

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

<p>Date: Wednesday 27th September, 2023 Time: 4.30 pm Venue: Mandela Room, Town Hall, Middlesbrough</p>
--

AGENDA

1. Appointment of Chair for 2023/24

The Joint Committee will be asked to appoint a Chair (from Middlesbrough Council's representatives).
2. Appointment of Vice-Chairs for 2023/24

The Joint Committee will be asked to appoint two Vice-Chairs, one from each local authority.
3. Apologies for Absence
4. Declarations of Interest
5. Protocol for the South Tees Health Scrutiny Joint Committee 3 - 10

The Joint Committee will be asked to consider and agree the protocol for the South Tees Health Scrutiny Joint Committee.
6. An Overview of NHS Health and Public Health 11 - 60

The Joint Committee 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.
7. Live Well South Tees Health and Wellbeing Board 61 - 72

The Joint Committee will receive an update on the Board's work programme, the performance framework and priority indicators.
8. Setting the Work Programme for 2023/24 73 - 74

The Joint Committee will be asked to consider and agree its work programme for the 2023/24 municipal year.

9. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Date Not Specified

MEMBERSHIP

Councillors J Banks, J Craven, K Evans, J Hart, D Jackson, D Jones, S Kay, J Lavan, L Mason and M Storey

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

MIDDLESBROUGH COUNCIL

SCRUTINY REPORT

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

Protocol for the South Tees Health Scrutiny Joint Committee

27 SEPTEMBER 2023

PURPOSE OF THE REPORT

1. To introduce the draft protocol for the South Tees Health Scrutiny Joint Committee.

BACKGROUND

2. The protocol is a framework for assisting with the joint committee arrangements for carrying out scrutiny of relevant health service providers and commissioners in Middlesbrough and Redcar and Cleveland, under powers contained in the Health and Social Care Act 2001, the NHS Act 2006 and the Health and Social Care Act 2012.
3. The protocol is reviewed annually to ensure it remains up to date with any legislative changes and reflects the current health landscape across the South Tees area.

RECOMMENDATION

4. That the protocol for South Tees Health Scrutiny Joint Committee, as attached at Appendix 1, be approved.

Contact Officer

Georgina Moore
Democratic Services Officer
Legal and Governance Services
Tel: 01642 729711
Email: Georgina_moore@middlesbrough.gov.uk

This page is intentionally left blank

Draft Protocol for the South Tees Health Scrutiny Joint Committee

1. This Protocol has been developed as a framework for carrying out scrutiny of relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland under powers for local authorities to scrutinise the NHS contained in the Health and Social Care Act 2001, the NHS Act 2006 and the Health and Social Care Act 2012. The experience of all those involved in health scrutiny will inform the development of the protocol. The protocol will be reviewed at the first meeting of a new municipal year and shared for information with all stakeholders.

Local Authorities involved

2. Middlesbrough Council and Redcar & Cleveland Council

Primary Care involved

3. NHS bodies, relevant health service providers and the North East and North Cumbria Integrated Care Board (ICB).

South Tees Health Scrutiny Joint Committee

4. A South Tees Health Scrutiny Joint Committee ("the Joint Committee") comprising Middlesbrough Council and Redcar & Cleveland Council exists to undertake joint scrutiny of NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland, and the work of the single Health & Wellbeing Board.

Terms of Reference

5. The Joint Committee has the following terms of reference:
 - i) To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
 - ii) To consider proposals for scrutiny of issues and topics in relation to NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland in order to ensure that the value of proposed scrutiny exercises are not compromised by lack of input from appropriate sources and that the North East and North Cumbria Integrated Care Board (ICB) is not over-burdened by similar reviews taking place in a short space of time;

- iii) To carry out scrutiny reviews of issues and topics relating to NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland.
 - iv) To act as a statutory consultee as appropriate in any formal consultation process as prescribed by section 7 of the Health & Social Care Act 2001, developed in Section 244 of the NHS Act 2006 and the Health and Social Care Act 2012.
6. The Joint Committee may wish to scrutinise services provided for South Tees residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
 7. Scrutiny of NHS bodies, relevant health service providers and commissioners in Middlesbrough and Redcar & Cleveland will focus on improving health services and the health of South Tees residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern and where appropriate, may take preliminary steps to ascertain whether individual complaints represent the norm or the exception.
 8. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to scrutiny, but this may not always be possible. In these circumstances, it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.
 9. The basis of joint scrutiny will be co-operation and partnership within mutual understanding of the following aims:
 - a) to improve the health of local people and to tackle health inequalities,
 - b) ensuring that people's views and wishes about health and health services are identified and integrated in to plans and services that achieve local health improvements;
 - c) scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
 10. Proposals for individual scrutiny reviews shall be submitted to the Joint Committee with relevant background information.

Membership

11. The Joint Committee will comprise 10 councillors (5 from Middlesbrough and 5 from Redcar & Cleveland - supported by appropriate officers as necessary) on the basis of political proportionality. The terms of office of representatives will be for one

year from the date of the annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.

12. Local Authorities will be entitled to nominate substitutes. Named substitutes shall be entitled to attend meetings of the Joint Committee as non-voting observers in order to familiarise themselves with issues under review.
13. The quorum of the Joint Committee shall be 4, as long as both local authorities are represented.

Chair and Vice-Chair

14. The Chair of the Joint Committee will rotate between the two authorities. The Joint Committee shall have two Vice-Chairs, one from each authority. At the first meeting each year, the Joint Committee shall appoint as Chair and Vice-Chairs the Councillors nominated by the relevant councils. If the Chair and Vice-Chairs are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting.

Administration

15. The secretariat support for the Joint Committee will align with the charring arrangements and rotate between the two authorities.
16. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 7 days before the date of the meeting and also to the chair of relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Agendas for meetings shall be determined by the secretariat in consultation with the Chair. Papers "to follow" will not be permitted except in exceptional circumstances.
17. Minutes of meetings will be supplied to each member of the Joint Committee and to the relevant chairs of overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
18. Meetings shall be held at the times and dates and in places determined by the Chair.

Final Reports and Recommendations

19. The Joint Committee is independent of its constituent Councils and Executives. This independence should not be compromised by any member, officer or the NHS bodies, relevant health service providers

and commissioners. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations. This will include the Health and Wellbeing Boards, ICB and local authority Executives.

20. The primary objective is for all reports to be agreed unanimously. Where a minimum of 2 members of the Joint Committee wish to express an alternative view to the majority of the Joint Committee, they can produce a minority report.
21. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS bodies, relevant health service providers and commissioners and the Health & Wellbeing Board. The NHS bodies, relevant health service providers and commissioners and Health & Wellbeing Board will prepare Action Plans that will be used to monitor progress of recommendations.

Principles for joint scrutiny

22. The health of South Tees residents is dependent on a number of factors including the quality of services commissioned and provided by the ICB, NHS bodies, relevant providers, the local authorities and local partnerships, including the Health & Wellbeing Board. The success of joint scrutiny is dependent on the members of the Joint Committee as well as the NHS bodies, relevant health service providers and commissioners
23. The local authorities and the NHS bodies, relevant health service providers and commissioners will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the code of conduct.
24. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. Papers for the Joint Committee will be published on the Middlesbrough Council website.
25. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
26. The Joint Committee will seek to establish working relationships with the appropriate local Healthwatch.

27. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. Reasonable time will be given for the provision of information by those asked to provide evidence.
28. Evidence and final reports will be written in plain English where possible. Acronyms and technical terms will be explained.
29. The Joint Committee will seek to develop an annual work programme in consultation with the ICB and the Health & Wellbeing Board. The ICB will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme.

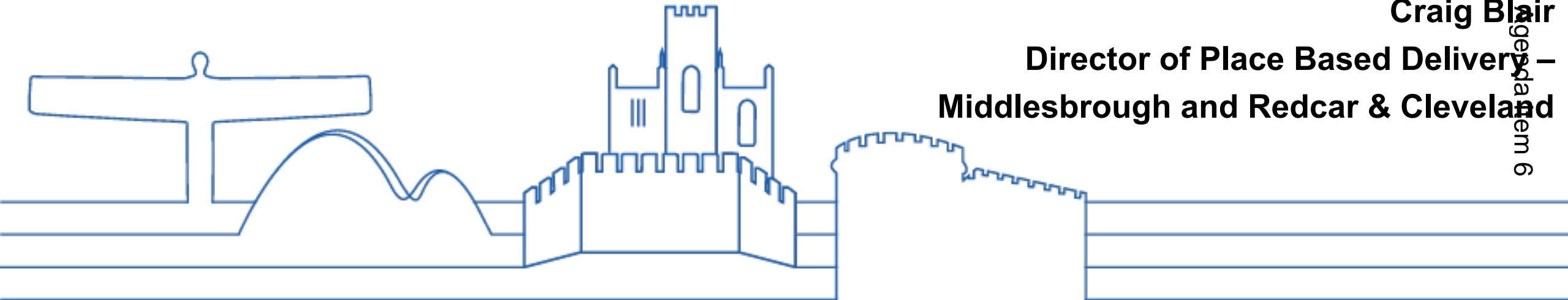
This page is intentionally left blank

Integrated Care Partnership arrangements in the North East and North Cumbria

Page 11

Craig Blair
Director of Place Based Delivery –
Middlesbrough and Redcar & Cleveland

geordiam 6

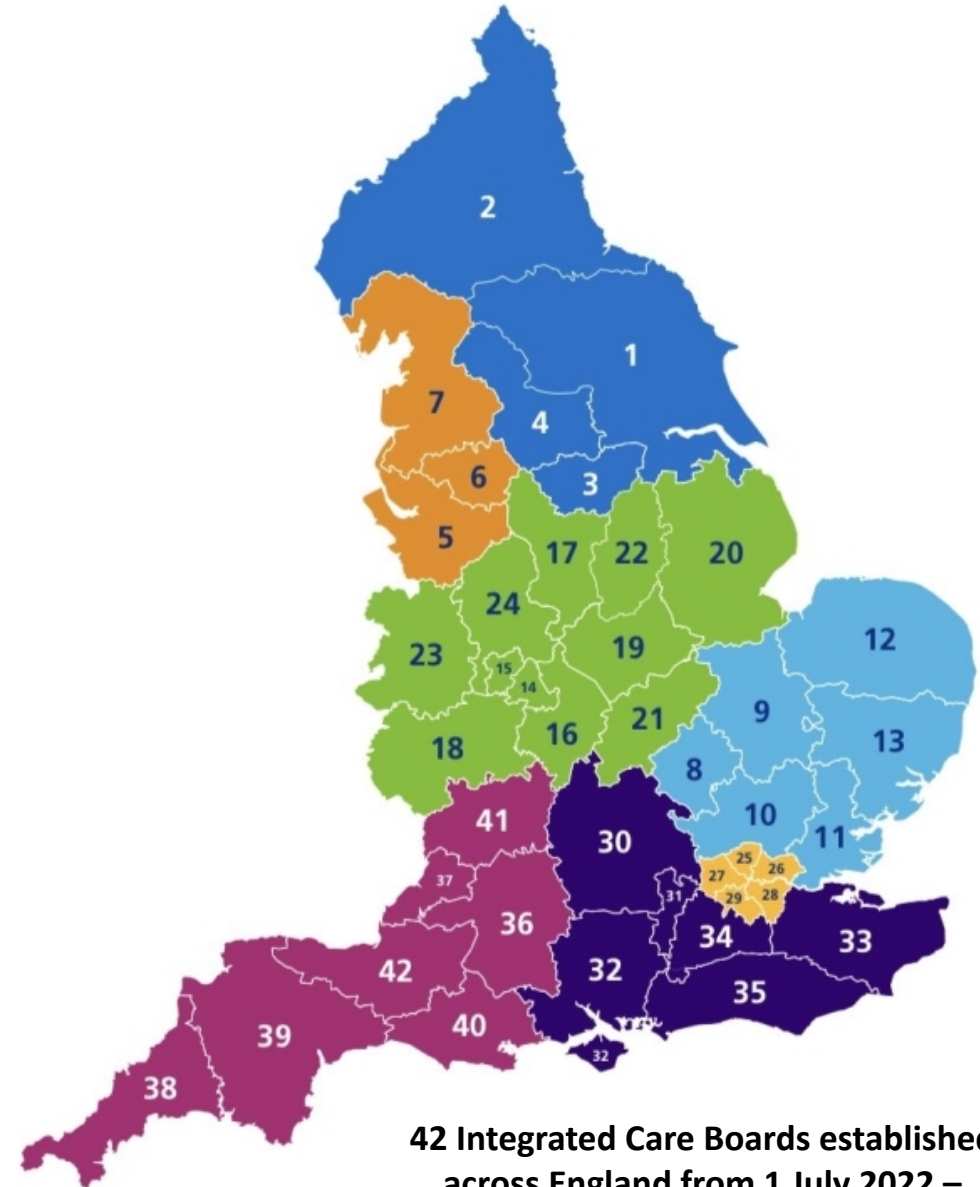


What's an ICS, ICB and ICP?

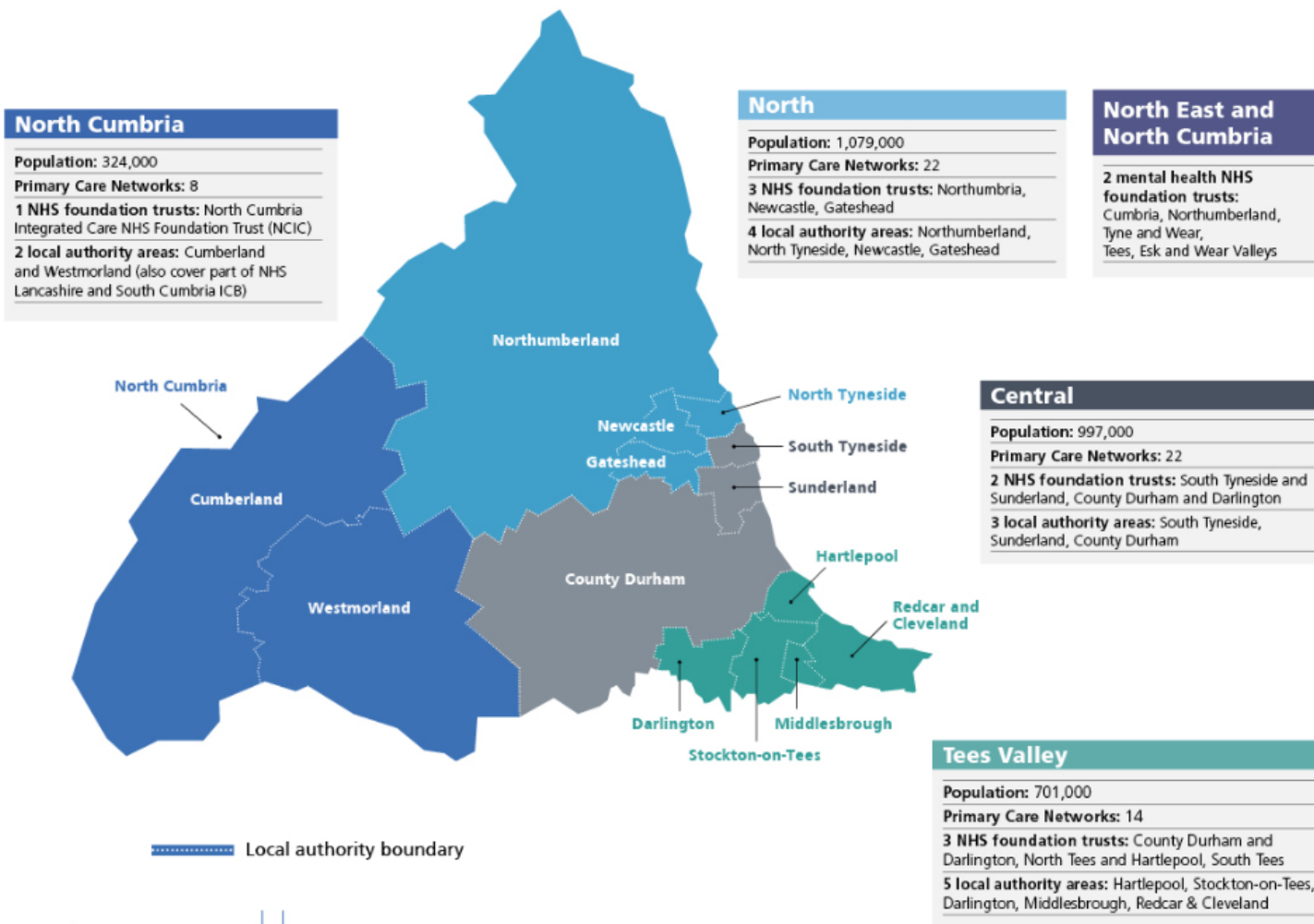
Integrated Care System (ICS) – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

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:

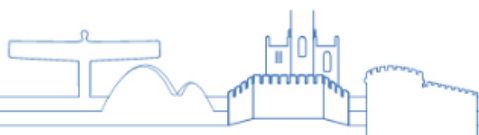
- 13 local authorities – a director post for each unitary tier local authority
- 11 NHS foundation trusts and 64 primary care networks – place based teams working with local GP practices, social care teams and community-based providers

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



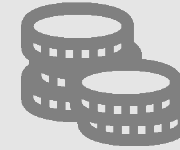
1 Improve outcomes in population health and healthcare

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

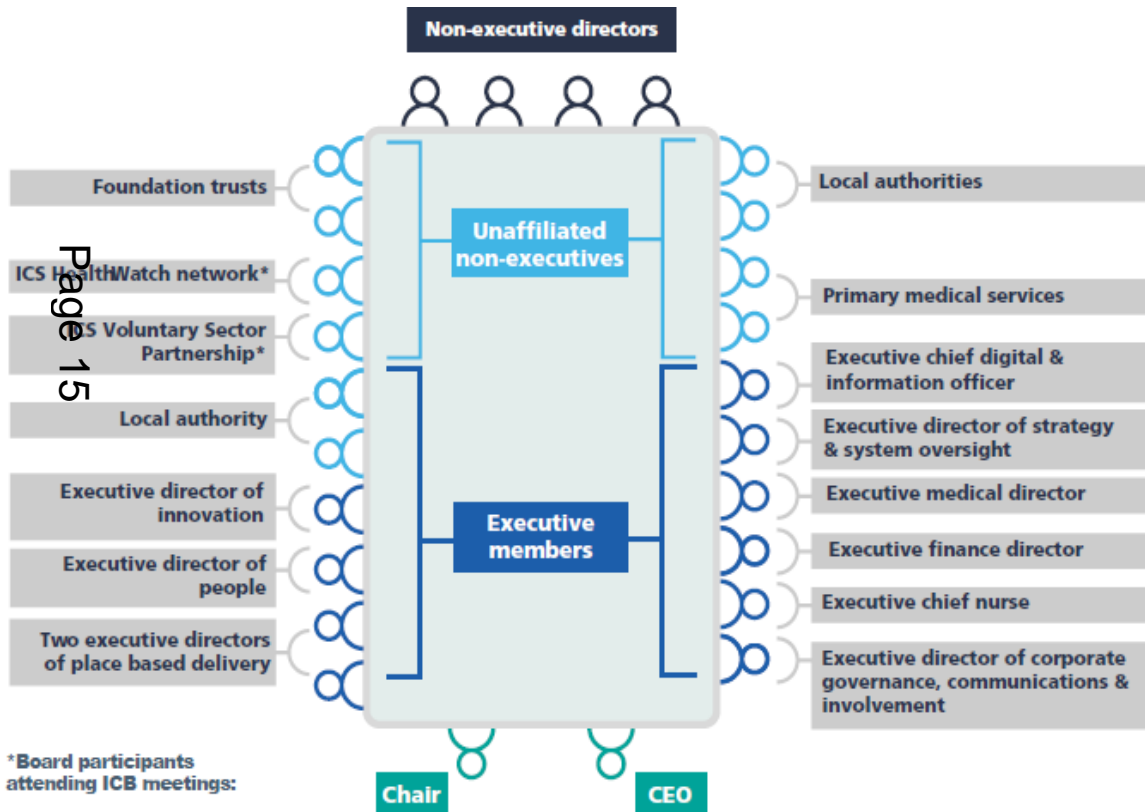
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

ICB Participants

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

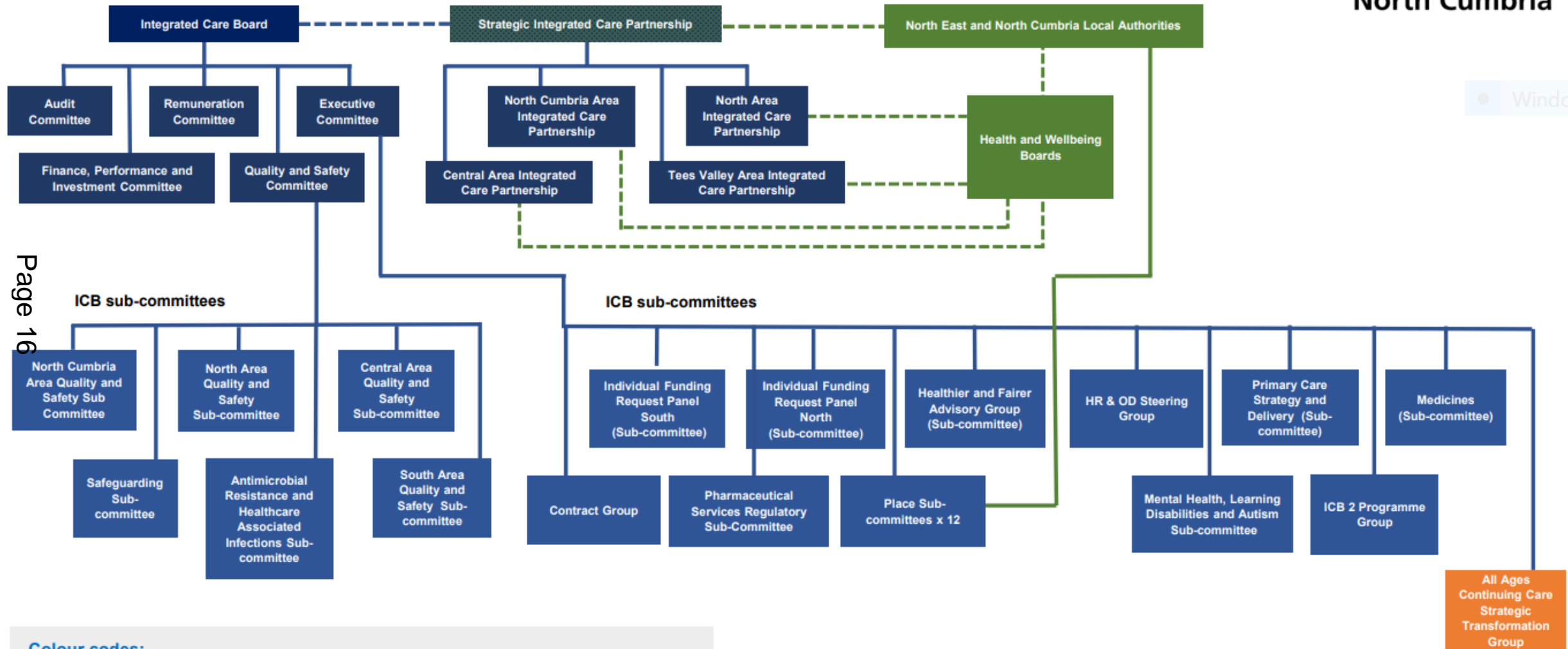
ICB Executive Directors

- 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



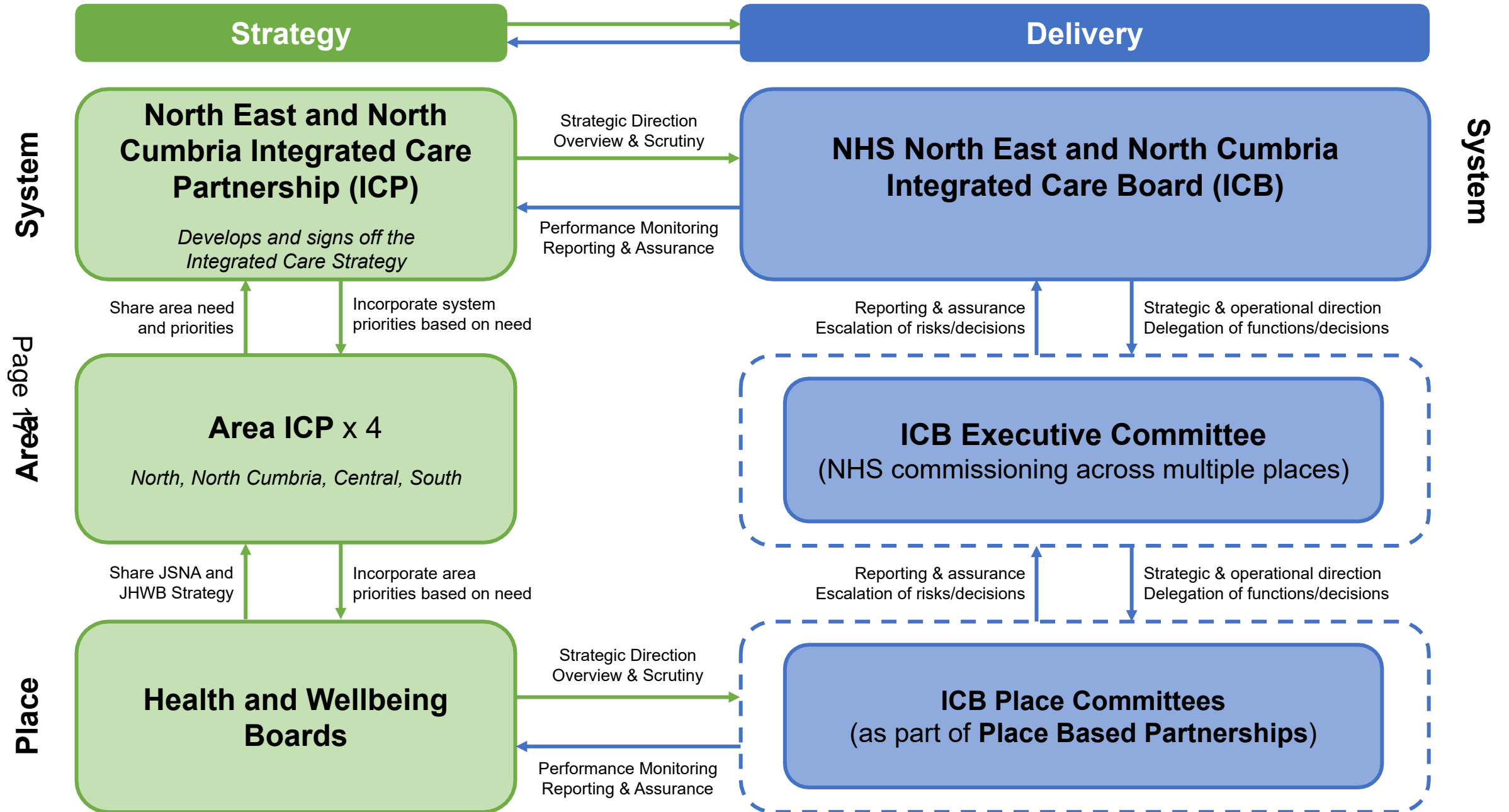
Page 16

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 18



North Cumbria ICP:
Cllr Mark Fryer
leader of
Cumberland Council



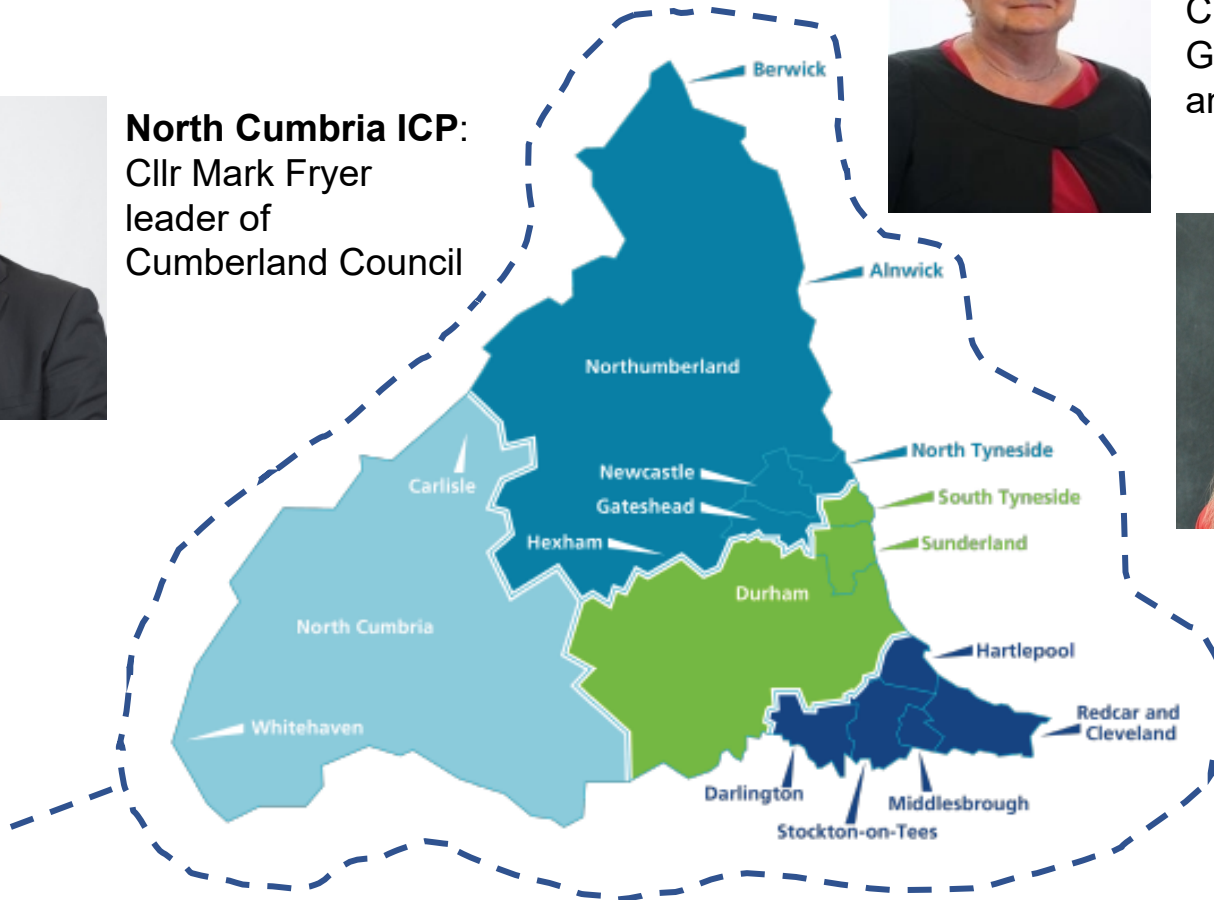
North ICP:
Cllr Lynne Caffrey –
Chair of the
Gateshead Health
and Wellbeing Board



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:

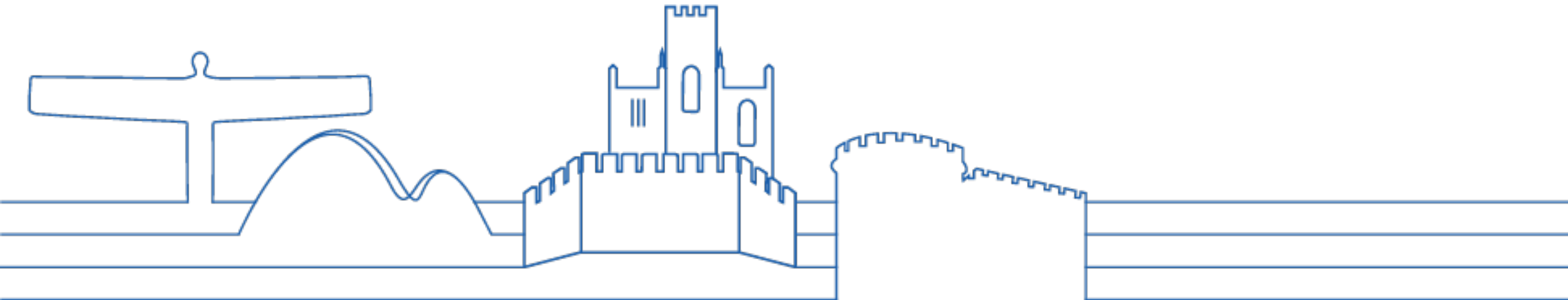
- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways 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 20



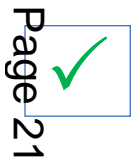
The opportunity to strengthen Place-Based Partnerships



- 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 22
- 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)

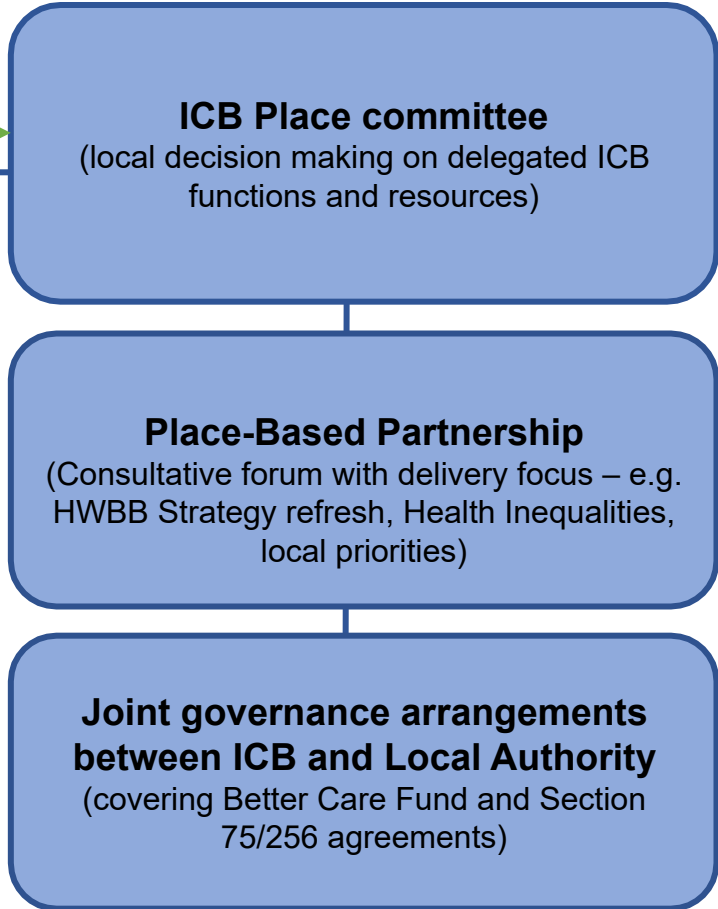
- Functions and resources delegated from the ICB as agreed by JMEG
- All budgets for services commissioned and delivered in the **community / out of hospital** system
- All budgets categorised as **continuing healthcare**
- **Primary care** budgets (with the exception of nationally negotiated GP contract 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

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

Page 23

One meeting



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

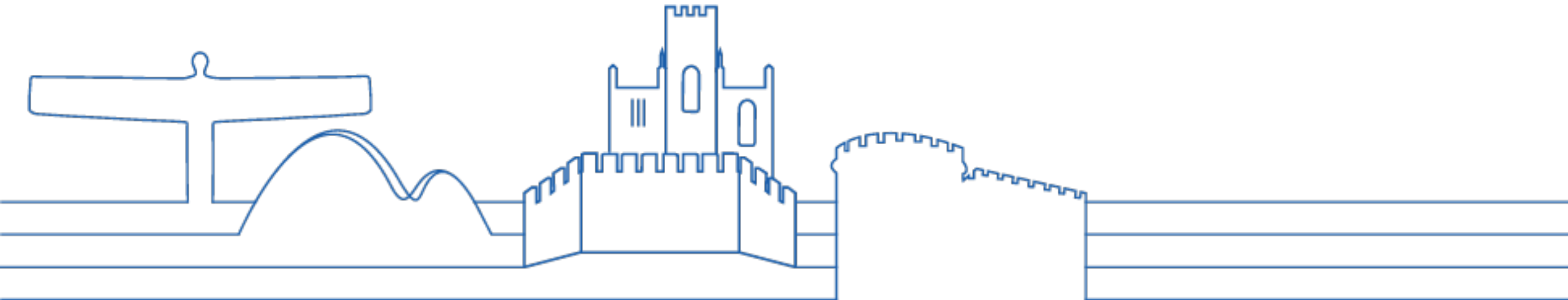
- Agreeing local CHC framework
- Joint Commissioning update

Membership of ICB Sub-Committee - 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, broader VCSE) – to ensure no duplication and overlap with HWBB
- 1st Meeting held on 22nd May 2023
- Meetings will be held monthly where possible
- Cycle of business being developed and considered with the membership
- Delegated budgets and authority evolving in time

NHS Five Year Joint Forward Plan Update

Page 25



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 26

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



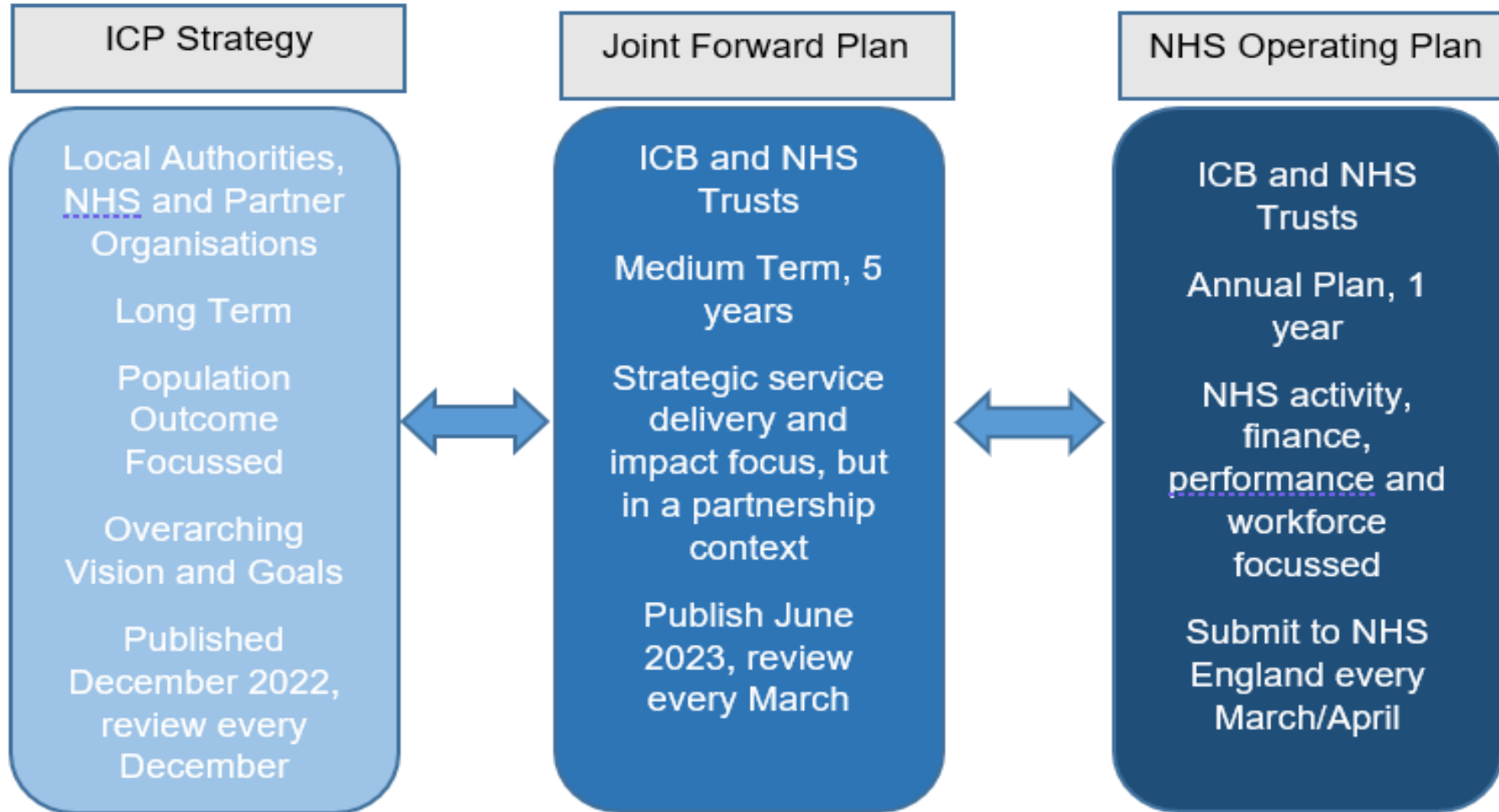
Giving children
and young people
the best
start in life



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

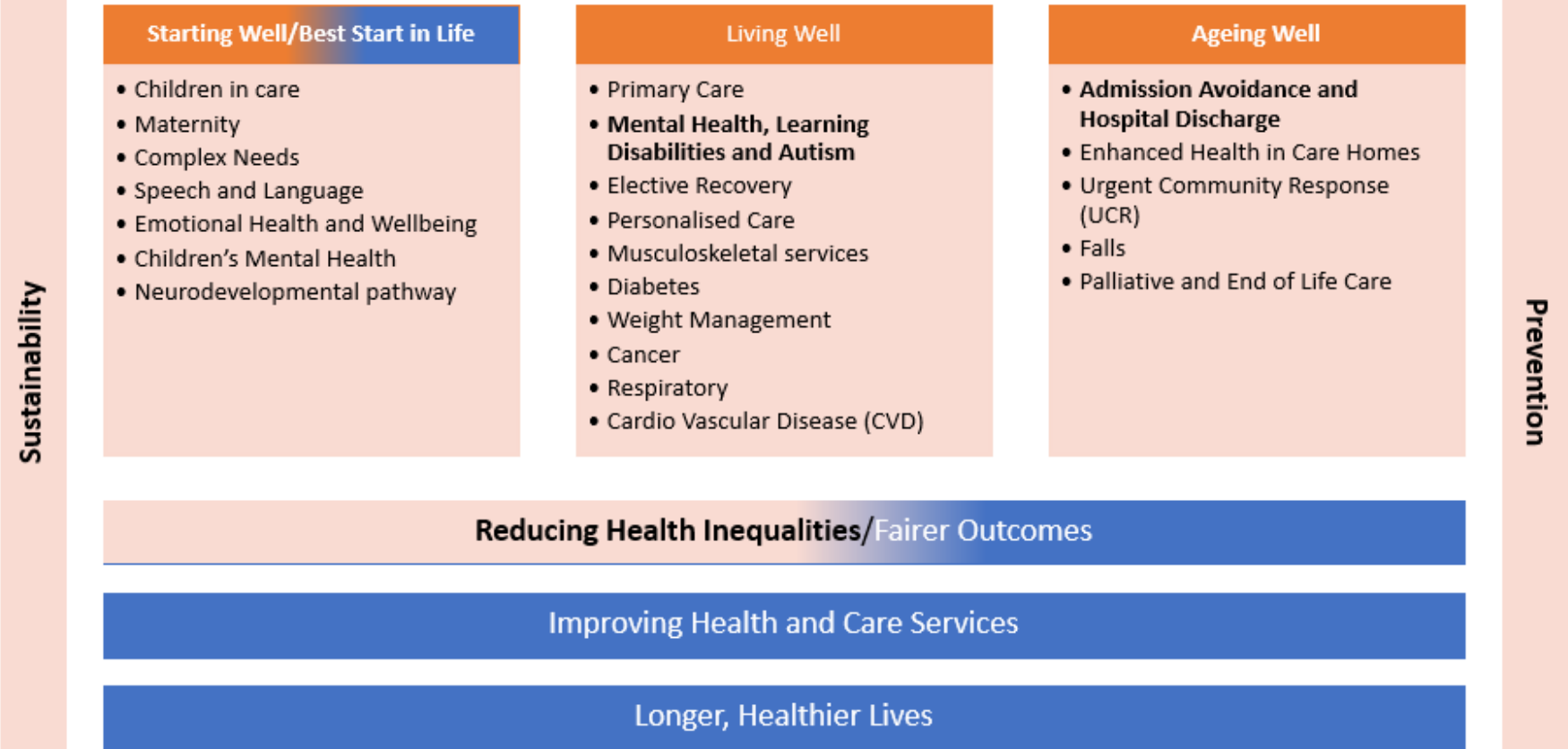
Tees Valley Priorities

- 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 31



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 EHWP 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

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

Mark Adams



South Tees challenges

Higher levels of...

- Smoking
- Obesity
- Alcohol consumption and drug misuse
- Poverty
- Suicide
- CVD / Stroke / Diabetes / Cancer / Resp
- Dementia and age related illnesses
- Teenage and unwanted pregnancies
- Communicable diseases including STIs
- Mental ill health
- Complex needs and vulnerabilities

Lower levels of...

- Life expectancy
- Healthy Life expectancy
- Physical activity
- Engagement with screening and immunisations
- Ability to self care
- Housing standards
- Educational attainment & training
- Stigma for health inclusion groups

Life Expectancy at Birth (2018-20)

Page 41



Gap Widening VS England

Redcar & Cleveland

	Male	Female
2010-12	0.6 years	1.1 years
2018-20	1.9 years	1.6 years

Middlesbrough

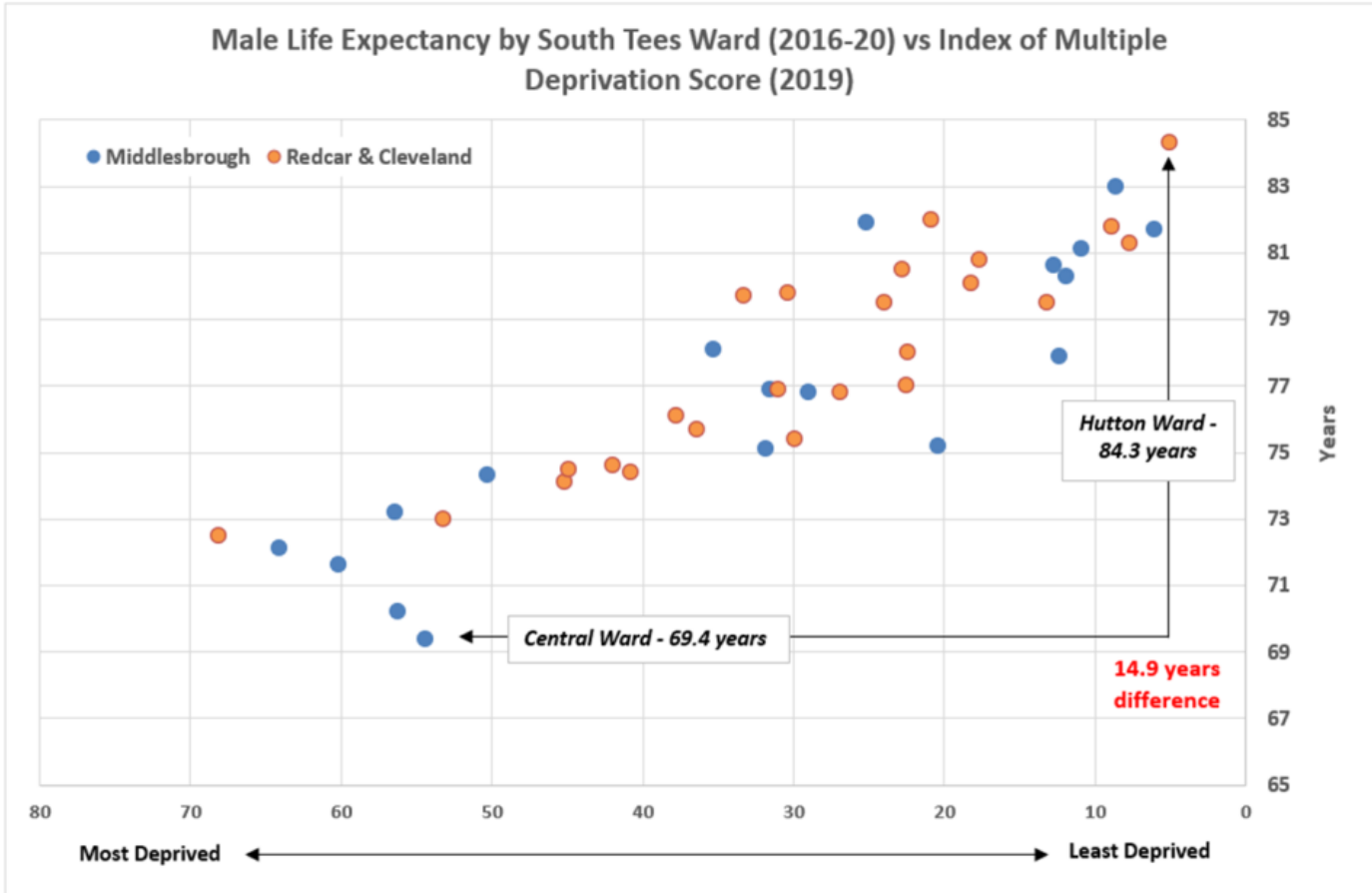
	Male	Female
2010-12	2.9 years	2.7 years
2018-20	4 years	3.3 years



Source = ONS

Male Life Expectancy at Birth by Ward

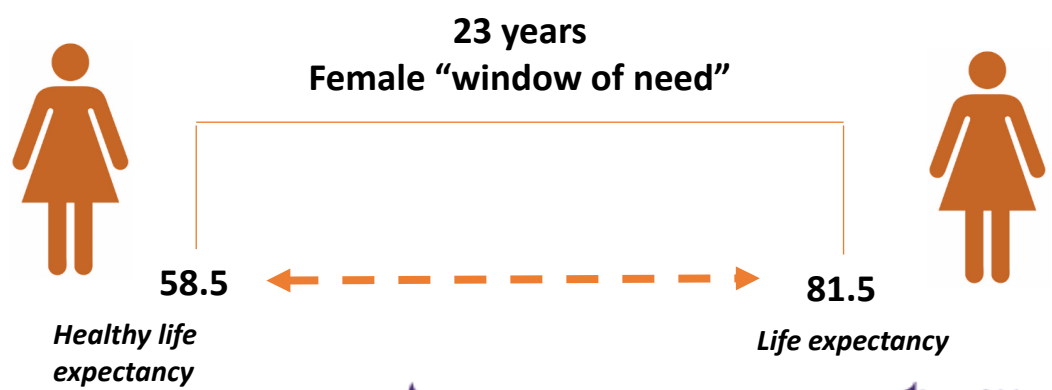
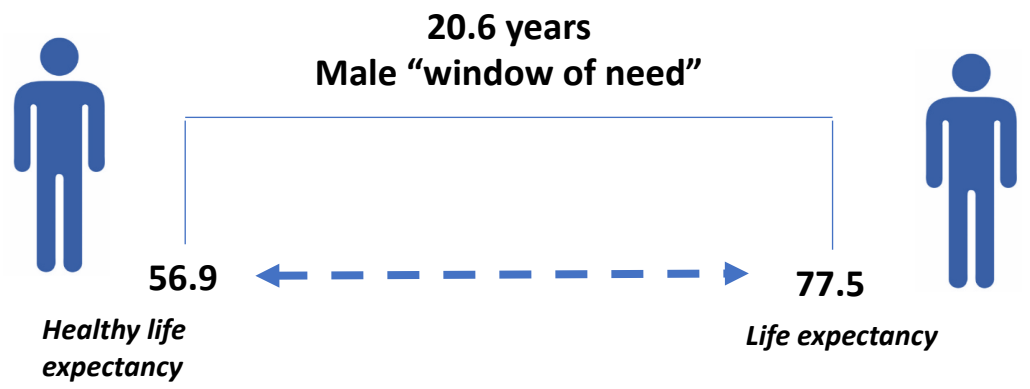
Page 42



Source - Local Health, OHID & IMD

Healthy Life Expectancy (2018-20)

Page 43



Source - Fingertips, OHID

PH 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)

PH Statutory Duties and Responsibilities



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

Together with the **ICB**, 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)**

Page 45



Programme Approach

5 Programmes

- Creating environments for healthy food choices and physical activity
- Protecting health
- Preventing ill-health
- Reducing vulnerability at a population level
- Promoting positive mental health and emotional resilience

4 Business Imperatives

- Address health inequalities with a determined focus on the best start in life
- Better use of intelligence to inform decision-making
- Building purposeful relationships with key partners
- Improved financial efficiencies

3 Levels of Intervention across the life-course:

- **Civic-level** – healthy public policy
- **Service-level** – evidence-based, effective, efficient and accessible services
- **Community-level** – family of community centred approaches

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 47



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

Community-Level:

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

Healthy Environments

Aim To develop and implement a system led approach to creating places that promote healthy eating and moving more

Priorities

- **Create environments for healthy food:** Supporting the Middlesbrough Food Partnership Gold Award bid; embedding School Food Standards; implementing the Eat Well South Tees and Eat Well Schools Award; delivering HAF and using 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 development and implementation of the healthy weight declaration:** 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.



Protecting Health

Aim Protect the population of South Tees from the spread of communicable disease, prevent and manage outbreaks and protect from environmental hazards

Priorities

- Strengthen the local health protection response across South Tees, by facilitating a multi-agency South Tees Health Protection Assurance Partnership
- Protect local people from environmental hazards and incidents, focusing on the South Tees Clean Air Strategy and the severe weather plan
- Use local intelligence and relationships with key partners to improve the prevention, detection and management of communicable diseases and outbreaks. With a focus on current syphilis and gonorrhoea outbreaks
- Build community resilience and capacity to prevent and manage health protection issues through making every contact count and community champions approach
- Utilise community insights/behavioural science approaches in partnership with primary care, secondary care, SAIS and education, to increase immunisations uptake rates



Preventing Ill Health

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

Priorities

- Lead the development of the South Tees Ill Health Prevention Board
- Develop Anchor Network across South Tees
- Improve co-ordination of local, regional and national primary prevention campaigns and Maximise opportunities for preventative programmes across the system
- Increase uptake of screening programmes and recognition of signs and symptoms of ill health to ensure early presentation, diagnosis and timely access to treatment
- Consider inequalities in access, service use, outcomes and experience across all commissioned and in house service provision.
- Support South Tees Hospital Trust to implement an approach to tackling health inequalities in secondary care
- Further develop the Health on the High Street offer, improving the accessibility of health services

Page 50



Reducing vulnerabilities at a population level



Aim 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.

Priorities

- Developing 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;
- Further developing collaborative working to strengthen the interface between organisations ensuring that operationally people experience seamless systems and services, and ensure sustainability;
- Testing out more commissioning approaches, including inter-organisational/joint, to deliver better, people-centred services;
- Applying a lived experience model to support people with sustainable, positive behaviour change;
- Investing in more prevention programmes at individual, community and place level;
- Maximising system-wide leadership to create the conditions for change, communicating the vision throughout their individual organisations and our collective agendas;

Promoting Positive Health and Emotional Resilience



Aim To work with key partners to ensure the population of South Tees are supported to be more resilient to achieve positive mental health and good emotional wellbeing.

Priorities

- Take a whole system approach to mental health and wellbeing that recognises the breadth of organisations supporting mental health and acknowledges and addresses the wider determinants of mental health, including poverty.
- To undertake review and maintain development of HeadStart Resilience Programme to ensure needs of pupils, schools and families are met.
- Maintain a Wellbeing Network across South Tees to connect wellbeing across communities and promote the use of the whole system approach.
- Strengthen protective factors for mental health – for example by supporting programmes that support wellbeing, social connections and asset-based community development
- Monitor commissioned programmes/services that address immediate needs for low level mental health support and mental health literacy e.g. bereavement support, training hub.
- Contribute to the reduction of local suicides and support the development and key areas of action in the Tees Suicide Prevention Strategic Plan
- Continue to develop Dementia Friendly Communities across South Tees

Page 52

Best Start in Life

Aim To ensure Children across South Tees have the best start in life

Priorities

- 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.

Page 58

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

Page 54



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

Page 55



Missions and Goals

Lifecourse	Mission	Goals	
Start Well <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 school readiness gap between those born into deprivation and their peers. We want to eliminate the attainment gap at 16 among students receiving free school meals	
	We want to improve education, training and work prospects for young people	Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities We will have no NEETs 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 school based mental health support and support education partners in the establishment of whole school based programmes Improve access to mental health care and support for children, young people and families, led by needs.	
	Page 56 Live Well <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 harmful debt in our communities We want to improve the levels of high quality employment and increase skills in the employed population.
We will create places and systems that promote wellbeing		We want to create a housing stock 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 high quality green spaces that reflect community needs, provide space for nature and are well connected. We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality. We will support the development of social capital 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 risk factors for ill health and premature mortality We want to find more diseases and ill health earlier and promote clinical prevention 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 violence in South Tees We want to improve outcomes for inclusion health groups We want to understand and reduce the impact of parental substance misuse and trauma on children	
Age Well <i>More people lead safe, independent lives</i>		We will promote independence for older people	We want to reduce the levels of loneliness and isolation in our communities and ensure our places promote healthy ageing We want to reduce the level of frailty to improve healthy ageing We want to ensure our communities are dementia 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 end of life - 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

Page 57
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

Page 58



Health Determinants Research Collaboration



Vision		
South Tees will be an international beacon for research and innovation in tackling poor health outcomes and inequalities.		
Aims		
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.
Objectives		
<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 Children’s Services, Adult Social Care and Regeneration.</i>		
A.1 To increase research capacity and capability through a dedicated research infrastructure	B.1 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	C.1 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
A.2 To embed an inclusive and sustainable research culture across South Tees, through effective leadership, strategy and governance	B.2 To commission an independent evaluation of our HDRC to support the potential for place-based research partnerships	C.2 To build ‘research literacy’ in targeted communities through a ‘routes to research’ approach with schools, colleges and adult education
A.3 To develop a global dissemination strategy to support evidence-base development and wider replication of our HDRC approach	B.3 To create a 10-year research investment programme beyond our HDRC horizon to create sustained investment in research	C.3 To develop recruitment policies that create inclusive and diverse pipelines into research roles and support long-term career progression
Missions		
1. Create a sustainable and inclusive economy to minimise health and reduce inequalities	2. Give every child the best start to life	3. Enable all children, young people and adults to maximise their capabilities and control over their lives

Page 69



This page is intentionally left blank



**Live Well South Tees Health and Wellbeing Board
Assurance Report to South Tees Health Scrutiny Joint Committee**

To:	South Tees Health Scrutiny Joint Committee	Date:	September 2023
From:	Live Well South Tees Board		
Purpose of the Item	To provide the South Tees Health Scrutiny Joint Committee with an update on the Board’s work programme, performance framework and priority indicators		
Summary of Recommendations	That South Tees Health Scrutiny Joint Committee: <ul style="list-style-type: none"> • Are assured that the Live Well South Tees Board is fulfilling its statutory obligations • Note the progress made in implementing the Board’s Vision and Priorities 		

1. Purpose and Statutory Functions of Health and Wellbeing Boards:

Health and Wellbeing Boards are a formal statutory committee of the local authority and provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. HWBs:

- provide a strong focus on establishing a sense of place
- instil a mechanism for joint working and improving the wellbeing of their local population
- set strategic direction to improve health and wellbeing

Statutory functions include:

- Assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- Publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- Oversight of Pharmaceutical Needs Assessments
- Sign off of Better Care Funds

Source: <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance#role-and-purpose-of-health-and-wellbeing-boards>

2. Live Well South Tees Board Strategy / Missions

The Live Well South Tees Board has agreed the vision and aims summarised in the table below:

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	<p>Children and Young People have the Best Start in Life</p> <p>We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles</p>	<p>People live healthier and longer lives</p> <p>We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle.</p>	<p>More people lead safe, independent lives</p> <p>We want more people leading independent lives through integrated and sustainable support.</p>

Further details of the goals and links to the JSNA are shown in Appendix 1.

3. Work Programme

The South Tees Health and Wellbeing Executive was formed to oversee the work programme for the Live Well South Tees Board, promoting joint working and ensuring statutory functions are met. The Board receives an Executive Assurance Report each meeting.

3.1 The tables below summarise the work programme of the Board/Executive from July 2022 to August 2023.

Start Well				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
Best Start in Life: Whole System Change	Best Start in Life Programme Board	July 2023	July 2022 September 2022	Endorsed the ongoing system-wide work and supported the progress to date.
Ofsted / CQC Area SEND Inspections	Childrens Services		March 2023	Noted the changes to the framework and inspections

Start Well				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
South Tees Safeguarding Children Partnership Annual Report	STSCP	January 2023		The work of the partnership was recognised and the 4 priorities of the STSCP which are: <ul style="list-style-type: none"> • VEMT (vulnerable, Exploited, Missing, Trafficked) • Neglect • Empowering young people • Working together

Live Well				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
Community Mental Health Framework	TEWV		July 2022	Noted the ongoing programme
Cost of Living Crisis – HWB Response	HWB Executive Public Health	September 2022		Agreed task and finish group be established to develop a joint local response
		January 2023		Noted ongoing work
IRIS Update – national programme that works to promote and improve the General Practice response to domestic violence and abuse	IRIS My Sisters Place		July 2023	Noted the progress and impacts in Middlesbrough. Future options being developed.
Housing and Homelessness	Changing Futures	July 2023		Action plan with case studies to be developed

Live Well				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
South Tees Autism Partnership	Autism Partnership		March 2023	Noted the remit and work of the partnership to date
Whole System Approach to Adult Mental Health in South Tees	TEWV Public Health Impact on Teesside MIND	January 2023		Support for continued system working and initiatives in the community to support mental health
Whole System Approach to Prevention and Inequalities	Public Health	March 2023	July 2023	Agreed to establish a Prevention Board as a sub-committee of the Live Well South Tees Board. Approved sign up to the Healthy Weight Declaration as a tool to gain support and promote the commitment to addressing obesity

Age Well				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
How our Better Care Fund Schemes contribute to admission avoidance, discharge home and improved outcomes for our residents	BCF IMG, South Tees Executive Governance Board	September 2022	BCF update quarterly	Appreciation of the range of the integrated services and outcomes/ benefits they deliver

Statutory Functions				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
Adult Social Care Assurance	Directors of Adult Social Care		September 2022	Noted the requirements
Adult Social Care Discharge Fund and Additional Discharge Funding Endorsement	BCF Implementation and Monitoring Group South Tees Executive Governance Board	January 2023	Quarterly updates	Plans considered and endorsed
BCF Plans, Quarterly and End of Year Returns	BCF Implementation and Monitoring Group South Tees Executive Governance Board	September 2022 July 2023	BCF Quarterly updates	Plans considered and approved
Healthwatch Update and Annual Reports	Healthwatch	July 2023	July 2022 September 2022 July 2023	Noted the ongoing work and initiatives
HWB Vision and Priorities and Forward Work Programme	HWB Executive	July 2022 September 2022 July 2023	July 2022	Approved the process to develop the JSNA and Joint Health and Wellbeing Strategy and the missions and goals
Joint Strategic Needs Assessment Updates	JSNA Project Board	July 2023	January 2023	Supported the ongoing process and links to the HWB strategy
NENC Integrated Care Board Development, Strategy and Plans	ICB Director of Place	July 2022	September 2022 January 2023 March 2023 July 2023	Noted the ongoing developments and engagement with system partners

Statutory Functions				
Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report	Outcomes from the Board
NHS Oversight Framework	ICB Director of Place		September 2022	Noted the requirements
Pharmaceutical Needs Assessment – Endorsement and Noting of Any Issues	PNA Steering Group		September 2022 July 2023	Endorsed PNA recommendations
Teeswide Safeguarding Adults Board (TSAB) Annual Report 2021 – 22 and Strategic Plan 2022 - 25	TSAB	March 2023		Noted and thanked TSAB for the ongoing work

3.2 The provisional **Forward Work Programme** for 2023-24 is outlined below.

Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report
Start Well			
Best Start in Life	Best Start in Life Programme Board	January 2024	
South Tees Safeguarding Children Partnership Annual Report	STSCP	January 2024	
Thrive at Five	Childrens Services	January 2024	
Live Well			
Housing and Homelessness	Changing Futures	October 2023	
DLUHC Levelling Up Proposals	Local Authorities		October 2023
Prevention Board Update	Prevention Board	March 2024	
South Tees Carers Update	South Tees Carers Forum		January 2024

Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report
Age Well			
Integrated Single Point of Access and Transfer of Care Hub	SPA Partnership Board	March 2024	
Integration Narrative	South Tees Executive Governance Board	January 2024	
Statutory Functions			
BCF Plans and Additional Discharge Funding Quarterly and End of Year Returns	BCF Implementation and Monitoring Group South Tees Executive Governance Board	As required by national timelines	BCF Quarterly updates
Healthwatch Update and Annual Reports	Healthwatch	July 2024	Quarterly updates
HWB Vision and Priorities and Forward Work Programme	HWB Executive	October 2023 March 2024	
Joint Strategic Needs Assessment Updates	JSNA Project Board	January 2024	
Pharmaceutical Needs Assessment – Endorsement and Noting of Any Issues	PNA Steering Group		As required
Teeswide Safeguarding Adults Board (TSAB) Annual Report	TSAB	March 2024	

4. Performance Framework and Priority Indicators

Start Well: Children and Young People have the Best Start in Life

Mission	Goals	JSNA Areas of Exploration
We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	1. We want to eliminate the school readiness gap between those born into deprivation and their peers.	<ul style="list-style-type: none"> ▪ Distribution of free school meals uptake ▪ Distribution of free nursery places uptake ▪ Parental and Perinatal mental health and wellbeing ▪ Children in absolute low income families ▪ Teenage parents ▪ Distribution of attainment levels ▪ Distribution of vaccs & imms uptake
	2. We want to eliminate the attainment gap at 16 among students receiving free school meals	
We want to improve education, training and work prospects for young people	3. Extend offers of apprenticeships, training and work placements for young people to make the most of current and future local opportunities	<ul style="list-style-type: none"> ▪ Anchor Institutions within LiveWell Partnership (targeted recruitment, apprenticeships, training, volunteering and placement opportunities); ▪ Social value & community wealth building (employers); ▪ Persistent absentees & school exclusions ▪ Pupils with social, emotional and mental health needs ▪ Pupils with SEND needs ▪ Young people providing unpaid care ▪ Children entering the youth justice system ▪ Teenage conception rate
	4. We will have no NEETs 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	5. Scale up school based mental health support and support education partners in the establishment of whole school based programmes	<ul style="list-style-type: none"> ▪ Pupils with social, emotional and mental health needs ▪ Hospital admissions as a result of self-harm (10-24) ▪ New referrals to secondary mental health services (<18 yrs) ▪ Parental and Perinatal mental health and wellbeing ▪ Children in absolute low income families ▪ Children entering the youth justice system
	6. Improve access to mental health care and support for children and young people rapidly at place, led by needs.	

Live Well: People live healthier and longer lives

Mission	Goals	JSNA Areas of Exploration
<p>We will reduce the proportion of our families who are living in poverty</p>	<p>1. We want to reduce levels of harmful debt in our communities</p>	<ul style="list-style-type: none"> ▪ Level of debt and impact on communities ▪ Impact of programmes to maximize incomes ▪ Local authority, social housing and PSL rent arrears ▪ Foodbank usage
	<p>2. We want to improve the levels of high quality employment and increase skills in the employed population.</p>	<ul style="list-style-type: none"> ▪ People engaged in poor quality work – particularly precarious and insecure work ▪ Job density ▪ Average weekly earnings ▪ Gap in employment rate between for those with LTC ▪ Economic inactivity rate ▪ Workless households ▪ Adult education availability and access and connection to job market demands ▪ Gender pay gap (by workplace location) ▪ Scope and impact of Individual Placement and Support (IPS) schemes
<p>We will create places and systems that promote wellbeing</p>	<p>3. We want to create a housing stock that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.</p>	<ul style="list-style-type: none"> ▪ Affordable housing supply ▪ Homelessness - households owed a duty & on waiting lists ▪ Over-crowded households ▪ Fuel poverty & excess winter deaths ▪ Conditions of dwelling stock
	<p>4. We want to create places with high quality green spaces that reflect community needs, provide space for nature and are well connected.</p>	<ul style="list-style-type: none"> ▪ Utilisation of outdoor space for exercise/health reasons ▪ Access to woodlands ▪ Number of premises licensed to sell alcohol/sqkm ▪ Density of fast food outlets ▪ Air pollution - fine particulate matter ▪ Mortality attributed to air pollution ▪ Access to health assets and hazards index

Mission	Goals	JSNA Areas of Exploration
	5. We want to create a transport system that promotes active and sustainable transport and has minimal impact on air quality.	<ul style="list-style-type: none"> ▪ Adults walking for travel at least 3 days per week ▪ Adults cycling for travel at least 3 days per week ▪ Public transport utilisation ▪ Killed and seriously injured (KSI) on roads ▪ The rate of complaints about noise ▪ Air pollution - fine particulate matter
	6. We will support the development of social capital to increase community cohesion, resilience and engagement	<ul style="list-style-type: none"> ▪ Teesside University community consultations on Covid Recovery ▪ Strong and weak ties and development of social capital evidence base ▪ Art & health evidence base ▪ YGT evidence base (participation) ▪ Level of community participation in the development of [Partner] plans and initiatives
We will support people and communities to build better health (aka Prevention!)	7. We want to reduce the prevalence of the leading risk factors for ill health and premature mortality	<ul style="list-style-type: none"> ▪ Density of fast food outlets ▪ Utilisation of outdoor space for exercise/health reasons ▪ Adults cycling or walking for travel at least 3 days per week ▪ Smoking in pregnancy ▪ Smoking prevalence in adults ▪ Percentage of adults classified as overweight or obese ▪ Obesity: QOF prevalence (18+) ▪ Admissions where obesity was a factor ▪ Alcohol related hospital admissions rate ▪ Adult physical activity levels ▪ Percentage reporting a long-term Musculoskeletal (MSK) problem ▪ Admissions for COPD
	8. We want to find more diseases and ill health earlier and promote clinical prevention interventions and pathways across the system	Distribution, prevalence and social gradient of: <ul style="list-style-type: none"> ▪ Cancer (& by site) ▪ Hypertension ▪ Diabetes ▪ CHD ▪ COPD ▪ Primary care QOF registers

Mission	Goals	JSNA Areas of Exploration
		<ul style="list-style-type: none"> Screening programmes, including healthy heart checks
We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	9. We want to reduce the prevalence and impact of violence in South Tees	<ul style="list-style-type: none"> Connection to CURV needs assessment
	10. We want to improve outcomes for inclusion health groups	<ul style="list-style-type: none"> Healthy life expectancy & life expectancy for inclusion health groups SMR for inclusion health groups Risk factors – poverty, insecure housing, violence Understand barriers to access Understand the impact of frailty in this group Deaths from drug misuse Suicide rate
	11. We want to understand and reduce the impact of parental substance misuse and trauma on children	

Age Well: More people lead safe, independent lives

Mission	Goals	JSNA Areas of Exploration
We will promote independence for older people	1. We want to understand and reduce the levels of loneliness and isolation in our communities	<ul style="list-style-type: none"> Older people living alone Anti-depressant prescribing Health related quality of life for people with 3 or more LTCs Emergency admissions for acute conditions that should not usually require admission Emergency readmissions within 30 days discharge from hospital Crime against older people
	2. We want to ensure our places promote healthy ageing	
We will narrow the gap in Healthy Life Expectancy Draft ICB Strategy:	3. We want to reduce the rate of under 75 premature mortality	<ul style="list-style-type: none"> Under 75 mortality rate from causes considered preventable Physically active adults Adults classified as overweight or obese Prevalence of various conditions Admission rates for various conditions

Mission	Goals	JSNA Areas of Exploration
<p><i>“We will reduce the gap in healthy life expectancy between our ICP and the England average by 25% by 2030, and aim to raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030”</i></p>		<ul style="list-style-type: none"> ▪ Screening coverage ▪ Fuel poverty ▪ Index of multiple deprivation score (IMD) ▪ Older people in poverty ▪ Inequality in life expectancy at 65
	4. We want to reduce the level of frailty to improve healthy ageing	<ul style="list-style-type: none"> ▪ Estimated prevalence of hearing loss ▪ Preventable sight loss - age related macular degeneration (AMD) ▪ % reporting a long-term Musculoskeletal (MSK) problem ▪ % reporting at least two long-term conditions, at least one of which is MSK related ▪ Prevalence of knee & hip osteoarthritis in people aged 45 and over ▪ Rheumatoid Arthritis: QOF prevalence ▪ Prevalence of common mental disorders: aged 65 & over ▪ Hip fractures in people aged 65 and over & % recovering ▪ Dementia recorded prevalence (aged 65+) ▪ Admissions for Dementia ▪ Permanent admissions to residential and nursing care aged 65+

BCF Performance Metrics:

Metric	Indicator
Avoidable Admissions	Standardised rate of admissions per 100,000 population
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
Discharge to Usual Place of Residence	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence
Residential Admissions	Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

MIDDLESBROUGH COUNCIL

SCRUTINY REPORT

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

Setting the Work Programme for 2023/24

27 September 2023

PURPOSE OF THE REPORT

1. To invite the South Tees Health Scrutiny Joint Committee to consider its work programme for the 2023/24 municipal year.

BACKGROUND

2. Work programmes are useful as they provide some structure to a scrutiny committee's activity and allow for the effective planning and preparation of work.
3. Mark Adams (Director of Public Health) and Craig Blair (Director of Place Based Delivery, NHS North East and North Cumbria Integrated Care Board) have been consulted in respect of establishing a work programme for the Joint Committee.
4. In light of discussions, the following work programme is proposed for future meetings of the Joint Committee:

December:

- Live Well South Tees Health and Wellbeing Board
The Joint Committee will receive an update on the Board's work programme, the performance framework and priority indicators.
- Urgent Treatment Centre (UTC) Developments
The Joint Committee will receive an update regarding the £10mill investment to deliver an Urgent Treatment Centre (UTC) on the site of James Cook University Hospital, which plans to manage and mitigate the current demand and pressures faced by urgent and emergency services.
- Winter Preparedness
The Joint Committee will receive information on the actions being taken across the health service to mitigate the risk of winter pressures.

March:

- Live Well South Tees Health and Wellbeing Board
The Joint Committee will receive an update on the Board's work programme, the performance framework and priority indicators.
- Breast Services
The Joint Committee will receive information on the long-term clinical service model for breast services and an update on current service provision.

RECOMMENDATION

5. That the proposed work programme for the South Tees Health Scrutiny Committee, in respect of the 2023/24 municipal year, be approved.

Contact Officer

Georgina Moore
Democratic Services Officer
Legal and Governance Services
Tel: 01642 729711
Email: Georgina_moore@middlesbrough.gov.uk