

**AGENDA ITEM**

**REPORT TO HEALTH AND  
WELLBEING BOARD**

**26<sup>TH</sup> JANUARY 2022**

**REPORT OF DIRECTOR OF  
PUBLIC HEALTH**

**UPDATE: LOCAL HEALTH & WELLBEING INTELLIGENCE SYSTEM & HEALTH  
INEQUALITIES APPROACH**

**SUMMARY**

This report provides an update on the discussions around place-based arrangements for collecting and using intelligence and evidence across the health and wellbeing system in Stockton-on-Tees and how this supports and steers our collective work to address health inequalities.

**RECOMMENDATION**

The report recommends that the Board:

1. Receives the update on the range of conversations and work going on across the system to agree the approach to collective use of intelligence
2. Receives the update on the proposed work of the intelligence groups supporting the Health and Wellbeing Board

**DETAIL**

1. Previous Board discussions have covered health inequalities and the developing approach particularly regarding Integrated Care System (ICS) system arrangements.
2. The Board also agreed the establishment of two groups (a Health and Wellbeing System Intelligence Group; and an Intelligence Working Group) to support to ensure a coordinated approach to collating, interpreting and using collective intelligence and evidence across the health and wellbeing system in Stockton-on-Tees, to inform and shape priorities, decisions and actions to improve health and wellbeing and address health inequalities.
3. The Groups agreed by the Board aim to use a range of tools exist to support and enable their work, including the Joint Strategic Needs Assessment (JSNA) and population health management (PHM) as an arm of healthcare public health. They also support and shape ICS system activity locally – the ICS infrastructure continues to evolve.

4. A range of work and discussions have been progressed since the last papers to the Board, which is summarised in this briefing.

#### Tees Valley Public Health system discussions

5. Tees Valley Directors of Public Health (TVDsPH) have been meeting with the Consultants in Public Health in North Tees & Hartlepool NHS Foundation Trust (NTHFT) and Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV) to work through collective working for the future in the context of the developing ICS system. This includes considering 'high impact areas' relating to health inequalities and prevention.
6. As part of these discussions, TVDsPH have met with NECS colleagues to discuss Population Health Management (PHM) and the Joint Strategic Needs Assessment (JSNA). The group has agreed that a revised approach to the JSNA is needed and a draft of this approach is being compiled for discussion at the Stockton-on-Tees Health and Wellbeing System Intelligence Group.
7. The revised approach to the JSNA will reflect the principle of 'local place first', enabling the tool to be used to define the strategic priorities of local areas (local authority footprint). The approach will also account for the need to have a collective approach across a wider than local authority footprint, particularly in relation to work between local authorities and the NHS across the Tees and Tees Valley, mindful of the regional ICS context. For example, some areas of the JSNA will relate directly to priorities in NHS organisations and / or NHS planning systems.
8. It is acknowledged that understanding and use of the JSNA currently varies across the health and wellbeing system. It is important to establish a common understanding of this as part of our collective approach and to maximise our resources to use intelligence as part of strategic planning. TVDsPH will therefore establish a half day session in the new year of 2022 in liaison with North of England Commissioning Support (NECS), to work with a defined group of individuals across key organisations to share and progress the approach to the JSNA and the fit of more detailed needs assessment and PHM.
9. The work across the health and wellbeing system describes above underpins the approach to addressing health inequalities within local areas and across local authority boundaries as part of the wider ICS system.

#### Primary care discussions

10. TVDsPH are working with NHS colleagues in supporting primary care networks (PCNs) with identifying priorities in addressing health inequalities, based on intelligence. PCNs are required to address health inequalities through their contractual requirements but are also undertaking a range of existing activity as providers embedded within their communities.

11. This work is being undertaken through work between the CCG, PCN Clinical Directors and DsPH. It will be linked in to the proposed high impact areas and as the work develops will also be linked into the joint approach to the JSNA and use of PHM tools. A further discussion for Stockton PCNs took place prior to Christmas and will be linked back into the Health and Wellbeing System Intelligence Group.

#### Intelligence groups

12. The above background discussions have underpinned the agendas of the Health and Wellbeing System Intelligence Group and the Intelligence Working Group.
13. The Health and Wellbeing System Intelligence Group will meet with the purpose of agreeing the proposed approach to the JSNA, to be brought to the Health and Wellbeing Board and to be taken through into discussions across the Tees Valley. The group will also discuss and agree the scope of the two additional proposed pieces of work to be considered by the Intelligence Working Group.
14. The Intelligence Working Group will look at three pieces of work:
  - a. Understanding the population requiring support from adult social care and how this links to repeat attendance to A&E / repeat admissions to hospital
  - b. How the proposed approach to the JSNA would be implemented at tactical / operational level with respect to intelligence
  - c. The vulnerabilities work proposed at the previous Health and Wellbeing Board meeting – scope of the intelligence requirements to support this work
15. The work of the intelligence groups will continue to be reported back to the Board.

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