

Live Well South Tees Board

Please note that this meeting will be held in The Mandela Room, Middlesbrough Town Hall

at 3.00 pm on
Thursday 23rd March, 2023

	Agenda Item	Time
1.	Welcome and introductions <i>Cllr Mary Lanigan, Leader of Redcar and Cleveland Council</i> <i>Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council</i>	3pm
2.	Apologies for Absence <i>Cllr Mary Lanigan, Leader Redcar and Cleveland Council</i> <i>Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council</i>	
3.	Declarations of Interest <i>Cllr Mary Lanigan, Leader Redcar and Cleveland Council</i> <i>Cllr David Coupe, Executive Member fo Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council</i>	
4.	Minutes- Live Well South Tees Board - 10 January 2023 (Pages 3 - 10) <i>Cllr Mary Lanigan, Leader Redcar and Cleveland Council</i> <i>Cllr David Coupe, Executive Member of Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council</i>	

5.	<p>Focus Item for Update Whole System Approach to Prevention and Inequalities - Presentation</p> <p><i>Mark Adams, Director of Public Health for South Tees</i></p>	3.15pm
6.	<p>Items for Consideration and Discussion</p> <p>Teeswide Safeguarding Adults Board (TSAB) Annual Report 2021-22 and Strategic Plan 2022-25</p> <p><i>Darren Best, TSAB Independent Chair</i></p> <p>TSAB Strategic Plan 2022-25 - https://www.tsab.org.uk/wp-content/uploads/2022/07/Strategic-Business-Plan-2022-25-final-formatted.pdf</p> <p>TSAB Annual Report 2021-22 - https://www.tsab.org.uk/the-board/annual-reports/</p>	4.15pm
7.	<p>Items for Information</p> <p>Health and Wellbeing Executive Assurance Report (Pages 11 - 16)</p> <p><i>Dr Ali Tahmassebi, Chair South Tees Health and Wellbeing Executive</i></p>	4.45pm
<p align="center">Date and time of next meeting TBC</p>		

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Tuesday 10 January 2023.

PRESENT: Councillors , D Coupe (Co-Chair), M Adams, K Boulton, D Gardner, M Ovens, P Rice, E Scollay, L Westbury, C Blair, A Barnes, L Bosomworth, B Cooper, M Davis, K Warnock, A Hellaoui , C Joynes, S Mayo and R Harrison

OFFICERS: J McNally and Rebecca Scott

APOLOGIES FOR ABSENCE: M Lanigan, D Gallagher, T Parkinson, J Sampson, C Smith, J Walker, M Graham, S Rawson and P Bond

22/15 WELCOME AND INTRODUCTIONS

Councillor Coupe welcomed everyone to the meeting of the Live Well South Tees Board.

22/16 DECLARATIONS OF INTEREST

There were no declarations of interest received at this point in the meeting.

22/17 MINUTES- LIVE WELL SOUTH TEES BOARD - 26 SEPTEMBER 2022

The minutes of the Live Well South Tees Board meeting held on 26 September 2022 were submitted and approved as a correct record.

22/18 WHOLE SYSTEM APPROACH TO ADULT MENTAL HEALTH IN SOUTH TEES - PRESENTATION

The Board received a presentation on the Whole System Approach to Adult Mental Health in South Tees.

The presentation provided information on the following services that are delivering Adult Mental Health Services across South Tees.

- Changing Futures
- Impact
- Primary Care Practitioners/ARRS
- Community Mental Health Framework
- Voluntary and Community Services

South Tees Changing Futures (STCF)

- The STCF programme has mental health and substance misuse as the two, main underpinning factors of issues relating to 'multiple vulnerabilities'
- Majority of people in STCF scope but with primary issue of Drug/Alcohol, criminal justice-related or acute housing issue are significantly affected by mental health and alcohol/drugs
- The Board contains director-level representation from both TEWV and South Tees Public Health
- Collaboration from the bid stage and throughout at every level
- Greater understanding of common issues – personal, geographical, societal
- Lived Experience Network developed and invaluable
- Developing system improvements as a result
- Operational level includes frontline support and advocacy, harm reduction and plans to get keyworkers addressing unmet needs

Impact on Teesside

- Previous Improving Access to Psychological Therapies (IAPT) provision provided by 5

separate organisations

- Impact launched 1st April 2020
- 1 service covering North and South Tees
- Partnership – Alliance Psychological Services and Middlesbrough and Stockton Mind

2022-23 Challenges

- National trend for increased sessions post Covid
- Loss of staff to remote only contracts and NHS IAPT providers, cost of living crisis has exacerbated this
- Starting the service in April 2020 with a large inherited waiting list of approximately 6000 cases which are still impacting on current waiting times
- Reduced GP surgery and other primary care room capacity
- Difficulty recruiting qualified staff to fill vacancies – national trend
- Support for client's who fall between primary and secondary care

2022-23 Achievements

- Variety of options and choice in addition to IAPT and range of modes of delivery i.e. 1:1, online, face to face, groups, portal, SilverCloud
- Reduction in 1:1 waiting times and numbers through group work expansion
- Improved joint working, communication and collaboration with statutory and voluntary organisations (e.g huddles)
- Impact Resource Hub
- Launch of service user involvement forum and volunteer support within pathways
- Largest number of high intensity and low intensity trainees recruited and qualified so far
- Increase in Mental Health Support Worker team to free up therapists to take on additional clinical work
- Increased integration into mental health offer across Tees through robust networking, promotion and engagement work

Mental Health Primary Care Offer ARRS Roles across Teesside Primary Care Networks

2021-2022 – Year One ARRS/PCN roles

- The National Health Service Executive (NHSE) announced the mental health roles and funding [50/50] through the additional role reimbursement scheme- April 2021 for one mental health practitioner per Primary Care Network (PCN)
- Overall aim to improve the quality of care for people struggling with Severe Mental Illness and/or complex needs who are too complex for IAPT services and not complex enough for secondary care mental health services by access to specialist mental health advice in their local GP surgery.
- Regular reporting through the Clinical Directors meetings to facilitate dialogue with PCNs and ensure they were fully informed and helped shape the implementation/ model
- Advanced Nurse Practitioner posts agreed for the year one posts
 - Ensure autonomy in clinics
 - Promote non-medical prescribing and the positive impact this would have on accessing treatment/ reviewing treatment
 - Provide clinical leadership to future ARRS Mental Health Practitioner roles.
- Job plan agreed - 20-minute appointments, with the option to double book for complex cases/ reasonable adjustments
- Where mental health nurses are non-medical prescribers also review patients' long-term medications and reduce or stop these where appropriate
- Most PCNs had a practitioner in post for summer 2021

2022-2023 – Year Two ARRS/PCN roles

- NHSE/I further funding [50/50] became available through the additional role reimbursement scheme- April 2022. The scope of who could be recruited into these

roles expanded.

- A new post created called Mental Health and Wellbeing Coaches (MHWC) agreed for the year two posts:
 - Hybrid role between social prescriber/health training/support-time recovery worker
 - To deliver: psychoeducation, graded exposure, behavioural activation, grounding strategies etc
- Enrol on Trainee Mental Health and Wellbeing Practitioner course; trained to deliver CBT based psychological interventions, trained on risk management and caseload management for patients with a severe mental illness and/or complex emotional needs.
- Started in October 2022 and following an induction program began clinical work in November 2022.
- Anticipated start date of course is March 2023 for 7 MHWC and October 2023 for the remaining 4 MHWC .

Successes

- Furthermore, a review of patients referred by GPs to TEWV services resulted in some patients being brought back into the care of their local GP surgery with the support of the local mental health nurse
- The general interface between TEWV mental health services and GPs improved
- The ARRS roles allow for quicker access to mental health professionals for those with SMI and complex needs in primary care.
- Patient feedback and satisfaction rates have been high, and remain high
- GPs are reporting seeing improvements in patient health and well being
- The practitioners are active participants in the PCN MDT, working closely with roles such as link workers and pharmacists and they also access the mental health MDT e.g access team huddles
- The practitioners promote more non-pharmacological approaches
- The practitioners have a range of skills including CBT, DBT, clinical management and there are a number of non-medical prescribers employed
- There is a dedicated programme lead in TEWV appointed to help troubleshoot difficulties experienced by the practitioners
- The practitioners document straight into GP clinical system and use TEWV clinical system to ensure notes can be readily updated, ensuing patient safety e.g. if a medication is changed or a risk is identified
- The practitioners understand the criteria for referral into mental health services, supporting practice teams to make the right referrals to the right place

Challenges

- Most PCNs have been happy to work with TEWV, but there are a few who would have preferred to employ the roles directly
- Whilst the 50/50 split in funding welcomed, the process by which the Trust claims the 50% funding from the PCNs does lead to considerable administrative burden for both parties.
- IT systems not talking to each other e.g., separate clinical systems across practices in primary care and within the Trust, poor Wi-Fi signal impacting access to systems.
- Differing expectation of the role within Primary Care and what the role can offer e.g., job plan requires longer appointment times than a standard 10-minute appointment
- Release of staff for training and development due to limited number of ARRS roles in each PCN
- Working across a complex system and the communication across these settings e.g., multiple practices, voluntary care and other commissioned organisations
- Estates and the housing the workforce [PCNs are completing estates strategies but this is an immediate pressure]
- Where staff have worked remotely this has hampered building relationships within PCNs
- Each PCN works different- e.g., clinical systems in practice might not be the same across the PCN

Community Transformation

- Integrated services delivering collaborative pathways which meets the needs of the population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health
- Introduction of community navigators (In post)
- Expansion of peer workforce (Lead peer role developed options appraisal alongside partners for implementation early 2023)
- Physical Health hubs – introduction of lead pharmacy role to develop future service offer
- Organisational change process initiated (move to hub and treatment team offer)
- Funding in place to increase access to psychological therapies in secondary care (Treatment Team) – ongoing recruitment
- Local systems groups established including LA, VCSE and TEWV colleagues (funding distributed to support system wide delivery)

CMHF and Changing Futures

Similar to previous dual diagnosis roles but with broader inclusion criteria

- 3 x FTE roles funded by external grants, including Project ADDER
- Initially Middlesbrough but recently expanded team to also cover Redcar & Cleveland
- South Tees PH and TEWV have also improved work into urgent/emergency care by match-funding additional roles within the HILT team @ JCUH:
 - 1 x FTE Project ADDER-funded Team Leader with remit to improve pathways to community provision
 - 1 x FTE TEWV Transformation-funded MH Lead Keyworker
- Additional funding has been secured in R&CBC to provide 1 x FTE Adult Social Worker with mental health as their primary focus – this role is being recruited but will provide a conduit between ASC, substance misuse services and TEWV.

Benefits of Community Mental Health/Substance Misuse Teams, Mental Health Dual Diagnosis Role

Middlesbrough START Team (Substance, Treatment and Recovery Transformation)

- Aim - Reduce gaps and promote the integration of mental health and substance use services in Middlesbrough
- Trauma Focussed Care Approach - support clients who have historically been difficult to engage or have declined support from mental health services
- Assertive Outreach Approach - offer different way of working – offering appointments at various locations in order to provide timely assessments and care planning
- Drop in clinics - weekly clinics in the Live Well Centre and The Depaul Centre - providing a service in a familiar setting/ promoting joint assessment/engagement - Further clinics to run within Foundations and Recovery Connections to offer joint appointments/advice/support
- Access - supporting with Access referrals to reduce waiting times for Dual Diagnosis clients and offering specialist advice/support
- Pathways - collaborative shared care pathways for people with co-existing mental health and substance use needs in Middlesbrough
- Documentation – currently working towards gaining access to CPD to access/share information for clients alongside recovery services
- Case discussion Form - new client discussion form to collect essential information including date of birth, risk and current area of need in order for the team to plan support

Virtual Hub

- Members Growing Week on Week - Voluntary & Statutory Services – Shared Goal

- Case Discussions Around Clients Who May repeatedly assessed or “Bounced Around Services” or May Need More Than One Service Involved – Joint Working – Shared Skills & Knowledge
- Education Around Appropriate Referrals To Reduce repeat referrals and Disappointment Help to get people to the most appropriate service
- Stepped Care Model - Recovery and Step 3+ Pathways
- Care Navigators To Continue To Make Links With Wider Communities In Preparation For Move To Physical Hubs (Jan/Feb 23)

Access

- Ongoing Work To Explore Referrals & Waiting Times – bridge the gaps
- Initial Needs Review Offered To Ascertain Clients Needs and Who Is Best Place To Offer Service
- Aim Is To Reduce ‘Rejections’ And To Ensure Clients Get To Where They Need To Be And How We Can Facilitate This – No Wrong Door – Warm Handover

Co-location of community teams

- Live Well East at Berwick Hills will be operational in Qtr 4 22/23
- People in East Middlesbrough will be supported closer to their homes
- The former housing office will be the main Middlesbrough community base for both the TEWV Community and Substance Misuse co-ordination teams
- Co-location will facilitate improved collaboration, including
 - Joint reviews/meetings with patients
 - Improved co-ordination of co-existing MH/substance-related issues
 - Increased number of MDTs, including with wider agencies
 - Potential joint prescribing reviews
- Once the former library is also available, it will create the opportunity for a community/VCS offer to be developed

Contributions from the Voluntary Sector

Community Mental Health Transformation in Middlesbrough

- NHS CMH Framework is explicit about role of VCS – recognising importance of quality of life and VCOs as service providers
- In Middlesbrough, a partnership of 9 organisations has come together to integrate their existing provision with the CMH offer
- Initial partners – Mind, My Sister’s Place, Arch Teesside, Recovery Connections, Open Door North East, Hope Foundation, Breckon Hill Community Centre, MVDA, Youth Focus North East
- Not adding new provision, but building capacity in existing, effective VCOs and their services – we’re already in the community working alongside people
- Keys to success – developing relationships and clearer, deeper understanding; strengths-based approach; transparency in decision making; local ownership
- System challenges still to overcome – culture; capacity; capability; resistance to change, inequity.

Social Prescribing Link Workers in GP Practices

- In Middlesbrough, provided by Middlesbrough and Stockton Mind
- Grown from 7 staff on 1 April 2020 to 23 staff across 3 PCNs
- Supporting non-medical needs in primary care – responding to referrals for 1:1 support; delivering early intervention to targeted groups as part of population health management
- Working with more than 3,000 people per year - majority of people have emotional or mental health difficulties alongside physical health and life issues
- System challenges -

- Signposting and referring to wider VCS is crucial part of effectiveness- where's the support for these activities/organisations?
- We now have so many different 'navigation' services – why? How well are these working together?

ORDERED: The Live Well South Tees Board noted the work that was being delivered and thanked the presenters for the sharing the information

22/19

SOUTH TEES SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT

The Chair of the South Tees Safeguarding Children's Partnership (STSCP) presented the Annual Report to the Live Well South Tees Board. The report had previously been circulated to the Board for information.

The report summarised and reflected on the work of the partnership between 1 April 21-31 March 2022. The report covered the second full financial year of operation by the STSCP, which succeeded the Middlesbrough Local Safeguarding Children board and the Redcar & Cleveland Safeguarding Children Board (LSCBs) from September 2019.

The Chair of the South Tees Safeguarding Partnership highlighted the following in the report to the Board:

- The Partnership is a statutory body, led by an Executive. The Executive is made up of representatives from Redcar & Cleveland Council, Middlesbrough Council, North East, North Cumbria Integrated Care Board formerly Tees Valley Clinical Commissioning Group and Cleveland Police
- The STSCP carries coordination and accountability responsibilities which were previously covered by both the LSCB's. The STSCP is the accountable and report-receiving and approving body for work under all 4 Priorities of the STSCP.
- The 4 priorities of the STSCP are:
 - VEMT (vulnerable, Exploited, Missing, Trafficked)
 - Neglect
 - Empowering young people
 - Working together
- Learning and development was key to the work of the STSCP. Training themes have included neglect, non-accidental injury to non-mobile babies and hidden relationships

ORDERED: That the Live Well South Tees Board note the report

22/20

COST OF LIVING CRISIS - HEALTH AND WELLBEING BOARD RESPONSE - PRESENTATION

Rebecca Scott, Advanced Public Health Practitioner provided an update to the Board on the work being carried out in response to the Cost of Living Crisis.

The Board heard that both Local Authorities had been working with partners to coordinate a planned approach to advise on where people can access support for food, warmth, money, health and transport throughout the crisis.

Following a discussion at the Live Well South Tees Executive a workstream was established led by Public Health South Tees to focus on how to get targeted messages to those most at risk.

To support the response, it was agreed we would like to ensure that staff/organisations working directly with the identified at risks groups have information on where people can access support.

To achieve this a series of briefing sessions in partnership with our Local Authority leads for

financial support were arranged throughout December 2022 via the South Tees Wellbeing Network.

The Board were advised that 235 delegates attended the two sessions in December from a wide range of organisations including LA's, NHS Trusts, GP practices, VCS and Education.

The sessions covered the following information;

- Background
- At Risk Groups
- Government Support offer
- Local support offer for South Tees
- Making Every Contact Count
- South Tees Wellbeing Network
- Q&A
- Sessions were well received and follow up materials had been distributed to attendees
- The sessions will be running again at the end of January through February
- Public Health South Tees have also been providing information and training to ensure that the council and wider partners adopt a MECC (Making Every Contact Count) approach as part of the normal interactions with residents.

Public Health South Tees had also been providing information and training to ensure that the council and wider partners adopt a MECC (Making Every Contact Count) approach as part of the normal interactions with residents.

Public Health South Tees had also been working with key partners to implement several actions including:

- Taking the lead on developing the warm welcome, warm spaces brand across South Tees from accessible community venues
- Developing a "heat map" for warm welcome, warm spaces
- Engaging with marketing to ensure a joined approach to promotion of warm welcome/warm spaces
- Developed the process and venue check lists
- Developed venue packs and posters for the project
- Developed monitoring processes to engage with service providers and venues to oversee engagement
- Hosting a monthly collaboration call for all service providers and venues of warm welcome, warm spaces

In partnership with the Financial Inclusion Group, Public Health South Tees have been leading forward some insights into poverty which consider the following aims:

- Develop a broader understanding of poverty and its impact;
- Start to understand how we can work with people in our communities to understand better the local experiences of poverty & build better relationships between the council and our communities

In total 89 community interviews were carried out

- Key themes identified and shared with a wider stakeholder group:
- Opportunities – 60 participants felt that people in Middlesbrough didn't have the same access to opportunities only those in the nicer areas of town have access
- Value of community – Around a quarter mentioned community spirit, resilience and community assets including transport links, access to coast and countryside's
- Crime – Almost 1/3 felt crime was an issue listing fear of crime, violence and areas being intimidating
- Drugs & Alcohol – Almost half mentioned this as a problem in the area with comments that there is nothing left for some people but drugs and alcohol
- Financial worries – respondents acknowledged worry and instability of their current situation
- Lack of employment – ¼ of respondents felt jobs were far and few between

unless you wanted to work for minimum wage

Next steps:

- The subgroup will continue to work closely with both Local Authorities financial leads to continue to contribute to the ongoing development of the Cost-of-Living offer.
- The subgroup will also lead on the coordination of more briefing sessions monitoring the uptake from key partners and ensuring the distribution of key communications materials.
- The subgroup will also continue to support the development and implementation of the Local Authorities cost of living action plans which will evolve over time as the implications of the cost of living become more recognised.
- Progress to phase 2 of the poverty insights work, we are working with the Local Motion and sharing the findings with the Poverty Truth Commission to incorporate the themes into their approach

ORDERED: The Board noted the progress of the work being carried out in relation to the Cost of Living Crisis

22/21

HEALTH AND WELLBEING EXECUTIVE ASSURANCE REPORT

The South Tees Integrated Programme Manager presented a report and provided assurance that the Health and Wellbeing Board was fulfilling its statutory obligations.

The Board were advised that the 2022/23 Better Care Fund plans for Middlesbrough and Redcar & Cleveland were submitted on 26th September.

The 2 main outcomes of all BCF funded schemes should be to 'enable people to stay well, safe and independent at home for longer' and to 'provide the right care in the right place at the right time'. It was advised that a review of our BCF schemes was being carried out to be assured that they contribute to these aims and to determine on-going funding for 2023/24.

The Board heard that the Government has announced additional funding this winter to support with discharges from hospital to the most appropriate location for their ongoing care.

Middlesbrough and Redcar & Cleveland had been allocated over £2.4m through the Adult Social Care Discharge Fund. The funding must be used for new or additional initiatives to support with discharges. It is non-recurrent and should be spent by 31st March 2023.

Working together with system partners, and with governance arrangements in place for the Better Care Fund, plans had been completed to spend this additional funding.

The Board was advised that following feedback from all partners on the Integrated Care Strategy the strategy was shared at the formal North East Cumbria Integrated Care Partnership meeting on 15 December 2022 and this version of the Strategy was approved for publication.

South Tees Health and Wellbeing Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	15 th March 2023
From:	Dr Ali Tahmassebi Chair, South Tees Health and Wellbeing Executive	Agenda:	Item 5
Purpose of the Item	To provide Live Well 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 Live Well 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 details of progress the Health and Wellbeing Executive has made against the Board's statutory functions.

3.2.1 Better Care Fund (BCF) Update

The 2022/23 Better Care Fund plans for Middlesbrough and Redcar & Cleveland were submitted on 26th September and formally assured in January 2023.

The 2 main outcomes of all BCF funded schemes should be to 'enable people to stay well, safe and independent at home for longer' and to 'provide the right care in the right place at the right time'. We have reviewed all our BCF schemes to be assured that they contribute to these aims and to determine on-going funding for 2023/24.

The BCF Policy Framework and Planning Guidance for 2023/24 has not been released yet – it is due to be published this month. We are therefore continuing with plans and spending allocations assuming the guidance and conditions remain the same as this year.

The BCF plans for 2023/24 will come to the Live Well South Tees Board for endorsement when they are finalised.

3.2.2

Adult Social Care Discharge Fund 2022/23

The Government has announced additional funding this winter to support with discharges from hospital to the most appropriate location for their ongoing care. Middlesbrough and Redcar & Cleveland were allocated over £2.4m through this Adult Social Care Discharge Fund. The funding must be used for new or additional initiatives to support with discharges. It is non-recurrent and should be spent by 31st March 2023.

Working together with system partners, and under governance arrangements in place for the Better Care Fund, we completed our plans for spending this additional money in December and have been submitting fortnightly returns showing activity and spend against the funds.

An evaluation of the schemes is underway to determine which have been successful and could potentially continue into 2023/24, conditional on funding being available. The Government has confirmed that Additional Discharge Funding will be available in 2023/24 but have yet to issue guidance around the use of this.

Plans for spending the Additional Discharge Funding will come to the Board for endorsement when they are finalised.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 Set out below is a summary of the progress the Executive has made towards achieving the Board's priorities since the last Board meeting and of important matters arising.

4.2.1 Ofsted / CQC Area SEND Inspections

The new framework: what's different?

- First, these will be a **cycle of inspections**. The standard cycle will still be one area SEND inspection every five years – but if local area performance is inconsistent or worse, then there will also be monitoring inspections that will happen sooner. These inspections will be interspersed with engagement meetings “to keep a spotlight on SEND provision.”
- Second, the **purpose of inspection will change** slightly. The new inspections will be broader in scope, to check “the effectiveness of the local area partnership’s arrangements for children and young people with SEND [and] where appropriate, recommend what the local area partnership should do to improve the arrangements.”
- Third, the first set of inspections focused mostly on **education** and **health** aspects of SEND services. The new framework will also look at the **social care** side of SEND, bringing Ofsted’s social care inspectors onto inspection teams for the first time

- Fourth, the new area SEND inspections will look at aspects of **alternative provision** (AP) for the first time, as well as SEND services.
- Fifth — and probably most significantly — Ofsted and CQC have repeatedly stated that with the new area SEND inspections, they want to focus more on how well services work *“to improve the experiences and outcomes of children and young people with SEND.”*

How will it work?

- All areas will have a full inspection within **5 years**
- Local areas will get **10 days' notice** – calls on a Monday to DCS & CEO of the ICB
- **3 surveys** – (1) Children/young people (2) parents & carers (3) practitioners
- **6 children** will be tracked in detail – 1 in AP, 2 on SEN support and 4 to cover the category of needs in EHCP's
- **Sampling meetings**/visits to schools, health services, social care, early help etc.
- **On-site** evidence gathering (“sampling visits”) to review the impact of the local area partnership's arrangements on a larger group of children and young people with SEND
- **Visits** to a specific provider or service or information about individual children and young people who use that provider and discuss with practitioners there.
- **Published** report 30 days after the end of the visit.

What are the Inspectors looking for?

The inspection teams will be evaluating local area performance against two main criteria:

- **The impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND:** Inspectors will be looking at how well the local area identifies need, meets need, and prepares children and young people for next steps and how children and young people with SEND and their families are involved at an individual level.
- **How local area partners work together to plan, evaluate and develop the SEND system:** This will check how well local leaders and systems work. It will include looking at leaders' ambitions, strategies, commissioning, joint working, and whether leaders meaningfully engage and work with children and young people with SEND and their families, focusing on their 'lived experience'

There are 3 inspection outcomes:

1. The local area partnership's arrangements typically lead to **positive experiences and outcomes** for children and young people with SEND. The local area partnership is taking action where improvements are needed. The next full area SEND inspection will be within **5 years**.

2. The local area partnership's arrangements lead to **inconsistent experiences and outcomes** for children and young people with SEND. The local area partnership must work jointly to make improvements. The next full area SEND inspection will take place within approximately **3 years**.
3. There are widespread and/or systemic failings leading to **significant concerns about the experiences and outcomes** of children and young people with SEND, which the local area partnership must address urgently. A monitoring inspection will be carried out within approximately **18 months**. The next full area SEND inspection will take place within approximately **3 years**.

4.2.2

Integrated Care Board (ICB) Update

Tees Valley Plan

Tees Valley partners worked together over the last 12 months to identify

- Common themes in our plans and responses
- Priority areas requiring focused attention
- Tees-wide ICB work-programme

Priority areas map to the themes within each of our Health and Wellbeing Strategies across the Tees Valley.

A workshop was held, and proposal developed to produce a single Tees Valley Plan that is built up from the joint work we are undertaking within and across our 5 places in response to various asks and local need. This draft plan is being finalised and will be shared for consideration in the coming weeks.

The collective priorities and pillars are shown below:

Priorities and Pillars



Place Based Committee:

Discussions are taking place with partners to develop the establishment of a South Tees Place Based Committee. Whilst this will be a Committee of the ICB it will also provide an opportunity to support progression of the Place Based Plan and therefore contribute to the delivery of the HWB Strategy for South Tees. Officers are considering any opportunities to streamline the number of officer meetings that are currently taking place.

4.2.3

South Tees Autism Partnership

Mark Davis, Chief Executive of Middlesbrough Voluntary Development Agency, briefed Executive members on the development of and priorities for the South Tees Autism Partnership.

The partnership is comprised of members who have autism as part of their role and/or are committed to making a difference to autistic people and their families. The partnership's priorities are to:

- Continue to work together to support improved outcomes for autistic people and their families, focussing on additionality and connecting to plans and work already in place across the system
- Focus on data to better understand the existing system and tell the story
- Progress work around more inclusive communities with a focus on people's voices and influence.

Executive member welcomed the formation of the partnership and the potential benefits for the neuro diverse community. It was agreed to receive a more detailed update with discussion at a future Executive meeting.

5 RECOMMENDATIONS

- 5.1** 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

6 BACKGROUND PAPERS

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

Contact Officer

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