

Peter Rooney
Director of Strategy and Planning
Parkhouse
Baron Way
Kingmoor Park
Carlisle
Cumbria
CA6 4SJ

Dear Peter,

Thank you for providing an opportunity to comment on Integrated Care Partnership Care Strategy. These comments are on behalf of the Live Well South Tees Health and Wellbeing Board and represent the view of Board Members.

The draft Strategy has been developed very quickly, however we welcome the inclusive approach taken and the attempt to involve a broad coalition of voices.

There are clear areas of synergy with the developing Health and Wellbeing Strategy in South Tees, and it will be important to understand the role of “place” in the delivery of the ICP Strategy – and the role of the ICB in the delivery of the Health and Wellbeing Strategy. The relationship between “place” and the ICB is not referred to in section 10 (“Delivering the Strategy”), but is critical to delivering the aims of both strategies. The intended interaction between “place” and the ICB should be considered and articulated in section 10.

The reflection of discussions on the relationship between the NHS and Local Authorities and consideration of where partners should “lead, collaborate and advocate” is welcomed as a simple framework to consider each partner’s role in the delivery of areas of work.

Vision, Goals and Enabling Programmes

The “vision” is not compelling; although there are some targets and commitments, these don’t tell a clear and understandable story about what “better” health and wellbeing would look like, or what could be different in 5 years’ time compared to now for ordinary people in the region.

The diagram includes four enablers – these should be expanded to reflect the importance of **prevention and early intervention** in increasing life expectancy or to free up capacity for health and care services to become excellent and a commitment to **involving patients and communities** in the design and delivery of care.

The inclusion of **Healthy Life Expectancy** is welcomed, although some revision of the associated targets may be required to reflect the increasingly difficult financial context. The continued commitment to reducing the impact of smoking is welcomed, however obesity and alcohol should also be considered in the headline commitments as key drivers of poor health and inequalities (they are reflected elsewhere in the Strategy, but not in the headline goals).

“Healthy life expectancy” is a physical health concept, and so the strategy would be strengthened by considering the differences in the prevalence of mental illness, learning disabilities and autism between NENC and England a whole and any research into what is driving those higher levels of prevalence.

The inclusion of **Fairer Health Outcomes** is positive, and aligns with other work programmes. The high rates of suicide and drug-related deaths in the north east are clear drivers of health inequalities and lower life expectancy, however consideration in the context of “deaths of despair” and their underlying social and economic issues should be articulated in the Strategy. Reducing substance misuse and the deaths resulting from this should be a strategic commitment.

Excellent Health and Care Services - there needs to be a greater focus on understanding and addressing healthcare inequalities, specifically focusing on areas including access and an acknowledgement that current structures may contribute to widening the inequality gap; health literacy needs to be more prominent throughout the Strategy.

We welcome the inclusion of parity of esteem between physical and mental health NHS services, but there is no mention of parity of esteem between NHS services and social care despite this being a joint Strategy. This should be reflected in future drafts of the Strategy.

The key commitments relating to Mental Health within the strategy would be strengthened with specific key commitments to children and young people. In particular, issues relating to early intervention and prevention alongside strategies to support how young people with complex mental health needs can be best supported within local communities.

Children and Young People

There is no specific mention of children, young people and their families in the vision and the key strategic commitments within the draft strategy. The majority of the detail is focused on the needs of adults, or specific groups of children and young people with complex needs. The strategy would be strengthened by focusing on the role of health services in providing prevention and early intervention services to all children in our communities and the importance of intervening early to prevent need from escalating, including Best Start in Life, for example.

A stronger emphasis on the role of health services in supporting the safeguarding of children and of corporate parenting responsibilities for children in care and care experienced would strengthen the strategic aims.

The issues associated with issues of transition from children’s services to adults services across a wide range of needs associated with their health is one of the issues regularly raised by young people themselves when discussing what is important to them. There is no mention of this currently in the strategy.

I hope you find these comments helpful, and look forward to working together to build better health and wellbeing for all our people and communities.

Yours sincerely,

Cllr Mary Lanigan - Leader, Redcar & Cleveland Council - Co -Chair Live Well South Tees Health and Wellbeing Board

Cllr David Coupe – Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council - Co -Chair Live Well South Tees Health and Wellbeing Board