HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

24 June 2013
at 10.00 a.m.
in Committee Room 'B'
Civic Centre, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council, including the Leader of the Council (4);
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2);
Director of Public Health, Hartlepool Borough Council (1);
Director of Child and Adult Services, Hartlepool Borough Council (1);
Representatives of Healthwatch (2).

Other Members:
Chief Executive, Hartlepool Borough Council (1);
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1);
Representative of the Durham Darlington and Tees Area Team NHS England (1);
Representative of Hartlepool Voluntary & Community Sector (1);
Representative of Tees Esk and Wear Valley NHS Trust (1);
Representative of North Tees and Hartlepool NHS Foundation Trust (1);
Representative of North East Ambulance NHS Trust (1);
Representative of Cleveland Fire Brigade (1).

Observer – Representative of the Audit & Governance Committee, Hartlepool Borough Council (1)

1. APPOINTMENT OF VICE CHAIR

2. APOLOGIES FOR ABSENCE

3. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

4. MINUTES

4.1 To receive the minutes of the meeting of the Shadow Health and Wellbeing Board held on 11 March 2013

5. ITEMS REQUIRING DECISION

5.1 Health and Wellbeing Board Terms of Reference – *Report of Director of Public Health*
5.2 Communication and Engagement Strategy -– *Report of Director of Public Health*
5.3 Work Programme – *Report of Director of Public Health*
5.4 Potential Topics for Inclusion in the Audit and Governance Statutory Scrutiny Health Work Programme – *Report of Scrutiny Manager*

6. ITEMS FOR INFORMATION

6.1 Centralisation of Emergency Medical and Critical Care Services at University Hospital North Tees – Public Consultation– *Report of Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*
6.2 Equality and Diversity in Service Provision DVD – *Incontrol-able CIC*
6.3 Winterbourne View – *Report of Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Assistant Director, Adult Social Care*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – 5 August 2013 at 10.00 am in Committee Room B, Civic Centre, Hartlepool

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

11 March 2013

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

The Mayor, Stuart Drummond - In the Chair

Statutory Members:-

Councillor Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder)
Councillor John Lauderdale (Adult and Public Health Services Portfolio Holder).
Councillor Paul Thompson (Finance and Corporate Services Portfolio Holder)

Louise Wallace, Director of Public Health
Sally Robinson, Assistant Director, Prevention, Safeguarding and Specialist Services

Christopher Akers-Belcher, Hartlepool LINK Co-ordinator
Margaret Wrenn, Hartlepool LINK Chair

Dr Paul Pagni, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (Vice-Chair)
Caroline Thurlbeck, Director of Operations, NHS Commissioning Board
Karen Hawkins, Commissioning Development and Delivery Manager, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Non Statutory Members: -

Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust
Martin Barkley, Chief Executive, Tees and Esk Valley NHS Trust
Denise Ogden, Director of Regeneration and Neighbourhoods
Tracy Woodhall, VCS Representative

Officers: Andy Graham, Senior Registrar in Public Health
Phil Hornsby, Head of Service
Richard Starrs, Strategy and Performance Officer
Steve Thomas, Modernisation Lead
Julian Heward, Public Relations Officer
David Cosgrove, Principal Democratic Services Officer

135. Apologies for Absence

Apologies for absence were received from Dave Stubbs, Chief Executive (HBC), Jill Harrison, Assistant Director, Adult Social Care (HBC), Nicola Fairless, North East Ambulance Service

136. Declarations of interest by Members

None.

137. Minutes of the meeting held on 28 January 2013

Confirmed.

138. Matters Arising from Minutes – Breast Feeding – Media Coverage – Verbal Update (*Director of Public Health*)

The Director of Public Health updated the Board on Breastfeeding – Giving Every Child the Best Start in Life (minute 133 refers) which had received good local press coverage. There was still, obviously, a significant amount of work to be done but it was good to know that the local press were supporting the campaign.

The Board was also informed that the Children's and Families Bill had passed its second reading in the House of Commons and now included specific requirements placed on Health and Wellbeing Boards.

Decision

That the update be noted.

139. CCG Commissioning Intentions and Annual Planning Requirements (*Chief Officer, CCG*)

The Commissioning Development and Delivery Manager at Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) outlined the local indicators agreed under the NHS Outcomes Framework. Following discussion with the DPH Hartlepool and the DPH and representatives in Stockton it was agreed that the three local priorities should be in the following areas:

- Emergency Readmissions within 30 days of discharge from hospital
- Estimated diagnosis rate for people with dementia
- Smoking in Pregnancy - Increase in the number of women achieving quitting smoking at time of delivery

Since discussion had been held, national guidance had been released and it was thought that the indicator in relation to Dementia could not be selected as a local priority to attract the Quality Premium. This is due to a

trajectory for this area having already been provided as part of the annual planning template which the CCG will already be measured against; therefore this had been regarded as a duplication of priorities. However, following subsequent discussions with the Directors of Public Health in both Hartlepool and Stockton it was agreed that the dementia indicator should be retained.

A Board Member questioned the achievability of the indicators as it was understood that finance was attached to their achievement. It was indicated that at this time it was unclear as to the levels of funding and any strings that may be attached to it; guidance was still awaited. The process on identifying targets would be annual and would come to the Board much earlier in the development process next year.

The Director of Public Health indicated that the bowel cancer screening target had raised many issues, particularly around which organisation would be responsible for achieving the target. It was clear that responsibility lay with several bodies in terms of promotion and undertaking the screening so further work between all partners was needed to carry it forward. The Vice-Chair noted that not all of the three targets lay within the sole remit of local GPs and the CCG would need to work closely with the Trust to move these forward.

Decision

That the report be noted and the three local targets approved.

140. NHS Reform – Public Health/Clinical Commissioning Group/NHS Commissioning Board – Verbal Update

(*Director of Public Health; Chief Officer, CCG and Director of Operations and Delivery, NHS Commissioning Board)*)

The Director of Public Health reported that the transition of public health duties to the local authority was reaching the final transition phase and all appropriate contracts were ready to be transferred under statutory order. Many contracts were rolling forward to the new providers and all final remaining staff would transfer on 1 April 2013. Quality handover procedures were in place to ensure successor authorities were aware of appropriate risks and emergency planning responsibility had transferred to the Area Team with a local Health Resilience Forum already in place.

The Director of Operations, NHS Commissioning Board reported that all senior team appointments had been made and there was close liaison between the various PCTs and the SHA to ensure nothing was missed. The annual commissioning round for this year had been significantly condensed due to the transfer of duties.

The Commissioning Development and Delivery Manager at Hartlepool and Stockton-on-Tees CCG reported that an executive nurse appointment had been made and would be effective in June. At this stage it was anticipated that a full compliment of staff would be in place for 1 April and further work

was ongoing with partners where there was an overlap in responsibilities to ensure there was no further duplication.

The Vice-Chair thanked the staff at the various PCTs for the amount of work undertaken by them to ensure a smooth transition. Chief Executive, North Tees and Hartlepool NHS Foundation Trust commented that the only thing that appeared not to be in the right place was the money. The Trust had some concerns around whether they would be receiving a single offer from the CCGs. The Director of Operations, NHS Commissioning Board indicated that a great deal of work was going on in the background to ensure such matters were rectified in time.

Decision

That the report be noted.

141. Savings Programme 2013/14 – Adult Social Care

(*Assistant Director, Adult Social Care*

The Head of Service outlined for the Board's information details of the savings programme in Adult Social Care that had been agreed for 2013/14.

There was concern expressed at the transfer of staff into the generic Reablement Team as they may need increased support during the transition. The Head of Service commented that there was a level of expertise transferring into the team and such issues were being addressed.

Concern was also expressed at the reduction in flexibility some of the cuts would mean in services to patients discharged from acute wards. The Head of Service stated that there was no intention to reduce performance in that area through these changes, but with the pressures on budgets, that could not be guaranteed for future years. The Mayor commented that all the proposals had been approved by Cabinet and through the scrutiny process before being agreed by full Council.

Decision

That the report be noted.

142. Making a difference – Providing Quality Public Information about Health and Social Care (*Assistant Director, Adult Social Care*)

The Board considered a paper on the provision of quality public information about health and social care. Because of the criticism of the amount and quality of public information available the local authority using the Working Together for Change methodology, ran two sessions to try and establish what was working around public information, what was not working and what actions we can take to improve the quality of the information provided by agencies.

The importance of this work has been reinforced by the publication of the Department of Health's information strategy.

The purpose of Working Together for Change was to take information from contributors to inform strategic change. It allowed a structured approach to engage with people to review their experiences and determine their priorities for change. The systematic approach provided an insight into what was working and not working as well as people's aspirations for the future. Two Working Together for Change sessions (December 2011 and February 2012) were held. The sessions were facilitated by staff from the Child and Adult Services Department in the local authority.

It was clear from the feedback that while there was a significant amount of information available, its provision needed to be coordinated, preferably through information hubs in the community. The Mayor commented that at the inception of the Board a communication strategy had been considered. The Director of Public Health commented that it may be necessary to bring together relevant people from partner organisations to work on a communication strategy that would meet the public's needs.

There was concern that the recent work on the development of the Council Plan had included the reconfiguration of services following the transfer of public health responsibilities to the authority and there was a need not to lose health and wellbeing in that work.

Decision

That the report be noted.

143. Tele Health Paper from Tees Valley Chief Executive's

(*Chief Executive/Assistant Director, Adult Social Care*)

The Board was presented with a report prepared by the Managing Director of Tees Valley Unlimited on a potential Tees Valley approach to Telehealth. The Modernisation Lead in the Child and Adult Services Department gave a brief overview of Telehealth and Telecare. The aim was to look to at the potential for economies of scale through the introduction of a common system and approach across the sub region.

The Chief Executive, North Tees and Hartlepool NHS Foundation Trust indicated that he was a supporter of Telehealth but recognised that it wouldn't work for all patients. Approaches to Telehealth across the country varied markedly and it was noticeable that lessons were not shared between areas and agencies. A sensible approach across the Tees Valley could give a fantastic opportunity but to gain the real benefits of scale, Telehealth almost needed to be provided on an industrial scale.

Some Board Members shared the Foundation Trust Chief Executive's view whilst others were more sceptical of the potential benefits on such a large scale. It was acknowledged that there was an opportunity to develop Telehealth further though it was indicated that the technology couldn't stand

on its own; there needed to be a model for planned intervention with staff across providers linked together to reduce hospital admissions.

The Vice-Chair indicated that Telehealth was one area that government seemed willing to invest in. There was scope for using Telehealth with Chronic Obstructive Pulmonary Disease patients.

The Board considered that the report should be referred on to the CCG for further consideration. It was noted that the recommendations considered by the Tees Valley Unlimited included further work with the Tees valley Directors of Public Health and involvement with Durham and Teesside Universities.

Decision

That the report be noted.

144. Final Draft of the Joint Health and Wellbeing Strategy (*Director of Public Health*)

The Director of Public Health submitted the final draft of the Joint Health and Wellbeing Strategy for the Board's approval. The Director indicated that further work was needed to finalise the associated action plan. The Strategy and Performance Officer highlighted that an additional objective under outcome 2 "Enable all children and young people to maximise their capabilities and have control over their lives" had been added.

The Mayor indicated that the strategy had been approved by Cabinet and would be submitted to full Council and the CCG in April for adoption.

Decision

That the final version of the Joint Health and Wellbeing Strategy is approved.

145. Regional Health and Wellbeing Board Challenge Event (Verbal Update) (*Director of Regeneration and Neighbourhoods and Chief Clinical Commissioning Group*)

The Director of Regeneration and Neighbourhoods provided the Board with feedback on the Health and Wellbeing Board challenge event held on 28 February 2103 and facilitated by the University of Birmingham.

At the previous board meeting members agreed for representatives to attend the above event which was designed to provide developmental challenge for each Board across the region. The attendees from Hartlepool were;

- Ali Wilson Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG
- Denise Ogden Director of Regeneration and Neighbourhoods, Hartlepool Borough Council
- Richard Starrs Strategy and Performance Officer, Hartlepool Borough

Council.

The event was designed to provide developmental challenge for each Board through mirroring the real world of reform, change, and financial and organisational pressure and so help Boards consider how they might;

- Identify the role of the Board and how to work together effectively
- Work with complex issues that often conflict
- Assess the implications of decisions and actions of different agencies
- Consider partnership working and integration
- Achieve public and service user engagement.

The programme used a series of scenarios to challenge and understand the inherent complexities and conflicts of interest within roles and between agencies on the Board.

It was suggested that a local development day may be an appropriate way forward for the Board to look at the issues as they applied in Hartlepool and the Tees Valley. The proposal of a development day was supported by the Board. It was also commented that the move to the new governance arrangements in the Borough Council may provide an opportunity to review the Board membership.

Decision

1. That the report be noted.
2. That an appropriate date in April or early May be arranged as a development day for the members of the Health and Wellbeing Board.

146. Dementia –letter from the co-chairs of the Health and Care Sub-Group, Sir Ian Carruthers OBE (NHS South of England) and Sarah Pickup (ADASS) sent with the endorsement of the Local Government Association

The Board agreed at the previous meeting to discuss the issues around dementia. To support that debate, a copy of a letter from the Chairs of Health and Wellbeing Boards coordinated by the Local Government Association (LGA) and signed by Sir Ian Carruthers OBE (NHS South of England) and Sarah Pickup (Association of Directors of Social Services) and Councillor David Rogers OBE, Chair of the LGA Community Wellbeing Board. A statement form the North Tees Dementia Collaborative signed by the Chief executives of Hartlepool and Stockton Councils and the Chief Officers/Executives of Hartlepool and Stockton CCG, the North of England Commissioning Support Unit, North Tees and Hartlepool NHS Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

The Head of Service in the Child and Adult Services Department reported that Dementia was one of the key issues being faced by health providers and local authorities locally and nationally. It was a progressive disease with no known cure. Around a third of people didn't get a timely diagnosis and for every five years of increasing age, the potential that you may be

diagnosed with Dementia doubled. Currently 20% of the population were older people yet 65% of hospital beds were occupied by the same age group.

The North Tees Dementia Collaboration shared the aims of the national dementia strategy in raising awareness, early diagnosis and improve the quality of care for dementia patients. There were a wide range of services available in Hartlepool including the TEWV integrated older peoples health team. There were specific dementia day services including the Hospital of God at Greatham and a dementia café at the Salvation Army Hall that provided peer support.

The Head of Service outlined some of the services available through the local authority including the Reablement Services, Falls Service, domiciliary care and extra care schemes at Hartfields and Laurel Gardens. Officers were also looking to join up the health and social care services for dementia sufferers moving into care homes and also for those who wished to be maintained longer in their own homes.

In discussing dementia services, the Board raised the following issues –

- Work needed to be undertaken to reduce the admissions from care homes to acute hospital care.
- Greater work and attention needed to be paid to end of life pathways.
- Improved staff training in dementia awareness.
- The links between the LINKS Network and the Dementia Collaboration needed to be developed.
- The model of training developed in Belgium where staff in public venues such as cafes, restaurants and bars were trained to recognise and assist people with dementia and removing the stigma of dementia.
- Dementia Awareness Week commencing 10 May 2013.
- The Dementia Friends group active on the internet.
- The numbers of people diagnosed with dementia in Hartlepool; currently estimated at between 5-6000.
- The need to remove the stigma of dementia; it isn't a part of getting old.
- The need to raise awareness and the need for a needs based assessment in the JSNA.

The Mayor indicated that it would be useful to include a specific section of the development day for the Board in looking towards the development of the Dementia Collaborative and the sharing of information between partners and the public.

Decision

That the discussion points be noted.

147. Future Agenda Items

The Director of Public Health referred to the development day agreed earlier in the meeting and indicated that the future work programme of the Board could be considered at the event.

148. Any Other Business

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

Measles Outbreak

The Director of Public Health reported that a letter had been circulated to all school age children highlighting the current serious outbreak of measles in the northeast. The letter looked to encourage parents to have children vaccinated

Teenage Pregnancies

The Director of Public Health informed the Board that recently released figures on teenage pregnancies showed that the rate in Hartlepool had gone down considerably from 55 per thousand population to 33.5 per thousand population. Teenage pregnancy rates were complex and a marker for a number of other issues but the figures had to be welcomed.

Decision

That the reports be noted.

The meeting concluded at 11.55 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

24th June 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

1. PURPOSE OF REPORT

1.1 The purpose of the report is to present the Health and Wellbeing Board with their Terms of Reference for consideration and agreement.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. As a committee of Hartlepool Borough Council the responsibilities and functions of the Board are set out within the Constitution. The Board's specific responsibilities are identified as:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.2 In Hartlepool the Health and Wellbeing Board has been meeting in shadow form since October 2011. From 1st April 2013 the Board took on its formal role as set out in the Constitution. However, in order to provide further detail about the role and responsibilities of the Board and its members a new Terms of Reference have been prepared.

3. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

3.1 The draft Terms of Reference for the Health and Wellbeing Board are set out in appendix 1. They build upon the detail established within the Constitution, the previous Terms of Reference for the Shadow Board and the discussions from the Board development day held on 22nd April 2013.

3.2 Within section 7.0 of the Terms of Reference the codes and protocols of the Voluntary and Community Sector (VCS) Strategy are referred to. In order to remind Board Members what they are the VCS Strategy is attached as appendix 2.

4. SUB STRUCTURE OF THE HEALTH AND WELLBEING BOARD

4.1 At the development day the Board considered the Local Government Association and Association of Democratic Services Officer joint publication 'Health and wellbeing boards - A practical guide to governance and constitution issues'. It was agreed that the structure of the Health and Wellbeing Board for Hartlepool should follow a similar structure to the Luton model with three delivery groups covering children, adults and health inequalities. All other health related groups will feed into the work of one of these three delivery groups. Therefore, the sub structure of the Health and Wellbeing Board is set out in section 8.9 of the Terms of Reference and is shown in diagram 1 below:

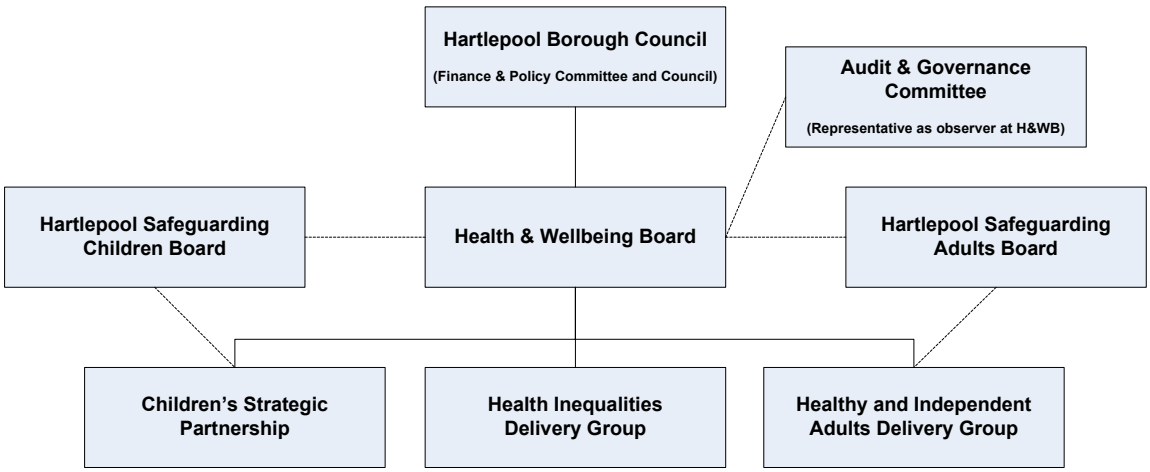

Diagram 1: Health and Wellbeing Board Structure

5. LEGAL CONSIDERATIONS

5.1 From 1st April 2013 Hartlepool Borough Council has a statutory requirement to establish a Health and Wellbeing Board.

6. RECOMMENDATIONS

6.1 The Board is recommended to consider and agree the Terms of Reference as attached at appendix 1.

7. REASONS FOR RECOMMENDATIONS

7.1 In order to provide further detail about the role and responsibilities of the Board and its members the Board is requested to agree a new Terms of Reference.

8. BACKGROUND PAPERS

8.1 None

9. CONTACT OFFICER

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HEALTH & WELLBEING BOARD

TERMS OF REFERENCE

VERSION 1.0

MAY 2013

Contents

1.0 Purpose and functions of the Health & Wellbeing Board

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.

- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.

- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.0 Roles & Responsibility of Board Members

The main role of all members of the Health & Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

2.1 Standards of behaviour

As a member of the Health & Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.
Commitment: to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.
High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.
Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.
Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.
Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.
Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

The Health and Social Care Bill mandates a minimum membership for Health and Wellbeing Board's. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out below:

Prescribed Members
• Elected Members, Hartlepool Borough Council, including the Leader of the

Prescribed Members
Council (4) • Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Child and Adult Services, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)

Other Members
• Chief Executive, Hartlepool Borough Council (1) • Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) • Representative of the NHS England (1) • Representative of Hartlepool Voluntary & Community Sector (1) • Representative of Tees Esk and Wear Valley NHS Trust (1) • Representative of North Tees and Hartlepool NHS Foundation Trust (1) • Observer – Representative of the Audit & Governance Committee, Hartlepool Borough Council (1)

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Police, Probation and other providers etc.

3.1 Chairing of the Health & Wellbeing Board

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

4.0 Principles

All members of the Health & Wellbeing Board will strive to apply the following nine principles as established in the Community Strategy:

- Effective decision making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Through the Health and Wellbeing Strategy the Board will fulfil its responsibility for delivering the Health & Wellbeing theme of the Community Strategy.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective

- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions.

The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking.

Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health & Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly effect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

i) Update the public on their work during the last year;

ii) Inform the public on their future plans including future challenges;

iii) Engage with residents and promote the key strategies and plans for the Borough;

iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the Hartlepool Voluntary and Community Sector Strategy.

The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board

8.0 Operation of the Health & Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings however if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

8.2 Declaration of Interests

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

8.3 Meeting Procedures

The Board will meet on a six weekly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

8.4 Decision making and voting

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and than ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

8.5 Risk management

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.6 Freedom of Information Act

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health & Wellbeing Board will work within this framework when responding to requests from partners and the public.

8.7 Public access to the Health & Wellbeing Board

All meetings of the Council's committees and sub committees are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters being

considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

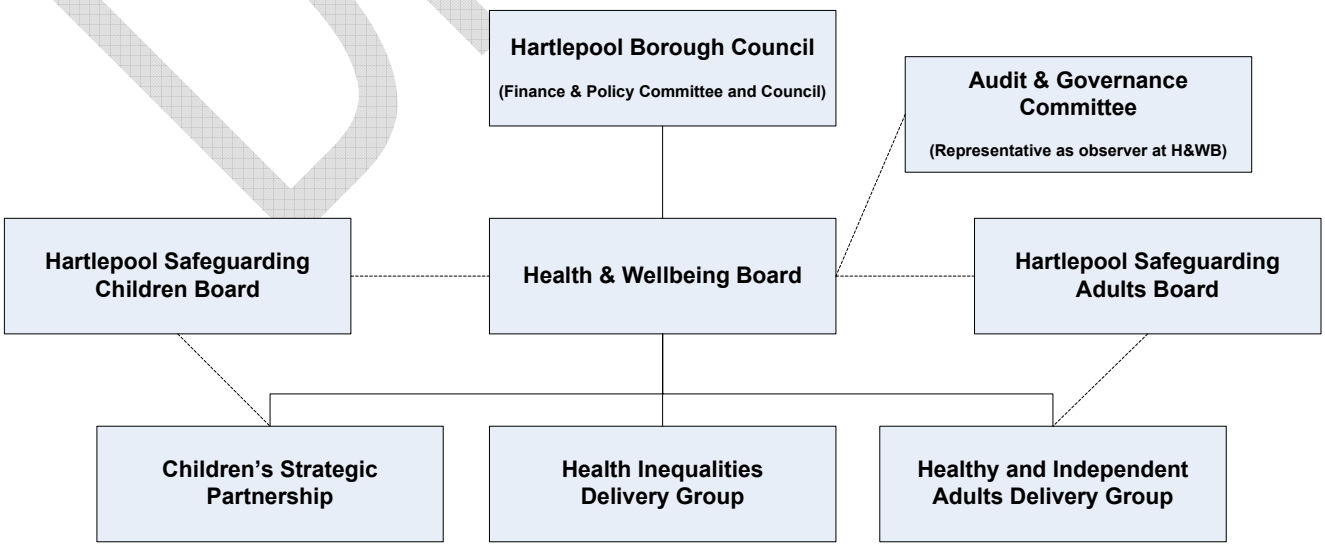
8.8 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.9 Sub Groups & Task Groups

The Children's Strategic Partnership (CSP), Health Inequalities Delivery Group & the Healthy and Independent Adults Delivery Group will be the only regular sub groups of the Health and Wellbeing Board. All other groups will feed into the Health and Wellbeing Board through one of these sub groups.

Occasionally a Task Group of the Health & Wellbeing Board may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The membership of these task groups would be decided by the Board and the group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health & Wellbeing Board.



8.10 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

8.9 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

9.2 Hartlepool Safeguarding Children Board

The Hartlepool Safeguarding Children Board is a statutory partnership of local agencies who are working together to safeguard and promote the welfare of children and young people in Hartlepool.

The relationship between the Health and Wellbeing Board and the Hartlepool Safeguarding Children Board (HSCB) is one of mutual support, challenge and scrutiny. HSCB should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

9.3 Hartlepool Safeguarding Adults Board

The Hartlepool Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Hartlepool Safeguarding Adults Board (HSAB) is one of mutual support, challenge and scrutiny. HSAB should be instrumental in determining the requirements of the JSNA in terms of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

Hartlepool Voluntary and Community Sector Strategy

2012 - 2017

HARTLEPOOL BOROUGH COUNCIL

Foreword

In Hartlepool, there is a strong tradition of the public, private and community and voluntary sectors working in partnership to improve the environment and economic and social wellbeing of the borough. It is our ambition and our duty to build on these existing strong traditions despite the difficulties facing both the voluntary and the public sector.

The Voluntary & Community Sector (VCS) Strategy is a key document that has been developed in partnership with public sector partners and the VCS, outlining how organisations will work together to aid the development and success of the Voluntary and Community Sector in Hartlepool over the next five years.

The overall aim of the strategy will be to improve service delivery for the residents of the borough by creating and developing strong partnership working across both the VCS and public sector.

Stuart Drummond
Mayor of Hartlepool

This document can be viewed online with other supporting information at:
www.hartlepool.gov.uk/vcs

Introduction

Our Shared Vision

There will continue to be a strong and prosperous Voluntary & Community Sector in Hartlepool that will contribute towards the strategic direction of the borough, playing an important role in shaping and delivering good public services and strengthening communities and neighbourhoods by promoting inclusion and involvement.

Hartlepool has a large and vibrant Voluntary and Community Sector (VCS), with a wide breadth of knowledge, specialisms and understanding enabling the delivery and provision of a range of services to residents, contributing towards improving quality of life and creating cohesive communities.

Whilst Hartlepool Borough Council has had a Voluntary Sector Strategy as well as a Compact (in partnership with public sector partners) servicing the borough for a number of years, it is recognised that in light of governmental changes and revisions to the National Compact it is now the right time to bring these two documents together to create a Voluntary and Community Sector Strategy that supports a strong and prosperous VCS that is recognised by everybody.

Changes recently introduced by central Government and the global economic downturn, have and will continue to have, significant implications for both the public and the voluntary sector. Substantial cuts across all public sector services and reductions in funding to voluntary sector organisations will challenge the way we deliver services in the future.

Other emerging factors which have resulted in the need to review the way we work, are the Localism Act and the Government's Big Society concept. *'The Localism Act outlines the Government's priority to refocus power to communities by breaking down barriers that have prevented local councils and VCS organisations from getting things done' (Department for Communities and Local Government 2011).* The Coalition Government indicates that it is crucial that the VCS have an effective role in taking the Big Society concept forward at a local level.

It is important therefore that this strategy provides a clear guide to how the Council, its partners and the VCS will work together to aid the development, success and sustainability of the VCS's work in the borough.

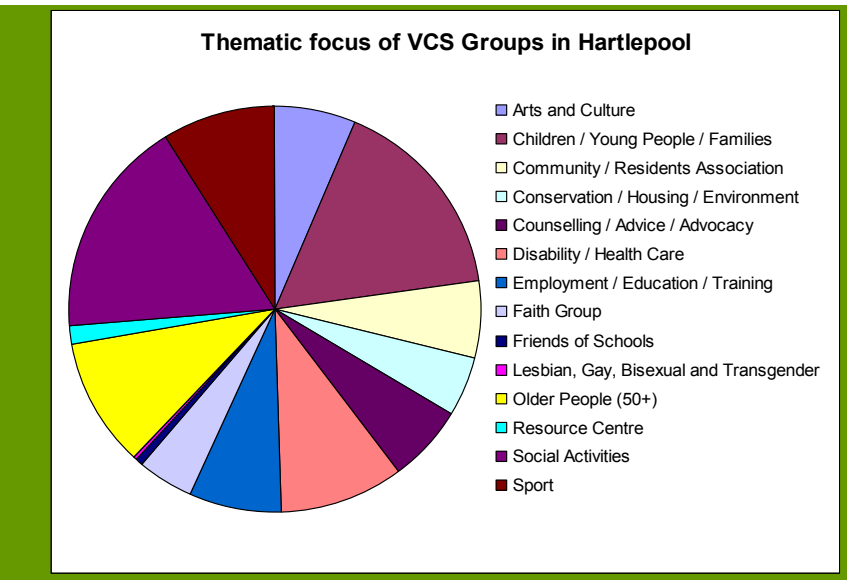
The strategy and the actions we take forward will provide a robust framework, which incorporates the principles of the Compact providing support and clear guidance on areas such as commissioning and procurement arrangements. This will enable all partners to respond to the current challenges in order to deliver and develop services that are a direct response to local needs.

In Hartlepool it is widely recognised that there is a local desire for people to work together within and across the sectors and this strategy will work to promote and encourage collaborative working to enable good communication between all partners. Build on and develop the capacity, skills and knowledge within the sectors to ensure that services are delivered effectively with enhanced work prospects for individual volunteers, and sets the conditions to encourage all partners to have an equal voice.

This strategy is intrinsically linked to a number of other Council strategies, these should be considered when dealing with specific groups, for example the Hartlepool Participation Strategy in relation to children, young people and families. Links to these strategies can be found at www.hartlepool.gov.uk/vcs.

The Voluntary Community Sector (VCS) in Hartlepool

There are over 500 VCS organisations and groups operating in Hartlepool, who provide a variety of different services to local people. The VCS groups are diverse in nature, ranging from larger organisations providing a multitude of services for example Credit Unions and benefits advice, to smaller volunteer led groups such as support groups and residents associations and also including support and guidance to individual volunteers. These groups have different focuses as outlined in the diagram below:



Source: Hartlepool Voluntary Development Agency Voluntary Group Database

The VCS organisations in Hartlepool employs a number of people as well as offering volunteer and training opportunities. In 2009 HVDA carried out a major survey of the VCS in Hartlepool, 190 organisations from across the town responded. Information received revealed that over 500 people were employed by the sector and over 2000 volunteers worked with 111 groups. Across the whole sector in Hartlepool it was expected that this level was higher.

Whilst the current financial climate has affected the VCS and paid roles within the sector, the national trend is that interest in volunteering is growing and demand for short term volunteering opportunities is increasing.

Other areas of VCS work that is recognised by and complementary to statutory provision in Hartlepool include:

- *Community engagement and participation, increasing social capital and community cohesion, helping to build stronger communities through volunteer activity.*
- *Providing a range of voluntary opportunities for local residents to get involved in their neighbourhood,*
- *Develop skills as well as social expertise of volunteers.*
- *Securing external funding to bring additional services to the borough.*
- *Providing additional services at the local level, which are designed to the specialist requirements of the service user.*
- *Tackling inequalities.*
- *Shaping service provision in the borough.*

In the past the VCS in Hartlepool were supported, and represented by Hartlepool Community Network. Their primary role included building strong links between the VCS, residents and other sectors and ensured good public involvement and levels of engagement in local decision-making structures. Despite elements of the work being picked up by the VCS and the local authority specific provision for the sector is no longer available, all sectors need to be mindful of this potential gap in support .

It is clearly recognised that the VCS makes a significant contribution towards delivering added value to services in the borough. Whilst it is widely acknowledged that 2012 to 2017 will be an extremely difficult period for Hartlepool Borough Council, we are strongly committed to supporting the VCS to continue to be a strong, prosperous and independent sector with whom we can work in partnership.

Aims and Objectives

OUR AIM

The aims of this strategy will focus on:

- Assisting with funding either directly or indirectly.
- Encouraging collaborative working across the VCS.
- Strengthening partnership arrangements and ensuring good communication across both sectors.
- Providing clear commissioning, friendly procurement processes and performance management commitments.
- Supporting the VCS in difficult financial times.
- Supporting the VCS to deliver sustainable services.
- Encourage and support volunteering.

OUR OBJECTIVES

The objectives of this strategy are intrinsically linked with the **Compact principles**, which are:

Objective 1 – Have a Say

To ensure that voluntary and community sector organisations are able to comment on and influence public sector strategies and service delivery plans, in order to develop more reliable and robust policies and strategies that better reflect the community's needs and wishes.

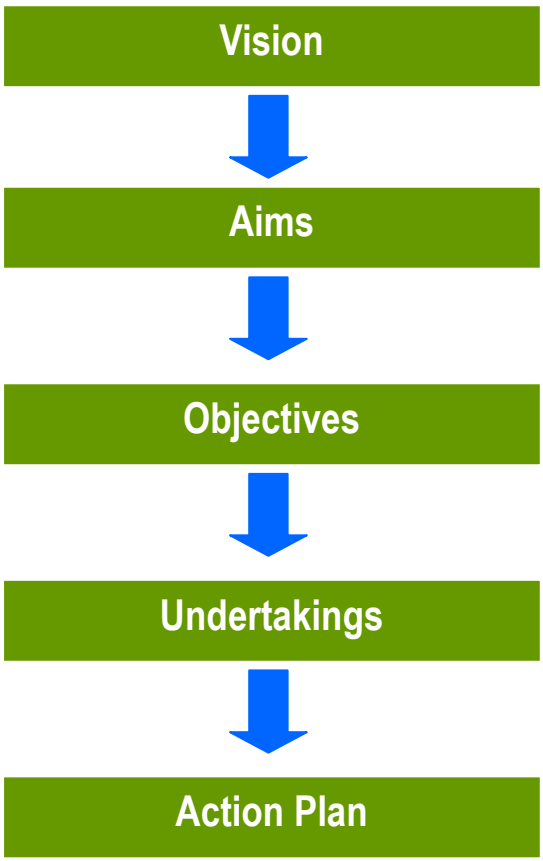
Objective 2 – Take Part and Deliver

To improve the relationship between public sector partners and the VCS within Hartlepool in managing and using resources to achieve a strong and prosperous VCS that contributes to the delivery of good public services within the town.

Objective 3 – Strengthen and Develop

To ensure a strong and diverse VCS that promotes inclusion across the town as well as a clearer understanding of community groups within the sector as a whole. The VCS is able to get involved, build capacity and develop, strengthening the local communities that they serve.

These aims and objectives form the basis of the undertakings agreed by all sectors to take this strategy forward; these will also form the framework for the action plan.



Undertakings

The undertakings clearly outline what both the voluntary and community sector and public sector agree to do. These will help to build upon, develop and strengthen the working relationships between the two sectors. This transparency will help to manage expectation and it is anticipated that this will breakdown perceived barriers.

These undertakings form the Compact, and build on the previous Hartlepool Compact taking into account the recent Government changes to the renewed National Compact, which highlights the need to "*Move towards tightly focused outcomes and practical commitments, increasing transparency and accountability in relation to implementation and partnership working" (The Compact, Office for Civil Society 2010).*

The undertakings will need to be embedded via a range of mechanisms such as:

- Robust and meaningful action plan with efficient and effective outcomes
- Sound governance arrangements
- Effective promotion and implementation

"Move towards tightly focused outcomes and practical commitments, increasing transparency and accountability in relation to implementation and partnership working".

Objective 1 : Have a say

Ensure that voluntary and community sector organisations are able to comment on and influence public sector strategies and service delivery plans, in order to develop more reliable and robust policies and strategies that better reflect the community's needs and wishes.

SHARED UNDERTAKINGS:

- Promote the VCS in Hartlepool.
- Ensure that all communications are clear, purposeful and effective.
- Have an active role in the development of policy and strategies that affect the people of Hartlepool.
- Promote and create opportunities for others to get involved in consultation on developing policy and strategies.
- Ensure that representatives have the skills in order to carry out rolls effectively and efficiently.

UNDERTAKINGS OF PUBLIC SECTOR PARTNERS:

- Give early notice of forthcoming consultations, where possible, allowing enough time for VCS groups of all sizes to get involved, offering additional support to facilitate this as required.
- Ensure documents use simple, clear language and are made available in a variety of formats, including different languages if requested, to meet the needs of residents.
- Be mindful of the constraints upon, and resource implications for voluntary and community organisations,.
- Use a variety of consultation methods and levels for engagement to ensure inclusivity.
- Clearly set out the purpose, scope and timeframe of each consultation and provide background information and contact details for additional information.
- Ensure transparent, detailed, constructive and timely feedback processes, which will set out the reasons for decisions made or why a specific approach was adopted.
- Use existing networks and forums for consultation and whenever possible share resources and coordinate consultation activity.
- Build early consultation into plans for statutory policy and strategy development, allowing a minimum of 8 weeks for consultation, where practicable.

UNDERTAKINGS OF VCS:

- Promote and respond to Public Sector Partners consultations where appropriate.
- Capacity permitting, seek the views of service users, clients, beneficiaries, members, volunteers, and trustees when participating in consultations and be clear about whose views are being put forward.
- Be clear about the constraints and resource implications of consultation on VCS groups.
- Identify existing networks and forums for consultation and promote to Public Sector Partners.
- Share the outcome of consultations with service users, clients, beneficiaries, members, volunteers, and trustees whose views have been put forward.
- Take advantage of support opportunities available to assist with consultation, as required.

Objective 2: Take Part and Deliver

To improve the relationship between public sector partners and the VCS within Hartlepool in managing and using resources to achieve a strong and prosperous VCS that contributes to the delivery of good public services within the town.

SHARED UNDERTAKINGS:

- Respect and be accountable to the law and in the case of charities, comply with the appropriate guidance from the Charity Commission including "Good Governance, A Code for the Voluntary and Community Sector".
- Work together to ensure services are joined up and avoid duplication.
- Be clear of the expectations of each party when developing funding agreements, delivery arrangements and setting clear performance management and / or monitoring targets.
- Acknowledge the variety of roles that individuals have and be open and transparent of individual positions when discussing funding decisions.
- Ensure that all relevant polices are in place to deliver services that are readily available for purposes of funding.

UNDERTAKINGS OF PUBLIC SECTOR PARTNERS:

- Have open, transparent and timely commissioning processes ensuring that the same information and guidance is available and applies to all potential providers ensuring a level playing field for VCS groups.
- Ensure that funding is paid in line with agreed targets and the schedule in the contract.
- Work to support and develop VCS Groups who are encountering problems delivering commissioned services before considering withdrawing funding.
- Recognise that VCS tenders will include appropriate and relevant overheads, including the costs associated with training and volunteer involvement.
- Where possible, give at least 3 months notice, when reducing or ending funding or other support to VCS groups, notice periods will be set out in contract terms and conditions.
- Engage VCS groups and service users as early as possible before making a decision on the future of a service; any knock-on effect on assets used to provide the service; and the wider impact on the local community.
- Where possible early notice to be given of forthcoming funding opportunities.
- Will endeavour to enter into early consultation with VCS organisations to ensure inclusion at the planning stage of projects.
- Ensure transparency by providing a clear rationale for all funding decisions.
- Seek to provide a diversity of funding support that recognises the different needs of the VCS.
- Recognise the independence of VCS groups to deliver their mission, including their right to campaign, regardless of any relationship, financial or otherwise, which may exist.
- Ensure greater transparency by making data and information more accessible, helping VCS groups to challenge existing provision of services.
- Where appropriate, look to make advance payments to 'kick start' projects.
- Recognise social value when allocating contracts ensuring that providers are aware of the needs of the Town.
- Wherever possible, tenders will be planned and staggered to avoid bottlenecks.
- Provide clarity on procurement systems and regulations to improve understanding of processes.
- Provide feedback on the outcome of procurement projects.

Objective 2: Take Part and Deliver

To improve the relationship between public sector partners and the VCS within Hartlepool in managing and using resources to achieve a strong and prosperous VCS that contributes to the delivery of good public services within the town.

UNDERTAKINGS OF VCS:

- Be open and transparent about reporting, evaluating, recognising the benefits of monitoring service delivery and responding to the requirements of funding providers.
- Have a clear understanding of the organisation's financial structure and what they are trying to achieve.
- Ensure effective business planning processes including reserves policy and be able to demonstrate that services provide value for money.
- Adhere to the requirements of funding bodies in relation to the delivery of services, financial practices and other statutory obligations, legislation and regulations.
- Give funders early notice of significant changes in circumstances and any concerns about delivery.
- Recognise that Public Sector Partners are accountable bodies with strict priorities and funding constraints placed upon them, with a requirement to balance competing needs when allocating resources.
- Take up opportunities which are aimed at supporting organisations to commission for services.
- Commit to the development of skills, capacity and expertise to effectively compete for public service contracts, including understanding procurement processes.
- Be able to demonstrate that the services delivered are of a high quality and meet the needs of users.
- Ensure robust governance arrangements are in place so that organisations can best manage any risk associated with service delivery and financing models.
- Prepare for the end of funding and plan to reduce any potential negative impact on service users and the organisation.
- Work together as a sector to make the best use of resources available, developing consortia and partnering approaches as appropriate particularly in relation to tendering for larger scale contracts.
- Take up opportunities for helping to develop partnership and consortia approaches.
- Demonstrate added value of local level delivery.
- Where possible offer support and advice to other VCS organisations e.g. mentoring.

Objective 3: Strengthen and Develop

To ensure a strong and diverse VCS that promotes inclusion across the town as well as a clearer understanding of community groups within the sector as a whole. The VCS is able to get involved, build capacity and develop, strengthening the local communities that they serve.

SHARED UNDERTAKINGS:

- Ensure that no group experiences marginalisation, isolation, disadvantage, exclusion or discrimination.
- Strive to ensure that all community groups are properly represented.
- Ensure that no VCS group is discriminated against on the basis of age, disability, faith, gender, race or sexual orientation and will respect the voluntary nature of their work. All work undertaken is inline with the Equality Act 2010.
- Support existing diverse community groups and develop others so that people from diverse communities can raise concerns.
- Acknowledge that organisations representing specific disadvantaged or under-represented group(s) can help promote social and community cohesion and should have equal access to support.
- Acknowledge that there are different sizes of group and organisations within the VCS, with different purposes, needs and support requirements.
- Ensure that staff, volunteers and contacts receive training and awareness as to specific needs and respond to particular sectors of Hartlepool's diverse community.
- Take practical action to eliminate unlawful discrimination, advance equality and to ensure a voice for under-represented and disadvantaged groups.
- Encourage and support volunteering by ensuring that volunteering is the result of a free choice by the volunteer, open to everyone and publicly recognised.
- Understand the respective roles, cultures and constraints of others to enable good collaborative working.
- Named contacts will be identified to deal with issues raised by minority groups, and act as a conduit to access relevant officers, services and support.

UNDERTAKINGS OF PUBLIC SECTOR PARTNERS:

- Support the development of voluntary and community groups and related infrastructure organisations, recognising their local knowledge, expertise and perspective.
- Encourage involvement and networking between the VCS, diverse people, and small community groups, thereby increasing skills and knowledge.
- Promote and monitor policies and services that eradicate discriminatory practice, implementing equality and diversity policies, and setting objectives and targets as appropriate.
- Work with VCS groups that represent, support or provide services to people specifically protected by legislation and other under-represented and disadvantaged groups. Understand the specific needs of these groups by actively seeking the views of service users and clients.
- Provide opportunities to build skills, capacity and understanding of procurement processes in the VCS to enable agencies to compete for contracts.
- Provide opportunities to build skills and capacity of smaller VCS groups.
- Encourage VCS groups to engage in development opportunities.
- Support and encourage VCS organisations to embed management, skills and governance arrangements and forward plan to ensure long term sustainability of services.

Objective 3: Strengthen and Develop

To ensure a strong and diverse VCS that promotes inclusion across the town as well as a clearer understanding of community groups within the sector as a whole. The VCS is able to get involved, build capacity and develop, strengthening the local communities that they serve.

UNDERTAKINGS OF VCS:

- Representatives will be selected or elected through an open and transparent recruitment process and representatives will be accountable to the VCS.
- Take up training and capacity building opportunities on representation, management and governance arrangements to ensure that roles are effectively delivered.
- Recognise the benefits of networking and partnership working amongst the VCS.
- Commitment to striving towards sustainability of services.

Commissioning & Procurement

COMMISSIONING

Commissioning can be defined as the agreed formal arrangements set up to deliver a service to meet specific needs and objectives. The shift towards a total commissioning approach will bring about real changes to the way that the VCS are funded in Hartlepool.

In turn this presents challenges to the VCS, as some groups and organisations, especially smaller groups may not have the skills, capacity, resources or expertise to tender for contracts in the same way as larger, commercial and more experienced organisations.

The National Programme for Third Sector Commissioning outlines eight key principles, which are:

- Understanding the needs of users and other communities by ensuring that, alongside other consultees, you engage with the third sector organisations, as advocates, to access their specialist knowledge;
- Consulting potential provider organisations, including those from the third sector and local experts, well in advance of commissioning new services, working with them to set priority outcomes for that service;
- Putting outcomes for users at the heart of the strategic planning process;
- Mapping the fullest practical range of providers with a view to understanding the contribution they could make to delivering those outcomes;
- Considering investing in the capacity of the provider base, particularly those working with hard-to-reach groups;
- Ensuring contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including considering sub-contracting and consortia building, where appropriate;
- Ensuring long-term contracts and risk sharing, wherever appropriate, as ways of achieving efficiency and effectiveness; and
- Seeking feedback from service users, communities and providers in order to review the effectiveness of the commissioning process in meeting local needs.

'If embedded, these could yield efficiency gains and community benefits, through smarter, more effective and innovative commissioning, and optimal involvement of the third sector in public service design, improvement and delivery.' (National Audit Office)

The undertakings under Objective 1, 2 and 3 of this strategy will be the mechanism for ensuring that these key principles form the future working relationship between all partners and help to inform the commissioning process across all departments of the Council.

PROCUREMENT

The Council has a Sustainable Procurement Strategy (2011 - 2014) which sets out to:

- Support the delivery of cost-effective high quality services which underpin the Council's corporate priorities, through a strategic and systematic approach to procurement and business development.

This strategy sets out key principles underpinning procurement activities, with particular relevance to the VCS, which will:

- Enhance our commissioning and procurement relationship to the VCS.
- Support the VCS in understanding and implementing any legislative changes in EU and UK Procurement Regulations.

In addition to this, the Council will continue to invest resources in providing transparent and constructive feedback to all bidders through formal procurement processes.

Information on the Council's Sustainable Procurement Strategy, Asset Transfer Policy and Consortium Models will be available on the Hartlepool Borough Council website, www.hartlepool.gov.uk.

Taking the Strategy Forward

How the undertakings are taken forward will be key to the successful implementation of the strategy. Ensuring that the processes and documentation is in place to action this.

The strategy will be driven forward by a Voluntary & Community Sector Strategy Steering Group; this will include a cross section of partners from the Voluntary Sector, Public Sector and Local Authority. VCS representation will be through an open election process facilitated by the sectors infrastructure organisation.

This group will oversee the implementation of the strategy and the key responsibilities of the group are:

- *Communication and awareness raising of the strategy.*
- *Review and monitor the Action Plan.*
- *Report to Strategic Partners Group.*
- *Ensure that the undertakings are embedded.*
- *Oversee the Dispute Resolution Procedure.*
- *Ensure that there are linkages across the authority to other strategic aims.*
- *Ensure that there is a consistent approach across all departments within the Council towards the VCS e.g. contract management, commissioning and procurement.*

The dispute resolution procedure attached as Appendix 1 is in keeping with The Compact Accountability and Transparency Guide from the Office for Civil Society.

Taking the Strategy Forward

ACTION PLAN

The action plan will be a separate document to allow for annual updates. It will focus on the key priorities for the strategy which will be guided by the 3 key objectives, related undertakings and will reflect the needs and priorities required by all partners to deliver effective outcomes.

MONITORING THE STRATEGY

The implementation of the strategy will be monitored by the following mechanisms:

- A cross-departmental and organisational Voluntary & Community Sector Strategy Steering Group taking forward and monitoring compliance with the strategy.
- An annual review of the action plan, to reflect the developments and current priorities, this will include self-assessment forms for both the public and voluntary sector partners.
- Progress will be reported on annually to the relevant Portfolio Holder and feedback will be provided to all partners via the Steering Group.

The intended period of this strategy is 5 years; therefore, a complete review of the strategy is expected in 2017.

If you would like further information on this strategy please contact the David Frame, Neighbourhood Manager on 01429 523034.

Appendix 1: Dispute Resolution

Voluntary & Community Sector Strategy

Dispute Resolution Flow chart - What to do when things go wrong

Identify what undertakings of the Voluntary and Community Sector Strategy you believe have been breached. Is the organisation a signatory to the Voluntary and Community Sector Strategy.

No → To improve partnership working, share lessons learnt with the VCS via Infrastructure Organisation.

Yes

Arrange a face to face meeting with a member of the Steering Group to discuss your concerns and understand the other party's position. Focus on interests and issues rather than demands.

Resolved

Not Resolved

Meet again or involve other members of both organisations to try to find a resolution.

Resolved

Not Resolved

Use external neutral mediation service.

Make a written complaint in line with the relevant organisation's complaints procedure.

Resolved

Not Resolved

Follow the organisation's complaints appeal process.

Resolved

Not Resolved

Consider referral to a higher authority e.g. Ombudsman.

Resolved

The Voluntary and Community Sector Steering Group will review any case studies referred to them in order to learn lessons and inform the ongoing development of the Voluntary and Community Sector Strategy . The Steering Group will also keep a log of all disputes.

Hartlepool Voluntary and Community Sector Strategy
2012 - 2017

HARTLEPOOL
BOROUGH COUNCIL

HEALTH AND WELLBEING BOARD

24th June 2013

Report of: Director of Public Health

Subject: COMMUNICATION AND ENGAGEMENT STRATEGY

1. PURPOSE OF REPORT

1.1 To agree the draft Communication and Engagement Strategy (Appendix A) and agree to the establishment of a Communications and Engagement group that will lead on the delivery of the strategy. The Board are also asked to note the proposed draft action plan (Appendix B) and draft campaign calendar for 2013 / 14 (Appendix C).

2. BACKGROUND

2.1 It was previously agreed by the Shadow Health and Wellbeing Board to develop a Communication and Engagement Strategy to;

- Inform people about the role of the board
- Promote the work of the Board including ways in which this will be communicated to the wider public
- Engage with members of the public, key partners and the VCS so that they will be able to contribute to the work of the Board

2.2 Partners were also asked to provide information to the Performance and Partnerships Team identifying their existing channels for communications and public engagement. This exercise identified a broad range of mechanisms that partners currently utilised including; magazines, publications, bulletins, websites, social media, local press and resident forums / focus groups.

3. DRAFT COMMUNICATION AND ENGAGEMENT STRATEGY

3.1 The draft Communication and Engagement Strategy is attached as Appendix A. The Board are asked to agree the draft and provide feedback were necessary.

3.2 In order to drive forward the delivery of the strategy it is proposed that the Board establish a Communications and Engagement Group which will be

lead by HBC Public Relations Team. The group would consist of representatives from communication teams from partner organisations. The proposed group will be responsible for the development and delivery of the communication Strategy Action Plan (Appendix B) together with the planning and delivery of the annual campaign calendar (Appendix C). The group will also undertake evaluations of campaigns to monitor their effectiveness and feedback to the Board on a regular basis.

4. RECOMMENDATIONS

4.1 That the Board agree the draft Communications and Engagement Strategy and provide feedback where necessary.

4.2 That the Board agrees the establishment of a Communication and Engagement group and nominate members from their respective organisations to take part.

4.3 Note the draft action plan and campaign calendar and agree the proposed Communication and Engagement group develop these further.

5. REASONS FOR RECOMMENDATIONS

5.1 Coordinated communication and engagement are integral to the success of the Health and Wellbeing Board in achieving its vision. The proposals laid out here intend to ensure that this is achieved.

6. CONTACT OFFICER

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Public Health Department
Hartlepool Borough Council
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Louise.wallace@hartlepool.gov.uk

Alastair Rae, Public Relations Manager
Chief Executives Department – Corporate Strategy
Hartlepool Borough Council
(01429) 523510
Alastair.Rae@Hartlepool.gov.uk

Hartlepool Health & Wellbeing Board

Communication and Engagement Strategy

2013-2016

Foreword

This is the Communication and Engagement Strategy for the Hartlepool Health and Wellbeing Board.

It outlines how the Board will communicate and engage with the residents of Hartlepool, our wider partners and others to achieve our vision for the town.

Effective communication and meaningful engagement – both internally and externally - are vital to identifying, understanding and tackling the health issues affecting local communities.

Failure to communicate and engage properly is likely to mean that the services we provide may not be those that are needed or wanted and do not have the impact on improving the health of Hartlepool residents that is intended.

This strategy sets out our objectives, our guiding principles and the key methods of communications and engagement that we need to use if we are to have a positive influence on the health of the Borough.

Contents

Our strategic priorities

- **Give every child the best start in life**
- **Enable all children and young people to maximise their capabilities and have control over their lives**
- **Enable all adults to maximise their capabilities and have control over their lives**
- **Create fair employment and good work for all**
- **Ensure healthy standard of living for all**
- **Create and develop healthy and sustainable places and communities**
- **Strengthen the role and impact of ill health prevention**

Our commitment to communications and engagement

This strategy aims to ensure that we:

- Promote the Board's vision and values, highlight its activities and publicise its successes.
- Increase public awareness of the Board and inform people about how they can get involved in its work and feed in their views.
- Provide feedback on how their views are being taken into account and to show accountability for the Board's decisions.
- Ensure open and honest communication with local people and stakeholders, taking into account the diverse needs of the population.
- Encourage greater involvement in the Board's work by hard to reach groups within our communities, highlight the importance of inclusion and outline the Board's work in tackling disadvantage.
- Co-ordinate the messages of partners to ensure consistency.
- To support the national/regional agendas promoted by organisations such as Public Health England, Balance and Fresh North East and to localise campaigns to reflect the needs of Hartlepool people.
- Health campaigns
- Promotion of healthy lifestyles

Guiding principles for effective communications and engagement

If communication and engagement is to be effective we must:

- Ensure all communication is of the best quality
- Be honest, open, transparent and accountable
- Use plain language that is jargon-free and expressed simply
- Build and maintain trust by delivering strong and consistent messages linked to our vision and values
- Encourage and support good two-way communication and engagement by listening to partners and communities and promoting participation
- Ensure that our communication and engagement activity is equally accessible to all, using a variety of formats where practical and reasonable
- Maximise our resources to provide cost-effective, high-quality information.
- Use existing networks and forums for consultation and whenever possible share resources and coordinate consultation activity.

Who do we want to communicate and engage with?

Target audiences (external)

- People who live and work in Hartlepool
- Organisations working in and for the benefit of Hartlepool
- Employers
- The media
- Regional and national organisations
- Other Health and Wellbeing Boards
- Central Government
- Anyone who wants to know about the work and best practice of the Board

Target audiences (internal)

- Board members, the Strategic Partners Group and other theme group members
- All teams and agencies involved with the Board
- All partner organisations, including those represented on the Board

Methods of communication

- Proactive press releases – these will be issued to newspapers (local, regional and national), radio (community, local and national), television (regional and national) and specialist publications.
- Regular pages in Hartlepool Council's Hartbeat magazine.
- Paid-for advertising in the local media/council magazines.
- Social media – primarily Facebook and Twitter
- Inter-active media – You Tube videos, text messaging, websites, staff intranets
- Printed information – leaflets, posters, brochures, information stands
- Correspondence – letters and e-mails
- Meetings – agendas, minutes, reports and supporting documents
- Images – screensavers, DVDs, CDs, logos, photographs, charts and illustrations
- Events – Annual General Meetings, workshops, displays/presentations, conferences, monthly staff briefings, presentations to residents' associations and other local interest groups
- Feedback – questionnaires, evaluation, listening, Healthwatch representative, partner organisation representative, voluntary and community sector representative
- Audio information – telephone, word of mouth
- Staff induction

Methods of engagement

- Formal consultations
- Surveys in clinics and GP practices
- On-line surveys
- iPads at events and in waiting areas for quick surveys
- Focus groups and workshops
- Public events and meetings, with information and feedback stalls at open community events
- Local patient satisfaction surveys
- Monitoring of complaints, compliments and queries

Responsibility for communication

Everyone who makes up the Board has a responsibility for implementing the commitment to effective communication and engagement.

The Health and Wellbeing Board will:

- Agree and adopt a vision for the health and wellbeing of Hartlepool through the Health and Wellbeing Strategy
- Spread messages and actively promote the Board to their own organisations/constituents/partnership groups
- Apply the principles of the Board
- Ensure involvement and consultation is open to all
- Agree the principles of communication
- Listen and provide feedback on how views are taken into account
- Provide communications appropriate to the diverse needs of our community
- Share our achievements
- Create, develop and spread messages
- Facilitate Voluntary and Community Sector (VCS) and patient involvement

All partners will:

- Maintain a two-way flow of communication to ensure that everyone is kept well informed
- Advise of the copy dates for their publications
- Advise of opportunities for joint working
- Advise of their communication and consultation activity
- Provide publicity and display material
- Manage or facilitate public relations or media campaigns
- Provide skills and expertise in specialist areas where possible

- Monitor and evaluate communication activity

Communications and Engagement Teams in partner organisations will:

- Be aware of the vision and values of the Board
- Spread the Board's messages
- Help to facilitate the flow of information to and from the Board

Implementing the communications and engagement strategy

The strategy sets out where the Health and Wellbeing Board aims to be in terms of communications and engagement. In order to implement this strategy and establish how we will get to where we want to be an annual Action Plan will be developed. This will set out in detail the activities needed to fulfil our commitment and improve the way we communicate with the people of Hartlepool, our partners and others.

The Communications and Engagement Group of the Health and Wellbeing Board will be responsible for the development and delivery of the communication Strategy Action Plan together with the planning and delivery of the annual campaign calendar. The group will also undertake evaluations of campaigns to monitor their effectiveness and feedback to the Board on a regular basis.

Ref.	Action for improvement	Key contact	Support requirements (what and by who)	Date to be completed	Milestone(s)
	Identify required resources to implement Communications & Engagement strategy and allocate accordingly	A.Rae	Potential staffing	June 2013	
	Develop social media platforms to help spread key health messages	A.Rae		March 2014	Twitter followers/Facebook likes etc
	Establish a Communication and Engagement Group comprising other relevant agencies	A.Rae		July 2013	
	Ensure that joined up internal mechanisms are in place to ensure a co-ordinated approach and consistency of message	A.Rae		July 2013	
	Ensure that mechanisms are in place to ensure that key health messages are disseminated across the relevant health partners	A.Rae		August 2013	
	Implement the health campaign calendar and maximise awareness within the Hartlepool community and beyond	A.Rae		March 2014	

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
	Seasonal Changes	**End of School**		**Back to School**			**Christmas**				**Easter**		
	Key External Dates												
Priority Outcome	**Campaign**												
Give every child the best start in life	National Childhood Obesity Week												
	Anti-bullying Week												
	World Breastfeeding Week												
Enable all children and young people to maximise their capabilities and have control over their lives	Schools' Pedestrian Training												
	Bikeability Cycle Training												
Enable all adults to maximise their capabilities and have control over their lives	Stoptober												
	Bladder/Kidney Early Diagnosis												
	Breast Cancer Awareness Month												
	Stroke Fast Response												
	International Day of the Older Person												
	HELP GP Referral Scheme												
Ensure a healthy standard of living for all	Change4life - Get Going this Summer												
	Change4life - Back to School												
	Childhood Injury Prevention												
	Hearty Lives Campaign												
	New Year, New You Fitness Campaign												
	World Mental Health Day												
	Healthy Eating Promotion												
Create and develop healthy and sustainable places and communities													
Strengthen the role and impact of ill health prevention	Alcohol Reduction - Know Your Limit												
	Smoking Cesation - Ongoing Campaign												
	World Alzheimers Month												
	Lung Cancer - Early Dignosis												
	Diabetes Awareness - EDAN Campaign												

HEALTH AND WELL BEING BOARD

24th June 2013

Report of: Director of Public Health

Subject: BOARD WORK PROGRAMME

1. TYPE OF DECISION/APPLICABLE CATEGORY

NON KEY

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present to the Health ad Well Being Board a proposed work programme for 2013/14.

3. BACKGROUND

3.1 The first formal meeting of the Health and Well-Being Board on 24th June 2013, provides an opportunity for the Board to consider a work programme for 2013/14.

3.2 The need for a work programme was identified at the Board development session held on 22nd April 2013. Members of the Board felt a work programme would allow the Board to be focused on key health and well being issues and plan dedicated time into the Board agenda to address these issues.

4. KEY ISSUES

4.1 It should be noted that the work plan does not replace the Council forward plan. All key decisions as required by the Council Constitution must be made public in the forward plan.

4.2 Members of the Board may wish to note that development of the work programme is an iterative process, and members are urged to bring forward items for inclusion in the work programme as they become aware of them.

5. RECOMMENDATIONS

5.1 Members of the Board are asked to endorse the Board work programme.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure the Board has a comprehensive work programme.

7. CONTACT OFFICER

7.1 Louise Wallace
Director of Public Health
Hartlepool Borough Council
4th Floor Civic Centre

louise.wallace@hartlepool.gov.uk

Date	Time	Item Number	Agenda	Venue	Pre Agenda Deadline	Final Meeting Deadline
05-Aug-13	10am		Measles Update Tobacco Charter Tees Valley Legacy Servcies Document	Civic Centre Hartlepool	17-Jul-13	25-Jul-13
16-Sep-13	10am		Consideration of Action Plan (prior consideration of A&G in Nov) Children's Strategic Partnership Terms of Reference	Civic Centre Hartlepool	28-Aug-13	05-Sep-13
28-Oct-13	10am			Civic Centre Hartlepool	09-Oct-13	17-Oct-13
09-Dec-13	10am			Civic Centre Hartlepool	20-Nov-13	28-Nov-13
27-Jan-14	10am			Civic Centre Hartlepool	08-Jan-14	16-Jan-14
10-Mar-14	10am			Civic Centre Hartlepool	19-Feb-14	27-Feb-14
28-Apr-14	10am			Civic Centre Hartlepool	07-Apr-14	14-Apr-14

HEALTH AND WELLBEING BOARD

24 June 2013

Report of: Scrutiny Manager

Subject: POTENTIAL TOPICS FOR INCLUSION IN THE AUDIT AND GOVERNANCE STATUTORY SCRUTINY HEALTH WORK PROGRAMME

1. PURPOSE OF REPORT

1.1 To invite the Health and Wellbeing Board to suggest topics for consideration / inclusion in the work programme for the Audit and Governance Committee in relation to the statutory scrutiny area of health.

2. BACKGROUND

2.1 The Audit and Governance Committee are due to compile / agree their work programme for the statutory scrutiny area of health for the 2013/14 Municipal Year. The Committee will be setting its work programme at its meeting of 27 June 2013.

2.2 The Committee would like to invite the Health and Wellbeing Board to suggest topics for investigation that may complement their own work programme for the year or be an area of particular interest to help improve the health and wellbeing of the people of Hartlepool.

3. PROPOSALS

3.1 Suggested topics have been sought from the Council's Director of Public Health, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust. The topic that has been suggested is Chronic Obstructive Pulmonary Disease (COPD).

3.2 The Hartlepool Joint Strategic Needs Assessment (JSNA) identifies COPD as a key issue. COPD is a chronic disabling disease which causes a gradual decline in lung function, with increasing episodes of chest infections and exacerbations as the condition progresses. It is a general term which includes chronic bronchitis and emphysema. It mainly affects people over the age of 40 and risk increases with age. Smoking is the main cause in the vast majority of cases.

3.3 COPD is incurable but treatments help to slow down the decline in the lung function, so early diagnosis and support for effective self-management and self-care can help patients live an active life. About 835,000 people in the UK are currently diagnosed with COPD and an estimated 2.2 million people have the condition but do not know it.

3.4 COPD is the fourth biggest killer in the UK, the second most common cause of emergency admissions to hospital and one of the most costly in-patient conditions treated by the NHS.

3.5 In Hartlepool, there is a decreasing trend in the number of deaths from COPD but the number of people with COPD is increasing, placing additional demand on services.

3.6 This topic has been suggested because it will help improve services and raise awareness of COPD. The key issues relating to COPD are as follows:-

(a) The estimated prevalence of COPD in Hartlepool is 4.3% but only 2.7% of the population has been diagnosed. This suggests that about 1,250 people with COPD remain undiagnosed.

(b) There is a lack of community awareness of COPD and its risk factors.

(c) There are high numbers with undiagnosed COPD that may lead to increased complications, ill health and health inequalities and inefficiency.

(d) The number of people with COPD is increasing, placing additional demand on services.

(e) There are variations in the quality of diagnosis and management of COPD among general practices.

(f) The COPD emergency admission rate in Hartlepool is higher than the England average.

(g) The capacity and capability of current services to cope with the projected increase in the number of people with COPD, from a recorded prevalence of 2.7% in 2010 to 4.4% in 2020.

(h) There is low awareness of lung health and COPD in communities that are at high risk, for example, current and ex-smokers and women.

(i) There is inequitable access to high quality spirometry in primary care and community settings.

4. RECOMMENDATIONS

4.1 That Members of the Health and Wellbeing Board:-

(a) consider whether COPD is an effective topic suggestion to put forward to the Audit and Governance Committee for consideration as part of the Committee's 2013/14 work programme; and

(b) put forward any further topic suggestions for consideration by the Audit and Governance Committee for consideration as part of the Committee's 2013/14 work programme

5. REASONS FOR RECOMMENDATIONS

5.1 To input into the development of an effective Audit and Governance Work Programme to complement the work of other bodies, rather than duplicate.

6. BACKGROUND PAPERS

Tees JSNA – http://www.teesjsna.org.uk/national-requirements/

7. CONTACT OFFICER

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

24 June 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Subject: CENTRALISATION OF EMERGENCY MEDICAL AND CRITICAL CARE SERVICES AT UNIVERSITY HOSPITAL NORTH TEES - PUBLIC CONSULTATION

1. PURPOSE OF REPORT

1.1 To provide the Board with an update on the public consultation, the rationale for the proposed changes and to provide an opportunity for discussion by the Board in respect of the implications of the proposals.

2. BACKGROUND

2.1 Following proposals put forward by North Tees and Hartlepool NHS Foundation Trust in relation to the reconfiguration of services to ensure sustainability of Critical Care and Acute Medical services at the University Hospital Hartlepool, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST) commissioned an independent review by the National Clinical Advisory Team (NCAT). The NCAT review confirmed that the proposals were necessary to maintain safety and quality of services for our local community and that there was no other option but to centralize services on the North Tees hospital site. The team provided assurance that the changes would result in safer services for local people that would be sustainable and affordable. The change is expected to be an interim arrangement until the new single site hospital is in place.

2.2 The commissioners and the Trust have therefore commenced a 12 week public consultation on the proposals.

3. PROPOSALS

3.1 It is proposed that Critical Care, Acute Medical Services and some complex surgery is centralized on the North Tees Hospital site. This will also mean

that in addition some support staff from pharmacy, radiology and estates will also need to be transferred to North Tees.

3.2 This change will affect about 30 Hartlepool and Easington patients per day. 97% of health care contacts will remain in Hartlepool.

3.3 The changes will mean that the University Hospital Hartlepool will become a centre for diagnostics, day case and low risk surgery and will increase rehabilitation beds so that patients can recover closer to home.

4. PUBLIC CONSULTATION

4.1 The Public Consultation commenced on the 20th May and will run until 11th August 2013. The consultation aims to gather views on the proposals and to understand concerns about the proposed changes. A copy of the consultation document is attached.

4.2 The consultation questions include:

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
iii) What do you think are the main things we need to consider in putting the proposed changes in place?
iv) Is there anything else you think we need to think about?

5. RECOMMENDATIONS

5.1 The Board receives the update on the consultation and discusses the implications of the proposed changes.

6. REASONS FOR RECOMMENDATIONS

6.1 This is a significant proposal to changes in local health services and partner organisations may require the opportunity to increase their understanding of the rationale for the changes and consider the impact on local people in the context of the Health and Wellbeing Strategy.

7. BACKGROUND PAPERS

The full NCAT report and consultation papers are available on the CCG website at www.hartlepoolandstocktonccg.nhs.uk

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

North Tees and Hartlepool NHS
NHS Foundation Trust

Providing safe and high quality care leading up to the opening of the new hospital

Consultation document - 20 May - 11 August 2013

Providing safe and high quality care leading up to the opening of the new hospital

A consultation on how best to ensure people have access to the safest and best quality, acute medical and critical care they need, in the lead up to the opening of the new hospital by:

Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

North Tees and Hartlepool NHS Foundation Trust

Consultation begins 20 May and ends 11 August 2013

If you require this information in another language or format please contact us on 01642 666815

Arabic 01642 666815 إذا احتجت لهذه المعلومات بلغة أخرى أو تنسيق آخر، فالرجاء الاتصال بنا على

যদি আপনি এই তথ্য যে কোনো ভাষাতে বা ফর্মেটে চান তাহলে, অনুগ্রহ করে 01642 666815 নম্বরে আমাদের সাথে যোগাযোগ করুন। Bengali

若您需要本資料的其他語言版本或格式，請與我們聯絡，電話 01642 666815 Cantonese

यदि आपको यह जानकारी किसी अन्य भाषा अथवा फॉर्मेट में चाहिए तो कृपया 01642 666815 पर हमसे सम्पर्क करें। Hindi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫ਼ਾਰਮੇਟ ਵਿਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 01642 666815 'ਤੇ ਸੰਪਰਕ ਕਰੋ। Punjabi

اگر آپ کو یہ معلومات کسی دیگر زبان یا شکل میں چاہئیں تو برائے مہربانی ہم سے 01642 666815 پر رابطہ قائم کریں۔ Urdu

Why are we carrying out this consultation?

The commissioners' view

Dr Boleslaw Posmyk
Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

Dr Paul Williams
Stockton-on-Tees locality lead, Hartlepool and Stockton-on-Tees CCG and governing body member

Dr Mike Smith
Hartlepool locality lead, Hartlepool and Stockton-on-Tees CCG

Dr Stewart Findlay
Chief clinical officer, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

We are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new hospital opens in 2017.

We buy these services from the hospitals for local people and we are responsible for their safety and quality. As commissioners we cannot wait until a problem arises before acting. Our job is to look forward and try to prevent problems from happening because this is in the interest of patients and everyone we serve.

We asked the National Clinical Advisory Team to visit us to listen to the doctors, nurses and managers, patient representatives, politicians and other stakeholders so they could give us an independent view of the situation and what we should do about it.

The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. Our team was lead by Dr Chris Clough from Kings College Hospital, London.

We now have a copy of the National Clinical Advisory Team report and this is why we are now holding this consultation.

The report said we should:

- work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible
- explain to the public what this means for them, which is why we are including a number of examples later in this document
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital

The provider's view

Dr Suresh Narayanan
clinical director for anaesthetics and critical care

Dr Jean MacLeod
clinical director for medicine

North Tees and Hartlepool NHS Foundation Trust

As the doctors who lead medicine and critical care in the trust, we are becoming increasingly concerned about our ability to provide safe services across our two hospital sites until the new hospital opens.

We are passionate about providing the safest, highest quality care possible and to meeting or exceeding the standards expected by the Department of Health, professional organisations, the deanery (which is responsible for organising the training of tomorrow's doctors) and most of all our patients.

While our services are safe and good quality today we want to ensure they will continue to be in the years to come. We want to ensure we can continue to provide excellent care for all our patients in the short, medium and long term – the type of care we would want for ourselves and our loved ones - but when our medical and nursing colleagues tell us they are concerned, then we have to act.

We raised these concerns at the highest level in the trust and, quite correctly, the trust raised these concerns with our commissioners who buy this care from our trust.

Together, as commissioners and provider, we are totally committed to ensuring that patients from the area we serve - Hartlepool, Stockton and parts of Easington and Sedgefield – can rely on the same standard of service regardless of where they live.

Had the new hospital opened its doors in 2014 as originally planned then we would have been bringing medical and nursing teams together now to be ready for the move to the new hospital. As things stand the new hospital is now expected to open in 2017 and we know things cannot stay as they are until then because:

- quite rightly, safety and quality standards continue to rise, but it is becoming increasingly difficult for us to keep pace with these requirement on two sites
- the way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills
- like the rest of the NHS we need to bring services together to ensure we can achieve the same standards of care for everyone living in the area served by our trust

Already, because of advances in medicine many patients from our area already go past their local hospital for their emergency medical care. For example:

- patients who have had a stroke are all taken to the University Hospital of North Tees where we can offer the latest treatments seven days a week, 365 days a year. We used to provide these services seven days a week at the University Hospital of North Tees but were only able to provide them Monday to Friday, 9am until 5pm, at the University Hospital of Hartlepool which was unfair on people from Hartlepool and Easington because strokes don't just happen in working hours. Because we have brought the skilled doctors who can carry out these treatments together we can now provide these services for everyone we serve.
- patients who have had certain types of heart attack are assessed at the scene and taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

Both of these advances in medicine give patients a better chance of survival and recovery. As doctors we want local people to have access to the very best care available. This does mean this care cannot always be on the doorstep but in the modern NHS we have to accept that, while we can have most of our straightforward care provided locally, we have to travel for more specialist care.

It's also important to remember that most of the care provided by the health service is already provided in GP surgeries, local clinics and in people's homes and, under the *momentum: pathways to healthcare* programme, this will continue. We are beginning to take advantage of new technologies like telehealth where people can monitor their own health at home supported by a highly skilled team of community nurses. We already have many excellent examples of where this is working well and preventing people from having to be admitted to hospital. Medicine is advancing all of the time and we want to ensure we can offer the latest and best services and technologies to local people.

We are working closely with our commissioners because they, as the people who buy your care, and we, as the people who provide your care, have the same aim; that is to make sure your care is of the very best standard, wherever you live in the area we serve.

The important thing for you to know is, once the changes have been made, you do not need to do anything different. If you are unwell you will either contact your doctor or ring 999, just as you would today. Ambulance paramedics will assess you when they arrive and, if appropriate, begin treating you. They will make sure you get to the right place and to the right experts for any further treatment and care you need.

This is why we are joining Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group to explain why things need to change but also to listen to any concerns you may have so we can address them.

How did we get to where we are now?

In 2008 what were then Hartlepool Primary Care Trust and North Tees Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust began the *momentum: pathways to healthcare* programme.

The programme came about because the then Secretary of State for Health carried out a large national public consultation to ask people how they would like health care to be in the future. The results of this large national consultation became the White Paper *Our health, our care, our say*

People said they wanted:

- to be kept fit and healthy and for the health service to step in early if people start to become ill
- care given close to or in their own homes
- a health service that fits in with their lives, not the needs of the health service
- only to go to hospital if they couldn't be looked after nearer home or at home

There were other reasons too:

- people are, fortunately, living longer but they are often living with a number of health problems and the local health service has to change the way it works to ensure it can provide the type of care local people need
- the doctors, nurses and other health professionals want to continually improve care and that means they have to change the way they work to do this by:
  - making waiting times shorter
  - providing more services in GP practices and town centre clinics
  - making services safer
  - working in increasingly specialised teams to make the best use of their skills and resources
- the way doctors are trained has changed and the organisation responsible for training will only send their doctors to work and train in areas where they will get the right experience to improve their skills

The *momentum: pathways to healthcare* programme is made up of three things:

- changing and transforming the way the local health service works to provide better, safer care for patients
- providing a network of community and town centre facilities
- building a new hospital to replace the University Hospital of Hartlepool and the University Hospital of North Tees

The new hospital

The new hospital is the final piece of the *momentum* jigsaw

The government offered public funding for the new hospital in March 2010. However the new government withdrew this funding in June 2010. The government said it realised there was a need to build the new hospital but the organisations who buy services on behalf of local people and the trust needed to find a different way to pay for it.

This means that, instead of the new hospital being open in 2014 as planned, it is now expected to open in 2017.

Doctors providing emergency medical and critical care at North Tees and Hartlepool NHS Foundation Trust told the commissioners that, while they could have made arrangements to keep the two hospitals' emergency medical wards and critical care open until 2014, they simply cannot do this until 2017. They said they want to take the interim step of centralising emergency medical wards and critical care at the University Hospital of North Tees until the new hospital opens to keep services to the high standards we all want and expect.

As commissioners and providers of care our main concern is safety and quality and we are becoming increasingly uncomfortable with the current situation because we know the services in the two hospitals are increasingly unequal. This is making it impossible to provide the levels of safety and quality we would all want in the longer term

We are doing our very best to minimise these inequalities but, because of the increasingly high standards of care required, this is becoming a major challenge and we all know we cannot keep providing the type of care patients deserve with things the way they are.

This is because:

- it is becoming more and more difficult to staff medical rotas on two sites
- the standards of care required are, quite rightly, rising continuously

What we are proposing to do

After much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed with us that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.

Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool but we do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more low-risk operations and other treatments in the University Hospital of Hartlepool for local people. However we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.

We know this proposal will worry and disappoint some people but as the organisations which are responsible for your services we cannot allow this situation to go on any longer and we know these changes should be made.

How it will work

Leading up to the proposed changes we would:

- open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
- make extra space in critical care so we can look after critically ill patients;
- we would then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool and;
- transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates who need to come to the University Hospital of North Tees to support the new arrangements.

Patient stories

The National Clinical Advisory Team said we should set out how things would work in future if these proposals are implemented.

Here are some examples

Elsie's story

Elsie, 75, from Greatham is feeling unwell. She has had heart problems for a while but today she feels very short of breath, her daughter is worried about her and phones her GP. The GP calls at the house and decides Elsie needs to be in hospital. The GP tells the hospital he would like Elsie brought in during the next two hours. The ambulance arrives and takes Elsie to the emergency assessment unit at the University Hospital of North Tees where she is assessed by the doctor in charge. The doctors diagnosed an irregular heart beat and start Elsie on drugs to treat it. She is also put on a heart monitor and observed by nurses for the next 24 hours. The doctor says Elsie can go home and her daughter comes to collect her. The nurses make Elsie an appointment to see the heart specialist in outpatients at the University Hospital of Hartlepool the following week.

George's story

George, 80, from Hartlepool, has a painful swollen leg. He is worried about this and phones 999. The ambulance takes him to the ambulatory care unit which is part of the emergency assessment unit at the University Hospital of North Tees He is diagnosed with a deep vein thrombosis. While in the ambulatory care unit he is started on blood thinning drugs. A specialist nurse explains to George that he will have to take the drugs for several weeks. The doctor says George can go home. A nurse arranges for George to be taken home by ambulance. The district nurse visits George at home to see how is doing until he is fully recovered.

Jason's story

Jason, 45, from Easington, has diabetes had a fluttering feeling in his chest and was dizzy. He thought he was going to faint so he called 999. The ambulance paramedic carried out an ECG (a heart test) at Jason's house. The ECG showed that Jason wasn't having a heart attack but he did need medical attention so the ambulance brought him to the emergency assessment unit at the University Hospital of North Tees. Jason was put on heart monitoring equipment and was given drugs to stabilise his abnormal heart beat. The doctor said Jason could go home once he was stabilised on the treatment but he needed to see a heart specialist to get to the bottom of the problem so an appointment was made for him to see a heart specialist at the University Hospital of Hartlepool the following week.

John's story

John, 75, has diabetes. He was feeling ill because his diabetes was out of control and he phoned 999. The ambulance paramedic assessed him at home and then he was brought to the University Hospital of North Tees. A doctor specialising in diabetes was able to see him straightaway and he was given the appropriate drugs to stabilise his diabetes. He stayed in overnight for observation and was allowed home the next day. He saw the diabetes specialist in outpatients the following week to ensure his diabetes was stable.

Mary's story

Mary, 70, is taken ill and her son phones 999. The ambulance takes Mary to the University Hospital of North Tees where she is diagnosed with pneumonia. Mary becomes worse and she has to be transferred to critical care for intensive medical support. After two days Mary is improving and she is transferred back to the ward. After three days Mary is allowed to go home with support from the community team who give her intravenous (a drip) antibiotics every day for the next 10 days until she has fully recovered.

Sharon's story

Sharon, 47, from the Fens, Hartlepool, noticed her leg was red and sore. She also felt feverish. She went to her GP who said she needed to be seen by a hospital doctor. Her husband took her to the ambulatory care unit at the University Hospital of North Tees, part of the emergency assessment unit. A doctor assessed Sharon's leg and the soft tissue infection was diagnosed as cellulitis. She was started off on a drip of antibiotics while in the ambulatory care unit and after further observations she was allowed home four hours later. The unit arranged for the rapid response nurses to go to Sharon's home to give her intravenous antibiotics each day Three days later she came back to the ambulatory care unit to see the doctor who was happy with how the soft tissue infection was clearing up. He recommended intravenous antibiotics until the end of the week and the rapid response team came to Sharon's house daily to give the treatment until the infection cleared up. This saved Sharon and her husband several trips to hospital.

Betty's story

Betty, 90, from Easington ,was confused and unable to get out of bed and her son called the GP. The GP thought Betty should be in hospital and asked for her to be admitted in the next two hours. The ambulance brought Betty to the emergency assessment unit at the University Hospital of North Tees where she was assessed by doctors. Betty had a urine infection which was making her confused so doctors started her on antibiotics. Doctors arranged for Betty to be transferred to the step down ward at the University Hospital of Hartlepool in a ward staffed by highly skilled nurses and therapists. It was becoming clear that Betty was having difficulty managing in her own home and discussions began so Betty could move to a home specially set up to meet her needs. Her family were pleased that they could visit her easily in the two weeks she stayed in hospital.

Transport

When the new hospital is built

Looking on a map, the new hospital (signified by the red dot) is centrally located in the area we serve. At the moment it is a green-field site on what we know is a very busy junction off the A19/A689. But the plans for the new hospital are supported by a comprehensive public and private transport plan and we are committed to ensure the new hospital is easily accessible for all.

As things are now

We know people may not find it easy to get to the University Hospital of North Tees for emergency care or to the University Hospital of Hartlepool for a planned operation. We know it can be difficult for people to visit their loved ones.

North Tees and Hartlepool NHS Foundation Trust's council of governors has a transport committee which is already working on improving transport for patients, visitors and staff.

So far the trust has:

- set up joint working with Hartlepool Borough Council to improve transport
- recruited a team of volunteer drivers to help people with transport problems to access hospital services
- ordered two 17-seater buses so it can increase the cross-site shuttle bus service

Please tell us about your concerns and if there's anything else we could be doing so we can try to address them.

Publishing the report

On 15 May we shared the report of the National Clinical Advisory Team with all the people the independent experts met when they visited the area in January.

At that meeting we listened to the questions and comments and we have added them to this document so we can ensure that we address all of these issues.

- People were disappointed that services could not stay in two separate sites and the doctors explained why this was the case. They also explained that they had done many things to try and preserve services on two sites but that was becoming increasingly difficult to do.
- The main concern was transport and people told us that it was very difficult for people to get to the University Hospital of Hartlepool from Stockton and to the University Hospital of North Tees from Hartlepool and Easington, especially by public transport. There were issues about the ambulance patient transport service which does not start until 8.30am. This is a problem for people who have early appointments and makes it impossible for people to get to hospital on time when they are already worried and distressed about their treatment. We promise we will look into this urgently.
- People wanted to know if we would scrap the plans if the public consultation resulted in local people being unhappy about the changes. We said we were going into the consultation with an open mind and we were not prepared to say what we would do until we had heard everyone's views at the end of the consultation.
- People thought we didn't try hard enough to put things right in Hartlepool. We explained that we had done as much as we possibly could to put things right and we were left with no option but to centralise services to keep them safe for the future.
- People thought the North Tees and Hartlepool NHS Foundation Trust paid different rates of pay and gave shorter contracts to doctors working at the University Hospital of Hartlepool. This is not true. All doctors working at the trust have a trust-wide contract and are expected to work at either hospital.
- People thought the people of Hartlepool were being let down. The doctors explained that they would be letting people down if they allowed the current situation to continue.
- People thought that no more joint replacements would be done at the University Hospital of Hartlepool. This is not correct. The trust's doctors explained that they intend to continue carrying out joint replacement at the University Hospital of Hartlepool with the only exception being where patients had many medical problems because those patients need the back up of critical care so the operation can be carried out safely.
- People thought that the people of Stockton might suffer if all of the services were brought together. The trust's doctors said things would actually improve for everyone if the services were brought together.
- People thought the consultation is a done deal. The clinical commissioning group explained that, while they believe the changes need to go ahead, they do want to listen to people's views.
- People thought the National Clinical Advisory Team were the hatchet men. The National Clinical Advisory Team is a team of independent medical experts who do not know the organisations and who come in, look at the evidence in front of them and speak to doctors, nurses, managers, patient representatives, politicians and other stakeholders. No health organisation can persuade the National Clinical Action Team to say anything it doesn't want to say.

What this consultation is about

We want to get your views on our proposals and understand your concerns about the proposed changes and we would particularly like you to answer the following questions for us:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
3. What do you think are the main things we need to consider in putting the proposed changes in place?
4. Is there anything else you think we need to think about?

We know for example that people could be concerned about how they get to the hospital to visit their loved ones. We promise we will listen to these concerns and we will work with the local authorities and others to do whatever we can to help.

Please use the time in the 12 weeks of the consultation to tell us your views. You can do this by:

Writing us an email and send it to: **communications@tees.nhs.uk** or,

Writing to:

Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

or by coming to one of the meetings we have organised, see the website at:
www.hartlepoolandstocktonccg.nhs.uk for more details

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

North Tees and Hartlepool NHS
NHS Foundation Trust

HEALTH AND WELLBEING BOARD

24 June 2013

Report of: Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Assistant Director Adult Social Care, Hartlepool Borough Council

Subject: WINTERBOURNE VIEW

1. PURPOSE OF REPORT

The purpose of this report is to provide an update on actions identified following publication of the Winterbourne View Hospital report and Concordat (Dec 2012) to provide assurance of collaboration between Health and the Local Authority.

2. BACKGROUND

2.1 This Department of Health review responded to criminal abuse at Winterbourne View hospital revealed by the BBC Panorama programme in May 2011. It is equally concerned with the care and support experienced by all children, young people and adults with learning disabilities or autism who also have mental health conditions or behave in ways that are often described as challenging.

2.2 The picture from investigations and reviews, and from people who use services, their families, and the groups which represent them whilst good in some places have been found too often to fall short. The review found widespread poor service design, failure of commissioning, failure to transform services in line with established good practice, and failure to develop local services and expertise to provide a person-centred and multidisciplinary approach to care and support.

2.3 The main actions identified for commissioners through the review and concordat are:

- Complete and maintain a register of patients from 31st March 2013
- Identify patients who are placed within in learning disability inpatient services

- Ensure patients within Learning Disability inpatient beds have received an appropriate review that addresses the areas detailed within the concordat by May 31st 2013
- From these reviews identify patients that are within 'inappropriate' placements
- Agree a plan for move on with all parties, including patient/family advocates
- Develop commissioning plans with Local Authority partners to move patients identified to community based setting by June 2014

2.4 A recent letter sent to all Health and Wellbeing Chairs identified that Health and Wellbeing Boards could play a pivotal role in delivering the commitments of the Winterbourne View Concordat (**Appendix 1**), particularly in relation to joint commissioning plans and pooled resources.

3. UPDATE

3.1.1 **PATIENT REGISTERS –** Have been completed to identify all people with a learning disability in receipt of NHS funded care. This includes all adults and children, joint and fully funded packages of care, and those in forensic services.

3.1.2 The on-going maintenance of the register is being developed to ensure that there is a single point of information and that this is routinely maintained and validated.

3.2 REVIEWS

3.2.1 Standard clinical reviews have been completed for all patients identified within inpatient settings. The requirements within the concordat advise that the review should have a wider scope and must include families/advocates and the person in determining an agreed plan for discharge.

3.2.2 In order to ensure the reviews meet the requirements and inform commissioning plans, a local template has been developed. This will ensure that the format and content of the review is patient centred, accessible, and identifies the key components to inform move on planning. An independent review team will be working to complete this throughout May 2013.

3.2.3 There are 3 patients that have been currently identified from the Hartlepool area (out of 16 across Tees) as part of this process. Individual service designs, commissioned recently to support repatriation work, have been provided for 2 of these people and an enhanced review is in the process of being completed for the remaining person. All 3 are within Tees Esk and Wear Valley NHS Trusts' Assessment and Treatment services.

3.2.4 The current package costs range for this group of people depending on whether their placements are within block contracts or single contracted

packages of care but are among the most complex and high cost packages in this patient group.

3.3 NEXT STEPS

3.3.1 Due to the complexity of people within this identified co-hort, many of whom have been within services for significant periods of time and present with behaviours that are currently very challenging to services, the detailed planning to progress to long term solutions will be undertaken with Local Authority partners and the Mental Health and Learning Disability Provider Trust (TEWV).

3.3.2 A joint commissioning group is in place with partners to develop plans, consider the outcomes of each of the reviews, and ensure that there is a consistent and agreed approach to progress this work.

3.3.3 Each of the enhanced reviews and recommendations will be carefully considered by the group and decisions reached with regard to whether move on planning will be required as part this specific work plan by June 2014.

3.3.4 A letter received from Chris Bull, Chair of the Winterbourne View Joint Improvement Board asks Clinical Commissioning Groups (CCG's) and Health and Wellbeing boards to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally (**APPENDIX 2**)

3.3.5 A joint plan will then be developed to deliver this work once the individual patient requirements are known; this will also include the review of existing inpatient assessment and treatment bed requirements for the future.

3.3.6 It is important to note that this work will be on-going as there remains a flow of people that will make the transition through to adult services with the same level of complexity and associated specialist requirements, whose needs will require careful planning and commissioning. Transitions' planning is in place between Health and Local Authority partners with the aim of mapping future demand, informing investment requirements, and preventing out of area placements.

4. IMPLICATIONS AND RISKS

4.1 The timescales identified nationally for Winterbourne are a particular pressure given the complexity of the people identified, and the risk of re-admission throughout this programme remains high. Service design, procurement, commissioning and transition plans are key deliverables to achieve safe long term solutions.

4.2 The market within Teesside requires significant development with regard to workforce training and culture. A range of new or re-developed community providers are required to meet the needs of this vulnerable and challenging

group of people. The procurement process also forms part of a regional discussion with the Learning Disability Clinical Network.

4.3 Each person identified will require individually designed and commissioned long term solutions. Bridging and transitions plans and the further development of the community infrastructure will require recurring additional investments from CCGs

4.4 Capital investment may also be required to deliver the individualised provision and this is further recommended by the Concordat through the development of pooled budgets with Local Authorities.

4.5 Failure to ensure that the move on provision is robust, well planned, and has intensive intervention support can result in placement breakdown and further re-admission.

5. FINANCIAL CONSIDERATIONS

5.1 Impact assessment work is underway with TEWV which could potentially suggest that the current investment in assessment and treatment provision is re-provided into community services to support delivery of this work and prevent re-admission through placement breakdown.

5.2 Any additional resource requirements are unknown at this point

6. RECOMMENDATIONS

6.1 To receive the update and assurance that plans are in place to work collaboratively between the Clinical Commissioning Group and the Local Authority to develop the long term solutions for these patients.

6.2 To agree the update of progress against key winterbourne view concordat commitment (appendix 2)

7. REASONS FOR RECOMMENDATIONS

7.1 The update demonstrates that joint working has commenced that will ensure that the requirements of the Winterbourne View Review will be managed effectively and in partnership, including the use of resources to deliver the best solutions for this group of vulnerable people.

8. BACKGROUND PAPERS

Appendix 1 – Letter from DH re: Delivery of the Winterbourne View Concordat and review commitments

Appendix 2 – Winterbourne View Joint Improvement Programme (Stocktake)

9. CONTACT OFFICER

Donna Owens on behalf of Hartlepool and Stockton-on-Tees CCG
Neil Harrison on behalf of Hartlepool Borough Council, Child & Adult Service

31 May 2013

Dear Chief Executive,

Winterbourne View Joint Improvement Programme – Local Stocktake

I am writing to you to ask for your assistance in completing a stocktake of progress against the commitments made in the Winterbourne View Concordat which was signed by a broad range of agencies and organisations.

The Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

You will recall that the Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

The purpose of the stocktake therefore is to enable local areas to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally.

Given his personal interest in the programme, Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) explaining the significant leadership role that HWBs should play in ensuring that the Concordat commitments are achieved. We are therefore sending this stocktake to local authorities given your leadership role in Health and Wellbeing Boards.

However, this stocktake is not simply about data collection but is to assist in your discussions locally with Clinical Commissioning Groups (CCGs) and other key partners including people who use services, family carers and advocacy organisations, as well as providers. The stocktake can only successfully be delivered through local partnerships. We would specifically ask that the responses are developed with local partners and shared with your Health and Wellbeing Board. We would also ask that CCG's sign off the completed stocktake.

The stocktake is also intended to enable local areas to identify what support and assistance they require from the Joint Improvement Programme. The core purpose of the programme is to work alongside local commissioners to enable you to deliver your local plans. Further information on the Winterbourne View Joint Improvement Programme is available on the Local Government Association Website

The deadline for the completed stocktake is Friday 5th July 2013. The stocktake should be returned to Sarah.Brown@local.gov.uk if you require any further information or have any questions please send these to Sarah Brown in the first instance.

I am fully aware that there will be other requests for information over the next few months relating to progress with Learning Disabilities and Autism. The Winterbourne View Programme will work to ensure that we do not ask for information that is duplicated elsewhere, as the purpose of this stocktake is to ensure support is provided to local areas and that we work together to deliver commitments in the Concordat.

Yours sincerely

Chris Bull

Chair of the Winterbourne View Joint Improvement Board

Cc
Chairs of Health and Wellbeing Boards
CCG Accountable Officers
CCG Clinical Leaders
Directors of Adult Social Service
Directors of Children's Services
NHS England Regional and Area Directors

APPENDIX 2

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

APPENDIX 2

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	An established Tees Integrated Commissioning Group is taking the lead with representation from the respective LA's and Tees CCG's.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	The Tees Commissioning group has established a task and Finish Group linked to WBV, and includes representation from Education / Health / Social Care and links to ambitions within the Housing Care & Support Strategy.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	All Individuals have been identified, individual Service design has been commissioned which aims to inform local need, this will include scope to increase / improve local housing for people with complex needs		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes, reports are provided and will be monitored through the Learning Disability Self Assessment Framework.		
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	An initial report will be presented to H&WBB on 24th June 2013 and subsequent progress reports will be presented as required.		
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The terms of Reference for the existing Tees Integrated Commissioning Group will be reviewed to include local resolution processes		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Yes, reports already progressed through CCG, Safeguarding Boards, H&WBB and Local Area Team is involved in particular supporting a Tees Review of Advocacy		

1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	Yes, Concerns that OR processes may limit the scope of the work to Residential Care, with particular pressure on LA's who have A&T units within their locality.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Yes, Individual Service Design, and Advocacy are areas where additional expertise has been sourced.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Current indicative costs have been presented and shared		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Still work required to determine how to progress in particular with CHC / Section 117 MH Act / and Tees risk Share cases		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	No S75 in place, good effective local arrangements are informal		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No pooled budget but shared resources, good evidence where this has worked but on informal basis.		
2.5 Have you agreed individual contributions to any pool.	No		
2.6 Does it include potential costs of young people in transition and of children's services.	N/A		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Nothing scoped as yet, requires formal agreement, will be directed by outcomes of ISD's		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team.	Co-located (TEWV NHS Trust – HBC LD social wok team)		
3.2 Is there clarity about the role and function of the local community team.	Some recent changes linked to Payment by results not fully understood		
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes		
3.4 Is there clarity about overall professional leadership of the review programme.	No, seen as a shared response, but areas such as Court of Protection, legal costs etc still to be ratified.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes, independent Individual Service Designs (ISD's) commissioned form Nationally recognised organisation with good track record.		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes, agreed on the numbers of people who will be affected, further work will be explored as part of ISD process		

4.2 Are arrangements for review of people funded through specialist commissioning clear.	No, risk share protocol in place for some but specialist commissioning process not clear.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	The work is informally monitored through the Learning Disability Partnership Board (LDPB) with attendance by Local Healthwatch, Advocacy providers, local organisations; no formal plan is in place as yet.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Yes, commissioners are confident that0 registers across Health and Social Care are being used effectively		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Yes, the Tees Integrated Commissioning group meet regular to update and identify the key leads for individuals		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Advocacy is available to all, however those placed in out of area (Sub – region) often miss out on Advocacy as contracts do not extend to some of those individuals.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	ISD's are commissioned by an independent organisation with a good track record. This information forms the basis of the review. HBC approach to personalisation is well established across Social Work teams.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	Reviews are holistic and will include support plans with specific guidance to support individuals, including best approaches to understand behavioural support.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	Yes, all of the people identified have had a review, some will require follow up reviews include further progress updates following ISD's. (ongoing process)		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Yes, all of the people placed out of area are regularly reviewed, attendance at safeguarding meetings prioritised and where concerns are raised action taken to mitigate the risk		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Regular monthly allocation meetings are held and individuals discussed with Housing, supported process through Choice based letting and for those with distinct / specific Housing preference information is presented at a Strategic Housing Care and Support Group meeting.		

5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	Yes, commissioners monitor CQC reports and regular updates are presented to Adult Services Committee, including quarterly safeguarding statistics.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Report presented to both the Tees Valley Safeguarding board, the Hartlepool Adults Safeguarding board, paper for information is required to update the Children's board.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Members of the board are aware of the process, the concordat recommendations and are regularly appraised regarding concerns / alerts. An established complex case panel provides additional opportunity to track and monitor complex case issues, give direction to Social Workers and develop multi agency strategies where appropriate.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	Yes, the Tees Integrated Commissioning group has set up a task and finish group supporting the recommendations of the WBV concordat		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	Hartlepool Community Safety partnership, neighbourhood leads are currently supporting officers on a potential new scheme to support people returning back to their local area.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	CQC regular attend safeguarding meetings, attend regular business update meetings with contracts and commissioning and are routinely copied into all safeguarding alerts		
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Commissioning intentions are formed on the basis of ISD outcomes.		
6.2 Are these being jointly reviewed, developed and delivered.	Yes		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Yes registers identify both fully funded CHC, joint funded and LA track people placed out of area (for example HBC LD currently OOA 15)		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	The Tees integrated Commissioning Group Terms of reference reflect the ongoing need to work in collaboration for existing people and those that may		

	require support in the future		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	No formal plans in place, contract discussion with Specialist Health providers continue		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	Discussions and initial source costs have been identified, there is work required to understand potential future costs for Health and Social Care		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Changes are being made to implement a new Advocacy framework form April 204.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Work progressing on a local delivery plan		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	The commitment is clear, however timescales are causing some concern, where new facilities may be required (eg. Purpose built provision / changes in contracts etc)		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	The definition of 'appropriate' requires further clarification, issues around what MHRT and local commissioners may see as 'appropriate'		
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Discussion underway in respect of the impact assessment of moving people closer to their own localities		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Yes, contractual arrangements in place, scoping exercise to improve this linked to new contracts from April 2014		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes at present Hartlepool has 19 BIA assessors registered.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Yes, this is linked to the potential to change and divert resources from A&T to Community crisis teams.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Not progressed, recently set up partnership meetings with Acute and Mental Health FT. WBV has been an agenda item and will require further discussion		
8.3 Do commissioning intentions include a workforce and skills assessment development.	Not progressed as yet		x

9. Understanding the population who need/receive services			
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges. 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Work is being developed with IPC to look at developing a robust market position statement based on data from JSNA, local consultation and provider feedback. Yes, diversity and equality are included as an integral part of the ISD process		

APPENDIX 2

10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Tees integrated Commissioning group considers the needs of Children and young people as well as adults. The Hartlepool Transitions Operation Group (TOG)track and monitor young people in order to inform future commissioning arrangements.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis. 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	Providers have been briefed informally, a Provider event is planned for Tees to support local market positions statements A Previous provider event identified Gaps in specialised LD and Forensic provision, further work is required to review provision for Hartlepool and across Tees Tees Commissioners are developing a new Tees Advocacy services following the recommendations from WBV and subsequent 'working together for change ' reviews		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name……

Organisation……..

Contact……

Signed by:

APPENDIX 2

Chair HWB ……

LA Chief Executive ……..

CCG rep…….