HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

26 March 2014
at 10 a.m.
in Committee Room 'B'
Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD:

Councillors C Akers-Belcher, Hall, G Lilley and Simmons

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 13 February 2014

4. **KEY DECISIONS**

   4.1 Better Care Fund (BCF) Programme for Hartlepool – *Director of Child and Adults and Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (to follow)*

5. **ITEMS FOR DECISION**

   5.1 Health and Wellbeing Strategy Performance Report (Quarter 3) (*Director of Public Health)*

   5.2 Process for Response to Pharmacy Applications and Publication of Supplementary Statements to Pharmaceutical Needs Assessments (*Director of Public Health)*

6. **ITEMS FOR INFORMATION**

6.1 Face the Public Event 23rd June 2014 (*Director of Public Health)*

6.2 Call to Action *(Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG and Healthwatch Hartlepool)*

7. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

ITEMS FOR INFORMATION

Date of next meeting – 28 April 2014 at 10.00 a.m. at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

13 February 2014

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 Ged Hall, Geoff Lilley and Chris Simmons
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Pagni and Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas.

Other Members:
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of the NHS England – Caroline Thurlbeck
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council – Councillor Keith Fisher

In accordance with Council Procedure Rule 5.2 (ii) the following substitutes were in attendance:-

Petrina Smith as substitute for Nichola Fairless, North East Ambulance NHS Trust
David Brown as substitute for Martin Barkley, Tees Esk and Wear Valley NHS Trust

Also in attendance:- Mike McGuire, Chair, Durham, Darlington and Tees Local Professional Network (Pharmacy) (LPN)

Officers: Andy Graham, Public Health Registrar
Jill Harrison, Assistant Director, Adult Services
Karen Hawkins, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Dr Phillipa Walters, Tees Valley Public Health Shared Service
Amanda Whitaker, Democratic Services Team

59. Apologies for Absence

Chief Executive, Hartlepool Borough Council – Dave Stubbs
Representative of North East Ambulance NHS Trust – Nichola Fairless
Representative of Cleveland Fire Brigade – Steve McCarten
Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley

60. Declarations of interest by Members

None

61. Minutes

The minutes of the meeting held on 9 December 2013 were confirmed.

The representative of Hartlepool Voluntary and Community Sector referred to the Palliative Care review and advised that it appeared that the outcome of the Review would certainly come into effect on 1 April 2015. The Chair advised that in accordance with minute 56, a report would be submitted to the next meeting of the Board on the development and implementation of the End of Life Strategy and the wider implications of the Strategy.

62. Better Care Fund (BCF) Programme for Hartlepool

(*Director of Child and Adults and Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

With reference to minute 53 of the meeting of the Board held on 9 December 2013, the report set out further information regarding the Better Care Fund (formerly the Integration Transformation Fund) including the latest guidance, financial allocations and timescales. The report included the draft plan for approval by the Board and outlined next steps with regard to the submission of the final Plan.

The Board was advised that the deadline for submission of the final Plan was 4 April 2014. The next scheduled meeting of this Board was 10 March which could be a challenging timescale in terms of final BCF documentation being available for consideration at that meeting. The Board agreed it was appropriate, therefore, to change the date of the next meeting of the Board.

Board Members expressed appreciation of the work which had been undertaken by Local Authority and Clinical Commissioning Group Officers in a challenging timeframe and expressed support of the draft Plan. It was highlighted that the Better Care Fund had been created to promote the

integration of health and social care services that supported some of the most vulnerable population groups. The key risk area was highlighted as the ability to deliver and the forthcoming year was essential, therefore, in ensuring delivery of the Plan. The Board was advised that there was a high probability that benefits would start to be seen within the next year.

A representative of Healthwatch highlighted issues associated with work which had been undertaken by the organisation relating to domiciliary care. Problems in relation to hospital discharge into the community had been highlighted where there was a need for appropriate funding and interaction between agencies.

Decision

(i) The draft Better Care Fund Plan for Hartlepool was approved.
(ii) The Board agreed to change the date of the next meeting of the Board from 10th March to a date during week commencing 24th March, the date and time to be agreed by the Chair.

63. Safer Hartlepool Partnership's Draft Community Safety Plan 2014-17 (*Director of Regeneration and Neighbourhoods*)

The comments of the Board were sought on the first draft of the Community Safety Plan 2014-17. In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007, the Safer Hartlepool Partnership was required to produce a three year Community Safety Plan to set out how it intended to tackle crime and disorder, substance misuse and re-offending in Hartlepool. The current Hartlepool Community Safety Plan which had been developed during 2010/11 would end in March 2014.

The Safer Hartlepool Partnership strategic assessment, executive summary attached at Appendix 1, included the analysis of a wide range of local crime, anti-social behaviour, substance misuse and offending data combined with the results of community consultation. The first draft of the proposed Community Safety Plan 2014-17 had been circulated at Appendix 2.

Board Members were advised that the draft plan was being consulted upon in accordance with the Voluntary and Community Sector Strategy undertakings. The results of the consultation on the first draft of the Community Safety Plan 2014 -17 would be considered and used to inform the production of the second draft which would be presented to the Safer Hartlepool Partnership in March 2014, before being considered by full Council for adoption in April 2014.

Reference was made to a statement included in the Executive Summary which related to drug use where successful treatment completions remained below the national average, with almost one third of clients retained in

treatment for 6 or more years. Social costs associated with drug use were highlighted together with the complexities of the multi factor issues associated with health inequalities. Partnership working was recognised as essential to address the issues which had been highlighted. It was noted that a report was due to be submitted to the Council's Finance and Policy Committee on the Substance Misuse Treatment Plan. It was suggested that it would be appropriate for a comprehensive report to be submitted to the Board on the impact and challenges of drug use and its implications on health and social care. It was suggested that it would be appropriate for the report to be submitted to the Board in conjunction with 'the review of prescribing and distribution arrangements of methadone within Hartlepool pharmacies' report which was to be submitted to a future meeting of the Board by Healthwatch.

Decision

(i) The draft Community Safety Plan 2014-17 was noted by the Board.

(ii) It was agreed that a comprehensive report be submitted to the Board on the impact and challenges of drug use and its implications on health and social care.

64. Pharmaceutical Needs Assessment (*Director of Public Health*)

With reference to minute 32 of the Board meeting held on16 September 2013, the report reminded Members of the intention to publish the Board's first Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The PNA which had been inherited from Hartlepool PCT was being used by NHS England (Durham, Darlington Tees Area Team), directing decision-making on the commissioning of pharmaceutical services in the area.

Dr Phillipa Walters, Tees Valley Public Health Shared Service (TVPHSS) , advised the Board that when assessing the PNA and associated Refresh documents inherited from the PCT against the 2013 Regulations, it had to be acknowledged that the Assessment was intended to 'expire' in Feb 2014. Consequently, notwithstanding any changes to pharmaceutical services and related NHS services that had taken place since first publication in 2011, and without prejudice to the assessment of need described in the existing PNA, the Board was advised to formally report that the Pharmaceutical Needs Assessment of NHS Hartlepool 2011 was under review. The Board was similarly advised to formally commence the process leading to publication of a revised assessment, its own first PNA; with a planned publication date in March 2015. It was highlighted that the Director of Public Health had identified two PNA Champions from within the Public Health team, to work within the context of this shared resource to lead the PNA development process for Hartlepool. The Board was advised that a draft PNA would be presented to the Board for approval mid-late summer 2014 prior to formal 60-day consultation to include those stakeholders identified in Part 2, Regulation 8 (1) of the 2013 Regulations as set out in the report. This was a critical part of the

development process that the Director of Public Health, and the Board, acknowledges the commitment to resource. The final draft of the PNA would then be presented to the Board in late 2014/early 2015 to ensure approval and readiness for final formal publication in March.

The Board was advised that in the intervening time, the Board (facilitated by TVPHSS) was still required to

(a) respond to any consultation request from NHS England in respect of pharmacy applications

(b) undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and

(c) maintain and publish an up to date map as required

(d) respond, when consulted by a neighbouring Health and Wellbeing Board on a draft of their PNA; the Health and Wellbeing Board must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

The Director of Public Health advised that a report would be submitted to the next meeting of the Board in relation to the Notification of Applications to join Pharmaceutical list. However, in view of the agreement earlier in the meeting to change the date of the next meeting of the Board, the agreement of the Board was sought to delegating authority to the Director of Public Health to deal with an application which had been submitted.

During the discussion which followed presentation of the report, Board Members discussed issues associated with the broad spectrum of services covered by pharmacies.

Decision

(i) The Board acknowledged the content of the Report including the outline plan and timetable towards the first PNA of the Hartlepool HWB, commencing immediately.

(ii) The Board agreed that

- a Statement (or a link to a Statement) reporting this will thereafter be available on the HWB website as follows:

"Hartlepool Health and Wellbeing Board understands its statutory duties in relation to Pharmaceutical Needs Assessment and intends to publish its own first PNA within the required timeframe. The HWB acknowledges that the PNA inherited from their respective PCT was, according to the Regulations in place at the time, intended to 'expire'

in Feb 2014. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first publication, and without prejudice to the assessment of need described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment of NHS Hartlepool (2011) is under review. Hartlepool HWB has commenced the process leading to publication of a revised assessment, its own first PNA; with a planned publication date in March 2015."

- TVPHSS continue to facilitate and advise on all issues related to the PNA on behalf of the HWB as noted above
- Agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Hartlepool PNA be received as required at future Board meetings.

(iii) Authority was delegated to the Director of Public Health to deal with a pharmaceutical application which had been submitted.

(iv) It was agreed that a report would be submitted to the next meeting of the Board regarding delegation arrangements in respect of applications to join pharmaceutical list.

65. Sub Group Structure of Health and Wellbeing Board

(*Director of Child and Adult Services, Chief Officer Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Director of Public Health*)

In May 2013 the Health and Well Being Board had agreed a terms of reference that had included establishing sub groups to support the work of the Board. The Children's Strategic Partnership had been included in the terms of reference as a formal subcommittee of the Board as its origins were as a Children's Trust under the Children Act 2004.

The statutory responsibilities of the Board were set out in the report. The Children's Partnership, proposed engagement forums and joint commissioning executive would support the delivery of those duties. It was proposed that two engagement forums be established as illustrated in the diagram submitted to the Board. One would focus on issues affecting vulnerable adults and the other with health inequalities. The purpose of both forums was to develop a shared understanding of needs; contribute to the evaluation of services and influence strategic planning and commissioning priorities. It was proposed that the forums include both commissioners and providers of services from statutory and non statutory sectors to ensure a comprehensive understanding of need.

It was proposed that the vulnerable adults' forum be chaired jointly by the Director of Child and Adults and the Chief Officer of the Clinical Commissioning Group and the health inequalities forum be chaired by the Director of Public Health.

It was proposed also that a joint health and local authority commissioning executive be established to develop commissioning strategies for children and adult services. The executive would develop and monitor new integrated service delivery models. It was proposed that the commissioning executive would include representatives from the Clinical Commissioning Group, public health, adult social care, children's education and social care. The executive would drive forward development work through time limited workstreams. The workstreams would focus on pathways of care to deliver improved outcomes for people through integrated multi-agency working.

Board Members welcomed the proposals which supported the significant work which had been undertaken already and which would introduce a meaningful process to support the Board. The Director of Child and Adult Services provided reassurance that the Forums would allow dialogue with the voluntary and community sector.

Decision

(i) The creation of two engagement forums and a joint commissioning executive to support the work of the Health and Wellbeing Board was supported by the Board.

(ii) That a representative of NHS England be added to the membership of the commissioning executive.

66. Everyone Counts: Planning for Patients 2014/15 to 2018/19 (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

Karen Hawkins advised the Board that the report set out an overview of the planning guidance issued on the 20th December 2013 for commissioners. The guidance set out the ambition for the NHS over the years ahead, including a focus on outcomes for patients. It described a series of changes to the way health services were delivered that were considered required to deliver improved outcomes within the resources that are available to the NHS. The guidance also set out the steps expected of commissioners to take in order to achieve the ambitions identified. It explained the planning requirements to develop 5 year strategic plans (for 2014/15 to 2018/19) and 2 year operating plans (for 2014/15 to 2015/16). The key elements were expected to be included in strategic and operational plans.

The report also provided an update of the local timetable in place to ensure delivery of the requirements of the Better Care Fund (previously referred to as the Integration Transformation Fund) and the first draft of the CCG vision statement required for both the Strategic and Better Care Fund Plan.

During the debate which followed presentation of the report, Board Members discussed issues associated with the capacity of hospital car parks. In response, the Chief Executive of North Tees and Hartlepool NHS Foundation Trust acknowledged that there was a car parking problem. The Board was provided with a reassurance that the issue was recognised, discussions were ongoing and the Trust was doing all that it could to improve the situation. The Chief Executive of the Trust agreed to send an e mail confirming details of the update which he had provided to the Board and to provide appropriate contact details.

Decision

(i) The timescales, approach and requirements of the planning guidance were noted.

(ii) The vision statement describing what the desired state would be for the health economy in 2018/19 was approved.

67. Community Pharmacy Call to Action – Presentation

The Board received a presentation by Mike Maguire, Chair, Durham, Darlington and Tees Local Professional Network (Pharmacy). The presentation included the background and national strategic context of the 'NHS Belongs to the People: A Call to Action' which had been launched in July 2013. The Board was advised of community pharmacy provision in Hartlepool, Clinical Commissioning Group commitments, local opportunities and the role of the Local Professional Network and its priorities to align local need and support the health and wellbeing strategy delivery.

Board Members expressed their appreciation of the informative presentation and the excellent work undertaken by pharmacies. The opportunities arising from the initiative were acknowledged. In response to a request from a Healthwatch representative for further information, the Chair of the Local Professional Network agreed to consider a suggestion by the Chair of the Board of using the Council's community magazine 'Hartbeat' to disseminate salient information. Discussion followed on the complexity of drug use, the development of the preventative work in which the Network was currently involved in schools and the need for interaction within the NHS to ensure 'connectivity' with pharmacies. Board Members received clarification in relation to economic considerations and in relation to the number of pharmacies located in the town in the context of the Pharmaceutical Needs Assessment.

Decision

The presentation was noted and the Board expressed their appreciation of the informative presentation.

CHAIR

HEALTH AND WELLBEING BOARD

26 March 2014

Report of: Director of Child & Adult Services, HBC & Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG

Subject: BETTER CARE FUND

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present the final plan for the use of the Better Care Fund in Hartlepool to the Health and Wellbeing Board for approval.

2. BACKGROUND

2.1 As reported to the Health & Wellbeing Board previously, 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 announced a £3.8bn pool of funding to promote the integration of health and social care services that support some of our most vulnerable population groups.

2.2 Subsequent guidance issued by the Local Government Association and NHS England sets out the context of the Better Care Fund (BCF), how the funding pool has been created and how local plans should be developed for its use.

2.3 The guidance reiterates that the BCF is a genuine catalyst to improve services and value for money and a real opportunity to create shared plans that integrate services to provide improvements for local communities and strengthen current arrangements for sharing information, staff, funding and risk across the health and social care economy. It forms part of the NHS planning framework that requires CCGs to agree five year strategies including two year operational plans that include the BCF and respond to the outcomes of local Call to Action public engagement.

2.4 There is a recognition that changing services will take time and that planning for 2015/16 when the fund becomes fully functional needs to commence so that implementation can begin during 2014. Providers must be engaged in the planning process from the outset given the impact of the changes and in order to achieve the best outcomes for local people.

2.5 There are six National Conditions that must be met in order for the pooled money to be accessed. These are:

- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board.
- Protection for social care services (not social care spending)
- Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care using the NHS number.
- A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
- Agreement on the impact of changes in the acute sector.

2.6 There are five nationally determined performance measures associated with the BCF:

- Permanent admissions of older people (aged 65 and over) to residential and nursing homes.
- Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital to reablement / rehabilitation services.
- Delayed transfers of care from hospital.
- Avoidable emergency admissions to hospital.
- A measure of patient / service user experience (which is still under development).

2.7 BCF plans are also required to include one locally determined performance measure. The agreed local measure for Hartlepool is:

- Estimated diagnosis rate for people with dementia.

2.8 The fund will be allocated to local areas where it will form a pooled budget jointly governed by the CCG and local authority. In order to access this fund, CCGs and local authorities must jointly agree plans for how the money will be spent, and the plans must meet certain requirements.

2.9 Strategic and operational planning by the CCG must take place within the context of a 'unit of planning' that will be the North of Tees. The North of Tees Partnership Board, as the 'unit of planning' across the North of Tees, will ensure that there is strategic alignment of plans across that footprint and will encourage the sharing of best practice.

3. DEVELOPMENT OF THE BCF PLAN FOR HARTLEPOOL

3.1 In December 2013, the North of Tees Partnership Board (an existing forum that brings together key strategic partners across health and social care, which has also acted as the oversight group for the BCF) agreed the local principles for the BCF, which are consistent with the principles and aims set out in the planning guidance published on 20 December 2013.

3.2 The North of Tees Partnership Board also agreed that whilst plans would be developed at a local level, the Board would ensure that, where appropriate, similar services would be commissioned across the CCG footprint to ensure equity for local populations, avoid potential destabilisation of services and to ensure that providers are able to respond to required redesign of care pathways in a consistent and timely way.

3.3 The principles agreed were that BCF plans need to:

- support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others;
- be based on clear evidence, including cost / benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute services; and
- support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system, have positive outcomes for service users and reduce demand on acute care.

3.4 Hartlepool's BCF plan has been developed in partnership with stakeholders from the Council, CCG, primary care and community services and acute and mental health service providers. Mechanisms to develop the plan have included:

- Fortnightly meetings of the North of Tees Partnership Board to ensure that the project was on schedule and meeting the aims and objectives of all partners as well as providing a forum for discussion regarding any issues or concerns
- Fortnightly meetings between key officers of the CCG and HBC
- Joint workshops and meetings with stakeholders from HBC, community service, acute services, primary care and mental health service providers to align the schemes and projects to the existing Momentum: Pathways to Healthcare programme, and to ensure that the schemes and projects support both health and local authorities to meet their objectives.

3.5 The draft BCF plan was approved by the Health & Wellbeing Board on 13 February 2014 and the plan was submitted to the NHS England Area Team on 14 February 2014. Following this submission, further guidance has been issued regarding the assurance process and issues that are expected to be addressed within the plans. There has also been feedback provided by the Area Team identifying areas requiring clarification or further work.

3.6 The feedback received from the Area Team indicated that the plan covered at a fairly high level the strategic direction, partnership engagement and governance arrangements and how stakeholders had been engaged, and reflected a commitment to ensure genuine engagement and integration.

3.7 The feedback also identified areas to consider in terms of further work which included consideration of workforce implications and implications for primary care and a requirement to further develop risks and contingency plans (an area which had already been identified for further development when draft plans were presented to the Health & Wellbeing Board on 13 February).

3.8 In response to this feedback, and through work already planned, the following changes have been made since the plan was presented to the Board in February:

- The total BCF allocation for Hartlepool has increased from £7.19m to £7.476m following the announcement that an error had been made nationally in calculating allocations to CCGs covering more than one Health & Wellbeing Board area.
- Reference is made to closer working with public health colleagues to review existing services (such as Health Trainers and the Falls Service) to ensure there is a joined up, preventative, proactive and targeted approach.
- Reference is made to an independent review that will determine the future model of step up provision.
- Further work has been undertaken to finalise the performance metrics and targets based on national BCF data and a statistical significance calculator, but also taking into account current performance and local intelligence.
- Data has been included for the local metric regarding diagnosis of dementia.
- A contingency plan has been agreed and risks have been further developed.

3.9 The final BCF plan templates are attached as **Appendix 1** and **Appendix 2**. The planning templates include the detailed information relating to the Hartlepool BCF schemes, including a financial summary, the investment required to deliver the proposed developments and the outcomes and metrics against which the BCF plan will be measured

4. NEXT STEPS AND IMPLEMENTATION

4.1 Forthcoming key milestones for the BCF are outlined below:

Key Milestones	Timescales
Final BCF Plans to be submitted to NHS England and NHS Local Area Team as part of the CCG Strategic and Operational Plans	4 April 2014
Report to Health & Wellbeing Board detailing governance, project management and risk sharing arrangements for the BCF	28 April 2014
Detailed implementation plan to be developed and agreed with clear project plans, milestones and performance metrics for each of the schemes.	June 2014

4.2 Although the majority of the impact of the BCF plans is expected in 2015/16 it should be noted that there is a drive to deliver as much as possible during 2014/15.

4.3 The North of Tees Partnership Board will continue to provide ongoing oversight of the Hartlepool and Stockton BCF plans, ensuring that there is strategic alignment of plans across North of Tees (as the agreed 'unit of planning') and encouraging the sharing of best practice.

4.4 A project team and programme structure will be required to manage the BCF implementation. Funding is available from the CCG to help support this and detail of how this will be structured and the associated resource implications will be developed and submitted to Health and Wellbeing Board for approval in April 2014.

4.5 More detailed work is also underway to confirm the detailed risk sharing and contingency arrangements. A paper outlining these arrangements will also be submitted to the Health and Wellbeing Board for approval in April 2014.

5. FINANCIAL CONSIDERATIONS

5.1 The BCF allocation for Hartlepool is £7.476m which is made up as follows:

Funding Stream	Funding
Existing NHS Transfer to Social Care (2013/14)	£1.8m
Existing Reablement Funding	£0.61m
Existing Carers Funding	£0.2m
Additional NHS Transfer to Social Care (2014/15)	£0.5m
Capital Grants (including Disabled Facilities Grant)	£0.83m
Funding from CCG baseline budget	£3.54m

5.2 All existing resources and capital grants are fully committed and a piece of work will be undertaken to review how these resources are being deployed, to ensure that the funding is being used to improve health and social care outcomes and support the integration agenda.

5.3 A high level summary of how the available funding will be allocated across the key themes within the BCF plan is included in **Appendix 2**.

5.4 Further work will be undertaken as plans are developed to identify the funding required to deliver the BCF proposals and potential financial benefits resulting primarily from reduced admissions to hospital and residential or nursing care.

6. RISK IMPLICATIONS

6.1 The BCF requires partners to develop a shared risk register and have an agreed approach to risk sharing.

6.2 An initial risk assessment has been undertaken as part of the draft BCF plan and is included in **Appendix 1**. This is a high-level risk assessment and

more detailed risk assessments will be developed for each of the planned developments identified in the plan.

6.3 A contingency plan has been agreed which will involve 5-10% of the new resource from the CCG baseline budget being held as a contingency until there is evidence that planned developments are delivering achievements against the BCF performance indicators. For Hartlepool this will equate to between £177,000 and £354,000 with the exact figure to be agreed as plans are further developed and risks can be quantified.

7. COMMUNICATION & ENGAGEMENT

7.1 The BCF plan has been jointly developed and agreed with key stakeholders from the Council, CCG, primary care and community services and acute and mental health service providers. The plan has also been informed by a range of existing engagement activities involving service users, carers, families and the public, focusing on a range of local health and social care services

7.2 There has not yet been any formal consultation relating specifically to the BCF plans but it is recognised that further engagement and consultation activities will be required throughout the implementation of the plan and a communication and engagement plan will be developed to support implementation.

8. RECOMMENDATIONS

8.1 It is recommended that the Health and Wellbeing Board approve the final BCF plan for Hartlepool.

9. REASONS FOR RECOMMENDATIONS

9.1 It is a requirement of the BCF that plans are jointly agreed between Local Authorities and Clinical Commissioning Groups and approved by Health & Wellbeing Boards.

9.2 Final plans are required to be approved by the Health & Wellbeing Board for submission by 4 April 2014.

10. CONTACT OFFICERS

Gill Alexander
Director of Child and Adult Services
Hartlepool Borough Council
gill.alexander@hartlepool.gov.uk

Ali Wilson
Chief Officer
NHS Hartlepool and Stockton-on-Tees CCG
awilson18@nhs.net

Better Care Fund Planning Template – Part 1

Please note there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	Hartlepool Borough Council
Clinical Commissioning Groups	NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Boundary Differences	Hartlepool Borough Council and Hartlepool Health & Wellbeing Board share the same boundary. NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group also covers Stockton Borough Council area and a separate plan has been developed for the Stockton area.
Date agreed at Health and Well-Being Board:	26/04/2014
Date submitted:	04/04/2014
Minimum required value of BCF pooled budget: 2014/15	£418,000
2015/16	£7,476,000
Total agreed value of pooled budget: 2014/15	£503,000
2015/16	£7,476,000

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	NHS Hartlepool & Stockton-On-Tees Clinical Commissioning Group
By	Ali Wilson
Position	Chief Officer
Date	

Signed on behalf of the Council	Hartlepool Borough Council
By	Dave Stubbs
Position	Chief Executive
Date	

Signed on behalf of the Health and Wellbeing Board	Hartlepool Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Cllr Christopher Akers-Belcher
Date	

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it.

Our vision and plans reflect a number of existing programmes which have included health and social care providers as active participants; together with our voluntary and community sector.

The proposals in relation to the Better Care Fund were developed following confirmation of the North of Tees Partnership Board as the 'unit of planning'. Each statutory body is represented on this group; membership includes the Clinical Commissioning Group (CCG), both local authorities (Stockton Borough Council and Hartlepool Borough Council) and both Foundation Trusts (North Tees and Hartlepool NHS Foundation Trust and Tees Esk and Wear Valley NHS Foundation Trust).

The North of Tees Partnership Board;

- Agreed areas of focus for the BCF;
- Agreed principles for approval of plans;
- Provided oversight across the CCG boundaries in development of the plans;
- Agreed outcomes required and key performance indicators; and
- Ensured alignment of plans in order to achieve equitable services.

BCF proposals were further developed through:

- Fortnightly meetings of the North of Tees Partnership Board to ensure that the project was on schedule, meeting the agreed aims and objectives and dealing with issues raised by partners.
- Fortnightly meetings between the CCG and LA.
- Workshops within the LA to develop ideas and gather data and supporting evidence from a social care perspective.
- Joint workshops and meetings with stakeholders from the LA, community services, acute services, primary care and mental health service providers to align proposals to the existing Momentum programme and to ensure that proposals support both health and social care objectives.

As the North of Tees Partnership Board includes representatives of both local authorities that are within the CCG boundary there has been multi agency work undertaken to ensure that plans are aligned where appropriate. Issues identified in relation to the development of the plans are discussed and worked through by operational leads and then brought back to the North of Tees Partnership Board for agreement if required.
In addition to the work specifically related to the BCF, the Council regularly engages with

social care providers (including the care home market and providers of housing related support) through provider forums or consultation on specific issues. The Council's direction of travel in terms of personalisation, reablement and promoting independence has been consistently communicated in recent years and a number of providers have shaped their services to meet changing demand and strategic direction as a result. A recent market engagement event relating to low level services attracted interest from a range of providers, some already established in the area and some not currently providing services locally, providing a further opportunity to encourage providers and potential providers to deliver joined up services that are focused on prevention and early intervention.

The CCG actively engages with providers across health and social care and the voluntary sector. Stakeholders are active participants and members of the CCG clinical work streams and project groups, which are responsible for developing and shaping future services and delivering the transformation agenda, and have been instrumental in shaping a number of the schemes. To ensure parity of esteem between physical and mental health across the health and social care economy whilst creating new models of care, our main mental health provider has been actively engaged in appropriate clinical work streams within the CCG and has been a key member of the North of Tees Partnership Board.

The CCG has worked with providers in relation to joint engagement events (both internal and external facing) where system or service change is required and continues to work with providers in delivering the Momentum |Programme, which is the blueprint used to develop the BCF plans.

The voluntary sector is represented on the Health & Wellbeing Board, with the Chief Executive of Hartlepool & District Hospice being the nominated attendee. The Vulnerable Adults Forum, reporting to the Health & Wellbeing Board brings together commissioners and providers to develop a shared understanding of needs of the vulnerable adult population in Hartlepool, contribute to the evaluation of services and influence strategic planning and commissioning priorities

The LA and CCG see the Better Care Fund as a vehicle to build on the partnership working and integrated approach to services which has been in place in Hartlepool for a number of years, and to further improve outcomes for local people.

The Health and Wellbeing Board considered the draft plan in February 2014 before approving the final version of the plan for submission by the 4 April deadline, by which time the CCG must submit the plan to NHSE (National Health Service England) as part of its Strategic and Operational plans. A wider range of providers will also have the opportunity to consider the plan and be able to comment on it.

In addition, formal contract meetings with all acute, community and mental health providers held by the CCG will be utilised to raise the profile of the plan and seek feedback on it. It will be included in commissioning intentions and contracting principles for 2014/15 and beyond to ensure that providers are engaged in and understand the planned impact.

d) Patient, service user and public engagement
Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Active consultation with people who use services and the public has contributed to the development of plans for local services and our vision is based on what people have told us is most important to them, including local community based services that provide care close to home.

By focusing on our vision for integrated care we have been able to engage with all partners and believe this will help us to achieve true co-design of the future sustainable model for health and social care delivery.

Our vision is based on what people have told us is most important to them. Over the past year, with the establishment of the CCG and the Health and Wellbeing Board, both the Council and the CCG have engaged with people who use services, carers, residents and the workforce across the public, private and voluntary sectors about the vision and priorities for health and social care.

The CCG remains committed to this level of engagement. A recent stakeholder engagement exercise focussed on local priorities with two 'Call to Action' engagement events held using a market stall approach which was clinically led and supported by CCG staff and wider team members from our Commissioning Support Unit.

To extend this conversation beyond the events, the CCG engaged with the voluntary sector and Healthwatch to undertake further conversations with those community groups that are often deemed as hard to hear / reach.

Key themes and comments from people were
- Services close to home
- Improved communication
- Self-management for Long Term Conditions
- Improved access
- Improved Urgent Care
- Education and support for carers

The work undertaken to engage with the public and the themes identified have provided assurance that service user views are driving the development of integrated services that will meet local needs.

The CCG has a robust programme of engagement and communication to ensure that this momentum is built upon, and is committed to undertake a number of engagement events focused on specific projects including integrated care.

The Council engages with people who use services through regular forums such as the Carers Strategy Group, Learning Disability Partnership Board, Mental Health Forum and Champions of Older Lifestyles group and a Service User Focus Group that provides a user perspective on a range of issues and consultation topics. People who use services have been actively involved in the development of the Carers Strategy and Housing Care & Support Strategy, which clearly support the direction of travel for joined up services that intervene early and have a focus on prevention and maintaining people's independence for as long as possible.

Healthwatch Hartlepool is represented on the Health & Wellbeing Board and has been involved in recent consultation with service users and the public on a number of health and social care issues including domiciliary care and hospital discharge arrangements. Healthwatch Hartlepool also works closely with the Council to assess quality standards in care homes, providing a valuable independent perspective.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	**Synopsis and links**
JSNA	Joint local authority and CCG assessment of the needs of the local population in order to improve the physical and mental health and well-being of individuals and communities.
Joint Health & Wellbeing Strategy	The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Board are planning to carry out to address the needs identified in the JSNA.
Carers Strategy	Multi agency strategy that identifies the needs of carers locally and priorities to deliver improvements over a three to five year period.
Moving Forward Together	Hartlepool's vision for adult social care from 2011 – 2014.
2012/13 Local Account	Summary of the priorities, progress and future direction of adult social care in Hartlepool.
Clear and Credible Plan	Description of the main health issues and how the CCG will tackle these http://www.hartlepoolandstocktonccg.nhs.uk/publications/
CCG Prospectus	http://www.hartlepoolandstocktonccg.nhs.uk/publications/

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The system vision is: *'To develop outstanding, innovative and equitable health and social care services, ensuring excellence and value in delivery of person centred care working across both health and social care'.*

We will do this by:

- Commissioning for quality outcomes and services that deliver the required standards;
- Putting people at the heart of what we do and creating a system that is flexible and responsive enough to recognise the different needs of individuals;
- Actively seeking out unmet need as well as responding to expressed need;
- Establishing systems and processes that are sustainable and affordable to deliver continuity of care, ensuring that people are involved in decision making and planning of their own care and support, including referrals, and being helped to navigate services and systems;
- Striving to improve on what we do through change and innovation;
- Learning from successes and setbacks; and
- Ensuring we include 'Care, Compassion, Competence, Communication, Courage, Commitment' in all we do.

Residents of Hartlepool deserve the best possible 'joined up' health and social care and should get the right care, in the right place, at the right time, supporting them to have longer, healthier lives and ensuring they can say *"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me" (Integrated Care and Support: Our Shared Commitment).* This is why all partners in the public, independent and voluntary sector are working together to improve the local health and social care system.

There is already a strong focus on partnership working within Hartlepool. The Momentum: Pathways to Healthcare programme has been the blueprint for the last 5 years and is the means by which the Trust and local health community partners will reconfigure services to deliver safe, high quality, efficient and effective health services for the local population, reflecting both the expectations of the patients, and local and national initiatives which define the expectations on NHS provider organisations. This continues to provide the philosophy for the health and social care economy as closer integration is brought about.

Working in close partnership within the Momentum programme has helped us to achieve many changes in clinical services which deliver improved quality, safety and patient experience in the services that are commissioned. We now need to ensure that we continue this and ensure a joined up approach across health and social care partners. The Better Care Fund is seen as a significant step forward in developing integrated health and social care services, providing a framework for change and ensuring that partners work together to provide better support at home and earlier treatment in the

community. Through this joint planning we will be able to reduce pressures on urgent care and prevent people needing emergency care in hospital or a permanent care home admission.

Our vision of service delivery as we move forward is to have a sustained focus on integration, meaning '*organisations working together to create services that maximise health and wellbeing and address individual needs, improving outcomes and experiences for individuals and communities (Integrated Care and Support: Our Shared Commitment)'.*

Our vision is that by 2018/19 everyone is able to live at home longer, be healthier and get the right support services where required, whether this be provided by health and / or social care. We will have healthcare system where we have integrated health and social care, a focus on primary prevention, early diagnosis and intervention, and supported self-management. Where a person requires hospital treatment, if this cannot be provided in a community setting, we expect this will be carried out as a day case treatment or in an outpatient setting.

Care will be provided to the highest standards of quality and safety, with the person remaining at the centre of all decisions. Our focus will be to ensure that people can remain in their own homes or when this is not possible and they have to be treated in hospital we will ensure that their discharge is appropriately planned to ensure that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims and objectives of our integrated system are:

- To ensure that the population of Hartlepool has access to a wide range of primary prevention interventions including, but not limited to, smoking cessation services, exercise, weight management, IAPT, problem drinking support, cancer screening programmes, immunisation, social prescribing, carer's support and good nutrition.
- To identify the 'missing thousands' of people who have undiagnosed and unmanaged long term conditions such as cardiovascular disease (including atrial fibrillation and hypertension), diabetes, COPD, liver disease dementia and early cancer.
- To maximise independence and quality of life and help people to stay healthy and well through the development of integrated community health and social care services with a focus on long term conditions, frail elderly (including end of life) and dementia, delivered through the roll out of an integrated care model building on existing care planning, care co-ordination, risk stratification and multi-disciplinary working.
- To streamline care and reduce activities that are carried out by multiple organisations ensuring the right services are available in the right place, at the right time through an integrated community approach providing rapid response to support individuals to remain at home and avoid admission

- To improve people's experience of services through the introduction of a single point of access across health and social care, utilising the NHS number. We want to work towards improving systems and connectivity across the whole health and social care system that will share people's information to enhance the quality of care and ensuring continuity of delivery.
- To improve outcomes for service users and carers through clearer and simpler care pathways and proactive management of people with long term conditions. We will do this through co-designing models of care that will meet need. These pathways will be simple to understand, simple to follow and will be available for all staff, service users and carers to see.
- To have a skilled workforce that understands both the health and social care system and works across organisational boundaries, making every contact count.
- To ensure that each person has a package of care that improves their physical, social and emotional wellbeing, acknowledging that all three elements are necessary to enjoy good health.
- To support personalisation and choice by developing a range of co-ordinated alternatives to hospital and residential care. This will be delivered through investment in personalised health and care budgets ensuring individuals are able to make informed decisions.
- To ensure that digital technology is utilised innovatively to deliver the greatest possible benefit to people using services and carers across health and social care.
- To improve access to community health and social care services 7 days a week to improve user experience and provide responsive services in and out of hours, reduce delayed discharges and improve support to empower people to live independently.

Our vision for integration is ambitious, it is about establishing a landscape in which different public bodies are able to work together, and with their partners in the third and independent sectors, removing unhelpful boundaries and using their combined resources, to achieve maximum benefit for service users, carers and families.

The expected outcomes are both qualitative and quantative. We are determined that any changes we implement will have the person at the heart of them and specifically will increase the quality and timeliness of service provision.

The specific quantative aims of our the schemes are:

- To maintain or reduce the number of people aged 65 and over who are permanently admitted to residential care;
- To maintain current excellent performance in relation to delayed discharges attributable to social care;
- To maintain or reduce the number of delayed discharges and lost bed days from acute settings for people aged 65 and over who are medically fit for discharge;
- A decrease in avoidable emergency admissions of people aged 65 and over; and
- An increase in the estimated diagnosis rate of dementia.
- An increase in the number of people supported by assistive technology.
- An increase in the number of people accessing reablement services.

To support these aims, we will also expect to see significant qualitative improvements through a more integrated and person centred model of delivery including.

- Faster response times and more integrated support for individuals and their carers/families.

- Improved quality of care in care home settings; and
- Positive feedback and customer satisfaction reports.

A programme team will be established to oversee the planning, and mobilisation of the BCF proposals and the development of a performance framework to ensure that there is a detailed understanding of the impact of the services on local NHS providers and the local authority with a particular emphasis on how activity has moved throughout the health and social care system and most importantly, how the proposals have impacted on the outcomes and experiences of people using services.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The changes planned for Hartlepool mean significant change across the whole of the current health and care provider landscape and are focused in three key areas:

- Low Level Support and Management of Long Term Conditions
- Intermediate Care
- Improved Dementia Pathways

All services share a focus on provision of services as close to people's homes as possible, recognising that receiving care and support within Hartlepool whenever possible is important to our population and provides increased opportunities to maintain links with families, carers and the local community.

<u>Low Level Support and Management of Long Term Conditions</u>

People must be supported more systematically to maximise their own financial, human and community resources to achieve self-determination. We will support people to access resources in their own communities and to manage their own conditions and will work with the voluntary and community sector to ensure that those not yet experiencing acute need, but requiring support, are helped to remain healthy, independent and well. We will invest in empowering local people through effective facilitation and signposting, carers support, self-management and low level preventative services to maximise their independence and wellbeing and we will help identify and combat social isolation, as a major influence on overall health and wellbeing. We will work with our public health colleagues to review opportunities to further support and target people with a range of long term conditions in the community and / or their own homes, building upon the success of existing programmes commissioned by public health (such as Health Trainers and the Falls Service) whilst developing a more preventative, proactive and targeted approach.

We will use the BCF to:

- Commission low level services that:
  - Link people to community activities and facilities
  - Signpost and support people, providing good information

- Use facilitators to encourage people into the service and to support them to try new experiences and activities, motivate and reassure them and co-ordinate a range of activities across community based sites
- Include a community hub with meeting rooms for sessional work and services similar to those provided at the current day centres
- Provide one to one support for people who have been assessed as eligible for this service (who are likely to have high level health needs and / or dementia) either within the community hub, in the community or in a person's own home.
- Provide low level support services such as luncheon clubs and a handyperson service.

- Invest in good quality, accessible, person-centred advice, information and advocacy services that support people to manage their own conditions and maximise their own resources, as well as signposting to services where appropriate.

- Commission support and navigation services from the voluntary sector and user led organisations for people with long term conditions, such as stroke, and for people with sensory loss to help reduce social isolation and promote independence.

- Provide additional support to carers through direct payments allowing them to maintain a caring role while playing an active role in their own families / communities.

- Develop an expert carer programme that trains carers to manage the long term condition(s) of those that they care for.

- Develop an Occupational Therapy Trusted Assessor role providing advice and guidance on low level equipment and supporting daily living skills for those with lower level needs.

- Commission housing related support for vulnerable people in sheltered housing or extra care, enabling them to remain in their own homes for as long as possible.

<u>Intermediate Care</u>

We will support people in their own homes and in the community to prevent avoidable admissions to hospital and to prevent or postpone permanent admissions to residential care through providing a range of community based alternatives. Services will focus on supporting people in their own homes wherever possible through enhanced community nurse and social care intervention building upon and enhancing the model of community services already in place – the Community Integrated Assessment Team (CIAT) and Teams Around Practices (TAPS). This approach will be further enhanced through the availability of community based step up provision, which will focus on lower level health needs which currently account for high numbers of avoidable emergency admissions. When a hospital admission is necessary and can't be prevented, we will work together to ensure that hospital discharge is timely and seamless and that people are supported through reablement services to regain their confidence, maximise their abilities and develop the skills and capacity to retain their independence for as long as possible.
We will use the BCF to:

- Invest in a co-located Early Intervention model that supports hospital discharges through additional social work and occupational therapy capacity and procurement of

additional capacity within the independent sector to deliver reablement packages following a period of assessment. This will facilitate smooth hospital discharges and enable CIAT (and specifically the Rapid Response Nursing service) to discharge people efficiently following a period of intensive involvement and will be supported by a review of the current model of service for Rapid Response Nursing.

- Commission new pathways of care including a clinically led 'step up' service in the community for people requiring intensive, short term, complex nursing interventions that would normally necessitate a hospital admission. This locally focused service will ensure that Hartlepool residents are treated close to home with individual support that ensures continuity of care and is designed to meet the needs of the older population, inclusive of those with dementia. This service will primarily address the management of conditions which currently are admitted to hospital such as UTIs (the primary diagnosis for almost 400 admissions of over 65s per year in Hartlepool) and respiratory issues (the reason for almost 850 admissions of over 65s per year, at a cost of over £2m) as part of a new COPD pathway. The service will be clinically led by the most appropriate health professional and will complement existing services and those outlined in the plan. To determine the most appropriate model of care and associated pathways for the 'step up' service an independent review has been commissioned and agreed by the Unit of Planning. The review will include consideration of integrated community based services that provide enhanced support in people's own homes and step up beds within the community to deliver an alternative to hospital admission. The review will commence in April and will consist of both desk top appraisal and a clinical evaluation of the different models. This evaluation will ensure that all factors are considered in determining the most suitable, clinically safe, evidence based model which will also take into account local demographics, choice for people and their carers and provision of care close to home. This approach will ensure delivery of a sustainable future model that meets the needs of the local population.

- Expand the use of assistive technology and bring together existing community health and social care services that operate out of hours in a shared base within Hartlepool to meet planned and unplanned need for known service users overnight and during weekends. This will be achieved through:
  - a single personalised health and social care plan for all individuals with agreed contingency arrangements, risk assessment and RAG rating, linked to existing plans to roll out Emergency Health Care Plans;
  - better utilisation of personal budgets and personal health budgets which include contingency plans and can include planned access to respite care in a location of choice;
  - access to the Carers Emergency Respite Scheme;
  - proactive calls and visits;
  - reactive calls and visits that offer an integrated response and utilise skill mix to provide the most appropriate response for each individual; and
  - access to step up provision as an alternative to a hospital admission or a temporary place of safety if needed.

- Invest in additional professional support for care homes through an integrated care home liaison and support model that offers care home providers professional advice and support on a range of issues that are common factors in hospital admissions and / or safeguarding referrals. This will include pharmacist support in relation to

medication issues, falls advice and support, support in relation to pressure ulcer and continence management, respiratory nurse input, dietetics and advice on management of dementia. This model will also support the community based 'step up' provision and builds on an existing pilot that has been supported with non recurrent CCG funding.

- Invest in a 7 day community equipment service to support hospital discharges at weekends, if there is evidence that this would be beneficial.

We will also deliver on the new provisions of GMS, including a named GP for patients aged 75 and flexible provision over 7 days as well as providing additional GP input to care homes through Emergency Health Care Planning. A core focus for GPs will be on providing joined up support for those individuals with long-term conditions and complex health needs, particularly the frail elderly.

The volume of emergency activity in hospitals will be reduced and we will eliminate delays in transfers of care, reduce pressures in A&E and ensure that people are helped to regain their independence after episodes of ill health as quickly as possible.

<u>Improved Dementia Pathways</u>
It is our aim that people with dementia can access the same range and quality of services as the general population and we will ensure that new service developments are dementia friendly and easily accessible by people with dementia and their carers. We will use the learning from the North of Tees Dementia Collaborative to inform the future direction of travel, and to ensure that improvements are made and sustained.

We will use the BCF to:

- Create Dementia Advisor roles that support individuals and their families from the earliest possible point in their journey, filling the gap between health and social care and offering proactive 'stigma-free' support to individuals who need information, advice and peer support at the pace they can absorb. The advisors will work closely with the memory screening service, community mental health and social care teams to offer seamless support for people with dementia and their carers and will facilitate peer to peer dementia support so that people with dementia can meet and discuss how dementia affects them and share coping strategies.

- Provide a sitting service that supports people with dementia, providing short breaks for carers and enabling them to continue in their caring role for as long as they are willing and able to.

- Commission a service that supports people with dementia to access the community, as well as providing a building based service for those requiring this level of support.

- Develop group living services for people with dementia as a further alternative to residential care, which reduces hospital admissions and enables people to stay in their own home and end their lives there if that is their choice.

- Fund additional social work capacity to support people with dementia, including those with young onset dementia. How this resource is best provided in an integrated model will be informed by a review of the Community Dementia Liaison Service.

An overview of the timeline for key elements of the proposals are provided below:

April – June 2014

- Development of an accommodation strategy to support co-location and integration.
- Engagement with clinicians to inform the service specification for step up provision.
- Evaluation of tenders for low level services (Social Inclusion & Lifestyle Pathways).
- Additional Social Work capacity in Early Intervention in place.

July – September 2014

- Review of current model for Rapid Response Nursing and 24hr District Nursing.
- Commence tender for step up provision should service model determine this is required.
- Dementia Advisors appointed for 1 October 2014 start date.
- Commissioned low level services (Social Inclusion & Lifestyle Pathways) commence.

October – December 2014

- Conclude commissioning of step up service model
- NHS number identified for all current social care cases.

January – March 2014

- Expert carer programme commissioned.
- Appointment of additional Social Workers to support people with dementia.
- Contracts awarded for support and navigation services for LTCs and sensory loss.
- Appointment to posts providing professional support for care homes.

The outcomes of the BCF plan will be:

- Less dependency on intensive acute services due to earlier and targeted intervention.
- Fewer avoidable acute episodes through better management of conditions in the community, reducing unnecessary hospital and residential / nursing care admissions.
- A reduction in emergency bed days associated with repeat acute admissions by more timely and co-ordinated intervention.

- Reduced duplication, inefficiency and waste at the interface of care.
- Reorganisation of pathways and removal of professional boundaries.
- Health and social care delivered in a more co-ordinated, efficient and cohesive way.
- Patients and family carers knowing their individual pathway and having greater confidence in service delivery.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The implications for the acute sector are significant given that the funding to support BCF is already committed and the necessary shift of funding is most likely to come from spend with acute providers. The impact on acute providers has not been underestimated and plans have been shaped accordingly with input from NHS providers.

The main purpose of the proposed developments is to ensure that those individuals at high risk of health and social care interventions are proactively managed and supported to avoid the requirement for hospital based interventions.

We recognise to deliver the BCF plan and to achieve longer term sustainability, the overall spend in the acute sector must reduce significantly in order to properly resource the integrated out of hospital model. Through our joint workshop with the main acute provider locally, it has been agreed the proposed BCF model along with the Momentum Pathways to Healthcare programme will help us achieve this. Momentum: Pathways to Healthcare is based on delivery of a reduced hospital footprint, deliverable through scalable change in the way services are provided outside of hospital. The planned BCF developments will support this change and be a driver for transformation across health and social care.

The key to success will be in turning this high level plan into real action that allows all partners to reshape their models of service provision accordingly.

We will aim to target our efficiency savings specifically around a reduction in avoidable emergency admissions and A&E attendances, using the available data to target conditions and causes of admission which are deemed to be potentially avoidable.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

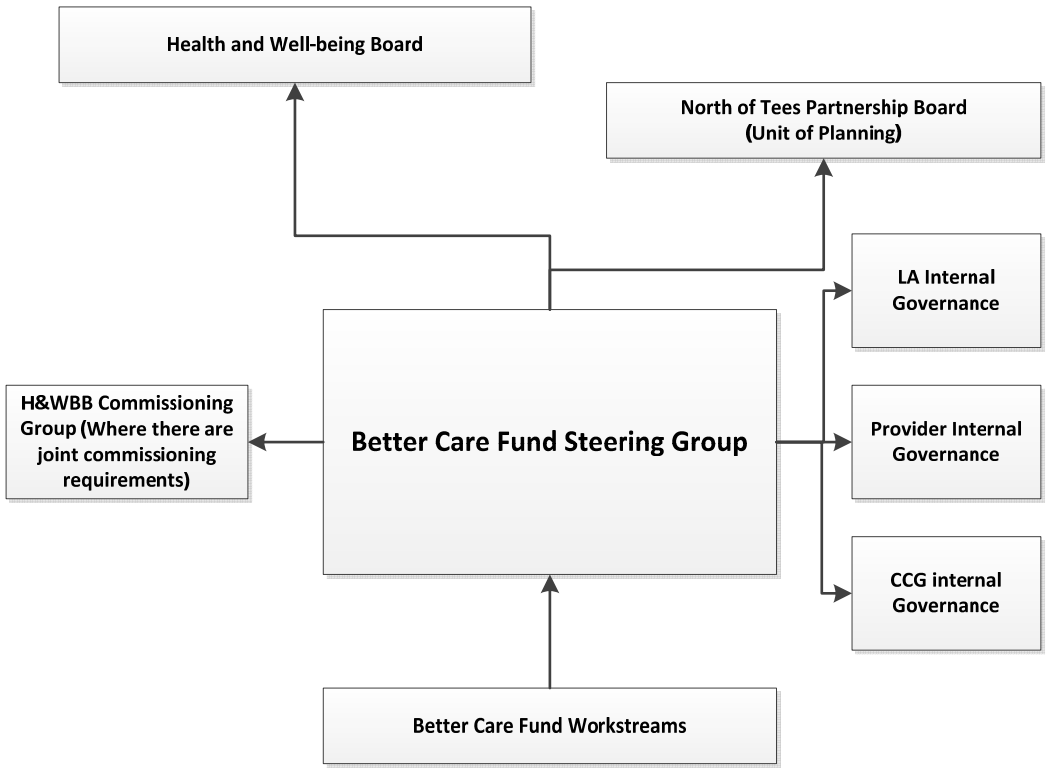
The governance mechanism that oversees the progress and the outcomes for the work in relation to the BCF is the North of Tees Partnership Board This group brings together key partners and will provide strategic direction and performance management of the BCF plan as proposals are further developed and move to the implementation phase.

The Partnership Board will provide regular progress and outcome reports to ensure all partners are able to meet their respective reporting requirements in line with their own governance arrangements. This includes but is not limited to; ensuring that the Health and Wellbeing Board remains central to the development and oversight of the proposed schemes making up the Better Care Fund and provision of regular updates via the Vulnerable Adults Forum and Joint Commissioning Executive that support the Board.

There will be regular briefings with the Local Authority lead member and updates provided to the Council's Adult Services Committee ensuring that plans are aligned with the priorities of local communities and the wider strategic direction of the Council. The Adult Services Committee is the constitutional forum for key decision making and a core part of the process for implementation of these changes and will also provide a forum for challenge and monitoring success.

The CCG Delivery Team and Governing Body will be kept appraised of the developments and kept informed of the progress of all plans; this will be achieved through development sessions and/or Governing Body meetings. Member Practices of the CCG will also be kept appraised through Clinical Time Out events, Clinical Reference Groups and Council of Member meetings. The diagram below sets out the governance arrangements for the Hartlepool Better Care Fund (BCF) programme.

Programme Management/Governance Arrangements



3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services means ensuring that people in Hartlepool with eligible social care need continue to be supported in a time of increasing demand due to the ageing population, and reducing local government resources.

This will be achieved through further integration of services that proactively intervene to support people at the earliest opportunity, ensuring that they remain well, are engaged in the management of their own wellbeing and, wherever possible, are able to stay in their own homes and retain their independence while contributing to their local communities for as long as they are able to.

Please explain how local social care services will be protected within your plans.

Funding currently allocated through the NHS Transfer to Social Care has been used to enable the local authority to sustain the current level of eligibility criteria and to maintain existing integrated services that support timely hospital discharge, delivery of reablement and telecare services, commissioning of low level support services and support for carers. Investment in these services will need to be sustained to maintain this as the social care offer for Hartlepool and to maintain current eligibility criteria and increased in order to deliver 7 day services and to address the implications of the Care Bill, which will require additional assessments to be undertaken for people who did not previously access social care and provision of further support for carers.

It is proposed that additional resources are invested in social care to deliver enhanced reablement and step up services, which will reduce hospital admissions and readmissions as well as permanent admissions to residential and nursing home care.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

The integrated health and social care out of hours service will prevent unnecessary admissions during evenings, overnight periods and weekends through the provision of personalised health and social care plans and clearly identified contingency arrangements for all people known to services, and through the provision of an integrated and appropriate response to unplanned needs. In hours, co-location of the current Single Point of Access for community services with the Council's Early Intervention Service will provide an integrated response at the first point of contact, reducing duplication and ensuring that a seamless service is provided to the individual.

Step up provision will be provided across seven days and will enable patients to be maintained in a safe environment and reduce the necessity to be admitted to hospital This service will enhance and complement the existing services commissioned.

We will develop a social work function within the integrated health and social care out of hours service, enabling social work assessments to be provided seven days a week. This will facilitate hospital discharge at weekends and enable professional social work support to be provided to the out of hours service so that decisions are made which are person centred and in the best interest of the individual. We will explore the delivery of the AMHP function through this service and the potential to review the current Emergency Duty Team arrangements (covering five neighbouring local authorities) and provide a more responsive, cost effective service based within Hartlepool and integrated with community health provision.

We will also determine if there is a requirement to invest in a 7 day community equipment service to support hospital discharges at weekends.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All health services use the NHS number as the primary identifier in correspondence.

All health providers are commissioned using the NHS Standard Contract. This contract requires completion of a valid NHS Number field and in mental health and acute commissioning data sets this is submitted via SUS. This is a national quality requirement of the contract with a financial penalty applied to breaches in threshold tolerance.

Adult social care services are committed to adopting the NHS number as the primary identifier for correspondence.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

From an NHS perspective, where individual organisations are non compliant with the NHS Standard Contract terms, a Data Quality Improvement Plan (DQIP) would be agreed to ensure that this requirement is delivered.

From a social care perspective, there is a commitment to use the NHS number as the primary identifier for correspondence by April 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

We are committed to adopting systems based upon Open APIs and Open Standards.

Adult Services are committed to ensuring that all systems are established, maintained and developed in a open style with appropriate links to partner systems and, where required, with direct interfaces between systems. This requires further development between local health and social care IT systems to enable more automatic information sharing between health and social care.

Main systems currently in use within adult social care services are ‘CareFirst’ (master system for assessment and care management), ‘Controcc’ (services, direct payments &

personal budgets, along with provider and client payments), 'Call Confirm' (domiciliary scheduling & monitoring) & 'ICLipse' (document management system).
A project will commence in 2014 to look at N3 connection for Adult Social Care.

Hartlepool Borough Council has Public Services Network Compliance Certification and robustly uses secure email, e.g. through GCSX to NHS.net emailing etc.
From a CCG perspective a high percentage of member GP practices are actively updating the Summary Care Record, and there is a commitment to adopting Open API functionality as it becomes available in the clinical systems deployed through the GPSoC2 framework (SystmOne, EMIS and InPS). The CCG will also look to include appropriate weighting in future tenders and system replacements which favour those with Accessible/Open API functionality.

The Electronic Prescription Service is currently being implemented in all member practices, which will allow prescriptions issued by clinicians to meet the ISB0052 dm+d interoperability standards for transmission to other care partners.

The CCG is currently in the early stages of a CCG wide deployment of SharePoint which utilises OpenXML document standards and will facilitate greater information availability and sharing.

All clinicians and CCG staff are using NHSMail which complies with Government 'RESRICTED' standards and can be used to communicate Personal Identifiable Information securely with other clinicians and LA colleagues using GSX Mailboxes.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

From an NHS perspective, all providers are required to comply with the terms and conditions of the NHS Standard Contract which requires confirmation from providers that they are compliant with the IG Toolkit Level 2. All providers are required to provide the relevant IG policies relating to confidentiality, data protection and information disclosure (GC21.10.1); handling and disclosing personal data (GC21.10.2 and 21.10.4); and obligations under NHS Care Records Guarantee (GC 21.10.3).

The Council's adult social care service is committed to maintaining and further developing a comprehensive range of Information Governance controls. A full range of IG policies are in place, which are overseen and reviewed by a corporate IG group and an extensive training and awareness programme is currently in place and will be reviewed during 2014. All new and revised contracts with provider agencies include a detailed Information Sharing Protocol that outlines full and comprehensive data sharing procedures. We are currently working on the Adult Social Care IG toolkit in order to gain compliance in 2014/15.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

The proposed integrated model provides a single access point for every person with whom we engage with and a single personalised plan in order to facilitate the most appropriate health and social care response, in hours and out of hours.

The model will focus on all people known to community nursing and social care services initially, and will use a range of tools to identify those at higher risk of requiring intervention. These include:

- Social Care Eligibility Criteria (FACS)
- GP Practice Quality and Outcome Framework (QOF) Registers
- Risk Stratification Assessment and Identification, which is built in to provider contracts, both in primary care and community services

The predictive risk stratification model that is currently commissioned from a health perspective is delivered in partnership across GPs and community matrons and the current predictive risk tool identifies individuals most likely to be at risk of an emergency admission in the next twelve months. This tool is to be further developed to incorporate both social and health risk to enable a targeted multi disciplinary approach to support people to better self-manage their long term condition, having an appropriate identified accountable lead.

Whilst we acknowledge that each of the above has a part to play in risk identification, we do require a more structured and joint approach to risk stratification and this will form a key work stream of our overall plan for 2014/15.

We believe focusing on high intensive current users of health and social care within our area will provide us with the maximum impact and benefit in our joint work creating and maintaining a positive environment within which we can transform and integrate local health and social care services.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	**Risk rating**	**Mitigating Actions**
There is insufficient information and data at the correct level and quality to effectively monitor outcomes (financial and performance) of all the interlinking projects and schemes and ensure overall delivery of the BCF plan	High	• Health and social care information teams will work together to ensure that information is collected and presented meaningfully to inform planning and service development. • Gaining assurance through the work streams that the planned BCF developments will deliver the required outcomes. Regular reviews will be undertaken to refine plans and potentially disinvest in schemes that fail to deliver the best outcomes • National performance measures will be used where appropriate and where these are not available a locally agreed indicator set will be developed.
The schemes are not in line with existing NHS or LA delivery plans undoing existing good practice.	Med	• Partners are, and will continue to be, involved in the development of the BCF plans to ensure that organisational plans are aligned. • The agreed governance arrangements ensure that the impact of decisions relating to the implementation of the BCF is considered by all partners on the North of Tees Partnership Board. • Plans build on the good practice already in place.
There is insufficient time to implement the schemes to have the impact in the short term on performance and savings.	High	• Plans build on existing good practice. • Existing services will contribute to delivery of the BCF plan. • Any available funding during 14/15 will be utilised to progress the schemes faster, where appropriate. • Contractual mechanisms will be used where appropriate to ensure that partners are contractually bound to deliver changes within agreed timescales.

The schemes identified in the BCF fail to deliver the required reduction in acute and care home activity by 2015/16, impacting on the funding available to support core services and future schemes.	High	• Assumptions have been modelled using a range of available data. • 2014/15 will be used to review, test, and refine the assumptions.
The focus is on performance and savings rather than being person-centred and designed to ensure that the individual receives the best possible care.	Low	• All the proposals will be implemented in a within a person centred approach. • Ongoing consultation and engagement throughout the implementation of the BCF plan to ensure service users are involved in the design of new care pathways.
Partners can't agree the best model of service delivery and / or the implementation of the model.	High	• Partners will continue to be involved in the development of evidence based services that meet local need. • The agreed governance arrangements ensure that there are mechanisms in place to reach agreement on decisions and resolve any issues via the North of Tees Partnership Board.
The non-coterminous boundaries for health and social care result in differing priorities and levels of investment that need to be managed by a single CCG and acute provider, which disadvantages Hartlepool.	High	• The North of Tees Partnership Board enables plans to be shared and implications understood with the clear service specifications in place to assure equity across both localities for people accessing services • Opportunities for joint working across the two LAs have been explored.
As current funding to social care is reduced there will be a detrimental impact on the delivery of savings and BCF outcomes.	Low	• Funding has been agreed and secured for 14/15 and 15/16 subject to the implementation of the schemes. • North of Tees Partnership Board will continue to monitor the impact of changes to social care funding and risks posed to the BCF.
Introduction of the Care Bill results in significant pressures for social care services with resulting impacts on the delivery of the BCF plan as well as the wider Health and Social Care system.	Med	• Work is being undertaken to understand the possible impact of the Care Bill; this will be refined as the detail is confirmed.
Organisational pressures and wider health and social care reform restrict the capacity of all partners to deliver the BCF plan.	Med	• Dedicated project management resources are being identified to support delivery of the BCF and capacity will be regularly reviewed.

Workforce skill mix and availability to deliver the new pathways of care is not adequate.	Med	• Workforce planning and development with Health Education North East and NHS England Local Area Team.
Shifting resources to fund new integrated services destabilises current providers, particularly in the acute sector.	High	• Further work will be undertaken to understand the wider impact of the proposed developments.

This template is to be used for part 2 of HWB BCF plans and replaces the original template available on the NHS England BCF webpage. The new version contains more information in the metrics section and is locked in order to assist in the NHS England assurance process .

This new template should be used for submitting final BCF plans for the 4th April

Association

Finance - Summary

##

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15 /£	Minimum contribution (15/16) /£	Actual contribution (15/16) /£
Hartlepool Borough Council	Y	£ 418,000	£ -	£ -
NHS Hartlepool & Stockton on Tees CCG	N	£ 85,000	£ *7,476,000*	£ *7,476,000*
BCF Total		**£ 503,000**	**£ 7,476,000**	**£ 7,476,000**

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Hartelpool Borough Council and NHS Hartlepool and Stockton-On-Tees Clinical Commissioning Group have agreed to explore the possibility of a 5-10% topslice of the additional BCF resource in 2015/16 to create a contingency. The proposed BCF developments will be evaluated throughout the year to identify added value and contribution to the delivery of the performance metrics, which may inform disinvestment and reinvestment decisions if appropriate. The CCG already has set contingencies within their financial plans which may be required should schemes not achieve agreed outcomes.

Contingency plan:		2015/16	Ongoing
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	1437057	1437057
	Maximum support needed for other services (if targets not achieved)	TBC	TBC

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please add rows to the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£	Recurrent /£	Non-recurrent /£
Low Level Services	TBC	£ 100,000		£ -	£ -	£ 1,165,000	£ -	£ -	£ -
Intermediate Care	TBC	£ 226,000		£ -	£ -	£ 4,711,000	£ -	£ 1,437,057	£ 1,437,057
Dementia	TBC	£ 115,000		£ -	£ -	£ 430,000	£ -	£ -	£ -
Carers	TBC			£ -	£ -	£ 345,000	£ -	£ -	£ -
DFG / Capital	TBC			£ -	£ -	£ 825,000	£ -	£ -	£ -
Transitional	TBC		£ 62,000	£ -	£ -		£ -	£ -	£ -
Total		£ 441,000	£ 62,000	£ -	£ -	£ 7,476,000	£ -	£ 1,437,057	£ 1,437,057

Association

Outcomes and metrics

Please provide details of how your BCF plans will enable you to achieve the metric targets, and how you will monitor and measure achievement

Permanent admissions of older people to residential and nursing homes: the expected outcome of the proposed BCF developments is a reduction in the number of admissions per 100,000 patients. The aim of the proposed developments is to maximise the ability of older people to remain independent in their own homes for as long as possible, reducing the need for permanent admissions to residential and nursing home settings, in the context of an ageing population and increased prevalence of dementia.
Proportion of older people at home 91 days after discharge into reablement / rehabilitation services: Reablement services are well established in Hartlepool and over 84% of people discharged into reablement / rehabilitation services are currently maintained in their own homes 91 days after discharge. The BCF proposals include additional investment in reablement services and support for hospital discharges and it is expected that there will be an improvement in current performance (to 92.31%) as a result of this investment. The target for this metric has been set using a 90% confidence level
Delayed Transfers of Care: Hartlepool's current performance in relation to delayed transfers of care is very good due to existing joint working arrangements between health and social care, with no delayed discharge attributable to social care ever having been reported. It is anticipated that the planned BCF developments will enable this level of performance to be maintained despite the increasing over 65 population and the increased prevalence of dementia and deliver a 15.74% reduction in the overall number of delayed transfers of care (Average per month). The target for this metric has been set using a 75% confidence level due to the already very good performance.
Avoidable Emergency Admissions: It is anticipated that CCG commissioning intentions will deliver a 7.64% reduction in avoidable emergency admissions in 2014/15 with a greater impact expected in 2015/16 as planned BCF developments are implemented. The target for this metric has been set using a 95% confidence level.
Estimated Diagnosis Rate for Dementia: The target set for this metric in the Outcomes Framework is 67%, through the BCF schemes we will look to stretch this target to 68% by the end of March 2015.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

The national metric (currently under development) will be adopted locally once finalised. From a social care perspective, results from the 2012/13 national survey of users of social care indicate that 73.6% of people using social care services in Hartlepool are satisfied with the care and support that they receive - this is the third highest overall satisfaction rate nationally.

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

Performance plans have been developed using BCF base data and agreed based on analysis of baseline data, analysis of trends in recent years, comparison with other areas within the region and demographic projections. Plans also take into account anticipated implications of planned service changes and the recommendations from the national statistical significance calculator. It is acknowledged that statistically significant changes will not be achieved against all metrics in 2014/15, but it is anticipated that there will be greater levels of improvement in 2015/16 when there is additional investment in services.
A performance framework will be developed for the BCF proposals which will provide assurance to the North of Tees Partnership Board (Unit of Planning Oversight Group) regarding delivery of projected performance. Performance will also be reported through internal processes within the Council (Corporate Management Team) and CCG (Delivery Team / Governing Body) and to the Health & Wellbeing Board on a regular basis.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Not applicable - plan refers to Hartlepool Health & Wellbeing Board only.

Please complete all pink cells:

Metrics		Baseline*	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	863.9	N/A	830.8
	Numerator	140		140
	Denominator	16205		16851
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services *NB. The metric can be entered either as a % or as a figure e.g. 75% (0.75) or 75.0*	*Metric Value*	84.62	N/A	92.31
	Numerator	55		60
	Denominator	65		65
		(Apr 2012 - Mar 2013)		(Apr 2014 - Mar 2015)
Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) *NB. The numerator should either be the average monthly count or the appropriate total count for the time period*	*Metric Value*	175.3	160.9	146.5
	Numerator	127	117	107
	Denominator	72438	72736	73062
		April 2012 - March 2013 12	Apr - Dec 2014 (9 months)	Jan - Jun 2015 (6 months)
Avoidable emergency admissions (average per month) *NB. The numerator should either be the average monthly count or the appropriate total count for the time period*	*Metric Value*	3048.3	1444.2	1354.9
	Numerator	2826	1344	1266
	Denominator	92707	93064	93439
		October 2012 - September 2013 12	Apr - Sep 2014 (6 months)	Oct 2014 - Mar 2015 (6 months)
Patient / service user experience *For local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used*		*(State time period and select no. of months)* 1	N/A	*(State time period and select no. of months)* 1
Local measure *Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework indicator 2.6.i)*	*Metric Value*	60.36		67.99
	Numerator	632		773
	Denominator	1047		1137
		Apr 2013 to Sep 2013 6	*(State time period and select no. of months)* 1	*Apr 2014 - Mar 2015* 12

HEALTH AND WELLBEING BOARD

26th March 2014

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT (QUARTER 3)

1. PURPOSE OF REPORT

1.1 To update the Board on the performance to date against actions and performance indicators within the Health and Wellbeing Strategy.

2. BACKGROUND

2.1 The Health and Wellbeing Strategy was agreed in April 2013. The Health and Wellbeing Board are required to provide a performance update on the Strategy to the Councils Audit and Governance Committee.

3. PROPOSALS

3.1 This performance report, which gives the position on performance at the end of quarter 3, has been produced to reflect the newly established Governance arrangements of the Health and Wellbeing Board. Performance is identified against the newly established Vulnerable Adults and Health Inequality Forums as well as the existing Children's Strategic Partnership. Each of these groups is responsible for the delivery of the Health and Wellbeing Strategy outcomes set out below;

Children's Partnership

- Outcome 1 – Give every child the best start in life.
- Outcome 2 – Enable all children and young people to maximise their capabilities and have control over their lives.

Vulnerable Adults Forum

- Outcome 3 – Enable all adults to maximise their capabilities and have control over their lives

Health Inequality Forum

- Outcome 7 – Strengthen the role and impact of ill health prevention

3.2 The remaining themes of the Health and Wellbeing Strategy not covered within this report are

- Outcome 4 - Create fair employment and good work for all
- Outcome 5 - Ensure healthy standard of living for all
- Outcome 6 - Create and develop healthy and sustainable places and communities

The actions and Performance indicators within these outcomes are also reported through the Councils performance framework, information on these can be provided upon request.

4.0 QUARTER 3 PERFORMANCE

4.1 Children's

The detailed performance report for this theme is attached as **appendix 1**. In summary there are two outcomes within this area, these are; Outcome 1 – Give every child the best start in life, and Outcome 2 – Enable all children and young people to maximise their capabilities and have control over their lives. Overall there are 13 actions within this outcome; progress is good with 6 actions complete and 7 actions on track for completion. Of the 4 indicators that are targeted 3 are target achieved and the remainder being deemed as making acceptable progress. Further detail on the monitored PI's can be found in Appendix 1.

4.2 Vulnerable Adults

The performance report for this theme is attached as **appendix 2**. There is one outcome from the Health and Wellbeing strategy within this theme which is; Outcome 3; Enable all adults to maximise their capabilities and have control over their lives. The performance report for this outcome is attached as appendix 2. In summary all of the 11 actions are on track to be completed or are completed. In terms of 12 targeted PI's 9 are on track to be achieved and 3 are identified as progress acceptable.

4.3 Health Inequality

The performance report for this area is attached as **appendix 3**. There is one outcome from the Health and Wellbeing Strategy within this area which is Outcome 7; Strengthen the role and impact of ill health prevention. Of the 10 actions within this area 1 is completed, 4 are on track to be completed and 5 are identified as being progress acceptable. Of the 4 targeted PI's 1 is on track to be achieved and 3 are deemed as making acceptable progress. A further 5 PIs are monitored only.

4. NEXT STEPS

4.1 Agreement is sought as to how future performance reporting of the three sub groups to the Health and Wellbeing Board is taken forward for 2014 / 2015 and whether each group should develop and annual action plan with key performance indicators.

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board note the Quarter 3 performance report of the Health and Wellbeing Strategy.

5.2 That the Health and Wellbeing Board agree how the performance management framework for the Health and Wellbeing Strategy is developed for 2014 / 15, for example whether each group produces an annual action plan to be agreed by the Health and Wellbeing Board.

6. REASONS FOR RECOMMENDATIONS

6.1 A performance management framework is necessary to manage and measure the delivery of the Health and Wellbeing Strategy.

7. CONTACT OFFICER

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5.1 Appendix 1

Outcome 1. Give every child the best start in life

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives

Actions

Outcome 1. Give every child the best start in life
Objective Deliver Early Intervention Strategy

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW24	Implement the Early Intervention Strategy	31-Mar-2014	Action Completed	100%	Strategy implemented and year one evaluation completed. Children's Services committee approved savings.	13-Jan-2014
CAD 13/14 HW25	Embed common assessment as a means to identify and respond to need	31-Oct-2013	Action Completed	100%	Common Assessment is now shared assessment between agencies to identify early needs. Work still ongoing to audit quality	30-Sep-2013
CAD 13/14 HW26	Implement the Early Years Pathway delivering targeted support to children pre birth to five	30-Sep-2013	Action Completed	100%	The Universal Plus programme in Hotspot areas has been launched and will result in every new pregnancy being allocated a Family Support Worker at 20 weeks pregnant. The Family Support Worker will support the Midwife and then Health Visitor to ensure that families access all of the facilities open to them. A copy of the working papers describing the pathway is attached. In addition to this practical approach to families the Health and Family Support Services will be co-located from the end of September 2013.	09-Aug-2013

Outcome 1. Give every child the best start in life
Objective Reduce child poverty

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 JE02	Re-write the Hartlepool 11-19 Strategy.	31-Mar-2014	Action Completed	100%	The 11-19 Strategy has now been re written and will not be reviewed again until 2014.	15-Jul-2013

CAD 13/14 JE03	Provide support for vulnerable young people to enable them to be economically active.	31-Mar-2014	Action Completed	100%	We have seen a slight increase in the numbers of young people NEET in comparison to the previous year. However Hartlepool continues to compare favourably with both regional & Statistical Neighbours who are all experiencing the adverse affects of the ongoing economic downturn.	08-Jan-2014
CAD 13/14 HW22	Implement the Child Poverty Action Plan	31-Mar-2014	Action On track	75%	Action plan in progress	13-Jan-2014
CAD 13/14 JE06	Develop training package for family workforce to identify poverty issues and support parents in poverty	31-Mar-2014	Action On track	80%	First Contact and Support Hub continue to support professionals to support families that are in poverty.	13-Jan-2014
CAD 13/14 JE07	Develop partnership outreach process to ensure that families understand and plan for Welfare Reform	31-Mar-2014	Action On track	75%	Advice and Guidance service is in development to ensure that the public receive holistic advice in relation to welfare reform and money management	13-Jan-2014
CAD 13/14 JE08	Support workforce to identify risk factors re: child poverty/welfare reform and implement appropriate packages of support	31-Mar-2014	Action On track	60%	First Contact and Support Hub workers continue to work closely with lead practitioners to ensure that family plans include financial oversight/welfare reform	13-Jan-2014

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Children and young people are empowered to make positive choices about their lives

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 JE01	Reduce the level of young people who are Not in Employment, Education or Training (NEET) by implementing NEET Strategy	31-Mar-2014	Action Completed	100%	We have seen a slight increase in the numbers of young people NEET in comparison to the previous year. However Hartlepool continues to compare favourably with both regional & Statistical Neighbours who are all experiencing the adverse affects of the ongoing economic downturn.	08-Jan-2014
CAD 13/14 JE04	Ensure access to high quality learning opportunities that increase the skills and qualifications of local residents via implementing the Adult Education Service	31-Jul-2014	Action On track	50%	Curriculum planning has been undertaken to develop new skills programmes for the new term starting in January. These programmes are now in place and have again been developed in line with government priorities to meet the needs of the local community.	13-Jan-2014

	Plan					
CAD 13/14 JE05	Increase the take up of Apprenticeships by liaising with local employers to increase opportunities	31-Jul-2014	Action On track	40%	Further development work has taken place between Adult Education and local business employers to offer increased opportunities and apprenticeship participation. This will continue over the coming months to ensure local business needs and requirements are met.	13-Jan-2014

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Develop and deliver new approaches to children and young people with special educational needs and disabilities

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 LLS07	Implement all actions identified in the Learning Difficulties & Disabilities (LDD) action plan	31-Mar-2014	Action On track	75%	The action plan continues to be monitored by the SEN/LDD steering group, all actions are currently on track.	08-Jan-2014

Performance Indicators

Outcome 1. Give every child the best start in life
Objective Deliver Early Intervention Strategy

		Annual						
Code	Short Name	Q1 2013/14 Value	Q2 2013/14 Value	Q3 2013/14 Value	Q4 2013/14 Value		Expected Outcome	Note
NI 53a	Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks	Data not yet available						A statement from DH says that breastfeeding data for

					Q1, Q2 and Q3 will all be issued at the same time, likely to be February 2014. This is due to transition. NHS England will capture breastfeeding at general practice level which will be aggregated up to CCG and LA level.
NI 55(iv)	The percentage of children in Reception who are obese	11%		Monitored	Data from the Health and Information Care Centre which was released in December 2013 demonstrates that there are 11% of children in Reception who are obese.
NI 56(ix)	The percentage of children in Year 6 who are obese	21.2%		Monitored	Data from the Health and Information Care Centre which was released in December 2013 demonstrates that there are 21.2% of children in Year 6 who are obese.
NI 75	Percentage of pupils achieving 5 or more A*- C grades at GCSE or equivalent including English and Maths	57.2%		Collected Annually	Validated data taken from the Statistical First Release Website (November 2013 publication). The UK National figure is 58.6%
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate	36.6 / 1000 (latest available data 2012)		Monitored	On 2nd December the Office for National Statistics released the 3rd quarter of the under 18 conception rate for 2012. This demonstrates a rate of 36.6 per 1,000 girls aged 15 to 17. In terms of numbers this equates to 18 conceptions which is 3 more that the same quarter in 2011. We are expecting the release of the 2012 data in February 2014

Outcome 1. Give every child the best start in life
Objective Reduce child poverty

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
CSD P051	Proportion of children living in workless households	Data not yet available					Monitored	new indicator, data not yet available
CSD P093	Percentage gap between pupils eligible for the pupil premium and their peers achieving at least level 4 in reading, writing and Maths at Key Stage 2	24%					Collected Annually	Data taken from the Statistical First Release website (December 2013 publication). Pupils eligible for FSM = 62%, Non FSM pupils = 86%, The difference is **24%** The National figure is 19%
CSD P094	Percentage gap between pupils eligible for the pupil premium and their peers achieving 5 A*-C grades at GCSE (and equivalent) including GCSE English and Mathematics at Key Stage 4	30.4%					Collected Annually	DfE Performance Tables report 30.4% gap between disadvantaged and non-disadvantaged pupils in Hartlepool secondary schools. The national gap is reported as 26.9%.
NI 117	Percentage of 16 to 18 year olds who are not in education, employment or training (NEET)	Data not yet available					Collected Annually	Hartlepool value has increased by 0.1% compared to 2011/12. However Hartlepool was lower than the NE Regional average which reported 8.3%

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Children and young people are empowered to make positive choices about their lives

Code	Short Name	Annual Q1 2013/14 Value	Q2 2013/14 Value	Q3 2013/14 Value	Q4 2013/14 Value		Expected Outcome	Note
NI 79	Percentage of young people achieving a Level 2 qualification by the age of 19	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 80	Percentage of young people achieving a Level 3 qualification by the age of 19	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 81	Percentage gap in the achievement of a Level 3 qualification by the age of 19 between those claiming free schools meals and those that are not	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 82	Percentage gap in the achievement of a Level 2 qualification by the age of 19 between those claiming free schools meals and those that are not	Data not yet available					Collected Annually	There is no new data to report this information is reported annually
NI 111	Number of first time entrants to the Youth Justice System aged 10-17 per 100,000 population (aged 10-17)	85	266	404			PI Target achieved	Quarter 3 provisional data. 38 first time entrants to the Youth Justice system. The Office of National Statistics 2010 mid-year estimate for ages 10-17 is 9,400. Therefore, 38 / 9400 x 100k = 404).
RPD P054	Youth Unemployment rate (Hartlepool) The proportion of economically active 18 to 24 year olds who are unemployed (LAA JE7) [A]	15.2	14.6	13.5			Monitored	Further improvement in line with fall in overall unemployment.

Outcome 2. Enable all children and young people to maximise their capabilities and control over their lives
Objective Develop and deliver new approaches to children and young people with special educational needs and disabilities

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
CSD P060	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving level 4 or above in reading, writing and Maths at Key Stage 2	46%					Monitored	46% of SEN pupils achieved L4+ compared to 92% of Non SEN achieving L4+, this equates to a differences of 46%. Data generated from LA Primary Analysis Packs
NI 105	Percentage gap between pupils identified as having Special Educational Needs (SEN) and their peers achieving 5 A*-C grades or equivalent including English and Maths at Key Stage 4	31.7%					Monitored	Provisional data shows 31.7% gap. Data will be validated for quarter 4.

5.1 Appendix 2

Outcome 2. Enable all Adults people to maximise their capabilities and control over their lives

Actions

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Adults with health and social care needs are supported to maintain maximum independence

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW35	Increase the number of people using assistive technology as a means to remain independent.	31-Mar-2014	Action On track	75%	The number of people using assistive technology as a means to remain independent continues to increase with over 1,430 users at end of October 2013 which exceeds the year end target of 1,250.	07-Jan-2014
CAD 13/14 HW38	Implement the recommendations from the Hearing Loss Strategy, as well as supporting people with a disability into employment.	31-Mar-2014	Action On track	64%	An update on the implementation of the Hearing Loss strategy was provided at a meeting with Hartlepool Deaf Centre on 16th January 2014. A brief update was presented with progress in a number of areas reported. Comments received were complimentary. It was also confirmed that funding would be made available to tender for a Focus on health Project and a Deaf advice services.	24-Jan-2014
CAD 13/14 HW39	Develop services to provide information and support to carers with a focus on short breaks and access to employment opportunities.	31-Mar-2014	Action On track	61%	The carers' group has now moved to a quarterly meeting so Hartlepool Carers will be updating the Action Plan at the next meeting early in the new year and this will cover support given to Carers. The recent Carers' Event was well attended and included a market stall approach with a plethora of groups and organisations offering information and advise to carers.	20-Dec-2013
CAD 13/14 HW40	Work collaboratively with partners to implement the National Dementia Strategy in Hartlepool.	31-Mar-2014	Action On track	75%	The North of Tees Dementia Collaborative is working well with seven Rapid Process Improvement Workshops delivered as planned within a year. Improvements are now being measured and maintained and the success of the RPIW to reduce inappropriate A&E attendances from care homes has resulted in the CCG agreeing	07-Jan-2014

					funding for this to be rolled out to all care homes. All partners have agreed to continue funding for the Collaborative Project Manager for a further year until October 2014.	
CAD 13/14 HW41	Work in partnership with health partners to develop robust reablement services that promote maximum independence, facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges.	31-Mar-2014	Action On track	75%	Referrals are back up to the norm after a seasonal decrease in the summer. Length of package remains at approx 6 weeks with 70% requiring no further services following the period of re-ablement. The information system is to be adjusted to enable a flag to be recorded where the person has dementia to enable a more detailed picture of how many people with dementia are being referred to re-ablement.	08-Jan-2014
CAD 13/14 HW42	Continue to promote independence and facilitate recovery for people with mental health needs by increasing the numbers of personal budgets and direct payments, promoting independence and increasing volunteering and employment opportunities.	31-Mar-2014	Action On track	60%	Over 500 people with MH needs who meet the criteria now have a personal budget. Of these 74 people currently have a Direct Payment, and 249 people in total have or have had a Direct Payment since 2010.	08-Jan-2014
CAD 13/14 HW44	Improve the transitions process to ensure every child and young person in transition (aged 14-25) with a disability has a person centred outcome focused plan for adulthood.	31-Mar-2014	Action On track	70%	Progress of children and young people is monitored through a multi-agency Transitions Operations Group. These meetings will utilise information from the proposed Single Plan (one plan) to better inform commissioners and ensure person centred outcome focused plans are implemented. Hartlepool is an early implementer of the SEND 0-25 Pathfinder. HBC is awaiting the outcome of the children and Family Bill and social care Bill both expected to give clarity and new regulations for Transitions. Early indications suggest that any Child assessed with a disability who will have needs as an adult will not pay a contribution towards their care.	24-Jan-2014

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Meet specific housing needs

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
HS 3A15	Implement changes to the Choice Based Letting (CBL) scheme (Common Allocations Policy) following the review in 2012.	31-Mar-2014	Action Completed	100%	All changes introduced following the review of the CBL system have been implemented. The new policy and procedures have been finalised and adopted.	06-Jan-2014
RND 13/14 HO06	Assist people to maintain independent living through the provision of minor adaptations	31-Mar-2014	Action On track	50%	During Quarter 3, 358 minor adaptations were carried out to assist people.	06-Jan-2014

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW36	Continue to increase the number of people accessing personal budgets through focused work in mental health services, developing personal budgets for carers and continued work with health partners.	31-Mar-2014	Action On track	90%	The Partnership agreement with TEWV to carry forward integrated MH services in Hartlepool has been signed for another year. Over 500 people with MH issues who meet the FACS eligibility criteria have a personal budget.	07-Jan-2014
CAD 13/14 HW37	Further develop local arrangements to safeguard vulnerable adults, ensuring the engagement of all strategic partners and an appropriate and timely response to any new legislation that is introduced.	31-Mar-2014	Action On track	80%	The Hartlepool Safeguarding Adults Board (HSAB) Statistics & Safeguarding Progress Report for 2012/13 were presented to the Adult Services Committee in June 2013 along with the HSAB Strategic Objectives and Action Plan for 2013/14. The Strategic Objectives and Action Plan for 2013/14 have been ratified by HSAB and actions will be delivered and progress monitored throughout the year. Partners continue to be engaged in the Hartlepool Safeguarding Adults Board and work is underway to determine the local response to the new legislation regarding statutory Adult Safeguarding Boards and the future relationship between the local arrangements and the Tees wide Safeguarding Vulnerable Adults Board.	07-Jan-2014

Performance Indicators

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Adults with health and social care needs are supported to maintain maximum independence

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
ACS P050	Access to equipment and telecare: percentage equipment delivered in 7 days (LAA HC37a)	91.54%	93.6%	91.9%			PI Progress acceptable	Latest updated information is 91.9% from August 2013. Further information has not yet been received from Tees Community Equipment Service (TCES) as they have been implementing a new on-line system for all partner agencies. Information is due in January and will be updated as soon as available. Discussion with the TCES manager has confirmed that performance is consistent around the 90% level, but the actual figures have not yet been produced.
ACS P051	Access to equipment and telecare: users with telecare equipment (LAA HC37b)	1,211	1,366	1,501			PI On track to achieve target	Quarter 3 figure is expected to exceed the year end target figure of 1250.
ACS P088	Percentage of people who received intermediate care or reablement package on discharge from hospital who remain at home 91 days after discharge	89.5%	83.7%	83.7%			PI On track to achieve target	Information is a quarter behind, due to the nature of collecting the information 90 days later, i.e. those people who are at home or in extra care housing or an adult

								placement scheme setting three months after the date of their discharge from hospital. Therefore Qtr 2 information is reported in Qtr 3 etc. Performance of 83.7% is above the target figure of 70%, which points to very good performance.
NI 125	Percentage of older people achieving independence for older people through rehabilitation/intermediate care	89.5	83.7	83.7			PI Progress acceptable	Latest information (due to built in 91 days time lag on this PI) is for the period up to the end of September 2013 - figure of 83.7%, which is very good performance.
NI 131	Average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+	0.0	0.0	0.0			PI On track to achieve target	This figure is on target at 0 rate of delayed discharges (due to social care). This is based on information for the period April to November 2013, as the figures for December 2013 will not be published until the end of January 2014.
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information as a percentage of all people receiving a community based service	6.8%	14.8 %	20.8 %			PI On track to achieve target	Quarter performance of 20.8% is slightly under the 3rd quarter level of expected performance of 22.5% (yearly target 30%). This is very good performance and is expected to meet the year end target once additional components are added in to this figure, ie. from Hartlepool Carers and Tees Esk & Wear Valley (TEWV) Mental Health Trust.
NI 136	Number of people supported to live independently through social services (all adults) per 100,000 population	5262 .00	5311 .00	5488 .00			PI On track to achieve target	Performance up to Quarter 3 is on track to achieve the year end target.

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Meet specific housing needs

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
NI 145	Percentage of adults with learning disabilities in settled accommodation	22.9%	40.9%	52.3%			PI On track to achieve target	This information relates to 201 people in settled accommodation out of 384 people with learning disabilities known to the council. These 201 people are those that have had assessments or reviews so far during the year. If all people with learning disabilities in settled accommodation were included, the figure would be 297 out of 384 giving 77.3%, which is above the 73% target. On this basis, year end performance is expected to reach the target figure.
NI 149	Percentage of adults receiving secondary mental health services in settled accommodation	87.9%	88.9%	88.3%			PI On track to achieve target	Latest information now received from Tees, Est & Wear Valley (TEWV) NHS Trust which gives the quarter 3 performance figure of 88.32%. This is a cumulative figure made up of 446 people in settled accommodation out of a total of 505 service users. This is good performance above the year end target of 70%.

NI 156	Number of households accommodated in temporary accommodation each quarter	0	0	0			Monitored	On the last day of the quarter no relevant households needed to be provided with temporary accommodation
RPD P022	The number of Disabled Facilities Grants completed (HSG DPI 5)	17	24	22			Monitored	144 DFGs completed during 2012/13

Outcome 3. Enable all adults to maximise their capabilities and have control over their lives
Objective Vulnerable adults are safegaurded and supported while having choice and control about how their outcomes are acheived

		Annual						
Code	**Short Name**	**Q1 2013/14**	**Q2 2013/14**	**Q3 2013/14**	**Q4 2013/14**		**Expected Outcome**	**Note**
		Value	**Value**	**Value**	**Value**			
NI 130	Social care clients receiving Self Directed Support	99.7	98.8	100.0			PI On track to achieve target	This figure is made up of 2,125 people who are eligible for a personal budget being in receipt of a personal budget. The figure is susceptible to small degrees of variation as new people start receiving support and others may cease support, but this is still well above the year end target of 80% and is excellent performance.
NI 146	Percentage of Adults with learning disabilities (known to the Council) in paid employment	2.6%	7.3%				PI Progress acceptable	The Employment link team have since merged with Econ and Regeneration. A Service Level Agreement is in place and key performance measures are captured. The National average for this client group is 7% Hartlepool compares favourably with this

								comparison.
NI 150	Percentage of adults receiving secondary mental health services that are in paid employment	13.9 %	12.6 %	12.9 %			PI On track to achieve target	Latest information now received from Tees, Esk & Wear Valley (TEWV) NHS Trust which gives the quarter 3 performance figure of 12.9%. This is a cumulative figure made up of 65 people in settled accommodation out of a total of 505 service users. This is good performance above the year end target of 7%.

5.1 Appendix 3
Outcome 7. Strengthen the role and impact of ill health prevention

Actions

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the health inequality gap between communities across Hartlepool

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 HW01	Develop a corporate approach to measuring excessive winter deaths	30-Sep-2013	Action Completed	100%	Committee discussed the issue of 'cold kills' at the October meeting. The Committee considered issues relating to winter deaths across a range of partners including the fire service. The national measurement for calculating excess winter deaths used by Public Health England was used as part of the Committee discussion.	13-Jan-2014
CAD 13/14 HW02	Be an active lead partner in the delivery of the physical activities workstream for Public Health	31-Mar-2014	Action On track	75%	Partnership working with Public Health continues to be very effective and is supporting key outcomes within the Public Health agenda and the service is due to be transferred to the new Public Health Department in January. Key initiatives are detailed as follows. Success was achieved with the pilot and consultation for FiiT Hart - over 20 families accessed the physical activity sessions and proved a real success. The feedback received was that families would like to see continuation of this type of activity so they can do something together. Not all families were the correct target group for the programme however consulting with those most in need revealed that they were intimidated by a group environment even if it was with people who are experiencing similar issues. One to one provision was preferred so it was considered how this could be managed effectively. A new pathway has been devised for launch in January and already families are very keen to take	13-Jan-2014

					part. This approach allows a real focus on the motivational interviewing and behaviour change model that has been identified as key to weight management programmes within NICE and other guidance. Families will received one to one support with a physical activity and nutritional specialist (4 hours each) and they will be directed into appropriate services based on their need specifically. This approach has attracted keen interest from partners and networks that are keen to see if it has the desired impact. There are a number of families already signed up to pilot this new approach and a waiting list is beginning to be collated. As part of the BHF programme, the Sport & Physical Activity Team have developed a training programme for teachers and young leaders to support the long term impact and development of sustainable structures in schools. In September/October 2013 DCFA hosted a Level 1 course at Grayfields which was well received. The course attracted candidates from a wide range of backgrounds and 20 successfully completed the course. During the month of October, England Handball delivered a Handball Leaders/ Introduction to Teaching course at Brierton Community Sports Centre. 14 candidates attended the course - these comprised of teachers (primary/secondary), college students and Sport and Physical Activity staff. Since delivery of the training provision has commenced in both primary/secondary schools, further plans to implement a town competition structure have been discussed. Furthermore, DCFA delivered a sport specific first aid course in November 2013. This training was attended by 10 and feedback from participants was positive. Cardio Tennis training course was arranged during December 2013 at Dyke House Sport and Technology College. The training generated a great deal of interest and as a result of teachers being trained, 3 educational establishments were provided with Cardio Tennis equipment to ensure	

					sustainability. Further to the above, all courses for 2014 have been scheduled and a new partnership has been formed with Rounders England who are scheduled to deliver a UKCC Level 1 and Young Leaders Award course. Leadership Conferences were arranged in October and November 2013. The first date in October was a huge success with 48 students from 6 educational establishments in attendance. Courses delivered as part of the conference included Tennis (Leaders and Competition Organisers – 16), Rugby (RugbyReady and Level 1 Refereeing Children – 18) and Hockey (Quicksticks and In2 – 14). The second conference took place in November 2013 and again proved extremely popular with 54 students present from 8 educational establishments. Training carried out included Football (Junior Football Leaders Award – 21), Netball (Young Netball Organisers – 18) and Badminton (Junior Helper Award – 15). Following completion of the 2013 Leadership Conference, feedback has been received and work is underway with delivery and planning for an additional date in 2014. Furthermore, schools have been provided with a copy of the new sports club directory where those wanting to create school links have been highlighted. This will help feed qualified leaders in to a club environment. Supplementary to this schools have put delivery plans in place whereby leaders will assist with delivery in cluster primary schools. The Edan (Escape Diabetes, Act Now) project has just seen its first cohort complete their one year follow up. The results from group 1 have been positive. The programme format included coaching patients using gym based exercise techniques at least twice a week and delivering nutritional advice sessions fortnightly. The group were closely trained over a 12 week period as well as given home programmes to complete as part of their regular daily activities.	

					Results were then obtained from their General Practitioner at 6 month and 12 month intervals. The end results for group 1 were obtained and are identified below: · Blood Glucose Levels were reduced with a mean of 4.25% · Total cholesterol levels were reduced with a mean of 5.5% · HDL Cholesterol levels were increased by a mean of 1.5% · Waist circumference was reduced with a mean of 20% · BMI was reduced with a mean of 0.6% All figures obtained were positive and show that the programme and long term compliance can reduce the risk of early onset of diabetes. Hartlepool pre and post natal physical activity programme is developing well and will link into the wider obesity pathway looking at Maternal obesity specifically which is increasing within the Hartlepool locality. Instructors have now accessed specialist training and will begin delivery in January 2014. A New and Expectant Mum's leaflet is in final draft and will support to raise awareness of physical activity before and after birth. The draft timetable is in place and will commence W/C 20th January 2014. Risk Assessments and PARQ have been signed off by the Mum's on the Move planning group and will be reviewed periodically throughout the programme for revision and changes. A new Begin to Dance programme will launch at various stages throughout January to target a broad range of target groups. The programme will be based at the Borough Hall and delivery will be done by Nouveau Fitness and will offer a range of dance genres covering all ages.	
CAD 13/14 HW16	Review, update and implement Smoking in Pregnancy Action Plan	31-Mar-2014	Action On track	75%	The annual action plan continues to be reviewed, updated and monitored quarterly to ensure implementation. The regional project - babyClear is to commence activity January 2014 - all key staff now trained and staffing in place.	02-Jan-2014

CAD 13/14 HW04	Implement the early detection and awareness of cancer programme across Hartlepool	31-Mar-2014	Action Progress acceptable	75%	Work continues through the Be Clear on Cancer campaign	13-Jan-2014
CAD 13/14 HW06	Ensure all eligible people (particularly in high risk groups) take up the opportunity to be vaccinated especially in relation to flu	31-Mar-2014	Action Progress acceptable	75%	NHS England are leading on the promotion of flu vaccination and the Director of Public Health is assuring these plans are robust to protect the health of the population. The flu vaccination programme is underway. The County Durham and Tees Valley Immunisation Screening Board has been established with Toks Sangowawa from the Tees Shared Service representing the Tees DPHs. A flu vaccine for 2-3 year olds has been piloted which is delivered as a nasal spray with a plan to roll out nationally in 2014/15. A shingles vaccine has been introduced for 70-79 year olds	13-Jan-2014
CAD 13/14 HW07	Ensure all eligible groups for respective screening programmes are aware and able to access screening	31-Mar-2014	Action Progress acceptable	75%	NHS England are leading on the promotion of screening programmes and the Director of Public Health is assuring uptake rates are robust and services accessible to protect the health of the population.	13-Jan-2014
CAD 13/14 HW10	Influence the commissioning of effective based Stop Smoking and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town	31-Mar-2014	Action Progress acceptable	75%	An update on the work of the Stop Smoking Service and the smoke free alliance will be taken to F & P at the end of January	13-Jan-2014

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the number of people living with preventable ill health and dying prematurely

Action Code	Action Title	Due Date	Expected Outcome	Progress Bar	Latest Note	Last Modified Date
CAD 13/14 CS01	Ensure effective integrated treatment of Drug and Alcohol services	31-Mar-2014	Action On track	31%	All services involved in multi agency development plan	12-Jan-2014
CAD 13/14 HW17	Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)	31-Mar-2014	Action On track	85%	HYPED continue to respond well and contract monitoring shows good outcomes being achieved.	13-Jan-2014

CAD 13/14 HW12	Ensure the delivery of comprehensive sexual health services	31-Mar-2014	Action Progress acceptable	75%	Public Health continues to lead the commissioning and contract management of sexual health services and the main provider of service is Assura	13-Jan-2014

Performance Indicators

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the health inequality gap between communities across Hartlepool

Code	Short Name	Annual Q1 2013/14 Value	Annual Q2 2013/14 Value	Annual Q3 2013/14 Value	Annual Q4 2013/14 Value		Expected Outcome	Note
ACS P035	GP Referrals - Of those completing a 10 week programme the percentage going onto mainstream activity	81%	83%	84%			PI On track to achieve target	Remains on course to achieve target at year end
LAA HW P001	Percentage of women smoking during pregnancy	Data not yet available					Monitored	No data yet available for quarter one of 13/14 Always one quarter behind
NI 120a	All-age all cause mortality rate - Females (directly age standardised mortality rate per 100,000 population)	Data not yet available					Monitored	Quarterly data for 12/13 not yet available
NI 120b	All-age all cause mortality rate - Males (directly age standardised mortality rate per 100,000 population)	698.09 latest available data					Monitored	2012 figure published in 2013 is 698.09 Quarterly data for 12/13 not yet available
NI 121	Mortality rate from all circulatory diseases at ages under 75 (directly standardised rates per 100,000 population aged under 75)	64.40 latest available data					Monitored	2012 figure published in 2013 is 64.40

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the health inequality gap between communities across Hartlepool; Reduce the number of people living with preventable ill health and dying prematurely

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
ACS P081	Number of patients completing a 10 week programme of referred activity recommended as a health intervention	52	82	60			PI Progress acceptable	The number of participations attending all 10 weeks of their referred activity continues to be below the target set. This is not an indication of poor performance but more about the different range of health issues that participants have within each cohort and the tendency of some clients (eg with mental health issues) to not attend all sessions. As we move forward as a service, we are developing more specific interventions to deal with specific medical issues (eg diabetes) running alongside but linked to the GP Referral Programme and we are currently looking at the revision of the 10 week programme as a consequence. This may mean the revision of our targets for next year. This quarters figure is obviously affected by the Christmas and New Year break. The other point to note is that we are looking more and more at outcome based intervention and the parallel

								PI that looks at clients sustaining their activity 6 months after doing the initial 10 week programme remains to be extremely high (84% for Quarter 3) which is more indicative of the value and performance of this discrete area of specialist work.
NI 122	Mortality rate from all cancers at ages under 75 (directly standardised rates per 100,000 population aged under 75)	130.60					Monitored	Data just released confirming 11/12 rate and providing 12/13

Outcome 7. Strengthen the role and impact of ill health prevention
Objective Reduce the number of people living with preventable ill health and dying prematurely

Code	Short Name	Annual					Expected Outcome	Note
		Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14			
		Value	Value	Value	Value			
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Data not yet available					PI Progress acceptable	Data has started to come through again from new sources however this is still behind.
NI 113b	Number of positive diagnoses for Chlamydia in the resident population aged 15 -24	117					Collected Annually	The number of positive tests for Chlamydia from April to June is 117 out of 1,287 screening tests. This equates to a positivity rate of 9.1% (Source: NHS National Chlamydia Screening Programme) January 2014
NI 123	Stopping smoking - rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	381	696				PI Progress acceptable	No data available for quarter 3 - this information is always one quarter behind

HEALTH AND WELLBEING BOARD

26 March 2013

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: Process for Response to Pharmacy Applications and Publication of Supplementary Statements to Pharmaceutical Needs Assessments

1. PURPOSE OF REPORT

1.1 For the Board to confirm the process for response to Applications made to NHS England Area Team to provide Pharmaceutical Services in the Hartlepool Health and Wellbeing Board area.

1.2 For this Board to confirm the process for publication of Supplementary Statements to the Pharmaceutical Needs Assessment for Hartlepool.

2. BACKGROUND

2.1 In previous reports the Health and Wellbeing Board (HWB) was updated on statutory duties and responsibilities regarding the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations[1] 2013 SI 2013/349 and Pharmaceutical Needs Assessments.

2.2 The Health and Wellbeing Board's duties include the requirement to respond to any consultation request from NHS England in respect of pharmacy applications and undertake the decision-making required in relation to the publishing of any associated Supplementary Statement.

2.3 This paper provides detail of the processes by which

- a response may be provided by the Health and Wellbeing Board during the process of an application made to NHS England to provide or amend pharmaceutical services
- the Health and Wellbeing Board will review outcomes of the decision-making by NHS England in relation to such applications or notifications of change to pharmaceutical services, in relation to the

[1] Hereafter referred to as the 2013 Regulations

Pharmaceutical List, and any consequent impact on the need for pharmaceutical services in Hartlepool[2]

- the Health and Wellbeing Board will review other changes which might impact on the need for pharmaceutical services in Hartlepool[3] (outside of a full review)
- the decision to publish a Supplementary Statement to the Pharmaceutical Needs Assessment will be made and subsequently actioned.

3. PROPOSALS

3.1 **Routine applications.** When an applicant makes a routine application for inclusion in, or amendments to, a pharmaceutical list, NHS England must process that application in accordance with the 2013 Regulations. Schedule 2, Part 3 (19) requires NHS England to notify certain parties, including the HWB, as soon as is reasonably practicable, of a notifiable application.

3.2 Those notified may make representations in writing about the application, provided they do so within 45 days of the date on which notice of the application was given to them. This provides the HWB the opportunity to provide any view in response to the application, supportive of, or in addition to what might already be provided in the current Pharmaceutical Needs Assessment. The HWB may also advise if it would wish to be represented at any Oral Hearing at which the application be considered, should NHS England determine that this is required.

3.3 In order that notifications are processed within the required time-frame, and suitable records are maintained, is proposed that the Health and Wellbeing Board delegate duties as follows:

- that NHS England be advised to address all correspondence regarding such applications to the Pharmaceutical Adviser in the Tees Valley Public Health Shared Service (TVPHSS)
- that the Director of Public Health has authority delegated from the HWB to provide responses to NHS England on their behalf
- that the TVPHSS provides pharmaceutical advice to support the Director of Public Health regarding representations to be returned
- that responses will be reported to the Health and Wellbeing Board at the next meeting, in closed proceedings where necessary. (i.e., until such time as the decision on the application has been made).

3.4 **Review outcomes of decision making.** NHS England will notify the Health and Wellbeing Board (via TVPHSS) of the outcome of their decision on an application, and also of any notifications of changes to services made by existing providers (e.g., changes to Supplementary hours). The Health and Wellbeing Board is required to review any changes notified and determine

[2],[3] as described in the NHS Hartlepool PNA (2011) and any Assessment subsequently published by the HWB

any impact on the need for pharmaceutical services and update any map as required.

3.5 It is proposed that the Health and Wellbeing Board delegate the process of initial review of any changes to services to the Director of Public Health. Review of the changes will determine whether or not there is a requirement to publish a Supplementary Statement or to review the PNA (in accordance with the 2013 Regulations).

3.6 The Health and Wellbeing Board will thereafter receive notice of changes made to pharmaceutical services, reviews undertaken, and approve any Supplementary Statements to be published, on a periodic basis, according to decisions/ changes notified (approximately quarterly).

3.7 Changes made, including any Supplementary Statements and updates to maps if required, will be published on the TVPHSS website.

3.8 **Potential changes that might affect pharmaceutical needs.** Where any other circumstance arises that might have implications for pharmaceutical need, outside of the period of formal development and review towards publication of the next PNA, the Director of Public Health with present this to this Board for discussion with the support of TVPHSS.

4. RISK IMPLICATIONS / LEGAL CONSIDERATIONS

4.1 Applications to provide or amend pharmaceutical services are determined in accordance with the 2013 Regulation. The use of PNAs by NHS England for the purpose of determining applications for new premises is relatively new. It is anticipated that many decisions made will continue to be appealed and that eventually there will be judicial reviews of decisions made by the NHS Litigation Authority's Family Health Services Appeal Unit. It is therefore important that the HWB establishes and follows due process in relation to its duties affecting pharmaceutical services applications and the PNAs.

5. RECOMMENDATIONS

5.1 It is recommended that the HWB agree the processes outlined.

6. REASONS FOR RECOMMENDATIONS

Included in the body of the report

7. BACKGROUND PAPERS

7.1 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

8. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

26th March 2014

Report of: Director of Public Health

Subject: FACE THE PUBLIC EVENT 23RD JUNE 2014

1. PURPOSE OF REPORT

1.1 To update the Board on the proposal to hold the Health and Wellbeing Board Face the Public Event on Monday 23rd June in the Councils Civic Suite.

2. BACKGROUND

2.1 The Health and Wellbeing Boards Terms of Reference state the Board shall hold a Face the Public Event each 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.

3. PROPOSALS

3.1 It is proposed that the event will be held on Monday 23rd of June between 4:30pm and 7pm. A programme for the event is yet to be finalised, however it is suggested that three breakout sessions are held which will cover;

- Healthwatch
- Better Care Fund
- Health Inequalities

4. NEXT STEPS

4.1 In order to plan and promote the event it is suggested that the Board agree to establish a small sub group which will oversee the planning, delivery and evaluation of the event.

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board agree that the Face the Public event will be held on the 23rd June 2014

5.2 That the Board agree to setting up a small sub group to deliver the Face the Public Event

6. REASONS FOR RECOMMENDATIONS

6.1 The Health and Wellbeing Board are required to hold a Face the Public Event each year as set out within its Terms of Reference.

7. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

26 March 2014

Report of: Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG and Healthwatch Hartlepool

Subject: Call to Action

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with the output from the CCG's activity in relation to call to action including the Healthwatch Hartlepool's engagement activity undertaken on behalf of the CCG. The report includes the full report produced by Healthwatch Hartlepool.

2. BACKGROUND

2.1 Nationally, NHS England launched a Call to Action in July 2013, which outlines the key challenges facing the NHS over the next 10 years. CCG's are responsible for undertaking local engagement activities alongside health and wellbeing boards, local authorities and other local partners such as charities and patients groups

2.2 The CCG in response to a call to action and building upon our engagement plans have held a number of public engagement events on:

- 12 November 2013, 6-8pm at the Baltic Suite, Hartlepool's Maritime Experience, Jackson Dock, Maritime Avenue, Hartlepool.
- 3 December 2013, 6-8pm at Norton Education Centre, Junction Road, Norton.

They were clinically led and covered the priority topic areas listed below:

- Children and Young People
- Long term conditions
- Mental Health and Learning Disabilities
- Maternity
- Urgent & Emergency Care
- Frail & Elderly/End of Life

2.3 The events were based on a market stall approach with clinicians leading each market stall, clinicians were able to respond to direct questions and note concerns from members of the public. Questionnaires produced were

available on each market stall to complete at the event or to take away and return to help inform our priorities.

2.4 Separately to the market stalls, an interactive element was undertaken whereby each member of the public was given 4 tokens and then asked prioritise and place their tokens in one of the 7 boxes based on core health care values:

- Close to Home
- Safe service and well trained staff
- Continuity of care
- Health services via mobile phone and internet
- Appointments on an evening or a weekend
- Supporting you to look after yourself
- Friendliness and person centred care

2.5 The CCG also undertook the following engagement activity:

- Circulated information widely to over 700 stakeholders including members of the public registered on MY NHS, community and voluntary groups, GP practices and GP patient groups.
- Developed a dedicated page on the CCG website incorporating an online questionnaire.
- Ran a supplement in the Hartlepool Mail on 26 October 2013 and advertisement in the Evening Gazette on 27th November, which was used to promote 'A Call to Action' and advise local people how they could have their say.
- Press releases and tweets were supplied by the Area Team to support the above activities.
- Undertook a clinical reference group with GP's on 14th January 2014 to obtain their views on a call to action.

2.6 As well as undertaking public engagement, the CCG actively sought the views of people with Hartlepool and Stockton, in particular hard to hear/reach groups. The CCG commissioned Catalyst (in partnership with Healthwatch Stockton) and Healthwatch Hartlepool to undertake a focussed exercise to consult with a number of key groups over an intensive period between November and January. The questions used were the same as those set out in the questionnaire to gain an accurate measure and output; however both organisations were able to adapt the questions where necessary in terms of terminology and structure to ensure they are fit for purpose for the specific audience.

3. HEALTHWATCH HARTLEPOOL REPORT

Approach

3.1 For this piece of work Healthwatch Hartlepool embarked on engaging with 20 under-represented groups who may previously failed to engage due to age, race, disability or sexual orientation. Unfortunately there was a barrier in

respect of residents who suffer from a learning disability as the questionnaires were unavailable at the time of the work programme in an 'easy read' version. HealthWatch Hartlepool, upon request, was provided with a large print version of the questionnaire for some of our responders. Subsequently they were only able to consult with 18 out of 20 anticipated, identified groups within the Voluntary & Community Sector. Healthwatch Hartlepool does feel the range of groups and level of responses is representative of the cohort we targeted for consultation purposes.

3.2 Staff within the Healthwatch Hartlepool team visited the wide range of Voluntary & Community sector groups over a six week period albeit they had initially expected to undertake the exercise within a four week period. Due to the holiday period and providing for responders to return their completed questionnaires after careful consideration they experienced a delay in concluding the exercise. This was to strike a balance of the time extension with the benefit of provided a robust report, greater responses and more meaningful/useful data.

3.3 Groups consulted – Diabetes Support Group, Voice for You (LD), Asylum Seekers Support Group, Wharton Annexe Young People, Stranton Seniors, Breathe with Ease, Millennium Surgery Patient's Panel, Harbour Women's Refuge, Deaf Awareness Support Group, Richard Court Sheltered Housing, Belle Vue Community Association, Laurel Gardens Extra Care, R2B LGBT support, L-Birds LGBT Support and the Transgender Support Group at Hart Gables.

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3.4 As with the public meetings the standard questionnaire was utilized which is divided into 6 sections, each with 8 questions. Responders were advised that they could fill in the sections that were of interest to them rather than complete the entire questionnaire. A total of 112 completed questionnaires were returned from our 18 engagement events.

Summary

3.5 Whilst the consultation results were far reaching there was a common theme around communication and access to services. A concern that was repeated in most key sections of the questionnaire was one around transport and the need to travel outside of the borough. It will come of no surprise that respondents focused on the migration of services from Hartlepool to North Tees yet there was an overwhelming desire for more services to be provided locally complimented by a greater number of home visits.

3.6 Healthwatch Hartlepool anticipates from the results that there is a clear alignment between the expectations of respondents and the key actions embedded in the future implementation of the Better Care Fund. Whilst there was recognition of diminishing resources respondents did indicate there needs to be a shift in priorities and a greater focus on maintaining front-line services, invest in training & development and enhance communication for the hard to reach.

3.7 A full copy of the Healthwatch Hartlepool report is attached to this report at **Appendix 1**.

4. NEXT STEPS

4.1 Information gathered through 'A Call to Action' is currently being triangulated to identify common themes and issues raised through the various engagement activities and the output of this information will be shared with stakeholders

4.2 Consideration of specific actions required (including CCG response and encouraging partners to respond also) and the output will be used by the CCG to support the development of the organisation's 2 year operational and 5 year strategic plan.

4.3 Finally this is not the end of the CCG's engagement activity including 'A Call to Action'. We welcome ongoing input from local people, partners, stakeholders, patients and carers.

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board

- note the approach taken with regard to A Call to Action
- note the findings of the Healthwatch Hartlepool engagement with seldom heard groups
- encourage joint working arrangements to ensure that the issues identified are responded to by both commissioners and providers.

6. REASONS FOR RECOMMENDATIONS

6.1 Coordinated communication and engagement between any local commissioners, providers and patient organisations and their partner Health & Wellbeing board are integral to the success of all service areas.

7. BACKGROUND PAPERS

NHS England 'A Call to Action' document, published July 2013

8. CONTACT OFFICER

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healthwatch Hartlepool

Report of HealthWatch Hartlepool – 'Listening to the Seldom Heard'

The NHS belongs to the people A CALL TO ACTION

Background

Nationally NHS England called upon the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.

The publication, 'The NHS belongs to the people: a call to action' sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains static yet there are rising expectations of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

Sir David Nicholson, Chief Executive of NHS England said

"The NHS was set up to provide high quality care for patients, free at the point of need. The NHS has stayed true to this aim and to do so in the future, we must embrace new ways of working. The NHS, like every other healthcare provider in the world, is facing these challenges. Too often, the answers are to reduce the offer to patients or charge for services. That is not the ethos of the NHS and I am clear that our future must be about changing, not charging. To do so we must make bold,

clinically-led changes to how NHS services are delivered over the next couple of years."

"*The focus needs to shift from buildings and onto patients and services. The NHS was 65 years old last week and throughout its history our services, staff and treatment has evolved as medicine, technology and evidence has changed. Our success in extending life means people living longer, but with more conditions and illnesses such as dementia that were not common twenty years ago. New technology means earlier diagnosis and better treatment, but this costs more and we are not reaching everyone we need to. The NHS can increasingly deliver care at home, yet too often patients have to travel around buildings."*

"We are facing demands, opportunities and investment unimaginable when the NHS was created in 1948. New data is available now to highlight where we get it right – and as importantly, where we get it wrong. We are setting all this out today – including the funding gap – to encourage the public and doctors and politicians to have an honest and realistic debate about how they want their local NHS to be shaped. With the new independence of NHS England and the establishment of GP-led commissioners, we can find local answers to meet these challenges."

Commenting on NHS funding, Sir David continued:

"Our analysis shows that if we continue with the current model of care and expected funding levels, we could have a funding gap of £30bn between 2013/14 and 2020/21,which will continue to grow and grow quickly if action isn't taken. This is on top of the £20bn of efficiency savings already being met. This gap cannot be solved from the public purse but by freeing up NHS services and staff from old style practices and buildings. "

The document set out a number of the latest facts on the NHS, including demand, the changing demographics of the patients being treated and the growth in long term conditions. These include:

- The NHS treats around one million people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- The difference in life expectancy between the richest and poorest parts of the country is now 17 years
- Around 80 per cent of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and poor diet
- One quarter of the population (just over 15 million people) has a long term condition such as diabetes, depression, dementia and high blood pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed

- Hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times for likely to spend a day in hospital that those under 65
- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030
- Around 800,000 people are now living with dementia and this is expected to rise to one million by 2021
- Since it was formed in 1948, the NHS has received around four per cent of national income
- Modelling shows that continuing with the current model of care will lead to a funding gap of around thirty billion between 2013/14 and 2020/21

Locally as part of the 'BIG CONVERSATION' NHS Stockton & Hartlepool Clinical Commissioning Group along with partner organisations held meetings to discuss these issues. These meetings provided a mechanism for patients and the public to have a genuine say in how the NHS of the future will look.

Following on from these events HealthWatch Hartlepool were tasked with building on this feedback by seeking a contribution to the debate from the 'seldom heard' via a range of Voluntary & Community Sector organisations and groups.

Consultation

HealthWatch Hartlepool is the independent voice on health and social care for people in Hartlepool. From April 2013 we emerged from what was the Local Involvement Network and accepted the increased powers and responsibilities for the 'public voice'. These included responsibility for information giving, working collaboratively with ICA as the advocacy service for people making complaints about the NHS and having a seat on both the new Health & Wellbeing Board and the Hartlepool locality group of the NHS Stockton and Hartlepool Clinical Commissioning Group. This work around the NHS 'Call to Action' has been included in this year's work programme published and promoted on our website www.healthwatchhartlepool.co.uk

For this piece of work Healthwatch Hartlepool embarked on engaging with 20 under-represented groups who may previously failed to engage due to age, race, disability or sexual orientation. Unfortunately we were presented with a barrier in respect of residents who suffer from a learning disability as the questionnaires were unavailable at the time of our work programme in an 'easy read' version. HealthWatch Hartlepool, upon request, was provided with a large print version of the questionnaire for some of our responders. Subsequently we were only able to consult with 18 out of 20 anticipated, identified groups within the Voluntary & Community Sector. Healthwatch Hartlepool does feel the range of groups and level of responses is representative of the cohort we targeted for consultation purposes.

Staff within the Healthwatch Hartlepool team visited the wide range of Voluntary & Community sector groups over a six week period albeit we had initially expected to undertake the exercise within a four week period. Due to the holiday period and providing for responders to return their completed questionnaires after careful consideration we experienced a delay in concluding the exercise. We had to balance the time extension with the benefit of provided a robust report, greater responses and more meaningful/useful data.

Groups consulted – Diabetes Support Group, Voice for You (LD), Asylum Seekers Support Group, Wharton Annexe Young People, Stranton Seniors, Breathe with Ease, Millennium Surgery Patient's Panel, Harbour Women's Refuge, Deaf Awareness Support Group, Richard Court Sheltered Housing, Belle Vue Community Association, Laurel Gardens Extra Care, R2B LGBT support, L-Birds LGBT Support and the Transgender Support Group at Hart Gables.

Questionnaire responses:

As with the public meetings we utilised the standard questionnaire which is divided into 6 sections, each with 8 questions. Responders were advised that they could fill in the sections that were of interest to them rather than complete the entire questionnaire.

A total of 112 completed questionnaires were returned from our 18 engagement events.

Healthwatch Hartlepool is delighted with the level of responses and also the completeness of comments, which articulates the overall satisfaction levels across the borough from a cohort of residents who are historically considered hard to reach.

Numbers given relate to the number of people giving same/similar response. A number of questions permitted respondents to provide their own comments, these comments have been included. Where the same point was made by a number of respondents, this has been indicated by a number in brackets following the comment.

A. Long- term conditions

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for patients with long-term conditions is high	19	31	11	2	4
I have confidence and	12	34	14	6	2

trust in the safety of local health services for patients with long-term conditions					
The local NHS delivers safe, high quality care for patients with long-term conditions	13	34	11	4	5

2. How do you think services could be improved?

Better Care – People with long-term conditions together with their carers need to be made aware of local support groups (3) – Put the correct information into the computers – Faster referrals – Just do the job – By making services easier for those with learning disabilities (2) –Planned follow-up with continuity i.e. contact with same doctor – See older people at home (5) – More training and/or experienced staff needed on front-line (6) – Consistency of staff to sustain confidence - Bring back all hospital services to Hartlepool (10) – remove 'Trust' status and return to central government control – I am happy with the current service provision – Longer GP hours – All services in Hartlepool need improvement other than 'Diabetes' services – Talk to people & listen (3) – Repeat prescriptions should be signed for and available promptly – A better phone service – Bring back direct contact with respiratory unit – Staff politeness – Better communication required for those with overlapping conditions i.e. Mental Health/Gender Dysphoria (2)

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Employ qualified nurses and not 'bank' nurses who lack continuity of contact (2) – Get rid of Chief Executive and Directors and 'hangers on' – Less managers (6) – Misuse of NHS equipment, materials and transport (2) – Too many chiefs and not enough Indians – Get rid of call-centres (4)- Reduce the salary of higher management and stop the 'Golden Hand Shakes'(2) – Open fully the University Hospital of Hartlepool – Stop paying for 1st class travel for senior staff – Undertake a medication review and stop unwanted repeat prescriptions – Increase the work tackling smoking and obesity

4. How can we help people with long-term conditions do more to keep healthy and well?

More information required on how to access services on health issues (6) I feel this country has lost its community spirit therefore any ideas of how to counteract this should be explored – Encourage activity where possible (3) – Partnership in community as well as health provision – people 'live' in community – Employ more doctors, surgical staff and nurses (4) – More education on conditions (3) – More home visits (4) – More check-ups – More information on diets – Better communication including use of BSL interpreters (3) – A fully functioning hospital in town (3) – If people are able they should be encouraged to join support groups, Peer

support (2) – Listen to people – Consider the needs of those with learning disabilities – Encourage independence – Advise on the importance of exercise- More mobility aids (3) – More support for carers

5. What stops people doing this and how could the local clinical commissioning group help?

Make information more accessible including easy read versions (6) – Lack of money (2) – Confidentiality –Information not always available or understood – Not sure of service availability – Additional funding for Deaf/hard of hearing groups - More local clinics to reduce travel (6) – GP's should be made aware of local support groups (3) – Get out and talk to people and listen to people/patients(2) – Look into the health checks and screening of those with learning disabilities – Try to make them more independent – Advise on the importance of exercise – Efficient medications – Invest in training more

6. What three things would make the biggest difference to patients living with a long-term condition?

Better help, being able to get the help and get the help at home (10) – Community support/Key worker (4) – Caring approach (2) – Communication including BSL interpreters (2) –Being treated as an individual – Knowing one can get help as soon as possible – Travel easier if needed (6) – Good GP – Feel as if wanted by being visited – Families encouraged to visit more – Home care if required (3) – Confirmation of help available & reassurance – Someone to talk to (2) – Regular health checks – Suitable accommodation and nourishment – Availability of help & information (4) –Rapid help to be available when needed (2) – Contact with helpful organisations (3) – More awareness of conditions (5) – Better looked after (2)

7. In relation to long-term conditions, which THREE of the following are most important to you? (Please tick only THREE)

Services are easy to access (34)
Services are available at weekends (34)
There are good public transport links (32)
Parking is easy (11)
The service is close to where I live (27)
The quality and safety of the care provided (36)

8. Is there anything else you would like to say about services for patients with long-term conditions?

More integrated services i.e. Health & Social care check-ups like it used to be - Knowledge of illness, medication and care provision in an easy to understand form (3) – Housing suitable to need – Care for diabetes is very good – Being able to see your named nurse quicker and easier e.g. Respiratory (6) – Disabled parking to be near entrances not utilised by staff – Deaf awareness – Better transport – The service I receive is good but could be improved upon – Living with a Learning

disability I am not sure how I would manage without the support of my care worker – Need diagnosis and medication quicker – More awareness training for reception staff re gender identity

B. Children and young people

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for children and young people is high	6	17	9	1	7
I have confidence and trust in the safety of local health services for children and young people	8	19	8	2	4
The local NHS delivers safe, high quality care for children and young people	10	15	7	2	7

2. How do you think services for children and young people could be improved?

Less waiting times, have more GP's (7) - Better liaison with groups caring for children – Stop bullying – Less BME doctors (2) – Hartlepool Hospital should re-open fully (2) – Listen to children in schools with greater needs – Greater training for staff re Learning Disability patients rather than sending them home too early –More mental health nurses – Priority care for children and young people with A & E

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

No TV screens just shout patients' names –Reduce senior executive salaries – Bring services back to Hartlepool

4. How can we help children and young people do more to keep healthy and well?

Free access to activities e.g. swimming – More activities & schemes that are interesting e.g. sports including basketball(5) – More healthy eating events as well as trying to keep children and young people off alcohol and drugs, perhaps utilising schools (4) – Provide the same services as those for adults – More advice & information packs (6) – Stop smoking

5. What stops them doing this and how could the local clinical commissioning group help?

Lack of education – More advice (3) – More Youth clubs (3) – People won't listen – Advertised too much – Money invested in sports facilities (2) – More support around bullying – Greater CAHMS service (2) – Increase in use of technology e.g. Apps for phones and iPad

6. What three things would make the biggest difference to services for children and young people?

Quicker waiting times (2) – Friendlier service (3) – Make services more accessible (3) – More social activities – GP's more available – Free swimming classes – Food to tackle poverty – Medication – Clean accommodation (housing) – Provide more information, more support and more education (2) – Stopping smoking, alcohol abuse and drug abuse – Free car parking – Respect (3) – More attractive doctors

7. In relation to services for children and young people, which three of the following are most important to you? (Please tick only three)

Services are easy to access (23)
Services are available at weekends and in the evenings (22)
There are good public transport links (13)
Parking is easy (1)
The service is close to where I live (10)
The quality and safety of the care provided (22)

8. Is there anything else you would like to say about services for children and young people?

Young people need more support – Understand that young people are not in control of their health care all of the time – Services are OK but there is little regard for respect and simply being taken seriously

C. Urgent & Emergency Care

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local urgent and emergency care services is high	8	17	14	14	1
I have confidence and trust in the safety of urgent and emergency care services	10	14	19	9	2
The local NHS delivers safe, high quality urgent	9	17	16	10	3

and emergency care					

2. How do you think urgent and emergency care services could be improved?

Better access in Hartlepool(2) – Have a doctor at the One Life 24/7 – Keep service at the University Hospital of Hartlepool (19) – Too far away – No-one knows about it at the One Life – I think they are doing well – Waiting times too long (6) – Reduce time wasted on drunks and disorderly (2) – Take more care of the elderly – More information to be supplied on which services to access (4) – Fine time wasters – More doctors on weekend (7) – More specialist doctors – Better nursing at North Tees – Carry on as they are

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Quality of standards is not assured from a university degree – Better nursing was provided in the past – More staff on front-line not managers (8) – Nursing staff require practical training on patient care (2) – Cut down on paperwork – Get rid of One Life (2) – More funds to be put into NHS to protect services – The building of a new hospital (2) – Free access to NHS by patients without British Citizenship – Cost of drug rehab

4. How can we help people to use urgent and emergency care services in the right way?

Awareness raising/education (9) – Access 24/7 to doctors (4) - Immediate treatment –More local bus services to hospital – Use local doctors (2) – People should initially take advice from their GP (3) – Reduce waiting times – provide A & E in Hartlepool

5. What stops them doing this and how could the local clinical commissioning group help?

Phone services are complicated and confusing –Give more information on time (4) – Doctors hours are more like office hours unfortunately (4) – People with special needs to be afforded better understanding and help – Invest in staff and not management with consistency across Hartlepool and Stockton (2)

6. What three things would make the biggest difference to patient experience?

Clean surroundings – More friendly, caring, sympathetic, knowledgeable staff (14) – Doing their job properly – Accessing appropriate care(4) – No long waiting times (6) – Help to get home and adequate transport (6) – Home visits when needed (6) – Better communication/information (7) – Water to drink whilst waiting

7. In relation to urgent and emergency services, which three of the following are most important to you? (Please tick only three)

Services are easy to access (27)

Services are available at weekends and in the evenings (25)
There are good public transport links (14)
Parking is easy (6)
The service is close to where I live (18)
The quality and safety of the care provided (26)

8. Is there anything else you would like to say about urgent and emergency care services?

Continuing care in home as necessary to cope with the after-shock (delayed shock) and coping with domestic tasks –Prompt and efficient care with understanding of 'trauma' effect – difficulty coping with transport home and living possibly alone (2) – Hartlepool emergency care is terrible – It should not take 4 hours for an ambulance to arrive - See more doctors weekday and weekend (2) – From personal experience they offer a quick and efficient service – More ambulance drivers and social workers – They do very well

D. Maternity

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local maternity services is high	2	6			4
I have confidence and trust in the safety of local maternity services	3	5			4
The local NHS delivers safe, high quality maternity services	2	6			4

2. How do you think maternity services could be improved?

Not to let a pregnant lady sit down for 2 hours waiting to be seen – More midwives – regular updates on waiting times

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Why pay mothers to breastfeed babies when it should just be personal choice

4. How can we help pregnant women do more to keep healthy and well?

Health eating guides – More education to promote what is available including greater per-natal classes (3) – Exercise sessions

5. What stops them doing this and how could the local clinical commissioning group help?

Offer more home/individual support – More investment

6. What three things would make the biggest difference to maternity services?

Save money (Do not pay mothers to breastfeed) – Better transport to services – A fully functioning hospital in Hartlepool without the need to travel to North Tees – More midwives/maternity nursing

7. In relation to maternity services, which three of the following are most important to you? (Please tick only three)

Services are easy to access (4)
Services are available at weekends and in the evenings (3)
There are good public transport links (2)
Parking is easy (0)
The service is close to where I live (5)
The quality and safety of the care provided (3)

8. Is there anything else you would like to say about maternity services?

N/A

E. Frail Elderly (including End of Life)

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for elderly people is high	7	18	22	3	1
I have confidence and trust in the safety of local health services for elderly people	4	13	24	7	3
The local NHS delivers safe, high quality care for elderly people	5	16	20	9	1

2. How do you think services for the elderly and frail could be improved?

Home visits if required (9) – Fear there is a lack of training of care staff (8) – Elderly people are not burdens, imbeciles or neurotic, they are often slower in action, speech or understanding – Health reviews every 6 months – Better transport links (3) - Tackle ageism (2) – Listen to the elderly person's views and opinions – Lack of trust is the greatest barrier to improvement – Make decisions following meaningful

consultation – Too many managers (2) – Ways to combat isolation – Treat with dignity(2) – More fundingfor more staff (4) – Stop closing services – Elderly care to be a Local Authority responsibility

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Fewer managers and more practical support/trained front-line staff (10) – Help for drug rehabilitation – Bring back matron (3) – Reprioritise monies to those areas of greatest need – Avoid privatisation

4. How can we help older people do more to keep healthy and well?

Free fitness classes (2) – Encourage more physical activity where possible and attention to diet, as well as more community contact (9) – More assistance with home care (7) – More information (5) – Citizens' Advocacy & one to one support (2) – Hep with transport – Get well clinics- Good care by qualified staff(2) – Keep services open

5. What stops them doing this and how could the local clinical commissioning group help?

Payment of facilities when on a fixed income (2) – Apathy, pain, shyness, ignorance – Need motivation to get mind and body integrated(4) – More people to support moving about (4) – More money(4) – Better transport (2) – Stop closing local hospitals in favour of larger ones – Rapid response – Direct resources into patient care (3) – More communication with the elderly

6. What three things would make the biggest difference to health services for elderly people?

More Information on what is available (3) – Integrated services – A good GP who knows you and your case (4) – Free access (3) – Practical training of NHS personnel – Join a group – Help with motivation and confidence issues (3) – Development of long term plans – Flu and shingle injections (prevention) – Personal plans for long term complex conditions (2) – Attend and one-stop shop for health each year – More dementia care – More staff on wards(4) – Ensure water given to patients regularly – Local (easy access) to health care(4) – Easy Access to medication – Food to combat poverty (2) – Help with prescriptions – More funding (4) – More empathy (2) – Social workers for the elderly – More help for those living alone – Give out helpful literature with prescriptions

7. In relation to services for the elderly and frail, which three of the following are most important to you? (Please tick only three)

Services are easy to access (27)
Services are available at weekends and in the evenings (20)
There are good public transport links (14)

Parking is easy (7)
The service is close to where I live (12)
The quality and safety of the care provided (26)

8. Is there anything else you would like to say about services for the elderly and frail?

In a perfect world, keep well with prevention and in a place of safety not for emergencies – Help with travel costs or move services closer to patient – More home care (2) – Consult when reconfiguring services with pooled budgets

F. Mental Health & Learning disabilities

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local mental health and learning disability services is high	5	14	8	8	1
I have confidence and trust in the safety of local mental health and learning disability services	4	14	7	8	1
The local NHS delivers safe, high quality care for people with mental health needs/learning disabilities	4	14	9	6	2

2. How do you think mental health and learning disability services could be improved?

Signpost to correct services – More support needed – Need more care and compassion – By services we need being in town (3) – Move away from more traditional services – More contact and less pills – More staff (3) – Better education (2) – More beds in town – School visits by health workers – 1 to 1 care– return of Victoria Road facility

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Cannot be done in Hartlepool as we have nothing left – More support groups – Do not contract out – Provide services not high salaries

4. How can we help people do more to keep healthy and well?

Keep regular contact with patient for months after treatment (3) – Have our services stay in Hartlepool – People should be more aware of these problems (5) – Within groups encourage activities i.e. easy exercise, dance, trips out (4) – Person centred care (2) – Issue skipping ropes

5. What stops them doing this and how could the local clinical commissioning group help?

They want you out as soon as possible – Keep services in Hartlepool – Give them lots of care and confidence in themselves – More support to the Voluntary & Community Sector (3) – Too many cutbacks impacting on those with Learning Disability – Do not consider cost – There is no local transgender care

6. What three things would make the biggest difference to the experience of patients with mental health needs/learning disabilities?

Constant care – Help with confidence to help themselves (2) – Local care – Training (Health Providers) – To be treated with respect – More support, education and mentors (3) – More places to go with sustainable activities in a social setting (3)

7. In relation to mental health and learning disability services, which three of the following are most important to you? (Please tick only three)

Services are easy to access (17)
Services are available at weekends and in the evenings (14)
There are good public transport links (11)
Parking is easy (3)
The service is close to where I live (9)
The quality and safety of the care provided (17)

8. Is there anything else you would like to say about mental health or learning disability services?

Mental health is not shameful, people won't get help – Poor standards – invest in training more – Does anyone understand Gender Dysphoria or Transsexualism - Services are good but require greater staffing and funding – We need to improve services for those with Learning Disabilities in Hartlepool (2)

Summary

It was a very positive opportunity for HealthWatch Hartlepool to work with, what are considered to be, some of the more marginalised groups and individuals in the borough. The work ensured HealthWatch Hartlepool further promotes the need for effective public engagement at every stage and at every level. In essence it was

another opportunity to demonstrate our commitment to ensuring that patient and public engagement is embedded in all new NHS structures. Furthermore local people should have a say in Healthwatch so that they may articulate what is important to them. They should feel a sense of ownership and feel part of this fundamental shift in public involvement. However, equally important is that engagement and involvement is not only done when required for statutory purposes. It must be a continuous dialogue with the people of Hartlepool and fundamental to all service commissioning and redesign. It is therefore envisaged the NHS Stockton & Tees Clinical Commissioning Group will embrace and recognise the results of this consultation to drive change and seek positive outcomes.

Whilst the consultation results are far reaching you can see that there is a common theme around communication and access to services. A concern that was repeated in most key sections of the questionnaire was one around transport and the need to travel outside of the borough. It will come of no surprise that respondents focused on the migration of services from Hartlepool to North Tees yet there was an overwhelming desire for more services to be provided locally complimented by a greater number of home visits.

I would anticipate from the results that there is a clear alignment between the expectations of respondents and the key actions embedded in the future implementation of the Better Care Fund. Whilst there was recognition of diminishing resources respondents did indicate there needs to be a shift in priorities and a greater focus on maintaining front-line services, invest in training & development and enhance communication for the hard to reach.

Respondent information

Most respondents freely provided information about their postcode/age/gender etc.

Not all respondents completed all information. Below is the information provided.

<u>Postcode:</u>

TS24 = 24

TS25 = 35

TS26 = 25

No postcode provided = 16

Gender:

Male = 36

Female = 56

Transgender = 2

Prefer not to say = 7

Sexual Orientation:

Heterosexual = 58

Gay man = 7

Lesbian = 3

Bisexual = 5

Other = 3

Prefer not to say = 9

Age:

Under 16 = 1 16-25 = 8 26-35 = 5 36-45 = 3

46-55 = 13 56-65 = 4 66-75 = 22 76-85 = 14

86+ = 4 Prefer not to say = Zero

Ethnic Background:

Prefer not to say = 2

Black African/Caribbean or Black British = 4

White British/European/Others = 91

Consider themselves to have a disability

Yes = 43 No = 43 Prefer not to say = 6