

HEALTH AND WELLBEING BOARD AGENDA



**Monday 30 November 2015
at 10.00 am
in Committee Room 'B'
Civic Centre, Hartlepool.**

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Richardson, Simmons and Thompson.

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson

Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson

Representatives of Healthwatch (2); - Margaret Wrenn and Ruby Marshall

Other Members:

Chief Executive, Hartlepool Borough Council (1) – Gill Alexander

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden

Representative of the NHS England (1) – Vacancy

Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall

Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Representative of Cleveland Police, ACC Simon Nickless.

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor S Akers-Belcher

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 5 October 2015

4. ITEMS FOR DECISION

- 4.1 Transforming Care – North East and Cumbria Fast Track Programme –
*Director of Child and Adult Services & Chief Officer of Hartlepool and
Stockton-on-Tees CCG*
- 4.2 Pharmaceutical Needs Assessment 2015: Maintenance as Statutory Duty –
Tees Valley Public Health Shared Service

5. ITEMS FOR INFORMATION

- 5.1 Health and Homelessness – *Director of Public Health*
- 5.2 Presentation – Fire as a Health Asset – *Cleveland Fire Brigade*
- 5.3 Skin Cancer Prevention – Saving Our Skins Initiative – *Director of Public
Health*
- 5.4 Better Care Fund 2015/16 Q2 Return – *Director of Child and Adult Services*

6. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting –18 January 2016 at 1.00pm. at the Civic Centre, Hartlepool.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

5 October 2015

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

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Carl Richardson, and Chris Simmons

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Schock and Karen Hawkins (as substitute for Ali Wilson)

Director of Public Health, Hartlepool Borough Council - Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:

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

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Representative of Cleveland Police – Supt Ian Coates (as substitute for ACC Simon Nickless)

Also in attendance:-

G and S Johnson, M Lockwood, S Thomas - Healthwatch

Hartlepool Borough Council Officers:

Jacqui Braithwaite, Principal Educational Psychologist

Jill Harrison, Assistant Director (Adult Services)

Adrian Hurst, Environmental Health Manager (Environmental Protection)

Sylvia Pinkney, Head of Public Protection

Rachel Smith, Strategic Commissioner

Joan Stevens, Scrutiny Manager

Amanda Whitaker, Democratic Services Team

26. Apologies for Absence

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group - Ali Wilson
 Representative of Tees Esk and Wear Valley NHS Trust –Martin Barkley
 Representative of Cleveland Police – ACC Simon Nickless

27. Declarations of interest by Members

Councillor Richardson declared a personal interest in agenda item 3.1 – CAMHS Transformation Locality Plan (minute 29 refers)

28. Minutes

The minutes of the meeting held on 11 September 2015 were confirmed.

There were no matters arising from the minutes.

29. CAMHS Transformation Locality Plan (*Director of Child and Adult Services*)

The Board received a presentation on the CAMHS Transformation Locality Plan which provided the Board with the opportunity to feed comments to the Children's Services Committee on 6th October 2015.

The Board was advised that the key focus of the Tees CAMHS Transformation Group was to develop a Tees CAMHS Transformation Strategy in response to the national 'No Health Without Mental Health' strategy. A report had been published by the Children and Young People's Mental Health Taskforce entitled 'Future in Mind'. The report had identified a number of proposals the government wished to see in place by 2020 and established a clear direction and key principles about how to make it easier for children and young people to access high quality mental health care when they needed it. Additional funding had been identified to support the aims set out in 'Future in Mind'. In order for CCGs and local areas to access these monies, localities were required to develop and submit their Transformation Plans to NHS England by 16th October 2015.

It was highlighted that it was vital that all key stakeholders who work with and support children and young people had an opportunity to feed into and review the Hartlepool Transformation Plan. In order to achieve this ambition in the short time scale available, the plan would be submitted to the following forums for discussion and information;

- Adults Mental Health Forum – 3rd September 2015
- Hartlepool Health and Wellbeing Board - 5th October 2015
- Children's Strategic Partnership – 17th November 2015

Approval for the plan would be sought from Children's Services Committee on 6th October 2015. It was proposed that feedback and comments from this Board be reported to Children's Services Committee via a verbal update. The Principal Educational Psychologist had attended the Children and Young People's Council in July to discuss and gather their views about emotional wellbeing and mental health. This information had been threaded through the plan and further work would take place involving children and young people in the coming months to ensure that their opinions and viewpoint was shared with all stakeholders and feeds into the delivery model.

Board Members were advised that the plan had been developed to ensure full co-ordination with the Better Childhood Programme, Healthy Relationships Project and the Education Commission's recommendations. Over the coming year, work was planned with schools, academies, colleges, children and young people and voluntary sector organisations to ensure that as a town there was robust baseline information.

Following presentation of the report, Board Members expressed their support for the report and the involvement of young people. In response to a request by the Chair of Children's Services Committee, it was agreed that update reports would be submitted to that Committee and the Health and Wellbeing Board on a six monthly basis. During the debate, it was highlighted that those agencies already providing support should not be 'sidelined' and that there was a national programme already in place relating to access to psychological therapies. It was highlighted also that a LGA peer review had been undertaken which had identified areas of good practice across the Tees Valley.

The Board discussed the need to provide emotional wellbeing and mental health support to asylum seekers/refugees. It was recognised that the work that was ongoing regionally and nationally needed to be taken into consideration. Officers agreed to liaise with the Director of Public Health who was leading an Officer Group in Hartlepool Borough Council to consider the needs of refugees as they arrive in Hartlepool. It was noted that support for Syrian refugees could come from a range of statutory and community sector partners.

Following a request from the Chair, it was agreed that it was appropriate to liaise with the Scrutiny Manager regarding the recommendations from the previous scrutiny investigation relating to mental health including CAMHS.

In response to clarification sought from Board Members, the representative of Cleveland Police and the Council's Director of Child and Adult Services clarified arrangements when young people with mental health issues come to the attention of the police with particular regard to the role of the Youth Offending Service and access to secure accommodation.

Decision

- (i) The Health and Wellbeing Board endorsed the Hartlepool CAMHS Transformation Locality Plan and agreed that updates would be submitted to the Health and Wellbeing Board and the Children's Services Committee biannually and the first update report include pathways of young people referred to the Youth Offending Service.
- (ii) The appreciation of the Board was expressed to those who had contributed to the report.

30. Teeswide Safeguarding Adults Board: Annual Report 2014/15 and Strategic Plan 2015/16 *(Director of Child and Adult Services and Independent Chair of Teeswide Safeguarding Adults Board)*

In accordance with the Care Act 2014, the Director of Child and Adult Services presented the Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16, copies of which were appended to the report.

Apologies were submitted on behalf of the Independent Chair of the Teeswide Safeguarding Adults Board who had been due to attend the meeting but was unable to attend due to unforeseen circumstances.

Decision

The Board endorsed the Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16

31. Respiratory Disease Presentation *(Director of Public Health)*

Further to minute 24 of the meeting of the Board held on 11 September 2015, the Board received a presentation by the Director of Public Health which provided details of the incidence and prevalence of respiratory disease, services commissioned and provided by partners to support people with respiratory illness and environmental issues and air quality in relation to respiratory disease.

During the debate following the presentation, the Head of Public Protection responded to concerns expressed regarding environment factors and asbestos in buildings. Clarification was provided on diesel emissions and air quality. Assurances were provided by the Chief Executive, North Tees and Hartlepool NHS Foundation Trust, regarding services provided by Trust to support people with a range of respiratory conditions, including asthma and COPD.

Decision

The presentation was noted.

32. Screening Presentation *(Director of Public Health)*

The Board received a presentation by the Director of Public Health which provided assurance that appropriate governance arrangements were in place within Hartlepool Borough Council to ensure plans were in place to protect the health of the population. It was noted that NHS England was responsible for screening programmes, in order to protect the health of people in the town. The presentation also updated Board Members on the local picture of screening in the town and provided details of NHS England's plans to improve uptake and local actions being undertaken to address those plans.

It was highlighted that most screening programmes did not happen in primary care but practice lists were used for some programmes to invite patients for screening.

Decision

The report was noted.

33. Community Based Urgent Care

Further to minute 13 of the meeting of the Board held on 3 August 2015, a verbal update was provided by the Associate Director of Commissioning and Delivery, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, on Community Based Urgent Care. The Board was reminded that Direction had been received from NHS England to pause all procurement in relation to urgent care, subject to national review and engagement being undertaken in relation to commissioning standards for urgent care being released. National standards continued to be awaited. Once the standards had been received an impact assessment would be undertaken and subject to CCG executive approval, would drive forward with commissioning an integrated urgent care service across Hartlepool and Stockton. As agreed previously, the Board would be kept informed of progress.

Decision

The update was noted.

34. Better Care Fund: Update and 2015/16 *(Director of Child and Adult Services)*

Further to minute 8 of the meeting of the Board held on 22 June 2015, a

report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan and presented the 2015/16 Quarter 1 return which was appended to the report and had been submitted on 28th August 2015. It was highlighted that there had been some slippage in Quarter 1 against the BCF Plan. However, it was anticipated that all funding would be fully spent in accordance with the Plan by the end of the financial year.

Decision

The report was noted.

35. Any Other Items which the Chairman Considers are Urgent

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

36. Review of Neonatal services in the North East and Cumbria

The Scrutiny Manager advised the Board that a review of neonatal services in the North East and Cumbria had been undertaken by the Royal College of Paediatrics and Child Health. The review summarised transport, network and configuration considerations. The Board's attention was drawn to the Royal College's recommendations in relation to the configuration of services, summarised as follows:-

- a) The Great North Children's Hospital should become a quaternary centre. This decision was based on its size, location, co-located specialties and the vision of its medical /nursing staff.
- b) Sunderland – this should be an intensive care unit but one that would look after infants of greater than 26 weeks gestation.
- c) Tees area - this should function as a single neonatal intensive care unit sited at the James Cook University Hospital site. The unit at North Tees will continue to operate as a neonatal special care unit.

The North East Regional Joint Health Scrutiny Committee had considered a request from NHS England in terms of the process for consideration of the review outcomes. The Committee had agreed that it constituted a significant enough change in service provision to warrant a public consultation and that it should be a regional consultation completed through the North East Regional Scrutiny Committee. Details of the consultation plan/timetable were awaited by the North East Regional Joint Health Scrutiny Committee.

Meeting concluded at 11.20 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

30 November 2015



Report of: Director of Child & Adult Services
Chief Officer of Hartlepool & Stockton on Tees CCG

Subject: TRANSFORMING CARE – NORTH EAST AND
CUMBRIA FAST TRACK PROGRAMME

1. PURPOSE OF REPORT

- 1.1 Support and agree the Regional Plan, in particular the Tees Locality Plan and the North East and Cumbria Fast Track plan.
- 1.2 Agree to receive regular updates on the local progress in relation to Fast Track implementation.

2. BACKGROUND

- 2.1 During the 1990s and 2000s there were many resettlement programmes for people with learning disabilities. However, there is still an over reliance on hospital settings for the care of people with learning disabilities and/or autism. Following the Winterbourne View scandal and the Bubb report, the transformation programme was developed.
- 2.2 By improving community infrastructure, supporting the workforce, avoiding crisis, earlier intervention and prevention we will be able to support people in the community so avoiding the need for hospital admission. This will result in systematic closure of learning disability in-patient hospital beds of the next 5 years across the North East and Cumbria.
- 2.3 The Transforming Care guidance highlights the importance of local partnership working between commissioners from local government and the NHS with an emphasis on the oversight and support of Health and Wellbeing Boards.
- 2.4 Nationally the Learning Disabilities Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or behaviour that challenges, to ensure that more

services are provided in the community and closer to home rather than in hospital settings. It arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat.

- 2.5 The North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in in-patient settings. Fast track areas have access to a share of an £8.2 million transformation fund to accelerate service redesign. An overarching North East & Cumbria plan has been submitted with each of the 13 Local Authority areas also presenting their own plans alongside it which outline local initiatives that reduce the need for admission to hospital. Notification was received from NHS England on 5 October that the North East and Cumbria had been successful in securing £1,432M from an available pot of £8.2 million. A further £623K has been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety.
- 2.6 It should be noted that the existing funding is not adequate in relation to covering the cost of the overarching plan and additional locality plans.
- 2.7 Money may need to be moved from one organisation to another and a dowry is a vehicle to do that. The dowry would be paid by NHS to Local Authority for those patients who have had an inpatient spell of 5 years or more and will be linked to the individual and will terminate on death.
- 2.8 It is anticipated that the dowry would be paid for by the responsible commissioner at the point of discharge and will apply in prospective terms only. There will be no retrospective application.
- 2.9 The NHS England National team is working closer with the Local Government Association (LGA) on cases where there is a complex package of care, and looking at the affordability envelope – the cost of existing levels of care versus the cost of the new level of care will provide the affordability envelope for the dowry.
- 2.10 There may be a requirement to move money between financial years and the Pooled Budget approach may be the best mechanism to enable this.
- 2.11 NHS England is developing the financial model using the working assumption of 5 years length of stay, prospective and linked to the individual. Further discussions are required with LGA and the Association of Directors of Adult Social Services (ADASS) regarding this and other financial principles.
- 2.12 Clearly however, further work is required in terms of building up a better picture of how many patients would be eligible for dowries and to understand the financial implications for the NHS and Local Authorities but also to factor in the proposed investment in the future care model moving forward.
- 2.13 It is important to understand the geographic variation for possible dowry patients across the country. Therefore, any work that the North East &

Cumbria can provide of numbers of dischargeable patients and the split of CHC/s117 funding going forward would help in understanding the cost implications across all the commissioners in the fast track area.

- 2.14 The ambition across the North East and Cumbria is to reduce current Assessment and Treatment beds by 12% by the end of March 2016, with a future ambition to reduce by 50% by the end of March 2019. There is also an ambition to reduce the number of specialised commissioning beds which are occupied by North East and Cumbria patients. This ambition relates to a 24% reduction in medium secure beds and 50% in low secure.
- 2.15 Across the North East and Cumbria there are a number different commissioning arrangements that are being reviewed with the aim of establishing further pooled budget arrangements, joint contracts and alternative commissioning models to support delivery of this transformation plan.
- 2.16 It is proposed that Health and Wellbeing Boards will be provided progress updates on a regular basis.
- 2.17 Whilst there is no expectation from NHS England that Councils' Overview and Scrutiny Committees will be consulted on detailed locality plans each Local Authority may wish to have conversations with their own committees to ensure members are aware of local progress. Furthermore the regional Overview and Scrutiny Committee are to receive the Fast Track plan at a specially arranged meeting in the near future. This will be presented by the senior responsible officer for Fast Track, Dr David Hambleton, the regional ADASS representative, Lesley Jeavons and Chief Operating Officers from Tees, Esk and Wear Valleys Foundation Trust and Newcastle, Tyne and Wear Foundation Trust.

3. PROPOSALS

- 3.1 The Tees Integrated Commissioning Group (TIC) has been established since 2006 and brings together senior Health and Social Care Commissioning leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs.
- 3.2 The Teesside area has effectively reduced its contracted inpatient assessment and treatment bed capacity through the closure of one site that provided 10 beds.
- 3.3 The community infrastructure has been supported through the delivery of an enhanced community support provision, shifting investment from bed based provision to the community, providing a greater degree of resilience to those people being resettled from long stay inpatient care who required a high degree of intensive support.

- 3.4 The Teesside Community Learning Disability Teams previously supported adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. The pilot service, mobilised in April 2015, builds upon the existing community model, providing increased intensive support to people within their care environments. This enhancement to the service has given the flexibility to operate extended hours from 08:00 – 20:00 over 7 days per week and intensify the level, type and duration of interventions within peoples' home environment. The aim of the service enhancement is to work in partnership with independent sector providers, carers and families in the delivery of timely, bespoke response to individual needs via specialist health treatments and interventions and to reduce the need for inpatient admissions.
- 3.5 The community pilot has supported the discharge of a cohort of highly complex and challenging individuals to the community. This involved double running of both receiving and discharging provider through lengthy and detailed transitions plans of up to 20 weeks, with staff working into the inpatient units from the community provider and the inpatient staff working into people's new homes to ensure robust transition and support.
- 3.6 The TIC has identified three key areas to build upon the progress already achieved locally:
- Crisis Care and Early Intervention
 - Workforce Development
 - Community Infrastructure
- 3.7 It is proposed that through the delivery of these specific areas of the Tees Fast Track Locality Plan that there will be a stronger prevention and intervention response to people who may require high levels of care and support.

4. RISK IMPLICATIONS

- 4.1 There are risks associated with the need to ensure that the community is sufficiently resourced to prevent avoidable admission to inpatient settings. The reduction in inpatient beds can only be achieved safely with the development of alternative resources.

5. FINANCIAL CONSIDERATIONS

- 5.1 An allocation has been awarded to the North East and Cumbria Transformation Board from NHS England; further processes are in place regionally to apply for funds from the board to deliver the locality plan

6. LEGAL CONSIDERATIONS

- 6.1 No legal considerations have been identified.

7. CHILD AND FAMILY POVERTY

- 7.1 No child and family poverty considerations have been identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 The Transforming Care agenda aims to improve equity for adults with learning disabilities and complex needs, by enabling people to be supported in the community or close to home.

9. CONSULTATION

- 9.1 The key stakeholders that have been identified and that are actively working with across the Regional Transformation Delivery include: the 13 Local Authorities across the North East and Cumbria, 11 Clinical Commissioning Groups across the North East and Cumbria, the North East and Cumbria Learning Disability Network, NHS England Specialised Commissioning, the NHS service providers including primary care, community services, acute care, specialist learning disability service providers, North of England Commissioning Support (NECS), people with learning disabilities, carers and their families, the voluntary and community sector, NHS England Learning Disability Transformation Team, wider stakeholders such as public health and the criminal justice system, private providers of services for people with learning disabilities and regulators.
- 9.2 A Confirm and Challenge Group has been established to enable people with learning disabilities, their families and representatives to link with the regional Winterbourne View Group to offer solutions, ideas and questions. The group will also identify those parts of the 'pathway' where more thought or planning is needed to ensure all people with learning disabilities can have good community based support. A representative from the Confirm and Challenge Group attends the Transformation Programme Board, supported by Inclusion North. The role of the group is to make sure stakeholders have a way of working with local people on plans, decisions and checking, share the easy to understand information and make sure there are local updates and base their work on what people and families say is important. This will be achieved by working with a small group of self-advocates & families with an interest in or experience of the issues

10. STAFF CONSIDERATIONS

- 10.1 There are no staffing considerations associated with this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this issue.

12. RECOMMENDATIONS

- 12.1 It is recommended that the Health and Wellbeing Board:
- Support and approve the National and Regional Plans , which can be accessed at:
 - Building the right support - <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>
 - North East and Cumbria fast track plan - http://www.hartlepool.gov.uk/downloads/download/3579/north_east_and_cumbria_fast_track_learning_disability_transformation_plan
 - and in particular the Tees Locality Plan which is attached at **Appendix 1**.
 - Agree to receive regular updates on local progress in relation to Fast Track implementation.
 - Note the need to reflect the Transforming Care agenda in any wider strategic plans that are developed locally.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The successful implementation of the Transformation of Learning Disability Services and reduction in excess inpatient beds is dependent on a robust and sustainable community infrastructure. The locality plans that have been developed collaboratively with the four Teesside Local Authorities and two CCGs demonstrate a commitment to the continued delivery of this improvement area.

14. CONTACT OFFICER

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Learning Disability Fast Track Locality Plan

Developing new models of care for people who have learning disabilities and / or autism and / or behaviours that challenge who live in Teesside.

Locality Area(s): Hartlepool CCG, Stockton CCG, South Tees CCG

Who are the key Leaders to deliver this plan: Derek Birtwhistle- Redcar and Cleveland Council, Colin Holt Middlesbrough Council, Neil Harrison- Hartlepool Borough Council, Liz Boal- Stockton on Tees Borough Council, Donna Owens -for Hartlepool and Stockton CCG and South Tees CCG

What needs to be in place in your locality to deliver the model of care and ensure the NE&C service and care principles and standards are achieved?

The Tees Integrated commissioning Group (TIC) has been established since 2006 and brings together senior Health and Social Care Commissioning Leads for Learning Disability and Autism from the four Tees Local Authorities and two CCGs. The TIC has clear terms of reference and can demonstrate effective joint working with a number of existing interagency strategies that are in place to support best practice in supporting people with Learning Disabilities and Autism. The group has recently audited its local plan against the North East care principles.

The Tees area has effectively reduced its contracted inpatient assessment and treatment bed capacity through the closure of one site that provided 10 beds (6 beds agreed in the investment shift) and the mobilisation of a skilled workforce to support the community. The community infrastructure was supported through the delivery of an enhanced community support provision, shifting investment from bed based provision to the community, providing a greater degree of resilience to those people being resettled from long stay inpatient care who required a high degree of intensive support.

The Teesside Community Learning Disability Teams previously supported adults with a learning disability within a range of community settings, Monday to Friday, 09:00 – 17:00. Providing access to learning disabilities nursing advice and guidance. The pilot service, mobilised in April 2015, builds upon the existing community model, providing increased intensive support to people within their care environments. The enhancement to service has given the flexibility to operate extended hours, 08:00 – 20:00 over 7 days per week and intensify the level, type and duration of interventions within peoples home environment. The aim of the service enhancement is to work in partnership with independent sector providers, carer's and families in the delivery of timely,

bespoke response to individual needs via specialist health treatments and interventions and to reduce the need for inpatient admissions.

The community pilot has supported the discharge of a cohort of highly complex and challenging individuals to the community, which also saw the double funding of both receiving and discharging provider through lengthy and detailed transitions plans, some up to 20 weeks, with staff working into the inpatient units from the community provider and the inpatient staff working into people's new homes to ensure robust transition and support.

The TIC has identified three key areas to build upon the progress already achieved locally

- Crisis Care and Early Intervention
- Workforce development
- Community Infrastructure.

Crisis Care and Early Intervention

In 2009 the TIC set up a working group aimed at supporting the discharge of people from Inpatient Assessment and Treatment units. To date the working group has supported the successful discharge of over 40 people to return to community placements, providing care closer to home.

The success of this group is in no small part linked to the effective joint working arrangements across Tees. At present there is one specialist provider who supports some of the most complex and challenging people in the community. This community Interest Company was developed with the support of the Dept of Health former Valuing People support team and inspired by the Inclusion Glasgow model, and was 'grown' by the TIC. A recent review of the model has identified a need to develop a number of other providers who are currently being assessed for inclusion on a new PBS framework.

Cinnamon House is an 8 bedded building based step down facility situated in Middlesbrough, whilst it has been used as a Tees-wide resource the majority of people are from the South Tees of Tees localities, at present there is a waiting list of people and it is recognised that increasing the resource across Tees could facilitate improved outcomes for those people North of Tees and those people where victim issues prevent local provision being viable.

The existing model supports the facilitated discharge of people from Specialist Commissioning beds and local Assessment and Treatment provision. Previous cohorts of people returning to the area from Inpatient beds have made use of the service in place currently and this has facilitated a successful transition to the community, preventing re-admission or relapse. A further replication will widen the scope of both services to create 'time to think' beds, providing short term care for Family carer's, and act as an alternative in the event of a community crisis.

Our proposal is to support a replication of the model for North of Tees, but also to extend the remit of the service to offer the 'time to think' provision as well as specialist short break provision. It is envisaged that an additional 2 beds for North of Tees would meet the needs of people, free up resources within the South and would ensure proactive and coordinated care.

Community Infrastructure

The importance of a holistic approach to supporting people with a learning disability with complex and challenging behaviour is essential to preventing and mitigating as far as possible escalating behaviours that may result in admissions.

Although developing services and supporting people in progressing to and from inpatient services is supported by multi agency working, gaps have been identified in making this as resilient as possible

Consultation locally, aimed at identifying operational issues presented when supporting people with complex needs and behaviour that challenges, used the 'Working Together for Change' methodology, (what is working, what is not and what is needed for working in the future), raised a number of significant areas including;

- Lack of knowledge of the person the Emergency Duty team were dealing with
- Decision making, who takes a lead
- Co-ordination of approaches from different Health professionals
- Lack of clarity in some crisis plans – not clear when/how to intervene
- Communication barriers – too many pathways, eligibility and services geared to screen out rather than see the person as a whole
- Whole picture knowledge.

There is a clear need to address gaps in the infrastructure, essential for all individuals and organisations involved in the care and support of clients with complex needs and challenging behaviour.

In order to achieve this we propose to secure a time limited facilitator/project lead resource to unpick the current arrangements and pathways across key agencies supporting people whose needs are complex and challenging to services:

- Bringing together all key stakeholders, providers, local authority social worker teams, community complex needs teams, NHS and carers to
- Clearly identify roles and responsibilities within each of the stakeholders
- Identify barriers and solutions
- Identify knowledge and training gaps
- Develop and deliver a clear action plan to address issues
- Where appropriate deliver training
- Work with all parties to set up sustainable forums and processes of communication to ensure maintenance of the pathway and identification of clients at risk of admission and readmission to ensure plans are in place to prevent admission where appropriate
- Monitor and evaluate the Community Team approach

This will deliver clear interagency processes that will ensure the needs of individuals are identified and clearly understood to enable proactive support when required in the most appropriate environment. It will also provide the forum for any root cause analysis to support continuous improvement.

Community Infrastructure

An existing pilot has been developed with Tees Esk & Wear Valley NHS FT to support an enhanced 7 day working Community Learning Disability Team, the team operates 8am – 8pm 7 days per week, is locality based ensuring good local knowledge and links with Learning Disability providers. The service was set up to support the previous cohort of people moving from Assessment & Treatment and specialist commissioning beds and was directly linked to a reduction of 10 beds across the Tees Localities. During the transition from Inpatient to community provision a great demand was placed on the Local Learning Disability Social Work team in Hartlepool and whilst a Tees Emergency Duty Team was in place, they were not able to provide and sustain the level of support to placements at risk of breakdown. In most cases the teams only option being to use of the Mental Health Act therefore resulting in a potential avoidable admission. It is proposed that by extending the operating hours of the Learning Disability Social Work team in Hartlepool across 7 days it would be able to provide a local and timely response to providers and decrease the risk of emergency admissions. The team have a good local knowledge of provision are co-located with the existing community Nursing team and a major ambition is to move to a purpose built Centre for Independent living (CIL) in September 2016. The pilot would enable commissioners to explore interagency arrangements within the new CIL which will also host a number of

social care provider's including Advocacy, Assistive Technology and Allied Health professionals. Additional resources would be secured and the team would provide enhanced support to a number of people identified at risk of potential breakdown over the next 12 months (approx 25 people). The team in effect would be assigned specific individuals, homes or services to work with and would be responsible for ensuring problems were addressed at source and before issues escalated.

Workforce Development

Tees Commissioners are aware of the need for robust evidence based practice in supporting people in the community and wish to promote closer collaboration between agencies to develop seamless and consistent approaches to problem solving, and stronger community resilience.

Support services currently operate a number of models of behavioural intervention that may be supported by some organisational expertise, usually at a national level.

In practice this can mean a lack of local rigor in applying approaches and significant investment from the Foundation Trust to assist with addressing behaviours and implementing effective strategies. To assist with this a procurement exercise is nearing completion through the TIC to appoint a number of providers to a Tees Complex Care and Support Framework that will focus on delivering the consistent Positive Behaviour Support and Positive Health Support that is needed.

This work builds on the success in recent years of developing a new local provider to meet a gap in provision for people with a history in forensic services and also the development of an Autism Provider Framework and an Advocacy Hub & Framework.

There is a need to ensure the development and sustainability of continuity of approaches not only between providers on the framework, but also in the wider Care Home and Care at Home support services, including within education and home settings where possible.

Tees Commissioners welcome the proposal for a Regional Academy/Hub and would wish to develop a sub-regional community of best practice on Teesside that will support providers and families to develop consistent approaches throughout the support settings locally. This local Hub would link to the proposed Regional Academy and provide enhanced local support and networking. The aim would be to create more resilient provision across the major sectors of care to provide timely and appropriate interventions from

competent and confident staff teams who were able to access peer support from others locally and make best use of the Foundation Trust in more focussed work where difficulties arise.

Evidence to support this approach exists in direct service feedback from individual cases including: safeguarding referrals; placement breakdown; provider suspension, CTRs and RCA's.

RISKS, ISSUES & MITIGATIONS

Risk that...	Caused by...	Impact (H/M/L)	Likelihood (H/M/L)	Mitigation	Owner
Proposal 1: People nearing the end of their treatment have a delayed transfer of care.	Inability to secure good quality Housing care and support	H	H	Tees PBS provider framework, good links with Housing providers.	Tees Integrated Commissioners
Proposal 1 : Hospital re-admission, Community treatment order, recalls.	Personal relapse, mental health deterioration, criminal offence	M	M	Skilled and competent workforce, community presence and participation, access to employment	Tees Integrated Commissioners
Proposal 2: Avoidable escalation in behaviours and admissions.	Lack of co-ordination of key resources and people	H	M	Co-ordinated approach to client's needs – clear understanding of roles and responsibilities, with eligibility criteria that enables flexibility in provision	Tees Integrated commissioners
Proposal 2&3: People experience inconsistencies in support as they move through transitions and support models in the community.	Providers operating different behavioural and health support models.	M	M	Closer working relationships and collaboration between providers.	Tees Integrated Commissioners

Proposal 2&3: People are placed at risk of breakdown in support arrangements.	Lack of adherence to consistent evidence-based approaches with support available.	H	M	Provider collaboration in partnership with Trust professional.	Tees Integrated Commissioners
Proposal 3: People do not have a range of appropriate local provision to meet their needs.	Lack of local provider development.	H	H	Tees PBS/PHS provider framework	Tees Integrated Commissioners
Proposal 3: Foundation Trust resources are used to substitute provider capacity rather than supplement and enhance it.	Lack of investment by some providers in training and application of behavioural support.	H	M	Development of consistent expectations and development of more robust contract specification and monitoring.	Tees Integrated Commissioners
Proposal 4: Increased risk of placement breakdown during the weekend	Pressures on existing Tees Emergency Duty team, limited social care response on a weekend	H	H	Extend the Learning Disability Social Work team to support the existing Community Nursing team.	Hartlepool Borough Council

ASSUMPTIONS AND DEPENDENCIES

62% of admissions to Hospital are as a result of placement or family breakdown. Anyone with a learning disability or autism who at any one point requires additional support should have access to good care and support closer to home. To help prevent family or support package breakdown, a new highly skilled building based service North of Tees will be established, this will require investment in services not just North of Tees but will require a similar scheme South of Tees to reconfigure and widen its remit.

The development and strengthening of the community infrastructure will provide the structure and support processes and pathway to enable the timely effective interventions in the most appropriate place preventing avoidable admissions and breakdown of care packages.

The step up and step down services should be seamless and support both people leaving Hospital as well as preventing admission and providing family carer's with a recognised break. This service will improve community resilience and can be included within care and support plans to give commissioners further assurance that all steps have been taken to prevent a hospital referral.

The enhanced colocated multiagency team would provide cover over the weekend as part of a 12 month pilot, the findings of which will be evaluated to support the evidence required to move to a new interagency centre for Independent living. The existing emergency duty team covers a population of almost 700,000 and responds to children's and adults issues, as a result it is only often able to provide advice to providers and is unable to provide a physical response in most cases. An enhanced 7 day social work and community nursing team would be able to provide a physical response, provide a robust check and balance for hospital admissions therefore ensuring that a response and solution was in the best interest of the person and was the least restrictive option.

PROPOSALS FOR BIDS

What funding is required to deliver? Please provide robust costings

How could they be financed in the short and longer term – Central £10 million pot (including match funding), CCG funding, redirection of funds from hospital to community care, dowries

Proposal 1: Crisis Care and Early Intervention

The development of a north of Tees 'Time to Think' provision is based on an estimated investment of £60,000 to support the development of an existing North of Tees facility.

- £30,000 would cover the costs to convert an existing North of Tees property and enable Cinnamon House to make adaptations to widen the scope of its provision (some physical alterations to the structure of the home)
- £30,000 would be an ongoing contribution from TIC to provide access to 2 emergency 'time to think' beds and create additional Health Respite for North of Tees.
- The care and support costs would be arranged on an individual basis in accordance with an individual's crisis plan.
- Providers would be approached from the current Tees PBS framework with intensive support from the enhanced community Learning Disability team.

Proposal 2: Community Infrastructure

In order to co-ordinate and develop the team it is estimated that £30k would be needed to provide a facilitator along with premises and non-staff costs to ensure there is a time protected resource to ensure a sustainable model is developed and embedded.

- £20,000 will cover the costs of a facilitator /Project lead to co-ordinate the stakeholders, support the implementation of the community infrastructure model, deliver development sessions and any training to develop the community team approach, with £10,000 to support organisational hosting, venues and associated production costs

Proposal 3: Workforce Development

It is estimated that £25,000 would support the further development of local support providers with match funding coming from LA's and CCG's in funding of Complex Care and Support packages and associated enhanced training costs..

- £25,000 would cover the costs to establish a local Hub to discuss and develop best practice through more consistent and collaborative approaches to training and support provision. Once established long-term continuity would be maintained through investment and pooling of provider resources.
- Early work would include facilitated workshops on current practice and progress towards a harmonised model.
- The care and support costs would be arranged on an individual basis in accordance with an individual's care and support plan.
- Providers would initially include those on the Tees PBS/PHS framework and other local 'specialist' services with intensive support from the enhanced community Learning Disability teams. Later this would be expanded to include providers on other frameworks to enhance consistency and promote early intervention and prevention with further future expansion to include family and informal carers.

Proposal 4: Community Infrastructure

The provision of a 7 day enhanced locality community nursing and social work team

- £20,000 would cover the costs to extend the provision of Social Work cover across 7 days

Match funding and current investment:

Hartlepool and Stockton CCG and South Tees CCG currently provide recurrent investment that is ring fenced to the Learning Disability and Mental Health Budget for the enhanced community pilot model. The investment is £640,000. An additional £40,000 is also recurrently invested to support the Tees Advocacy Hub, a post Winterbourne development established to give people a voice and access to independent support. This gives a total investment of £680,000 recurrently.

Match funding is therefore requested at £340,000 to support the above proposals.

HEALTH AND WELLBEING BOARD

30th NOVEMBER 2015



Report of: Tees Valley Public Health Shared Service

Subject: Pharmaceutical Needs Assessment 2015:
maintenance as statutory duty

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision

2. PURPOSE OF REPORT

- 2.1 To provide assurance on statutory maintenance of the Hartlepool Pharmaceutical Needs Assessment 2015.

3. BACKGROUND

- 3.1 The Hartlepool Health and Wellbeing Board published its first Pharmaceutical Needs Assessment on 26 March 2015, in accordance with the statutory duty to do so by 1st April 2015.
- 3.2 The legislation that describes the HWB's duties in this regard are the **National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹** (as amended and hereafter referred to as the 2013 Regulations). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local Assessment must be maintained by the HWB. It is important that the PNA continues to accurately reflect the pharmaceutical needs of our population when NHS England, and other commissioners, are using them to make decisions about the pharmaceutical services available in our local area.
- 3.3 Part 2, Regulation 6 (1) of the 2013 Regulations clearly states that the HWB **must** publish a full new PNA by 26th March 2018, but it is important to acknowledge that Regulation 6 continues into paragraphs (2) and (3) that require the HWB to monitor pharmaceutical need in an on-going way within that time, to be assured of meeting these further statutory obligations².
- 3.4 Tees Valley Public Health Shared Service (TVPHSS) supports the five Health and Wellbeing Boards to do this and to meet other obligations related to the Market Entry processes of the 2013 Regulations. NHS England are

¹ Available AT <http://www.legislation.gov.uk/uksi/2013/349>

² Extract from the Regulations shown in Appendix 1.

required to communicate (to the TVPHSS on behalf of the HWB) changes to pharmaceutical services arising as a consequence of their execution of the 2013 Regulations in relation to Market Entry. Other Health and Wellbeing Board member organisations can help by actively contributing intelligence on changes which might impact on the local needs for pharmaceutical services.

- 3.5 This report provides an update on required maintenance of the Hartlepool HWB PNA 6 months post-publication.

4. CHANGES TO PHARMACEUTICAL SERVICES

- 4.1 Change to supplementary hours:
NHS England notified a change to the supplementary opening hours³ of Victoria Pharmacy located in the H3 PNA locality of Hartlepool such that from 31st March 2015 they would now close at 6 pm (previously 6.30 pm) on the weekdays that they open. The PNA shows us that there are several pharmacies in the H3 PNA locality, and less than a mile away from this pharmacy, that open well beyond 6 pm on these days of the week.
- 4.2 This change can be used to illustrate the decision-making required to maintain the PNA within the context of the 2013 Regulations. Having regard to Part 2 (2) including sub-paragraphs (a) to (c) and the need for pharmaceutical services identified in the PNA, this change does not give rise to any consequent change (of a significant extent) to the need for pharmaceutical services in the area. The Health and Wellbeing Board does not need to publish a revised assessment and it would certainly be a disproportionate response to do so.
- 4.3 Having regard to Part 2 (3), any change to pharmaceutical services might, in some future circumstance be relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act. However, it is not considered that this change alone, at this location in Hartlepool, would be relevant at this time. Nevertheless, a supplementary statement to the PNA may be published⁴ to notify this change. The Health and Wellbeing Board would again be satisfied that making a revised assessment would be a disproportionate response.
- 4.4 Changes that provide, or potentially offer improvement or better access:
The PNA identified many opportunities for improvement or better access to the pharmaceutical services or locally contracted services that are offered, or could be offered by (i.e., commissioned from) existing community pharmacy contractors in Hartlepool. A number of changes which potentially increase the availability pharmaceutical services are currently underway, others are not.
- 4.5 It is suggested that these are collated and any impact reported at a slightly later date, such as the first anniversary of publication the PNA. However, the

³ Supplementary opening hours may be amended by the pharmacy at any time, given 90 days notice.

⁴ With the PNA at www.teespublichealth.nhs.uk

recent introduction of a new Directed (advanced) service, centrally funded and nationally commissioned by NHS England is worthy of particular note.

5. **RISK IMPLICATIONS**

The HWB have a statutory duty to maintain the PNA in accordance with the Regulations.

6. **RECOMMENDATIONS**

6.1 **What is required from the Health and Wellbeing Board?**

- (a) To receive the report for information and assurance regarding the responsibility of the HWB for maintenance of the PNA, including the need to
 - assess on-going changes which might impact on pharmaceutical need and the assessment thereof and
 - respond by initiating early review or publishing a Supplementary Statement to the 2015 PNA as required.
- (b) To encourage member organisations to actively contribute intelligence on changes which might impact on the local needs for pharmaceutical services
- (c) A decision is required to continue delegation of authority to DPH and Chair to make routine initial assessment with respect to the potential for Supplementary Statement or need for full review.

7. **REASONS FOR RECOMMENDATIONS**

Statutory duty of HWB to maintain PNA.

8. **BACKGROUND PAPERS**

- 8.1 A copy of the published PNA is located at www.teespublichealth.nhs.uk
- 8.2 An extract of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 is included as **Appendix 1**.

9. **CONTACT OFFICER**

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APPENDIX 1.

Extract from National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 No.349

PART2, Regulation 6

Subsequent assessments

6.—(1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

- (a) the number of people in its area who require pharmaceutical services;
- (b) the demography of its area; and
- (c) the risks to the health or well-being of people in its area,

unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—

(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

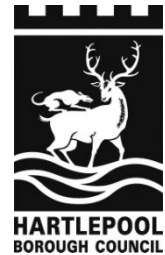
(b) the HWB—

(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area

HEALTH AND WELLBEING BOARD

30th November 2015



Report of: Director of Public Health

Subject: HEALTH AND HOMELESSNESS

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to introduce a presentation regarding health and homelessness.

2. BACKGROUND

- 2.1 People who are homeless tend to experience worse health than people who have secure and stable accommodation. This presentation considers the issues relating to health as a result of being homeless.

3. PROPOSALS

- 3.1 The presentation considers the following:-
- Importance of housing and health
 - Health needs of homeless people.
 - Homelessness in Hartlepool
 - What actions are being taken to address the solution
 - partnerships

4. RECOMMENDATIONS

- 4.1 The Health and Wellbeing Board discuss and note the content of the presentation.

5. BACKGROUND PAPERS

- 5.1 Housing strategy for Hartlepool

6. CONTACT OFFICER

- 6.1 Louise Wallace
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Health and Wellbeing Board

30th November



Report of: Director of Public Health

Subject: SKIN CANCER PREVENTION - SAVING OUR SKINS INITIATIVE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with information regarding the Public Protection Section's Save Our Skins Initiative.
- 1.2 This report pays particular emphasis to the second phase of the initiative which is being delivered in pre-school nurseries and after-school clubs.

2. BACKGROUND

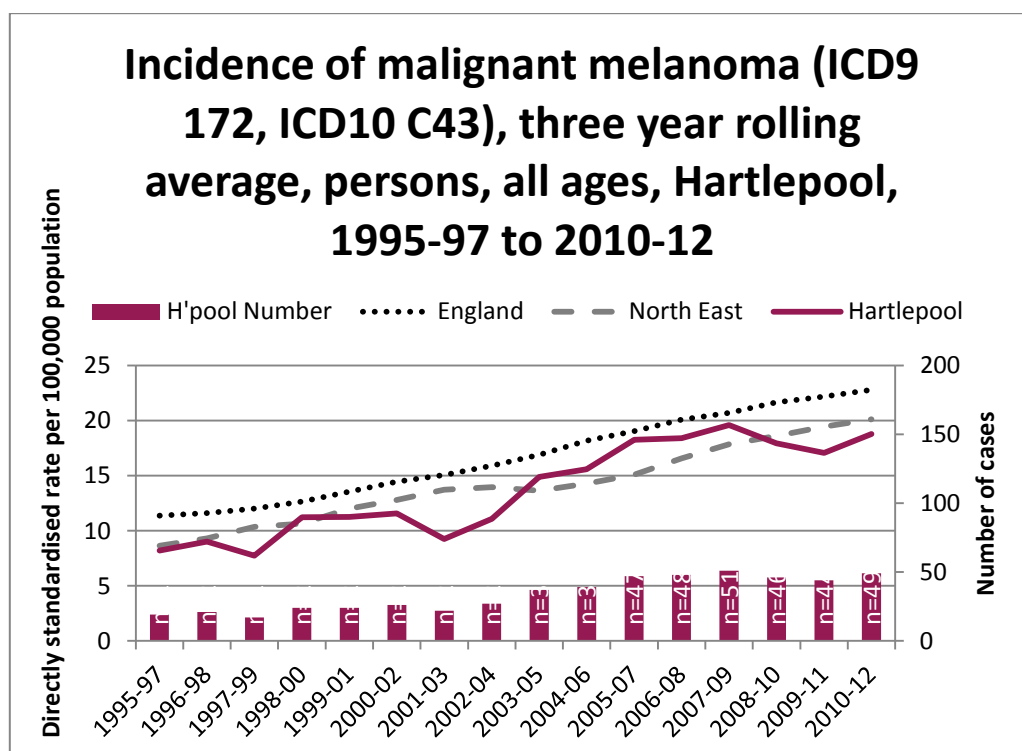
- 2.1 The aim of the Save our Skins Initiative is to raise awareness of the risk of skin cancer due to overexposure of ultraviolet radiation and promote sun safe behaviour in Hartlepool. Skin cancer is one of the most preventable cancers and small changes in the way people behave in the sun can lead to a considerable decrease in personal risk.
- 2.2 The Save our Skins Initiative was developed because;
 - i) The major cause of skin cancer is overexposure to ultraviolet radiation (UVR). Most exposure to UVR comes from sunlight. The short term results from unprotected UVR exposure are sunburn and tanning and long term exposure can cause prematurely aged skin, wrinkles and skin cancer.
 - ii) There are two main types of skin cancer: malignant melanoma and non-melanoma skin cancer.

Non-melanoma is the most common type of skin cancer and is almost always curable.

Malignant melanoma accounts for less than one in ten skin cancers and can be fatal. It is the fastest growing skin cancer which if left untreated can spread to other parts of the body.

Unlike other skin cancers, melanoma may occur in young people;

- iii) Skin cancer in terms of incidence is the most common form of cancer in the UK. Malignant melanoma becomes more common with age. Incidence is high in the young in comparison to other cancers and it is the second most common cancer in people aged fifteen to thirty four. Although skin cancer is rare in childhood, UVR damage to young skin contributes most to risk in later life;



- iv) Babies and children need extra protection from the sun as their skins are delicate and easily damaged. Sunburn in childhood can double the risk of skin cancer in later life.
- v) While most skin cancers are thought to be due to UVR exposure, other well established risk factors include:
- Fair-skinned blue eyed phenotype with skin which burns easily
 - Tendency to freckle
 - Personal or family history of skin cancer
 - Excessive sun exposure during childhood
 - Higher than average number of naevi (moles)
 - Working outdoors for lengthy periods of time
 - Use of solaria, sunlamps and sunbeds

2.3 In order to effectively deliver the Sun Safe message to a broad cross section of the community the Sun Safe Initiative is being delivered in phases.

- 2.4 The initial phase, which was completed during 2014-15, involved Public Protection staff visiting sunbed salons to assess the level of compliance with the Health and Safety Executive (HSE) Guidance ‘Reducing health risks from the use of ultraviolet (UV) tanning equipment’ (INDG209), The Sunbed (Regulations) Act 2010 and BS EN 60355-2-27.
- 2.5 The second phase of the Save Our Skins Initiative is being delivered during 2015-16 in pre-school nurseries and after-school Clubs. The Public Protection Section has enforcement responsibilities in these establishments under the Health & Safety at Work etc. Act 1974 with regard to employees, service users and any others affected by their undertaking. A number of additional visits have been carried out to after-school clubs as the Public Protection Section has established links with these establishments in relation to Food Hygiene visits.
- 2.6 The aims of this second phase are to:
- i) Promote “sun safe” behaviour by educating children in the importance of enjoying the sun safely;
 - ii) Ensure children know the importance of applying sun screen, wearing protective clothing and seeking shade,
 - iii) Promote environmental measures - providing areas of adequate shade, careful monitoring and providing positive role models to children by ensuring staff also apply sun screen, wear protective clothing and seek shade,
 - iv) Encourage pre-school nurseries to become an accredited “Sun Safe Nursery”, which is a free scheme supported by the skin cancer charity SKCin.
- 2.4 Officers from the Public Protection Section have carried out visits to fifteen pre-school nurseries and after school clubs to discuss the Save our Skins Initiative. All establishments supported the scheme and were interested in taking part in follow up visits to be carried out during 2016 to provide support and monitor progress. One nursery was already accredited as a Sun Safe Nursery and the remaining nurseries were all interested in the accreditation scheme.
- 2.5 Public Protection officers have prepared a “Sun Safe Pack”, which includes an example risk assessment, a Sun Safe policy and letter to parents/guardians explaining the initiative and asking for support. Information is also provided in relation to free educational tools available as well as details on becoming an accredited “Sun Safe Nursery”. This pack will be available to all nurseries and schools via the Hartlepool Borough Council Website.
- 2.6 Public Protection officers have made recommendations with regard to planning applications received in relation to pre-school nurseries, to advise on appropriate shading in order to provide adequate UVR protection for children’s outdoor activities.

3. PROPOSALS

- 3.1 It is proposed that Public Protection officers will continue to work with pre-school nurseries and after school clubs in Hartlepool to raise awareness of the risk of skin cancer resulting from overexposure to UVR.
- 3.2 Further visits will be carried out to provide support and assistance to nurseries and after school clubs to encourage them to register as Sun Safe Nurseries and encourage children to enjoy the sun safely.
- 3.3 All information will be made available to all educational establishments on the Hartlepool Borough Council website and will link to our communications and engagement strategy.
- 3.4 The next phase is to roll out the initiative to other sectors for which the Public Protection Section has enforcement responsibilities under the Health & Safety at Work etc. Act 1974 for example employees who work outdoors.

4. RECOMMENDATIONS

- 4.1 It is recommended that the Board notes the report.

5. REASONS FOR RECOMMENDATIONS

- 5.2 To promote greater awareness of this initiative.

6. BACKGROUND PAPERS

- 6.1 There are no background papers.

7. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

30 November 2015



Report of: Director of Child & Adult Services

Subject: Better Care Fund: 2015/16 Q2 Return

1. PURPOSE OF REPORT

1.1 To present to the Health and Wellbeing Board the 2015/16 Q2 return.

2. BACKGROUND

2.1 The Better Care Fund has 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.

2.2 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.

- 2.3 BCF plans were also required to include one locally determined performance measure. The agreed local measure for Hartlepool is the estimated diagnosis rate for people with dementia.
- 2.4 BCF plans were required to demonstrate achievement of the national conditions, and to set targets to improve performance against the national and locally determined measures. Performance against these conditions and targets will be monitored nationally by NHS England.

3. BCF IMPLEMENTATION & PERFORMANCE

- 3.1 Progress in relation to BCF implementation is reported on a regular basis to the North of Tees Partnership board, as set out in the BCF plan governance arrangements.
- 3.2 The update in November 2015 was as follows:
- The Pooled Budget Partnership Board (PBPB) met in October and approved new spend on enhanced pharmacy support for care homes, HBC weekend working pilot and co-location costs.
 - Social Workers are now available from 10.00-4.00 during weekends and bank holidays from 1 November 2015 to 31 March 2016, focused on facilitating hospital discharges. This is supported by additional weekend capacity commissioned from independent home care providers for the same period using system resilience funding. The outcomes of the pilot will be monitored to inform future planning, and work is underway to ensure that system wide impact is captured in any evaluation criteria.
 - Adult services first contact team are co-located with SPA in the first step towards an integrated health and social care single point of access. Further work is underway to establish how these teams work more cohesively and how capacity is enhanced, including a proposal for clinical input to SPA.
 - Discussions have taken place regarding the current Rapid Response Nursing provision and potential to reduce the timescale for HBC to pick up cases. Further activity information is required in order for this to be scoped and costed and there needs to be a shared understanding of how this would free up Rapid Response Nursing capacity to focus on admission prevention.
 - The Hartlepool Now site was formally launched on 19 October with positive feedback from all involved regarding the current site and potential for further development. The site is being used at the first contact point as a tool for signposting and early intervention, and information is being collected to monitor effectiveness and impact on referrals for assessment.
 - Enhanced support for care homes and home care providers has now been commissioned and is expected to be in place from 1 January 2016, initially for twelve months. The enhanced support will be targeted initially at nursing homes, then residential homes and home care providers.
 - Task and Finish Groups continue to meet for all key work streams and project plans are being reviewed and updated to ensure that each group has a clear remit and timelines to work to.

- Work continues in relation to care homes through the North of Tees Care Home Commissioning Group. The CCG met with care home providers on 4 November to feed back regarding a proposed new financial model, a more structured approach to assessment of clinical quality, future commissioning intentions and potential developments in relation to telehealth and digital systems.
- Potential to implement an enhanced Intensive Community Liaison model in care homes in relation to dementia is being explored. Costed options will be presented to future PBPB for consideration.

3.3 BCF performance is reported to NHS England on a quarterly basis as follows:

Submission Date	Reporting Period
27 November 2015	Q2: July – September 2015
26 February 2016	Q3: October – December 2015
27 May 2016	Q4: January – March 2016

3.4 The Hartlepool 2015/16 Q1 return was submitted on 27 November and is attached at **Appendix 1** (to follow).

4. RISK IMPLICATIONS

4.1 A risk register was completed as part of the original BCF plan and mitigating actions identified. No additional risks have been identified.

5. FINANCIAL CONSIDERATIONS

5.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board. The Council's Chief Finance Officer is the named Pooled Fund Manager.

5.2 It was a requirement that BCF Plans included an element of funding for 'Payment by Performance'. This funding is released based on quarterly performance in terms of reducing non elective hospital admissions. Hartlepool's performance in this area means that an element of this funding has been released in Q2 which can now be utilised to support implementation of the BCF plan.

5.3 As shown in **Appendix 1**, there continues to be some slippage against the BCF Plan however it is anticipated all funding will be fully spent in accordance with the Plan by the end of the financial year.

6. LEGAL CONSIDERATIONS

6.1 None identified.

7. CHILD AND FAMILY POVERTY

7.1 No implications identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None identified.

9. STAFF CONSIDERATIONS

9.1 No staff considerations identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No asset management considerations identified.

11. RECOMMENDATIONS

11.1 It is recommended that the Health and Wellbeing Board notes progress in relation to implementation of the BCF plan and notes the 2015/16 Q2 return which was submitted on behalf of the Health and Wellbeing Board using delegated authorities as previously agreed.

12. REASONS FOR RECOMMENDATIONS

12.1 It is a requirement that Health & Wellbeing Boards approve plans and performance reports in relation to the BCF.

13. BACKGROUND PAPERS

13.1 No background papers.

14. CONTACT OFFICER

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