AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

24TH MAY 2022

REPORT OF DIRECTOR OF PUBLIC HEALTH

UPDATE: LOCAL HEALTH & WELLBEING INTELLIGENCE SYSTEM

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.

RECOMMENDATIONS

The report recommends that the Board:

1. Receives the update on the range of conversations and work going on across the system on the collective use of intelligence
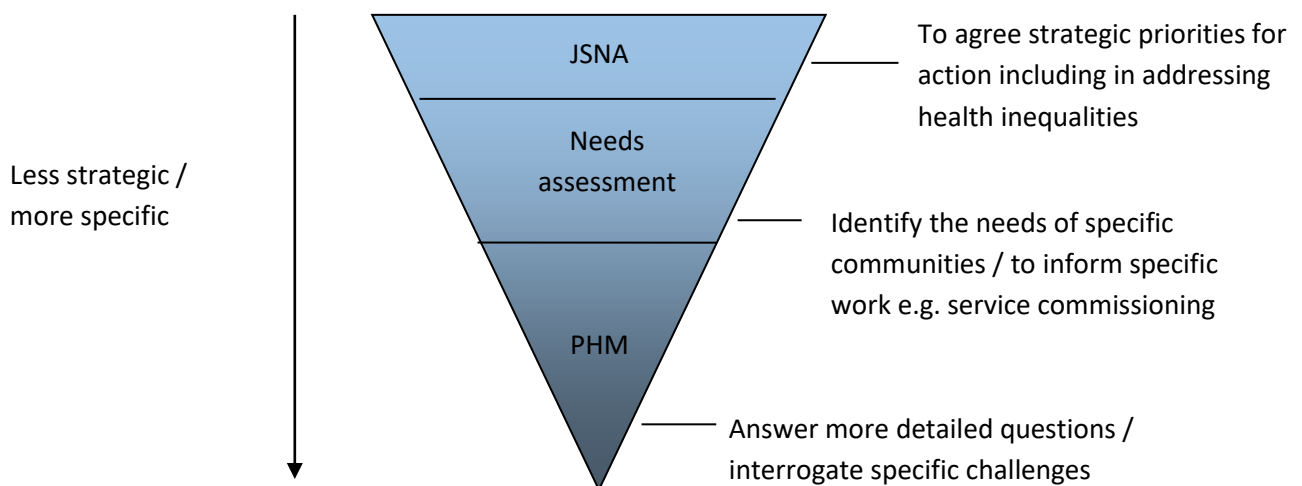
DETAIL

1. This paper provides an update on Board discussions to-date regarding the collective use of intelligence, in the context of addressing health inequalities as well as the developing ICS system. Work to establish the ICS system is now progressing following Royal Assent being given to the arrangements, with a shadow Integrated Care Board (ICB) being established from July 2022. Work to agree place-based arrangements (i.e. at borough level) and work across the Tees Valley footprint is progressing as part of this.

2. The Board agreed collective work regarding intelligence at local system level (for Stockton-on-Tees) which has been progressing in the interim and which will be used to inform and shape the new system arrangements. The aim of the work is maintain a local place-based focus for the borough, across partners, to collectively understand and address the needs of our communities (at strategic and tactical level), shape priorities and address health inequalities.

Tees Valley Public Health / regional system discussions

3. Tees Valley Directors of Public Health (TVDsPH) continue to work with the Consultants in Public Health in NTHFT and TEWV on the health inequalities and population health management agendas. A Tees Valley health summit was held in

March 2022, lead by North Tees & Hartlepool with support from OHID, Directors of Public Health and the CCG and chaired by Julie Gillon in her regional role as Senior Responsible Officer for health inequalities for the ICS. The summit sought to bring together partners from across the Tees Valley system to establish a common ground around health inequalities including inequalities in healthcare and begin to consider how the system works together to address these. DsPH and Consultants are now formulating next steps; it will be important to be clear on the priorities of system partners as organisations as well and how this informs roles and responsibilities across the system in leading, collaborating on and supporting the work to address health inequalities.

4. Through the North East DsPH group and through direct links with NHS colleagues in particular NECS and the CCG, Tees Valley DsPH are linked in to the development of the ICS population management workstream as this evolves.

5. TVDsPH are working with intelligence leads from the CCG and NECS to propose a refreshed approach to the collective use of intelligence that will meet the needs of local areas (borough level) as well as the developing ICS / ICP system and the needs of organisations that cross local authority boundaries. TVDsPH have discussed that historically there has been over-focus on process (e.g. the process of the JSNA) or the need to complete a JSNA to satisfy inspection purposes, and this has risked processes such as the JSNA becoming a tick-box exercise with a lack of system ownership.

6. There is an opportunity to look again at the purpose of using collective intelligence and what the system is seeking to achieve. The JSNA is a tool to help facilitate this, as are more detailed needs assessments, and population health management approaches. The schematic below summarises the purpose of these key tools.

Less strategic / more specific

JSNA — To agree strategic priorities for action including in addressing health inequalities

Needs assessment — Identify the needs of specific communities / to inform specific work e.g. service commissioning

PHM — Answer more detailed questions / interrogate specific challenges

7. Key proposed factors in the revised approach to collective use of intelligence include:

- Prioritisation of strategic outcomes and work locally and at Tees Valley level

- The dual principles of 'local first' (i.e. at borough level) and achieving economies of scale through joint working across the sub-region

- Building on the good practice and learning achieved during the pandemic, working across organisational boundaries and overcoming traditional barriers to effectively using and sharing information

- The need to collectively use the right intelligence at the right level and for the right purpose i.e. strategic planning to inform strategic priorities; detailed needs assessment to inform service commissioning

- The need to identify clear strategic priorities at systems level and the strategic outcomes that capture progress against these, plus how we monitor whether we are achieving them

- Building in addressing health inequalities into everything we do as a system i.e. action is needed that is systematic and at-scale to have a meaningful and sustainable impact

- A wealth of intelligence is available across the system but has not historically been maximised – we need to focus on intelligence and its use to drive strategic action, rather than on production of data sets that can be unwieldy and have limited impact

- The voice of our communities is paramount in this – how we capture local voice and work with communities to drive our collective action

- There is a risk of increased fragmentation through separate streams of activity (local plans, Tees Valley plans, regional activity, NHS planning frameworks and requirements, population health management as a separate stream of activity, etc.)

8. Further Tees Valley discussion (in May) will focus on ensuring a clearer understanding of the intelligence tools available and how the system can work collectively on this in the future, based on a 'local place first' approach whilst meeting the needs of organisations such as the ICS / ICP, as well as other organisations such as the fire service and Police who work across local authority boundaries and have a key role to play with respect to health and wellbeing. This will include the opportunity to ensure we are using intelligence to identify and address our key strategic outcomes (including the use of the JSNA) rather than an over-focus on commissioning of services. This discussion will inform the work of the Health and Wellbeing Intelligence System Group reporting to the Health and Wellbeing Board – this Group has not formally met yet, rather it's work is progressing through the various conversations / pieces of work captured in this briefing given the development of the ICS and Tees Valley working.

9. Using this approach, there is an opportunity to prioritise JSNA work on wider determinants systems issues such as income, poverty and work and health. This

work will also help to inform discussions on strategies and actions needed at local (borough) level and those where collaboration at Tees Valley level would be beneficial.

Primary care work

10. TVDsPH have worked with NHS colleagues in supporting primary care networks (PCNs) to identify 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. Through CCG-facilitated discussions with the PCN Clinical Directors together with the DPH and Consultant in Public Health from NTHFT, Stockton-on-Tees PCNs have collectively identified healthy weight as their initial priority to help address health inequalities (healthy weight also being one of the high impact areas identified by TVDsPH). The clinical and PCN leadership on this piece of work has been important and discussions have been very positive in moving from a focus on individuals and practices to the population context within which PCNs sit and the opportunity to maximise the connections GP practices and their staff have with communities.

12. The HWB intelligence working group is working together to support NECS with this work, to highlight some of the cohorts the PCNs might want to focus upon, be that by co-morbidity, gender or service level to help reduce inequalities. The work brings together NHS intelligence on services and practice / PCN populations, with local authority public health data from commissioned services that target healthy weight (e.g. NCMP / Growing Well, Growing Healthy). The group is providing oversight and scrutiny of the work to support where required and will review the findings on behalf of the HWB.

13. In addition, Public Health and CCG colleagues are working together to provide PCNs with an overview of the interventions already in place to address healthy weight across the lifecourse. Public Health is also supporting in providing an overview of the evidence base on which interventions have been shown to have a positive impact (as well as learning from those that have not). This information serves to support the PCNs in making an informed decision about the actions they wish to take, as part of a whole-systems approach to healthy weight.

Health and Wellbeing Intelligence Working Group

14. The Health and Wellbeing Intelligence Working Group has membership from Local Authority Public Health, Local Authority data team, NECS, NTHFT and TEWV. The Group is meeting monthly and have agreed to do the following as set out in the terms of reference:

- Collate and interpret local intelligence on the health and wellbeing of the Stockton-on-Tees population across partner agencies, at local place level, on behalf of the Health and Wellbeing Board

- Collate, analyse, review and interpret intelligence and evidence across partner agencies, to feed into the System Intelligence Group and inform recommendations on what works at local place-based level to improve health, address strategic priorities, address health inequalities, contribute to the evidence base and share good practice

- Coordinate implementation of the Stockton-on-Tees Joint Strategic Needs Assessment process on behalf of the Health and Wellbeing Board, delegating completion of the JSNA to member organisations and making recommendations for action and decision

- Inform areas of priority / high impact for using a Population Health Management approach locally across the system

- Employ Population Health Management tools locally to identify specific actions or respond to specific issues, linking to the ICS system approach to Population Health Management as this develops

- Develop an outcomes / impact framework for the Health and Wellbeing Board to capture progress against strategic system priorities at local level / against the Joint Health and Wellbeing Strategy

- Support the Health and Wellbeing Board in informing Integrated Care Partnership plans at tactical level

- Link to the Integrated Care System inequalities framework / approach

15. The group is progressing the PCN work as outlined above. It's second priority piece of work is to investigate the links between GP attendances, hospital admissions and use of social care, to see if there are "trigger points" that can be identified, to target interventions to delay the need for health / social care service provision.

16. To progress this work effectively, the group has agreed to firstly investigate the development of data sharing agreements across all relevant HWB partners in order to link data from each organisation. This agreement should allow the production of any future projects where data linking is required to be pre-authorised, so reap wider benefits for the work of the Board (also fitting with the commitment from the Board to build on learning and good practice evolving during the pandemic).

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