

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

Date: Wednesday 13th December, 2023
Time: 4.30 pm
Venue: Mandela Room, Town Hall,
Middlesbrough

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes - South Tees Health Scrutiny Joint Committee - 27 September 2023 3 - 10
4. An Overview of Public Health 11 - 32

The Joint Committee will receive information on Public Health South Tees, including the main duties and areas within its remit and an outline of the key priorities, issues and challenges for the year ahead.
5. Live Well South Tees Health and Wellbeing Board 33 - 46

The Joint Committee will receive an update on the Board's work programme, the performance framework and priority indicators.
6. Winter Planning 47 - 58

The Joint Committee will receive information from the North East and North Cumbria Integrated Care Board (ICB) on the actions being taken across the health service to mitigate the risk of winter pressures.
7. Urgent Treatment Centre (UTC) Developments Verbal Report

The Joint Committee will receive an update from the North East and North Cumbria Integrated Care Board (ICB) 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.

8. 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 M Storey (Chair), J Banks (Vice-Chair) and K Evans (Vice-Chair), J Craven, J Hart, D Jackson, D Jones, S Kay, J Lavan and L Mason

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

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on Wednesday 27 September 2023.

PRESENT: Councillors M Storey (Chair), J Banks (Vice-Chair), K Evans (Vice-Chair), J Craven, D Jackson, S Kay, J Lavan and L Mason

ALSO IN ATTENDANCE: C Blair (Director) (North East & North Cumbria Integrated Care Board) and K Warnock (South Tees Integration Programme Manager) (North East & North Cumbria Integrated Care Board)

OFFICERS: S Connolly and G Moore

APOLOGIES FOR ABSENCE: Councillors J Hart and D Jones

20/1 **APPOINTMENT OF CHAIR FOR 2023/24**

Nominations were sought for the appointment of a Chair of the South Tees Health Scrutiny Joint Committee for the 2023/24 municipal year. It was advised that the Chair needed to be selected from Middlesbrough Council's representatives, as chairing arrangements rotated between the two local authorities.

Councillor M Storey was nominated and seconded.

AGREED - That Councillor M Storey be appointed as Chair of the South Tees Health Scrutiny Joint Committee for the 2023/24 municipal year.

20/2 **APPOINTMENT OF VICE-CHAIRS FOR 2023/24**

Nominations were sought for the appointment of two Vice-Chairs of the South Tees Health Scrutiny Joint Committee for the 2023/24 municipal year. It was advised that one Vice-Chair was required from each local authority.

Councillors J Banks (from Middlesbrough Council) and Councillor K Evans (from Redcar & Cleveland Council) were both nominated and seconded.

AGREED - That Councillors J Banks and K Evans be appointed as the Vice-Chairs of the South Tees Health Scrutiny Joint Committee for the 2023/24 municipal year.

20/3 **DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item/Nature of Interest
Councillor J Lavan	Non-Pecuniary	Agenda Item 5 (Protocol for the South Tees Health Scrutiny Joint Committee), Agenda Item 6 (An Overview of NHS Health and Public Health), Agenda Item 7 (Live Well South Tees Health and Wellbeing Board) and Agenda Item 8 (Setting the Work Programme for 2023/24) - Works as an Admiral Nurse across the areas of Redcar & Cleveland and Middlesbrough.
Councillor K Evans	Non-Pecuniary	Agenda Item 5 (Protocol for the South Tees Health Scrutiny Joint Committee), Agenda Item 6 (An Overview of NHS Health and Public Health), Agenda Item 7 (Live Well South Tees Health and Wellbeing Board) and Agenda Item 8 (Setting the Work Programme for 2023/24) - Works as a Nurse at James Cook University Hospital.

20/4

PROTOCOL FOR THE SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

The South Tees Health Scrutiny Joint Committee (STHSJC) was asked to consider and approve the STHSJC draft protocol. The protocol was 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.

AGREED - That the draft protocol for the South Tees Health Scrutiny Joint Committee be approved.

20/5

AN OVERVIEW OF NHS HEALTH AND PUBLIC HEALTH

The South Tees Health Scrutiny Joint Committee (STHSJC) had been scheduled to receive information on both 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. However, it had been advised that unfortunately the Director of Public Health was unable to attend the meeting, due to illness. Subsequently, the Public Health South Tees element of the agenda item would be deferred until the next scheduled meeting.

The Director of Place Based Delivery from the ICB was in attendance to present an overview of the Integrated Care Partnership arrangements in North East and North Cumbria.

It was advised that, from 1 July 2022, 42 ICBs had been established across England, replacing the former CCGs. Members heard that the Integrated Care System (ICS) included all of the organisations responsible for health and wellbeing, working together across a region, to plan and deliver services for communities. It was commented that the ICS was not an organisation but worked through the following bodies:

- The Integrated Care Board (ICB), which was a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The North East and North Cumbria ICB worked with a range of partners at 'place level' in each of the 14 local authority areas within its region.
- The Integrated Care Partnership (ICP) was a joint committee of the ICB and the 14 local authorities in the ICS area. The ICP was responsible for developing an integrated care strategy for the ICS.

The North East and North Cumbria ICB was the largest of the 42 ICBs.

At a national level, ICBs had been set some key strategic aims by the Government, namely:

1. Improve outcomes in population health and healthcare;
2. Tackle inequalities in outcomes, experience and access;
3. Enhance productivity and value for money; and
4. Help the NHS support broader social and economic development.

It was advised that although ICBs were still relatively new, they would soon be subject to further change and reorganisation. Members heard that NHS England had requested that each ICB reviewed its operating model with an aim to reduce running costs by 30%. It was commented that work would be undertaken to examine how each ICB could continue to deliver its statutory responsibilities effectively but with reduced financial resources.

Members heard that the ICB's leadership team included a Chair, a Chief Executive and Executive Directors. It was explained that there was a range of Partner Members, which included representatives from local authorities, primary care and NHS foundation trusts.

In terms of the governance framework, the ICB was responsible for the delivery of services and the ICP was responsible for setting strategy at three levels i.e. system, area and place.

It was explained that the role of the Strategic ICP complemented the work of the four Area ICPs (North, North Cumbria, Central and Tees Valley):

- The Strategic ICP led and developed an overarching strategy for the whole of the North East and North Cumbria, it promoted multi-agency working across a population of 3 million and determined how health inequalities could be tackled for the population.
- The Tees Valley ICP was much more focussed on what happened across the Tees Valley, it provided a regular forum for partners to share intelligence, improve health outcomes for the local population, analyse and respond to the Joint Strategic Needs Assessments (JSNA) and collaborate and share best practice.

It was advised that the Leader of Stockton-on-Tees Council had been appointed as the Chair of the Tees Valley ICP. Members heard that it had been agreed that the charring arrangements for the Tees Valley ICP would rotate between the local authorities located in the Tees Valley area.

It was commented that work had recently been undertaken by the Tees Valley ICP to mitigate the risk of winter pressures across the health service.

Members heard that the establishment of Place-Based Partnerships focussed on understanding and working with communities, joining up and co-ordinating services, addressing the social and economic factors that influenced health and wellbeing, and supporting the quality and sustainability of local services. It was explained that the 2022 Health and Care Act had not created any legal requirement for Place-Based Partnerships, leaving flexibility for local areas to determine their form and functions. For Redcar & Cleveland and Middlesbrough, the South Tees Place-Based Committee had been established.

It was advised that the ICB was able to delegate some of its functions and budgets to the South Tees Place-Based Committee. It was clarified that the South Tees Place-Based Committee was a committee of the ICB, it was not a joint committee with Redcar & Cleveland and Middlesbrough Councils. Therefore, currently, the local authorities had not devolved any resources to the committee. However, it was explained that the membership of the South Tees Place-Based Committee included local authority directors (adult social services, children's services and public health) who were able to commit resources by utilising their delegated authority, which allowed the committee to formulate plans and progress service development across South Tees.

The key priorities of the South Tees Place-Based Committee were informed by the Live Well South Tees Board and its Health and Wellbeing (HWB) Strategy, in addition to the JSNA. Members were informed that effective working arrangements had been established with the Live Well South Tees Board to ensure delivery of the HWB Strategy, which aimed to improve the health and wellbeing of people in South Tees and reduce health inequalities. It was commented that, in terms of the relationship between the Live Well South Tees Board and the South Tees Place-Based Committee, the board was responsible for setting strategy by identifying the priorities, vision and goals for the area, the committee provided an NHS response for delivery of that strategy. It was commented that meetings of the South Tees Place-Based Committee were held monthly to enable decisions to be made in a timely manner and information on key challenges/opportunities to be shared.

Members were advised that the South Tees Place-Based Committee included representatives from the ICB, NHS, local authorities, Healthwatch and the Voluntary Community Sector (VCS). It was commented that the Director of Place Based Delivery chaired the meetings of the committee. The first meeting had been held in May 2023. Members heard the committee was currently working on the development of an agreement to ensure the effective deployment of resources.

It was advised that each ICB had a mandate to produce and develop a Joint Forward Plan with NHS foundation trusts. Members heard that the North East and North Cumbria ICB had worked with North Tees and Hartlepool NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and South Tees NHS Foundation Trust to develop its plan, along with many other organisations. The ICB's Joint Forward Plan demonstrated how the ICB and NHS trusts would:

- arrange and/or provide NHS services to meet the population's physical and mental health needs;
- deliver the NHS Mandate and NHS Long Term Plan in the area; and

- meet the legal requirements for ICBs.

The North East and North Cumbria ICB's approach had been aligned to reflect the ICP's strategy - Better health and wellbeing for all, by focussing on the following priorities:

- Longer and healthier lives;
- Fairer outcomes for all;
- Better health and care services; and
- Giving children and young people the best start in life.

Members heard that the ICP Strategy, the Joint Forward Plan and the NHS Operating Plan were all interlinked:

- The ICP Strategy involved local authorities, the NHS and partner organisations. The strategy provided a long-term vision, goals, priorities and was population outcome-focussed. The strategy was published in December 2022 and was reviewed every December.
- The Joint Forward Plan involved the ICB and NHS trusts and was a medium term, 5 year, plan. The plan looked at strategic service delivery and was impact focussed, with a partnership context. It was published in June 2023 and was reviewed every March.
- The NHS Operating Plan, sat alongside the Joint Forward Plan and also involved the ICB and NHS trusts. It was an annual plan that focussed on NHS activity, finance, performance and was workforce focussed. The plan was submitted to NHS England every March/April.

In terms of operational planning requirements, there were some national NHS objectives for 2023/24, which focussed on improving access to primary care and improving waiting times for urgent and emergency care, elective care, diagnostics and cancer diagnosis and treatment. Members heard that there were also objectives that aimed to improve the retention of staff and improve access and support for those with mental health conditions, learning disabilities or autism.

In terms of Tees Valley priorities, the Tees Valley ICP had collectively identified a number of key pillars that planned to support delivery of its organisational, place and system plans. Under those pillars key programmes, initiatives and ambitions had been identified for delivery by the ICB and its partners. Following feedback, the key pillars had been aligned to the core common elements of the Tees Valley's collective health and wellbeing strategies. Those were:

- Start Well - giving children and young people the best start in life, focusing on children in care, maternity, complex needs, speech and language, emotional health and wellbeing, children's mental health and neurodevelopmental pathways;
- Live Well - supporting people to live longer, healthier lives, focusing on primary care; mental health, learning disabilities and autism, elective recovery, personalised care, musculoskeletal services, diabetes, weight management, cancer, respiratory and Cardio Vascular Disease (CVD); and
- Age Well - supporting the aging population to maintain independence and reduce dependency on hospitals, focusing on admission avoidance and hospital discharge, enhanced health in care homes, Urgent Community Response (UCR), falls and palliative and end of life care.

The Tees Valley pillars reflected and connected with the national NHS priorities, the HWB strategies and the North East and North Cumbria Integrated Care Strategy. There were cross cutting themes that underpinned all of the initiatives and all of the plans. Those themes were:

- Reducing Health Inequalities (understanding local communities, equity of access and equity of outcomes);
- Prevention (primary, detection and early intervention, management);
- Sustainability (integration/system thinking, community assets, workforce); and
- Improving Quality of Services (experience, effectiveness, safety).

In terms of the Joint Forward Plan, it was advised that the draft plan had been out for consultation and had been shared with key forums to seek feedback. The key stakeholders

consulted on the Joint Forward Plan included - the ICP, NHS foundation trusts, local authorities, health and wellbeing boards, Healthwatch and the VCS. The draft Joint Forward Plan was complementary to the ICP Strategy, it was a delivery plan for the parts of the strategy that related particularly to NHS delivered or commissioned services, but within the broader partnership context. It was commented that the revised final version of the document would be published at the end of September/beginning of October 2023. It was added that the Joint Forward Plan would be reviewed annually, with the first update being published in March 2024.

A Member raised a query regarding achieving the proposed 30% savings. The Director of Place Based Delivery advised that there was a degree of complexity with the ICB's arrangements, given its requirement to support a vast number of organisations and communities across a large region. It was explained that the proposed savings were associated with the running costs of the ICB and, to achieve those savings, the ICB would need to review overall spending on management costs, reconfigure its staffing structure and examine new ways of working.

A Member raised a query regarding the arrangements that were in place prior to the establishment of ICBs. In response, the Director of Place Based Delivery advised that previously there had been approximately 240 Clinical Commissioning Groups (CCGs), which were much smaller organisations based on smaller geographical footprints. Although the CCGs had been structured to focus on local population needs, it had been difficult for those organisations to influence pathway changes and service development with the larger NHS organisations. The ICB was now part of a much bigger commissioning organisation, which enabled it to influence service transformation, whilst also focusing on the needs of the local area.

AGREED - That the information presented to the South Tees Health Scrutiny Joint Committee be noted.

20/6

LIVE WELL SOUTH TEES HEALTH AND WELLBEING BOARD

The South Tees Integration Programme Manager was in attendance to provide the South Tees Health Scrutiny Joint Committee (STHSJC) with an update on the Live Well South Tees Board's work programme, performance framework and priority indicators.

The South Tees Integration Programme Manager advised that Health and Wellbeing Boards (HWBs) were formal statutory committees of local authorities that provided a forum where political, clinical, professional and community leaders from across the health and care system came together to improve the health and wellbeing of the local population and reduce health inequalities.

Members heard that HWBs provided:

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

The Live Well South Tees Board was unique as it involved the joining of two HWBs (Redcar & Cleveland and Middlesbrough). It was explained that joint working had enabled the Board to establish a shared vision for the South Tees area.

Members heard that the statutory functions of HWBs included:

- assessing the health and wellbeing needs of the local population and publishing a Joint Strategic Needs Assessment (JSNA);
- publishing a joint local health and wellbeing (HWB) strategy, setting out the priorities for improving the health and wellbeing of its local population and how identified needs would be addressed;
- oversight of Pharmaceutical Needs Assessments; and
- sign off of the Better Care Fund, which supported local systems to successfully deliver the integration of health and social care.

It was explained that the Live Well South Tees Board's HWB Strategy was currently being developed, however, the Board's vision and aims had been utilised to inform the ICB's priorities for the Tees Valley.

Members heard that a summary of the work that had been undertaken, from July 2022 to August 2023, was contained in the submitted report and included detailed areas of focus and outcomes from the Board.

It was advised that beyond the quarterly meetings of the Live Well South Tees Board, work was undertaken by a wide range of organisations, partnerships and working groups.

In terms of the submitted report:

- the table contained at paragraph 3.2 provided details of the Live Well South Tees Board's proposed emerging work programme for the 2023/24 municipal year; and
- Section 4 contained information on the Board's performance framework and priority indicators.

A Member raised a query regarding the reported outcomes of the Live Well South Tees Board. In response, the South Tees Integration Programme Manager advised that there was an infrastructure that sat beneath the Live Well South Tees Board, which ensured the delivery of key pieces of work. The Director of Place Based Delivery explained that although the Board only met on a quarterly basis, the Board provided a platform and an impetus for officers to deliver new ways of working. It was advised, for example, that in terms of Aging Well, joint work had been undertaken to develop a single point of access. That single point of access had ultimately improved health outcomes for patients and had helped sustain hospital services. In terms of the Board's decision-making responsibilities, the South Tees Integration Programme Manager clarified that the Board agreed the JSNA and the joint HWB Strategy, which provided a strategic framework for work across partner agencies to initiate changes in the delivery of health and wellbeing services across the town.

A Member commented that it would be useful for members of the Live Well South Tees Board to receive information on the tangible outcomes, which had resulted from the JSNA and delivery of the joint HWB Strategy. In terms of the submitted report, it was commented that the areas of focus were critical to the health and wellbeing of the local population, however, it would be beneficial for the outcomes referenced to be delivery focussed, identifying tangible results.

A discussion ensued and the importance of working collaboratively, particularly when developing a shared understanding of the health and wellbeing needs of local communities, was highlighted. It was also commented that working with partners enabled the sharing of local insight and intelligence on wider issues that affect health, such as housing.

AGREED - That the information presented to the South Tees Health Scrutiny Joint Committee be noted.

20/7

SETTING THE WORK PROGRAMME FOR 2023/24

The Democratic Services Officer presented a report, inviting the South Tees Health Scrutiny Joint Committee (STHSJC) to consider its work programme for the 2023/24 municipal year.

It was advised that work programmes were useful as they provided some structure to a scrutiny committee's activity and allowed for the effective planning and preparation of work.

Members heard that the Director of Public Health and the Director of Place Based Delivery from the ICB had been consulted in respect of establishing a work programme for the STHSJC. In light of those discussions, it had been proposed that at its December meeting, the STHSJC received an update on the Live Well South Tees Board and updates from the ICB in respect of Urgent Treatment Centre (UTC) Developments and Winter Preparedness. At its March meeting, it was proposed that the STHSJC received an update on the Live Well South Tees Board and information from the ICB on the long-term clinical service model for breast services.

It was recommended that the STHSJC approved the proposed work programme for the

2023/24 municipal year.

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

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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)

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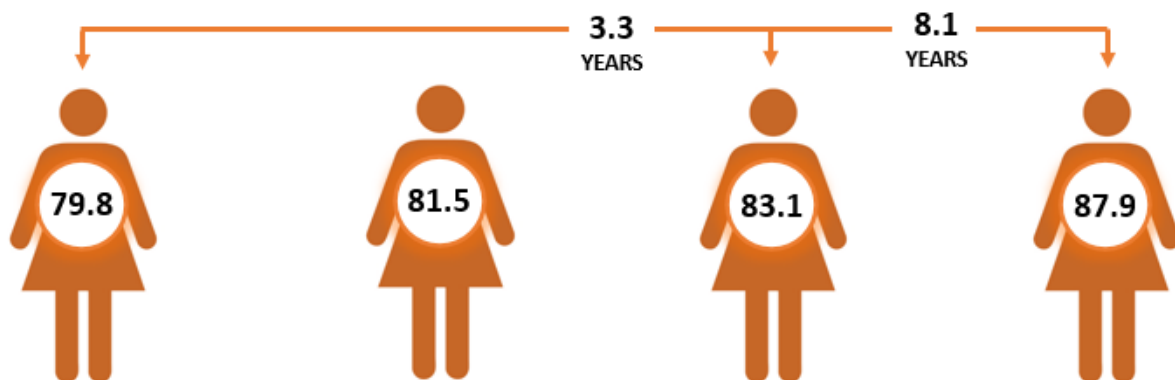
Gap Widening VS England

Redcar & Cleveland

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

Middlesbrough

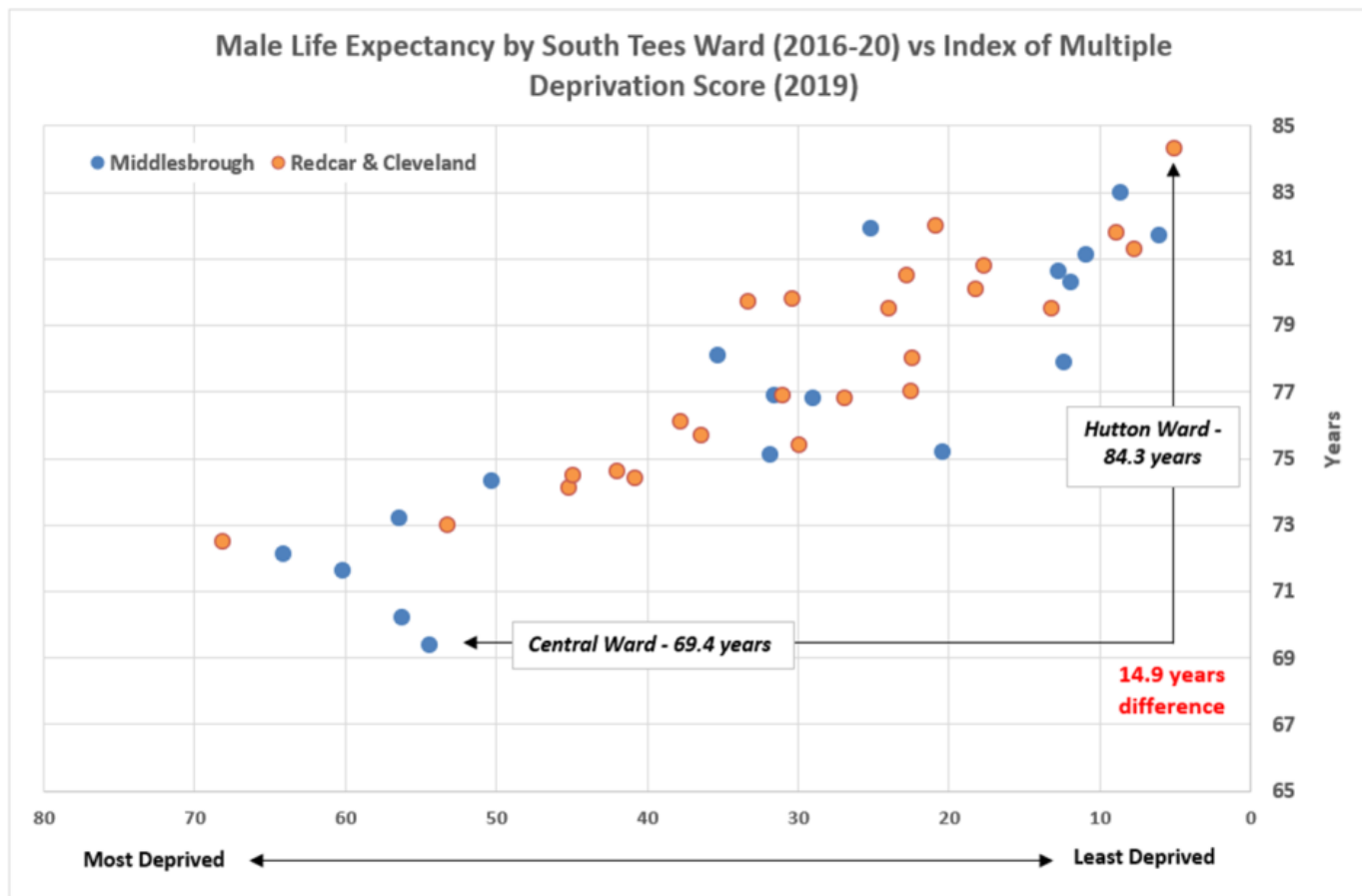
	Male	Female
2010-12	2.9 years	2.7 years
2018-20	4 years	3.3 years



Source = ONS

Male Life Expectancy at Birth by Ward

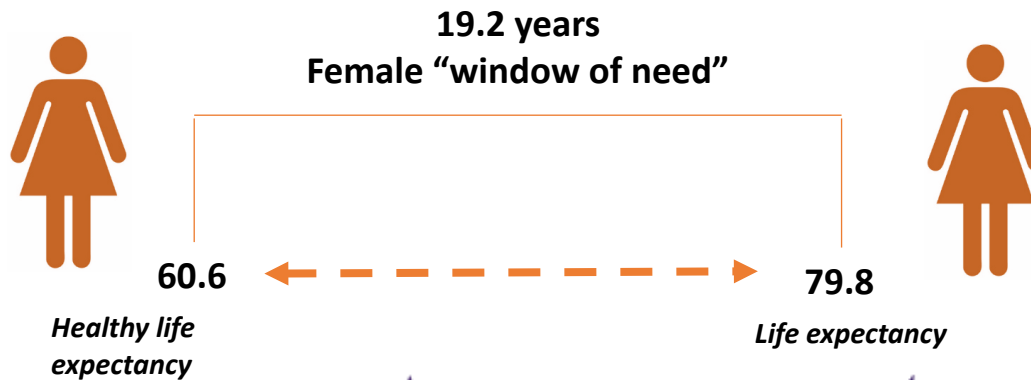
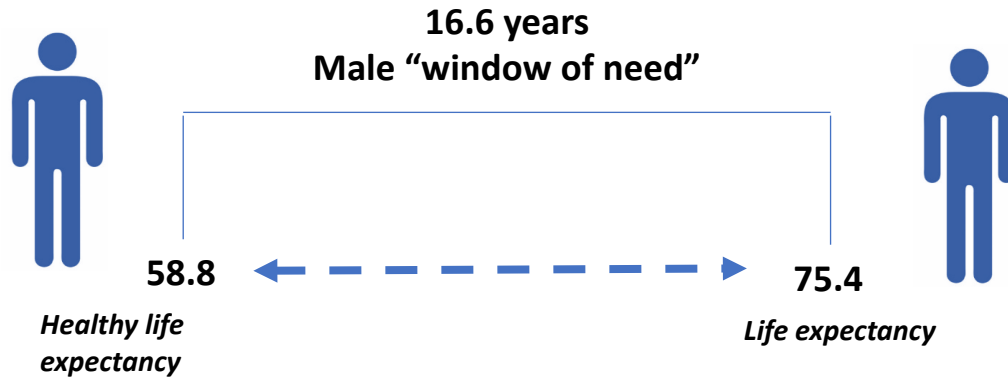
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Source - Local Health, OHID & IMD

Healthy Life Expectancy (2018-20)

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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)**

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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

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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 a Public Health E-learning hub.

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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 Tees Valley
- 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

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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

- Develop a cross programme partnership approach that addresses vulnerability in its broadest sense, making best use of both public health and the wider system.
- Further develop collaborative working to strengthen the interface between organisations ensuring that service users experience seamless systems and services and ensure sustainability.
- Test out commissioning approaches to deliver better, people-centred services.
- Maximise the use of community assets to support people with positive and sustainable behaviour change.
- Increase prevention programmes at individual, community and place-based levels through our partnership approach.
- Maximise 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

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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.

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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

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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

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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 28 Live Well <i>People live healthier and longer lives</i>	We will reduce the proportion of our families who are living in poverty
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 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

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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

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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

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

To:	South Tees Health Scrutiny Joint Committee	Date:	December 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		<p>The work of the partnership was recognised and the 4 priorities of the STSCP which are:</p> <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 At the Live Well South Tees Board meeting in October, members received updates and discussed:

- a) A joint South Tees Action Plan around Housing and Homelessness
- b) The Tees Valley Place Plan
- c) An update from South Tees Hospitals NHS Foundation Trust on Group Development and CQC Well Led Outcome
- d) The South Tees Health Protection Assurance Report 2022-23
- e) The latest Pharmaceutical Needs Assessment
- f) An update from Healthwatch South Tees

3.3 The provisional **Forward Work Programme** for the remainder of 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	

Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report
Live Well			
Oral Health Needs Assessment	Public Health	January 2024	
Prevention Board Update	Prevention Board	March 2024	
South Tees Carers Update	South Tees Carers Forum		January 2024
Government Consultation for Creating a SmokeFree Generation and Tackling Youth Vaping	South Tees SmokeFree Alliance		January 2024
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	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

Appendix 1



Briefing Note-
JSNA.docx

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Winter Planning South Tees December 2023

Craig Blair – Director of Place Based Delivery
Andrew Rowlands – Head of Commissioning
Unplanned Care

Overview

To advise stakeholders of:

- **Context**
- **National Guidance**
- **23/24 Winter Planning**
 - Local Accident & Emergency Delivery Board (LADB)
 - System Control Centre (SCC)
 - Tees Valley Incident Command Coordination Centre (ICCC)
 - Urgent and Emergency Care Highlight Report
 - 23/24 Winter Plans and Business Cases
- **Risks and Challenges**

Context

The Tees Valley UEC System, like UEC services in the rest of the region and the country, remains under significant and sustained pressure. This pressure is across all parts of the Tees Valley system and all partners, from Primary Care and Out of Hours (OOH), Acute and Ambulance Providers, to Social Care and Mental Health Services.

This is inevitably impacting on performance across all providers, particularly impacting on flow through our hospitals, creating a blockage in the Emergency Department (ED) and resulting in long ED waits and ambulance handover delays which in turn creates unacceptable long waits for people in the community waiting for an emergency response.

The pressure across our system is created by:

- Staffing issues across all partners
- Pathways and Estate limitations at some sites
- High/increased activity levels within Primary and Secondary Care (linked to Elective backlog and Primary Care access)
- Higher acuity of patients resulting in longer Length of Stay (LOS) also impacting on flow
- Discharge delays (Internal Trust delays along with Social Care and Home Care Staffing pressures)
- Bed pressures and flow issues through hospitals (linked to all the above)

This makes it a complex system problem, requiring a system response.

National Guidance

- NHS 2023/24 priorities and operational planning guidance – 23rd December 2022
- Delivery Plan for recovering urgent and emergency care Services – January 2023
- Delivery Plan for recovering access to primary care – May 2023
- NHS England letter to Senior Health Leaders across the country – 27th July

National Guidance

Delivery plan for recovering urgent and emergency care services

Key Ambitions

- Patients to be seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances attending to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

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To succeed and enable the improvement of waiting times and patient experience, the NHS is committed to sustaining focus across the health and social care sectors on five key areas:



1. Increasing urgent and emergency care capacity



2. Increase workforce size and flexibility



3. Improving discharge



4. Expanding care outside hospital



5. Making it easier to access the right care

National Guidance

The 10 high-impact interventions are:

- 1) **Same Day Emergency Care (SDEC): reducing variation in SDEC** provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
- 2) **Frailty: reducing variation in acute frailty service provision.** Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
- 3) **Inpatient flow and length of stay (acute): reducing variation in inpatient care** (including mental health) **and length of stay** for key integrated UEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
- 4) **Community bed productivity and flow:** reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.
- 5) **Care transfer hubs:** implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
- 6) **Intermediate care demand and capacity:** supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
- 7) **Virtual wards: standardising and improving care across all virtual ward services** to improve the level of care to prevent admission to hospital and help with discharge.
- 8) **Urgent Community Response:** increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
- 9) **Single point of access:** driving standardisation of urgent integrated care co-ordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, eg home treatment
- 10) **Acute Respiratory Infection (ARI) Hubs:** support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

23/24 Winter Planning

Tees Valley Local Accident & Emergency Delivery Board (LADB)

- The LADB acts as a forum where partners across health and social care come together to collaborate on the integration of high-quality services in support of the wider urgent emergency care system and find ways to develop the local system in relation to improving emergency care delivery, this includes responsibility for the monitoring and delivery of all relevant performance metrics.

System Control Centres (SCC)

- The SCC exists to be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

Incident Command Coordination Centre (ICCC) – Tees Valley

- The ICCC will consider current and predicted capacity and demand pressures supporting stakeholders on how best to navigate pressures across the Tees Valley ICP footprint. The ICCC will use their collective expertise with the support of the NECS Surge Team to agree a plan of action to manage the here and now and the potential surge over an agreed period of time.

23/24 Winter Planning

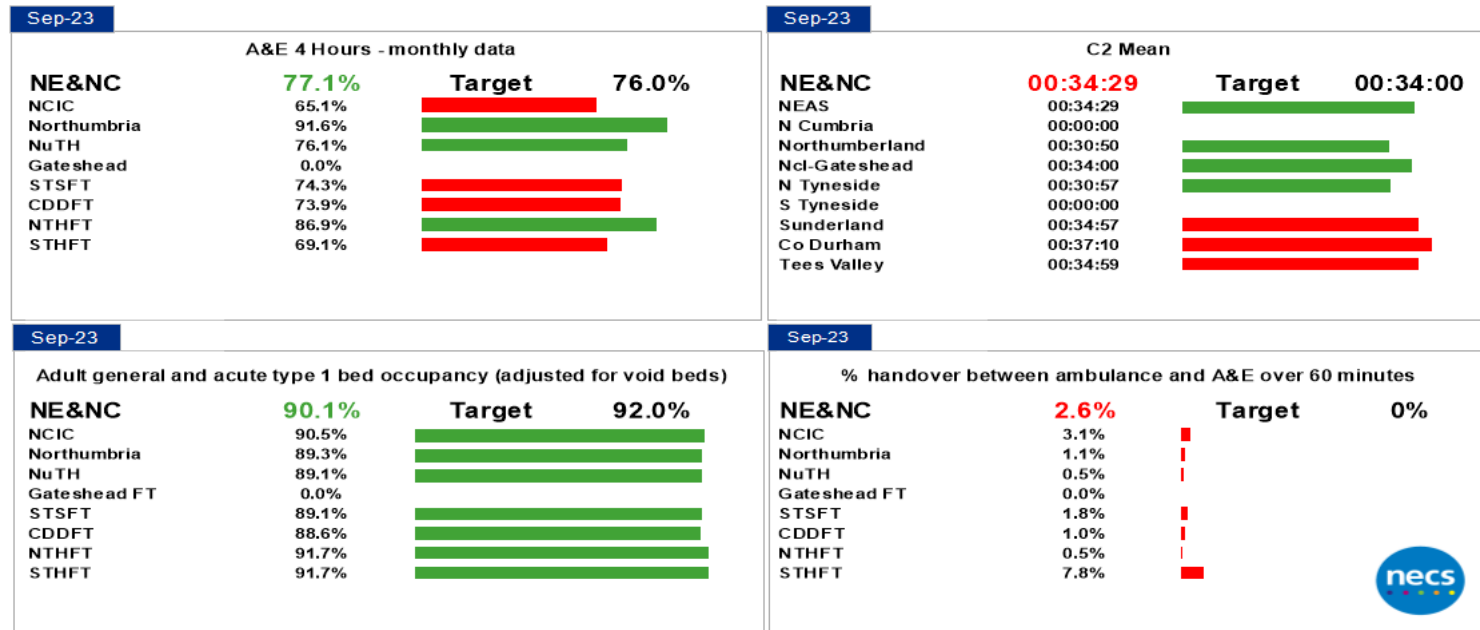
Tees Valley Local Accident & Emergency Delivery Board (LADB)

To support the LADB in monitoring the key performance metrics we have developed a UEC Highlight Report which pulls data from each partner along with supporting narrative to determine key risks for discussion within the meeting.

Performance summary for Sep-23:

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Summary - NENC Primary Metrics



23/24 Winter Planning

Winter Plans

Working alongside Tees Valley LADB partners we developed a system resilience template to ensure our system was sighted on risks ahead of this coming winter. This template built in Key Lines of Enquiries (KLOE's), based upon the asks within the various planning guidance documents, alongside other local intelligence.

This template mapped the KLOE's against the 10 high impact interventions, ensuring we were/are responding to each.

We requested TV LADB system partners to self-assess against the range of KLOE's, providing a RAG risk rating. This was then consolidated into a TV system RAG risk rating.

From the 66 KLOE's identified the TV system rated 12 as amber (In plans, but risks associated with delivery) and 0 as red (No evidence of existing implementation or in system plans).

The Amber KLOE's are detailed on the following slide and the LADB will ensure monitoring and delivery against each over the coming months.

23/24 Winter Planning

Winter Plans – system risks

Priority Area	Assurance Check	TV LADB
Ambulance Handover Delays	Ambulance Handover delays, plans in place to ensure no delays > 59 minutes	
Improving the primary-secondary care interface	Trust plans are in place to implement the capability to issue fit notes and discharge letters electronically upon discharge from hospital by 30 November 2023.	
	Trust plans are in place to manage onward referrals and to establish their own call/recall systems for patients requiring follow-up tests or appointments by 30 November 2023.	
Improving Joint Discharge Processes	Trusts have worked with providers in mental health, learning disability and autism settings to make sure that we develop a metric that can help focus on reducing the longest stays.	
	Surge plans support the implementation of the best practice interventions set out in the '100-day discharge challenge' across NHS settings	
	There are plans to flex staffing capacity in the event of surge across the acute, community, residential / home care sectors and packages of care. This should include agreed multi-agency triggers for extending and withdrawing this extra capacity.	
Expanding & better joining up new types of care outside of hospital	Plans are in place ahead of Winter to further increase the utilisation of Urgent Community Response Services via all referral sources.	
Expand Virtual Wards	Virtual Ward capacity will be scaled up to support patients with Frailty and Acute Respiratory Infections.	
	Plans are in place to increase the utilisation of Virtual Wards from around 65% to 80% by September 2023. Local clinical and operational teams have a standard approach across their area to enable referrals, build patient engagement and benefit from economies of scale.	
	Plans are in place to implement new Virtual Ward Models, in more clinical areas, including for patients with a broader range of conditions. Local plans adhere to clinically-led guidance and guidelines to allow providers to scale up ahead of winter for priority pathways including Heart Failure and Paediatrics.	
Making it easier to access the right care	Plans support more patients being seen in emergency departments with the ambition to improve to 76% of all patients being admitted, transferred or discharged within four hours by March 2024.	
	Acute trusts have processes in EDs to prevent avoidable breaches, particularly amongst 'minors' and non-admitted patients referred for specialist assessment.	

23/24 Winter Planning

Winter Plans – Business Cases

Working with TV LADB system partners we commenced a process in June requesting system partners to submit proposed business cases that would have a measurable impact on our system this winter. At the LADB on 20th September we approved a fully prioritised list of schemes that can quickly be utilised to draw down any available funding.

Additional schemes/developments to support the system this winter:

- Urgent Community Response - fully operational to receive Category 3&4 NEAS e-referrals and have access to the Ambulance Stack ahead of Winter 23/24
- Virtual Wards (Hospital @ Home) - 40/50 Hospital @ Home beds per 100K population
- GP in ED at JCUH to create additional capacity and to commence from 1st December
- Moving Out of Hours (OOH) in Middlesbrough to be co-located with ED in JCUH from 1st December
- ARI (Acute Respiratory Infection) funding approved for implementation of ARI hubs across Northeast & North Cumbria (NENC) in Dec-23
- Funding approved for Front of House Navigation across all Trusts in NENC

Longer Term development to support the system:

- Procurement process underway to commission a standardised Integrated Urgent Care (IUC) model across North and South Tees from 1st April 2024, creating a new Urgent Treatment Centre (UTC) at James Cook University Hospital (JCUH) and extending the opening hours of the UTC at Redcar Primary Care Hospital (RPCH).

Risks & Challenges

Performance Specific Risks

- Ambulance Handover Delays at South Tees FT
- Cat 2 Ambulance Responses times

Risks & Challenges

- The on-going key risk across all system partners is staffing, with workforce being the limiting factor with most issues across Health and Social Care
- Competing priorities – for example from a health perspective Elective Recovery versus Urgent and Emergency Care, we need to balance the priorities and not create or increase inequalities
- Capacity to deliver services and respond to the demand from our population to access services across both Health (Primary and Secondary Care) and Social Care
- Further variants or waves of Covid and how we respond to these at both local and national levels
- Further Industrial Action