

## HEALTH SCRUTINY PANEL

<p><b>Date:</b> Monday 10th July, 2023 <b>Time:</b> 4.30 pm <b>Venue:</b> Mandela Room, Town Hall, Middlesbrough</p>
--

### AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - Health Scrutiny Panel - 19 June 2023 3 - 6
4. An Overview of NHS Health and Public Health 7 - 60

The Scrutiny Panel will receive information on the NHS North East and North Cumbria Integrated Care Board (ICB) and Public Health South Tees, including the main duties and areas within the respective remits and an outline of the key priorities, issues and challenges for the year ahead.
5. Closure of Foundations (Acklam Road) 61 - 66

The Scrutiny Panel will receive information on the reasons for the closure and details of how patients will be allocated to alternative general practices to ensure they can continue to access primary medical services.
6. Proposed Meeting Schedule for 2023/24 67 - 68
7. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin  
Director of Legal and Governance Services

## MEMBERSHIP

Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, D Coupe, P Gavigan, D Jackson, D Jones, J Kabuye and J Walker

### **Assistance in accessing information**

**Should you have any queries on accessing the Agenda and associated information please contact Georgina Moore, 01642 729711, [georgina\\_moore@middlesbrough.gov.uk](mailto:georgina_moore@middlesbrough.gov.uk)**

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Monday 19 June 2023.

**PRESENT:** Councillors J Banks (Chair), M Storey (Vice-Chair), C Cooper, P Gavigan, D Jackson, J Kabuye, J Walker and L Mason (Substitute) (Substitute for D Coupe)

**ALSO IN ATTENDANCE:** C Blair (Director) (North East & North Cumbria Integrated Care Board), E Craigie (Teesside Live), M Graham (South Tees Hospitals NHS Foundation Trust), M Lal (Associate Medical Director) (South Tees Hospitals NHS Foundation Trust) and H Lloyd (Chief Nurse) (South Tees Hospital NHS Foundation Trust)

**OFFICERS:** G Moore

**APOLOGIES FOR ABSENCE:** Councillors D Coupe and D Jones

21/2 **DECLARATIONS OF INTEREST**

<b>Name of Member</b>	<b>Type of Interest</b>	<b>Item/Nature of Interest</b>
Councillor J Banks	Non-Pecuniary	Agenda Item 4 (South Tees NHS Foundation Trust - Quality Account for 2022/2023) - Family member is employed by the Trust.
Councillor C Cooper	Non-Pecuniary	Agenda Item 4 (South Tees NHS Foundation Trust - Quality Account for 2022/2023) - Member is a Community Nurse and on occasion has visited the Trust to provide advice on her patients.

21/3 **MINUTES - HEALTH SCRUTINY PANEL - 21 MARCH 2023**

The minutes of the Health Scrutiny Panel meeting held on 21 March 2023 were submitted and approved as a correct record.

21/4 **SOUTH TEES NHS FOUNDATION TRUST - QUALITY ACCOUNT FOR 2022/2023**

The Health Scrutiny Panel welcomed the opportunity to consider the South Tees NHS Foundation Trust's draft Quality Account for 2022/2023.

A formal written response, detailing the scrutiny panel's comments and feedback, needed to be submitted to the Trust by Monday, 26 June 2023.

At the meeting, the Trust's Chief Nurse and Associate Medical Director were in attendance to provide an outline of the priorities for improvement and the quality of services at the Trust.

The Associate Medical Director advised that, in 2019, an inspection had been conducted by the Care Quality Commission (CQC) to review whether the services provided by the Trust were safe, caring, effective and responsive to people's needs. Following the 2019 inspection, the CQC had rated the Trust as 'Requires Improvement'. However, the scrutiny panel was advised that a more recent inspection had been undertaken in November 2022, whereby the CQC had upgraded the Trust's rating to 'Good'. The scrutiny panel congratulated the Trust on that significant achievement and commended the hard work, commitment and dedication of its staff.

In terms of the 2019 inspection, the Chief Nurse explained that three areas had been rated as 'Requires Improvement', i.e. ensuring services were 'Safe', 'Effective' and 'Well Led'. The scrutiny panel heard that a significant amount of improvement work had been undertaken to ensure those areas were now judged as 'Good'. Members heard that a new distribution leadership model had been implemented, which aimed to empower staff members and involve

them in decision-making in respect of the management of resources and the delivery of care in the hospitals and communities. The scrutiny panel welcomed those practices that had been adopted to promote a positive culture that supported and valued staff.

The Associate Medical Director advised that more doctors, nurses and midwives had joined the Trust and recruitment remained a key focus. It was also commented that the Trust had experienced the largest national increase in the number of staff members who would recommend the organisation as a place to work.

The scrutiny panel was advised that there was a continued commitment of staff members in ensuring access to services and care. Members heard that, since 2019:

- over 2 million outpatient appointments had taken place;
- over a million diagnostic scans had been undertaken;
- 110,000 surgical procedures had been performed;
- care had been delivered closer to home for more than 3 million patients; and
- more than 0.5 million had accessed accident and emergency care facilities.

The Chief Nurse advised that the Trust's staff teams had worked incredibly hard to improve the quality of care for all patients and the Trust was delighted that it had been upgraded to 'Good'. It was highlighted that the Trust had become one of the first acute hospital trusts in England, since the start of the COVID-19 pandemic in 2020, to achieve a rating improvement to 'Good' from the CQC for the care delivered to patients and service users. It was commented that the staff at the Trust should feel immensely proud of that achievement.

Members heard that the Trust continued to focus on promoting the safety and wellbeing of staff members, patients, and service users. It was acknowledged that improvement work would continue, to enable the Trust to recover from the detrimental impact of the pandemic. The Trust's Quality Priorities for 2023/24 were outlined to the scrutiny panel:

In terms of Safety:

- The Trust would continue to develop a positive safety culture, in which openness, fairness and accountability was the norm.
- The Trust would continue to optimise its ability to learn from incidents, claims and inquests to improve outcomes for its patients.
- The Trust would increase medication safety and optimise the benefits of Electronic Prescribing and Medicines Administration (ePMA).

In terms of Clinical Effectiveness:

- The Trust would ensure continuous learning and improved patient care from Getting It Right First Time (GIRFT), a national programme that undertook clinically-led reviews, and clinical audits.
- The Trust would strengthen the mortality review processes, ensuring learning from deaths was triangulated and shared.

In terms of Patient Experience:

- The Trust would implement the Patient Experience Strategy that had been developed in collaboration with its patients, carers and HealthWatch.
- The Trust would develop and implement a Mental Health Strategy to improve care and share learning for its patients who had mental ill health.
- The Trust would develop and implement shared decision making and goals of care.

The Associate Medical Director advised that the Trust's Digital Safety and Quality First Programme 2022-24 planned to introduce digital systems, including:

- Electronic Patient Records - A digital based notes record system, which would replace a paper-based recording system and allow easier storage, retrieval and modifications to patient records.
- Electronic Prescribing and Medicines Administration (EPMA) - a system, which would allow prescriptions to be transmitted and populated electronically, replacing paper and

faxed prescriptions.

Members heard that the implementation of a record system planned to allow access to a single on-line patient record, which would integrate with other electronic systems, such as GP records. It was commented that the introduction of the system would undoubtedly improve the coordination and delivery of care. In addition, the implementation of the EPMA planned to reduce the number of prescribing errors.

In response to a Member's query regarding challenges faced by the Trust, the Associate Medical Director explained that the COVID-19 pandemic had been an extremely challenging time and there had been capacity issues, particularly in respect of intensive care services. To cope with increased demand, many non-urgent appointments had been put on hold and many services reduced, which had resulted in a major backlog for the Trust. In addition, workforce issues had been encountered by the Trust, with high staff sickness levels being reported, which were often due to COVID-19 related sickness.

In response to a Member's query regarding the amalgamation of the trusts, the Chief Nurse advised that a decision had been made for South Tees NHS Foundation Trust to come together with North Tees and Hartlepool NHS Foundation Trust to form a hospital group. It was commented that the move planned to support shared goals by formalising the way in which the Trusts worked together in the interests of the people and communities across the Tees Valley. By forming one hospital group, the Trusts could learn rapidly from one another and the professional knowledge of senior clinicians (across both organisations) could be accessed to facilitate effective learning, secure improvements and support change. It was highlighted that effective planning of the merger would be of critical importance, to ensure that high-quality patient-centred services across the Trusts were developed and maintained. The Director of the North East and North Cumbria ICB advised that the Trusts had previously worked well together to determine new concepts and models in respect of the delivery of urgent care, which focussed on learning opportunities identified at the Urgent Treatment Centre based at North Tees. It was envisaged that joint working would enable the Trusts to share best practice and resources and enable the development of new improved models and pathways for delivering care across the Tees Valley. The importance of joint working in relation to health outcomes, to promote good health and prevent ill health, was also highlighted. The Director of the ICB advised that the Health Inequalities Board, a partnership group (involving public health colleagues, the ICB and the Trust), regularly discussed the factors that influenced and impacted on health outcomes for people across South Tees to ensure timely access to targeted support, care and treatment.

A Member raised a query regarding the pressures faced by urgent and emergency services. In response, the Director of the ICB advised that discussions were being held regarding the potential future development of an Urgent Treatment Centre (UTC) on the site of James Cook University Hospital, which planned to manage and mitigate the current demand. Furthermore, the Chief Nurse advised that work was being undertaken to reduce avoidable emergency admissions. That work included signposting to the right services.

In response to a Member's query regarding patient experiences, the Chief Nurse advised that a Mental Health Strategy and a Patient Experience Strategy were being implemented. It was commented that those strategies demonstrated a positive commitment, from the Trust, to ensure:

- staff members were able to recognise and respond to patients with mental health needs; and
- patients felt respected, supported and valued and were able to raise concerns without fear.

A Member raised a query in respect of *Clostridioides difficile* (*C. difficile*). In response, the Chief Nurse advised that the rates of incidence associated with *Clostridioides difficile* (*C. difficile*) infections had increased nationally, however, infection control remained a key priority and an ongoing focus for the Trust. It was highlighted that high standards of infection control practice were promoted to minimise the risk of occurrence. It was also advised that the pandemic had resulted in an increase in health care associated infections.

A Member queried the reasons for the Trust not completing some of the national audits, such as the National Obesity Audit. In response, the Chief Nurse explained that difficulties had

been encountered in responding to some audits, as patient records were currently paper-based. It was commented, however, that once the digital system was implemented, patient records and associated data would become more easily accessible.

A Member expressed concern in respect of the Trust's performance against national priorities. The Chief Nurse advised that the Trust had faced many challenges since the pandemic and it was working hard to address those areas and improve performance outcomes.

A discussion ensued and the scrutiny panel was supportive of the 2023/24 priorities and looked forward to continuing to receive updates on progress during the year ahead. The scrutiny panel wished to place on record its gratitude for the significant and widespread improvements that had taken place over the last year by staff across the Trust. It was commented that the Trust was truly committed to ensuring that its specialist, acute and community services provided people with safe, effective, compassionate and high-quality care. That had been evidenced, not only by the recent results of CQC inspection, but also by the Trust's future priorities and its continued commitment to improvement, promoting best practice standards and developing responsive and receptive patient centred services.

**AGREED**

- 1. That the South Tees Hospitals NHS Foundation Trust's 2022/2023 Quality Account document be noted.**
- 2. That a letter containing the comments made by the Health Scrutiny Panel, in respect of the 2022/23 Quality Account, be sent to the Trust by 26 June 2023.**

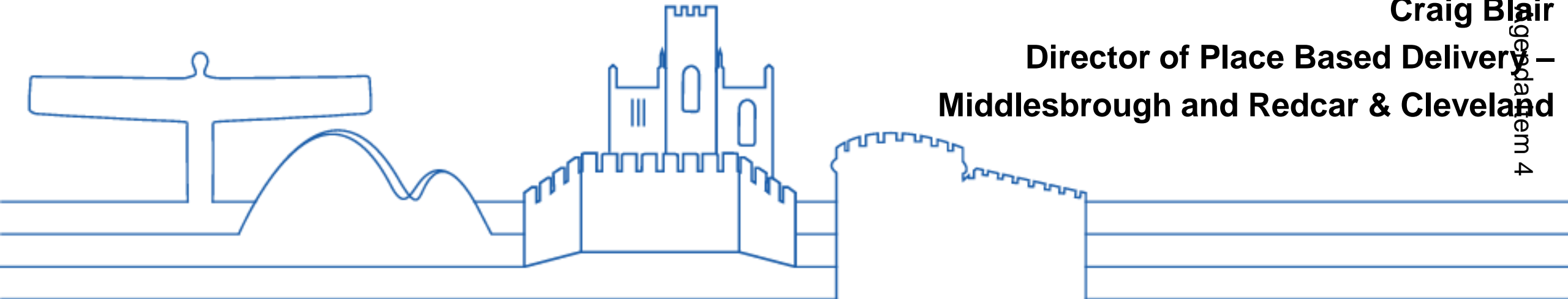
# Integrated Care Partnership arrangements in the North East and North Cumbria

Page 7

Craig Blair

Director of Place Based Delivery –  
Middlesbrough and Redcar & Cleveland

agenda item 4

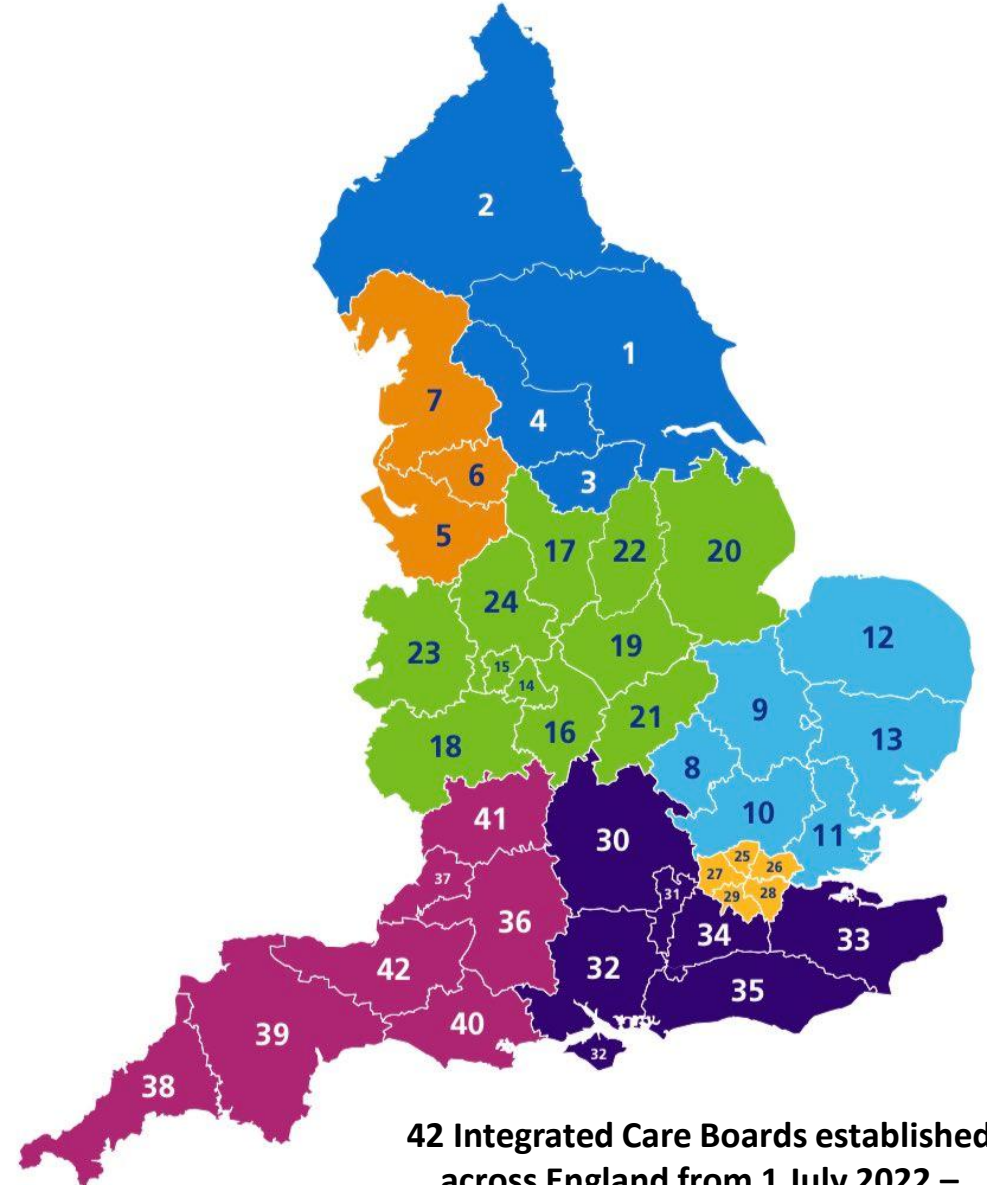


# What's an ICS, ICB and ICP?

**Integrated Care System (ICS)** – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

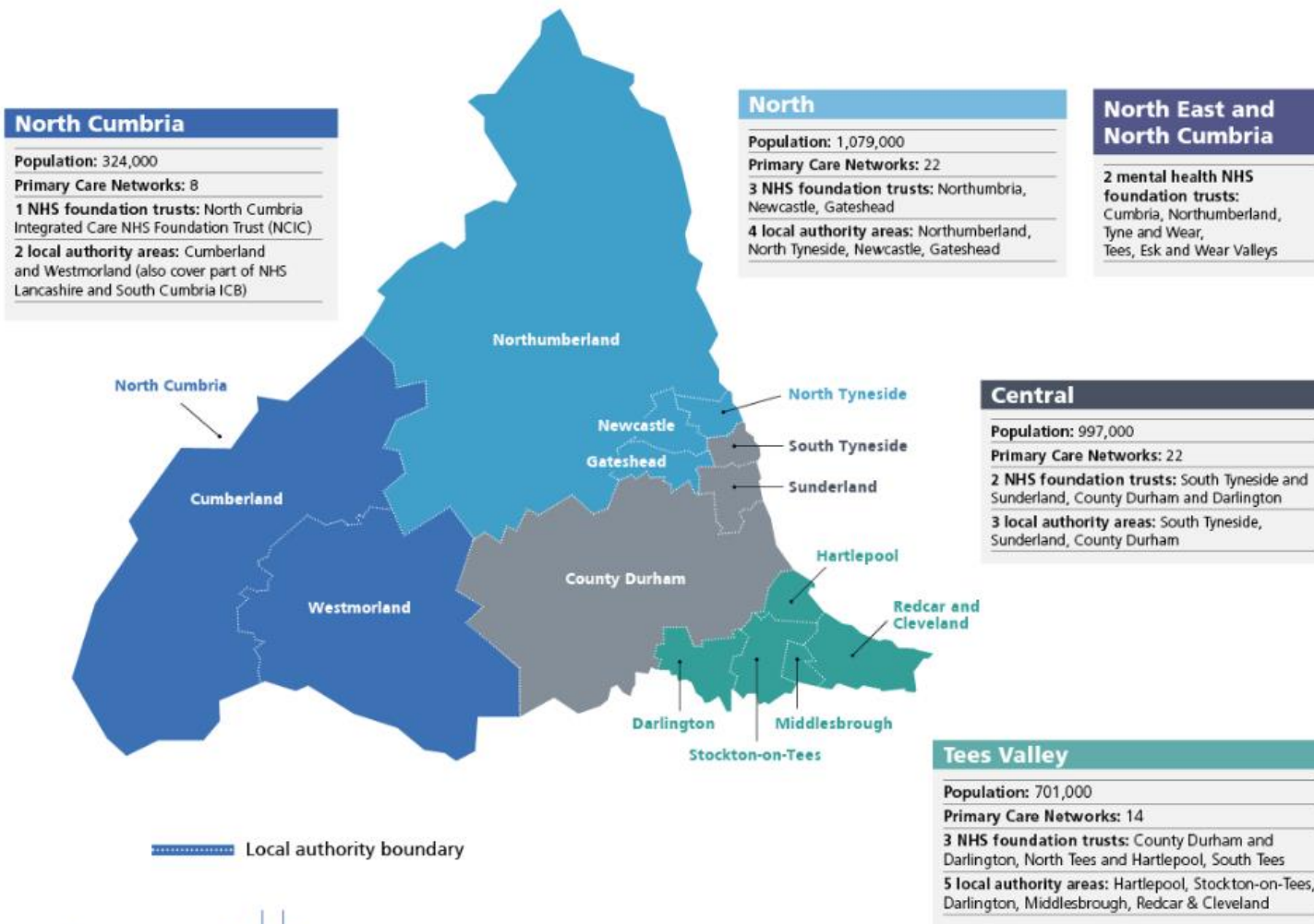
It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs





## Our area

We are the largest of the 42 Integrated Care Boards in England. Since July 2022 we have reorganised eight clinical commissioning organisations and their Governing Bodies into a single organisation. Our new multi-professional and clinical structures reflect the size of our geography and our responsibilities.

### Our role is to:

- Improve health and wellbeing and reduce health inequalities for the 3.1 million people who live in this area
- Plan and oversee how NHS money is spent – our total budget is £6.6 billion
- Make sure health and care services work well, together and are of high quality

### Most of our work happens at place where we work with:

- 13 local authorities – a director post for each unitary tier local authority
- 11 NHS foundation trusts and 64 primary care networks – place based teams working with local GP practices, social care teams and community-based providers

As part of an integrated care system we work with all partners to tackle regional issues at scale and pace to deliver our shared priorities.

Our Integrated Care Partnership is an alliance of organisations brought together by the NHS and local authorities which sets the strategy for improving the health of our communities in the North East and North Cumbria. See our [integrated care strategy](#) which sets out our vision and long term goals and a high level approach to achieving them.

### Annual costs for the ICB for 2022/23:

- Total annual costs for the ICB for 2022/23 are forecast to be **£6.6 billion**
- Total annual costs to run the ICB (including staffing costs) are forecast to be **£56m**, which is less than 1% of total budget



# Strategic aims of ICBs set by government



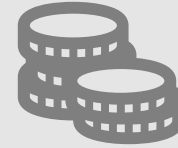
## 1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



## 2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



## 3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



## 4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

# ICB leadership team



## North East and North Cumbria

- ICB Chair – **Sir Liam Donaldson**
- ICB Chief Executive – **Samantha Allen**

### ICB Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

### ICB Non Executive Directors

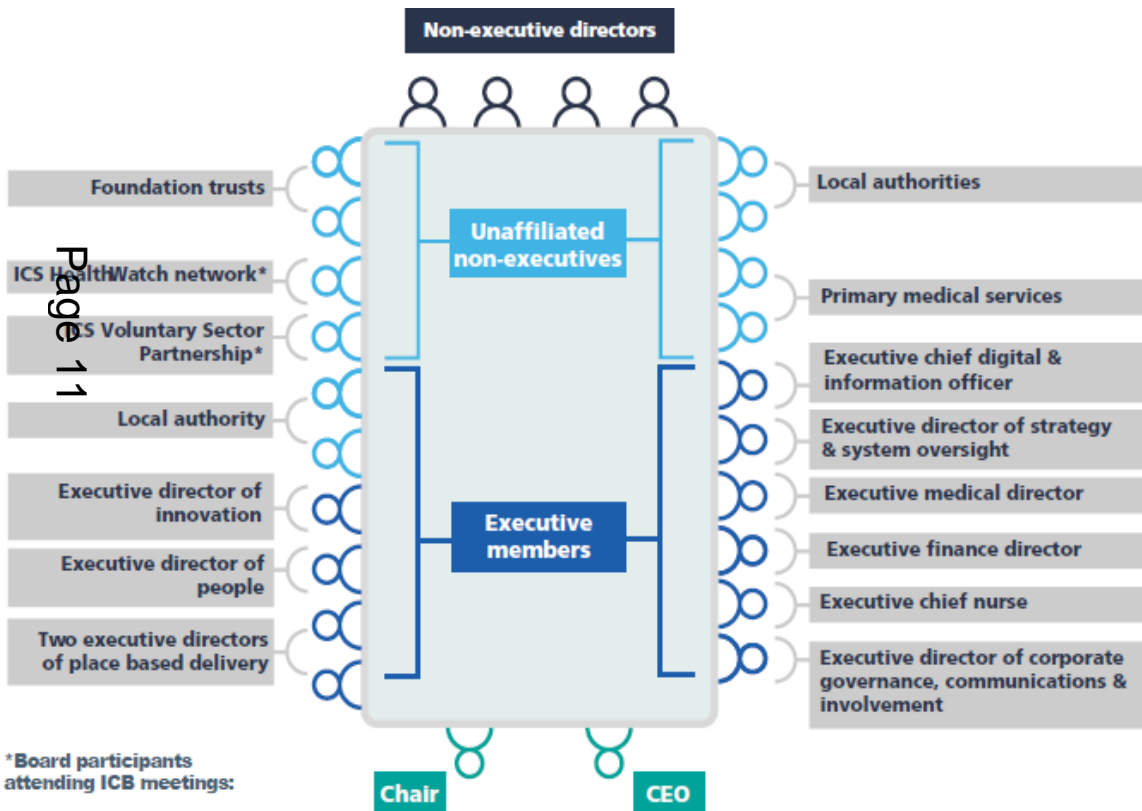
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

### ICB Participants

- ICS HealthWatch Network: TBC
- ICS Voluntary Sector Partnership: **Jane Hartley**

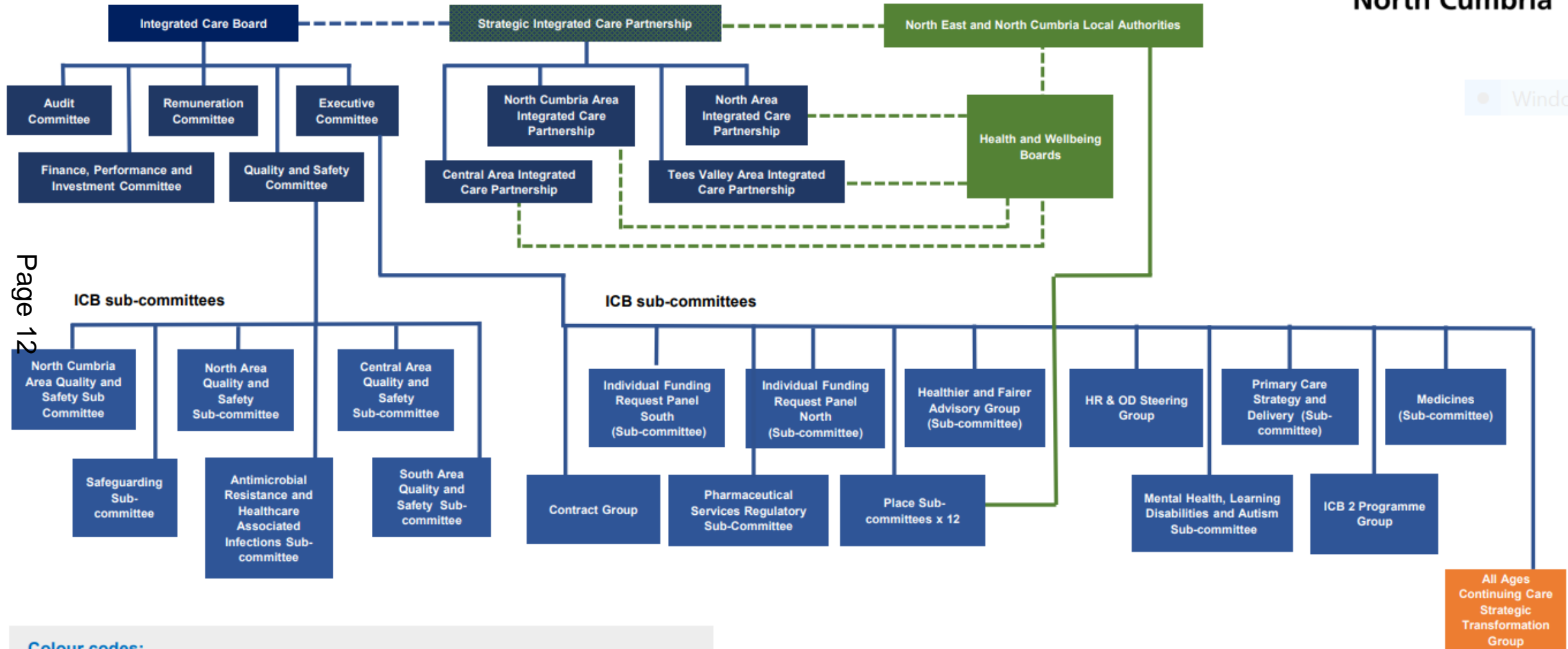
### ICB Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Finance – **David Chandler**
- Executive Chief of Strategy and Operations – **Jacqueline Myers**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Levi Buckley**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**



\*Board participants attending ICB meetings:

# Governance Framework



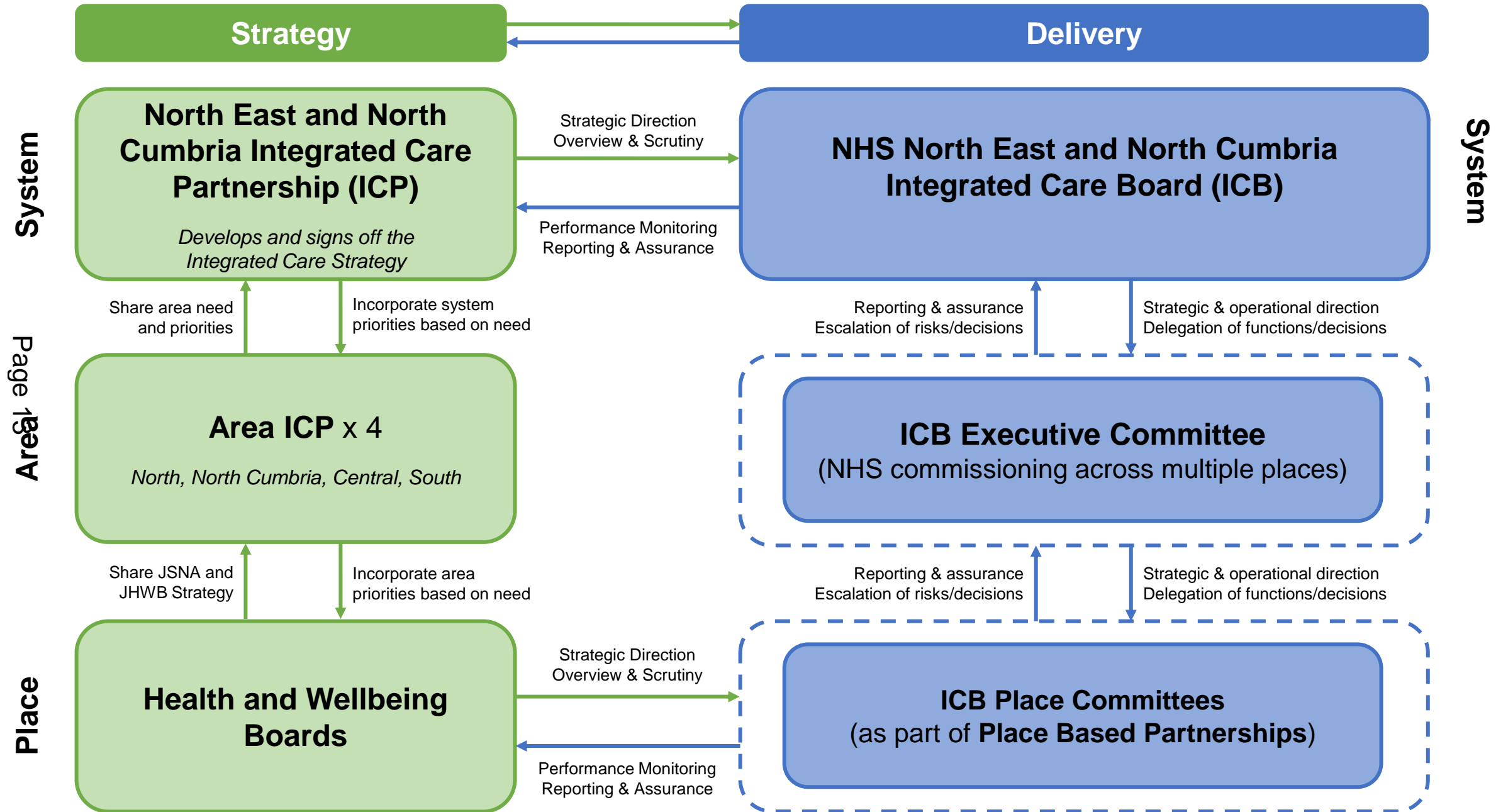
Page 12

Window

**Colour codes:**

- Formally established by the ICB
- In development – not yet formally established by the ICB
- Joint with local authorities
- Local authority structures

# Relationship between our ICPs and the ICB (and its area and place delivery arrangements)





## Our model: one Strategic ICP and four Area ICPs

It was agreed by JMEG that our 'Area' ICPs would be best chaired by an elected member – e.g. a Health & Wellbeing Board chair or Lead Member

Page 14



**North Cumbria ICP:**  
Cllr Mark Fryer  
leader of  
Cumberland Council



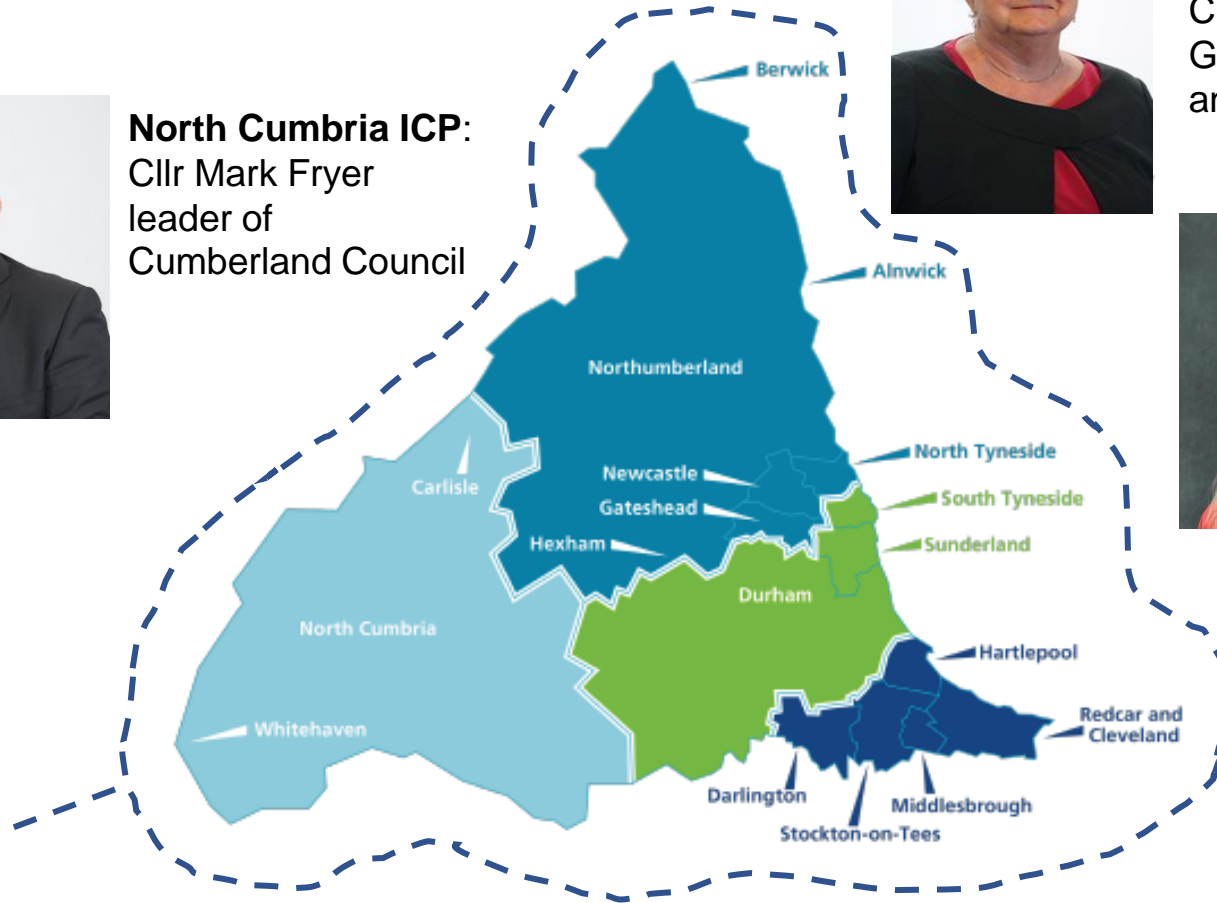
**North ICP:**  
Cllr Lynne Caffrey –  
Chair of the  
Gateshead Health  
and Wellbeing Board



**Central ICP:**  
Cllr Kelly Chequer –  
Healthy City cabinet  
member on Sunderland  
City Council



**Tees Valley ICP:**  
Cllr Bob Cook,  
Leader of  
Stockton-on-Tees  
Borough Council



**North East and North Cumbria Integrated Care Partnership**

# Complementary role of Strategic ICP and Area ICPs

## **The Strategic ICP will:**

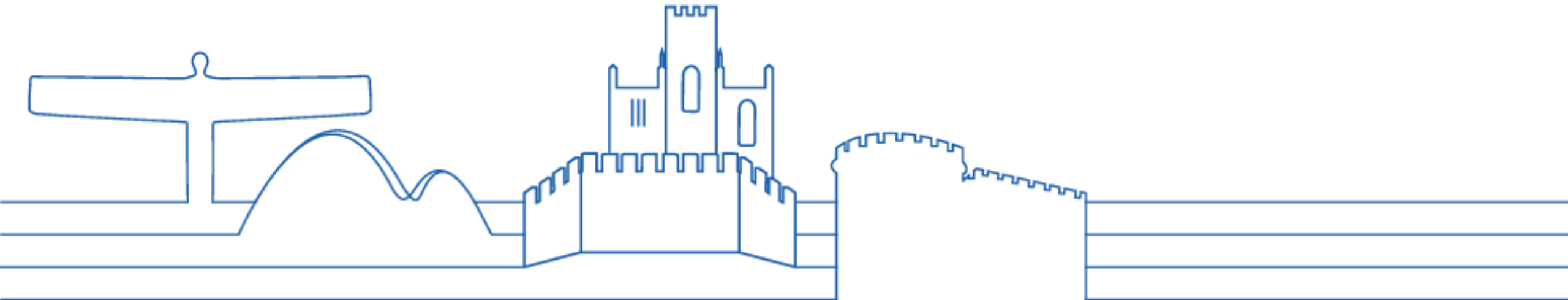
- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development

## **The Area ICPs will:**

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning
- Analyse the Joint Strategic Needs Assessments from each of the Health & Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our 'Learning and Improvement System' in the North East and North Cumbria.

# Place-Based Working

Page 16





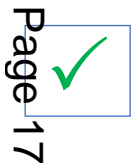
## The opportunity to strengthen Place-Based Partnerships



- The preservation of well-established place-based working arrangements was a key recommendation of Joint Management Executive Group [JMEG]



- While ICSs/ICPs focus on strategic system enablers, place is the level at which most of the work to join up budgets, planning and pathways for health and social care services will need to happen.



- Unlike ICSs, Place-Based Partnerships are not statutory bodies. [The 2022 Health and Care Act](#) did not create a legal requirement for place-based partnerships, leaving flexibility for local areas to determine their form and functions.



- The Act does allow for ICBs to delegate some of their functions and budgets to local committees as part of Place-Based Partnerships



- Place-Based Partnerships typically focus on understanding and working with communities, joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing, and supporting the quality and sustainability of local services



- The priorities of each place will vary depending on the vision and goals agreed locally through Health & Wellbeing Boards, while Place-Based Partnerships are then responsible for overseeing the delivery of this strategy, reporting to the HWB on a regular basis.

# Relationship between HWBs and Place-Based Partnerships

## Strategy

### Health and Wellbeing Boards

- Page 18
- A statutory committee of a local authority which:
- **Sets a strategic direction** to improve health and wellbeing and reduce health inequalities.
  - **Brings together** local political, clinical, professional and community leaders
  - **Promotes greater integration and partnership** between the NHS, and local government – working with place-based partnerships
  - **Assesses the health and wellbeing needs** of their population through a joint strategic needs assessment (JSNA)
  - **Publishes a joint local health and wellbeing strategy** (JLHWS), which sets out the priorities for improving health and wellbeing
  - **The JLHWS then informs joint commissioning arrangements** across the NHS and local authority commissioning, including Better Care Fund and Section 75

## Delivery

### ICB Place Committees (a key part of Place Based Partnerships)

- Functions and resources delegated from the ICB as agreed by JMEG
- All budgets for services commissioned and delivered in the **community / out of hospital** system
- All budgets categorised as **continuing healthcare**
- **Primary care** budgets (with the exception of nationally negotiated GP contract budgets and associated expenditure)
- **Prescribing** budgets including local medicines optimisation activities
- **Mental health, LD and autism** community-based budgets (including section 117 packages of care)
- **Service Development Funding** which has already been identified and approved for place based allocation / determination on usage
- Local **safeguarding** team budgets and associated expenditure
- All budgets and associated expenditure included within the scope of **Better Care Fund** arrangements with Local Authorities

# Aligning the key elements of Place-Based Governance



North East and North Cumbria

**Health and Wellbeing Board**  
(sets Joint Local Health and Wellbeing Strategy)

Page 19

## One meeting

**ICB Place committee**  
(local decision making on delegated ICB functions and resources)

**Place-Based Partnership**  
(Consultative forum with delivery focus – e.g. HWBB Strategy refresh, Health Inequalities, local priorities)

**Joint governance arrangements between ICB and Local Authority**  
(covering Better Care Fund and Section 75/256 agreements)

## Example Agenda

### ICB delegated functions

For decision

- Hospital discharge funding allocations
- Community audiology business case
- GP OOH contract extension proposal

Updates

- Report from ICB Place Director
- Finance and Performance
- Medicines management
- Mental Health, LD & autism

### Place Partnership strategic items

- Public Health/Health Inequalities update
- Winter Planning
- Local workforce analysis
- Developing local VCSE capacity
- National policy analysis – (e.g. ASC white paper)

### Section 75 governance

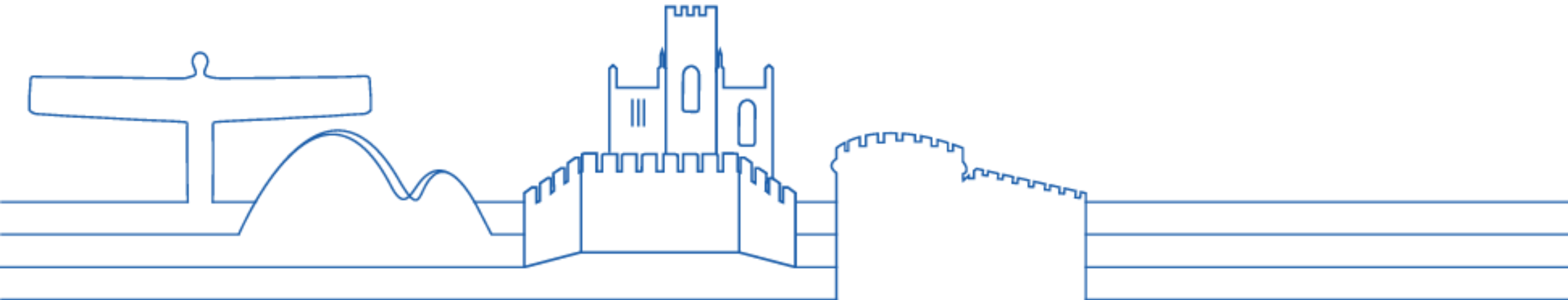
- Agreeing local CHC framework
- Joint Commissioning update

# Membership of a Place-Based Partnership - South Tees

- ICB members – (Director of Place [Chair], Medical Director, Director of Nursing, Finance Director, Place Clinical Leaders)
- NHS Partners – Foundation Trusts, Primary Care, Mental Health
- LA officers – Directors of Adult Social Services, Directors of Childrens Services, Director of Public Health Healthwatch
- Voluntary and Community Sector – represented through Middlesbrough VDA and Redcar & Cleveland VDA
- Other members will be invited as required (e.g., education, housing, police, fire, GP federation, borader VCSE) – to ensure no duplication and overlap with HWBB
- 1<sup>st</sup> Meeting held on 22<sup>nd</sup> May 2023
- Meetings will be held monthly where possible
- Cycle of business being developed and considered with the membership
- Next meeting 5<sup>th</sup> July 2023

# NHS Five Year Joint Forward Plan Update

Page 21



# Joint Forward Plan: National Guidance

- Requirement of Integrated Care Boards and partner NHS Trusts.
- Aligned to system ambitions; building on existing plans; delivery focussed.

Page 29

## Demonstrate how ICBs and NHS Trusts will:

- arrange and/or provide NHS services to meet the population's physical & mental health needs
- deliver the NHS Mandate and NHS Long Term Plan in the area
- meet the legal requirements for ICBs.

# North East and North Cumbria Approach

Aligned to the ICP Better health and wellbeing for all strategy.



Longer & healthier lives



Fairer outcomes for all



Better health & care services



Giving children and young people the best start in life

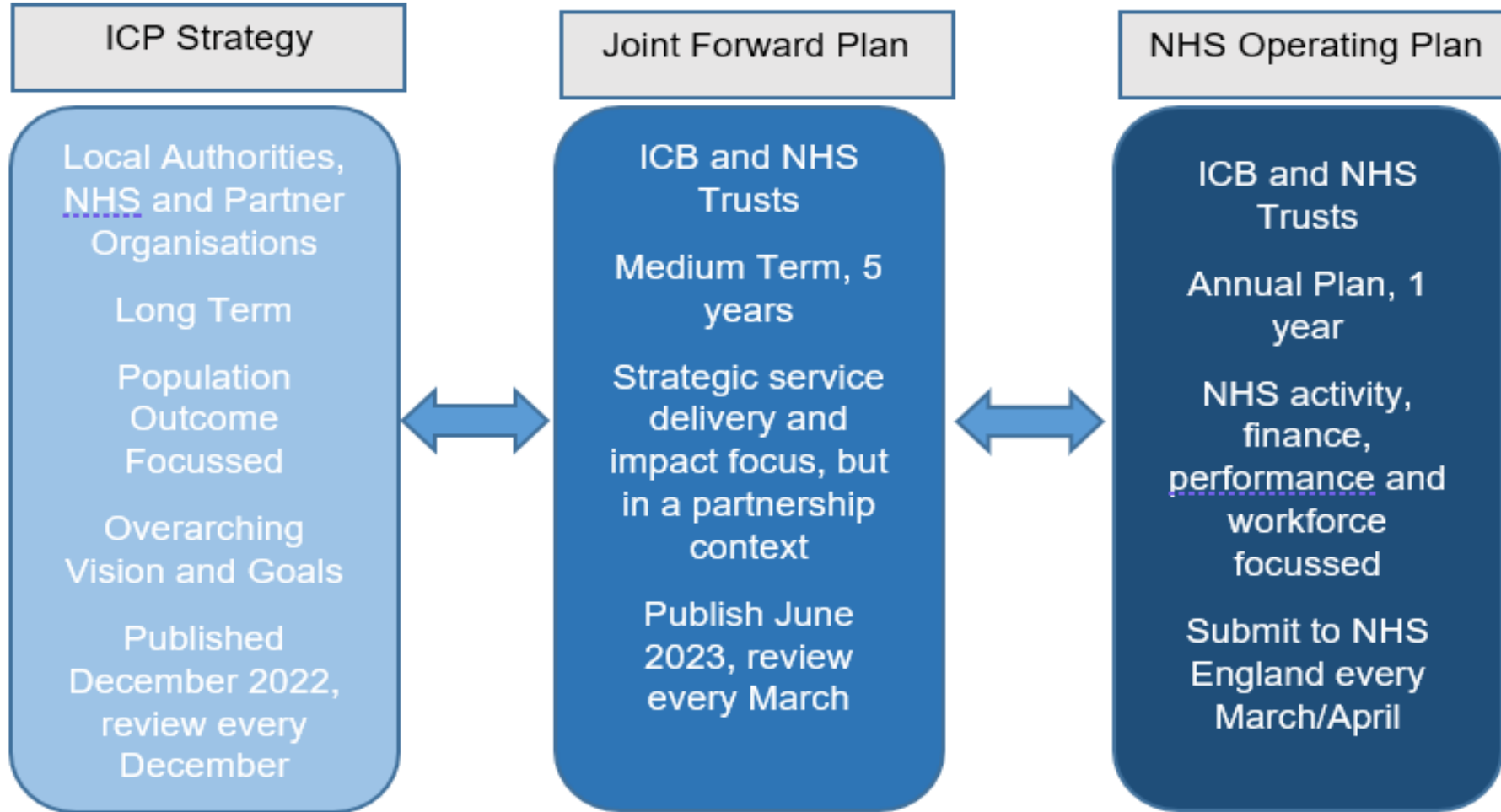


Page 23

Overview of action plans for each ICP Strategy Goal, Enabler and Service.

Overview of action plans for Local Authority Place or groups of Places.

# How the Plans fit together





# Operational Planning Requirements

- Workforce
- Urgent and Emergency Care
- Elective Care and Diagnostics
- Cancer
- Mental Health
- People with Learning Disability and/or Autistic People
- Primary Care

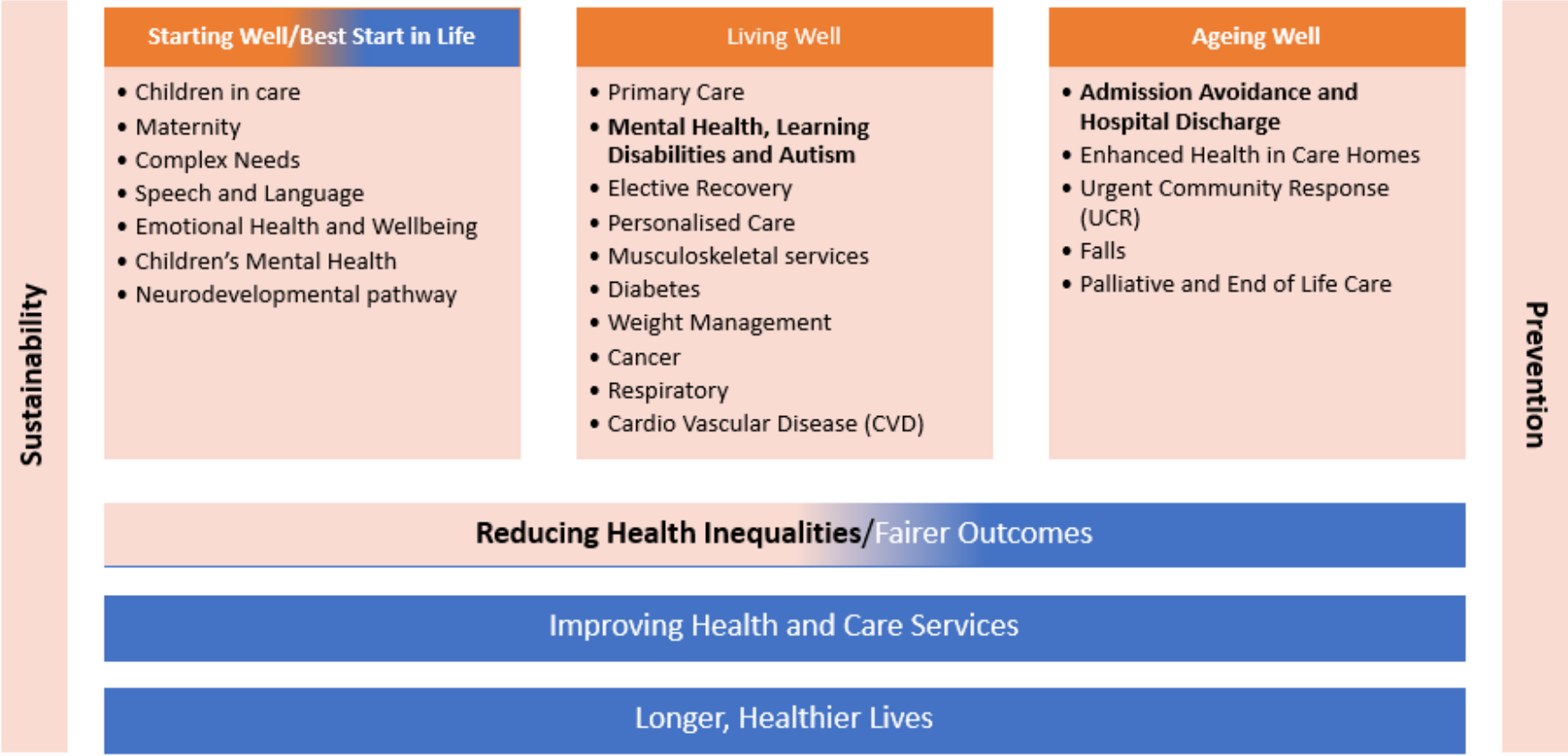
# Tees Valley Priorities

- Over the past 18 months we have been working together as a Tees Valley ICP to develop a **collective understanding** of our plans and planning priorities “Planning to be different”
- We have collectively **identified a number of key pillars** that support delivery of our organisational, place and system plans
- Under these pillars we have identified the key programmes, initiatives and ambitions which we are seeking to **deliver as an ICB with our partners**
- Following feedback we have undertaken to more clearly align the pillars and programmes of work, to the core common elements of our collective Health and Wellbeing Strategies;
  - **Start Well**
  - **Live Well**
  - **Age Well**

# Tees Valley Strategic Context

- The Tees Valley Pillars along with the national NHS priorities and place priorities, are mapped to each place's HWB strategies, and the NENC Integrated Care Strategy below.

Page 27



Key:   Health and Wellbeing Strategy   Integrated Care Strategy  Tees Valley Pillars

# Starting Well

## Starting Well/Best Start in Life

- Children in care
- Maternity
- Complex Needs
- Speech and Language
- Emotional Health and Wellbeing
- Children's Mental Health
- Neurodevelopmental pathway

- Integrated working between midwifery and health visiting
- Develop a jointly commissioned SALT service with performance metrics for Education and Health
- Ensure MHST's are fully operational and integrate well with EHWB services
- Getting Help Engagement
- Develop triage process for the pre-neurodevelopmental pathway
- Family Support Services for families that have CYP with neurodevelopmental needs.

# Living Well

## Living Well

- Primary Care
- **Mental Health, Learning Disabilities and Autism**
- Elective Recovery
- Personalised Care
- Musculoskeletal services
- Diabetes
- Weight Management
- Cancer
- Respiratory
- Cardio Vascular Disease (CVD)

- Fuller Report:
  - Addressing the access challenge to deliver the vision of more proactive, anticipatory and preventative care delivered by Multidisciplinary Teams and Integrated Neighbourhood Teams
- Expand Community Mental Health Transformation to support increased number of patients
- Increase uptake of health checks for people with SMI and LD
- All aged crisis and liaison services
- Prevent and detect health conditions, and upon diagnosis ensure that conditions are managed and optimised effectively;
  - Atrial Fibrillation
  - heart failure
  - NHS Diabetes Prevention Programme
  - Develop the workforce to ensure accreditation to improve diagnostic spirometry reporting and management of patients
- Recovery from the effects of the pandemic in relation to Elective and Cancer care.
  - Eliminating long waits for elective care (over 65 weeks) by March 2024
  - Reducing the number of patients waiting over 62 days for cancer treatment
  - Increasing the numbers of patients who have a faster cancer diagnosis

# Ageing Well

## Ageing Well

- **Admission Avoidance and Hospital Discharge**

- Enhanced Health in Care Homes

- Urgent Community Response (UCR)

- Falls

- Palliative and End of Life Care

- PEOLC
  - Reducing avoidable emergency admissions for people in the last year of life
  - Ensuring patients in the last year of life are identified to ensure is coordinated and personalised
- Comprehensive and coordinated community-based falls pathway
- Fuller recommendations for out of hospital care
  - Increasing effective reablement
  - Increase 2 hours response for UCR referrals
- Increasing Dementia diagnosis rates
  - Awareness

# Cross cutting themes

Page 31

## Reducing Health Inequalities

Understanding our communities

- Equity of access also equity of outcomes

## Prevention

- Primary
- Detection & Early intervention
- Management

## Sustainability

- Integration/system thinking
- Community assets
- Workforce

## Improving quality of services

- Experience
- Effectiveness
- Safety

# Timetable and Stakeholder Engagement

- Draft for stakeholder feedback: July
- Including: Integrated Care Partnership, NHS Foundation Trusts, Local Authorities, Health and Wellbeing Boards, Health Watch and the Voluntary, Community and Social Enterprise Sector.
- Revised final version: September 2023.
- Annual update published: each March beginning 2024.





**North East and  
North Cumbria**

**Any Questions?**

This page is intentionally left blank

# Public Health South Tees: Overview

## Middlesbrough Health Scrutiny

Page 35

**10 July 2023**



# Public Health Statutory Duties and Responsibilities

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services;
- Provision of Public Health advice to the Clinical Commissioning Group;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

Non-mandated functions that are conditions of the Public Health Grant:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)

# Public Health Statutory Duties and Responsibilities continued...

As part of its Public Health functions, Local Authority's have a duty to participate in the local **Health and Wellbeing Board** of which Directors of Public must be a statutory member.

Page 37

Together with the **Clinical Commissioning Group**, and via the Health and Wellbeing Board, Local Authorities have a duty to publish:

- **Joint Strategic Needs Assessment (JSNA)**
- **Joint Strategic Health and Wellbeing Strategy**
- **Pharmaceutical Needs Assessment (PNA)**

# Public Health South Tees Priorities

<u>5 Programmes</u>	<u>4 Business Imperatives</u>	<u>3 Levels of Intervention across the life-course:</u>
<ul style="list-style-type: none"> <li>▪ Creating environments for healthy food choices and physical activity</li> <li>▪ Protecting health</li> <li>▪ Preventing ill-health</li> <li>▪ Reducing vulnerability at a population level</li> <li>▪ Promoting positive mental health and emotional resilience</li> </ul>	<ul style="list-style-type: none"> <li>▪ Address health inequalities with a determined focus on the best start in life</li> <li>▪ Better use of intelligence to inform decision-making</li> <li>▪ Building purposeful relationships with key partners</li> <li>▪ Improved financial efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Civic-level</b> – healthy public policy</li> <li>▪ <b>Service-level</b> – evidence-based, effective, efficient and accessible services</li> <li>▪ <b>Community-level</b> – family of community centred approaches</li> </ul>

# 3 Levels of Intervention

Using a place-based framework to deliver a high impact, population health approach, by tackling the causes and providing solutions at the civic, community and service level.

Components of the Population Intervention Triangle



Page 39

## Community-Level:

- Using the assets within communities, such as skills & knowledge, social networks, local groups & community organisations, as building blocks for good health

## Civic-level:

- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives/disincentives
- Economic development & job creation
- Spatial & environmental planning
- Welfare & social care policy
- Communication; information; campaigns
- Anchor-role

## Service-Level:

- Delivering interventions systematically with consistent quality & scaled to benefit enough people
- Reduce unwarranted variation in service quality & delivery
- Reduced unwarranted variability in the way the population uses services & is supported to do so

# Healthy Environments

## Scope:

- A system led approach to creating places that promote healthy eating and moving more.
- Using the Healthy Weight Declaration as a framework for action.
- Creating a Healthy Weight Alliance that takes a strategic approach to healthy weight, nutrition and physical activity across the life course.
- Embedding healthy eating and physical activity into other settings to create impactful change and sustainability.



# Healthy Environments (2)

## Priorities:

- **Create environments for healthy food:** Supporting the Middlesbrough Food Partnership Gold Award bid; embedding School Food Standards; implement the Eat Well South Tees and Eat Well Schools Award; delivering HAF and use it as a healthy eating education tool.
- **Creating environments for physical activity:** Working with YGT to embed physical activity into: clinical pathways such as Prepswell, Type 2 Diabetes, tackling chronic pain and Waiting Well; social prescribing; and schools through the Creating Active Schools framework.
- **Embedding system change through:** Working with planning to embed physical activity and health in the planning process; reimagining active open spaces; and building community capacity through an LMS training offer.

## Issues and Challenges:

- Taking a long term view around healthy weight when there are immediate challenges such as Cost of Living.
- The complexity of the underlying causes requires common purpose both within the Council and across other organisations in the place.
- Significant elements of the work is funded externally in the short term (for example the Sport England funded You've Got This programme).

# Protecting Health

**Aim** – Protect the population of Middlesbrough from the spread of communicable disease, prevent and manage outbreaks and protect from environmental hazards

## Challenges

- Middlesbrough has the rate of Syphilis in the North East and higher than the England Average
- Middlesbrough have the 2<sup>nd</sup> highest rate of gonorrhoea in the North East after Newcastle which has promoted scrutiny from UKHSA
- The impact of housing conditions on health and the ability to identify and respond
- 0-5 vaccines 5/13 in Middlesbrough below the outbreak threshold
- Adolescent vaccines are now below the 35% threshold which significantly increases the risk of local Diphtheria, Polio and Meningitis outbreak
- Capacity to provide a response for the next outbreak based on the learning from Covid

# Priorities 23/24

- Work with the sexual health service to increase communication, testing, partner notification and treatment of STI's
- Lead forward a targeted approach of the new sexual health prevention services (Brook/Terrance Higgins Trust) increase STI testing in young people and at risk groups and reduce unintended pregnancies (Middlesbrough 1<sup>st</sup> highest in England)
- Launch the Clean Air Strategy
- Work with key partners to increase the knowledge, skills and capacity to support the Health Protection agenda (Alerting to housing conditions such as mould, control measures in settings to prevent against outbreaks, outbreak management and promote uptake of preventative measures such as vaccination)
- Work with GP practices/Children Centres/Maternity Services and Health Visiting to increase MMR vaccination uptake
- Increase adolescent vaccine uptake through behavioural insights work (pilot MacMillan) and role out the findings to all secondary educational settings

# Preventing Ill Health

**Aim** – Reduce inequalities in population health through the prevention and early detection of disease and support the people to manage their long term conditions

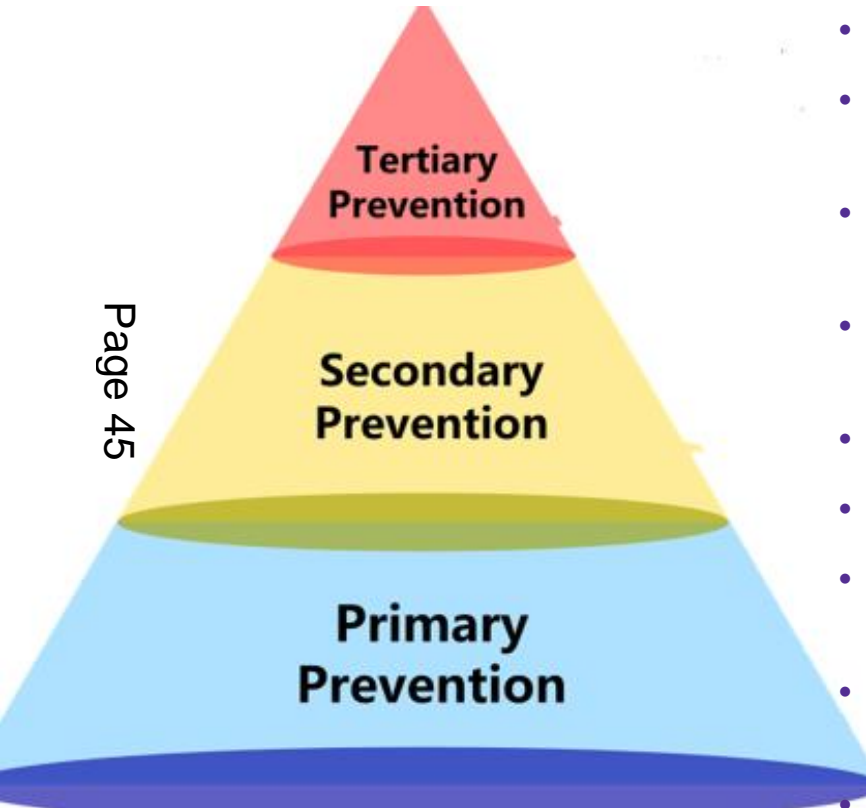
## Challenges -

- Health in Middlesbrough is generally worse than the England average
- Middlesbrough is one of the 20% most deprived authorities in England
- Middlesbrough males have the 2<sup>nd</sup> lowest life expectancy in England and females the 4<sup>th</sup> lowest
- For females, Middlesbrough had the highest rate of preventable mortality in 2018 to 2020 with 205.4 deaths per 100,000
- Middlesbrough has the 2<sup>nd</sup> highest rate of under 75 mortality from causes considered preventable
- 4<sup>th</sup> highest incidence for under 75 mortality for cancer in England
- Screening uptake for breast, cervical and bowel cancer is significantly lower than the England Average
- Getting screening data at a local level to allow for the targeting of services
- Smoking remains the leading cause of preventable death in the UK and local prevalence is 17.2% which is higher than the England average of 13.9% which has led to Middlesbrough having a higher rate for smoking attributed mortality
- Middlesbrough are higher than the national average for both adult and child obesity levels

# Priorities 23/24

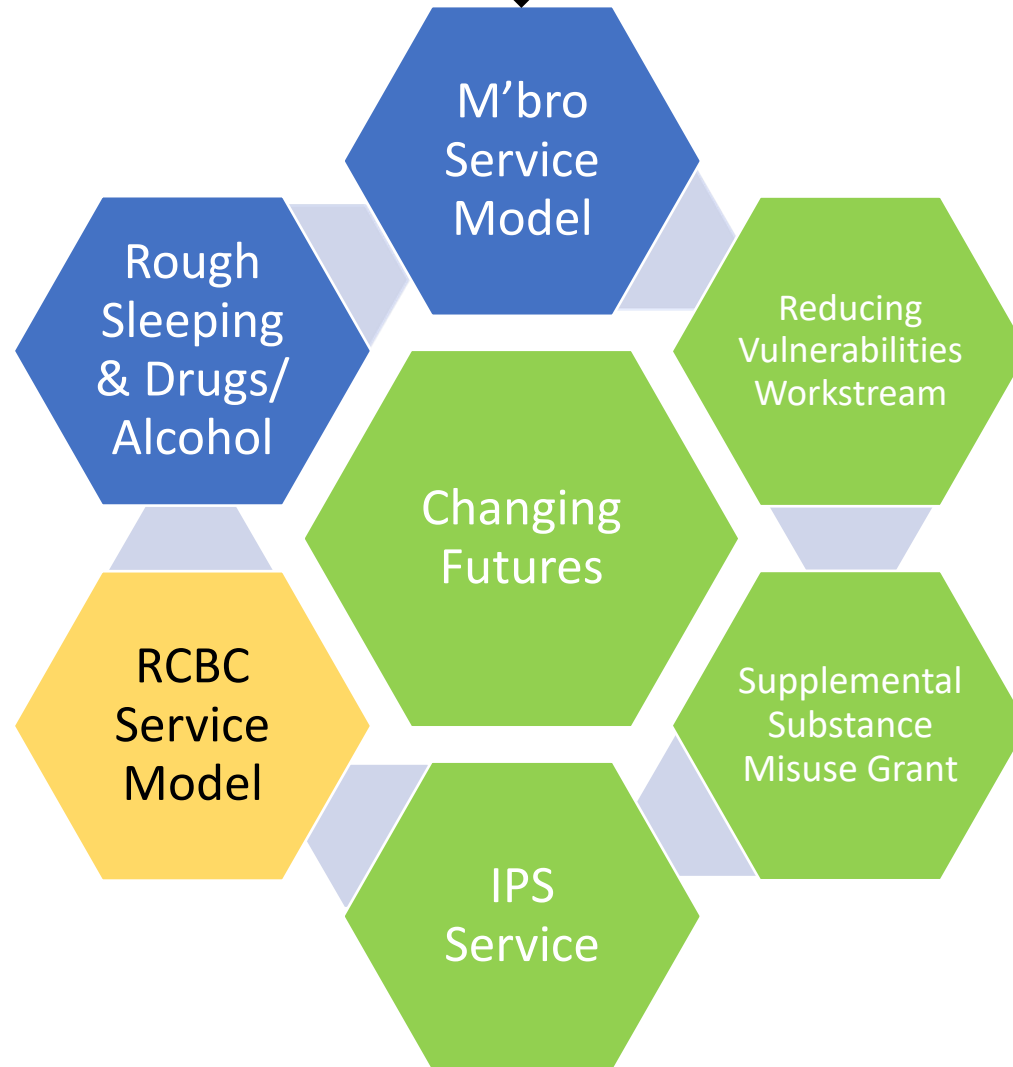
- Due to demand expand the specialist activity service neuro offer to support residents with long-term conditions
- Continue to embed Age Friendly Communities across all 8 domains
- Continue to support STHFT with the implementation of the social prescribing and physical activity of the waiting well offer across ST
- Utilise local intelligence to increase referrals into the stop smoking service from targeted and high risk groups
- Commence health equity audits on breast, bowel and cervical screening programmes and apply behavioural insights learning to increase local uptake
- Lead forward the development of a targeted school nursing model based on local need
- Lead forward a service review of the healthy child programme to improve effectiveness
- Further develop the Health on the High Street offer, improving the accessibility of health services
- Support South Tees Hospital Trust to implement an approach to tackling health inequalities in secondary care
- Increase community capacity to deliver cancer prevention messages via training of Health Champions as cancer connectors
- Continue to lead the Tees Valley Health Inequalities in cancer partnership – which supports with surveillance, best practice, innovation and evidence base

Page 45



# Overview – Reducing Vulnerability

**Cleveland Joint Combatting Drugs Partnership**



**National Programme:**

Leading the challenging stigma development programme on behalf of OHP

Page 46

**Regional Programme:**

Hosting NE ADPH Reducing Gambling Harms team

**Sub-regional Programme:**

Leading the 'LA9' Inpatient Detoxification workstream and development of a facility in South Tees

**Key:**

South Tees

Middlesbrough

Redcar & Cleveland

# Reducing vulnerabilities at a population level

- Very few of our local population in South Tees present with a single issue, the majority face living with multiple vulnerabilities on a daily basis;
- These are typically underpinned by mental health and substance misuse
- Underserved population groups are affected, such as BAME, asylum seekers, etc.
- Wider vulnerabilities, particularly issues related to deprivation (e.g. gambling, homelessness/acute housing problems, DA, educational attainment, lack of employment prospects, debt, etc.).
- Focus of this programme developing a person-centred approach at the local system level to enable a more holistic support package to be provided
- Leading a co-ordinated and collaborative approach with key partners across the system is the only way to achieve consistent, high quality delivery and remove duplication.

# Vulnerabilities Summary

<p><b>Aim</b></p>	<p><b>To develop a person-centred approach across the full local Vulnerabilities system. This will enable a more holistic support package to be provided whereby all of the priority needs (multiple vulnerabilities) can be met simultaneously. Leading a co-ordinated and collaborative approach with key partners is the only way to achieve consistent, high quality delivery and remove duplication.</b></p>
<p><b>Priorities</b></p>	<ul style="list-style-type: none"> <li>• To develop a cross-programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system resources to support the needs of the whole person;</li> <li>• Further develop collaborative working to strengthen the interface between organisations ensuring that operationally people experience seamless systems and services, and ensure sustainability;</li> <li>• Test out more commissioning approaches, including inter-organisational/joint, to deliver better, people-centred services;</li> <li>• To maximise the use of community assets, including those people with relevant lived/living experience, to support people with sustainable, positive behaviour change;</li> <li>• To invest in more prevention programmes at individual, community and place-based levels;</li> <li>• Maximise system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas;</li> <li>• Continue to identify and secure external funding streams in order to enhance the local system.</li> </ul>
<p><b>Issues and challenges</b></p>	<ul style="list-style-type: none"> <li>• Levels of deprivation in South Tees;</li> <li>• Prevalence is increasing – drug and alcohol-related deaths, acute housing issues and domestic homicide reviews have all been at the highest levels recorded in recent years;</li> <li>• Grant funding is only known to 31/3/25 – uncertainty beyond that makes medium-term planning and sustainability an issue;</li> <li>• Current commissioning responsibilities and services being funded/governed in silos;</li> <li>• Inherent stigma attached to these ‘vulnerabilities’ and the associated population groups;</li> <li>• Challenging to deliver sustainable outcomes, particularly in the short-term (as somewhat expected by some of the additional investment funding organisations).</li> </ul>



# Promoting Positive Mental Health: Priorities

***Vision: Individuals, Families and Communities are supported to be more resilient to achieve good emotional wellbeing***

**Children and Young People**

1. Promoting resilience, prevention and early intervention
2. Improving access and effective support
3. Caring for the most vulnerable
4. Supporting and developing the local CYP workforce
5. System Change

**Suicide Prevention**

1. Reduce suicides and self-harm
2. Providing support for individuals and communities affected by suicide.
3. Robust data and intelligence to monitor trends
4. Adopt national suicide prevention strategy and guidance

**Prevention & Early Intervention**

1. Identify and support early to prevent escalation into secondary MH services.
2. Improving access and effective support to low level prevention
3. Focus on whole system approach
4. Support recovery, physical health needs and inclusion of those with mental health problems

**Dementia**

1. Improved public and professional awareness & understanding
2. Early diagnosis and intervention
3. Good quality information
4. Ensuring people with dementia can live well at home and throughout their dementia journey.

**Resilient/Connected Communities**

1. Strengthen protective factors for wellbeing
2. Acknowledge and address the impact of the wider determinants of mental ill health e.g. poverty
3. Local action to tackle loneliness and social isolation
4. Acknowledging and challenging the impact of stigma and discrimination

# Promoting Positive Mental Health: Areas of Focus

***Vision: Individuals, Families and Communities are supported to be more resilient to achieve good emotional wellbeing***

## Children and Young People

- Implement HeadStart Programme
- Support implementation of mental health teams in school
- Behavioural insights work to understand CYP attitudes to self help tools and services
- Reduce the rate of self-harm
- Targeted programmes to support resilience of priority groups (children experiencing care, boys,
- Integration into system change programme (thrive model)

## Suicide Prevention

- Tees Suicide Prevention Strategy and Action Plan (7 key areas of action)
- Local annual audit
- Early Alert Process
- Support for individuals and communities bereaved or affected by suicide
- N/E Sector Led Improvement Programmes

## Prevention & Early Intervention

- Review and monitor commissioned public mental health services
- Support local mental health transformation
- Maternal Mental Health pathway Contribute to regional/local multi-agency partnerships with a focus on prevention
- Embed a MECC approach across S/Tees organisations and communities

## Dementia

- Dementia Friendly South Tees
- Support VCS to provide inclusive and accessible community activities
- Map of services for people with dementia and their carers
- Awareness and understanding of dementia activities, campaigns, training
- Links with PCN, social prescribing
- Introduce DF Care Home Guide/self Assessment Tool

## Resilient/Connected Communities

- South Tees Wellbeing Network
- Develop programmes that support wellbeing, social connections and asset based community development
- Develop and implement whole system approach to Age Friendly Programme
- Wellbeing Peer Support Model
- Support programmes that develop male mental health resilience
- Mental Wellbeing Training & Development

**Cross Cutting Themes and Better Mental Health Framework for local action:** Evidence Based & Intelligence, Workforce Development, Partnership and alignment, System Change, Leadership and accountability, Communications and Engagement, Whole population, life course and targeted approaches, Defining success outcomes, Mental Health Literacy/Awareness, Wider Determinants, South Tees Wellbeing Network

# Best Start in Life

## The challenge

Identified through a piece of sector-led improvement work in 2020 that whilst we had a strong operational approach to Best Start in Life, our strategic planning and joint working across the sector was poor

## The solution

We presented a paper at South Tees Live Well Board to ask for permission to set up a Best Start in Life Programme Board that would lead locally on our strategic direction and planning around the agenda.

# Best Start in Life

## Challenges – our local data

Indicator	Period	Middlesboro		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2020	→	71	30.4	18.6	13.0	30.4		2.7
Smoking status at time of delivery	2020/21	↓	228	14.5%	13.3%	9.6%	21.4%		1.8%
Low birth weight of term babies	2020	→	64	4.1%	3.2%	2.9%	4.9%		0.3%
Infant mortality rate	2018 - 20	-	19	3.5	3.5	3.9	6.8		1.7
Reception: Prevalence of overweight (including obesity)	2019/20	→	-	31.0%*	24.8%	23.0%	31.8%		16%
A&E attendances (0-4 years)	2019/20	↓	5,280	551.0	938.0	659.8	1,700.5		28.2
Emergency admissions (aged 0-4)	2020/21	→	1,200	127.2	110.1	91.2	193.7		40.5
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	2020/21	↓	130	137.8	143.8	108.7	284.2		35.9
Children with one or more decayed, missing or filled teeth	2016/17	-	-	32.1%	23.9%	23.3%	47.1%		12.9%
Population vaccination coverage - MMR for two doses (5 years old)	2020/21	↓	1,716	84.7%	92.5%	86.6%	59.8%		96.4%

<90% 90% to 95% ≥95%

# Best Start in Life - Approach

- Reframing and System Transformation – the board will lead the local vision and develop a pathway for turning evidence into local practice.
- Intelligence-led approach – embedding evidence based research as the foundations for the work across agencies
- Workforce development – We will work with key partners to introduce a shared language for the community and professionals to talk about early child development and create an awareness of how critical early experiences are and the importance of early brain development. The workforce training will ensure all of the early year’s workforce and key partners (such as housing and GP’s) are able to communicate with families using the common narrative.
- Community engagement – Learning from our local communities and involving them in co-producing our local vision and delivery is key to reducing inequalities. We will work with our local communities to identify pressures impacting on their ability to provide the Best Start in Life and we will work with these communities to identify ways of reducing any barriers.

# Best Start in Life – Achievements

- Launched the new Best Start Partnership with a Best start Practice week in November 2021, over 200 attendees from across Local Authorities directorates and key partner agencies came to the events
- Initiated the Lockdown Babies research study in partnership with Teesside University. Those who took part cited positive impacts of indicated that they saw positive outcomes surrounding bonding (43.6%) increased independence (9.1%) and improved motor skills (6.7%). Respondents indicated the following areas in which they felt lockdown had a negative impact on their baby: development of social skills (28.6%) decreased independence (12.4%) and bonding behaviour (10.8%).

Page 54

Presently undertaking 1001 Days insight work around parental experience, which will allow us to have a greater understanding of the needs of our parents and an intelligence-led approach to our work. The work will be used to help shape the work of the programme board and service development, particularly the family hubs models in both areas. Expected to be complete in June 2023

- Best Start had been established as a high-priority Tees collaborative ICB/ Local Authority workstream for the Tees Valley - Integrated working, Perinatal Mental Health and Foetal Alcohol Syndrome have been identified as key worstreams.
- We are working with Oxford University to embed a brain science-led approach in our local areas. This exciting work will see use brain science in the work we all do with fellow professionals and the community. Training has now been provided to over 200 frontline early year professionals in South Tees.
- Work is presently underway in both local authority areas to have their Family Hubs up-and-running in summer 2023. The hubs are part of the government strategy and vision for first 1001 days. Key areas of focus for the hubs are infant feeding, perinatal mental health, parenting and speech, language and communication.

# Joint Strategic Needs Assessment

- The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and Care needs of the local population and is vital to inform and guide service planning, commissioning and delivery of health, well-being and social care services to ensure the needs of our communities are met
- The development of a JSNA is statutory responsibility of the Health and Wellbeing Board (HWBB) with an expectation that key partners and organisations work together in the development to gain a greater understanding of community needs, agree key local action and encourage a system wide approach to tackling local challenges
- The LiveWell South Tees Board (HWBB) have agreed to a “mission-led” approach for the development of the JSNA, structured across the life course

# Joint Strategic Needs Assessment

- Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change – missions cannot be resolved by any single agency acting in isolation
- The JSNA will provide the intelligence behind the missions – it will develop our collective understanding of the missions and broad contributing factors to the current outcomes experienced
- The missions each have a set of ambitious goals that further articulate and explain the mission
- The JSNA will be developed on a South Tees footprint and the recommendations will inform the development of the South Tees Health and Well-being Strategy



# Missions and Goals

Lifecourse	Mission	Goals
<b>Start Well</b> <i>Children and Young People have the Best Start in Life</i>	We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the <b>school readiness</b> gap between those born into deprivation and their peers.
		We want to eliminate the <b>attainment</b> gap at 16 among students receiving free school meals
	We want to improve education, training and work prospects for young people	Extend offers of <b>apprenticeships, training and work placements</b> for young people to make the most of current and future local opportunities
		We will have no <b>NEETs</b> in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.
	We will prioritise and improve mental health and outcomes for young people	Embed sustainable <b>school based mental health support</b> and support education partners in the establishment of whole school based programmes
		Improve <b>access to mental health care and support</b> for children, young people and families, led by needs.
<b>Live Well</b> <i>People live healthier and longer lives</i>	We will reduce the proportion of our families who are living in poverty	We want to reduce levels of <b>harmful debt</b> in our communities
		We want to improve the levels of high quality <b>employment and increase skills</b> in the employed population.
	We will create places and systems that promote wellbeing	We want to create a <b>housing stock</b> that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.
		We want to create places with <b>high quality green spaces</b> that reflect community needs, provide space for nature and are well connected.
		We want to create a <b>transport system</b> that promotes active and sustainable transport and has minimal impact on air quality.
		We will support the <b>development of social capital</b> to increase community cohesion, resilience and engagement
	We will support people and communities to build better health	We want to reduce the prevalence of the leading <b>risk factors for ill health and premature mortality</b>
		We want to find more diseases and ill health earlier and promote clinical <b>prevention</b> interventions and pathways across the system
	We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	We want to reduce the prevalence and impact of <b>violence</b> in South Tees
		We want to improve outcomes for <b>inclusion health groups</b>
		We want to understand and reduce the impact of <b>parental substance misuse</b> and trauma on children
	<b>Age Well</b> <i>More people lead safe, independent lives</i>	We will promote independence for older people
We want to reduce the level of <b>frailty</b> to improve healthy ageing		
We want to ensure our communities are <b>dementia</b> friendly		
We will ensure everyone has the right to a dignified death		We want to improve the identification of people who are ready to die and enable choice around <b>end of life</b> - relating to planning about care and about life

# Health Determinants Research Collaboration

- The health of the public is fundamentally influenced by the wider determinants of health – for example, education, employment and transport
- The work of Local Government profoundly impacts on these drivers, but there is often little evidence around what can impact on these
- Hence why it is vital that Local Government is better supported to become more research-active and further build this evidence base
- In 2022, NIHR awarded over £50 million in funding to 13 Local Authorities across the UK to develop HDRCs in their localities
- Middlesbrough Council (as lead bidder), Redcar & Cleveland Borough Council and Teesside University applied for and were granted funding (£5.2 Million over 5 years) to establish a HDRC across the two Local Authorities in 2022

# Health Determinants Research Collaboration

- It will have an organisational wide focus as well as a specific programme of work to support research development in three Directorates in both Local Authorities (specifically 1. Children's and Families, 2. Adult Social Care and 3. Regeneration)
- The key point is that the HDRC will create the culture and infrastructure for and to facilitate research but not do actual research

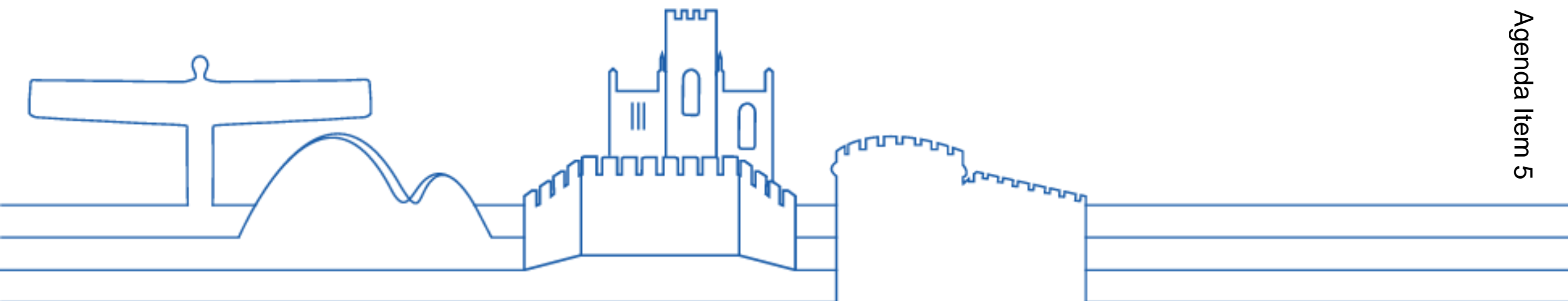
# Health Determinants Research Collaboration

<b>Vision</b>		
<b>South Tees will be an international beacon for research and innovation in tackling poor health outcomes and inequalities.</b>		
<b>Aims</b>		
To build capacity and capability across both Councils to actively participate, use and develop research to inform innovation in practices and deliver real and sustainable impacts to population health.	To increase the amount of research investment in South Tees in relation to determinants of health.	To harness the anchor potential of key research contributors to build inclusive and sustainable economies as part of the overall research approach.
<b>Objectives</b>		
<i>HDRC is deliberately designed to target the wider determinants of health through our “mission-led research approach” that focusses on three Directorates in each Local Authority that have the greatest influence on these – namely <b>Children’s Services, Adult Social Care and Regeneration.</b></i>		
<b>A.1</b> To increase research capacity and capability through a dedicated research infrastructure	<b>B.1</b> To develop a multi-sector research partnership to increase scope and potential of our research to deliver real health impact and drive local research intensity	<b>C.1</b> To develop a cross-partnership Community-Based Research Programme to build inclusive and sustainable research capacity and use research as a tool to support community wealth building
<b>A.2</b> To embed an inclusive and sustainable research culture across South Tees, through effective leadership, strategy and governance	<b>B.2</b> To commission an independent evaluation of our HDRC to support the potential for place-based research partnerships	<b>C.2</b> To build ‘research literacy’ in targeted communities through a ‘routes to research’ approach with schools, colleges and adult education
<b>A.3</b> To develop a global dissemination strategy to support evidence-base development and wider replication of our HDRC approach	<b>B.3</b> To create a 10-year research investment programme beyond our HDRC horizon to create sustained investment in research	<b>C.3</b> To develop recruitment policies that create inclusive and diverse pipelines into research roles and support long-term career progression
<b>Missions</b>		
<b>1.</b> Create a sustainable and inclusive economy to minimise health and reduce inequalities	<b>1.</b> Give every child the best start to life	<b>1.</b> Enable all children, young people and adults to maximise their capabilities and control over their lives

# Foundations – Acklam Road: Management of PMS Agreement termination

Emma Joyeux, Commissioning Lead – Primary Care  
North East and North Cumbria Integrated Care Board

Page 261



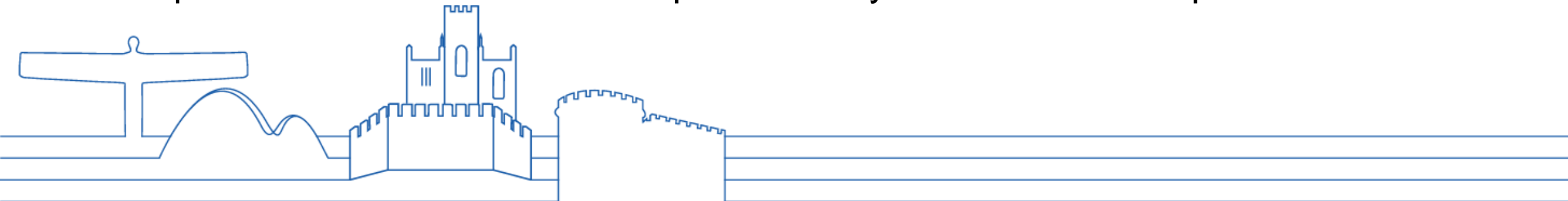
# Brief background

- GP practice (previously known as Fulcrum) which delivers essential, additional, and enhanced primary medical care services
- The practice served notice on the contract, which was undertaken in accordance with the terms and conditions set out in the Personal Medical Services (PMS) Agreement

Page 02

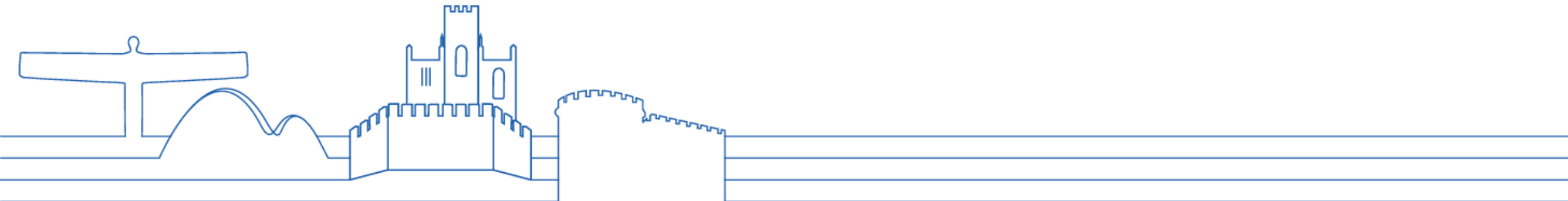
A number of commissioning options were considered by the local executive of the North East & North Cumbria Integrated Care Board (NENC ICB), where it was agreed that services can no longer be sustainably maintained and to proceed with the termination notice

- The practice at Acklam Road will permanently close on 30th September 2023



# Registered list

- There are 748 patients registered as of 1<sup>st</sup> June (NHS Digital)
- This includes 29 patients who are registered on the Special Allocation Scheme (SAS)
- Foundations also provide a specialist prescribing service relating to drug and alcohol treatment, commissioned by Middlesbrough Borough Council
- It is important to note that:
  - Not all of the 748 patients registered with the GP practice access opioid substitution therapy
  - There are a significant number of patients who access Foundations for the opioid substitution therapy who are registered at GP practices elsewhere in Middlesbrough
- The ICB is only responsible for the management of the PMS Agreement termination relating to the 748 patients registered for primary care services



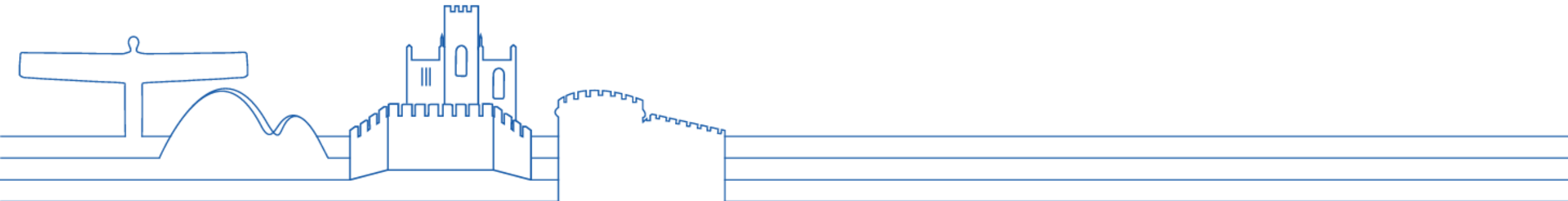
# Closure process

- To ensure continued access to primary medical care services, all patients registered for GP services will be allocated to an alternative practice close to where they live by 30th September 2023
- Patients have been sent an initial letter informing them of the planned closure and a further letter will be issued in August detailing the practice they will be allocated to and registered with in September

Page 64

The SAS patients will not be included in the main allocation to alternative practices as their care must be met by SAS provision. Patients on the SAS register will be allocated to another SAS GP practice by 30th September 2023

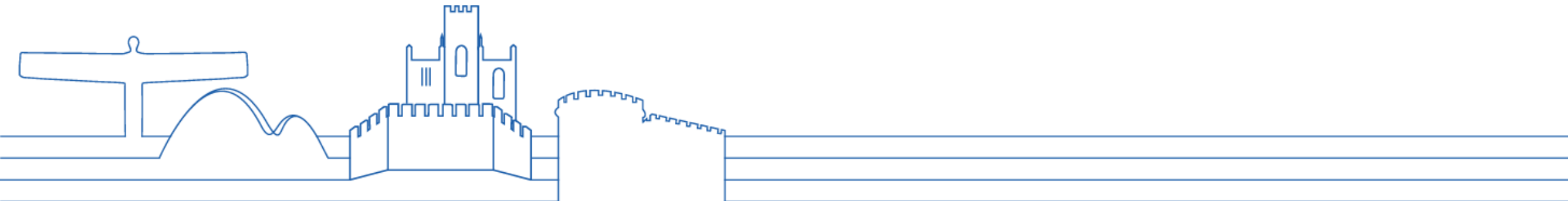
- Until the allocation in September, all patients should continue to access GP services at Foundations





# Next steps

- The ICB is working with NHS England and Cleveland Local Medical Committee to determine the patient allocations to the alternative practices
  - The ICB is supporting practices to enable them to prepare to register the patients and to ensure a smooth transition for patients and effective ongoing management of their health care needs
- Page 65
- The ICB continues to work closely with the practice and with Local Authority colleagues in Public Health to ensure communications to patients and stakeholders are clear due to the different services currently commissioned from the practice by different organisations
- Operational aspects of a practice closure e.g. assets, clinical system access etc are being managed by a project group and follows a standard operating procedure and action plan developed by NHS England

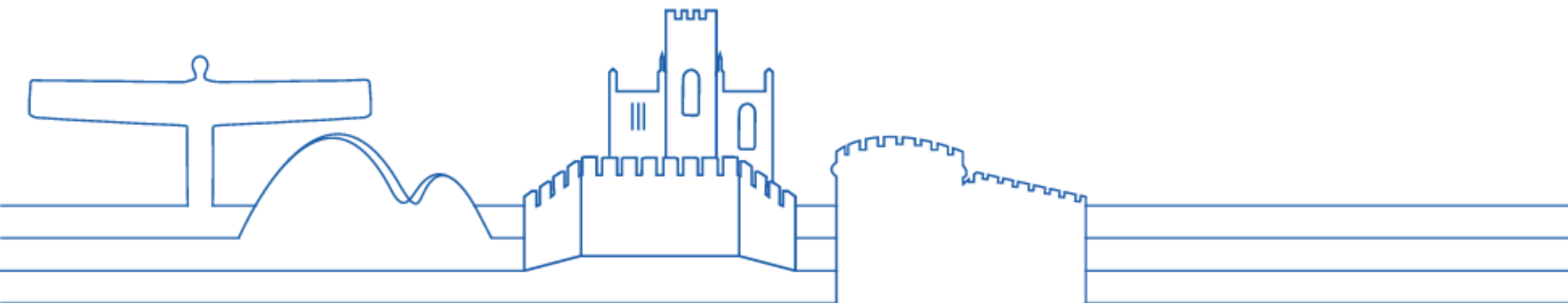




**North East and  
North Cumbria**

**Any Questions?  
Thank you**

Page 66



**Health Scrutiny Panel****Proposed Meeting Schedule for 2023/24**

Members are asked to consider the proposed schedule of meeting dates, for the Health Scrutiny Panel, for the 2023/24 municipal year:

<b>Date</b>	<b>Time</b>	<b>Venue</b>
<b>Monday 11 September 2023</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 23 October 2023</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 20 November 2023</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 11 December 2023</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 22 January 2024</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 19 February 2024</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 25 March 2024</b>	<b>4.30 p.m.</b>	<b>TBC</b>
<b>Monday 22 April 2024</b>	<b>4.30 p.m.</b>	<b>TBC</b>

**Contact Officer:**

Georgina Moore

Democratic Services

Telephone: 01642 729711 (direct line)

e mail: [georgina\\_moore@middlesbrough.gov.uk](mailto:georgina_moore@middlesbrough.gov.uk)

This page is intentionally left blank