

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	Date:	December 2021
From:	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	Agenda:	Item 8
Purpose of the Item	To provide 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 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 progress the Health and Wellbeing Executive has made against the Board’s statutory functions.

3.2 **Better Care Fund (BCF) 2021/22**

The Better Care Fund update is a substantive item on the December Board meeting.

3.3 **Pharmaceutical Needs Assessment**

The Public Health South Tees PNA process began in August 2021. However, there have been a number of key personnel changes in the autumn of 2021 resulting in some disruption to the project’s momentum. A project plan is now in development and implementation will be led via the PNA Steering Group. The first meeting of the PNA steering group will take place in January 2022 and the group will conduct five key meetings to assure the governance of the PNA:

- Meeting 1: January 2022 – agree terms of reference, timelines, project plan, document structure and content.
- Meeting 2: March 2022 – workshop to review synthesised information in draft report, analyse need and outline requirements for section 10 and 11 of PNA.
- Meeting 3: April 2022 – read and approve pre-consultation PNA draft.
- Meeting 4: July 2022 – review consultation report and recommend revisions to PNA.
- Meeting 5: August 2022 – approve final revised PNA and submit to local authorities' for sign-off prior to publication.

A PNA Task and Finish Group will also be established in January 2022 to carry out the day to day work in producing the PNA.

3.4

Health Protection Assurance Report

The fourth Annual Live Well South Tees Health Protection Assurance Workshop took place on Friday 19th November 2021 via Teams. The event was attended by 54 delegates from voluntary sector, local authority, NHS, CCG, and education.

The key objectives for the workshop were to develop community wide health protection resilience, ensuring stakeholders understand local health protection arrangements across South Tees, to identify key challenges in contributing to local health protection resilience as well as identifying key community assets that assist in building system wide health protection resilience.

The agenda included an update on emerging health issues from Dr Simon Howard followed by a detailed local authority perspective on health protection from Mark Adams. Public Protection colleagues outlined how the pandemic has affected regulatory services and how their remit changed in response. Dr Mark Fishpool gave a comprehensive overview of the climate crisis and health protection: using a whole system approach, the final speaker Fergus Neilson illustrated how the pandemic has impacted section 7a issues (screening and immunisations) and how these services are recovering after unprecedented pauses in service delivery.

Feedback from the event was highly positive with 83% of participants rating the workshop as 'very good'. Participants found all presentations interesting, informative and useful to varying degrees depending on their own particular area of interest. Several participants expressed they miss the face to face interaction of a physical conference and that virtual presentations can sometimes feel a little rushed.

Recommendations from the workshop include:

- 1) Structuring the Health Protection Programme to include a) environmental issues and emergency response, b) communicable / infectious disease and outbreak management, c) community resilience and business continuity plans, d) immunisations (childhood, young people, adults and pregnant women), e) screening.

- 2) Determine the governance and accountability structures for the Health Protection Programme
- 3) Develop a South Tees Health Protection action plan that includes actions for wider council departments, Education, workplaces, voluntary sector, primary care and care home partners.
- 4) Hold a South Tees Annual Health Protection Assurance Workshop based on the action plan
- 5) Produce the Annual Director of Public Health's Health Protection Assurance Report.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 The Board's agreed vision and priorities are to:

Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes:

- a. Inequalities - Addressing the underlying causes of inequalities across the local communities;
- b. Integration and Collaboration - across planning, commissioning and service delivery; and
- c. Information and Data – data sharing, shared evidence, community information, and information given to people.

4.2 Set out below is a summary of the progress the Executive has made towards achieving the Board's priorities since the last Board meeting in September 2021.

4.2.1 Whole System Change for Best Start in Life

Health inequalities for many children and young people across South of Tees begin from pre-conception and follow them throughout their life course. In South of Tees there are approximately 3,700 births per year. The health of many of these children is compromised at birth and unless the gap between local and national experience can be reduced, child health locally will continue to lag behind the rest of the country.

It is now vital that we invest in the under 2 agenda to support the recovery from covid and reduce on-going inequalities faced by Middlesbrough and Redcar & Cleveland residents. The 1001 days project will lead forward a series of local action to impact on the first 1001 days. The project will establish the development of a Best Start Partnership across South Tees which will lead forward local transformation and reframing of service and behaviour change across the population creating sustainability through developing a new way of working.

Project Objectives

The development of a 1001 days Best Start Partnership will strategically lead forward and embed National recommendations from the 1001 days review findings. This will be done through:

- The creation of a 1001 days Best Start Partnership – The partnership will have a critical role in developing and driving forward the 1001 days vision. The Best Start

Partnership will work with national and international experts, build on and utilise local information sources and review evidence base to identify how local expertise can be built upon and enhanced. The hub will work with key strategic leaders to develop a joint vision for the Best Start in Life and oversee that this is implemented in practice. The Partnership will champion change at all levels to ensure a new joined up way of working to ensure that local systems impact on the outcomes for some of our most vulnerable children and families. The Partnership aims to build local expertise and capacity and ensure that evaluation and research is an essential part of the local delivery.

- Reframing and System Transformation – A shared governance board will be established to lead forward the local vision and develop a pathway for turning evidence into local practice.
- 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.

Progress to date

- We have established a 1001 days project board which will oversee the project and the key priorities of the Best Start Partnership– board member ship will grow to reflect all key partners
- We have established a 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
- 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

Next Steps

To grasp the support from the Health & Wellbeing Board and key partners to support the delivery of the following milestones within key timeframes;

	Milestone Description	Start Date (Baseline)	End Date (Achieved)
MS1	Agree project scope and approach with Children's Services	July 21	Achieved
MS2	Establish Project Board and working groups	July 21	Achieved
MS3	Develop a project delivery plan via the Best Start Partnership	Sept 21	Jan 22
MS4	Develop a shared outcomes scorecard for monitoring progress	Nov 21	Jan 22
MS5	Develop a shared outcomes scorecard for monitoring progress	Nov 21	Jan 22
MS6	Map current delivery against the 1001 days review and duchess of Cambridge report and produce a recommended transformational route map to meet the recommendations	Sept 21	Feb 22
MS7	Develop an approach to community engagement for the first 1001 days	Dec 21	March 22
MS8	Develop the shared narrative	Feb 22	June 22
MS9	Establish a workforce development programme and identify key workforces for training	Feb 22	June 22
MS10	Develop a 1001 days marketing and communication strategy	Sept 21	On going
MS11	Conduct a needs assessment for 1001 days	Jan 21	May 22
MS12	Conduct community engagement	Feb 21	June 22

4.2.2 Healthwatch Update (from 30 September)

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:

TEWV Community Transformation Programme consultation report

Healthwatch South Tees (HWST), the operating name for both Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland, worked in partnership with the Tees Valley Healthwatch Network to create a survey to ascertain local views of accessing mental health and well-being services. We wanted to gain a deeper understanding of what

people's experiences have been- including what has worked well and what hasn't, to identify what potential changes could make a real difference to people.

We received a total of 525 survey responses and spoke to 65 people during the six focus group sessions we facilitated. We made it our priority to connect with seldom heard groups to truly reflect the diversity of South Tees communities. During our focus groups, we spoke to carers, older people, ethnic minority groups and people with a visual impairment. The feedback from our survey highlighted issues with the cross-cutting themes below:

- **Information**
lack of information publicised about mental health services including who to contact and where to go for support. An understanding of what help is available and how to access support is a priority for people across South Tees.
- **Waiting Times**
Waiting times for appointments is too long including initial GP appointments and referrals. It is crucial for people get the help and support they need, when they need it.
- **Venue**
Appointments and support needs to be offered in community venues, drop-in centres and GP surgeries. Having a choice of the venue, somewhere that is easily accessible, on a bus route and not too far to travel is important.
- **Appointment Times**
Appointments need to be flexible and responsive to individual circumstances such as carer responsibilities, childcare and working hours. A choice of face-to-face appointment, telephone and online video appointments is required.
- **Treatment & groups**
Feedback from our survey tells us that longer support is needed, changes in support workers do not provide consistency and appointments having to be cancelled can cause additional stress. Groups are not always suitable due to social anxiety and times of the sessions.
- **Reasonable adjustments and Accessible Information Standards**
As the majority of our consultation targeted our local diverse communities, it has highlighted the importance of this. Too many of our focus group attendees struggled to access support services as they did not know where to go for help or where to find relevant information as it was not produced in a format that met their needs.

The response to our report from Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.

- We will accept each other's assessments, so the individual does not have to repeat their story.
- There will be no discharge- patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time.

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Adults Safeguarding awareness

We also played a vital role in supporting TSAB with the planning and dissemination of information during Adult Safeguarding Week.

Access to NHS Dental Services

A growing issue for local people is not being able to access NHS dental services. This has also been fed back from other HW Leads across the region, as complaints are increasing. As a result of this, we are working together, across the North East, to identify the scale of the issue locally which we will feed into a regional report. This will then be used to raise awareness and offer recommendations for improvement with North of England Commissioning Support (NECS), the Integrated Care Systems (ICS) and Local Dental Committees (LDC) about this growing concern.

Final reports will be published on our websites as well as shared with relevant stakeholders across South Tees.

GP Access

We continue to gather intelligence about barriers to accessing GP's. We are focussing on examples of good practice to highlight the impact on a patients experience and outcome when reasonable adjustments have been made. Where adjustments weren't offered to a patient, we will include suggestions of how this could have been implemented. As we don't have the power to ensure and monitor that this becomes standard practice, we do aim to highlight the importance of this for the patient.

We have had an agreement in principle, from CQC that they will suggest the inspection rating this would contribute to if the case study was standard practice to all registered patients.

Redcar and Cleveland Scrutiny

We recently received positive feedback to our presentation, highlighting our work over the last 12 months, to those in attendance at the November Redcar and Cleveland Scrutiny Panel meeting.

4.2.3 Integrated Care System Update

On the 11th November, following an extensive recruitment process involving a broad range of health and care partners, the North East and North Cumbria Integrated Care System announced the appointment of Samantha Allen as the new Chief Executive of the Integrated Care Board. Sam will take up the post of Chief Executive of the Board at the end of January, ahead of the Integrated Care System becoming a statutory organisation from April 2022. Sam joins us from Sussex Partnership NHS Foundation Trust where she has been Chief Executive since March 2017. Sam brings a wealth of experience which will be invaluable as we work together to tackle the issues that matter to all of our communities and deliver a shared ambition to reduce longstanding health inequalities, support people to live healthier lives, and deliver the highest standards of care.

Over recent months the Joint Management Executive Group of senior executive officers from the NHS and Local Authorities and chaired by Prof Sir Liam Donaldson, Chair designate of the ICB, met to consider the national guidance on Integrated Care System development, and explore options for the composition of the statutory Integrated Care Board and how we best retain and strengthen integrated placed based working in each of the thirteen local authority areas across the North East and Cumbria. The Joint Management Executive Group has during this time worked to develop recommendations for the Integrated Care Systems governance and operating model for approval by NHS England, who have the final say. This task was supported by the national publication of role profiles for a number of statutory Director roles and required Board members for the Integrated Care Board.

One of the national requirements Integrated Care systems are required to respond to is the development of a draft constitution. This draft constitution must be proposed by the governing bodies of each of the eight existing Clinical Commissioning Groups in the North East and North Cumbria, before it is then submitted in December to NHS England for approval at this stage. Although parts of the constitution are prescribed nationally and not subject to change, the Integrated Care System is seeking views from all health and care partners – and others interested in the work of the Integrated Care Board – on any aspect of the draft constitution. The Integrated Care System is required to submit an advanced draft to NHS England by the 3rd of December, however will keep the document under review prior to formal adoption by the Integrated Care Board when, as expected and subject to legislation, it assumes statutory status from April 2022 onwards.

As a result of the work undertaken by the Joint Management Executive Group, which was informed by a series of virtual multisectoral engagement events that took place over the course of the summer and included membership from the 'Live Well' South Tees Health and Wellbeing Board, the Integrated Care System has now drafted and is sharing more widely, for views and comments, its [draft constitution for the new Integrated Care Board](#).

With the Health and Care Bill now going through Parliament, it is expected that from 1st April 2022 the NHS North East and North Cumbria Integrated Care Board will take over the responsibilities currently held by our eight Clinical Commissioning Groups (CCGs). The Integrated Care Board's role will encompass a wide range of functions including promoting

greater synergy and integration of health and care services, improving people's health and wellbeing and reducing health inequalities.

The ICB will also allocate and maintain good stewardship of approximately £6 billion of NHS funding for the North East and North Cumbria. It will ensure that high quality, safe health services are accessible to all our communities. It will foster, facilitate, and sustain partnerships of hospitals, community service providers, primary care, local councils, hospices, voluntary community, and social enterprise (VCSE) organisations and Healthwatch partners in all thirteen of our local authority areas: Middlesbrough, Redcar and Cleveland, County Durham, Darlington, Gateshead, Hartlepool, Newcastle upon Tyne, North Cumbria, North Tyneside, Northumberland, South Tyneside, Stockton-on-Tees, and Sunderland.

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.

Contact Officer

Kathryn Warnock – South Tees Integration Programme Manager

0782505430

Kathryn.warnock@nhs.net