

## Live Well South Tees Board

The Board Room, North East and North Cumbria Integrated Care Board, First Floor,  
14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL  
at 2.00 pm on  
Thursday 12th September, 2024

	Agenda Item	Time
1.	<p><b>Welcome and introductions</b></p> <p><i>Alec Brown, Leader, Redcar &amp; Cleveland Council</i> <i>Chris Cooke, Elected Mayor and Executive Member for Adult Social Care and Public Health</i></p>	
2.	<p><b>Apologies for Absence</b></p> <p><i>Alec Brown, Leader, Redcar &amp; Cleveland Council</i> <i>Chris Cooke, Elected Mayor and Executive Member for Adult Social Care and Public Health</i></p>	
3.	<p><b>Declarations of Interest</b></p> <p><i>Alec Brown, Leader, Redcar &amp; Cleveland Council</i> <i>Chris Cooke, Elected Mayor and Executive Member for Adult Social Care and Public Health</i></p>	
4.	<p><b>Minutes- Live Well South Tees Board - 18 January 2024 (Pages 3 - 8)</b></p> <p><i>Alec Brown, Leader, Redcar &amp; Cleveland Council</i> <i>Chris Cooke, Elected Mayor and Executive Member for Adult Social Care and Public Health</i></p>	
5.	<p><b>South Tees Health and Wellbeing Strategy (Pages 9 - 38)</b></p> <p><i>Mark Adams, Director of Public Health South Tees</i></p>	

<b>6.</b>	<b>Health and Wellbeing Executive Assurance Report (Pages 39 - 52)</b>  <i>Kathryn Warnock, South Tees Integration Programme Manager</i>	
<b>Date and time of next meeting</b> Thursday 16 <sup>th</sup> January 2025 – 2pm		

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## LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Thursday, 18 January 2024 at the The Board Room, North East and North Cumbria Integrated Care Board, First Floor, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL.

**PRESENT** Cllr C Cooke (Co-Chair), R Harrison, R Scott, M Storey, Z Uddin, Cllr L Belshaw, Cllr U Earl, M Adams, K Boulton, K Warnock, C Blair, L Bosomworth and P Rice.

**OFFICIALS** K Shah, L Mason-Crowe, L Cook, E McInnes, S Connolly, A Lynch-Brown

### **APOLOGIES FOR ABSENCE**

Apologies for absence were received from E Scollay, Cllr A Brown (Co-Chair), J Sampson and Cllr B Suthers.

16 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

17 **MINUTES OF THE LAST MEETING**

**RESOLVED** that the minutes of the Live Well South Tees Board held on 5 October 2023 be confirmed and signed by the Chair as a correct record.

18 **JOINT STRATEGIC NEEDS ASSESSMENT**

The Public Health principal, alongside health improvement colleagues, provided a presentation updating Members of the Board on the development journey of the Joint Strategic Needs Assessment and outlined the key recommendations against the 21 goals. The following was highlighted:

- There are nine missions with twenty-one goals under strategic leads liaising with key partners.
- A data mapping exercise had been undertaken.
- The following key points were highlighted:
  - In terms of school readiness, Redcar & Cleveland Borough is on par with the North East region but Middlesbrough is the second worst performing area for School Readiness in England, with year-on-year

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decreases.

- Key issues relate to speech and language delays and poor parental literacy.
- Recommendations that resources are directed towards building parental confidence, cultural enrichment, and key stage transitions.
- In terms of Social Capital, some of the key issues include challenge with recognition and data collection methodology.
- Frailty is linked to deprivation, with risk factors identified as number of medications prescribed and visual/hearing impairments.
- There are 13,000 people in Middlesbrough and 18,000 people in Redcar and Cleveland living with frailty.
- The focus will be on management, rather than prevention of frailty in partnership with GPs and Adult Social Care professionals.

As part of the ensuing discussion, the following questions and comments were noted:

- A Member asked if recommendations are generic across South Tees or are there more specifics to tease out in relation to Redcar & Cleveland. Members were advised that, the data sometimes differs, the issues are the same. The main differences, though – particularly relating to rurality - would be teased out as part of the Health and Wellbeing Strategy, with each Borough's story narrated through the Strategy.
- A Member asked if some of the goals and objectives relating to homelessness could be include in the broader policy framework.
- A Member asked if there was dental health provision as part of the Joint Strategic Needs Assessment (JSNA), and Members were advised that, although the issue is touched upon as part of the school readiness goal, more focus on dentistry was needed across the JSNA.
- A Member asked about the impact of the high density of care homes in certain wards on the frailty statistics. The data would be explored, and Members updated at a future meeting.
- A Member asked if it was possible to allocate specific social workers for specific issues in order to streamline casework. Members were advised that this may form part of the strategy recommendations.
- How we engage communities needs to be a fundamental part of

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the JSNA, and policy needs to be informed by the voices of the people

**ORDERED:** The Live Well South Tees Board note the report.

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**SOUTH TEES SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT**

The Executive Director for Children and Families, Redcar & Cleveland Borough Council, referred Members to the report and highlighted the following points:

- The Partnership is going from strength to strength with learning being used to inform and improve safeguarding.
- Section 11 audits have been carried out and these have been extended beyond the statutory requirements.
- Shifted the governance model so that chair is rotated, and external scrutiny is now in place.

The following questions and comments were noted:

- The rates of looked after children have increased substantially in Redcar and Cleveland. Members were advised that the rates of exploitation of vulnerable children have gone up across South Tees, largely due to criminal exploitation and there are now 4 known crime groups in Redcar. There are also links to school attendance and exclusion. The police have undertaken a problem profile and there is rich data available to help understanding who the children are. SHiFT strategies are in place, alongside a specialised social work team, to address youth violence.
- A member asked about support in transitional stages for vulnerable people and Members were advised that strategic work between children and adults safeguarding teams could be improved, although there is effective working on the ground.

**ORDERED:** The Live Well South Tees Board note the report

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**ORAL HEALTH NEEDS ASSESSMENT SUMMARY AND WATER FLUORIDATION CONSULTATION**

The Consultant in Dental Public Health, NHS England, referred Members to the report which provided an update on the ICB needs assessment and recommendations, and on proposals for a national community water fluoridation consultation. The following points were highlighted:

- Newcastle has shown greater improvement (34%) in tacking tooth

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decay compared to Middlesbrough (21%) as a result of water fluoridation.

- Children's data shows prevalence is linked to deprivation. Data is captured when children are five years old using random samples and carried out at school via examination by a dentist or oral hygienist every two years. A census is carried out every four years with the examination of every five-year-old (with consent).
- A comparison of data between Hartlepool and Middlesbrough shows that fluoridation can address inequalities.
- When looking at adult data there is not much difference, but this is due to continuation showing in the data. E.g. where there has been severe decay recorded at any point this will remain on the data. This is shown in the data for Middlesbrough and Redcar, both are above average for abscesses.
- Access to dentistry is improving but a challenge for those who do not have a relationship with a dentist. There is an Access Recovery Plan in place for new patients and those at risk.
- The Health Secretary recently announced the launch of a public consultation on the fluoridation of water in the region. The consultation will also look to weight responses to give greater voice to local communities. It is recommended that board members engage with communities to reinforce the messaging and there is a need to develop a comms strategy and approach.
- Recommendation that South Tees works closely with the ICB to support fluoridation and promote the consultation. There is hope that the consultation will commence before any general election announcement, but the Department for Health and Social Care have not given a date or timeline.
- There is still a need to invest, expand, and build on public health initiatives. In addition to the fluoride varnishing plan access issues need to be fixed through the Tees Valley plan to increase access through the NHS. Urgent needs communications are going out imminently.
- Members were advised that the impact of fluoridation can take several years and will not be picked up in data straight away. There is, however, a reversal in the process of tooth decay that takes place immediately.

**ORDERED:** The Live Well South Tees Board note the report.

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## **HEALTH AND WELLBEING EXECUTIVE ASSURANCE REPORT**

The South Tees Integration Programme Manager presented the report, which provided an update on progress with the delivery of the Board's Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

As part of the ensuing discussion, the following comments and questions were noted:

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- The Q3 summary report is due to be presented to the Executive for endorsement on 9 February 2024 and will be reported at the next meeting of the Live Well South Tees Board in March.
- The planning framework was agreed for the Better Care Fund (BCF) and BCF data was outlined in the report. Of the five metrics, three are on track in Middlesbrough and two are not. In Redcar and Cleveland two are on track and three are not. Management of these metrics is shared across the BCF.
- Consultation relating to smoking and tackling youth vaping was highlighted, and Members referred to the consultation paper attached at Appendix C.
- The South Tees Carers Forum Careers Strategy was summarised, further details included in Appendix D.
- Healthwatch South Tees (HWST) summary included funding to support Redcar and Cleveland. Members were asked to publicise the Star Awards in their local communities. The BME nomination received by HWST recognises positive work done and other local Healthwatch organisations are keen to use HSWT templates.

**ORDERED:** The Live Well South Tees Board note the report.

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## Agenda Item 5

### South Tees Health and Wellbeing Strategy

#### Cover Briefing Note:

The South Tees Health & Wellbeing Board have a statutory duty to produce for their local population: a Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy. The Health & Wellbeing Strategy outlines how the Health & Wellbeing Board aims to improve the health and wellbeing of people living in South Tees and reduce health inequalities.

The Strategy aims to:

- Tackle complicated problems which cannot be solved by any single agency. □
- Commit a wide range of partners to working together to explore local issues and challenges, agree priorities to respond collaboratively, using collective resources.
- Be informed by the JSNA, that uses data, intelligence and evidence to identify the current and future health and social care needs of the population in South Tees.

The draft strategy presents a mission and goal approach to significant challenges across South Tees and has been informed by the development of the Joint Strategic Needs Assessment

The Live Well South Tees Board will be asked to agree the draft strategy, the process to develop a public facing document and the proposal to deliver the strategy using a mission led approach.

The draft strategy will be forwarded to Health and Wellbeing Board members later this week.



# Health and Wellbeing Strategy

**2024 - 2030**

# What is the Health & Wellbeing Strategy?

The **Strategy** aims to:

- Tackle complicated problems which cannot be solved by any single agency.
- Commit a wide range of partners to working together to explore local issues and challenges, agree priorities to respond collaboratively, using collective resources.
- Be informed by the JSNA (that provides the intelligence behind the missions)

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

The JSNA was completed and published in **June 2024**

The JSNA is a collection of Needs Assessments across all 21 of the goals

Developed with a broad range of partners

Principles behind the selection of the LiveWell Missions:

- Important and improving it will contribute to the citizens of South Tees living longer and healthier lives;
- Broad enough to include many areas that would need to feed in to shift the outcome(s);
- Tackles complicated problems which cannot be solved by any single agency;
- Long term solution of many parts required;
- Understandable, particularly by partners;

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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.

# Missions & Goals (agreed September 2022)

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

# HWB Strategy Recommendations

## Start Well: We will narrow the outcome gap between children growing up in disadvantage and the national average

1. Develop a system-wide South Tees Attainment Partnership to shift from reactive silo working to coordinated, collaborative policy development and decision making with a focus on prevention.
2. Develop improved relationships between education and health to improve school attendance, attainment and support at points of transition throughout education.
3. Each local authority should develop a School Readiness Strategy that addresses the high-level issues described in the JSNA through an agreed multiagency approach.
4. Develop a greater understanding of data collected across the system and explore data sharing agreements to enable joint analysis across services to build a more comprehensive understanding of the issues and solutions when following the journey of the family and child.
5. Develop collaboration between partners to effectively identify parents who need support to build confidence, skills and capacity to parent (including literacy) to create positive home learning environments and ensure services meet needs.
6. Build the voluntary and community sector into policy development, decision making and service provision, particularly specific tailored support to communities most in need.
7. Complete multi-agency deep dive intelligence gathering to better understand the key factors that that lead to significantly lower Progress 8 scores (that compare KS2 to KS4) than those in peer Authorities.



## Start Well: We want to improve education, training and work prospects for young people

1. Implement early identification systems within schools and communities to identify young people at risk of becoming NEET including; early assessment and tailored support, systems and data sharing, careers awareness and attendance management.
2. Establish a forum with statistically similar local authorities to share best practice and learning.
3. Redcar & Cleveland and Middlesbrough should ensure that reducing the numbers of young people not in education, employment or training is given greater priority and develop effective policy intervention and strategies to prevent young people becoming NEET.
4. Local Anchor organisations should make employment from those areas with the greatest numbers of NEETs or those in low quality employment a priority.
5. Develop a joint strategic working group to identify a joined-up approach to delivery of employment programmes.
6. Create a minimum of in-school and college support for personalised careers guidance for young people including one to one support.
7. Promote the importance of friends and family support to young people to ensure their success.
8. All services working with Young People should have a trained workforce with the knowledge and skills to support young people to make informed choices about education, employment, and training.
9. Share data across services to develop insights to improve support, target interventions and ensure more young people can access good employment.

## Start Well: We will prioritise and improve mental health and outcomes for young people

1. Introduce the concept of poverty proofing as standard practice with all service providers.
2. Develop a joint long-term commissioning approach to maintain the collaborative Getting Help whole school support service
3. Develop an approach to commissioning Getting More Help whole school support services.
4. Develop a comprehensive offer of “Getting Help” and “Getting More Help” for children and young people aged 5 – 19 in community settings.
5. *Develop working relationship between education and health to improve school attendance and support children and young people at points of transition (also in M01)*
6. *Develop a greater understanding of data collected across the system and explore data sharing agreements to enable joint analysis across services (also in M01)*
7. Develop a training model for children and young people workforce and staff in educational settings
8. Develop routes of engagement with parents and families to help shape and inform future delivery models.
9. Develop a user-friendly guide to available services and support
10. Use the iThrive approach develop a response to better support those waiting for triage, support and treatment to prevent further escalation and crisis.

1. Consider how partners can use their powers to reduce unavoidable costs - housing, childcare, energy and travel costs and costs of disability .
2. Increase income, reduce stigma and minimise punitive approaches for families in hardship :
  - Build routes between NHS and financial support agencies (poverty-proofing health) and from financial support agencies into health support, particularly MH support (health-proofing poverty);
  - Mainstream the Auto-enrolment of Free School Meals pilots to increase pupil premium payments to schools and savings on food costs for parents;
  - Develop a broader case-finding approach with partners to maximise uptake of benefits programmes;
  - Develop consistent best-practice within debt-collection teams (starting with public sector);
  - Statutory PHSE (personal, social, health and economic) curriculum in schools to include Money Management and Debt Education;
  - Normalise conversations about finance through a Make Every Contact Count approach
3. Increase the access and availability of good jobs in our poorest communities:
  - Influence funders to develop long term funding for employment and skills programmes;
  - Address barriers to accessing job and skills development opportunities (digital, language, childcare);
  - Local Anchor organisations should make employment from those areas with the greatest deprivation or those in low quality employment a priority (reflects recommendation in the mission on youth employment);
  - Increase private sector engagement with the Anchor Institution Network through the Better Health at Work Award;
  - Ensure all employment and skills programmes have a focus on empowering people to address any underlying barriers to employment and skills development (mental ill health, transport, conviction etc);
  - Educational establishments should support learners to meet the expectations of industry embedding in-demand skills in curricula and include the development of human skills;
  - Develop targeted community-based advice and support.
4. Develop a Work and Health Strategy across ICB, DWP and Councils to reduce the numbers economically inactive through long term health issues.
5. Develop a greater understanding of data collected across the system and explore data sharing agreements to enable the development of shared intelligence to build a more comprehensive understanding of the issues and solutions.

1. **Collaborate with local planning authorities (LPAs) in both Councils to leverage the planning process to promote healthy, inclusive, and safe places, fostering a health in all policies approach to Local Plan making, including:**
- Co-produce ambitious health and well-being policies for both Local Plans, integrating local health inequality data and aligning with South Tees JSNA and this strategy's missions;
  - Co-produce new Health Impact Assessment toolkits, tailored to each authority's circumstances, and formalise in each Local Plan's health and well-being policy the requirement for all major developments, and any development that we believe might exacerbate the situation further in areas experiencing the most severe health inequalities, to address the wider determinants of health and well-being (energy-efficient homes, walkable neighbourhoods, access to quality green and blue spaces) from the conception of any proposal;
  - Increase understanding among both officers and members of the potential of planning and transport planning to create places that promote health and well-being by co-producing workforce training with officers across both LPAs;
  - Increase understanding of the value of green and blue spaces locally, their role in improving wellbeing, addressing climate change and creating livable neighbourhoods;
  - Increase social capital and community power in planning, developing and using green and blue spaces
2. **Shift perceptions around active travel and public transport in our communities:**
- Secure buy-in from decision-makers to prioritise active travel and public transport, including a cultural shift and investment;
  - Maximise opportunities for connectivity between active travel and public transport modes;
  - Engage with organisations to implement infrastructure improvements and working practices that enable active travel;
  - Maximise the opportunity for the creation of zero-emission vehicle fleets.
3. **Ensure that public policy reflects community needs and addresses the barriers that stop local people from taking action and developing solutions for themselves:**
- Build an understanding and value of social capital amongst decision makers;
  - Define and understand the role of anchor institutions of all sizes, particularly in relation to building social capital;
  - Value, support and develop a strong and thriving voluntary sector, recognising the sector's role in both achieving and maintaining social capital;
  - Improve our understanding of what volunteering is and the value it creates;
  - Understand, codesign and develop training around community needs.
4. **Build our data, intelligence and insight to better understand of our green and blue spaces, their quality and how they are used and our understanding of social capital to inform better decision-making**

1. Establish the governance for the Ill Health Prevention Board to ensure delivery of key actions across all prevention topics.
2. Implement a Health Equity Audit process across all prevention, screening and diagnostic services to ensure resources are distributed and health inequalities are not being widened, focusing on CORE20PLUS5.
3. Ensure the use of population health data to design and commission high quality joined up prevention, screening and diagnostic services that meets the needs of service users to improve access, experience and outcomes.
4. Develop and deliver a robust primary prevention offer that includes raising awareness of health status and risk as well as active case finding working in partnership across the system.
5. Workforce training for adult social care, children services, front line services, health care, and education to deliver Make Every Contact Count at scale, raising awareness and increasing referral or signposting to ill health prevention services.
6. Engage with communities to inform the codesign and quality improvement of how new and existing services or approaches can better meet the needs of local people.
7. Develop a systematic approach to integration across primary care, secondary care, public health and social care, exploring opportunities to pool or align budgets and jointly commission prevention services so they are joined up and person centred.

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## **Live Well: We will build an inclusive model of care for people suffering from multiple disadvantage across all partners**

- 1. The Supported Housing Needs Assessment should consider increased housing options and support for inclusion health groups identified through the JSNA, in particular:**
  - support recovery journeys and behaviour change and reduce reliance on temporary accommodation;
  - improve support from custody to community including the provision of suitable housing, particularly for women;
  - improve housing support for asylum seekers and refugees;
  - addressing the negative impact accommodation insecurity has on Gypsies' and Travellers' physical and mental health.
- 2. The broad system of support for inclusion health groups should ensure:**
  - all services are trauma-informed and flexible in their provision, including consideration of out of hours support, recognising that vulnerable people may have more specific needs;
  - drug & alcohol misuse services, maternity services and children's health and social care services should forge links that will enable them to respond in a co-ordinated way to the needs of the children;
  - the local Maternity Unit should ensure that it provides a service that is accessible and non-judgemental of pregnant problem drug users and able to offer high quality care;
  - care teams providing services for drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate;
  - General Practitioners should take steps to ensure that drug users have access to appropriate contraceptive and family planning advice and management;
  - contraceptive services should be provided through specialist drug services;
  - all resources should be understandable to all people accessing services, including consideration of the reading age of materials and available in other languages, as standard practice, to remove language barriers to accessing care and support.
- 3. Increase support and understanding for the children of parents with substance misuse issues:**
  - Cleveland Police should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users;
  - All women's prisons should ensure they have facilities that enable pregnant drug users to receive antenatal care and treatment of drug dependence to the same standard in the community;
  - All social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it;
  - Develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances to inform their care and support
- 4. Develop a greater understanding of and consider the multiple needs of women in inclusion health groups, including those who are exploited through the sex industry or involved in the criminal justice system.**

## Live Well: We will build an inclusive model of care for people suffering from multiple disadvantage across all partners (2)

5. Strategies should focus on improving the social determinants that affect health and wellbeing in order to outcomes for inclusion health groups in particular asylum seekers and refugees, support from custody to community and people experiencing homelessness.
6. Children's Services departments should aim to achieve an integrated approach via a common assessment framework between social workers, health visitors and GPs, nursery staff and teachers, child and adolescent mental health services.
7. Develop and deliver a Housing First-style approach locally on a small scale and explore external funding to expand provision across South Tees.
8. All relevant agencies should continue and strengthen their commitment to collaborative commissioning through the Cleveland Unit to Reduce Violence (CURV) to identify existing system issues and work collaboratively to address them; collectively deciding on priorities and outcomes, including :
  - maintaining and where possible increase investment in services and support to positively impact psychosocial risk factors behind violent behaviour, including commissioning service that aim to address mental health, substance misuse, neurodiversity, domestic abuse, safeguarding and family support;
  - improve school attendance and reduce school exclusions to improve the influence of school as a protective factor for violence (links to Start Well Mission to narrow the outcome gap between children growing up in disadvantage and the national average);
  - increase investment in neighbourhood facilities to provide young people with spaces to form meaningful connections, whilst keeping them off the street, such as youth clubs and community centres.
9. Local authorities should collaborate with CURV to develop training programmes for multiple audiences, including :
  - identification of those at risk of violent crime and interventions to prevent crime and the establishment of clear referral routes for early interventions;
  - preventative programmes to educate children and young people on the consequences of violence and awareness of all forms of online abuse
10. Local authorities should ensure that a diverse range of perspectives are considered and integrated into responses to their Serious Violence Duty, including those with lived experience and children and young people.
11. Review Substance Misuse Services and Plan for different funding scenarios across South Tees for 2025/26 onwards, based on different scenarios.
12. Review gaps in data and identify opportunities to improve data collection, analysis and sharing to inform policy development and decision-making.

## Age Well: We will promote independence for older people (1)

1. Develop governance, connections and collaboration between existing Older People's Partnerships ensuring a strategic and coordinated approach to addressing isolation, loneliness and healthy ageing across the system, with a clear reporting line to the HWB.
2. Expand Age Friendly Communities approach across South Tees, guided by the World Health Organisations Age Friendly Communities framework and learning from Middlesbrough, and coproduce solutions to system wide barriers to ageing well (transport, housing, health services, community space and buildings, social participation)
3. Embed Health Inequalities Impact Assessments into the development and implementation of all key policies, strategies and plans, ensuring consideration of social connections and isolation, frailty and dementia are included.
4. Embed Making Every Contact Count at scale across organisations and communities, ensuring easy access to health and wellbeing self-care information, community activities and services, alongside normalising conversations around isolation and loneliness.
5. Build value and develop infrastructure to expand and embed Social Prescribing across the system ensuring equitable access across all population groups. Ensure existing and future referrals to psychological therapy (IAPT) where low mood or depression are identified are also systematically offered a referral to social prescribing to address broader needs.
6. Develop a collective, coordinated approach to volunteering opportunities and recruitment, with communities and partners, and maximise volunteering capacity through social value in contracts.
7. Develop data and intelligence sharing to inform local strategies and plans:
  - between Primary Care, Adult Social Care, and the Voluntary Community Sector Organisations to better identify and support people in the community with dementia;
  - share community engagement plans and insight on isolation and loneliness;
  - on digital exclusion of over 65s and use this to ensure existing digital inclusion programmes are addressing and targeting the areas of greatest need.



8. Patients living with dementia should be identified on hospital admission or attendance at A&E or Outpatients and cared for sensitively and seamlessly through a dementia protocol, including Johns Law and the rights of Carers. Carer's details should also be included in healthcare records.
9. Review Reablement and Rehabilitation Care to develop an integrated pathway to prevent unnecessary admissions to hospitals and residential care and ensure a timely transfer from hospital to community.
10. **Reduce the variation in diagnosis and reviews** by GP practice and standardise screening tools to improve the early diagnosis and effective management of dementia and identifying and managing frailty. In addition:
  - Explore the roles of specialist GPs for dementia and frailty and social prescribers to provide more localised support with dementia and frailty;
  - Improve identification of carers through GP Practices and social prescribers signposting carers to support services and community activities;
  - Raise awareness in communities of the need for patients to seek regular medication reviews to reduce potential adverse consequences of polypharmacy, through increased uptake of medication reviews.
11. Explore the potential for an **Integrated Frailty Service** working in a more integrated way to deliver frailty care across acute, community, and social care services to optimise opportunities to provide effective person-centred care and avoid unplanned admissions.
12. Develop a **broad package of training** to include:
  - workforce across hospital, care homes and community to be trained in the management of frailty and dementia;
  - early identification and intervention to slow decline of frailty and avoid hospital admission;
  - frailty and dementia awareness and education into the community and across the system.
13. Ensure that wellbeing activities and participatory arts are an integral component of quality care for older people living in care homes.

14. Ensure **information and advice** is widely available so that people understand the risk factors for frailty and dementia and how their risks could be reduced. Include improved interventions around modifiable risk factors such as smoking and exercise.
15. Develop a **Tees Valley Dementia Strategy**, engaging people living with dementia and their carers, to establish how Councils, wider Health and Social Care Partners and the Tees Valley Integrated Care Partnership, will work with other organisations to support people with dementia, their families, and carers to obtain a diagnosis, maintain their independence and enjoy a good quality of life.
16. Develop **Dementia Friendly Transport** through dementia awareness training for bus operatives and taxi drivers to increase access to support and improve connectivity.
17. Develop the role of the **housing sector** in promoting independent living through joint planning and service delivery, availability of appropriate housing, equipment, telecare and assistive technology and adaptations; including Dementia Training for social housing providers and private sector landlords.
18. All Care Homes across South Tees to adopt the **Dementia Friendly Best Practice Care Home Guide** to improve the dementia services offer in all Care Homes to contribute towards CQC registration and improved ratings.

1. Improve the early identification of palliative patients to ensure they are supported on their end-of-life journey and patients, families, and carers are better informed, both from a health perspective in managing their advance care planning needs and also from a social welfare perspective.
2. Ensure care is joined up across health and social care teams to identify patients on the palliative care register who also have other long-term conditions. This should include improved system interoperability (shared access to SystemOne)
3. Introduce strategies to increase awareness with families, professionals, and wider communities on the variety of social welfare support for end-of-life patients utilising population health management approaches to identify priority groups.
4. Embed Social Prescribing within end of life palliative care pathways to increase available support and increase take up of social welfare support for end-of-life patients and their families.
5. CCB and local Trusts should work collaboratively to review current training programmes for staff (including care homes and GP practices) and agree consistent programmes that focus on provision of good quality palliative and end of life care.
6. Consider the costs and benefits of investing in the Gold Standard Framework to increase the number of accredited GP practices and Care Homes.
7. Review the commissioning of community palliative care services and aim to increase availability to seven days a week.
8. Explore strategies with primary care to increase the number of care plan conversations and the number of plans that are developed and implemented.
9. Use the Compassionate Communities Civic Charter as a framework to develop a Public Health approach to palliative and end of life care that enhances non-clinical support for those with life limiting illness, loss and grief. Commit to working towards achieving Compassionate Communities Accreditation.

# Key Areas of Difference in the Mission-Led Approach

## What's Different in our Approach to Missions?

A mission-based approach requires a shift from a culture focussed on compliance and policing the boundaries to one of learning and continuously adapting; collectively embracing the complexity arising from a portfolio of diverse projects, activities and initiatives designed for long-term transformation together with communities, people with lived experience and strategic actors in the system.

1. We will identify **System Leaders** and a model of support for each Mission considering the importance of developing new system leaders. We will establish our long-term approach to give confidence that our System Leaders could be part of leading something that will produce real change to deliver the mission.
2. We will develop **mission-level governance** structures to support the delivery of the missions that consider devolved autonomy to facilitate information sharing, support mission leadership and enable more agile decision-making across agencies.
3. We will develop a model of **mission-level community engagement** that is embedded into policy development, decision-making and learning processes to inform the development of our plans and approaches to deliver the Missions.
4. We will develop our **learning approach** and shared understanding of system change building on the learning from YGT to coordinate action across agencies to deliver our Missions.
5. We will work with both Councils and partners to embed the ambitions of the HWB Strategy into **organisational policy frameworks**.
6. We will consider how we can better use **roles and powers** of both Councils (and partners) to deliver our Missions

**Other**

- “Technical” HWB Strategy to support the implementation by the Board and a separate public-facing version (unless we can make them the same thing)
- Retain the intention of recommendations but re-word for the public
- Include areas of work we are already doing that demonstrate how we want the mission-based approach to work (Making Attendance Everyone’s Business in RC; STRiVE Boards; elements of Changing Futures, in particular lived experience forum) - “The future is already here – it's just not very evenly distributed.” (William Gibson, Author)
- Infographics to cover the intelligence and missions & goals

# Building the work programme of the HDRC: Start Well

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Mission	Area of Research
<p>We will narrow the outcome gap between children growing up in disadvantage and the national average</p>	<p>Better understand why Middlesbrough performs significantly worse than Redcar &amp; Cleveland and other North East LAs. Not only do SEN and FSM children perform worse in Middlesbrough but also Non FSM and No SEN children also perform worse compared to regional and national comparisons.</p> <p>Deep dive intelligence gathering involving tracking children through key stages to better understand why the local Progress 8 scores that compare KS2 to KS4 are lower locally (particularly in Middlesbrough) when comparing local children to other similarly performing children nationally.</p>
<p>We want to improve education, training and work prospects for young people</p>	<p>Investigate why Middlesbrough and Redcar &amp; Cleveland had higher proportions of children who are 16/17 year olds who are NEET and also SEN compared to the rest of the North East and England and why this has seen increases in recent years.</p>
<p>We will prioritise and improve mental health and outcomes for young people</p>	<p>To develop a greater understanding of the data collected across the system and develop data sharing agreements across sectors to facilitate a greater understanding of need and more effective design and commissioning of services.</p>





Mission	Area of Research
We will reduce the proportion of our families who are living in poverty	Engage with communities affected by low pay and worklessness to build insights and coproduce employability solutions with communities and partners.
We will create places and systems that promote wellbeing	<p>Review of existing data assets show a good understanding of the range and diversity of green spaces in South Tees. Expand the collation of qualitative data to better understand how green spaces are used by communities and what the barriers to use are.</p> <p>Better understand the fall in cycling and walking alongside bus use, particularly concessionary passholders since the pandemic.</p> <p>Explore datasets that help to clarify the definition of social capital and how it can be measured.</p>
We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	Develop local inclusion health research to examine the distribution of impacts of interventions across socio-economically disadvantaged areas and groups.

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Mission	Area of Research
<p>We will promote independence for older people</p>	<p>Explore datasets that help to demonstrate the prevalence of loneliness and social isolation within our elderly population with a focus around digital exclusion.</p>
	<p>Better understand the variation in frailty diagnosis across GP practices and relationship to hospital frailty scores including examining the missing frailty diagnoses from case finder project.</p>
	<p>Research effective social activities for over 65's across South Tees, ensuring that consideration is given to needs-led intelligence, accessibility, inclusivity, the voice of residents and sustainability. Influence funders to develop long term funding for this provision.</p>
<p>We will ensure everyone has the right to a dignified death</p>	<p>Deep dive intelligence gathering with primary care data to understand the lower dementia care plan review rates in South Tees and the large variation across GP practices</p>
<p>We will ensure everyone has the right to a dignified death</p>	<p>Investigate why higher proportions of residents in Middlesbrough across all ages are dying in hospital with a higher proportion of care home residents (particularly in Middlesbrough but also in R&amp;C) are dying in hospital compared to the national average.</p>

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Mission	Goals	Key Performance Metrics
We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030	We want to eliminate the <b>school readiness</b> gap between those born into deprivation and their peers.	Children achieving a good level of development in reception (%)
		Gap between FSM eligible and non FSM eligible pupil rate of good level of development (%)
	We want to eliminate the <b>attainment</b> gap at 16 among students receiving free school meals	Pupils achieving GCSE grade 4 or above in English and maths (%)
		Progress 8 scores at LA level and by individual secondary schools (%)
We want to improve education, training and work prospects for young people	Extend offers of <b>apprenticeships, training and work placements</b> for young people to make the most of current and future local opportunities	Apprenticeship starts and achievements by level of apprenticeship (No.)
		Apprenticeship starts by subject area (No.)
	We will have no <b>NEETs</b> in South Tees through extended employment, apprenticeship or training offers for 18–25 year olds.	Proportion of 16, 17 & 18 year olds who are NEET/not known, split by age (%)
		Proportion of 16, 17 & 18 year olds who are participating in full or part-time education or apprenticeship, split by age (%)
We will prioritise and improve mental health and outcomes for young people	Embed sustainable <b>school based mental health support</b> and support education partners in the establishment of whole school based programmes	Pupils in primary, secondary and special schools with social, emotional and mental health needs (%)
		Rate of common mental health disorders, anxiety disorders and depression in under 18s (rate per 1,000)
	Improve <b>access to mental health care and support</b> for children, young people and families, led by needs.	Rate of children & young people mental health referrals (rate per 1,000)
		Average wait times for children & young people secondary care mental health treatment (excl neurodevelopmental conditions)

Mission	Goals	Key Performance Metrics
We will reduce the proportion of our families who are living in poverty	We want to reduce levels of <b>harmful debt</b> in our communities	Child poverty estimated rate after housing costs (%) Residents accessing Citizens Advice Bureau (CAB) and Welfare Rights Unit (No.)
	We want to improve the levels of high quality <b>employment and increase skills</b> in the employed population.	Proportion of working age population who are claiming unemployment-related Universal Credit (%) Proportion of working age population who are economically inactive by reason (%)
We will create places and systems that promote wellbeing	We want to create a <b>housing stock</b> that is of high quality, reflects the needs of the life course and is affordable to buy, rent and run.	Rate of landlord repossessions per 100,000 households Proportion of social and private sector housing that fails the Decent Homes Standard (%)
	We want to create places with <b>high quality green spaces</b> that reflect community needs, provide space for nature and are well connected.	Average distance to nearest park, public garden or playing field and average size Quality of green and blue spaces - Green Flag Award and bathing water quality
	We want to create a <b>transport system</b> that promotes active and sustainable transport and has minimal impact on air quality.	Proportion of population who walk, cycle or use public transport to travel to work (%) Levels of total greenhouse gas emissions, split by CO2, methane and N2O emissions (kilotonnes and per capita)
	We will support the <b>development of social capital</b> to increase community cohesion, resilience and engagement	ONS Personal well-being estimates covering life satisfaction, worthwhile, happiness and anxiety (scores) Thriving places index split by domain (scores)
We will support people and communities to build better health	We want to reduce the prevalence of the leading <b>risk factors for ill health and premature mortality</b>	Prevalence of adult smoking, physical activity and obesity (%) Prevalence of cancers (type), COPD, CHD, stroke and hypertension (%)
	We want to find more diseases and ill health earlier and promote clinical <b>prevention</b> interventions and pathways across the system	Uptake rates across three cancer screening programmes (%) NHS health check invitations, completed checks and referrals (%)
We will build an inclusive model of care for people suffering from multiple disadvantage across all partners	We want to reduce the prevalence and impact of <b>violence</b> in South Tees	Rate of total recorded crime and proportion that are violent crime and domestic violence (rate per 1,000) Rate of hospital admissions for violence (rate per 100,000)
	We want to improve outcomes for <b>inclusion health groups</b>	Rate of alcohol and substance misuse related emergency hospital admissions (rate per 100,000) Homelessness - Households owed a duty under the homeless reduction act (rate per 1,000)
	We want to understand and reduce the impact of <b>parental substance misuse</b> and trauma on children	Clients in drug/alcohol treatment who have full/part parental responsibility and have children living with client - engaged with treatment and social care Rate of episodes in children's social care (split by threshold level) that have parental alcohol and/or drug misuse as factors identified (%)

## Performance Framework:

## Live Well



Mission	Goals	Key Performance Metrics
<p><b>We will promote independence for older people</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 37</p>	<p>We want to reduce the levels of <b>loneliness and isolation</b> in our communities and ensure our places promote healthy ageing</p>	<p>Population who feel lonely often, always or some of the time (%)</p> <p>Proportion of adult social care service users and carers who have enough social contact (%)</p>
	<p>We want to reduce the level of <b>frailty</b> to improve healthy ageing</p>	<p>Proportion of over 65s patients at GPs who are living with mild, moderate or severe frailty (%)</p> <p>Rate of emergency readmissions within 30 days of discharge by frailty score (%)</p>
	<p>We want to ensure our communities are <b>dementia</b> friendly</p>	<p>Rate of emergency admissions for those living with dementia (rate per 100,000)</p> <p>Proportion of dementia patients who have had their care plan reviewed in previous 12 months (%)</p>
<p><b>We will ensure everyone has the right to a dignified death</b></p>	<p>We want to improve the identification of people who are ready to die and enable choice around <b>end of life</b> - relating to planning about care and about life</p>	<p>Proportion of deaths that occurred in usual place of residence (%)</p> <p>Proportion of deaths with 3 or more emergency admissions in the last 3 months of life (%)</p>

1. Agree the draft strategy
2. Note the approach to delivering the strategy using a mission-led approach (to be developed further and reported back on in January 2025)
3. Note the process to develop a public facing document

**South Tees Health and Wellbeing Executive Assurance Report**

<b>To:</b>	Live Well South Tees Health and Wellbeing Board	<b>Date:</b>	September 2024
<b>From:</b>	Kathryn Warnock on behalf of South Tees Health and Wellbeing Executive	<b>Agenda</b>	Item 6
<b>Purpose of the Item</b>	To provide Live Well South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board’s Vision and Priorities.		
<b>Summary of Recommendations</b>	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> <li>• Are assured that the Board is fulfilling its statutory obligations</li> <li>• Note the progress made in implementing the Board’s Vision and Priorities</li> </ul>		

**1 PURPOSE OF THE REPORT**

1.1. To provide Live Well South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board’s Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

**2 BACKGROUND**

2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive was established. This is now a sub-section of the South Tees ICB Place Committee. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board’s work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

**3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS**

3.1 The next section of this report sets out details of progress the Health and Wellbeing Executive has made against the Board’s statutory functions.

**3.2.1 Better Care Fund (BCF) 2024/25 Planning Update Templates**

Our BCF plans were assured for 2023-25, however the national team required updates for 2024/25 to reflect any changes in expenditure, outline current performance against metrics and review capacity and demand figures.

Full details are available in the BCF 24-25 Planning Update Templates which are attached as **Appendices a) and b)**. The templates were completed jointly by BCF Implementation and Monitoring Group members and were submitted before the deadline of 10<sup>th</sup> June 2024, with approval from the South Tees Health and Wellbeing Executive on behalf of the Live Well South Tees Board.

Members are asked to **note and formally endorse** the BCF 24-25 Planning Update Templates for Middlesbrough and Redcar & Cleveland.

Our plans have now been approved by the national team and letters giving formal approval to spend have been issued to Health and Wellbeing Boards.

3.2.2

**BCF 2023/24 End of Year Templates**

As part of the BCF national conditions, each area must complete year end reporting templates. This year they included:

- Confirmation that conditions of the funding have been met
- Performance against metrics
- Actual expenditure
- Discharge activity
- A summary of our challenges and achievements

The BCF Implementation and Monitoring Group completed the templates for Middlesbrough and Redcar & Cleveland and submitted them by the deadline of 23<sup>rd</sup> May 2024, with delegated Health and Wellbeing Board approval.

We included the following achievements:

- a) Our South Tees Transfer of Care Team (part funded by our BCFs) is now an embedded and vital part of managing patient flow in the hospital and transfer of care to the community. Our teams in the Transfer of Care Hub and the ISPA are fully integrated and multi-disciplinary. Over this year new processes have been developed to facilitate patient flow out of hospital and try to ensure the best outcomes for patients, with a home first focus.
- b) Middlesbrough and Redcar & Cleveland's BCFs continue to be managed collectively. All decisions around allocations of BCF funding are made collaboratively which supports a focus on the system pressures across South Tees. This joint commissioning infrastructure helps us to focus on our collective priorities such as hospital discharge, supporting the care market, and maximising the use of technology and prevention services to support older people to remain independent for as long as possible.

For the challenges faced, we noted that both the ICB and Local Authority have funding pressures and there has been restructuring in the workforce at the ICB impacting colleagues involved in BCF and wider integration initiatives. Issues around recruitment and retention of home care workers remain, despite funding being available.

Members are asked to **note** the submission of the end of year templates. They are not included as appendices due to file size and complexity but are available on request.

3.2.3

**BCF / Discharge Funding 2024/25 Quarter 1 Reporting Templates**

The national team have also required updates this quarter to confirm actual spend and outputs on schemes funded from the Local Authority and ICB Discharge Funding.



This pooled funding is managed collectively through the BCF governance arrangements. At this stage, the Discharge Funding is only in place until March 2025 – we are awaiting national confirmation on whether the funding will continue after that.

These short templates have been completed and submitted by the BCF Implementation and Monitoring Group by the deadline of 29<sup>th</sup> August, with delegated Health and Wellbeing Board approval.

Members are asked to **note** submission of these templates. They are not attached as appendices but are available on request.

**4 PROGRESS AGAINST LIVE WELL SOUTH TEES BOARD PRIORITIES**

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

**4.2 Live Well South Tees Board Terms of Reference**

The Terms of Reference for the Live Well South Tees Board have been reviewed and updated. These are attached as Appendix c) for consideration and endorsement.

**4.3 Forward Work Programme**

The Forward Work Programme will be developed when the Health and Wellbeing Strategy is discussed and agreed at the September meeting of the Live Well South Tees Board.

Outlined below are the statutory functions of the Health and Wellbeing Board.

Area of Focus	Lead Organisation/ System Group	Agenda Item Live Well South Tees Board	HWB Executive Assurance Report
<b>Statutory Functions</b>			
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	Updates for each Board meeting
Children's Safeguarding Board Reports	South Tees Safeguarding Children Partnership	January 2025	

Director of Public Health's Annual Report	Public Health	To be confirmed	
Health and Wellbeing Strategy		September 2024	
Healthwatch Update	Healthwatch	As required	Quarterly updates
Health Protection Assurance Report	Public Health	January 2025	
Joint Strategic Needs Assessment Updates	JSNA Project Board	As required	
Pharmaceutical Needs Assessment – Endorsement and Noting of Any Issues	PNA Steering Group	As required	March 2025
Teeswide Safeguarding Adults Board (TSAB) Annual Report	TSAB	March 2025	

4.4

**Healthwatch South Tees Update**

Since the last update provided Healthwatch South Tees (HWST) have been involved in many varied activities. Some examples of this are summarised below:

**STAR Awards**

Our event was held on 24 April and attendees included nominees, nominators, community partners, champions, volunteers, leaders from health and social care and the Healthwatch England Deputy Director.

**Annual Reports**

We have produced our annual reports for [Healthwatch Redcar and Cleveland](#) and [Healthwatch Middlesbrough](#).

**Joint Trust Work**

On 6 June 2024, we jointly delivered an event in Stockton in partnership with Healthwatch Stockton, Darlington and Hartlepool that local professionals and residents attended to discuss and identify positive ways of working across both Trust sites. Following on from this, we held 3 focus groups at James Cook University Hospital, The Friarage Hospital and Redcar Primary Care Hospital to gather even more intelligence in addition to the survey responses.

### **Multicultural Event**

We held a Multicultural Event on 4 July 2024 in Middlesbrough to:

- Increase awareness about HWST
- Identify barriers for ethnic communities to access health and social care services
- Identify Ethnic Community Champions to support our Information & Signposting function.

Over 80 people attended the event, including various stakeholders. We have produced a report of our findings which can be found [here](#).

### **GP Roadshows**

One of our priorities for 2024/25 is to improve and develop relationships with GP Practices, promote our relevant resources, gather patient experience on any feedback a Practice would like to hear about, raise awareness of unpaid carers and promote/recruit to the PPG.

To date we have carried out four roadshow activities and have more planned for the upcoming months.

### **Women's Health**

Following on from our work last year, our priority for 2024 is to raise awareness of menopause learning tools and resources to increase knowledge about menopause to improve support offered locally.

We are currently facilitating an online 'Train the Trainer' workshop delivered by Jacqui McBurnie, NENC Menopause Lead on Tuesday 22 October 2024.

This is an ideal opportunity for attendees to equip themselves with knowledge and tools to support people either at work or in the community.

### **Community Mental Health**

We are working with Tees, Esk and Wear Valley NHS Foundation Trust to gather people's experiences of their journey through community mental health services. We are presently coproducing questions with lived experiences groups across South Tees.

### **Redcar and Cleveland Council Social Care Engagement**

In January 2024 Redcar & Cleveland Borough Council and HWST entered into a service level agreement for HWST to act as an engagement resource gathering feedback from local people who use their social care services to effect real change in their department. To date we have completed the following projects:

- Review of standardised letter templates.
- Review of the access service and signposting literature.
- Review and expand current mapping information about groups and services throughout Redcar and Cleveland.
- Review customer satisfaction questionnaires with recommendations on how to increase sampling return.

### **Information & Signposting**

Since the last update we have continued to have an increase in our information and signposting contacts. Below are some of the themes we have identified.

Although we receive a number of requests each quarter from people requiring support in accessing an NHS dentist, we have had increasing number of queries from people who have additional needs such as those with a learning disability or mental health issues.

We have received several enquiries from patients who have changed GPs who have ongoing repeat prescriptions. They have experienced difficulty in getting their medication and have gone through 111 where some have been given a small supply and others have been directed to Healthwatch. Clarification needs to be given as to who is responsible for the ongoing prescriptions when a patient is changing GP Surgeries.

## **5 RECOMMENDATIONS**

- 5.1 That Live Well South Tees Health and Wellbeing Board:
- Are assured that the Board is fulfilling its statutory obligations
  - Note the progress made in implementing the Board's Vision and Priorities

## **6 APPENDICES**

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

6.2 **Appendices:**

Appendix a) : Middlesbrough BCF 2024-25 Planning Update Template

Appendix b) : Redcar & Cleveland BCF 2024-25 Planning Update Template

Appendix c): Live Well South Tees Board Terms of Reference

### **Contact Officer**

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## Live Well South Tees Health and Wellbeing Board

### TERMS OF REFERENCE

#### 1 OVERALL PURPOSE OF THE BOARD:

1.1 The Live Well South Tees Health and Wellbeing Board has been constituted to meet the requirements of the Health and Social Care Act 2012. As a Committee of Redcar and Cleveland Borough Council and Middlesbrough Council it acts as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce inequalities.

1.2 The focus for the Live Well South Tees Health and Wellbeing Board

Principal Function	Principal Subject Matter	Main Business Focus	Timescales
Shared Leadership	<ul style="list-style-type: none"> <li>Improved health and social care outcomes</li> <li>Sustainable health and social care system</li> <li>Ensuring system alignment e.g. commissioning</li> </ul>	<ul style="list-style-type: none"> <li>Provide strategic leadership and accountability to design, develop and enhance joint health and social care system</li> </ul>	Longer Term – within the next 3-5 years
Shared priorities approach	<ul style="list-style-type: none"> <li>solving problems,</li> <li>removing barriers</li> <li>sharing risks</li> </ul>	<ul style="list-style-type: none"> <li>A small number of key priorities to improve health and social care in South Tees.</li> </ul>	Medium term – within the next year

<p><b>Shared system assurance</b></p>	<ul style="list-style-type: none"> <li>• high-level performance management</li> </ul>	<ul style="list-style-type: none"> <li>• progress against HWBB work programme</li> <li>• progress against key metrics and projects</li> <li>• Progress against priority workstreams</li> <li>• Be given assurance from South Tees H&amp;WBB Executive</li> </ul>	<p>Short term – within the next week, month</p>
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**1.3** In particular, the Board will:

- Provide strategic direction
- Ensure strategic influence over commissioning decisions across health, public health and social care.
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Board will also provide a forum for challenge, discussion, and the involvement of local people.
- Bring together Integrated Care Board and council commissioners to develop a shared understanding of the health and wellbeing needs of the community.
- Ensure the Joint Strategic Needs Assessment is undertaken and develop a joint Health and Wellbeing Strategy to address needs and improve health and wellbeing outcomes. This will include supporting the development of joint commissioning and integrating services across health and care where this makes sense.
- Create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

**2 OPERATING PRINCIPLES**

**2.1** The Board will work to the following principles in the way it conducts business:

- Operate on the basis of consensus and discussion between all organisations
- Demonstrate collective leadership to improve health and wellbeing across the Middlesbrough and Redcar & Cleveland local authority areas
- Consider the views of patients, service users and communities and the third, public and private sectors
- Promote strong collaboration and partnerships and clear links between local statutory and non-statutory bodies

- Consider best use of combined commissioning resources to improve local health and well-being outcomes in the short, medium and long term
- Members of the Health and Wellbeing Board will have genuine levels of trust and an open and honest willingness to work collaboratively, with a culture and way of working that creates the conditions for innovation, integration and high performance
- Communicate, listen and engage with the communities they serve and be representative of the public/patient voice
- Decisions will be based on evidence and data sharing will be the norm, not the exception.

### 3 SHARED VISION AND PRIORITIES

3.1 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><b>Children and Young People have the Best Start in Life</b></p> <p>We want children and young people to grow up in a community that promotes safety, aspiration, resilience and healthy lifestyles</p>	<p><b>People live healthier and longer lives</b></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><b>More people lead safe, independent lives</b></p> <p>We want more people leading independent lives through integrated and sustainable support.</p>

### 4 ANNUAL WORK PROGRAMME

4.1 The Board will develop an annual work programme to focus on key issues that address the priority areas. The Board will receive update reports on progress against the work programme. The work programme will be reviewed annually as part of the planning and commissioning cycle.

## 5 **ACCOUNTABILITY AND GOVERNANCE**

- 5.1 As a Council Committee, the Live Well South Tees Health and Wellbeing Board is accountable to Redcar and Cleveland Borough Council and Middlesbrough Council.
- 5.2 The Health and Wellbeing Strategies for both localities are the key partnership strategies between the local authorities and other Health and Social Care partners. The Live Well South Tees Health and Wellbeing Board will be the arena for holding individual organisations (and partnerships) to account for delivery.
- 5.3 The Live Well South Tees Health and Wellbeing Board will in turn be held accountable for implementing the Joint Health and Wellbeing Strategy by the South Tees Joint Scrutiny Committee
- 5.4 In order to function effectively the Board will need to be supported by a functioning Executive Group, meeting more frequently and ensuring delivery of the agenda. The Executive Group will meet on a monthly basis

## 6 **MEMBERSHIP OF THE BOARD**

- 6.1 The Live Well South Tees Health and Wellbeing Board will consist of the following members:
- Leader of Redcar & Cleveland Council,
  - Mayor of Middlesbrough Council,
  - 3 Cabinet Members from Redcar & Cleveland Council,
  - 3 Executive Members from Middlesbrough Council,
  - Nominated Elected Member from Middlesbrough Council,
  - Nominated Elected Member from Redcar & Cleveland Council,
  - Chief Executive Middlesbrough Council,
  - Managing Director Redcar & Cleveland Council,
  - Director of Place North East and North Cumbria Integrated Care Board
  - Director Adult Social Care and Health Integration for Middlesbrough,
  - Corporate Director for Adults and Communities for Redcar & Cleveland,
  - Executive Director of Children's Services for Middlesbrough,
  - Corporate Director of Children's Services for Redcar & Cleveland,
  - Director of Public Health for South Tees
  - Senior representative of the local HealthWatch,
  - Chief Executive of South Tees Hospitals NHS Foundation Trust,
  - Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust,
  - Senior representative on behalf of Middlesbrough and Redcar Voluntary Development Agencies,
  - Senior leader on behalf of Beyond Housing and Thirteen Housing Group,



- Chief Constable Cleveland Police,
- Chief Fire Officer Cleveland Fire Service

6.2 In order to ensure consistency and ability for senior decision-making, ad-hoc substitutions will not be allowed. However, each member of the group will be asked to nominate one appropriate deputy for those instances of non-attendance. Nominated deputies should be fully briefed prior to attendance and must have the authority to make decisions on behalf of their organisations.

6.3 Members represent their agency or organisation, and individual members of the board remain accountable to their organisations. Members will bring informed views from their agency or organisation to the meetings and act as the conduit of information between the board and their agency or organisation.

6.4 Other guests may be invited from time to time, or attend at their own request, at the discretion of the Chair, and subject, in the event of any dispute, to approval by a majority of members.

## **7 CODE OF CONDUCT AND MEMBER RESPONSIBILITIES**

7.1 All voting members are required to comply with Redcar & Cleveland's Borough Council's (and/or Middlesbrough Council's) Code of Conduct, including submitting a Register of Interests.

7.2 In addition all members of the Board will commit to the following roles, responsibilities and expectations:

- Commit to attending the majority of meetings
- Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest
- Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery
- To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

**8 QUORACY AND CHAIR (including VICE CHAIR )**

8.1 The Chair and Vice Chair will rotate between the Leader of Redcar and Cleveland Borough Council and Mayor of Middlesbrough Council at each meeting of the Board.

8.2 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the following:

- Middlesbrough Council (Elected Member)
- Redcar & Cleveland Borough Council ( Elected Member)
- North East and North Cumbria Integrated Care Board Representative
- One senior officer member from both Middlesbrough Council and Redcar & Cleveland Borough Council
- Local Healthwatch/Other Representatives

8.3 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.

**9 VOTING**

9.1 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required, decisions will be reached through a show of hand and a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

**10 FREQUENCY**

A schedule of meeting dates will be agreed for the year, including key milestones as part of a forward plan. Extraordinary meetings can be arranged throughout the year at the discretion of the Chair.

**11 PRIVATE / PUBLIC MEETINGS**

11.1 Meetings of the Live Well South Tees Health and Wellbeing Board are open to the public. Members of the public are not permitted to take part in the discussions, unless invited to do by the Chair. The Chair will invite members of the public, to put questions or make a statement to the Board.

**12 SECRETARIAL SUPPORT**

- 12.1 Coordination and oversight to be managed by the South Tees Integration Programme Manager and rotated on annual basis between Redcar & Cleveland Borough Council and Middlesbrough Council Democratic Services. Papers for Board meetings will be circulated at least seven days in advance of the meeting. All agendas, minutes and related papers will be posted on the Redcar and Cleveland Borough Council's and Middlesbrough Council's websites.

13 **DECLARATION OF INTERESTS**

- 13.1 Each member is required to declare any pecuniary or non-pecuniary interest (direct or indirect) in any agenda items, and shall take no part in the discussion or decision-making about that item.

14. **REVIEW OF TERMS OF REFERENCE**

- 14.1 The Board will review these Terms of Reference annually. It will develop its sub-structures and keep them aligned with developments within Redcar and Cleveland Borough Council, Middlesbrough Council, North East and North Cumbria Integrated Care Board and other partners and stakeholders.

**Reviewed 03 September 2024**

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