

South Tees Health and Wellbeing Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	26th September 2022
From:	Kathryn Warnock, South Tees Integration Programme Manager	Agenda:	8
Purpose of the Item	To provide Live Well South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board's Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: <ul style="list-style-type: none"> • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board's Vision and Priorities 		

1 PURPOSE OF THE REPORT

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

2 BACKGROUND

- 2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board's work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

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

3.2 Better Care Fund (BCF) Planning Requirements 2022/23

The Better Care Fund plans and deliverables are substantive items at the Live Well South Tees Board meeting on 22nd September.

BCF planning requirements for 2022/23 were issued in July and have been completed by BCF Implementation and Monitoring Group members, approved by South Tees Executive Governance Board Directors and are brought to Live Well South Tees Board members for endorsement.

The plans require a:

- Narrative template - the key changes from previous submissions include a focus on two outcomes which are 'enabling people to stay well, safe and independent at home for longer' and 'provide the right care in the right place at the right time'.
- Planning template - which confirms expenditure, that national conditions are met and performance metrics
- Capacity and demand template for intermediate care - this is a new requirement and has to be submitted for plans to be assured but it will not form part of the assurance process this year.

3.3

Endorsement of 2022-25 Pharmaceutical Needs Assessments

South Tees Health and Wellbeing Board has a statutory responsibility for producing and publishing 2022-25 Pharmaceutical Needs Assessments (PNAs) for Middlesbrough and Redcar & Cleveland Councils by 1st October 2022.

Members are asked to note and endorse these PNAs. There is a summary below and the full PNAs are attached as appendices 1 and 2.

A multiagency Public Health South Tees PNA Steering Group, with representatives from across the local health and social care system, including public and patient champions and local community pharmacy, has overseen the development of 2022-25 PNAs for the two councils. This has included a formal 60-day consultation.

The two councils' 2022-25 PNAs have been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

Summary recommendations:

- a) There is adequate provision of pharmaceutical services across the two boroughs to serve the needs of our population, with no current gaps identified
- b) There is a reasonable choice of both providers and services available
- c) Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and North East and North Cumbria Integrated Care Board (formerly Tees Valley Clinical Commissioning Group).
- d) Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services

- e) Community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach
- f) Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning.

The PNAs will be used to provide NHS England and NHS Improvement with the relevant information needed to make commissioning decisions, specifically regarding market entry, but also provides information that will be useful to Public Health South Tees commissioning and strategy development.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

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

4.1.1 Best Start in Life - whole system change approach for the first 1001 days

Background:

In South Tees we have approximately 3,700 births per year and health inequalities for many of these children begins before they are even born. Given the level of deprivation in the area we need to develop approaches to reduce health inequalities so that our babies are born on an equal footing, getting a better start in life so they are ready to start school and flourish as young adults.

First 1001 days

From birth through to the teen years foundations are laid that will influence all aspects of a child's future. Investment in this period, therefore, generates long-lasting, cumulative benefits. Effective support for families in the earliest years brings savings to the public purse through reduced costs for public services and increased participation in the economy in later life. Failing to invest in early development will ultimately cost the local area in the longer-term

Early investment, targeted where it is most needed, makes more economic sense than later interventions which can be less effective and more costly. Whilst there are challenges in measuring the return on investment from particular policies and interventions, there is a clear economic case for us to ensure that we have a strong local focus in this area that will see us invest time and resource into giving our children the best start in life.

Project Objectives:

The 1001 days work is visioned and led by a Best Start in Life Programme Board. The board is supported by the Best Start Partnership who will ensure that the vision, strategy and objectives of the board embedded operationally. Objectives of the 1001 days workstream are as follows:

- 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 having them co-produce 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.

Key Project Milestones:

#	Milestone Description	Start Date (Baseline)	End Date (Achieved)
MS4	Develop local family hubs in line with national guidance vision for the 1,001 critical days	March 2022	March 2024
MS5	Appoint a provider to undertake insight work to parental experience in first 1001 days	Oct 2022	March 2024
MS6	Work with Oxford University to develop a brain science led –approach in South Tees, which will include workforce training, shared narrative, community resource and practitioner resources.	July 2022	March 2024
MS7	Use the learning from insight and brain science work to Establish a 1001 days training development programme in South Tees	September 2022	March 2024
MS9	Develop a 1001 days marketing and communication strategy	March 2024	September 2024
MS10	Conduct a needs assessment for 1001 days	March 2023	December 2023

Achievements:

- A 1001 days project board was established with oversees the project and the key priorities of the Best Start.
- We have reviewed the Best Start Partnership Board and the following sub groups:
 - 1001 days
 - Improved planning and preparation for pregnancy
 - Supporting families with infant feeding

- Supporting parents and children to have good mental health
 - Supporting new parents and their children to be of healthy weight
 - Reducing the risks to children and families from smoking
 - Preventing child injury and supporting parents to self-manage minor illness
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- We launched the new Best Start Partnership with a Best start Practice week in November, over 200 attendees from across Local Authorities directorates and key partner agencies came to the events
 - We have initiated the Lock Down Babies research study in partnership with Teesside University
 - Commissioned 1001 Days insight work around parental experience, which will allow us to greater understand the needs of our parents and an intelligence-led approach to our work. The work will be used to help shape the work of the programme board and service development, particularly the family hubs models in both areas.
 - Best Start had been established as a high-priority Tees collaborative workstream for the Tees Valley. The following areas have been selected as key areas workstreams
 - Integrated working
 - Perinatal Mental Health
 - Foetal Alcohol Syndrome
 - Work is presently underway to scope the workstreams and key areas for joint action.
 - We are working with Oxford University to embed a brain science- led approach in our local areas. This exciting work will see use brain science in the work we all do with fellow professional and the community

4.1.2

Healthwatch Update

Since the last update provided Healthwatch South Tees (HWST) have been involved in many varied activities. Here's a summary of some examples of this:

We hosted our STAR Awards event on 6 April 2022 with 120 people attending. As well as celebrating those who had gone above and beyond in their roles it provided an opportunity to raise awareness of our work, I&S service and Community Champions role.

"A huge well done for an excellent awards event. I never underestimate the planning, co-ordination, time and dedication it takes to ensure these things run smoothly. Thank you so much!!! Everyone I spoke with was thrilled to be nominated and the winners were outstanding. People were delighted to be able to share in each other's success and to be able to come back together was just what the doctor ordered.

Using the event to raise awareness of Healthwatch, highlight current agendas such as Mental Health Transformation and encouraging connections through the Wellbeing Alliance were added bonuses to the celebrations; this mix of acknowledging achievement whilst using the platform to share and learn was genius! It was an absolute pleasure to be part of the day, thank you so very much for everything you do. You truly are brilliant ambassadors not only for Healthwatch but also for PCP”.

Carol Gaskarth, Chief Executive, Pioneering Care Partnership

Our new staff member in the role of Volunteer and Engagement officer commenced work with HWST in May. As a result, we have increased our Community Champions network, hosted two Champion network meetings and are undertaking a review of our Volunteer Handbook and volunteer roles.

Our Communications & Engagement Officer left the organisation at the end of July and we are currently implementing the required processes to recruit to the role.

We produced our Annual Report in June, in line with Healthwatch England requirements, providing an overview of our work for 2021-2022 including excellent feedback from our stakeholders.

“Healthwatch have been fantastic in providing us with advice, support and challenge in how we plan and deliver care. They have an unapologetic focus on patients and communities, always acting in their interest and championing their needs in a way that promotes equality, fairness and better quality provision. Healthwatch are an instrumental place-based partner, and we’re really fortunate to have such a knowledgeable, collaborative and accessible Healthwatch service in South Tees”

Lisa Jones, Public Health Strategic Manager, Public Health South Tees

A Board development workshop facilitated by Healthwatch England was held in August 2022 covering topics such as governance, handbooks, code of conduct, priorities and working with the ICB.

HWST has signed up to a Tees and Regional ICP operating protocol to ensure robust working agreements.

HWST is currently working with HW Stockton-on-Tees, Darlington and Hartlepool to set up a Youthwatch. Individually none of the local HW teams has capacity to facilitate so we have joined together with Youth Focus North East to explore the options of a joint Youthwatch.

We carried out focus groups across Middlesbrough and Redcar and Cleveland to gather service user feedback to inform the ICB (formerly Tees Valley Clinical Commissioning Group) Non-complex Adult Hearing service review to inform the next round of

commissioning. We have submitted this feedback to the ICB who will be publishing a Tees Valley report of the findings.

During August we supported Ipsos, who have been commissioned by NHS England and NHS Improvement to do some research to understand access, experience and outcomes related to health services among people in the 20% most deprived areas in England. The research aims to provide insights on

- how people feel about using healthcare services
- what helps people using services as well as what can make it harder
- what could be done differently to improve access and experience of healthcare services in the most deprived areas

These insights will be used to develop recommendation to inform the implementation of Core20Plus5 NHS England and NHS Improvements approach to reducing health inequalities.

Current work/Priorities

- We are supporting South Tees Public Health to engage clients in giving feedback to inform the improvement of delivery and experiences of the specialist drugs and alcohol services.
- The team are currently working with Redcar & Cleveland Borough Council to look at ways we can support the Fair Cost to Care Exercise around care at home and in homes.
- We are supporting the ICB in their engagement around the proposed Urgent Care Model across South Tees.
- We are currently waiting for a response to our proposal to support East Cleveland PCN digital inclusion strategy for funding they have received. The proposal to support the engagement of patients in East Cleveland was submitted to the PCN Board in August. If approved this work will commence in early Autumn.

We continue to feedback intelligence gathered from our Information and Signposting function into Healthwatch England. Going forward this will be incorporated regionally in the ICP work to identify trends.

We've attended **59** operational and strategic meetings and partnerships and relevant key stakeholders this quarter to share our work and contribute to local priorities.

During Q1 we had 6,824 visits to our two websites. We made 570 Social Media posts which has given us a reach of 41,225 and have 52 new e-bulletin recipients.

We have also promoted the following awareness campaigns through our social media channels:

- Deaf Awareness Week
- Mental Health Week

- Dementia Action Week
- Carer's Week
- Men's Health Week

Information and Signposting

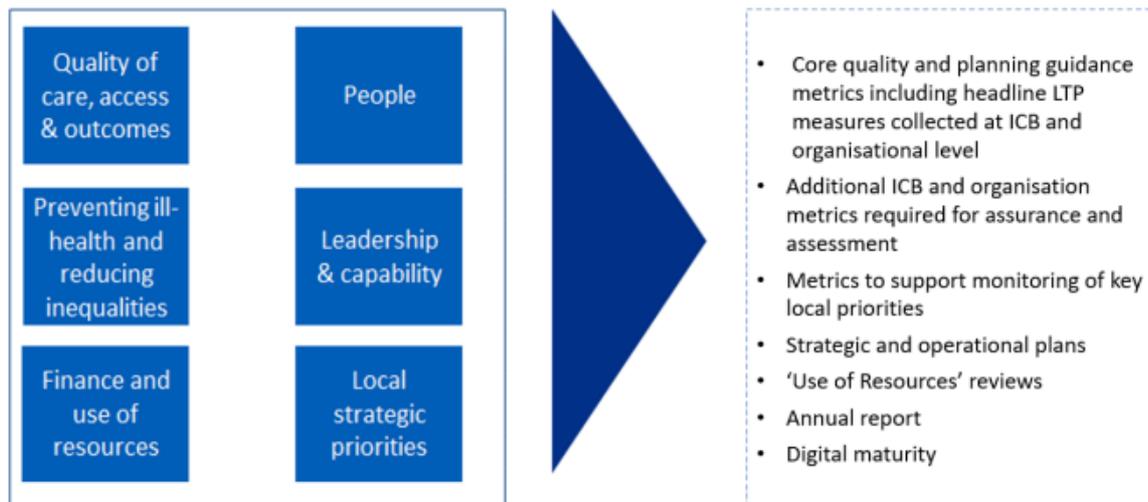
We had 58 contacts for Information and Signposting during this quarter, 16 from Middlesbrough, 28 from Redcar and Cleveland, 13 who did not specify there are and 1 from out of area. We have signposted to NHS England Customer Contact Centre, NHS 111, CAB, ICA, PALS, CQC, People's First Advocacy.

We continue to receive regular queries surrounding availability of NHS dentists. This has become increasingly challenging as they are now no dentists at all across South Tees that will take on or see a new patient.

4.1.3

NHS Oversight Framework

- Aligns 22/23 planning operational priorities and legislative changes from the health and care act 2022
- Single NHS monitoring system that :
 1. takes account of NHSE duty to undertake annual performance assessment of ICBs
 2. supports NHSE and ICBs to work together to develop approach to system oversight
 3. reflects unique local delivery and governance
 4. reflects the importance of delivery against both the shared system priorities agreed between local partners and the national NHS priorities
- The approach to oversight is characterised by the following key principles:
 - a. working with and through ICBs, wherever possible, to tackle problems
 - b. a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals
 - c. matching accountability for results with improvement support, as appropriate
 - d. autonomy for ICBs and NHS providers as a default position
 - e. compassionate leadership behaviours
- Framework built around five national themes and a sixth that covers local strategic priorities:



- NHS England regional teams will lead the oversight of ICBs on delivery against the domains in the NHS Oversight Framework and, through them, gain assurance of place-based systems and individual organisations.
- ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.
- MoUs will set out how NHS England and individual ICBs will work together
- ICBs and NHS Providers will be allocated to one of four ‘segments’:

Segment description		Scale and nature of support needs
ICB	Trust	
1 Consistently high performing across the six oversight themes Capability and capacity required to deliver on the statutory and wider responsibilities of an ICB are well developed	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place based and overall ICB priorities	No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations
2 On a development journey, but demonstrate many of the characteristics of an effective ICB Plans that have the support of system partners are in place to address areas of challenge	Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues	Flexible support delivered through peer support, clinical networks, the NHS England universal support offer (e.g. GIRFT, Right Care, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs
3 Significant support needs against one or more of the six oversight themes Significant gaps in the capability and capacity required to deliver on the statutory and wider responsibilities of an ICB	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts)	Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required (see Annex A)
4 Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	In actual or suspected breach of the NHS provider licence (or equivalent for NHS trusts) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support	Mandated intensive support delivered through the Recovery Support Programme (see Annex A)

- Segmentation will identify where ICBs and/or NHS providers may require support
 - Identify opportunities for mutual aid
 - Targeted support to compliment mandated support for Trust in SOF segment 3 & 4
 - Recovery plans on worst quartile SOF metrics from all partners
 - Tier system for Elective Recovery & Cancer Backlogs

4.1.4

Adult Social Care Assurance

Over many years, social care has faced a range of challenges, most notably the rising demand for care. By 2040, the number of adults aged 85 and over is projected to increase by a further 77% and among younger age groups better diagnosis of conditions, longer life expectancies and higher rates of survival of premature babies all result in increased demand for services.

In response to increasing pressure on successive governments to address the challenges in social care, plans were announced in September 2021 for wide ranging reforms of adult social care. The government made clear that these reforms were part of a longer journey of a change to achieve the national vision of social care that:

- offers people choice and control over the care they receive
- promotes independence and enables people to live well as part of a community
- properly values the exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide; and
- recognises unpaid carers for their contribution and treats them fairly.

White Paper – People at the Heart of Care

The White Paper sets out a ten-year vision based on three objectives

- ❖ People have choice, control and support to live independent lives.
- ❖ People can access outstanding quality and tailored care and support.
- ❖ People find adult social care fair and accessible.

The White Paper also sets out five key areas of reform:

- To provide £3.6 billion nationally over three years to reform the social care charging system, enabling all local authorities to move towards paying providers a fair rate for care, and prepare local care markets for implementing reform.
- To provide £1.7 billion nationally to support reform in further integrating housing functions in local health and care plans, improvements in the use of technology, national investment in workforce development, and strengthening local authorities' market-shaping and commissioning capabilities.
- To introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its discharge of duties under the Care Act.
- To grant new powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings.
- To establish an adult social care data framework by spring 2022, and improve the quality and availability of data nationally, regionally and locally.

Adult Social Care Assurance:

The assurance framework for adult social care will be introduced from April 2023 and it is anticipated that all Local Authorities will be assessed by March 2025. Further detail

regarding the assurance framework is expected to be published in October 2022 and work is already underway locally and regionally to prepare for assurance based on the information that has been made public to date. It is expected that the framework will have a strong emphasis on the experience of people who use services.

The White Paper makes clear that the focus is on supporting local authorities' activities in meeting individuals' care needs, through:

- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development
- managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;
- preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement
- carrying out their safeguarding duties
- ensuring good outcomes for people through effective leadership
- managing their commissioning and contracting responsibilities
- shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence
- meeting the needs of unpaid carers; and
- assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care

CQC Assurance:

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



5 RECOMMENDATIONS

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

6 BACKGROUND PAPERS

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

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