.

##### **Business Rates**

Local Government's business rate baseline funding levels will also increase in line with inflation

**4.4.3** At its last meeting the Live Well South Tees Board agreed to lobby Secretary of State to stress that we are doing some amazing things and transforming but we could do even more with a fair share of Public Health Grant, this letter was submitted earlier this month

**5 UPDATES ON RECENT INSPECTIONS**

- 5.1 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.
- 5.2 **LGA Peer Review - Delayed Transfer of Care**
- 5.2.1 South Tees health and social care system continues to experience a high number of Delayed Transfer of Care. Performance has historically been above the nationally set target of 3.5%  
  
South Tees Hospitals NHS Foundation Trust performance is also an outlier when compared to all other North East Trusts
- 5.2.2 South Tees local health and social care system leaders, on behalf of the Live Well South Tees Health and Wellbeing Board, volunteered for the DToC peer review through the Better Care Fund (BCF) national team.
- 5.2.3 DToC Peer Reviews are a constructive, collaborative and supportive process to help health and social care partners locally improve patient flow and reduce delayed transfers of care.  
  
Delivered by the Local Government Association and focused on the issue of Delayed Transfers of Care (DToC) from the national Better Care Fund (BCF) partners, Department of Health and Social Care, Ministry of Housing, Communities and Local Government, Local Government Association and NHS England
- 5.2.4 The peer review will take place 16-20 September - the findings of the review will be presented to a future board meeting.

**6 RECOMMENDATIONS**

- 6.1 That Live Well South Tees Health and Wellbeing Board:
  - Are assured that the Board is fulfilling its statutory obligations
  - endorse the Executive’s recommendation to submit the BCF Planning Templates as shown in Appendices1 and 2

**7 BACKGROUND PAPERS.**

- 7.1 No background papers other than published works were used in writing this report.
- 8 **Contact Officer**  
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**Agenda Item 11**

**Live Well South Tees Health &  
Wellbeing Board**

**Forward Work Programme**

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
<b>1. Board Priorities</b>			
<b>a) Inequalities</b>	<b>Director of Public Health</b>		
• Sport England LDP – progress updates		August 2019	September – assurance report
• Making Smoking History – Smoke Free Alliance implementation plan		TBC	TBC
• Drugs and alcohol – multi-agency approaches – review and action plan		December 2019	March 2020
Vulnerable groups and complex needs integrated support models		December 2019	March 2020
• CAMHS Transformation Plans and Future in Minds		TBC	TBC
• Children and Young people’s plans for each area		TBC	TBC
• Work and health – to include worklessness and disability		October 2019	December 2019
• Arts, culture and health and well-being – next steps		October 2019	December 2019 – assurance report
• Period Poverty – implementation plan and progress report		October 2019	December 2019 – assurance report
• Affordable warmth and tackling fuel poverty		October 2019	December 2019
• Public health approach to violence prevention		December 2019	March 2020
• Tackling social isolation and loneliness – a multi-agency and community centred approach		October 2019	December 2019
• Inclusive Growth and poverty		October 2019	December 2019
• Community Safety Partnership – action plan and local updates		TBC	TBC
• Domestic Violence – prevention and Support		December 2019	March 2020
• Clean Air plan for South Tees		TBC	TBC
• Homelessness reduction – one year on progress report		November 2019	December 2019
• Tackling Alcohol related harm across Tees		September 2019	December 2019
• Tackling Problem Gambling		December	March

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
		2019	2020
<b>b) Integration</b>			
<ul style="list-style-type: none"> <li>Community model and emerging priorities <ul style="list-style-type: none"> <li>Primary Care Networks</li> </ul> </li> </ul>	System Leaders Group	August 2019	September 2019
<ul style="list-style-type: none"> <li>Integration models for vulnerable individuals with complex needs</li> </ul>	Director of Public Health	October 2019	December 2019
<ul style="list-style-type: none"> <li>South Tees Carers Strategy</li> </ul>	Adults Joint Commissioning Board (AJCB)	October 2019	December 2019 (assurance report)
<ul style="list-style-type: none"> <li>Adults Social Care Green Paper</li> </ul>	AJCB	TBC	TBC
<ul style="list-style-type: none"> <li>Single Point of Access - Adults</li> </ul>	SPA Partnership Board	October 2019	December 2019 (assurance report)
<b>c) Intelligence and Information</b>			
<ul style="list-style-type: none"> <li>Population Health management</li> </ul>	System Leaders Group	August 2019	September 2019 (assurance report)
<ul style="list-style-type: none"> <li>JSNA refresh</li> </ul>	Adults Joint Commissioning Board (AJCB)	Ongoing	Ongoing
<b>2. Statutory Responsibilities</b>			
<ul style="list-style-type: none"> <li>Pharmaceutical Needs Assessments</li> </ul>	H&WBB Executive	ongoing	ongoing
<ul style="list-style-type: none"> <li>BCF planning sign off</li> </ul>	H&WBB Executive	TBC	September 2019 (assurance report)
<ul style="list-style-type: none"> <li>HWBB Annual Report ,</li> </ul>	H&WBB Executive	August 2019	September 2019
<ul style="list-style-type: none"> <li>Local Multil Agency Safeguarding Arrangement s</li> </ul>	Local Authorities	September 2019	December 2019
<ul style="list-style-type: none"> <li>CCG Annual Report</li> </ul>	South Tees CCG	TBC	TBC
<ul style="list-style-type: none"> <li>Quality Reports – TEWV</li> </ul>	TEWV	April 2020	May 2020
<ul style="list-style-type: none"> <li>Quality Report - STHFT</li> </ul>	STHFT	April 2020	May 2020
<ul style="list-style-type: none"> <li>Safeguarding Reports</li> </ul>	Chairs of the boards	TBC	TBC
<ul style="list-style-type: none"> <li>H&amp;WBB Performance Management Framework</li> </ul>	H&WBB Executive	June 2019	September 2019 (assurance report)

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
• H&WBB Risk Register	H&WBB Executive	November 2019	December 2019 (assurance report)
• Annual health protection conference and assurance report	Director of Public Health	TBC	TBC
• DPH annual report	Director of Public Health	January 2020	March 2020
• LGA/DHSE Delayed Transfers of Care - Peer Challenge - report	H&WBB Executive	November 2019	December 2019
<b>3. Healthwatch</b>			
• Work Programme and Annual Report	Healthwatch South Tees	September 2019	September 2019
• Forward plan	Healthwatch South Tees	January 2020	March 2020
<b>4. Community Engagement and Campaigns</b>			
• Communication and Engagement Plan	H&WBB Executive	November 2019	December 2019 (assurance report)
<b>5. Local System Oversight</b>			
Integrated Care Partnership plans	South Tees CGG	November 2019	December 2019
CCG Merger Proposals	South Tees CCG	July 2019	September 2019 (assurance report)
Integrated Care System updates and future implications	Alan Foster	August 2019	September 2019