

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	31 st January 2019
From:	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	Agenda:	9
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	<p>That Live Well South Tees Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Note the assurance regarding health protection arrangements; • Note the progress made by the South Tees Health and Wellbeing Executive in implementing the Board’s Vision and Priorities; and • Note the updates on statutory consultations, recent inspections and relevant scrutiny reviews. 		

1 PURPOSE OF THE REPORT

- 1.1. To provide South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the 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 October 2018 - January 2019 the South Tees Health and Wellbeing Executive have not considered any significant changes to pharmaceutical services.

3.3 **Better Care Fund Update**

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

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

Better Care Fund Plans 2017-19

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

3.3.4 Quarterly updates on performance and achievements are required by NHS England. The Health and Wellbeing Executive received and endorsed the Better Care Fund (BCF) and Improved Better Care Fund (IBCF) Quarter 2 Returns to NHS England at their meeting on 6th November 2018.

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

Single Point of Access	<p>A model for the future of the ‘SPA’ has been agreed. The SPA will become the point of contact for professionals who are seeking the best way to step up or step down care in more complex cases. Integrated health and social care call handlers will be supported by a multi-disciplinary team of health and social care professionals.</p> <p>A SPA Partnership Board is being established who will agree who the lead organisation will be, appoint a SPA manager and integrated call handlers and develop a Memorandum of Understanding between the partner organisations.</p>
Support to Care Homes	<p>It has been agreed that the infection control, end of life, nutrition and dietetic and medicines optimisation support will all continue until at least March 2020.</p> <p>The Care Home Education Visiting and Support Service (CHESS) has been extended to offer cover at the weekends which it is</p>

	hoped will help further reduce unnecessary admissions of residents to hospital. Options are being looked at to extend this service until March 2020 also.
Effective Discharge	Discharge to Assess pathways are in place to help prevent delays and ensure patients are assessed in the optimum setting. The Trusted Assessor role in Redcar & Cleveland continues to be successful and helps expedite discharges to residential care homes. Plans are underway to recruit a RGN and RMN as Trusted Assessors to support discharges to nursing and EMI care homes.
Promoting Prevention and Independence	Work is on-going to develop Community Care Networks which will support vulnerable people across health and social care identified via primary care using social prescribing models.

Performance against metrics

3.3.6

The performance dashboard provides a high level summary of performance against each of the BCF metric targets for Quarter 2 2018.

Metric	BCF Target 2018/19		Quarter 2 Performance	Comments
METRIC 1 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	MBC	933	Slightly under target	
	R&CBC	835	On track to meet the target	
METRIC 2 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	MBC	87%	Rolling data indicates slightly under target	
	R&CBC	84%	Rolling data indicates on target	
METRIC 3 – Delayed transfers of care from hospital per 100,000 population (Quarterly rate shown)	MBC	767	Not on track to meet the target	Although not on track, there has been a downward trend in numbers
	R&CBC	726	Not on track to meet the target	
METRIC 4 – Total emergency admissions into hospital	MBC	17564	Not on track to meet the target	

	R&CBC	16103	Not on track to meet the target	
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3.3.7 A joint evaluation of all BCF schemes is on-going to ensure that they continue to be effective and deliver against the BCF performance metrics. This will be part of the wider review programme being overseen by Adults Joint Commissioning Board.

Better Care Fund 2019 onwards

3.3.8 As set out in the NHS Long Term Plan, the BCF will continue to support integration between health and social care in 2019-20. The Integration and BCF Policy Framework is due to be published early this year and planning requirements will then follow to help areas develop updated BCF plans for 2019-20.

3.3.9 Plans will be developed jointly, factoring in evaluations and reviews of programmes and exploration of any new schemes which could potentially help deliver against the metrics and further support closer integration.

3.4 *Health Protection Assurance*

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

3.4.2 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.

3.4.3 A multi-agency health protection partnership is being developed to lead in the production of a health protection plan for community resilience. In addition, a health protection assurance board is being set up with leads from Public Health England (PHE), NHS England, Emergency Planning Unit, CCG, Public Protection and Public Health to lead and provide health protection advice and assurance to the Live Well South Tees Board of the local plans to protect the health and well-being of local residents.

3.4.4 A recent alert from the Chief Medical Officer highlighted an increase in flu cases in the community. In response to this alert, the Public Health Consultant has advised the Directors for Children and Adults services for both Councils to take the necessary steps to ensure that all health and social care frontline staff have received their flu jab. In

addition, Public health is working closely with colleagues from PHE to monitor the situation and take the necessary actions when required

3.5 **Healthwatch South Tees Reports**

- 3.5.1** Healthwatch South Tees produce several reports a year arising from work and investigations they carry out as part of their annual work programme. The Health and Wellbeing Executive consider all Healthwatch reports and provide an opportunity for a system as well as individual organisational response.
- 3.5.2** The Executive also oversee any actions required and provide the response to Healthwatch for dissemination to the public. The Executive are working with members of Healthwatch South Tees to agree a protocol which will set out how Healthwatch reports should be responded to.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

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

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

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

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

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

The Homelessness Reduction Act 2017

- 4.3.1** The Health and Wellbeing Executive considered a joint report by Middlesbrough and Redcar & Cleveland Councils which considered the arrangements put in place by the local authorities in response to the Homelessness Reduction Act 2017.
- 4.3.2** 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.
- 4.3.3** 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”.

4.3.4 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.

4.3.5 It was agreed that the Executive should receive a further update with an evaluation of outcomes for clients and the work undertaken with organisations who have a duty to refer to ensure compliance.

The Hidden Costs of Poor Quality Housing in the North – Northern Housing Consortium

4.3.6 The Health and Wellbeing Executive considered a report produced by the Northern Housing Consortium. The consortium commissioned a piece of research with a focus on the costs and consequences of non-decent homes in the North and highlights growing concerns about how sub-standard housing was impacting on the health and well-being of residents

4.3.7 There are an increasing amount of ‘non decent’ homes in the private sector, both rented and owner occupied. New homes need to be built and existing stock improved – housing associations have to maintain decent living accommodations but private landlords do not have the same statutory responsibilities.

4.3.8 The Executive were keen that issues of fuel poverty and ensuring that there was adequate accommodation and support for vulnerable people including the elderly to enable them to remain independent for as long as possible were addressed. This would be linked with the housing needs assessments underway in the Local Authorities.

Period poverty

4.3.9 The South Tees Health and Wellbeing Executive received an update on the progress made to address period poverty concerns across South Tees.

4.3.10 The term period poverty relates to when women and girls are unable to, or struggle to, pay for basic sanitary products. This impacts on the health, hygiene and wellbeing of women and girls across the UK. Awareness of period poverty has risen over the last 18 months, with press articles and national campaigns raising more concerns around this issue.

4.3.11 Middlesbrough and Redcar & Cleveland Local Authorities approved motions earlier this year to support efforts to tackle period poverty on a local level to ensure that :

- no female in our area should be forced into poverty due to her period
- no female should miss school, college or work because of her period.

4.3.12 Public Health have delivered a number of actions in both local authorities, including:

- Writing to the Secretary of State (June 2018) asking him to consider a sustained,

national approach to address period poverty, including abolishing tax on sanitary products.

- A mapping exercise was completed in October 2018 to try and quantify the level of free sanitary product provision currently available across South Tees.
- Supporting the Red Box scheme - a national community project led by volunteers to assist with period poverty within schools and colleges, and was established in both local authority areas recently by volunteers
- Brook Services have recently been granted government funding through tampon tax to run a temporary programme across the whole of Tees to address period poverty.

4.3.13 Period poverty is an issue that cannot be ignored and it is important for awareness to be raised and initiatives to tackle this issue effectively co-ordinated and made sustainable. It is proposed that South Tees Live Well Health and Wellbeing Board:

- support a co-ordinated approach to tackling period poverty, building on the resources and programmes currently available and offering practical solutions to the supply and distribution of sanitary products where possible.
- continue to raise awareness of period poverty with wider partners and encourage action to reduce the level of period poverty across South Tees.

Tobacco and Alcohol Control

4.3.14 A number of recent measures have been put into place to deliver on the Tobacco and Alcohol control agendas which will provide additional assurance of delivery after 1st April 2019, when Fresh and Balance will 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.

South Tees Smoke Free Alliance

4.3.15 Smoking is one of the most preventable causes of poor health, wellbeing and premature deaths. Tremendous work has already been done to reduce the prevalence of smoking across South Tees at a higher pace than both national and regional, however high numbers of people in our population continue to smoke with detrimental effects on the quality of their life.

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.

4.3.16 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 met twice 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.

4.3.17 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.

Affordable Warmth

4.3.19 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.

4.3.20 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.

4.3.21 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.

Local Resilience Forum – Impact of Brexit Locally

4.3.22 Following a briefing to the Strategic Board of the Cleveland Local Resilience Forum (LRF), a task and finish group has been convened to work through the resilience elements of Brexit. The group comprises of lead points of contact from within the LRF membership including emergency responders, local authorities, utilities and health agencies. The group's focus is limited to the management of the immediate resilience aspects of Brexit.

The group is led by a strategic officer from Cleveland Police with support from the joint LRF Secretariat / Cleveland Emergency Planning Unit. Where considered of benefit additional staff have been engaged e.g. communications officers, resilience officers.

4.3.23 Assessment

The initial focus of the group was to work through the 105 technical notices¹ outlining the potential impacts of leaving the EU. This work was then applied to the existing community risk register² to assess if any of the existing risks identified within the Cleveland area could be exacerbated by a no deal Brexit. Assessments have been further backed up by sector specific guidance issued to LRF members. A number of the existing plans produced by LRF partners against the risks included in the existing community risk register could be utilised.

Additional contact has been made direct with a number of non-LRF partners / sectors to gain assurance against the assessments made and establish reporting lines in the event of escalation being required.

4.3.24 Business Continuity

LRF members have received a number of communications relating to the need to assure themselves against the possible business continuity impacts of Brexit, including the need to ensure that existing business continuity arrangements are fit for purpose. This is primarily an agency responsibility, with the LRF seeking to ensure that vulnerabilities e.g. interdependencies are identified and mitigated.

4.3.25 Command, Control and Coordination

Having completed the assessment phase, (note the work is regularly reassessed in light of further announcements from HM Government), the group has moved into a planning phase with a particular focus on the C3 or command, control and coordination arrangements.

The capability to establish a multi-agency cells, such as a Strategic Coordinating Group, at short notice to manage any unforeseen or escalating local impacts is available under existing LRF plans and has been regularly tested.

To assist with the management of cross boundary risks and to assist regional partners who cover multiple LRFs, work is ongoing with the 3 North East LRFs and the wider 7 Yorkshire, Humber and North East LRFs.

As would be anticipated any local response will be based on HM Government's tried and tested emergency response doctrine³ and is heavily reliant on subsidiarity, with the Cleveland LRF boundary being the local building block.

¹ <https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal>

²

<https://www.clevelandemergencyplanning.info/app/download/5801235498/2017+Community+Risk+Register+FINAL.pdf>

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/192425/CONOPs_incl_revised_chapter_24_Apr-13.pdf

There are channels in place via the Ministry of Housing Communities and Local Government (MHCLG), with HM Government to ensure a two way flow of information. This includes regular cross sector reporting and engagement with a number of national thematic groups. This ensures that HM Government is aware of any emerging local issues and any support required from HM Government by local partners.

Director of Public Health Annual Report

4.2.26 The report provides:

- An outline of the **progress** made to date on the **implementation of the recommendations** from the **2017 DPH reports** for both councils;
- The **leadership commitment and transformational journey** by both Councils leading to the formation of the Joint PH service and Live Well South Tees Board;
- 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.
- A number of **case studies** and **examples of good practice** that has been achieved as well as **new multi-agency partnership** arrangements.
- A **summary of the main challenges** to improving health; the burden of diseases; the health and care gap; changes in our population dynamics that impact on health and social care resource utilisation; the structural changes in the NHS; and the need for a renewed emphasis on addressing the wider determinants of health and well-being.

4.2.27 A summary of the recommendations are set out below

Recommendation 1	<i>As the joint public health service becomes more embedded across both organisations, there is need for the full benefits realisation of the benefits outlined in the business case. Both Councils and the Live Well South Tees board to continue to monitor progress through the various governance arrangements.</i>
Recommendation 2	<i>The Live Well South Tees board needs to continue to drive improvements in health and well-being by providing strategic leadership, supporting, challenging and holding organisations and partners to account for their role in improving health and well-being.</i>
Recommendation 3	<i>The public health team needs to continue to lead work to reduce inequalities in life expectancy and to halting the decline observed recently.</i>

Recommendation 4	<i>The Live well South Tees Board needs to ensure the local plans for health and social care integration have a clear focus on place based working and integration of services that contribute to health and well-being.</i>
Recommendation 5	<i>The Live Well South Tees board will need to continue to hold the NHS' Integrated Care System (ICS) 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.</i>
Recommendation 6	<i>The Live Well South Tees Board should enable and promote multi-agency support and delivery of the ambitions set out in the Mayor's vision and 'Our Flourishing Future' and for these plans to be formally adopted as the local health and wellbeing strategies to help influence the wider determinants of health.</i>

4.2.28 The final Director of Public Health Annual Report will be presented to the next meeting of the Live Well South Tees H&WBB.

4.4

PRIORITY 2 - Integration and collaboration

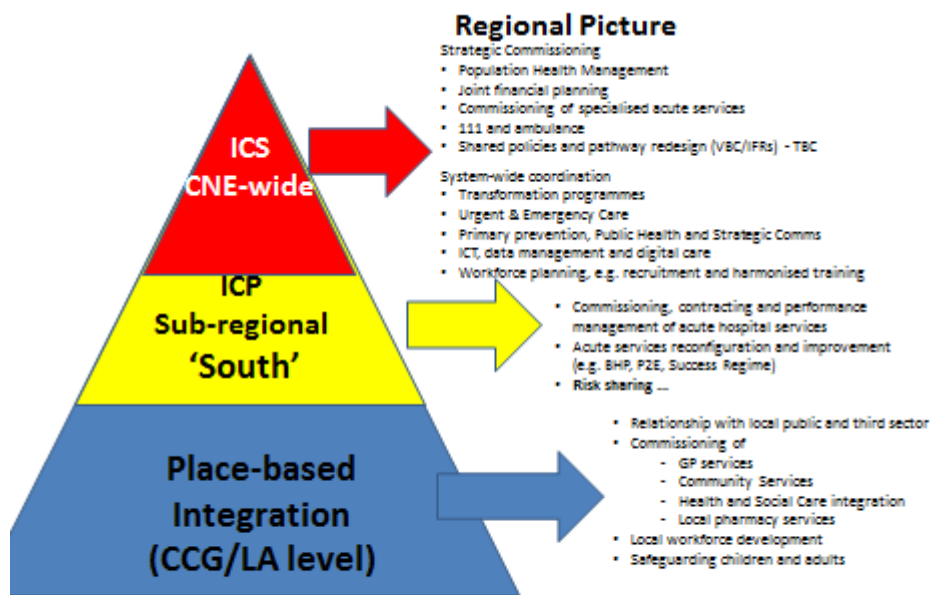
Integrated Care System for the North East and North Cumbria

4.4.1 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.

4.4.2 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

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



4.4.4

The geography for the South Integrated Care Partnership includes:

- Population 847,000
- 4: CCGs: HAST, Darlington, South Tees, HRW
- 3 FTs: CDDFT, North Tees, South Tees
- 6 Council areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

4.4.5

There is an ambition for North East and North Cumbria (ICS) to be considered a shadow ICS from April 2019. In support the achievement of this aspiration a number of delivery programmes and enabling strategies have been established which will need to be revisited as the vision and strategy for the ICS is developed with partners. In addition there have been a number of workshops to inform the vision and narrative for the ICS.

Clinical Strategy Development – South Integrated Care Partnership

4.4.7

A Clinical Strategy is being developed for the South Integrated Care Partnership with the aim of achieving and sustaining high quality hospital care across the area. The scope of this work includes the following acute provider organisations:

- County Durham and Darlington NHS FT
- North Tees and Hartlepool NHS FT
- South Tees Hospitals NHS FT

The Programme covers acute health services commissioned and provided for the people of Darlington, Tees, Durham, Dales and Easington, Hambleton, Richmondshire & Whitby.

4.4.8 The Clinical Strategy will focus on how a number of key services are delivered:

- Urgent & Emergency Care
- Paediatric, Maternity (Gynaecology modelling interdependencies)
- Elective care:
 - Spinal
 - Breast
 - Urology
 - Frailty services
 - Stroke services

4.4.9 The work builds upon the Better Health Programme, it is anticipated that the Clinical Strategy will be agreed in January 2019.

4.4.10 Alan Foster, STP Lead for Cumbria and North East will attend the next Board meeting to provide a more substantive update on both the Clinical Strategy and Integrated Care System developments

Opportunities for a joined up approach to planning and commissioning

4.4.11 This item is covered in substantive agenda item 6

4.5 **PRIORITY 3 Information and Data**

4.5.1 ***Update on JSNA developments***

The Children and Young People’s JSNA for Middlesbrough Council has been completed and published. A draft CYP JSNA has been produced for Redcar & Cleveland Council and will be finalised and published by March 2019. The Adults JSNA for both Councils will be developed and published by March 2020.

4.5.2 ***Update on Integrated Dataset System***

A project brief has been developed for the integrated dataset project. Discussions are currently being held with key stakeholders to contribute to the development of a project initiation document and the establishment of a project board that will lead on the development of a full business case.

5 **STATUTORY CONSULTATION AND SERVICE CHANGES**

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

5.2 **NHS England consultation on the draft ICP contract**

5.2.1 The South Tees Joint Health Scrutiny Committee, comprising representatives of both Redcar and Cleveland and Middlesbrough Councils, considered the consultation document on the Draft Integrated Care Provider (ICP) Contract at its meeting on 19 October 2018 and made the following general comments to NHS England:

- The consultation document did not appear to have been well publicised beyond immediate NHS organisations. As such, Members felt limited in their ability to fully consider the detail of the consultation document and respond accordingly without an extension to the consultation period.
- Arrangements which would support the reduction of inefficiencies within the NHS are to be welcomed, however, there is concern amongst elected Members that ICP contracts could lead to greater privatisation of services within the health service.
- It is important to ensure that the lines between commissioner and provider do not become blurred and that democratic accountability for operational decision making is not reduced as a result of increased flexibilities for lead provider organisations

5.3 Proposed Closure of Lingdale Clinic

- 5.3.1** The CCG attended Redcar & Cleveland Adults & Communities Scrutiny & Improvement Committee in September 2018 with details about the CCG wider estates work plan which proposed the closure of Lingdale Clinic.
- 5.3.2** There have been regular stakeholder briefings with local councillors, GP Practices, local MPs, Healthwatch, Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC). There has also been patient engagement through patient surveys and engagement sessions to understand the impact of the potential closure on patients. An overview of the patient engagement exercise was presented to Redcar & Cleveland Adults & Communities Scrutiny & Improvement Committee in January 2019
- 5.3.3** A decision on the proposed closure of Lingdale Clinic will be made at South Tees CCG Primary Care Commissioning Committee on 27th February 2019. The Committee will consider all the information within the engagement report alongside a business case from both Hillside and Brotton practices.

6 UPDATES ON RECENT INSPECTIONS

- 6.1** This section provides the Board with an update on any relevant inspections that have taken place, reports received and progress towards delivering any improvement plans.
- 6.2 OFSTED - Joint local area SEND inspection**
- 6.2.1** Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Middlesbrough (March 2017) and of Redcar & Cleveland (February 2018) to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.
- 6.2.2** Both areas have made significant progress against delivery of the requirements of the SEND reforms and have agreed Written Statements of Action (WSOA)
- 6.2.3** Ofsted and the Care Quality Commission have now started to re-visit local authority areas

that have a WSOA and therefore a re-visit is imminent for both local authorities

7	UPDATE ON SCRUTINY REPORTS
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7.1 This section provides the Board with an update on relevant Scrutiny investigations, reports and recommendations

7.2 ***Respite Opportunities and Short Breaks for People with Learning Disabilities - Referral to Secretary of State***

7.2.1 A Joint Overview and Scrutiny Committee was established across Tees to oversee the work to review the respite services available for people with complex health and social care needs. On the 5 February 2018 the report findings were presented to the Joint South Tees and HaST CCG Governing Body.

7.2.2 A decision to proceed with Option 2 was made maintaining respite services with the current provider, Tees Esk and Wear Valleys NHS Trust (TEWV) at their current locations of Bankfields Court, Eston and Aysgarth, Stockton, whilst exploring alternative community options, and to introduce a new assessment and allocations process.

7.2.3 Redcar and Middlesbrough Local Authorities decided to refer the CCG's Governing Body decision to the Secretary of State for review.

7.2.4 The outcome of the referral is still unknown however South Tees CCG and Tees Esk and Wear Valley NHS Trust have agreed an approach with regards to the respite care provided at both the Aysgarth and Bankfields facilities.

7.2.5 The ninety five families presently using the service will be able to continue with the support as it now stands. The funding currently invested in Bankfields and Aysgarth will remain as is. For new, upcoming families there will be different arrangements, linked to ensuring new people using the service meet the requirement for NHS Continuing Health Care.

7.2.6 Parents and supporters of the service have also been notified of this progress.

7.3 ***South Tees Joint Health Scrutiny - summary of work programme***

7.3.1 The South Tees Health Scrutiny Panel receives quarterly updates on the progress against the Health and Wellbeing Board's work programme. Where possible the meetings of the South Tees Health Scrutiny Panel have been aligned to the Live Well South Tees Health and Wellbeing Board meeting dates

7.3.2 The Committee can carry out scrutiny reviews of issues and topics relating to NHS bodies, relevant health service providers and commissioners in Redcar and Cleveland and Middlesbrough.

7.3.3 Ideally, the Committee should aim for a small number of high quality reviews whilst recognising that issues might emerge during the year that require scrutiny. It is anticipated that the work of the committee will relate closely to the newly established single Health & Wellbeing Board and the programme of meetings for the remainder of the year has been

set with this in mind.

7.3.4 The current work programme for the set out below :

- | | |
|-------------------------|--|
| 18 January
2019 | <ul style="list-style-type: none"> • South Tees Health and Wellbeing Board: review of reports and update on delivery plan (standard item) • South Tees CCG Update (standard item) • Presentation of headlines from new NHS Long Term Plan • Healthwatch report on Hearing Loss and services for the deaf - Healthwatch to attend • Update on Breast Radiology Services and work being progressed by Middlesbrough Health Scrutiny Panel |
| 15 March
2019 | <ul style="list-style-type: none"> • South Tees Health and Wellbeing Board: review of reports and update on delivery plan (standard item) • South Tees CCG Update (standard item) • Director of Public Health Annual Report (tbc) • South Tees Foundation Trust – Quality Accounts (tbc) |
| June 2019
(date tbc) | <ul style="list-style-type: none"> • Health & Wellbeing Board Annual Report |

To be arranged:

- Implications of Integrated Care System / Integrated Care Partnership for South Tees (to be progressed as separate joint briefing session following publication of new NHS Plan)

8 RECOMMENDATIONS

- 8.1** It is recommended that Live Well South Tees Health and Wellbeing Board:
- Note the assurance regarding health protection arrangements;
 - Note the progress made by the South Tees Health and Wellbeing Executive in implementing the Board’s Vision and Priorities; and
 - Note the updates on statutory consultations, recent inspections and relevant scrutiny reviews.

9 BACKGROUND PAPERS.

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

10 Contact Officer

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