

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	3 September 2020
From:	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	Agenda:	6
Purpose of the Item	To provide South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board's Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board's Vision and Priorities 		

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 **Better Care Fund 2020/21**

- 3.2.1 Due to the Covid 19 pandemic, the BCF Policy Framework and Planning Requirements have not been issued so far for 2020/21. National advice was to continue with schemes and planned spending of the funds which we are doing across South Tees.

Scheme performance and spend are monitored monthly by the BCF Implementation and Monitoring Group. This group also considers new initiatives which could potentially help deliver against the metrics and further support closer integration.

The 4 BCF metrics are non-elective admissions, delayed transfers of care, permanent admissions to residential homes and reablement.

Schemes funded through Middlesbrough and Redcar & Cleveland Better Care Funds support delivery against these metrics, and are classified under one or more of the following themes:

- Recovery and Reablement : Step up and Down
- Carers Support
- Promoting Prevention and Independence
- Operational Integration (Single Point of Access)
- Support to Care Homes
- Effective Discharge
- Urgent care and hospital admission avoidance

3.2.2 Performance reporting has been affected by the pandemic so we have not been able to set targets or monitor performance against the BCF metrics so far this year. However, the 19/20 year end data indicated that targets had been met on all metrics except delayed transfers of care.

3.3 **Pharmaceutical Needs Assessment**

3.3.1 On the 21 May 2020, the Director of Public Health was advised via the LGA chief executive briefing that due to current pressures in response to the COVID-19 pandemic, the Department of Health and Social Care has announced that the requirement to publish renewed Pharmaceutical Need Assessments (PNA) will be suspended until April 2022.

PNAs had been due to be renewed and published by local authority health and wellbeing boards in April 2021 (locally by 22nd March 2021 for the Middlesbrough and Redcar & Cleveland PNAs). The PNA document is a statutory responsibility which records the need for pharmaceutical services within a specific area.

The health and wellbeing board will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this extended time in line with established process. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 will be updated in due course.

3.4 **HealthWatch South Tees (HWST)**

3.4.1 HWST is an 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.

HWST focus is on ensuring that people's experiences and concerns about health and social care services are heard and we speak out on their behalf. This can be done through:

- **Information and signposting service**
- **Focussed community consultations and attending events -**
- **Enter and View activities -**

Information is collected through all of these functions, reports are then produced and shared with services, commissioners, Trusts and Healthwatch England in order to get services right for the future.

3.4.2 **Reports Produced**

Since January 2020 HWST have been busy producing a number of reports based on focussed community intelligence. Copies of these reports are available from Lisa Bosomworth lisa.bosomworth@pcp.uk.net

- ‘A Conversation about Wellbeing’ – BAME Communities: Arabic and Urdu Women
- ‘A Conversation about Wellbeing’ – Adults with Learning Disabilities
- ‘Our Future’ – Young People Speak Up About Mental Health
- ‘Get on with it’ - Exploring Arthritis Experiences of the Over 50s across South Tees
- Fighting Arthritis with Exercise - Case Study
- How can a GP Practice raise awareness of caring roles? – Case Study
- Healthwatch South Tees Annual Report 2019-2020

3.4.3 **2020-2021 Priorities**

Building on elements of HWST work from last year as well as responding to the current local landscape of need, below is what HWST will be focussing on during 2020-2021;

- Build on ‘Our Future – Young People Speak Up about Mental Health’ report, developing social action groups with young people.
- Continue to influence and support the development of the South Tees Neurodevelopmental pathway and ensure parents and carers have a voice.
- Addressing the health and social care challenges faced by children with Special Educational Needs and Disabilities (SEND) and their families.
- Explore the impact of the COVID-19 pandemic on our local communities and support the development, direction and improvement required for the ‘Recovery Planning’ across South Tees.
- Increase the number of volunteers and Community Champions to support our work.

3.4.4 **HWST - During the Pandemic**

Social Media

During lockdown, it’s been more important than ever to develop and increase our digital presence to ensure communities are informed about the constant changes to how health and social care deliver services. We have now more than tripled our reach to local people

through our social media channels by connecting with other key stakeholders responding to need during the past couple of months.

Information and Signposting

Our Information and Signposting service has also had to be flexible and adapt to the ever changing need during recent times. Initially we were responding to any request by the public, even if it wasn't in our usual remit, but was great to see that people regarded us as an organisation that could help. Panic has reduced more recently and contacts are back to being more about health and social care services.

Lockdown survey

This survey has now closed which asked local communities about their experiences of accessing services during lockdown. A report of the analysis will be produced and shared in August. In total we received 331 responses (Middlesbrough: 103 and Redcar & Cleveland: 223 - 5 people skipped the question asking which borough).

Service survey

This survey is now live to gather information about the way services have had to adapt the way they deliver support. This is the result of an increased number of enquiries from the public via our Information and Signposting service. People are telling us that there is a lack of information on websites and in the public domain about what support is available, how they can access it and who they need to contact.

Virtual Youth Club sessions

During lockdown we have engaged six young people in two zoom youth club session supported by Hemlington LINX Outreach project. This was to continue discussions from an initial session held, building on analysis from our mental health report, to develop young person led social action groups. These sessions focussed on how young people's mental health is being affected during lockdown and what they could do to offer support to other young people in their community.

SEND Families

We continue to work closely with partners developing the new South Tees Neurodevelopmental Pathway to ensure our community intelligence gathered, as our priority demographic group, informs this work. Our role is to ensure parents, carers and SEND young people are consulted which influences the final process.

Direct Enhanced Service to Care Homes

We are supporting the Tees Valley CCG new direct enhanced service to care homes through Primary Care Networks (PCN's). We have offered input into the content of letters to residents as well as being sighted as an opportunity to give independent information and signposting. Once these changes have had time to take effect, we would like to follow up with residents and staff in care homes as well as families to understand the impact this change has had.

3.5.1 In the past primary care has been called upon to provide emergency vaccination to reduce the spread of disease and it now is apparent that a similar scale of emergency vaccination will be needed from primary care, as a result of the COVID-19 pandemic. This now may well include significantly expanding the seasonal flu vaccination programme, to include other cohorts of patients in particular the “not at risk” patients in the age range 50 – 64 years old

The current COVID-19 pandemic poses a specific set of challenges to achieving high volume through-put. For example, enhanced standards of infection prevention and control will be needed, and larger spaces may be necessary to maintain safe social distancing. Premises normally used to undertake vaccination (GP surgeries, pharmacies, schools) are likely to be impacted by any restrictions of social distancing. Creating a safe flow of patients to achieve the high throughput to vaccinate large numbers may be difficult and impossible in some.

In the context of social distancing, use of personal protective equipment and increased time necessary for immunisers to prepare for each patient, it is likely that additional time will be required.

3.5.2 **Regional ICS (Integrated Care System) response - North East and North Cumbria**

The regional ICS response to the extra pressure on providers to deliver the flu programme in times of Covid has led to the setting up of an ICS level - North East & North Cumbria (NENC) System Flu Board

The aim of the board is to lead, coordinate and deliver assurance across the NENC system to maximise delivery of influenza vaccination to the eligible population in 2020/21.

This process will be enabled by a series of task and finish groups

- Covid safe delivery models
- Specialist settings
- Data & digital
- Social care settings
- Healthcare workers
- Demand & capacity
- Communications & marketing
- PPE requirements

All the groups are due to report out at the end of August and all relevant information will be shared with all relevant providers locally via our CCG flu co-ordinator

3.5.3 **Local ICP (Integrated Care Partnership) response**

Tees Valley CCG has now convened a local Flu vaccination delivery board; the aim of the local board is to provide support to practices and facilitate sharing of best practice and novel flu vaccination delivery models.

Members of the local board represent all relevant providers in terms of flu vaccination delivery

- CCG medical director
- CCG flu co-ordinator
- CCG care home lead
- CCG project manager
- LMC and LPC representatives
- GP and PCN clinical director representation
- Practice nurse representative
- Practice Managers
- Local PHE lead
- Community nursing reps from STHFT and UHNT
- Local school nursing lead
- Reps from GP federations
- NECS comms team

Currently we are developing a robust flu plan to ensure we are able to understand all the strands of this year's flu vaccination programme, and gain an understanding of where potential gaps or risks may exist. Our themes cover similar strands to the regional T&F groups. We are keen to share our findings and give assurances to all providers that there is a local plan to ensure all current at risk groups are covered during this coming flu vaccination programme.

As a group we are keen to support the delivery of this year's programme, and understand what support practices need to deliver to their at risk groups to get to the aspirational 75% coverage.

Clearly there are still more flu vaccination programme updates due nationally and the board will consider these in the ever evolving local flu plan

3.5.3 **Delivering the flu programme at practice or PCN level?**

Practices across the Tees Valley CCG were recently asked to complete audit information of vaccines ordered, and insights as to whether flu vaccination plans are planned for practice delivery or at scale PCN delivery. There is clearly a mix of models planned across the CCG.

The local flu vaccination board would be keen to learn more about individual practice or PCN plans, and is in a position to share solutions to issues that others may be currently experiencing in their planning process

Practices will be asked further if they are willing to share practice or PCN plans in order to assist sharing best practice

3.5.4 **Delivering Mass Vaccinations during COVID-19 - A Logistical Guide for General Practice**

The RCGP has produced this document to assist GPs, lead practice nurses, Practice Managers, Clinical Directors, GP Federations, PCNs and CCGs/Health Boards in understanding the practicalities and challenges of delivering mass vaccination programmes in a context when COVID-19 remains in general circulation. It sets out key areas that will need to be considered, offers possible solutions and highlights areas where risk assessments are required, particularly where these may differ from normal practice.

https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES
<p>4.1 The Board's agreed vision and priorities are to:</p> <p>Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes:</p> <ul style="list-style-type: none"> a. Inequalities - Addressing the underlying causes of inequalities across the local communities; b. Integration and Collaboration - across planning, commissioning and service delivery; and c. Information and Data – data sharing, shared evidence, community information, and information given to people.
<p>4.2 Set out below is a summary of the progress the Executive has made towards achieving the Boards priorities since the last Board meeting, June 2020</p>
<p>4.2.1 Best Start in Life - Sector led Improvement (SLI)</p> <p>Getting families off to the Best Start is crucial; a child who gets off to a good start will have better health thought their life, achieve more at school, have a much stronger chance of being in stable employment during their life and have more money to put back into the local economy. A healthy start to life does not solely benefit the child and their family, the financial benefits are that people are much less likely to need costly acute health and social care services throughout their life too.</p> <p>There has been some great work over the last few years, however to ensure we continue to progress the Best Start in Life agenda and improve health outcomes for the local</p>

population we need to take stock of where we are and plan our resources collaboratively for the future.

The SLI process was launched on the 14th January with around 35 key stakeholders attending the briefing session.

Throughout February a local data gathering/ evidence review took place and nine themed workshops were held with key local stakeholders who provided information on local priorities.

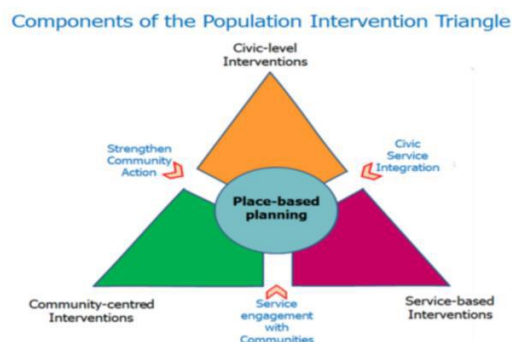
COVID slowed down the data gathering exercise significantly but it is now complete and feedback and review sessions are planned for stakeholders on 3rd and 10th September.

After the feedback and review sessions are complete the findings will be presented to the Health and Wellbeing Board where the next phase (recommendations and action planning) will be agreed.

4.2.2 Development of a whole system Approach

The September session of the Health and Wellbeing Board has been planned according to the whole system approach previously agreed:

- **Mission-led:** considering mental health post-covid in depth and the response of the system to the challenges outlined
- **Place-based:** focus on place, not organisations – the session has been designed around the Population Intervention Triangle:
 - Civic-level, considering the impact of debt on mental wellbeing
 - Community, considering community “protective factors” and the establishment of a Wellbeing Network
 - Service, considering the role of Tees, Esk & Wear Valley NHS FT within the broader system of services, community and civic-level



Work is also underway to develop a Mission for Children and Young People across South Tees that will support the development of a common purpose across services, communities and broader organisational policies (“civic-level”) and this will be reported to a future meeting of the Health and Wellbeing Board.

4.2.3 Kings Fund Healthy Communities Together Programme

The Healthy Communities Together programme is a joint initiative involving The National Lottery Community Fund and The Kings Fund. It will support the development of effective and sustainable partnerships to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities. In the first phase, an expression of interest was submitted for the South Tees which is through to the bidding stage. Bids are to be submitted by 15 September. Up to 10 partnerships will be taken forward to the final stage following an intensive assessment process, where up to six partnerships will receive development support from The Kings Fund and up to £450,000 from The National Lottery Community Fund.

5 Health and Social Care System Assurance

5.1 2020-21 Tees Valley Winter Plan

The Winter Plan is part of an annual planning process in collaboration with the South Integrated Care Partnership (ICP) led by the Tees Valley Local AE Delivery Board.

There are 4 ICP Winter Plans prepared within the NENC Region: North, South, Central & North Cumbria, which all feed into an overarching Integrated Strategic Partnership Regional Winter Plan. Winter Plans need to be submitted to NHS England by the end of September

5.2 *Approach to developing the Winter Plan*

- Capturing within plans the Phase III letter 'ask' issued by the NHS Chief Executive on 31st July 2020
- Gap Analysis undertaken including Risks & Mitigations currently being developed within the plan
- Restoring and maintaining normal levels of elective, diagnostic and outpatient activity throughout Winter alongside providing safe services for both Covid & Non Covid patients across the health and social care system.
- Workforce Planning across the Tees Valley partnership to ensure Business Continuity with the flexibility to redeploy staff across services during surges in activity with specific support to Nursing Homes ensuring staff and patient safety.
- Identifying an anticipated increase in demand on Mental Health services in the Community mitigating the risks and building into ICP Escalation Triggers and Actions.
- Working with Public Health and the wider partnership to review processes and communications in response to local outbreaks and potential lockdowns as well as delivering a strong flu vaccine programme.
- Preparing clear Public Communications in line with National and Regional messaging to manage access to services: NENC launch of Talk Before You Walk 1st September with the strapline:



The Tees Valley Winter Plan will also capture the 'Asks' around the preparing for winter theme that were set out in the third phase of the NHS response to Covid 19 which include the following:

- Sustaining **current NHS staffing, beds and capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
- Deliver a very significantly **expanded seasonal flu vaccination programme** for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake.
- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance
- Increase the range of dispositions from 111 to **local services**, such as direct referrals to **Same Day Emergency Care** and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as **Urgent Treatment Centres (UTCs)**.
- maximise the use of '**Hear and Treat**' and '**See and Treat**' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments
- Continue to make full use of the **NHS Volunteer Responders** scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.
- Continuing to work with local authorities, given the critical dependency of our patients – particularly over winter - on **resilient social care services**

The 2020-21 Tees Valley Winter Plan will be submitted to NHs England by the end of September.

6 RECOMMENDATIONS

- 6.1 That Live Well South Tees Health and Wellbeing Board:
- Are assured that the Board is fulfilling its statutory obligations
 - Note the progress made in implementing the Board's Vision and Priorities

7 BACKGROUND PAPERS.

- 7.1 No background papers other than published works were used in writing this report.

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