

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on Wednesday 13 December 2023.

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

ALSO IN ATTENDANCE: C Blair (Director) (North East & North Cumbria Integrated Care Board), T Innes (Commissioning Delivery Manager) (North East & North Cumbria Integrated Care Board), A Rowlands (Head of Commissioning Unplanned Care) (North East & North Cumbria Integrated Care Board) and K Warnock (South Tees Integration Programme Manager) (North East & North Cumbria Integrated Care Board)

OFFICERS: M Adams, S Connolly and G Moore

APOLOGIES FOR ABSENCE: Councillors J Banks, J Hart, D Jones and L Mason

23/8 **DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item/Nature of Interest
Councillor K Evans	Non-Pecuniary	Agenda Item 4 (An Overview of Public Health), Agenda Item 5 (Live Well South Tees Health and Wellbeing Board), Agenda Item 6 (Winter Planning) and Agenda Item 7 (Urgent Treatment Centre (UTC) Developments) - Works as a Nurse at James Cook University Hospital.
Councillor J Lavan	Non-Pecuniary	Agenda Item 4 (An Overview of Public Health), Agenda Item 5 (Live Well South Tees Health and Wellbeing Board), Agenda Item 6 (Winter Planning) and Agenda Item 7 (Urgent Treatment Centre (UTC) Developments) - Works as an Admiral Nurse across the areas of Redcar & Cleveland and Middlesbrough.

23/9 **MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE - 27 SEPTEMBER 2023**

The minutes of the South Tees Health Scrutiny Joint Committee meeting held on 13 December 2023 were submitted and approved as a correct record.

SUSPENSION OF COUNCIL PROCEDURE RULES - ORDER OF BUSINESS

ORDERED: That in accordance with section 4.57 of the Council Procedure Rules, the committee agreed to vary the order of business as follows:

23/10 **LIVE WELL SOUTH TEES HEALTH AND WELLBEING BOARD**

The South Tees Integration Programme Manager was in attendance to present an update on the Board's work programme, the performance framework and priority indicators.

It was outlined that, at the meeting of the Live Well South Tees Board (held in October 2023), the following items had been considered and discussed:

- Housing and Homelessness - South Tees Joint Action Plan
- Tees Valley Place Plan
- South Tees Hospitals NHS Foundation Trust - Update on Group Development and CQC Well Led Outcome
- South Tees Health Protection Assurance Report 2022-23

- South Tees Health and Wellbeing Executive Assurance Report (including updates on the Pharmaceutical Needs Assessment and an update from Healthwatch South Tees)

At its next meeting, scheduled to be held in January 2024, it was planned that the Board would consider/discuss the following items:

- Best Start in Life
- South Tees Safeguarding Children Partnership - Annual Report
- Thrive at Five
- The Joint Strategic Needs Assessment (JSNA)

Members were advised that, following the publication of the JSNA, more detailed updates and performance information would be presented to the committee in terms of the delivery of the joint local health and wellbeing strategy.

A Member raised a query regarding the actions and 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 Board, which ensured the delivery of key pieces of work. It was commented that the Board had a number of mandatory/statutory functions, such as assessing the health and wellbeing needs of the population, publishing a JSNA, publishing a Joint Local Health and Wellbeing Strategy (JLHWS), having oversight of the Pharmaceutical Needs Assessment (PNA) and signing off Better Care Funds. It was explained that although the Board only met on a quarterly basis, it was a partnership that provided strategic direction, a platform and an impetus for officers to deliver new ways of working.

A Member commented that the Board provided a useful function, as it enabled key stakeholders to work collaboratively to identify solutions and develop new ways of working. The Board also enabled shared ownership and direct accountability.

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

23/11

WINTER PLANNING

The Director of Place Based Delivery and the Head of Commissioning Unplanned Care from the North East and North Cumbria Integrated Care Board (NE&NC ICB) were in attendance to provide information on the actions being taken across the health service to mitigate the risk of winter pressures.

The Director of Place Based Delivery advised that the Tees Valley Urgent Emergency Care (UEC) system, like UEC services in the rest of the region and the country, remained under significant and sustained pressure. There were staffing issues across all partners and high/increased activity levels within primary and secondary care (linked to elective backlog in primary care access). There was also a higher acuity of patients, resulting in longer Length of Stay (LOS), which was also impacting on flow. Discharge delays (associated with the Trust, social care and capacity in care homes) were causing pressure.

Work had been undertaken by the NE&NC ICB and its partners to develop solutions/innovations to reduce delays with patient discharges. As a result of the work, there had been a significant reduction in the number of individuals who were occupying beds who no longer needed to be in hospital. In December 2022, there was around 150 patients in James Cook University Hospital (JCUH), currently (December 23) there was less than a third of that. In comparison with the rest of the country, JCUH was performing exceptionally well.

Members heard that over the past 12 months, 4 key documents had been published:

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

The delivery plan for recovering urgent and emergency services had been published in January 2023, as a result of urgent and emergency services being subjected to the most testing time in NHS history. To support recovery, the plan set out a number of ambitions,

including:

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

The plan stated that, to succeed and enable the improvement of waiting times and patient experience, the NHS was committed to sustaining focus across the health and social care sectors on five key areas:

1. Increasing urgent and emergency care capacity
2. Increasing workforce size and flexibility
3. Improving discharge
4. Expanding care outside hospital
5. Making it easier to access the right care

The plan had identified 10 high-impact interventions. It was commented that across South Tees, the NE&NC ICB had worked with its partners to ensure robust responses were in place to increase capacity and resilience.

In terms of winter planning across South Tees, the following measures were in place:

- Tees Valley Local Accident & Emergency Delivery Board (LADB) acted as a forum where partners across the health and social care sector came together to collaborate on the integration of high-quality services to support the wider urgent emergency care system and improve emergency care delivery.
- System Control Centres (SCC) existed to be a central co-ordination service to providers of care across the NE&NC ICB footprint, with the aim to support patient access to the safest and best quality of care possible.
- Incident Command Coordination Centre (ICCC) considered current and predicted capacity and demand pressures, supporting stakeholders on how best to navigate pressures across the Tees Valley ICP footprint. The ICCC used collective expertise with the support of the North of England Commissioning Support Surge Team to agree a plan of action to manage emerging demand and the potential surge over an agreed period of time.

In addition to the above, the Tees Valley LADB monitored the key performance metrics and data from partners to determine key risks and formulate a robust response.

Working alongside Tees Valley LADB partners, a system resilience template had been developed to ensure the system was prepared for the risks ahead for the coming winter. The template built in Key Lines of Enquiries (KLOEs), based upon the asks within the various planning guidance documents, alongside other local intelligence. From the 66 KLOEs identified for the Tees Valley system, 12 were rated as amber (in plans, but risks associated with delivery) and 0 were rated as red (no evidence of existing implementation or in system plans).

The 12 areas rated as amber were associated with the following priorities:

- Ambulance handover delays - plans were in place to ensure that no delays exceeded 59 minutes.
- Improving the primary-secondary care interface - plans were in place to manage onward referrals more efficiently.
- Improving joint discharge processes - plans were in place to reduce longest stays, implement best practice interventions and increase staffing capacity.
- Expanding and better joining-up new types of care outside hospital - plans were in place to further utilise the Urgent Community Response Services.
- Expanding virtual wards - plans were in place to increase capacity, increase utilisation and develop new models.
- Making it easier to access the right care - plans were in place to improve timescales

for those being admitted, transferred or discharged.

The NE&NC ICB had worked with Tees Valley LADB system partners to develop business cases that would have a measurable impact. A fully prioritised list of schemes had been developed, which could be utilised, should future funding become available from the Government. One example of such schemes was the development of Acute Respiratory Infection (ARI) hubs, which offered prompt and timely assessment and management of patients outside of general practice.

A full list of schemes/developments that planned to support the system during winter 2023 were referenced in the presentation slides.

In terms of long-term plans, a complex procurement process was currently underway to commission a standardised Integrated Urgent Care (IUC) model across North and South Tees. From 1 April 2024, there would be a new Urgent Treatment Centre (UTC) at James Cook University Hospital (JCUH) and the opening hours of the UTC at Redcar Primary Care Hospital (RPCH) would be extended. Building work had started onsite. Once, the contract had been awarded to the provider, work would be undertaken to mobilise and deliver the service.

Currently, there were two performance specific risks that related to ambulance handover delays and Category 2 ambulance response times. It was commented that the NE&NC ICB was scheduled to undertake work with the North East Ambulance Service (NEAS) and the South Tees Hospitals NHS Trust in January 2024 to make arrangements for the delivery of a rapid process improvement workshop, with an aim to improve handovers and response times.

In terms of other risks and challenges, the following information was outlined:

- The on-going key risk across all system partners, was staffing, with workforce being the limiting factor with most issues across the health and social care sector.
- There were competing priorities and those needed to be balanced so not to create or increase inequalities.
- There were capacity issues in respect of delivering services and responding to the demand from the population to access services across both health (primary and secondary care) and social care.
- There was a need to determine how further variants or waves of Covid-19 would be responded to both locally and nationally.
- There was a need to examine the impact and implications of further industrial action and how that would be managed.

A Member raised a query regarding those experiencing delayed discharges and the reasons. In response, the South Tees Integration Programme Manager advised that those experiencing delays were typically older people, who were waiting for social care services in terms of home care, a care home place or intermediate care. It was commented that the work undertaken by the NE&NC ICB and its partners to improve that pathway had resulted in reduction in the number of patients experiencing delays. It was added that homeless patients and those with complex mental health needs also experienced delayed discharges.

A Member requested further information on the 66 KLOEs that had been identified within the Tees Valley system. It was confirmed that those would be circulated to the committee members.

A Member raised a query about unsafe discharges. In response, the South Tees Integration Programme Manager advised that a multi-disciplinary team, which included a number of assessors, worked to improve processes and reduce the number of unsafe discharges. The Director of Place Based Delivery advised that a discharge lounge had been implemented at JCUH, which had been very effective in ensuring ward beds were released and improving patient flow through the hospital. It was explained that relatives and carers who were collecting patients could drive right up to the discharge suite.

A Member requested the published figures in respect of operational response and handover times. It was confirmed that those would be circulated to the committee members.

A discussion ensued regarding the current demands on JCUH's accident and emergency (A&E) department. In response, the Director of Place Based Delivery advised that the

development of the UTC planned to relieve pressure on the department. It was explained that having an UTC on site at JCUH would help ensure more patients were treated in the right place for their needs, while helping ensure the emergency department was kept free for emergencies. It was advised that the UTC would operate 365 days a year with a 24/7 GP presence. Also, to improve care in the area, opening hours at Redcar Primary Care Hospital on West Dyke Road, Redcar, would also be extended.

A Member commented on the benefits of the children and young people's emergency department (CYPED) at JCUH, which was based next to the main emergency department. In response, the Director of Place Based Delivery advised that when the CYPED had first been introduced, data had evidenced a positive impact on pressures and waiting times experienced in the adults A&E department. However, it was explained that due to increasing demand, that initial positive impact had now become less apparent.

A Member raised a query regarding Covid-19. In response, the Director of Place Based Delivery advised that Covid-19 was now recognised as a typical respiratory illness, but it was acknowledged that it could have significant implications for the population as it was extremely contagious/infectious. It was explained that the rates of Covid-19 would continue to be monitored in hospital settings and the latest intelligence would be shared by UK Health Security Agency.

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

23/12

URGENT TREATMENT CENTRE (UTC) DEVELOPMENTS

As referenced during consideration of the previous item, the information below was outlined by the Director of Place Based Delivery:

- £10m worth of NHS investment had been secured to develop an Urgent Treatment Centre (UTC) in Middlesbrough, on the site of James Cook University Hospital (JCUH).
- The aim of the UTC was to relieve pressure on the hospital's accident and emergency department.
- Construction work had commenced, and the UTC would be fully operational from 1 April 2024.
- A complex procurement process was currently underway to commission a standardised Integrated Urgent Care (IUC) model across North and South Tees, with an expected outcome later in December. As a result, due to legal reasons, the NE&NC ICB was limited with what information could be shared publicly.

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

23/13

AN OVERVIEW OF PUBLIC HEALTH

The Director of Public Health was in attendance to provide information on Public Health South Tees, including the main duties and areas within its remit and an outline of the key priorities, issues and challenges for the year ahead.

It was explained that the South Tees area had many challenges and those were referenced in the presentation slides.

Members heard that life expectancy was socially patterned and those from more deprived areas had a lower life expectancy than those from more affluent areas. The following data was outlined:

- In terms of average life expectancy for men, in Middlesbrough it was 75.4 years, in Redcar & Cleveland it was 77.5 years and in England it was 79.4 years.
- In terms of average life expectancy for women, in Middlesbrough it was 79.8 years, in Redcar & Cleveland it was 81.5 years and in England it was 83.1 years.

In terms of male life expectancy, a 14.9-year gap had been reported between the least deprived ward across South Tees, which was Hutton ward (84.3) in Redcar and Cleveland

and one of the most deprived wards being Central ward (69.4) in Middlesbrough.

In terms of healthy life expectancy of Middlesbrough's population, there was a 16.6-year window of need for men and a 19.2-year window of need for women.

It was advised that Section 12 of the Health and Social Care Act 2012 had placed a duty on both local authorities, via the Director of Public Health, to improve public health. Both local authorities had a number of mandated and non-mandated functions that they were responsible for. It was advised that across the area of South Tees, the three areas of biggest spend for Public Health were:

- sexual health services;
- drug and alcohol provision; and
- health visiting and school nursing.

Members heard that both local authorities had a responsibility to publish a Joint Strategic Needs Assessment (JSNA), a Joint Local Health and Wellbeing Strategy (JLHWS) and a Pharmaceutical Needs Assessment (PNA). To ensure best practice was shared across Middlesbrough and Redcar & Cleveland, Public Health South Tees had the following priorities:

- 5 programmes:
 - Creating environments for healthy food choices and physical activity;
 - Protecting health;
 - Preventing ill-health;
 - Reducing vulnerability at a population level; and
 - Promoting positive mental health and emotional resilience.
- 4 business imperatives:
 - Address health inequalities with a determined focus on the best start in life;
 - Better use of intelligence to inform decision-making;
 - Building purposeful relationships with key partners; and
 - Improved financial efficiencies.
- 3 levels of intervention across the life course.
 - Civic-level - healthy public policy;
 - Service-level - evidence-based, effective, efficient and accessible services; and
 - Community-level - family of community centred approaches.

The aims of the 5 programmes were:

- To create healthy environments by developing a system-led approach and creating places that promote healthy eating and moving more.
- To protect health by protecting the South Tees population from the spread of communicable disease, outbreaks and environmental hazards.
- To prevent ill-health by reducing inequalities in population health through the prevention and early detection of disease and providing effective support to enable residents to manage their long-term conditions.
- To reduce vulnerabilities at a population level by developing a person-centred approach and providing a co-ordinated and high-quality holistic package of support.
- To promote positive health and emotional resilience by working with key partners to ensure the population of South Tees was supported to be more resilient, achieve positive mental health and good emotional wellbeing.

In respect of each of the 5 programmes, the committee was provided with information on the work that was being undertaken to tackle/address challenges and improve the health and wellbeing of the South Tees population.

Members heard that the JSNA provided an intelligence platform to assess the current and future health and care needs of the local population. The JSNA was vital to inform and guide service planning, commissioning and delivery of health, well-being and social care services to ensure the needs of local communities were met.

Members heard that the development of the JSNA was a statutory responsibility of the Live Well South Tees Board with an expectation that key partners and organisations would work

together to gain a greater understanding of community needs, agree key local action and encourage a system-wide approach to tackling local challenges.

The Live Well South Tees Board had agreed to a 'mission-led' approach for the development of the JSNA, which was structured across the life course. The following areas were outlined to the committee:

- In terms of Start Well, the missions were - to narrow the outcome gap between children growing up in disadvantage and the national average by 2030; improve education, training and work prospects for young people; and prioritise and improve mental health and outcomes for young people.
- In terms of Live Well, the missions were - to reduce the proportion of families who were living in poverty; create places and systems that promote wellbeing; support people and communities to build better health; and build an inclusive model of care for people suffering from multiple disadvantage across all partners.
- In terms of Age Well, the missions were - to promote independence for older people and ensure everyone had a right to a dignified death.

In terms of those missions referenced, it was explained that each had associated goals, which were informed by the JSNA.

Members heard that, in 2022, Middlesbrough Council (as lead bidder), Redcar & Cleveland Council and Teesside University were granted funding (£5.2 Million over 5 years) to establish a Health Determinants Research Collaboration (HDRC) across the local authority areas. Members heard that the funding planned to boost the capacity and capability to conduct high-quality research to tackle health inequalities and identify local solutions that address the most difficult challenges across the health and care system. The missions associated with the HDRC included:

- creating a sustainable and inclusive economy to minimise and reduce health inequalities;
- giving every child the best start in life; and
- enabling all children, young people and adults to maximise their capabilities and control over their lives.

A Member raised a query regarding suicide rates across South Tees. In response, the Director of Public Health advised that rates had peaked in 2020. It was added that a Tees Suicide Prevention Awareness Conference had recently taken place and information would be shared with the committee in respect data collection systems used in local suicide prevention, high-frequency locations and strategies on how to reduce suicides across the region and beyond. The importance of multi-agency action to prevent suicides was highlighted.

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

23/14

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

Suggestion for the Work Programme

A Member had submitted a suggestion that the topic of Social Prescribing be added to the committee's work programme for the current municipal year.

A discussion ensued and Members agreed that the topic should be added to the 2023/24 work programme.

AGREED - That the topic of Social Prescribing be added to the 2023/24 work programme for the South Tees Health Scrutiny Joint Committee.

Meeting schedule

Following discussion, Members agreed that meetings should continue to be held on Wednesdays at 4.30pm.

13 December 2023

AGREED - That the next meeting be scheduled to take place in March, on a Wednesday at 4.30pm.