

# AUDIT AND GOVERNANCE COMMITTEE AGENDA



**Thursday 20 August 2015**

**at 10.00 am**

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

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Belcher, Cook, Lawton and Martin-Wells.

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

Local Police Representative: Chief Superintendent Gordon Lang

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 6 August 2015 (*to follow*).
4. **AUDIT ITEMS**

No Items.
5. **STANDARDS ITEMS**

No Items.



**6. STATUTORY SCRUTINY ITEMS**

- 6.1 Scoping Report – End of Life/Palliative Care in the Community Investigation – *Scrutiny Manager (to follow)*
- 6.2 Scoping Report – Crime and Policing in Hartlepool Investigation – *Scrutiny Manager (to follow)*

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

- 7.1 To receive the minutes of the meeting held on 22 June 2015.

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

No items.

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

No items.

**10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

No items.

**11. REGIONAL HEALTH SCRUTINY UPDATE**

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

**ITEMS FOR INFORMATION**

**Date of next meeting – Thursday 3 September 2015 at 10.00am in the Civic Centre, Hartlepool**



# **AUDIT AND GOVERNANCE COMMITTEE**

## **MINUTES AND DECISION RECORD**

### **6 August 2015**

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

**Present:**

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Jim Ainslie, Sandra Belcher, Rob Cook and Trisha Lawton

Also present:

Brian Walker, Parish Council Representative  
Stephen Thomas, Lynn Allison and Judith Sherry, HealthWatch

Officers: Clare Clark, Head of Community Safety and Engagement  
Joan Stevens, Scrutiny Manager  
Angela Armstrong, Principal Democratic Services Officer

## **19. Apologies for Absence**

Apologies for absence were received from Councillor Stephen Akers-Belcher and independent person Clare Wilson.

## **20. Declarations of Interest**

None.

## **21. Minutes of the meeting held on 16 July 2015**

Confirmed.

## **22. Selection of potential topics for inclusion in the 2015/16 statutory scrutiny work programme** *(Scrutiny Manager)*

Members' consideration was requested of a number of potential work programme items which related to the statutory scrutiny functions of health and crime and disorder. In addition the Committee had a rolling health scrutiny work programme which Members were asked to consider.

A discussion ensued on the health topics that had been highlighted within the scoring matrix and a Member proposed that End of Life and Palliative

Care in the Community should be one of the main topics for the Committee to focus on this year. This was fully endorsed by other Members of the Committee. The Manager from HealthWatch Hartlepool was in attendance and endorsed the proposal to investigate the issue of End of Life and Palliative Care in the Community in view of a number of major changes to the approach to palliative care. It was noted that HealthWatch Hartlepool had been involved in a piece of work on palliative care policies within Hospital and it was suggested that it would be useful for the Lead Member on this issue from HealthWatch Hartlepool to meet with the Scrutiny Manager to share information.

In relation to the Crime and Disorder suggested topics, the Scrutiny Manager suggested that Members may wish to consider the top two items within the scoring matrix. In view of the number of residents highlighting what appeared to be a reduction in neighbourhood policing, Members were fully supportive of exploring in detail the work of the Neighbourhood Police and PCSOs. During the discussion, the links to the neighbourhood policing and the disproportionate increase in crime issues were highlighted. With this in mind, Members were supportive of exploring the disproportionate increase in crime as part of the Committee's annual work programme also. A number of concerns were highlighted by Members after having residents indicate that they had stopped reporting crime as Police Officers of CPSOs were not attending even after receiving these reports. However, it was highlighted that statistics from the number of crimes reported determined where Police and CPSO's were deployed and the importance of ensuring all crime was reported was emphasised to ensure the Police were aware of the ongoing issues within any one area.

A representative from HealthWatch referred to a number of anti-social behaviour issues in her local area and the Head of Community Safety and Engagement indicated she would get the details outside of the meeting and ensure this issue was investigated by the Anti-Social Behaviour Team.

Members supported the above chosen topics for investigation during this municipal year unanimously.

The Scrutiny Manager suggested that due to the success of the Working Groups held last year as part of the scrutiny investigations, that a similar process be followed this year. Members therefore asked to indicate to the Scrutiny Manager which of the Crime and Disorder Issues they would be interested in being involved in.

## **Recommended**

- (1) The following investigations were agreed to be included within the 2015/16 Work Programme:
  - Statutory Health Scrutiny – End of Life/Palliative Care in the Community;
  - Statutory Crime and Disorder – Disproportionate Increase in Crime

- and Neighbourhood Police/PCSOs across Hartlepool.
- (2) That the Scrutiny Manager meet with the Lead member from their work on Palliative Care from HealthWatch Hartlepool to share information.
  - (3) That Task and Finish Groups be formed to consider both Crime and Disorder issues with Members to indicate their first and second preference for participation in the Groups.
  - (4) That the rolling health scrutiny programme be agreed as noted in the report.

## **23. Appointment to Committees/Forums** (*Scrutiny Manager*)

The report confirmed the appointments to the Tees Valley Joint Health Scrutiny Committee and the North East Health Joint Scrutiny Committee. In addition, nominations were sought for a representative from the Committee to participate in the North East Regional Joint Member/Officer Scrutiny Network. Councillor Ainslie was subsequently nominated and accepted this position.

### **Recommended**

- (1) The appointments to the Tees Valley Joint Health Scrutiny Committee, with Councillor Ainslie replacing Councillor S Akers-Belcher to be reported to Council for approval.
- (2) The appointment of Councillor Martin-Wells to the North East Joint Health Scrutiny Committee was noted.
- (3) That Councillor Ainslie be appointed as the Audit and Governance Committee representative on the North East Regional Joint Member/Officer Scrutiny Network.

## **24. Dedicated Overview and Scrutiny Budget 2014/15 Outturn** (*Scrutiny Manager*)

The report provided Members with an up to date position of the expenditure of the Dedicated Overview Scrutiny Budget for the 2014/15 financial year. It was suggested that the Scrutiny Manager be given delegated authority, in consultation with the Chair, to allocate any expenditure required as a result of the ongoing scrutiny investigations from the dedicated scrutiny budget for 2015/16 and this was supported by the Committee unanimously.

### **Recommended**

- (1) The dedicated scrutiny budget position for the 2015/16 financial year was noted.
- (2) That delegated authority, in consultation with the Chair, be provided to the Scrutiny Manager for the allocation of expenditure required as a result of the ongoing scrutiny investigations from the dedicated

scrutiny budget.

## **25. Health and Wellbeing Board's Response to the Investigation into Dementia: Early Diagnosis** (*Health and Wellbeing Board*)

Following consideration of the Audit and Governance Committee's Final Report from the investigation into Dementia: Early Diagnosis, the Health and Wellbeing Board approved the recommendations and actions. Details of each recommendation and action were provided in the Action Plan which was attached at Appendix A.

A Member commented that the investigation had been extremely informative and worthwhile with an exceptional number of people participating in the investigation. The number of excellent organisations that provided care and support to people and their families living with dementia was highlighted by a Member including The Bridge, the drop in centre in Villiers Street which was ran by the Hospital of God of Greatham and the newly refurbished Centre in Gretton Court. The Manager of HealthWatch Hartlepool informed Members that Age Concern was holding a Dementia Roadshow on 25 August 2015 in the Walton Street car park in the Town Centre of Hartlepool. Members were also asked to note that HealthWatch Hartlepool had undertaken an investigation into care homes provision of care and support for residents and their families who were living with dementia and the final report would be presented to a future meeting of the Health and Wellbeing Board. The Chair suggested that this report be circulated to all Members of the Audit and Governance Committee.

A Member thanked the Team within the Child and Adult Services Department who undertake work around dementia issues for their professionalism and efficiency and commended them for the work they carry out.

### **Recommended**

- (1) That the proposed actions detailed within the Action Plan were noted.
- (2) That the report produced by HealthWatch Hartlepool for submission to the Health and Wellbeing Board on the care and support provision to people and their families living with dementia within care homes in Hartlepool to be circulated to all Members of the Committee.

## **26. Six Monthly Monitoring of Agreed Scrutiny Recommendations** (*Scrutiny Manager*)

The Scrutiny Manager reported on the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee. Of the actions reported, three were overdue but there was

work ongoing on each action and each had a defined period for when this work was expected to be completed. In addition, due to a number of concerns expressed at the Adult Services Committee at its meeting on 8 June 2015, an update on the COPD investigation was included within the action plan.

### **Recommended**

The progress made against the agreed recommendations was noted.

## **27. Draft Final Report – Hate Crime in Hartlepool** *(Audit and Governance Committee)*

The report presented the findings of the Committee following its investigation into Hate Crime in Hartlepool. The overall aim of the investigation had been to gain an understanding of the level and impact of hate crime in Hartlepool, looking closely at how we deal with disability, race, religion, sexual orientation and transgender hate crimes in our communities. A summary of the methods of investigation was outlined in the report which also provided comprehensive detail on the findings. The conclusions of the investigation were listed in the report.

Due to a prior commitment, the Chair was unable to present the report to the Safer Hartlepool Partnership on 4 September and sought a representative from the Committee to attend the Partnership and present the report and Councillor Ainslie agreed to do this.

### **Recommended**

The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Safer Hartlepool Partnership are as outlined below:-

- (a) That continuing emphasis be placed upon working with the Councils partners to raise awareness within vulnerable communities, and indeed the wider community, of what constitutes hate / race / mate crime, how it can be reported and the support available;
- (b) That we raise awareness of mate crime as an issue and ensure we protect our most vulnerable victims;
- (c) That work be undertaken with small business owners/operators in Hartlepool who operate as part of the towns night time economy to reduce the prevalence of hate crimes and change the perception of what is acceptable;
- (d) That with recognition of the resources implications facing all agencies,

ways of providing consistency in terms of staffing and points of contact be explored;

- (e) That the excellent police training provided to full time officers to equip them to deal with the full range of hate crimes be extended to Special Constables and CPSO's;
- (f) That given the diminished support for networks in the community following cuts in resources, ways be explored to work with associations / support groups and the Police to strengthen, sustain and promote groups such as the partnership group set up in Hartlepool as valuable sources of independent advice;
- (g) That in relation to Safe Havens and Reporting Centres:
  - i) Awareness of their existence / location be further raised, including the display of a list of the venues at the Civic Centre;
  - ii) The distribution of safe havens across the town be reviewed including the absence of a venue on the Headland; and
  - iii) Given low usage levels, the viability of reporting centres explored.
- (h) That all Councillors become Hate Crime Champions for their wards;
- (i) That in relation to the CPS:
  - i) Given constrictions in the use of specialist courts rooms, the CPS be lobbied for the provision of specialist facilities for all victims to encourage the reporting of hate crime offences; and
  - ii) The improved protection for victims through strengthening the law to cover all protected characteristics.
- (j) That vulnerable families be supported effectively when they are housed in new communities, including the involvement of social and private landlords.

## **28. Minutes of the meeting of the Health and Wellbeing Board held on 2 March 2015**

Received.

## **29. Extracts of the Finance and Policy Committee minutes relating to Public Health from the meetings held on 30 January, 23 February and 23 March 2015**

Received.



**30. Minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 22 January 2015**

Received.

Members were informed that the work programme for the Tees Valley Health Scrutiny Joint Committee had not yet been agreed but that Scrutiny Officers would identify an appropriate topic with the current Chair and this would be reported back to this Committee. It was noted that a representative from North East Ambulance Service had attended the Joint Committee and provided a number of answers to Members' questions which had emphasised the importance of Members' attendance at these meetings.

The Chair indicated that the Chief Executive of the North East Ambulance Service had attended the North East Joint Health Scrutiny Committee and a discussion had ensued on the paramedic staffing levels during which it had been suggested by Members that a bursary scheme be introduced to assist trainee paramedics with the potential to tie them into the NEAS for an agreed timescale once their training was complete. The Chief Executive had been invited back to the North East Joint Health Scrutiny Committee in six months time to provide the Committee with an update.

In response to a question from the Manager of HealthWatch Hartlepool, the Scrutiny Manager confirmed the next meeting of the North East Joint Health Scrutiny would be on 1 October 2015 at 2.00pm in the Civic Centre, Hartlepool.

**31. Minutes of the meeting of the Safer Hartlepool Partnership held on 15 May 2015**

Received.

**32. Regional Health Scrutiny Verbal Update** (*Scrutiny Manager*)

The Scrutiny Manager confirmed that at its recent meeting held on 24 February 2015, the North East Health Joint Scrutiny Committee had agreed to undertake an investigation around pharmacies and how to encourage their use as a treatment option for minor ailments during the course of this year. The Chair commented that due to the constraints around Officer workload, the investigation needed to be focussed. The Scrutiny Manager confirmed that Officers from other regional local authorities had indicated their willingness to participate in the work to be undertaken as part of the investigation.

**Recommended**

The update was noted.

**33. Any Other Business Which the Chair Considers Urgent**

None.

The meeting concluded at 10.50 am.

CHAIR

# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

22 June 2015

The meeting commenced at 10 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  
Paul Thompson and Councillor Ged Hall (as substitute for Councillor Simmons)  
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning  
Group (2) – Dr Schock and Alison Wilson  
Director of Public Health, Hartlepool Borough Council - Louise Wallace  
Representatives of Healthwatch – Margaret Wrenn

### **Other Members:**

Chief Executive, Hartlepool Borough Council – Gill Alexander  
Representative of the NHS England – Vacancy  
Representative of Hartlepool Voluntary and Community Sector – Tracy  
Woodhall  
Representative of Cleveland Police - Chief Superintendent Gordon Lang as  
substitute for Assistant Chief Constable Simon Nickless

Also in attendance:- Representatives of Healthwatch – S Thomas, J Gray  
Representative of Tees Valley Public Health Shared Service, James  
O'Donnell, Public Health Intelligence Specialist,  
Representative of Mental Health Forum, Zoe Sherry (also representative of  
Healthwatch)  
Elected Member, Hartlepool Borough Council – Councillor Springer

Hartlepool Borough Council Officers: Jill Harrison, Assistant Director (Adult  
Services)  
Neil Harrison, Head of Service  
Carol Johnson, Head of Health Improvement  
Joan Stevens, Scrutiny Manager  
Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, the Chair highlighted that it was the  
first meeting of the Board to be attended by a representative of Cleveland  
Police and welcomed the representative to the meeting.

## **1. Apologies for Absence**

Elected Member – Councillor Chris Simmons  
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson  
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden  
Representatives of Healthwatch – Ruby Marshall  
Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley  
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster  
Representative of Cleveland Police – Simon Nickless

## **2. Declarations of interest by Members**

Councillor Christopher Akers-Belcher reiterated the declaration he had made at a previous meeting of the Board, held at the commencement of the previous municipal year, that in accordance with the Council's Code of Conduct, he declared a personal interest as Manager for the Local HealthWatch, as a body exercising functions of a public nature, including responsibility for engaging in consultation exercises that could come before the Health and Wellbeing Board. He advised that where such consultation takes place (or where there is any connection with his employer), as a matter of good corporate governance, he would ensure that he left the meeting for the consideration of such an item to ensure there was no assertion of any conflict of interest

## **3. Minutes**

The minutes of the meeting held on 2 March 2015 were confirmed.

Referring to minute 50, Minimum Unit Price for Alcohol – Referral from Council, the Director of Public Health confirmed that a letter had been sent to Sefton Council and that BALANCE was reporting to Leaders and Mayors meetings across the North East.

With reference to minute 57, Obesity Conference Feedback, the Director of Public Health assured the Board that the issues arising from the Obesity Conference were being considered and that a further report would be submitted to the September/October meeting of the Board.

Further to minute 54 – COPD Screenings – it was understood from feedback that problems continued to be experienced. The Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group advised that she would address the issue.

#### **4. Joint Mental Health Implementation Plan and Mental Health Update** *(Director of Child and Adult Services)*

The approval of the Board was sought for the Joint Mental Health Implementation Plan 2015 -2108. The report also provided an update on a number of key reviews of mental health services.

The Board was advised that the Hartlepool Mental Health Forum had set up a task and finish group involving representatives from Hartlepool Borough Council and Hartlepool & Stockton on Tees Clinical Commissioning Group (CCG) to support the development of a local Mental Health implementation plan. The Chair of the Mental Health Forum was in attendance at the meeting and spoke in support of the Plan.

The Joint Mental Health Implementation Plan for 2015-18, appended to the report, had been co-produced with the CCG and incorporated the key national and local mental health outcomes. An action plan had also been developed which would be refreshed annually to demonstrate progress and reflect any changing national and local priorities. The report set out details of the methodology which had been adopted together with details of public engagement. It was highlighted that the Plan described the national drivers, key deliverables and demographic pressures on the local community and used the outcomes of the public engagement event as the basis to formulate an action plan.

The Board was informed also that as part of Sector Led Improvement within the North East ADASS Region all Councils had agreed to the Local Government Association (LGA) undertaking a Peer Challenge within adult social care over a three year period. Hartlepool Borough Council's Peer Challenge had taken place in November 2014 and was focused on mental health services. The review had focused on 3 key themes; service delivery, working together and vision, strategy and leadership and for each area the team had identified key strengths and areas for consideration as summarised in the report. Key recommendations were highlighted. It was noted that an action plan was being developed with TEWV to address the recommendations. Progress has already been made in a number of areas as detailed in the report.

Members of the Board were informed of details of a CQC Mental Health Act Monitoring Visit to Tees Esk and Wear Valley NHS Foundation Trust in December 2014. The report set out the key developments that were reviewed and the key areas for improvement for the Tees area together with actions to be taken in response to the recommendations.

The report set out details also of the Mental Health Crisis Care Concordat which sets out how organisations should work together better to make sure that people get the help they needed when they are having a mental health crisis. It focused on four main areas as detailed in the report. It was noted that the Mental Health Forum and key strategic partners had signed up to the

principles of the Crisis Care Concordat. An action plan was being monitored through the Tees Crisis Concordat Working Group.

The report informed Board Members also of a national consultation exercise which had taken place on a revised Code of Practice for Mental Health. The main changes were highlighted to the Board. It was acknowledged that work would be required to ensure professionals working under the revised Code of Practice for Mental Health were aware of the changes and remained confident practitioners. Senior managers would ensure that workforce plans were updated to reflect changes to key legislation and would monitor uptake through Continuous Professional Development.

Board Members debated issues arising from the report. It was highlighted that the report identified significant mental health issues in the town and an assurance was provided by the Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group that there had been significant increases in investment in mental health services. The Chief Officer undertook to deal with issues highlighted at the meeting in relation to access to the 111 service and to report back to the board in relation to telephone access to the out of hours services by ethnic minority groups. Issues relating to access to services by those with hearing loss were discussed also and it was noted that the Council's Hearing Loss Strategy was currently being refreshed with consultation planned during July. It was requested that Healthwatch representatives be included in the consultation. The Chair of the Mental Health Forum raised a number of issues relating to crisis intervention including concerns regarding an increase in the number of people self presenting, transport issues in terms of accessing Roseberry Park and access to the Section 136 assessment suite. The Chair of the Forum agreed to take back to the Forum issues highlighted at the meeting relating to the number of people who appeared not to receive treatment for mental health issues.

The Assistant Director advised that a report was being considered at the next meeting of the Council's Adult Services Committee on Section 136 provision. The Chair of the Board requested the involvement of this Board.

## **Decision**

- (i) The Board approved the Joint Mental Health Implementation Plan and agreed to receive further reports to monitor progress against the action plan.
- (ii) The outcomes of recent reviews and the actions being taken to address the recommendations were noted.
- (iii) The revised Code of Practice for Mental Health was noted.

## 5. **Quality Premium 2015/16** (*Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

Further to consideration by the Board on 2 March 2015, the report provided an update in relation to the Clinical Commissioning Group (CCG) Quality Premium Guidance for 15/16. The report included an overview of the guidance and advised of the approach taken to select local indicators to enable final plans to be submitted to NHS England on the 14<sup>th</sup> May.

It was noted that the Quality Premium for 2015/16 had been published and was intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvement in health outcomes. The premium would be paid to CCGs in 2016/17, and covered a number of national and local priorities which were addressed in the report. Based on population size, the Quality Premium provided an opportunity to earn £1,428,885 should all measures be achieved.

In terms of local indicators, there were choices and decisions that required formal agreement of Health and Wellbeing Boards set out in the guidance. However due to the late publication of the guidance and the requirement for CCG planning documents to be submitted to NHS England by 14 May 2015, there had been no opportunity to present the information to the Health and Wellbeing Boards due to meetings not taking place during the election period. The CCG in the absence of a Board meeting had therefore worked with both Local Authority Public Health teams to sight them on the requirement of the quality premium guidance and submission and had agreed relevant indicators to be selected as local measures from the CCG Outcome Indicator set and those that linked with the JSNA. The two local measures discussed and selected for submission for the plans were improving estimated diagnosis rate for people with dementia increasing the planning target from 69% to 72% and a reduction in maternal smoking at delivery from 14/15 to 15/16. It was agreed as both indicators had been selected by the Board and CCG in previous years that these should continue to be an area of focus. It was highlighted that the dementia indicator was a performance measure of BCF plans therefore increasing this target would help achieve not only BCF but the quality premium measure. The Director of Public Health expressed support of the indicators which had been selected.

In response to a question raised at the meeting by an elected member, the Chief Officer advised in relation to the collection of data. The Chair of the Board proposed that consideration be given to the appropriate timescales for submission of data to Board meetings.

### **Decision**

The update was noted and the local indicators as selected by the CCG and Public Health colleagues were ratified.

## **6. Tees Wide Suicide Prevention Implementation Plan 2014-16** *(Director of Public Health)*

The Board was presented with the Tees Wide Suicide Prevention Implementation Plan, a copy of which was appended to the report. The attention of the Board was brought to the recommendations made by Middlesbrough Borough Council's Health Scrutiny Panel in relation to the Tees Wide Suicide Prevention Implementation Plan, also appended to the report. The Board was requested to consider the referral of the Tees Wide Suicide Prevention Implementation Plan to the Council's Planning Committee.

The Board was advised that the Tees Suicide Prevention Implementation Plan 2014-2016 mirrored the national Suicide Prevention Strategy and was monitored through each of the Health and Wellbeing Boards across the Tees Valley. In July 2014, Middlesbrough Borough Council's Health Scrutiny Panel had explored the link between deprivation across Middlesbrough and levels of suicide and in doing so had requested further information regarding the Tees Suicide Prevention Implementation Plan. This information had been considered on the 21 October 2014, and the Panel had agreed a number of recommendations as set out in the report. To assist the Board in gaining an understanding of the issues affecting Hartlepool, details of local suicide data gathered over a 17 year period (1997-2013), was provided in the report. Following consideration of the Plan, the recommendations of the Health Scrutiny and the position in Hartlepool as outlined in the report, the Board was requested to consider the appropriateness of recommending that the Tees Wide Suicide Prevention Implementation Plan be considered in the development of Council's Local Plan and any policy relating to the built environment. The Scrutiny Manager advised the Board that she had been advised by the Council's Planning Services Manager that it would be achievable for the recommendations to be considered in the context set out in the report.

### **Decision**

- i) The recommendations of Middlesbrough Borough Council's Health Scrutiny Panel were noted.
- ii) It was recommended that the Tees Wide Suicide Prevention Implementation Plan be considered in the development of Council's Local Plan and any policy relating to the built environment.



## **7. Scrutiny Investigation into Dementia: Early Diagnosis – Final Report and Action Plan** *(Director of Public Health and Director of Child and Adult Services)*

As a result of the Scrutiny investigation into Dementia, a series of recommendations had been made. To assist the Health and Wellbeing Board in its determination of either approving or rejecting the proposed recommendations an action plan had been produced which was appended to the report together with the Final Report and recommendations of the Working Group.

### **Decision**

- (i) The Board approved the proposed recommendations and the action plan in response to the recommendations of the Dementia Working Group's investigation into Dementia: Early Diagnosis.
- (ii) It was agreed that a further report be submitted to the Board in six months time.

## **8. Better Care Fund Performance Reporting** *(Director of Child and Adult Services, Hartlepool Borough Council and Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG)*

The report provided an update regarding the performance reporting arrangements for the Better Care Fund (BCF) and the return submitted in relation to Quarter 4 of 2014/15.

The Board was advised that NHS England had issued 'Guidance for the Operationalisation of BCF in 2015/16' in March 2015 which was appended to the report. The guidance included a quarterly performance reporting template which was appended to the report also and had confirmed dates for submission of the templates. The dates for quarterly submissions had been set nationally and involved collation of performance information from a number of sources across health and social care. It was highlighted that the dates would create some challenges in terms of Health & Wellbeing Board sign off prior to submission. It was suggested that this could be addressed through delegating responsibility for sign off, with reports submitted to the Health & Wellbeing Board at the earliest opportunity. On 11 May 2015 a revised and simplified reporting template had been issued specifically for the first submission on 29 May 2015. The revised reporting template for 29 May 2015 had been completed by officers of the Council and CCG and was appended to the report. Although there was no requirement to report on the performance measures for this quarter, information had been collated and indicated that improvements had been seen in a number of areas as set out in the report.

It was highlighted that the one indicator where performance was not shown to have improved was admissions to care homes of people aged 65 and over.

Performance against this indicator had actually improved significantly in real terms in 2014/15 when compared to the previous year, with a reduction from 145 admissions to 125 admissions over the twelve month period. This was a 13.8% reduction, which was a significant achievement in the context of demographic pressures and increasing prevalence of dementia. However, the way that this indicator was measured had changed nationally and full cost paying residents were now included within the measure. This figure had not been included in the indicator in previous years, but the change to the national definition meant that the total number of admissions for 2014/15 now had to be reported as 187 for 2014/15.

Board Members were assured that performance against all of the BCF indicators would continue to be monitored throughout the year through the BCF officers group and North of Tees Partnership Board and the monthly data collected for this purpose would inform the quarterly reports.

### **Decision**

- (i) The performance reporting process was noted together with the report submitted on 29 May 2015;
- (ii) The issues raised in relation to timing of performance reports and Health & Wellbeing Board meetings were noted and authority was delegated to the Director of Child and Adult Services for Hartlepool Borough Council and Chief Officer of NHS Hartlepool and Stockton-on-Tees CCG to sign off returns, in conjunction with the Chair of the Health & wellbeing Board, if timescales do not allow for formal Health & Wellbeing Board sign off prior to submission deadlines, with reports submitted to the Board at the earliest possible opportunity following submission.

## **9. Community Based Urgent Care Update – June 2015** (*Chief officer, Stockton-on-Tees Clinical Commissioning Group*)

The report provided an update following the information which had been presented to the Board in January 2015. The report set out the actions undertaken to date and associated timelines in relation to the integrated urgent care service. Following the previous report to the Board, the CCG had been working with the communications and engagement team within the commissioning support unit to develop a communications and engagement plan. Details of communication and engagement activities were set out in the report.

Board Members were advised that the outputs from the market engagement and public engagement exercises would be reviewed and intelligence gathered from these events would be used to develop the service specification. It was envisaged that the tender for the integrated urgent care service would be published in Mid-July 2015. Evaluation would be undertaken during August and September and a contract subsequently awarded to ensure service commencement for 01 April 2016.

The Board was updated, at the meeting, on issues arising from the feedback received by Healthwatch. The Chief Officer provided assurance that whilst undergoing the process, current services would continue to be monitored to meet needs in the most appropriate manner.

### **Decision**

The Board noted the report.

## **10. Annual Review Health Status Presentation** *(Director of Public Health)*

The Board received a presentation by the Director of Public Health which provided an opportunity for discussion on the current health status of the people of Hartlepool with a view to reaffirming priorities for action and service development.

The presentation included latest statistics, trend analysis, benchmarking and lower level geography. The key factors arising from the presentation were summarised as follows:-

- Hartlepool is more deprived than the national average
- The health of the people in Hartlepool is generally worse than the national average
- Many health indicators in Hartlepool are improving
- The health of people in Hartlepool is similar to Local Authorities with a comparable level of deprivation
- There are health inequalities within Hartlepool
- Life expectancy in Hartlepool is increasing

Following the presentation, the view was expressed that it would be useful for the Board to have a future 'wider conversation' on health determinants including preventative issues.

The Director of Public Health responded to clarification sought on the frequency of updates of ward profiles. It was agreed that the health profiles will be produced on an annual basis to accompany the statutory annual Director Public Health report.

### **Decision**

- (i) The content of the presentation, including the key messages regarding the health status of the people of Hartlepool, was noted.
- (ii) It was agreed that the health profiles be produced on an annual basis to accompany the statutory annual Director Public Health report.

Meeting concluded at 11.35 a.m.

CHAIR