

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 31 October 2013

at 9.30 am

**in Committee Room B,
Civic Centre, Hartlepool.**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. MINUTES

- 3.1 To confirm the minutes of the meeting held on 3 October, 2013 (to follow).

4. AUDIT ITEMS

No items.

5. STANDARDS ITEMS

No items.



6. STATUTORY SCRUTINY ITEMS

- 6.1 Exploration of Potential Options for Engagement with Alternative Health Trusts – Verbal Update - *Leader of the Council and Chair of the Health and Wellbeing Board*
- 6.2 Tees, Esk and Wear Valleys NHS Trust - Victoria Road – Update – *Director of Operations*
- 6.3 Re-offending Investigation:-
 - (a) Setting the Scene:-
 - i) Covering Report – *Scrutiny Manager*
 - ii) Joint Presentation by the Community Safety Team and Durham Tees Valley Probation Trust
 - (b) Re-offender Health and Service Provision:-
 - i) Covering Report – *Scrutiny Manager*
 - ii) Presentations by the:
 - Director of Public Health; and
 - Dave King - Commissioning Manager - Substance Misuse (NHS England)
 - (c) Focus Group Verbal Update – Views and Experiences of Re-offenders – *Scrutiny Manager*
- 6.4 Feedback from the Oversight Group for the Implementation and Evaluation of Acute Medicine and Critical Care Reconfiguration – *Scrutiny Manager*

7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD

- 7.1 Minutes from the meeting held on 16 September 2013

8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH

- 8.1 Extract from the meeting held on 19 September 2013

9. MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.



11. REGIONAL HEALTH SCRUTINY UPDATE

No items

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION:

Date of next meeting – 28 November at 9.30 am in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE MINUTES AND DECISION RECORD 3 OCTOBER 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

Present:

Councillor Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Stephen Akers-Belcher, and Brenda Loynes.

Co-opted Members: Mr Norman Rollo and Ms Clare Wilson.

Also Present: In accordance with Council Procedure Rule 5.2;
Councillor Paul Beck as substitute for Councillor Linda Shields.

Councillor Carl Richardson.

Stephen Thomas and Zoe Sherry, Hartlepool Healthwatch.

Officers: Andy Graham, Public Health Registrar
Laura Stones, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

26. Apologies for Absence

Councillors Robinson and Shields.

27. Declarations of Interest

None.

28. Minutes of the meeting held on 20 September 2013

In relation to Minute 65 "Safer Hartlepool Partnership Performance - Quarter 1", a Member commented that the issue of the withdrawal of Police Officers from 173 York Road was to be discussed at the forthcoming meeting of the Neighbourhood Services Committee.

The Chair reported that as requested at the meeting on 20 September he had written to the Chair of the Neighbourhood Services Committee, Councillor Jackson, and that a letter was to be sent to the Police and Crime Commissioner (PCC).

The Vice-Chair, Councillor Akers-Belcher, commented that as the removal of the Police Officers from 173 York Road was likely to be an operational issue, would it also be appropriate to write to the Chief Constable asking her for an explanation of the decision and details of the numbers of personnel located at the Divisional Headquarters in Avenue Road and also details of the numbers of members of the public attending 173 York Road and the numbers of incidents of crime and anti-social behaviour reported to the officers located at those premises.

The Chair agreed that the letter to the PCC should also be sent to the Chief Constable, as that while it was most likely an operational decision that was leading to the proposed withdrawal of officers from 173 York Road, it would be for Cleveland Police to confirm this.

Councillor Richardson, one of the Council's appointed members of the Cleveland Police and Crime Panel (PCP) indicated that he had received a letter from Councillor Brash following the meeting of this committee on 20 September seeking details of the discussions and decisions taken by the PCP in relation to 173 York Road. Such decisions were not within the remit of the PCP. Its role was to hold the PCC to account. In turn, the PCC's role was to hold the Chief Constable to account. The PCP had not discussed 173 York Road.

At the conclusion of the debate it was agreed that a further letter be sent from the Chair of the Committee to the Chief Constable and that the information / details requested by the Vice-Chair be obtained.

The minutes were then confirmed.

29. Minutes of the meeting held on 24 September 2013

Confirmed subject to the addition of apologies for absence from Councillor Fisher and Ms Clare Wilson.

30. Audit Items

None.

31. Standards Items

None.

32. Scrutiny Investigation into Chronic Obstructive Pulmonary Disease; Setting the Scene (*Scrutiny Manager and Public Health Registrar*)

The Public Health Registrar gave a presentation to the Committee outlining

the principle issues for Members information. These included: -

- Chronic Obstructive Pulmonary Disease (COPD) is the name for a collection of lung diseases, including chronic bronchitis and emphysema.
- Smoking is the main cause of COPD. At least four out of five people who develop the disease are, or have been, smokers.
- The symptoms COPD usually develop over a number of years and many people are unaware that they have the condition.
- COPD does not usually become noticeable until after the age of 35.
- Being diagnosed early allows appropriate treatment, advice and help to be provided.
- To assess how well the lungs work, a breathing test called spirometry is carried out.
- There is no cure for COPD, but treatment can help slow the progression of the condition and reduce the symptoms.
- An increase in breathlessness is common during an 'exacerbation'. This is usually treated by increasing short-acting bronchodilators and possibly by steroid tablets and often results in A&E attendance.
- About 20% of emergency hospital admission associated with patients without a previous known COPD diagnosis. COPD is the second most common cause of emergency admissions to hospital; one of the most costly inpatient conditions treated by the NHS and is the fifth biggest killer in the UK. It is thought there are over 3 million people living with the disease in the UK, of which only about 835,000 have been diagnosed.
- COPD causes around 23,000 deaths in England each year, with one person dying from the condition every 20 minutes.
- The second most common cause of emergency admissions to hospital
- One of the most costly inpatient conditions treated by the NHS.
- The second most common cause of emergency admissions to hospital.
- One of the most costly inpatient conditions treated by the NHS.
- COPD is highest in areas experiencing higher levels of deprivation due to the higher levels of risk factors in these areas.
- Many people who develop symptoms of COPD do not seek medical help, often dismissing their symptoms as a 'smoker's cough'.
- COPD is more common in men than women but the rate of COPD among women is increasing.
- Tees COPD Screening Programme; The 'Missing Thousands' – was about the systematic early identification of patients with undiagnosed long term conditions.
- Tees COPD Screening Programme - Wider availability and use of spirometry/micro-spirometry to screen patients in primary care and community.
- General Practice COPD Screening Process - Face-to-face risk assessment aimed at people aged 35 years and over who are current smokers.
- Generally, there is a decreasing trend in the number of deaths from COPD in Hartlepool, though the number of people with COPD is

- increasing, placing additional demand on services.
- Community Respiratory Assessment and Management Service (CRAMS) based at the One Life Centre provides high-quality care in the community setting.
- Unmet needs included; the need to develop sustainable community based peer education activities for people who have been through the professional-led structured educational programmes, equitable access to high quality spirometry in primary care and community settings, end of life care for patients with COPD, and access to preventative services such as Stop Smoking Services and Sport and Leisure, particularly for targeted groups.

The Chair commented that he had recently had his first spirometry test though did wonder how with the prevalence of this illness it had taken so long before receiving the test. As heavy industry had declined significantly in the town, smoking was the most likely cause of COPD diagnoses and the chair questioned what actions were being taken to reduce the numbers. The Public Health Registrar indicated that reducing the numbers of smokers and tackling the 'industry' created around the tobacco industry in creating new smokers by targeting young people had to be addressed. Early identification of COPD sufferers and reducing the numbers that presented to A&E departments was also a major target.

Members acknowledged that identifying sufferers before they presented to A&E would be extremely difficult but the recent advertising campaigns such as "every breath you take" and the current "Stoptober" campaign did target smokers and highlighted the dangers of smoking and COPD and how early diagnosis could make a significant difference. The Vice-Chair commented that one of the very strong messages that was included in the Stoptober campaign, and one that would resonate with people, was the amount of money smokers could save by quitting. It was quite easy for many to be better off by £250 a month through quitting.

Members questioned the numbers of COPD sufferers that had not been smokers but had contracted the disease through environmental factors, such as working in heavy industry or living close to industrial sites. The Public Health Registrar commented that it was easy to paint all COPD sufferers as smokers but there were significant numbers that had contracted the disease through their work or other environmental causes.

It was important to note that significant inroads into early diagnosis had been made with health professionals but there was still the case that 20% of all A&E attendances related to COPD. Members were concerned that without an A&E department in the town these patients were having to go to North Tees Hospital and questioned if such cases could be dealt with at the OneLife Centre. The Public Health Registrar stated that he could not recommend that known or potential COPD sufferers attended the OneLife Centre during an exacerbation. The North Tees Hospital with its specialist Respiratory Assessment Team was the most appropriate venue.

The Healthwatch representative indicated that the community respiratory assessment and management service (CRAMS) run in conjunction with the British Lung Foundation at Hartlepool Hospital had developed a very good reputation with patients. It was understood that there were high levels of COPD in the BME (Black, Minority and Ethnic) communities and the Healthwatch representative indicated that it may be useful within the investigation to determine what level of work with these groups was in place in Hartlepool.

The Chair thanked the Public Health Registrar for his very informative presentation. The Chair commented that as well as the obvious chronic debilitating effects of COPD that should be highlighted to young smokers, maybe the financial saving they could make through quitting smoking may be the message that has the most effect with them.

Recommended

That the report, presentation and discussions be noted.

33. North Tees and Hartlepool NHS Foundation Trust's Quality Account 2013/14 – Committee Response (Scrutiny Manager)

The Scrutiny Support Officer reported that at the meeting on 22 August 2013, Members received a presentation from the Assistant Director of Nursing, Quality, Patient and Public Engagement at NTHFT in relation to their Quality Account for 2013/14. During the presentation, the Trust recommended that the priorities from last year should be rolled forward for 2013/14. While significant change had been achieved through the priorities, it was considered that the work was not yet complete. The recommended priorities were:-

- (i) Patient Safety (covers dementia care, safeguarding adults, infection control)
- (ii) Effectiveness of Care (covers discharge processes – information, discharge processes – medication, discharge processes – safe and warm, nursing dashboard)
- (iii) Patient Experience (covers End of Life Pathways and Patient Voice, is our care good (patient surveys), Friends and Family recommendation)

During the meeting Members were asked what they would like to see changed or added to the 2014 – 2015 priorities and the following items were discussed:-

- (i) Discharge processes: Co-ordination between the hospital, GPs, district nurses and the local authority still remains an area for improvement.
- (ii) Dementia Services: training needs: The improvements in services around dementia were welcomed. However, some concerns were raised around training provided to nursing staff in relation to

dementia awareness.

- (iii) Patient experience: Members welcomed the word bubble approach and asked for all comments to be reflected in the word bubbles.

The Committee was therefore asked to identify three priorities to forward onto the Assistant Director of Nursing, Quality, Patient and Public Engagement for consideration as part of NTHFT's Quality Account for 2014/15.

The Healthwatch Representative commented that in addition to the comments made by Members, Healthwatch had become aware of difficulties being experienced when elderly patients were discharged from hospital and returned home to sheltered accommodation. It was clear that appropriate information was not being shared with the wardens at such complexes so they were often unaware of the needs of the elderly person when they returned.

The Chair indicated that this issue along with the comments made at the meeting on 22 August be forwarded to the Trust in supporting the priorities from last year being rolled forward for 2013/14.

Recommended

That the Assistant Director of Nursing, Quality, Patient and Public Engagement at NTHFT be informed that the Committee supports the roll forward of the priorities from 2013/14 to 2014/15 as suggested, together with the comments made by Members in relation to the priorities around discharge procedures and dementia awareness training.

34. Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees August 2013 (Scrutiny Manager)

The Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees August 2013 was submitted for the Committee's information.

Recommended

That the CQC bulletin be noted.

35. Minutes from the Recent Meeting of the Health and Wellbeing Board

The minutes of the meeting of the Health and Wellbeing Board held on 5 August, 2013 were received.

36. Minutes from the Recent Meeting of the Finance and Policy Committee Relating to Public Health

None.

37. Minutes from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 29 July 2013 were received.

38. Minutes from Recent Meeting of Safer Hartlepool Partnership

The minutes of the meeting held on 19 August 2013 were received.

39. Regional Health Scrutiny Update

None.

40. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 10.40 am.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

31 October 2013



Report of: Scrutiny Manage

Subject: EXPLORATION OF POTENTIAL OPTIONS FOR
ENGAGEMENT WITH ALTERNATIVE HEALTH
TRUSTS – VERBAL UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce an update from the Leader of the Council and Chair of the Health and Wellbeing Board in relation to the exploration of potential options for engagement with other Health Trusts.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee submitted a report to Full Council on the 5 September, outlining its views and recommendations following consideration of the consultation outcome regarding the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.
- 2.2 The Committee outlined in its report a series of recommendations, all of which were accepted and approved by Full Council. One of these recommendations / actions was that *'potential avenues to engage / work with other Trusts to achieve better clinical outcomes for residents be explored and that as the first stage of this process, the Leader of the Council and the Chair of the Health and Wellbeing Board be invited to a future meeting of the Audit and Governance Committee to outline and discuss proposals'*.
- 2.3 In line with the request from Council as detailed above, the Leader of the Council and Chair of the Health and Wellbeing Board have accepted an invitation to attend today's meeting to provide the Committee with an update in relation to the exploration of potential proposals.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee note the update provided by the Leader and Chair of the Health and Wellbeing Board.

Contact Officer:- Joan Stevens – Scrutiny Manager
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Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Minute No.12 – Full Council held on the 5 September 2013; and
- (ii) Report and Minutes of the Audit and Governance Committee held on 22 August 2013.

AUDIT AND GOVERNANCE COMMITTEE

31 October 2013



Report of: Scrutiny Manager

Subject: TEES, ESK AND WEAR VALLEY NHS
FOUNDATION TRUST – VICTORIA ROAD -
UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce an update report from Director of Operations (Tees, Esk and Wear Valleys NHS Trust) regarding the proposed closure of mental health services at Victoria Road and consultation process to be followed.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 22 August 2013 received a presentation updating the Committee on potential changes to the provision of mental health services in the Trust area, which would result in the closure of the rehabilitation unit at Victoria Road, Hartlepool.
- 2.2 Following discussions at the meeting on the 22 August 2013, David Brown, Director of Operations for the Tees, Esk and Wear Valleys NHS Trust, will be in attendance at today's meeting to present a further update report (attached at **Appendix A**) and seek the Committees views as part of the consultation process.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee note the update and express any views they may wish for inclusion in a formal response to the consultation.

Contact Officer:- Joan Stevens – Scrutiny Manager
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Minutes of the Audit and Governance Committee held on 22 August 2013.

Improving Mental Health Rehabilitation Services for Adults**October 2013****Overview**

In August, Tees Esk and Wear Valleys NHS Trust (TEWV) indicated to the Audit and Governance Committee at Hartlepool Borough Council that there were challenges in maintaining the full use of the current rehabilitation facility at Victoria Road. There were planned a number of discharges from the unit and it was anticipated that there could be no residents remaining by October/ November 2013.

During August and September the Trust has continued its plans for supporting residents into suitable accommodation and at the end of September the last resident left the unit. The unit is temporarily closed whilst we monitor the impact of these changes. Plans are now in place to make the building secure and review with staff their alternative employment options.

As part of the process North East Commissioning Support (NECS) have reviewed the service implications arising from the temporary closure and have agreed that an engagement process with key stakeholders and local people should be undertaken to ensure that there are opportunities to comment on the impact. They have suggested that an engagement process should be undertaken. The timeline for this process is 4- 6 weeks and an outline of the process is tabled below:

31 October 2013	Engagement Period starts	Audit and Governance Committee Meeting
31 December 2013	Engagement Period completed	
1 January 2014 – 14 January 2014	Review of Comments and consideration of issues	Report compiled outlining key issues/ monitoring requirements
14 January – 31 March 2014	Monitoring process ongoing against key parameters identified from engagement process	
20 March 2014	Report complied	Return to Audit and Governance Committee Meeting with update and impact assessment from closure of Victoria Road.

A number of stakeholders will be written to outlining the plans for the engagement process and requesting feedback. NECS have agreed a covering letter (**Appendix A(1)**) and a briefing paper which will be circulated to these stakeholders.

The identified stakeholders are:

MPs – Hartlepool and Stockton-on-Tees
Local Authorities – Hartlepool and Stockton
Healthwatch – Hartlepool and Stockton
MIND – Stockton and Hartlepool
SURGE Stockton
The Link carers group Stockton
Hartlepool Carers
TEWV governors.

Recommendations:

The Audit and Governance Committee is asked to note the update and note the next steps for engagement for Victoria Road.

Dear

Improving mental health rehabilitation services for adults – proposed closure of Victoria Road, Hartlepool

I am writing to seek your views on the proposed closure of the service located at Victoria Road, Hartlepool. The Victoria Road facility provides continuing care and slow stream rehabilitation and includes accommodation for nine patients.

Over the past seven years, Tees, Esk and Wear Valleys NHS Foundation Trust has continued to develop and modernise its rehabilitation services in line with national guidance and best practice, including Royal College of Psychiatry guidelines. These developments have had a significant impact and resulted in a range of support being provided in the community and residents being moved to more suitable accommodation.

The accommodation at Victoria Road is in a good condition but rooms do not have en-suite facilities, which is a key requirement of modern mental health care units.

The number of residents at Victoria Road has been reducing over the last two years. At the end of September 2013 there were no residents and the facility was temporarily closed.

I have attached a more detailed briefing on the service and the background to our plan.

I would welcome your views on plans to close this centre and whether you feel there are any additional issues you think we need to consider at this time.

You can send your response to me at:

Communications and Engagement Team
Freepost RTGC-XBHS-JUSS
North of England Commissioning Support Unit
Teesdale House
Westpoint Road
Thornaby
Stockton on Tees
TS17 6BL

Or email: mynhstees@nhs.net

If you represent a group or organisation and would like someone to come along and talk to you and your colleagues in more detail about the plan, then please contact John Stamp, John.Stamp@tees.nhs.uk.

The deadline for responses is 31 December 2013.

Yours sincerely

Ali Wilson
Chief Officer

Detailed Briefing: Improving mental health rehabilitation services for adults – proposed closure of Victoria Road, Hartlepool

1. Introduction

In recent years we have seen significant changes in the way mental health rehabilitation services are delivered. The focus today is on working with individual service users to maximize their quality of life. This means helping them develop the skills they need to lead as independent and socially inclusive lives as possible, with appropriate support.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides mental health rehabilitation services across Teesside. Their focus is on the treatment and care of people with severe and complex mental health problems.

Over the past seven years the trust has continued to develop and modernise its rehabilitation services in line with national guidance and best practice, including Royal College of Psychiatry guidelines. This means making sure people get the care they need in the most appropriate environment.

These developments have had a significant impact on how they use their beds as many people have moved on to more suitable accommodation. The previous residents at Victoria Road in Hartlepool, which provides continuing care and slow stream rehabilitation, have now all moved on to alternative, more appropriate placements and the unit was temporarily closed at the end of September 2013.

We are closely monitoring the impact of this closure with TEWV and this includes seeking the views of local people.

This document provides more detailed information about the background and our plans for the future. We would welcome your views on our plans and any issues we need to consider.

2. What is mental health rehabilitation?

Mental health rehabilitation is about working with individual service users to maximize their quality of life. This means helping them develop the skills they need to lead as independent and socially inclusive life as possible, with appropriate support.

Each individual's recovery, like his or her experience of mental health problems or illness, is a unique and deeply personal process.

Rehabilitation services provide support for patients by assessing their mental health needs and then helping them on their recovery journey. This may include supporting an individual's transition from a care setting to a less supportive environment. Services offered include advice, assessment, diagnosis and treatment and providing a structured therapeutic environment, which can be beneficial for some people who are overcoming severe and enduring mental health problems.

3. Rehabilitation services at TEWV

TEWV provide rehabilitation services for people whose needs cannot be met by mainstream adult mental health inpatient services such as those provided at Lincoln Ward at Sandwell Park in Hartlepool. The focus is on the treatment and care of people with severe and complex mental health problems. Patients can spend months or years in these services, depending on their individual needs, as they are supported to gain or regain confidence and skills in everyday living.

The trust provides a range of rehabilitation inpatient services across Teesside:

Unit	Type of rehabilitation	Length of stay	Bed numbers and type
Lustrum Vale, Stockton on Tees	Complex care rehabilitation service	Up to 18 months	20 (mixed sex accommodation)
Park House, Middlesbrough	Rehabilitation	6 – 12 months	14 (mixed sex accommodation)
Victoria Road, Hartlepool	Continuing care / slow stream rehabilitation	+ 2 years	9 (mixed sex accommodation)
Kirkdale, Roseberry Park, Middlesbrough	Non forensic low secure	Approx. 18 months	16 beds (male)

TEWV has reviewed how its rehabilitation services operate. Their aim is to ensure that patients are not staying in hospital for longer than necessary and that they get the care and specialist input they need as quickly as possible. In particular, the focus has been on providing the appropriate community support so that patients can move from being in hospital to accessing a range of community services.

Work to date has included:

- more effective discharge planning with patients, family and carers
- working with providers of nursing care, residential care and supported living accommodation to help them support patients with complex mental health needs (this means patients have more choice about where they live)
- Working to maximise the independence of patients so that they can live as independently as possible
- Being clear about the aims and purpose of admission to the rehabilitation service so that the right patients receive intensive rehabilitation support to maximise their independence.
- Establishing a dedicated team to provide robust and intensive outreach work. The team are integrated into the rehabilitation units and their work commences immediately discharge planning begins and will continue for up to six weeks following discharge. They work closely with the community teams to ensure a smooth transition into a patient's new home.

Across the Trust they are developing rehabilitation services that focus on complex care and recovery and this work has already started in Teesside where they have also improved patient accommodation. (Services from Imperial Avenue in Stockton-on-Tees and Phoenix Lodge in Middlesbrough moved into Lustrum Vale in Stockton-on-Tees in 2011).

Victoria Road Hartlepool

Victoria Road was opened in 1996 to support people moving out of Winterton Hospital in Sedgefield. The original 12 bed unit reduced gradually over time to become a nine bed "slow stream" recovery unit where patients were staying for over two years. Additional services in the community were also developed to support patients with severe and enduring mental health problems.

Since then a number of other providers have demonstrated that they can also support patients with complex care needs in the community. This means that patients now have different housing and care options that may be more suitable for their needs. The number of residents remaining at Victoria Road has been reducing over the last two years.

In addition to the continuing care beds there are also four community support beds (crisis beds) at Victoria Road which were used as an alternative to inpatient admission.

The primary care team were also based at Victoria Road.

The accommodation at Victoria Road is in a good condition but rooms do not have en-suite facilities, which is a key requirement of modern mental health care units.

At the end of September there were no residents and the facility was temporarily closed.

4. The impact of these changes

Clear focus on recovery services

Creating a recovery focussed service that offers personalised care for patients means there is a clear focus on pathways into and out of rehabilitation services. We believe this will offer a better experience and outcome for patients.

Good use of tax payers money

Closing the unit on Victoria Road saves the trust, and ultimately the tax payer, money and means TEWV is able to make better use of its rehabilitation beds

Better environment

All patients will have access to modern facilities with en-suite facilities.

Supporting people to live in the most appropriate environment

People will get the care and support they need in the most appropriate , which will include hospital care when required. Rehabilitation services will continue to work with community teams to support people within their own homes, residential or nursing care homes. This will reduce the need for unnecessary hospital admissions.

Increased efficiency

Our improved approach to rehabilitation services means we are able to support more people on their recovery journey. More people are being admitted to our inpatient rehabilitation beds but they are able to move on to a more independent life more quickly.

Improved care and experience for patients in settled accommodation

We will continue to invest in our outreach services to provide support to people with mental health problems in the transition from our rehabilitation service to their future home. We will focus on making sure that the discharge is planned in a comprehensive manner and that other staff in community facilities (for example nursing or residential care) have the skills and support to help manage the patients with complex care needs.

5. Areas we need to monitor

Crisis Beds

The closure of Victoria Road included four community support (crisis) beds. These beds were available to residents of Stockton-on-Tees and Hartlepool and were used as an alternative to hospital admission when people were in crisis. There were a number of reasons for admission to these beds including self-harm, psychosis, anxiety, social factors and assessment of mental health.

More and more people are able (and want to) receive the care and treatment they need in their home environment. This includes receiving support when they are

experiencing a mental health crisis. TEWV have invested additional money into its crisis services in Hartlepool and Stockton-on-Tees and have developed their home treatment services to minimise admissions to hospital. If someone needs to spend time in hospital, they are admitted to Sandwell Park (Hartlepool) or Roseberry Park (Middlesbrough), depending on their clinical need.

We will closely monitor the impact of the changes to the crisis beds so that we can address any issues that arise. We have agreed to return to the Audit and Governance Committee at Hartlepool Borough Council in March 2014 with an update.

Access to rehabilitation services

TEWV offer a range of community and inpatient services for patients who require rehabilitation, with beds at Park House in Middlesbrough and Lustrum Vale in Stockton-on-Tees.

Their improved service means that they are able to support more people on their recovery journey, by providing a more personalised and effective rehabilitation service.

Over the coming months we will be monitoring the impact of the reduction of beds.

Primary care counselling

There were counselling rooms and clinics for the residents of Hartlepool as well as a base for the staff in Victoria Road.

These services are still provided locally in Hartlepool from a number of locations including the One Life Centre and GP practices. The new base for staff is Sovereign House in Hartlepool.

We do not believe this will have an adverse impact on local people or staff but we will monitor the impact over the next few months.

AUDIT AND GOVERNANCE COMMITTEE

31 October 2013



Report of: Scrutiny Manager

Subject: SCRUTINY INVESTIGATION INTO RE-OFFENDING:
SETTING THE SCENE - COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that officers from the Community Safety Team and Durham Tees Valley Probation Trust have been invited to attend this meeting to provide 'setting the scene' information in relation to the Committee's Reoffending investigation.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Committee on 20 September 2013, Members agreed the Scope and Terms of Reference for their forthcoming investigation into Re-offending.
- 2.2 Subsequently, appropriate officers from the Community Safety Team Durham Tees Valley Probation Trust will be in attendance at today's meeting to 'set the scene', as a starting point for the Committees re-offending investigation. As part of the joint presentation (attached at **Appendix A**), information provided will inc:
- The size / scale of re-offending (national, regional and local data / comparison);
 - The profile of repeat offenders (does reality match perception) including case studies;
 - Key factors influencing re-offending.
 - The complexity of issues / needs;
 - Where Hartlepool offenders are placed;
 - The potential impact of the economic climate on re-offending;
 - Potential gaps in service provision; and
 - Organisational Change (Transformation of Rehabilitation Strategy).

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented as a starting point for their investigation and seek clarification on any relevant issues where required.

Contact Officer:- Joan Stevens – Scrutiny Manager
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into Re-offending – Scoping Report' Presented to the Audit and Governance Committee on 20 September 2013.
- (ii) Minutes of the Audit and Governance Committee held on 20 September 2013.



Re-offending in Hartlepool

Clare Clark, Hartlepool Borough Council
Helen Vitty, Durham Tees Valley Probation Trust
Lisa Oldroyd, Hartlepool Borough Council

31st October 2013

Safer Hartlepool Partnership

- Crime & Disorder Act 1998
- Responsible Authorities
 - Local Authority
 - Police
 - Fire Brigade
 - Clinical Commissioning Group
 - Probation
- Statutory duty to work together to reduce crime, disorder, substance misuse and re-offending.
- Community Safety Strategy

Safer Hartlepool Partnership

Strategic Objectives 2011-14	Annual Priorities 2013-14
Reduce crime & repeat victimisation	<p>Acquisitive crime</p> <p>Domestic violence & abuse</p> <p>Support victims & reduce the risk of repeat victimisation</p>
Reduce the harm caused by drug & alcohol misuse	<p>Address substance misuse through a combination of prevention, control & treatment services</p>
Create confident, cohesive and safe communities	<p>Protect and support vulnerable victims & communities including victims of hate crime</p> <p>Improve public reassurance and fear of crime by actively communicating, engaging and working with local communities</p> <p>Continue to address anti-social behaviour at a neighbourhood level through effective multi agency working</p>
Reduce offending & re-offending	<p>Tackle offending and re-offending behaviour through a combination of prevention, diversion and enforcement activity underpinned by a strong multi agency approach</p>

Re-offending

- Transforming Rehabilitation: A Strategy for Reform
- Re-offending is a key issue for our communities
- Development of a local Re-offending Strategy

‘Ensure that local services are co-ordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe’

Measuring Re-offending

National Rationale

‘One of the main MoJ outcome measures for use by communities to hold local services providers to account’

- Bring all 6 measures into line
- Publication in one place
- Align the calculation
- Align the cohort
- Make comparison easier

The SINGLE Measure – Proven Reoffending

The Single Measure

The cohort (the offenders included in the measure):

- received a caution, reprimand or warning;
- received a court conviction other than immediate custody;
- were discharged from custody; or
- tested positive for Class A drugs on arrest
- within a rolling twelve month period.

Timescales

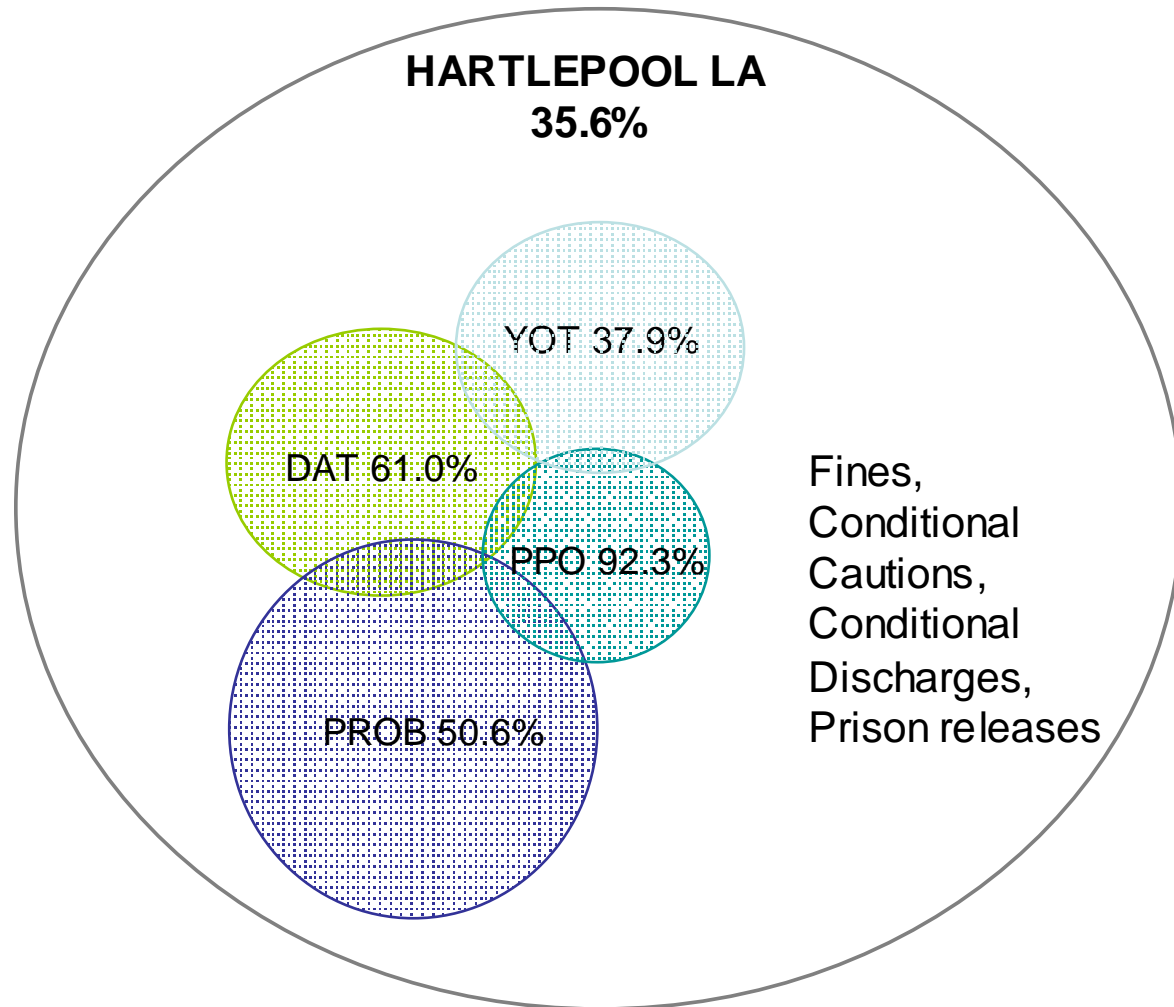
- Rolling 12 month period
- 12 months to reoffend, 6 months to bring to justice, 3 months to report = data that is nearly 2 years old when reported

Publication

- Quarterly

The Partnership Picture

HOW PARTNERS CONTRIBUTE TO PROVEN REOFFENDING



Data Analysis

- 12 month time period – April 2012 to March 2013
- Hartlepool specific
- Offenders
 - ✓ Charges
 - ✓ Cautions & Warnings
 - ✓ Tested Positive for Class A drugs on arrest
- Multi-agency data matching exercise
- Limitations

Offenders in Hartlepool

1704 Offenders

93% Adults

7% Juveniles



19% Female

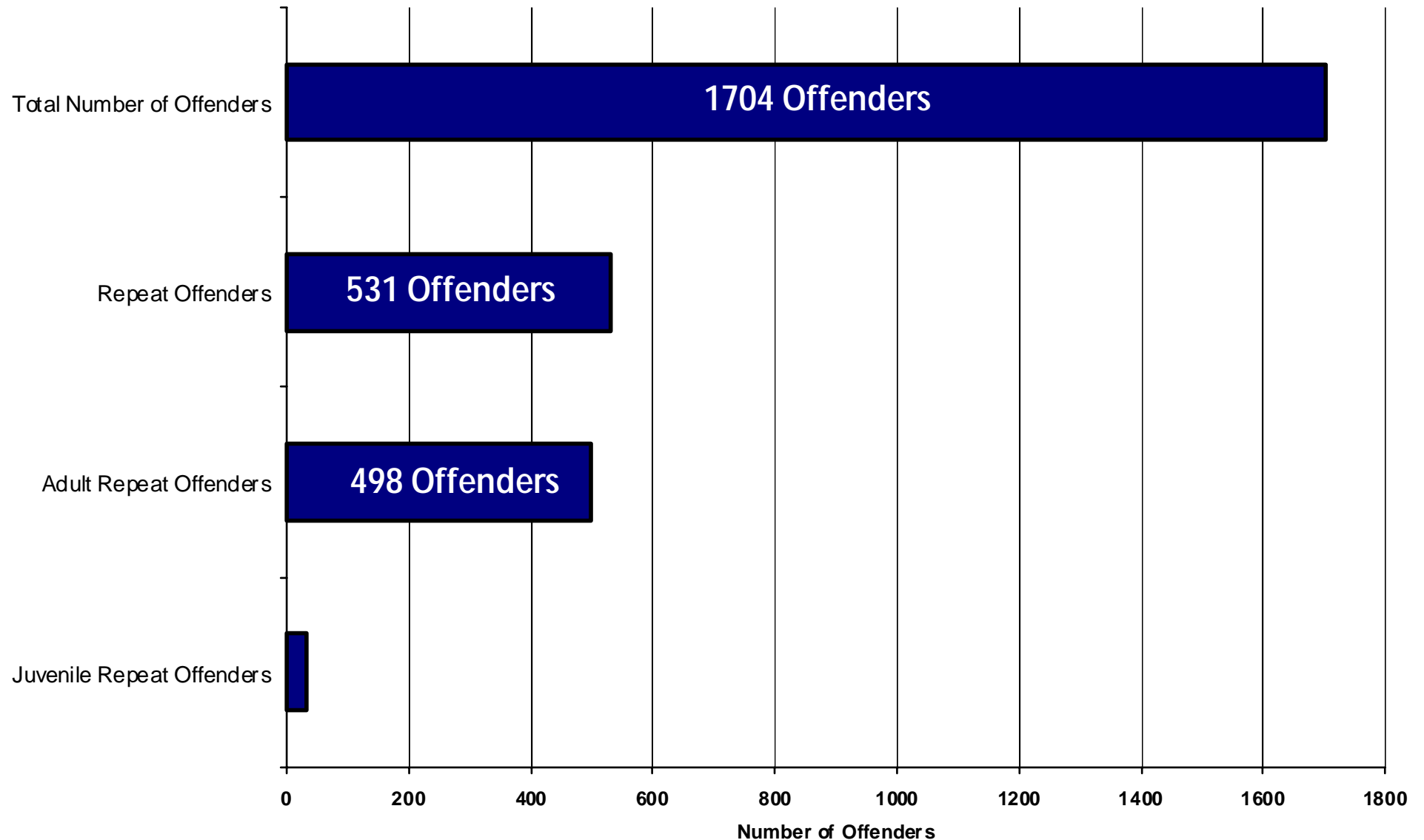
81% Male

18% Female

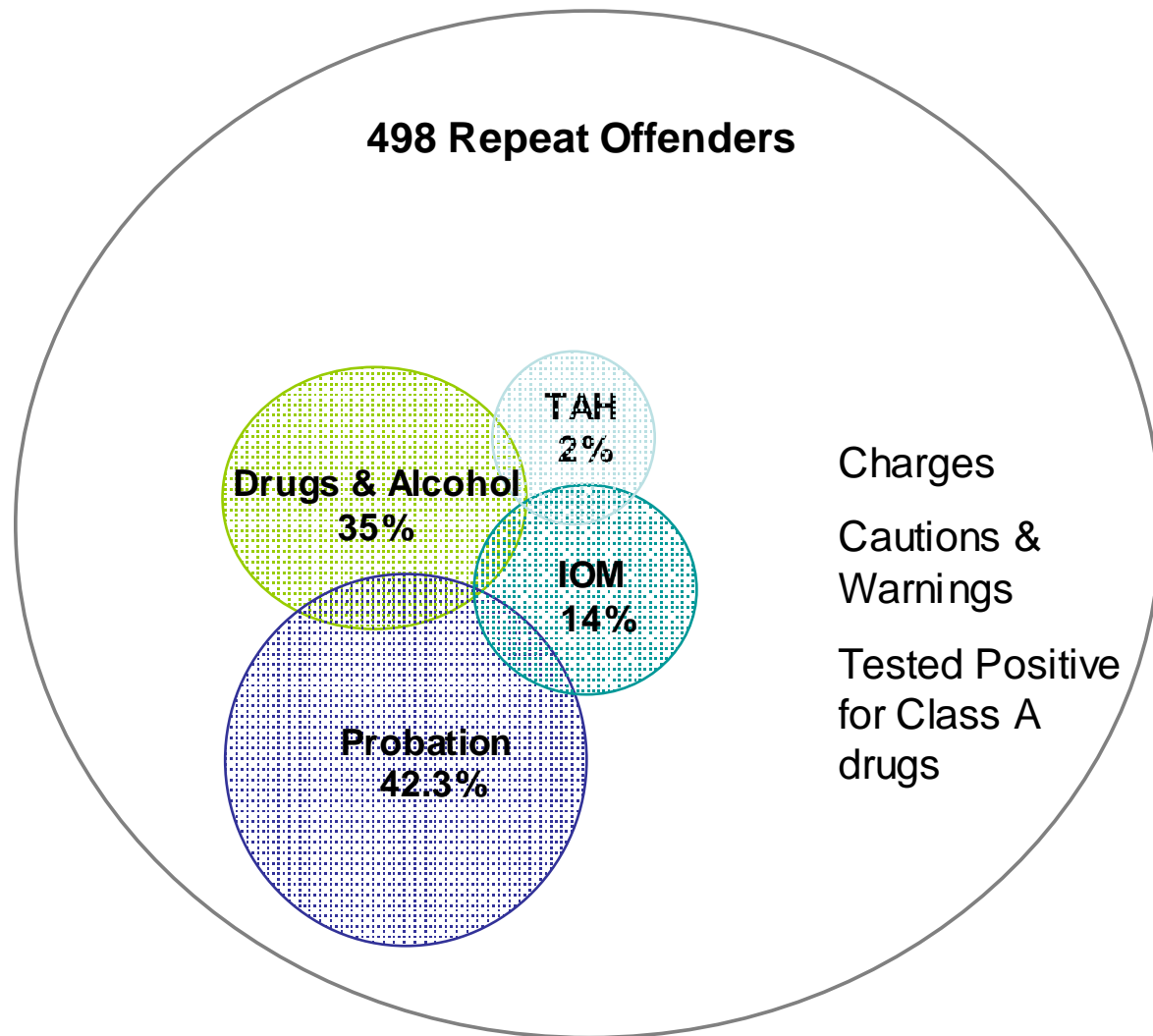
82% Male



Re-offenders in Hartlepool



Adult Re-offenders



Adult Re-offences

Main re-offence categories

- 34% Theft & Handling Stolen Goods
- 14% Violence against the Person

Re-offenders known to Probation

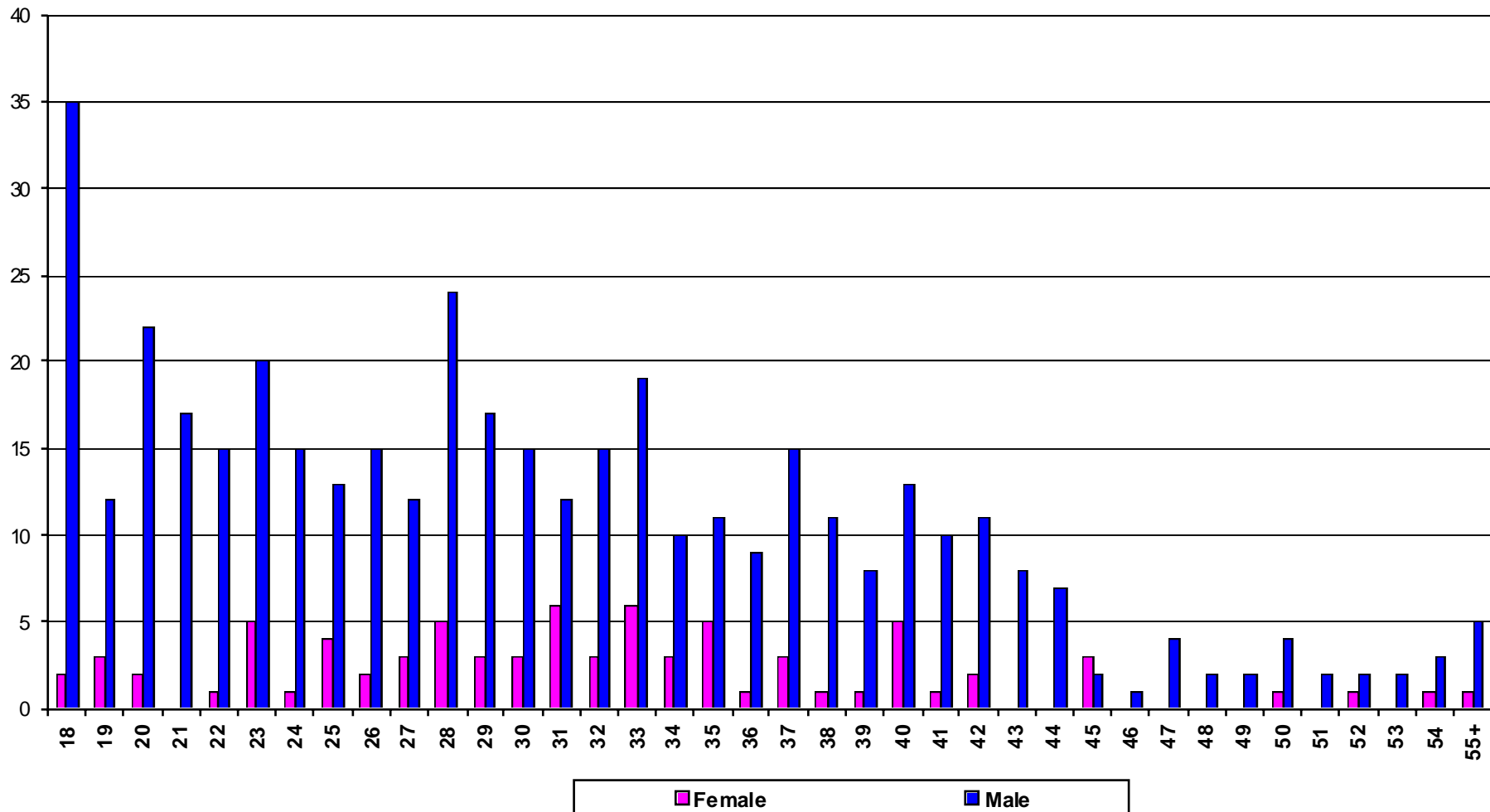
- 26% Shoplifting
- 12% Violence
- 8% Burglary
- 7% Drug Offences
- 7% Driving Offences

Re-offenders not known to Probation

- 22% Shoplifting
- 17% Violence
- 8% Drunk & Disorderly
- 7% Criminal Damage

Adult Repeat Offenders

Demographic Profile of Repeat Adult Offenders in Hartlepool
April 2012 - March 2013



Adult Re-offending by Gender

Female Re-offenders



- 35% Known to Probation
- 36% Tested Positive for Class A
- 57% Known to Treatment Services
- 10% High Crime Causers
- 4% Team around the Household
- 39% Shoplifting

Male Re-offenders

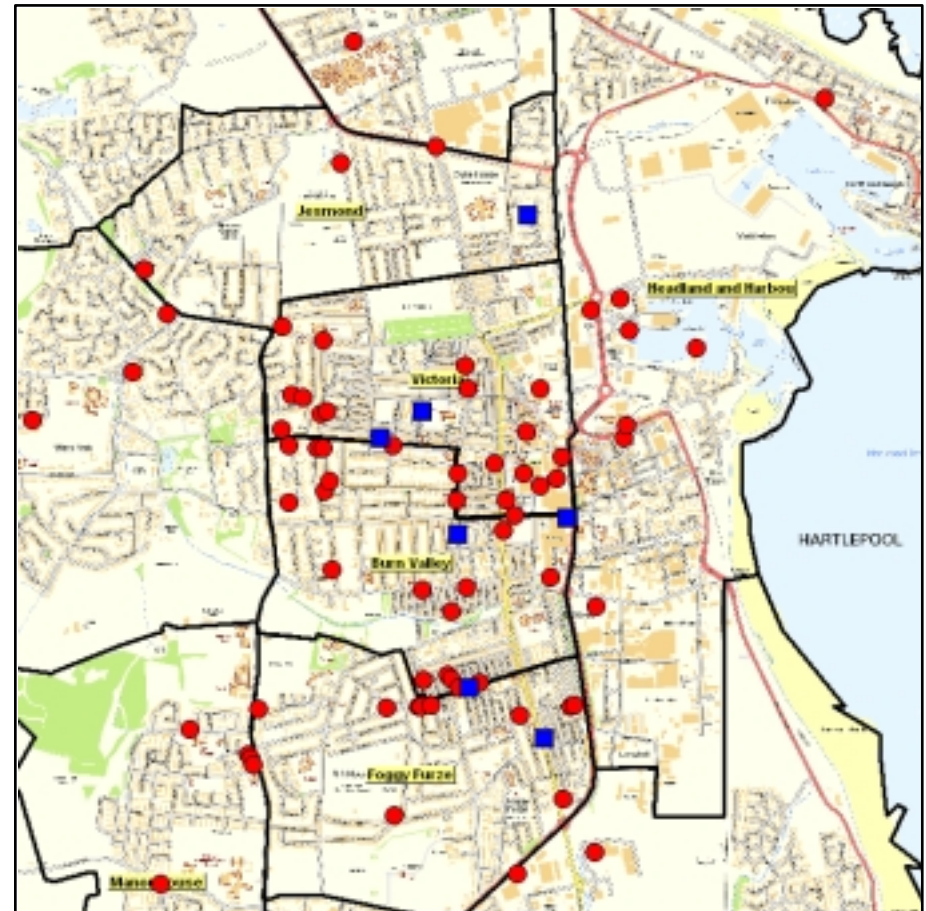
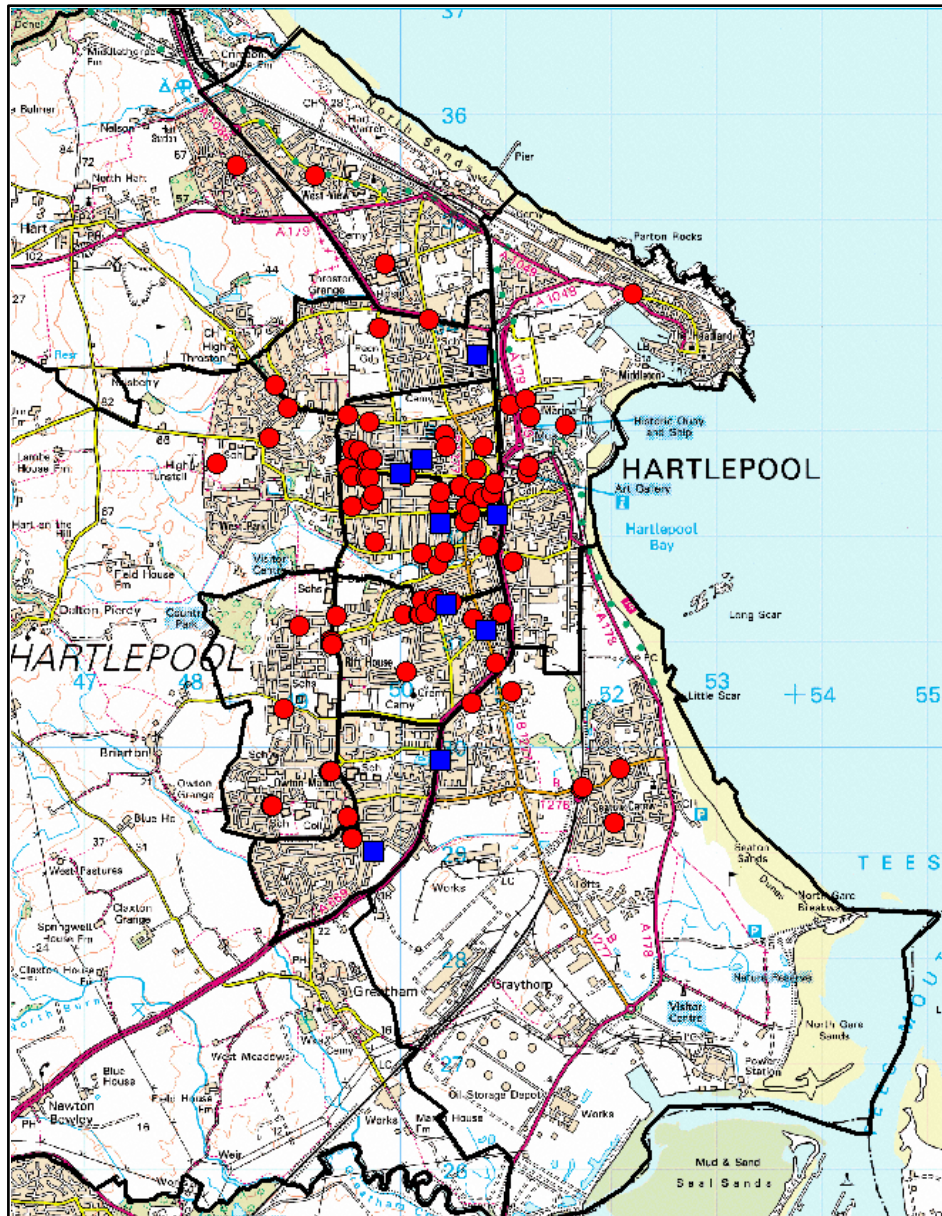


- 43% Known to Probation
- 38% Tested Positive for Class A
- 32% Known to Treatment Services
- 8% PPO's
- 7% High Crime Causers
- 1% Team around the Household
- 22% Shoplifting
- 12% Violence
- 7% Burglary

Top Ten Adult Offenders

[illegible]

Location of Adult Re-offending



Criminogenic Needs

Analysis of probation offenders who go on to reoffend have a different criminogenic needs profile to those who don't reoffend.

Employability needs	92% more
Drugs Misuse	83% more
Accommodation	79% more
Financial Management	79% more

Thank You

AUDIT AND GOVERNANCE COMMITTEE

31 October 2013



Report of: Scrutiny Manager

Subject: SCRUTINY INVESTIGATION INTO RE-OFFENDING:
RE-OFFENDER HEALTH ISSUES AND SERVICE
PROVISION - COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that the Director of Public Health, and Dave King (Commissioning Manager Substance Misuse), has been invited to attend this meeting to provide information in relation to health issues / factors affecting re-offenders and the services provided.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Committee on 20 September 2013, Members agreed the Scope and Terms of Reference for their forthcoming investigation into Re-offending.

- 2.2 Subsequently, Director of Public Health and Dave King (Commissioning Manager Substance Misuse) will be in attendance at today's meeting to provide the following evidence:-

i) Presentation by the Director of Public Health (to follow) to include:

- Key health issues connected to / influencing re-offending (i.e. substance misuse (drugs & alcohol), mental health, sexual health)
- Life expectancy of offenders.

ii) Presentation by Dave King (Commissioning Manager Substance Misuse) (copy attached at **Appendix A**) to include details of:

- How and what services are provided both in and outside prisons (Public Health, PCT/ CCG's and Prison Service);
- How effective are services;
- How are services co-ordinated across the responsible authorities; and
- Challenges facing providers.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and seek clarification on any relevant issues where required.

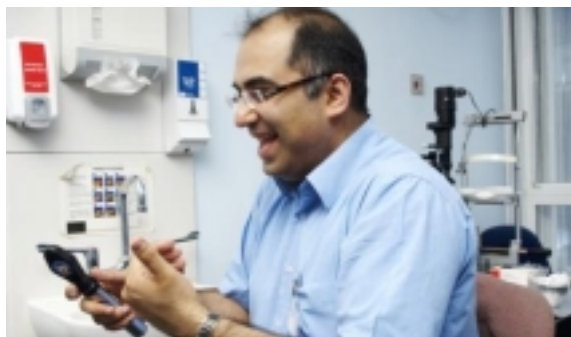
Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into Re-offending – Scoping Report' Presented to the Audit and Governance Committee on 20 September 2013.
- (ii) Minutes of the Audit and Governance Committee held on 20 September 2013.

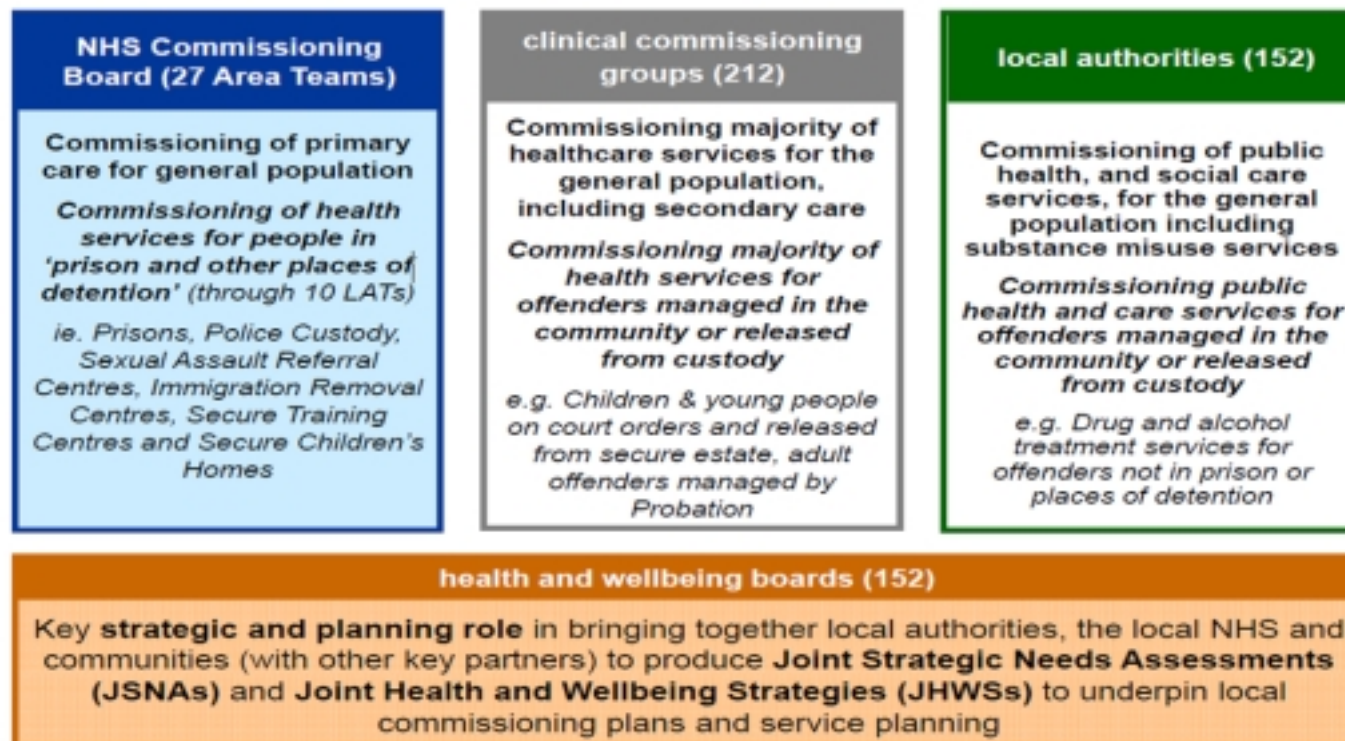
Health & Justice (North East and Cumbria) - Overview



Audit and Governance
Committee
31 October 2013



National Commissioning Arrangements



Health & Justice (North East & Cumbria) - Responsibilities

- General Prison Healthcare
- Secondary Prison Healthcare
- Prison based Substance misuse services
- Secure Training Centres (as from 2014/15)
- Police custody suites (as from 2015 – TBC)
- Diversion & Liaison
- Sexual Assault Referral Centres (SARC)

Covering Hartlepool

- Various Prisons across the region, particularly HMP Holme House
- Cleveland Police Custody Suite Early Adopter (Transfer of Commissioning)
- Cleveland, Durham and Darlington Criminal Justice Diversion & Liaison Service
- Street Triage Team (Reducing inappropriate detentions/arrests due to Mental Health) – Cleveland Police Force area
- Middlesbrough and Stockton MIND Custody Support Project
- Helen Britton House – Adult SARC Provision
- RVI Newcastle – Acute Child SARC Provision

Prisons – General Prison Healthcare

- Commission health care services across all 8 prisons in the North East and Cumbria that are broadly equivalent to those in the community;
- Continue to develop prison based primary care services to ensure more care is delivered 'closer to home';
- Commission services which promote community care ensuring service users are truly at the heart of services (especially development of Health Trainers and Peer Mentors);
- Further development of 'through the gate services' supporting offenders on release;
- On-going development of best practice of Prison Palliative Care services ensuring prisoners are provided NHS equivalent services.

Prisons – Secondary Care

- Ensure equity of access for prisoners in the on-going development of prison based secondary care services, supporting diagnostics and tele-health solutions;
- Reduce activity and spend in secondary care by providing services 'closer to home';
- Ensure all external hospital appointments are necessary and timely supporting a reduction in health related bed watches and escorts.

Prisons – Substance Misuse

- Commission substance misuse services (Drug and Alcohol Recovery Teams – DART) that are bespoke to the needs of the prison populations;
- Progress DART to continue to promote the concept of Recovery;
- Commission services that support rehabilitation and reducing reoffending, through commissioned ‘through the gate’ care pathways.

Secure Training Centres (STC)

- Support the transfer of commissioning responsibility from the Youth Justice Board (YJB) to NHS England (estimated 2014/15);
- Support the YJB in the procurement of STC services (education, custodial and health);
- Commission NHS equivalent services, ensuring the health needs of the young person are fully assessed on admission, during detention and on release into the community or transfer to another establishment;
- Continue to support the on-going review and potential re-design of – Substance Misuse, Mental Health & Sexual Health services.

Police Custody Suites

- Lead on the transfer of commissioning for custodial healthcare from the Police to NHS England (anticipated 2015) – Early Adopter Programme

Sexual Assault Referral Centres

- Working with the police, crime commissioners, local authorities and public health and community safety groups, NHS England will support commissioners in delivering services that secure the best help for vulnerable sex crime victims

Health & Justice (North East and Cumbria)

- Julie Dhuny (Head of Commissioning)
- Michael McGonnell (Deputy Head of Commissioning)
- Paul Alderton (Offender Health Development Manager)
- Dave King (Commissioning Manager Substance Misuse)
- Charlotte Winter (Project Manager Big Diversion Project)
- Vicky Fox (Project Support)
- Michelle Jessiman (Team Administrator)
- Contact - 0113 825 1627

AUDIT AND GOVERNANCE COMMITTEE

31 October 2013



Report of: Scrutiny Manager

Subject: FEEDBACK FROM THE OVERSIGHT GROUP FOR
THE IMPLEMENTATION AND EVALUATION OF
ACUTE MEDICINE AND CRITICAL CARE
RECONFIGURATION

1. PURPOSE OF THE REPORT

- 1.1 To provide feedback from the Oversight Group for the Implementation and Evaluation of the Acute Medicine and Critical Care Reconfiguration at North Tees and Hartlepool NHS Foundation Trust.

2. BACKGROUND INFORMATION

- 2.1 Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (CCGs) have established an Oversight Group to:-

- (a) Oversee the implementation of pathway changes for acute medicine and critical care i.e. from the University Hospital of Hartlepool to the University Hospital of North Tees;
- (b) Consider and make recommendations for the approach to evaluation of the changes;
- (c) Monitor the introduction of transport plans and to support the development of sustainable travel arrangements; and
- (d) Receive reports on issues relevant to the implementation of the changes e.g. achievement of targets, patient experience, quality and safety.

- 2.2 The membership of the Group consists of the following representatives:-

- Chairs and Chief Officers of the CCGs
- Chairs and Scrutiny Officers, Stockton-on-Tees Borough Council, Hartlepool Borough Council and Durham County Council
- Chief Operating Officer, North Tees and Hartlepool NHS Foundation Trust

- Medical Director, North Tees and Hartlepool NHS Foundation Trust
- Healthwatch representatives, Durham, Stockton and Hartlepool
- NEAS Director with locality responsibility

2.3 Councillor Jim Ainslie is the Committee's representative on this group.

2.4 The first meeting of the Oversight Group was held on 3 October 2013, where the terms of reference were agreed, an update on the project plan and communication plan was provided and the risk log and evaluation process was discussed.

2.5 It is envisaged that there will be a minimum of three meetings of this group, as follows:-

- 3 October 2013 (pre-implementation);
- November (date to be confirmed) (immediately post implementation); and
- Between February and March (date to be confirmed) (3 – 4 months post implementation).

3. RECOMMENDATION

3.1 That Members of the Audit and Governance Committee note the content of this report.

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

BACKGROUND PAPERS

The following background papers were used in preparation of this report:-

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

16 September 2013

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

Present:

Councillor Richardson (substitute for Councillor C Akers-Belcher, Leader of Council) (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council, Councillors Simmons and Ainslie (substitute for Councillor Hall)

Representing Hartlepool and Stockton-on-Tees Clinical Commissioning Group; Dr Pagni and Ali Wilson

Representing Director of Child and Adult Services, Jill Harrison, Assistant Director (Adult Services)

Director of Public Health, Hartlepool Borough Council, Louise Wallace

Representatives of Healthwatch, Margaret Wrenn

Other Members:

Chief Executive, Hartlepool Borough Council; Dave Stubbs

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Denise Ogden

Representative of the NHS England; Caroline Thurlbeck

Representative of Hartlepool Voluntary & Community Sector, Tracy Woodall

Representative of Tees Esk and Wear Valley NHS Trust, David Brown (substitute for Martin Barkley)

Representative of Cleveland Fire Authority, Ian McHugh

Representative of North East Ambulance Service, Nicola Fairless

Also in attendance:-

Dr Phillipa Walters, Tees Valley Public Health Shared Service

Jill Simpson, Durham, Darlington and Tees Area Team

Officers: Steve Hilton, Public Relations Officer
Richard Starrs, Strategy and Performance Officer
Amanda Whitaker, Democratic Services Team
Andy Graham, Public Health Registrar

26. Apologies for Absence

Councillor C Akers-Belcher, Leader, Hartlepool Borough Council

Councillor Hall, Hartlepool Borough Council

Representatives of Healthwatch, Stephen Thomas

Representative of North Tees and Hartlepool NHS Foundation Trust; Alan Foster
Councillor Fisher, Chair, Audit and Governance Committee (Observer)

27. Declarations of interest by Members

None

28. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 5 August 2013 were confirmed.

29. Funding Transfer from NHS England to Social Care – 2013/14 *(Assistant Director, Adult Services, Hartlepool Borough Council and Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

The report sought the Board's approval for the use of the Funding Transfer from NHS England to Social Care 2013/14. The Board was advised that in 2011/12, the NHS Operating Framework had identified NHS funding for social care. Over £600m had been allocated to Primary Care Trusts who were required to transfer the funding to their Local Authorities via an agreement under section 256 of the 2006 NHS Act (a s256 agreement) to invest in social care services which also had a health benefit. This funding had been initially identified for 2011/12 and 2012/13. The funding allocated for Hartlepool for 2011/12 and 2012/13 was £1,219,000. In line with the guidance issued by the Department of Health, the Local Authority and PCT worked together to develop a plan for how this funding would be used. This was monitored through a North of Tees Reablement Steering Group which met regularly to monitor progress and evaluate performance information. The Plan had been circulated as an appendix.

A letter from the Department for Communities and Local Government and the Department of Health to Chairs of Health and Wellbeing Boards and Directors of Adult Social Services on 26 June 2013 had confirmed that this funding would remain in place until March 2016, with a significant increase in funding anticipated in 2015/16 as the letter announced a £3.8 billion pool of funding to promote the integration of health and social care services. The letter explained what this meant for adult social care and also advised Chairs of Health and Wellbeing Boards and Directors of Adult Social Services that it would enable 'investment in prevention and early intervention'. The funding allocated for Hartlepool for 2013/14 was £1,793,604 which was an increase of £574,604 on funding received in previous years.

Representatives from the Local Authority, Clinical Commissioning Group and

Area Team had worked together to review the plan covering 2011/12 and 2012/13 and to identify priorities for the use of the additional funding for 2013/14. The proposals for use of the funding met the requirement for investment in adult social care with health benefits and would make a positive difference to social care services and outcomes for people using services. It was proposed that the additional funding for 2013/14 be used to maintain services that support people to remain independent in the community (including extra care, respite, domiciliary care and personal budgets) where the Local Authority currently had budget pressures and would be required to cut services without this investment. The plan for use of the funding for 2013/14 had been circulated at Appendix 2. A draft s256 agreement had been prepared by NHS England's Durham, Darlington & Tees Area Team and would be finalised and signed by the Area Team and the Local Authority following approval of the plan. The draft agreement had been circulated also to members of the Board.

Decision

The Board approved the plan for use of the Funding Transfer from NHS England to Social Care 2013/14.

30. Improving A&E Performance and Winter Planning

(Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group)

The report provided the Board with an update in relation to National expectations and requirements for delivery of the 95% operational standard for A&E performance and the approach to winter planning 2013/14 as set out in the key paper – *Improving A&E Performance* (Gateway 00062 – Appendix A) issued by NHS England. The report summarised the work being undertaken to ensure delivery of effective optimal Urgent Care entering into the challenging winter period. The Board was assured that it was intended to continue to robustly assess and review all Urgent Care Services to ensure that demand could be met efficiently and would continue to collaborate with all key stakeholders involved within the Urgent Care agenda.

Decision

The report was received by the Board.

31. Feedback from Health and Wellbeing Board Sub Groups *(Director of Public Health)*

The report informed the Board of the progress of establishing the three sub groups supporting the work of the Board. The terms of reference for the

Board described three sub groups reporting to the Board with responsibility for overseeing the implementation of the Health and Well Being Strategy and associated action plan. At the Health and Well Being Board meeting on 5th August 2013, the chairs of the sub groups had been identified and had been requested to establish initial meetings of these groups by September 2013:

The Board was advised that the Health and Well Being Strategy Action Plan has been reviewed and appendix 1 suggested which sub groups take responsibility for overseeing specific elements of the action plan.

The Director of Public Health advised the Board that a report would be submitted to a future meeting of the Board which would provide information on performance for each of the Groups. A report would be submitted also to the Council's Audit and Governance Committee.

Decision

The Board noted the progress that had been made in establishing the sub groups and the allocation of actions from the Health and Well Being Strategy Action Plan across the three groups.

32. Pharmaceutical Needs Assessment (*Dr Phillipa Walters, Tees Valley Public Health Shared Service*)

The report set out the responsibilities relating to the Pharmaceutical Needs Assessment for Hartlepool. The Board was advised that each Health and Wellbeing Board (HWB) had a number of responsibilities which included the publishing of a Pharmaceutical Needs Assessment by 1 April 2015. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the minimum requirements for the first Pharmaceutical Needs Assessment (PNA) produced under this duty. Health and Wellbeing Boards would be required to undertake a consultation on their first PNA for a minimum of 60 days and the Regulations listed those persons and organisations that had to be consulted. In accordance with the 2013 Regulations, the Health and Wellbeing Board was now responsible for the latest PNA published by the former PCT (NHS Hartlepool). As the inherited PNA was already being used by NHS England and the duty had been placed upon the Board to ensure that the PNA was robust and up to date, the Board was advised of the systems which would be required to be put in place in conjunction with the Tees Valley Public Health Shared Service

Decision

That the report be noted.

33. Feedback from Regional Meeting of Health and Wellbeing Board Chairs Network (*Chair*)

The report provided feedback to the Board from the regional meeting of the Chairs of Health and Well Being Boards held on Monday 9th September 2013 (documents for which had been circulated to members of the Board). The report set out the items which had been discussed and actions which had been agreed at the meeting.

The Chair highlighted that Investment in tobacco by Local Authority Pension Funds had been a key item of discussion. Following those discussions, it had been agreed to further develop the paper discussed at meeting and present it to leaders and mayors across the North East with a view to collective action to withdraw from such investments, explore how other areas have approached this issue who have withdrawn from such investments and to alert representatives on the Teesside pension Fund of this issue.

Members of the Board discussed issues arising from investment in tobacco. Following on from those discussions, the impact of excessive consumption of alcohol both in terms of the health of an individual but also the impact on society, families and children was highlighted. Engagement with the alcohol industry was, therefore, considered also to be an issue.

Decision

That Board noted the content of the report and

34. Presentation – NHS Structures

Further to minute 24 of the meeting of the Board held on 5 August 2013, the Board received a presentation which outlined the context of NHS reforms and the rationale for that reform together with Policy issues set against economic context.

The presentation covered details including the roles and functions of Area Teams, Clinical Commissioning Groups, Public Health Departments and Healthwatch. Board Members who represented the identified organisations contributed to the presentation and provided information which supported the issues which had been highlighted in the presentation.

Decision

The Board noted the presentation and the Chairman expressed his appreciation of the contributions of Board Members in updating the Board to allow greater understanding of NHS structures.

35. Presentation – A Call to Action – Working in Partnership with Health and Wellbeing Boards

The Board received a presentation which introduced the national NHS England 'A Call to Action' initiative and which set out the rationale, process and timelines associated with the initiative together with the role of the Health and Wellbeing Board in the context of the initiative.

Board Members noted that the delivery of local engagement activity would take place throughout September 2013 and October 2013 with national engagement activity from September 2013 to January 2014. There was recognition that there was an opportunity for this national initiative to work on a local basis. It was highlighted that the Board had agreed a joint communication and engagement strategy which could form the basis for progressing this initiative. Referring to the timescales which had been presented, Board Members wanted to ensure meaningful dialogue was undertaken and highlighted therefore that dialogue would have to be used as a template for ongoing discussions. Board Members discussed also how the initiative would complement work which had been undertaken already.

The role of the Council's Audit and Governance Committee was highlighted together with the potential involvement of the Council's Neighbourhood Forums and the Safer Hartlepool Partnership.

Decision

The presentation was noted.

36. Any Other Items which the Chairman Considers are Urgent

It was noted that the next meeting of the Board would be held on 28 October at 10 a.m.

CHAIR

Extract from the minutes of the Finance and Policy Committee on 19 September 2013 relating to Public Health

97. Procurement of Specialist Drug and Alcohol Prescribing Service (*Director of Public Health*)

Type of decision

Key Decision – Test (i) and (ii) applies – Forward Plan Reference PH/01.

Purpose of report

To seek approval from the Committee to procure a specialist drug and alcohol prescribing service.

Issue(s) for consideration

The report provided the background to the commissioning of public health services, including a specialist prescribing service for people who have substance misuse issues relating to the use of illicit drugs and excessive alcohol use and outlined the key aims of the service to be procured. The Director of Public Health reminded Members that there was already a treatment centre in Whitby Street.

It was noted in the report that the procurement process would release significant savings on existing contract costs and a Member sought further detail on this. The Director of Public Health confirmed that due to the commercial sensitivity around the procurement process, figures relating to anticipated savings were not yet available. However, the savings would form part of the ring fenced Public Health Grant and further details of this would be reported to a future meeting of the Finance and Policy Committee.

A Member highlighted that through the media, it had been noted that the option to charge people who use such facilities as drug and alcohol treatment centres was being pursued in some areas and clarification was sought on whether this was being discussed with other local authorities in the Tees Valley area. The Director of Public Health commented that as more information became available on this issue, this would be discussed at the Alcohol Strategy Group and would feed into the Safer Hartlepool Partnership.

In response to a question from a Member, the Director of Public Health confirmed that integrated service provision was in place with Tees, Esk and Wear Valley Mental Health Trust to ensure pathways of care work across a range of services. It was also noted that the specification for the drug and alcohol prescribing service aimed to increase existing capacity in the service given the needs of the population as identified in the Joint Needs

Strategic Assessment (JSNA).

A Member sought clarification on the number of people accessing the service and whether this was increasing. The Director of Public Health confirmed that the demand for the service was increasing but work was ongoing to reduce alcohol related admissions and getting the message across that over indulgence in alcohol was a huge issue and a significant public health challenge.

The Chair commented that there had been a healthy debate on this issue which highlighted Members' commitment to ensure a robust service was maintained.

Decision

That the commencement of a procurement process for a specialist drug and alcohol specialist prescribing service was approved which would seek to award a contract to a service provider to commence on 1 April 2014.

110. Healthy Weight Healthy Lives including report on National Child Measurement Programme (NCMP) *(Director of Public Health)*

Type of decision

For information.

Purpose of report

To inform Members of the approaches being taken by Hartlepool Borough Council and partners to address rising levels of overweight and obese adults (18+) within the town.

The assure Members that the National Child Measurement Programme (NCMP) was being undertaken. This had been a mandated responsibility of the Local Authority since 1 April 2013.

To seek Member views on the approaches being taken and gain support for the overall Healthy Weight Healthy Lives strategy moving forward.

Issue(s) for consideration

The report provided detailed and comprehensive statistics around obesity on a national and local level. It was noted that the NCMP had been established in 2005 for all children in year 6 (aged 10-11 years). It was noted that NCMP participation in Hartlepool remained consistently high with

99% of eligible children measured during the 2011/12 school year. The most recent data from the NCMP demonstrates that 9.9% of children in reception year were classified as obese with this rising to 24.3% of children in year 6 compared to a national average of 9.5% in reception and 19.2% in year 6.

The report included a number of established initiatives to combat obesity in children including early intervention in the antenatal period through to the early years settings which linked into the Joint Strategic Needs Assessment. A number of interventions support programmes were in place for adults and these were detailed in the report.

A discussion ensued on how obesity was identified in children and the Director of Public Health confirmed that it was a national programme that was undertaken using nationally validated tools to measure a child's body mass index (BMI). A key aim of the NCMP was to ensure a positive health message was in all schools and to make certain that any parent who received a letter about their child received any necessary support.

A Member highlighted the importance of making sure that any information available was clear and that the healthy lifestyle message was widely accessible. The Director of Public Health confirmed that there were a lot of resources and visual aids available to get the message across within local communities.

Decision

- (i) The report and the actions being taken to support people in Hartlepool to achieve and/or maintain a health weight was noted.
- (ii) It was noted that the mandatory NCMP was being undertaken in all Council schools.