

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

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

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

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

OFFICERS: S Connolly and G Moore

APOLOGIES FOR ABSENCE: Councillors J Hart and D Jones

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

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

Councillor M Storey was nominated and seconded.

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

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

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

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

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

20/3 **DECLARATIONS OF INTEREST**

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

20/4

PROTOCOL FOR THE SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

The South Tees Health Scrutiny Joint Committee (STHSJC) was asked to consider and approve the STHSJC draft protocol. The protocol was a framework for assisting with the joint committee arrangements for carrying out scrutiny of relevant health service providers and commissioners in Middlesbrough and Redcar and Cleveland, under powers contained in the Health and Social Care Act 2001, the NHS Act 2006 and the Health and Social Care Act 2012.

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

20/5

AN OVERVIEW OF NHS HEALTH AND PUBLIC HEALTH

The South Tees Health Scrutiny Joint Committee (STHSJC) had been scheduled to receive information on both the NHS North East and North Cumbria Integrated Care Board (ICB) and Public Health South Tees, including the main duties and areas within the respective remits and an outline of the key priorities, issues and challenges for the year ahead. However, it had been advised that unfortunately the Director of Public Health was unable to attend the meeting, due to illness. Subsequently, the Public Health South Tees element of the agenda item would be deferred until the next scheduled meeting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- meet the legal requirements for ICBs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20/6

LIVE WELL SOUTH TEES HEALTH AND WELLBEING BOARD

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

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

Members heard that HWBs provided:

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

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

Members heard that the statutory functions of HWBs included:

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

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

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

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

In terms of the submitted report:

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

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

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

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

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

20/7

SETTING THE WORK PROGRAMME FOR 2023/24

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

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

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

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

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2023/24 municipal year.

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