HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 2 March 2015

at 9.30 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Brash, Richardson and Simmons.
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) – Gill Alexander
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1) – Dave Stubbs
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Caroline Thurlbeck
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

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council (1) – Councillor George Springer.

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 12 January 2015

4. **KEY DECISIONS**

4.1 Pharmaceutical Needs Assessment 2015 – *HBC Director of Public Health*

5. **ITEMS FOR DECISION**

5.1 Minimum Unit Price for Alcohol – Referral from Council – *HBC Director of Public Health*
5.2 Implementation of the Special Educational Needs and Disability (SEND) Reforms – *HBC Assistant Director, Children's Services*
5.3 Clinical Commissioning Group – Operational Plan - *Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG (to follow)*
5.4 Primary Care Co-Commissioning – *Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG (to follow)*
5.5 COPD Screenings – *HBC Scrutiny Support Officer*
5.6 38 degrees – Petition for Re-opening Hartlepool A & E - *Scrutiny Manager*
5.7 Membership Request – *Chief Executive*

6. **ITEMS FOR INFORMATION**

6.1 Obesity Conference Feedback – *Director of Public Health*

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

Date of next meeting – to be confirmed.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

12 January 2015

The meeting commenced at 9.30 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
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
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:
Chief Executive, Hartlepool Borough Council – Dave Stubbs
Representative of the NHS England – Ben Clark as substitute for Caroline Thurlbeck
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees Esk and Wear Valley NHS Trust – David Brown as substitute for Martin Barkley

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council (1) – Councillor George Springer.

Also in attendance:-
Dr Posmyk, Chair, NHS Hartlepool and Stockton-on-Tees CCG
Rosemary Granger, Project Director, Securing Quality in Health Services.
L Allison, J Gray, S and G Johnson and Z Sherry, Healthwatch

Officers: Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

Prior to the commencement of the meeting, the Chair highlighted that a document summarising the eye health need across Durham, Darlington and Tees had been tabled at the meeting.

36. Apologies for Absence

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of Tees Esk and Wear Valley NHS Trust – Martin Barkley
Representative of the NHS England – Caroline Thurlbeck

37. Declarations of interest by Members

Councillor Christopher Akers-Belcher reiterated the declaration he had made at a previous meeting of the Board (minute 3 refers) 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 had 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. Councillor Christopher Akers-Belcher informed the Board that he would, therefore, vacate the Chair during consideration of the item relating to HealthWatch Hartlepool Hospital Discharge Investigation.

38. Minutes

The minutes of the meeting held on 1 December 2014 were confirmed.

With reference to minute 34, the Chair highlighted that a letter had been tabled which advised that NHS England had formally approved plans following the publication of the 2015/16 Mandate and that, following the subsequent Nationally Consistent Assurance Review (NCAR) process, the Better Care Fund plan has been classified as **'**Approved**'**.

With reference to minute 33, the Director of Public Health advised Board Members that the feedback from the Board would be fed back to the Regional Director of Public Health Group.

With reference to minute 37, Councillor Christopher Akers-Belcher vacated the Chair for consideration of minute 39 only.

Dr Schock in the Chair for consideration of minute 39 only.

39. HealthWatch Hartlepool Hospital Discharge Investigation (*HealthWatch Hartlepool*)

Zoe Sherry, Healthwatch representative, presented to the Board the findings of a recent investigation into the effectiveness, from the patient perspective, of discharge processes which were in place at North Tees and Hartlepool Hospitals. The conclusions of the report were addressed under the general headings of 'complexity, communication and post discharge support'. The Board noted the recommendations set out in the report.

It was noted that Healthwatch had been informed that 'in line with national guidance North Tees and Hartlepool Hospital does now aim to discharge patients seven days a week' and that 'Stockton Social Services now operate a seven day discharge support model whereas Hartlepool still operate a five day pattern and that discharges requiring social care inputs therefore do not take place between 4pm on Friday afternoon and Monday morning.' It was highlighted that the Better Care Fund programme involved progressing towards a 7 day discharge model. It was highlighted also that Hartlepool was one of a very few Local Authorities in the country which did not have any delayed discharges due to social care involvement.

Board Members expressed their appreciation of the report which acknowledged the complexity of the hospital discharge issue. However concerns were expressed regarding the implications of one of the recommendations relating to 'under no circumstances should a patient with a complex package of care and complex care needs be discharged back home or into a care facility after 5 p.m.

It was recognised that the good practice detailed in the report should be applied across all services and that issues highlighted as concerns should be addressed. The Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, referred to issues associated with discharge liaison with particular regard to development care plans. The issues highlighted in the report would be helpful particularly in addressing issues when patients with specific needs were being discharged. The Director of Public Health suggested that it would be appropriate for the Board to consider the report again in 12 months to review progress including processes and support.

Decision

The report was received by the Board and it was agreed that a further report be submitted to the Board in 12 months to review progress.

40. Health and Wellbeing Board Development Programme

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

The Board considered a proposed approach to developing the role of the Hartlepool Health and Wellbeing Board in providing strong leadership in relation to the urgent strategic challenges facing the local health and care system across the town. The report set out legislative content in terms of the Health and Social Care Act 2012 and the Government's 2010 White Paper Equity and Excellence: Liberating the NHS Board. Members were reminded also that in October 2013 the Kings Fund had published its report *Health and Wellbeing Boards: One Year On* to explore how Health and Wellbeing Boards were functioning. The conclusions of the report were included in the report: In October 2014 the NHS had published the *Five Year Forward View* which set out some of the fundamental challenges facing the health and care system in relation to wider health inequalities, variations in standards of care and funding pressures. The Five Year Forward View had emphasised the importance of local leadership in driving forward effective joint commissioning between the NHS and local government as being critical to driving the transformation that would be required. It was considered timely to review the function and role of the Hartlepool Health and Wellbeing Board and in this context develop a strategic plan for the next five years.

It was, therefore, proposed to commission a Health and Wellbeing Board development programme with the overall aim of developing a new and innovative plan for the town which set a clear strategic direction for shaping new models of service delivery that would respond to the strategic challenges facing the health and care system. In order to commence the Health and Wellbeing Board Development programme it was proposed to hold a summit early in 2015 involving Health and Wellbeing Board Members and representatives of the senior leadership teams of partner agencies. The Health and Wellbeing Board Joint Commissioning Executive would take responsibility for commissioning the development programme and the follow up workshops. The cost of the programme would be met jointly from within existing Local Authority and CCG budgets and would relate primarily to the cost of independent facilitators and venue costs.

Decision

The Health and Wellbeing Board agree to the proposal to take forward a Board Development Programme and to participate in the summit and follow up workshops.

41. Security Quality in Health Services (SeQIHS) (*Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Project Director, NHS Darlington Clinical Commissioning Group on behalf of the Durham, Darlington and Tees CCGs*)

Dr Posmyk, Chair, NHS Hartlepool and Stockton-on-Tees CCG and Rosemary Granger, Project Director, Securing Quality in Health Services attended the meeting and made a detailed presentation to the Board which supported a briefing document circulated to Board Members. The Board was informed about progress in relation to the 'Securing Quality in Health Services' project that was underway across the County Durham, Darlington and the Tees region to deliver high quality acute hospital services.

The Board was informed that over the next ten years, both commissioners and providers of acute services faced a range of challenges that threatened the long term sustainability of services. The securing quality in health services project was initiated by primary care trusts and had now become the responsibility of the five clinical commissioning groups, working together with the local hospital foundation trusts, in the County Durham, Darlington and Tees region. The project was being delivered in three Phases. Phase one aimed to establish a consensus in relation to the key clinical quality standards that should be commissioned in acute hospitals. Phase two worked with individual organisations to update the assessment in terms of meeting the clinical quality standards now and by April 2015. It also included an assessment of the implications of meeting the standards and where there were challenges to this across the system. Phase three would focus on how organisations and services might work together in the future to deliver the standards and identify a model of care across the Durham, Darlington and Tees area that would maximise ability to meet the standards within the resources available. The first phase of the project had been reported to the Health and Wellbeing Board in August 2013.

It was noted that the project had continued to develop since the last report to the Board and the latest position was presented at this Board meeting. It provided the outcome of phase two which included a feasibility study to inform commissioning intentions for 2014/15 and beyond. This included a review of the workforce implications; an investigation of affordability set against potential future financial allocations; a consideration of the overall achievability of planned milestones; and an assessment of the associated risks. Proposals for Phase three of the project had been circulated to the Board. It was highlighted that this was a significant and challenging project that was intended to develop proposals for the configuration of sustainable acute services across Durham, Darlington and Tees. Phase three was a key phase of the project where engagement with local people to understand their views is critical.

Detailed debate followed the presentation. Board Members highlighted the connection with the Board's earlier considerations relating to a development programme for the Board. Board Members were assured that there were no issues for the Project arising from NHS England boundary changes and that

NHS England had supported the Project although it was recognised there may be cross boundary issues for the provider NHS Trusts in the north of the region. An assurance was sought regarding the active engagement of the three provider trusts across Durham and Tees Valley in the process. An assurance was also provided in relation to the involvement of non medical staff and allied health professionals in addition to the involvement of the medical professionals. The Chair of the Health and Wellbeing Board highlighted the significance of involvement of the Board and requested that a timeline be presented to the Board in order that it could be considered as part of the Board's development programme. The Chair requested also that when a further report is submitted to the Board, the report include details relating to communication and engagement and details of responsibility for decision making be included also.

Decision

The Board received the report and endorsed the recommendations included therein.

42. Obesity Conference Planning Update

The Scrutiny Manager, Hartlepool Borough Council, provided the Board with a verbal update on the Programme for the Obesity Conference to be held on 3rd February 2015.

Decision

The update was noted.

43. Improving Urgent Care Services in Hartlepool *(Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG*)

The report provided the Health and Wellbeing Board with an update as to how the Clinical Commissioning Group (CCG) working with the Health and Wellbeing Board intended to deliver plans for a community based integrated urgent care service as described in the Clear and Credible Plan Refresh 2014/15 – 2018/19 (Our 5 year strategy) to ensure delivery of the agreed joint vision. The Board was advised that the aim was to simplify the navigation of urgent care services, improve the understanding about accessing care out of hours or in an emergency, and to provide care at locations which provided necessary education to support people to look after themselves. In order to meet the aims, existing points of access for urgent care had been reviewed. The NHS England policy entitled 'Managing the end of time limited contracts for primary medical services' had provided the CCG with the opportunity to review existing services, with a view to better integrating urgent care services. This work would need to commence early in 2015 to enable services to be procured and operational by April 2016. A number of engagement events had been undertaken across Hartlepool (and Stockton-on-Tees). The CCG was

now in a position with current contracts that it was able to work with communities and partners to put in place an improved model for community based urgent care services. The long term strategic aim would be to provide local people with a fully integrated, 24/7, seamless urgent care service across Hartlepool (and Stockton-on-Tees). A simple vision is, for those people with urgent but non-life threatening needs, to be able to access clinically appropriate, highly responsive, effective and personalised services, outside of a hospital environment when clinically appropriate. Board Members were assured that the CCG was committed to continuing engagement with partners and residents of Hartlepool to inform the service specification and to take this forward a communication and engagement plan was being developed which would support the continued involvement and engagement of patients and partners. It was suggested by the Chair that the Board's face the public event could be utilised to complement the strategy and that regional complaints advocacy data could supplement the specification also.

Decision

The Board noted the update.

44. Any Other Items which the Chairman Considers are Urgent

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

45. Commissioning of Primary Care Services

The Chief Officer, NHS Hartlepool and Stockton-on-Tees CCG, advised the Board that CCG Council Members had submitted a proposal to NHS England in relation to the commissioning of primary care services. The proposal involved a joint arrangement with NHS England. Board Members. It would be necessary therefore to convene a joint committee whose membership would include one representative of this Health and Wellbeing Board and one representative from Healthwatch. If the application was agreed, an update would be reported to the Board.

Meeting concluded at 11.20 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

2nd March 2015

Report of: Louise Wallace
Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT 2015

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (i)/(ii)) Forward Plan Reference No.PH08/14.

2. PURPOSE OF REPORT

2.1 To seek approval of the final draft version of the Hartlepool Pharmaceutical Needs Assessment 2015.

3. BACKGROUND

3.1 From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). Their first PNA must be published by 1st April 2015.

3.2 Hartlepool HWB has completed preparation of the PNA, which considers the need for pharmaceutical services, describes the current services available in the town, and makes recommendations for the future provision of pharmaceutical services.

3.3 The PNA has been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (Department of Health, 2013) and guidance alongside the corresponding PNAs for Darlington, Middlesbrough, Stockton on Tees and Redcar and Cleveland. The process of development, publication of the consultation draft, and now final draft for approval has been led by the Tees Valley Public Health Shared Service (TVPHSS) on behalf of the five Health and Wellbeing Boards.

3.4 The process included both informal engagement with patients, the public, health and other professionals and /or their representatives and a minimum 60-day formal public consultation. This engagement and consultation (including statutory consultees) including NHS England, HAST CCG, Local

Pharmaceutical Committee, Local Medical Committee, NHS Trusts and Healthwatch via membership of the working groups or via survey/ consultation processes, generated valuable insight regarding the current and future provision of pharmaceutical services. This incorporated;

- a patient survey in summer 2014 which achieved 273 responses from Hartlepool, 25% of the almost 1100 responses from across the Tees Valley.
- a parallel stakeholder questionnaire of clinical and other professionals on behalf of the 'client group' they represented with 35 Hartlepool responses.
- a 60-day formal public consultation which closed 16 January 2015 with 13 formal Hartlepool responses.

3.5 Responses to the engagement activity were summarized in, and used to inform, the draft PNA. Responses from the formal consultation have been considered when compiling the final draft now presented to the HWB for approval. The final version remains substantively unchanged from the draft document, with a majority of responses indicating that the document accurately reflected local pharmaceutical needs in accordance with the Regulations. However, changes have been made to account for updates, errors or omissions identified since the draft was published on 31st October 2014. All respondents indicated that due process has been followed.

3.6 A copy of the HWB response to the formal consultation is included in the final draft of the PNA; it is also attached separately here (shown as **Appendix 1** as that is its position in the document) as the main substantive addition since the draft PNA was issued for consultation.

3.7 The PNA is first and foremost a statutory, formal requirement of the Health and Wellbeing Board. The consultation process has identified key areas of change and additional recommendations.

4. PROPOSALS

4.1 Main conclusions

Without prejudice to the full content of the PNA, the summary conclusions are:

- the range of services provided and access to them is good; there are pharmacies within a few miles of the areas where people live, work or shop; there are some differences between localities which reflect the nature of their populations.
- good provision of pharmaceutical services seven days a week.
- following this assessment, the HWB has considered that the number of current providers of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services are necessary to meet the current and likely future

pharmaceutical needs for Essential services in all localities of the Hartlepool HWB area. The dimensions of the existing service provision described above are also considered to meet the need in all localities, other than where described below.

- the pattern of opening hours are necessary and the HWB does not seek to change the pattern. In particular, for the pharmaceutical needs to continue to be met, the range of core hours currently provided before 9 am and after 6pm on week days and all core hours on Saturday and Sunday must be maintained; the pharmacies that are open for 100 hours per week are necessary providers of core hours, particularly at evenings and weekends. They provide a substantial contribution to opening hours stability and the HWB would not wish to see any of their opening times altered or reduced.
- the HWB considers that there is sufficient choice of both provider and services available to the resident and visiting population of all localities of Hartlepool including the days on which and times at which these services are provided. The exception to this is pharmaceutical essential services after 5pm on a Sunday: the HWB identifies a **gap** in provision of these pharmaceutical services. There is no current need for any new provider to meet this need, but essential services need to be made available consistently between 5.15 pm and 8.15pm minimum on a Sunday, at a Hartlepool location appropriately accessible for users of the walk-in facility, for this to continue to be true.
- there was substantial endorsement by patients and stakeholders of the potential value of a 'Pharmacy First service in Hartlepool and the wider Tees area; Darlington already operates a MAS. Taking everything into account, in the current climate, it is now considered that a 'Pharmacy First' or similar 'minor ailments' service is a necessary pharmaceutical service for at least some conditions and/ or some locations in Hartlepool where the needs of the population are greatest. At the time of the draft document, there was no currently commissioned service so this was therefore identified as a gap in provision. This does not require any new pharmacy premises, but a newly commissioned service whose scope may be determined. A pilot Seasonal Ailments Service, an example of such a service, operating for 3 months to 31st March is now currently commissioned by the CCG.
- having regard to all the relevant factors, there are no current gaps in provision of necessary pharmaceutical services or other relevant services that could not be addressed through the existing contractors and no likely future needs have been identified that could not also be similarly addressed. There is therefore no current or known future need for any new pharmacy contractor or appliance contractor provider of pharmaceutical services in Hartlepool.
- some few providers of pharmaceutical services outside the HWB area provide improvement and or better access in terms of choice of services, but these are not necessary services i.e. there is no gap in

service that could not be met from pharmacies located within the HWB area.

- there are many opportunities for improvement or better access to the pharmaceutical services or locally contracted services that are offered, or could be offered, by existing community pharmacy providers. Such services could be locally commissioned as enhanced services by NHS England on behalf of other commissioning agencies, or they may be directly commissioned locally contracted services should any commissioner elect to do so having identified a suitable resource allocation.

With regards to other enhanced or locally commissioned services:

- extended hours for bank holidays are commissioned by NHS England and are currently necessary; no gaps are identified. Their on-going availability should be secured with regular and timely review to ensure the hours and services needed are commissioned, by direction if necessary.

- an enhanced pharmaceutical service for NHS seasonal flu vaccination is commissioned by NHS England for the 2014/15 winter season. This service provides improvement or better access and additional choice for NHS patients who elect to attend a pharmacy for this service.

- antiviral distribution systems must be available in the event of a pandemic. NHS England may choose to use pharmacy or non-pharmacy providers but some planned service availability is necessary to meet the needs of the population of Hartlepool.

- emergency hormonal contraception through pharmacies is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health).

- supervised self-administration of medicines for the treatment of drug mis-users, provided in pharmacies), is a necessary pharmaceutical service; current and anticipated future population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health).

- with the configuration of the existing commissioned services to support individuals with their attempts to quit, the ‘one stop’ stop smoking service through pharmacies is a necessary pharmaceutical service; current population needs are met by existing provision of a locally commissioned service (commissioned by Public Health); better use could be made of the service for pregnant women and young people; improvement or better access is already being developed with extensions to existing dispensing voucher pathways and could be

further extended to additional pharmacy providers from within existing contractors.

- the locally commissioned Healthy Start Vitamin Service (commissioned by Public Health) is a necessary service which meets a pharmaceutical need to make these vitamins available to eligible pregnant women and children aged 6 months to four years; population needs are being established, existing pharmacy contractors will be able to meet future demand.

- the current locally commissioned pharmacy-based Chlamydia screening service is considered to currently provide a necessary service in Hartlepool. Further improvement or better access to this service could be afforded by the improved service pathway for this service which is currently planned.

- needle exchange via pharmacies (commissioned by Public Health) is service which could provide improvement or better access if it were commissioned from community pharmacy; current population needs are met by the existing provision of a locally commissioned service (commissioned by Public Health).

- the CCG commissioned service which provides 'on demand' availability of specialist drugs (largely for palliative care) provides improvement or better access for patients; current population needs are met by existing provision but replacement of the loss of one contractor provider in 2014-15 would provide additional resilience.

- the Healthy Living Pharmacy (HLPs) initiative has enabled participating pharmacies to more actively engage with the public health agenda and provide improvement or better access to the essential pharmaceutical services that relate to this i.e. Public Health (via brief interventions) and support for self-care in a preventative context. Following further assessment of the model, further improvement or better access to a range of pharmaceutical services (commissioned locally) could be provided via HLPs and other pharmacies as appropriate.

- the NHS England pilot service for Pharmacy Emergency Repeat Medicines Supply Service in the traditional 'out of hours' period is considered to offer improvement or better access to pharmaceutical services.

To maximize the potential for pharmacy to impact on reducing the substantial health inequalities of the people of Hartlepool, commissioners should seek to be assured of the highest standards of quality and realise 'best value' from all pharmacies providing, or intending to provide, existing pharmaceutical services or locally contracted services. To do this requires the Health and Wellbeing Board to work with local partners, Networks, commissioning organisations and other agencies to:

- make best use of opportunities for audit, contract management and performance monitoring including the national Contractual Framework, sharing best practice and lessons learned from patient safety incidents across all pharmaceutical services and locally commissioned equivalents.

- improve public and professional access to accurate and timely information on pharmacy opening hours, services and location including widespread availability of consultation facilities.

- support and promote the less well-developed essential services including NHS repeat dispensing, continued roll-out of the Electronic Prescription Service (EPS), support for self-care and brief advice, signposting and public health campaigns.

- provide developmental support and practical direction to maximize benefit from advanced services including patient selection, case finding and feedback to prescribers, particularly in support of long term conditions and additionally to improve on pathways to support hospital referral for advanced services.

- make best use of opportunities to commission enhanced services from 100-hour pharmacies, where they provide a suitable geographic location and without prejudice to other pharmacy providers.

- continue to work to review accreditation processes for local services to ensure flexibility and fitness for purpose.

- continue to work closely with all providers of pharmaceutical services to improve or provide better access to such services via new or improved service pathways e.g., hospital referral to pharmacy schemes and new opportunities arising from the Better Care process.

- review opportunities to incorporate the new Royal Pharmaceutical Society Professional Standards for Public Health Practice for Pharmacy into public health services, kitemarks and contracts to support public confidence in service provision.

The PNA identifies which advanced and enhanced services will be provided by pharmacy contractors whose contract was awarded under an exemption category of the existing Regulations, should NHS England elect to commission these services within the regulated time period.

Realising the benefits of community pharmacy services to meet the needs of the population will depend on the availability of sound evidence, service evaluation, fair cost-effectiveness comparisons and close working between all local commissioners i.e. NHS England, CCGs and local authority public health teams. There is an opportunity to more closely integrate this needs assessment with the work of the JSNA, and to develop a rolling programme

of engagement and evaluation of pharmaceutical need to supplement the statutory processes and support commissioning decisions.

How will it be used?
Decisions on whether to open new pharmacies are not made by the HWB. Applicants submit a formal application to NHS England who will review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision, NHS England is required to refer to the local PNA. For the commissioning of other pharmaceutical services, all local commissioners, including the CCG and the local authority themselves should also find it informative and useful in developing their plans for commissioning of pharmaceutical services.

How will it be maintained?
In accordance with the Regulations, the Hartlepool PNA will be updated as a minimum every three years, however notifications and Supplementary Statements must be approved and published as required in the intervening time. Hartlepool Health and Wellbeing Board recognizes that management of the response to consultation on applications to provide new pharmaceutical services, or amend existing provision, and the activity that supports on-going maintenance of the PNA including the publication of Supplementary Statements is as vital to reducing the associated risk to HWB as the publication of this, the 2015 assessment. The Tees Valley Public Health Shared Service supports the Health and Wellbeing Board to maintain the PNA and associated actions.

5. RISK IMPLICATIONS

5.1 The HWB have a statutory duty to publish a PNA by 1st April 2015 and to maintain in accordance with the Regulations.

6. RECOMMENDATIONS

6.1 What is required from the Health and Wellbeing Board?

1. To approve the final version of the Pharmaceutical Needs Assessment for publication on the Tees Valley Public Health Shared Service website before 1st April 2015 subject to minor errata identified before the publication date.

2. To continue to delegate authority to the Director of Public Health (in conjunction with the Chair of the HWB, to approve, as required.

    - publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need).

- any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA.

3. To acknowledge 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. To continue delegation of authority to DPH and Chair as above to make initial assessment with respect to potential Supplementary Statement or need for full review.

7. REASONS FOR RECOMMENDATIONS

7.1 Statutory duty to publish a PNA by 1st April 2015.

8. BACKGROUND PAPERS

A copy of the PNA is located at www.teespublichealth.nhs.uk and www.hartlepool.gov.uk - Health and Wellbeing.
A small extract including copy of the small number of tables/ maps from the PNA that show location and local services of the 19 community pharmacies in Hartlepool are also attached for convenience for the Board papers.

9. CONTACT OFFICER

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Director of Public Health
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Appendix 7. Response to Consultation and HWB Responses

Hartlepool HWB Pharmaceutical Needs Assessment

Formal Consultation 31st October to 16 January 2015: Summary and Feedback

Total number of responses received = 14[1]
10 via the electronic consultation response form; 2 were incomplete
4 via direct contact email, letter or phone call

Responses from those three organisations that did not use the e-form to reply (NHS England and local hospital Foundation Trust, plus comments received by telephone call are shown at the end of this summary of the collated responses received to the specific consultation questions.

Comments received are quoted verbatim. ID(number) refers to an individual response as included on Survey Monkey. Response to comments, on behalf of Hartlepool HWB are shown in italics. Where a consultation comment was considered to raise a query or require reflection on the content of the draft PNA, the response has included action taken to address this, or reasons why no amendment has been made. Where a survey form was incomplete, this will be identifiable from the count 'as percent of answered' column.

1. Do you feel that the purpose of the PNA has been explained?

Answer	% of total	Count
Yes	100	10
Total	**100%**	**10**

2. Do you have any further comments to add with regards to the purpose of the PNA? (Free text comments).

ID7. These documents may not have been widely advertised, especially for senior residents many of whom don't have access to the internet.

HWB response: this feedback is acknowledged. On-going work to seek more detailed understanding of the views and experiences of patients, carers and their representatives will continue after the PNA is published as part of wider quality management and enhancement of pharmaceutical and other services. It is considered this on-going work will clarify areas already identified for improvement or better access and help to ensure that the HWB has information by which it may identify, and therefore re-assess the impact of, any potential changes to need after publication.

ID9. RESPONSE to HARTLEPOOL Health and Wellbeing Board PHARMACEUTICAL NEEDS ASSESSMENT
Thank you for our copy of the above document. We acknowledge that a thorough process has been followed in liaising with, and seeking feedback from, the public, relevant parties and organisations during the production of the PNA and we confirm that we believe it meets the requirements as set out in the regulations. There was not further information that was felt required inclusion. There are currently no unmet needs identified within the PNA document.

HWB response: these comments are acknowledged.

[1] N.B There were six responses to the PNA public consultation in 2011.

ID9 continues:
However, there are few points we want to make in the following headlines.

ADVANCED SERVICES
Medicine Use Review; We support and encourage all our pharmacists to give great patient care by completing MURs with their patients, Patient feedback is very positive and patients appreciate spending quality time with a pharmacist who can also answer their questions and concerns, If you feel there are specific groups of patients with a clinical need who would benefit from MURs we would be happy to work with you to provide this as an enhanced service. Mention that in the MUR, the target group have now changed. Also, for lone pensioners if domiciliary service were available it could reduce hospital admissions/re-admissions.
New Medicine Service; We fully support the New Medicine Service in and all our pharmacies. In fact, in other areas of the country where they have launched scheme of Hospital referrals to Community Pharmacy, this service has helped a lot of patients for unnecessary hospital appointments.

HWB response: these comments are acknowledged.

ID9. Continues:

ENHANCED SERVICES

NHS ENGLAND
We currently support the Flu vaccination service and highlight the success of this year campaign within the Community Pharmacy. Also we support the Bank Holidays opening hour service too and are willing to work with you on any other services.
Finally, we are absolutely behind the Emergency planning: supply of anti-viral medicines if needed.

PUBLIC HEALTH TEAM LOCAL COMMISIONED SERVICES.
We fully support the current commissioned services of Emergency Hormonal Contraception, Supervised Consumption, the “One Stop” smoking service, the Health Start Vitamins Service, End of life care, and the Chlamydia Screening service. We feel with Chlamydia service that hasn’t been launch or settle properly and we would like to work with you to make sure the service success.

HWB response: these comments are acknowledged. With respect to Chlamydia screening service, these comments may reflect that the existing (PCT inherited) has been reviewed and as a consequence is currently actively undergoing a re-launch (led by the Sexual Health provider) which includes an improved specification (‘kit and consult’). Pharmacy service providers of locally contracted services do change and lists included in the PNA will always be a snapshot in time. Where possible, corrections will be updated in the final document, otherwise notification of small changes, or where applicable, a Supplementary Statement will be issued such that listed service provision continues to reflect contracted providers in an on-going way.

ID9. Continues:
But, on the PNA doesn’t mention the new Pilot Emergency Supply of Medication that started in December 2014 until March 2015.

HWB response: this feedback regarding new services introduced too late for inclusion in the draft PNA for consultation, is acknowledged; relevant sections of the PNA have been updated to reflect this.

ID14. Continues:
CCG COMMISIONED SERVICES
We fully support the 'on demand' availability of specialist drugs (largely for palliative care) and we see massive value of the Seasonal Ailments Scheme, as patients and stakeholders feedback. However, we don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours for pharmacies in Hartlepool. i.e. none of the Boots pharmacy in Hartlepool hasn't been selected for the initial pilot, where clearly, we are geographically well situated and offering extensive opening hours (100h pharmacy for both).

HWB response: these comments are acknowledged; feedback on the CCG pilot service is for the Commissioning CCG. It is understood that the pilot service will be evaluated after 31st March 2015; criteria for site selection and any impact of choice of location may expect to be included.

ID9. Continues:
OTHER SERVICES THAT COULD BE PROVIDED BY PHARMACIES
We note that you are currently scoping a review of community pharmacy services. Areas for consideration include; (NHS Health Check) and would be willing to discuss with you as and when you wish to roll out such service, especially with high levels of cardiovascular disease. Again, experience in other parts of the country, shows how beneficial and well received have been this service by the public. It has shown to be very effective in NHS cost control.
Needle and syringe exchange. As we do supervision, this service will complement really well the need for patients.
Pregnancy Testing and C-CARD in every pharmacy.
Weight Management service.
Anticoagulant Monitoring Service.
Disease specific medicines management service
Gluten free food supply service.
Home delivery service
Alcohol brief intervention service.
Language access service.
Patient Group Direction (PGD) Service (other than EHC).
Medicines assessment and compliance support service.
Prescriber support service.
Schools service.
Other screening service(s)
Supplementary prescribing service.
Vaccination and immunisations for example shingles, HPV and Pneumococcal Vaccines.
Direct referral to Hospital and Secondary care.
We are willing to support such services and willing to discuss with you as and when you wish to roll out such
services.

HWB response: these comments are acknowledged

ID9. Continues:
PHARMACY OPENING HOURS
We note that in most cases the pharmacy opening hours meet the current Pharmacy needs and wish to offer our support and help if any issues become apparent in any of the Localities.
We realised that, the HWB identifies a gap in provision of these pharmaceutical services on a Sunday evening from 5.15 8.15 pm in H3, Hartlepool central and Coast. There is no current need for any new provider to meet this need, but essential services need to be made available consistently between 5.15 pm and 8.15pm minimum on a Sunday, at a Hartlepool location appropriately accessible for users of the walk-in facility. We believe, it was a pharmacy contractor open during those times around 18 months ago, but due to the lack of patients using the facility, the contractor decided to change his hours. However, we are willing to work with you with any opening hours need in the future.

HWB response: these comments are acknowledged. It is correct that a contractor offered supplementary hours on a Sunday until recently; commercial viability is indeed different to pharmaceutical need.

ID9. Continues:
With Public Questionnaires, with only 273 questionnaires from a total of near 94000 people living in Hartlepool, it is very difficult to feel and reflect the true picture in community pharmacy.

HWB response: this comment is acknowledged. The methodology used for patient engagement is not intended to obtain a statistically representative sample of patient/ public views but rather to seek feedback which, taken alongside other data, contributes to an overall picture of service provision and how this is experienced or viewed by the local population. See also response above re on-going engagement processes.

ID9. Continues:
SUMMARY BY LOCALITIES, H1, H2 & H3.
H1. HART AND RURAL WEST.
H2. WIDER SEATON.
H3. HARTLEPOOL CENTRAL AND COAST.

We fully support the signposting and/or public health campaigns identified to improve the Health in this locality and will do all we can to ensure its success.
Again, we feel with new Minor Ailments (Seasonal Ailments Scheme) hasn't been launched properly as the need from the patients is much bigger. We don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours in Hartlepool. i.e. none of the Boots pharmacy hasn't been selected for the initial pilot, where clearly, we are geographically very well situated and offering extensive opening hours.
Supervised consumption, Stop smoking service and EHC are currently provided and we will continue to support these services to improve better access to patients. Also, we will continue to support the Health Start Vitamins, Chlamydia screening and on demand availability of specialist drugs service.

HWB response: these comments are again acknowledged.

Other comments about the Hartlepool PNA:
• Pg 75 and 76 – Number of pharmacies responding to PNA survey needs clarifying pg 75 states 18, pg 76 table states 17
• Pg 101 – PCT is mentioned onwards rather than Health and Wellbeing Board area
• Pg 145 – Should read charging (emergency supply) not changing

HWB response: these comments are acknowledged, corrections have been included into final PNA.

ID9. Continues:
Our Pharmacy in Anchor Retail Park, Marina opens from Monday to Saturday from 7:30-midnight and on Sunday from 10:30 -16:30. Therefore, needs to be amended in the PNA.
Our Pharmacies in One Life Medical Centre and 89 The Shopping Centre, don't provide Chlamydia services currently as the PNA states. But, we would like to offer it if possible as we feel there is a need in Hartlepool.
HWB response: PNA does show opening hours for this pharmacy as you describe (Appendix 9). Any query or correction to the Pharmaceutical List must be directed to NHS England. See comments re Chlamydia screening above. Information on sub-

contracts for this service will be updated by notification following full implementation of the new service.

ID9. Continues:
In summary, we feel that overall this is a good quality, useful document. We hope you will consider our comments and concerns expressed above, and look forward to working together to continue to improve the health and the pharmaceutical care of the population of Hartlepool. If you want to discuss anything further please give me a call. CONTACT DETAILS REMOVED

HWB response: these comments are acknowledged

3. Do you think that the draft PNA accurately describes the range of pharmaceutical services available in Hartlepool?

Answer	% of total	% of answered	Count
Yes	50%	5%	5
No	50%	5%	5
Total	**100%**	**100%**	**10**

4. If no, please indicate and provide evidence where possible of any discrepancies:

ID1. Understate the reasoning behind not supplying needle exchange in the community pharmacy - not just to low but high supervision shops and pharmacy first shops for financial reasons - maybe better to control through pharmacist and not pharmacy staff to stop abuse.
HWB response: these comments are acknowledged although the intended point is not fully understood.

ID6. See Q8 for additional info

ID8. Medicines Use Reviews - Target Groups have now changed.
Emergency Supply of Medication - pilot scheme commissioned by NHS England
Seasonal Ailment Scheme - pilot commissioned by CCG

ID10. The Medicine Use Review Target Groups have now changed (3.4.3.1)

<u>HWB response:</u> this feedback regarding services that changed or were introduced too late for inclusion in the draft PNA for consultation, is acknowledged.

- *The addition of a fourth target group for MURs was agreed in September 2014 and commenced 1st January 2015. The required proportion of MURs undertaken on patients from one of the target groups will also change from 1st April 2015, from 50% to 70%.*
- *The pilot services for Emergency Supply and Seasonal Ailments were commissioned in December 2014.*

These changes are reported in the final PNA version for publication.

ID9. On the PNA doesn't mention the new Pilot Emergency Supply of Medication that started in December 2014 until March 2015. (sic) and we see massive value of the Seasonal Ailments Scheme, as patients and stakeholders feedback. However, we don't agree with the initial pharmacy choice by the CCG as it doesn't reflect geographically and opening hours for pharmacies in Hartlepool. i.e. none of the Boots pharmacy in Hartlepool hasn't been selected

for the initial pilot, where clearly, we are geographically well situated and offering extensive opening hours (100h pharmacy for both).

HWB response: this feedback regarding pilot services that were introduced too late for inclusion in the draft PNA for consultation, is acknowledged; the pilot services for Emergency Supply and Seasonal Ailments were commissioned in December 2014. These changes are reported in the final PNA version for publication. Feedback on the CCG pilot service is for the Commissioning CCG. It is understood that the pilot service will be evaluated after 31st March 2015; criteria for site selection and any impact of choice of location may be expected to be included.

5. Do you think that the draft PNA adequately reflects local pharmaceutical needs?

Answer	% of total	% of answered	Count
Yes	50%	56%	5
No	20%	22%	2
Not Sure	20%	22%	2
No response	10%		1
Total	**100%**	**100%**	**10**

6. If not, what needs for pharmaceutical services should be included?

ID9. We note that you are currently scoping a review of community pharmacy services. Areas for consideration include; (NHS Health Check) and would be willing to discuss with you as and when you wish to roll out such service, especially with high levels of cardiovascular disease. Again, experience in other parts of the country, shows how beneficial and well received have been this service by the public. It has shown to be very effective in NHS cost control.
Needle and syringe exchange. As we do supervision, this service will complement really well the need for patients.
Pregnancy Testing and C-CARD in every pharmacy.
Weight Management service.
Anticoagulant Monitoring Service.
Disease specific medicines management service
Gluten free food supply service.
Home delivery service
Alcohol brief intervention service.
Language access service.
Patient Group Direction (PGD) Service (other than EHC).
Medicines assessment and compliance support service.
Prescriber support service.
Schools service.
Other screening service(s)
Supplementary prescribing service.
Vaccination and immunisations for example shingles, HPV and Pneumococcal Vaccines.
Direct referral to Hospital and Secondary care.

HWB response: this is repeated from Q2.

ID8. Walk in centre open until 8pm on Sunday but latest pharmacy is only open until 5pm. Prescriptions can be generated until 8pm but no pharmacy is open to dispense the prescription.

HWB response: this need is identified in the PNA
ID6. See Q14

7. Are you aware of any pharmaceutical services provided in Hartlepool that are not currently included in the PNA?

Answer	% of total	% of answered	Count
Yes	30%	33%	3
No	60%	67%	6
No response	1		1
Total	**100%**	**100%**	**10**

8. If yes can you please tell us what they are?

ID6. 1. From Mid-December 2014 a Seasonal Ailment Scheme (SAS) pilot scheme is being commissioned by Hartlepool & Stockton CCG across the Hartlepool area. This will provide access to pharmaceutical support for pre-defined minor ailments with medicine supply (where deemed suitable and appropriate) provided free of charge to the patient. This scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform the CCG around future service provision needs. At the moment the CCG believe that this pilot service - although not necessary, may provide improvement and better access to pharmaceutical provision across its localities. 2. From 15th December 2014 a Pharmacy Emergency Repeat Medication Supply Service (PERMSS) pilot scheme is being commissioned by NHSE across the Hartlepool area during a defined out of hours period. The scheme will run in selected pharmacies until 31st March 2015 when an evaluation will be undertaken. This will help to inform Hartlepool & Stockton CCG around future service provision needs. At the moment it is not clear if this service will provide improvement and better access to pharmaceutical provision out of hours across Hartlepool.

ID 10. Emergency Supply Service commissioned as a pilot by NHS England; Seasonal Ailment Scheme commissioned as a pilot by HAST CCG.

HWB response: this feedback regarding pilot services that were introduced too late for inclusion in the draft PNA for consultation, is acknowledged; the pilot services for Emergency Supply and Seasonal Ailments were commissioned in December 2014.

ID8. see previous question
ID9. same as answer on question 4.

9. Is there any other information which you feel should be included in the PNA?

Answer	% of total	% of answered	Count
Yes	30%	38%	3
No	50%	63%	5
No Response	20%		2
Total	**100%**	**100% (rounding)**	**10**

10. If yes please tell us what type of information...

ID2. There should be more emphasis on the need for Pharmacists to use interpreters (BSL/Foreign Language) for Deaf/non-English speaking patients when carrying out Medicine Use Reviews and other enhanced services, to ensure patient understands information they are being given.

HWB response: The comment is acknowledged and this need for improvement in practice will be communicated to the profession locally.

ID 9. Repeats information provided in response to Q2.

ID10. Areas of high Lone Pensioner Households identified in the draft PNA may indicate a gap in provision in that there may be a greater need for domiciliary pharmaceutical care to prevent potential admissions and readmissions into hospital.

HWB response: The statement on lone pensioners is acknowledged. Pharmaceutical care for this group is reported in the PNA.

11. Do you think that the process followed in developing the PNA was appropriate?

Answer	% of total	% of answered	Count
Yes	80%	100%	8
No response	20%		2
Total	**100%**	**100%**	**10**

12. Do you have any further comments on the process?
ID9. same as answer in question 10.

13. Are there any current needs that are unmet?

Answer	% of total	% of answered	Count
Yes	40%	50%	4
No	20%	25%	2
Not Sure	20%	25%	2
No response	20%		2
Total	**100%**	**100%**	**10**

14. Do you have any further comments about current unmet needs?
ID1. Needle exchange available through pharmacy - lot of feedback from service users who cannot get supply at present.

ID2. Pharmacists need to access BSL interpreting services (either online for on-the-spot consultations, or with BSL interpreter for pre-arranged consultations) more often when providing advice/information to Deaf patients to avoid misunderstandings/misinformation.

HWB response: this need for improvement in practice will be communicated to the profession locally.
ID6. Hartlepool & Stockton CCG would challenge the statement within the PNA that a Minor Ailment Service (MAS)/ Pharmacy First service within Hartlepool is a necessary service and that a gap in provision exists. Whilst the CCG are aware that the Local Pharmaceutical Committee is very supportive of this service it is the CCG belief that this does not fully represent the health needs of the Hartlepool population. The drive for a MAS throughout Hartlepool appears from assessment of the draft PNA to be coming from a patient and business desire rather than an established need and true service gap. Historically there was a MAS in place throughout the Hartlepool locality but this was decommissioned prior to 2011 following an extensive evaluation that showed such a scheme did not meet the needs of the defined population who would benefit from such a service most. The CCG has taken steps over recent years to commission services from providers with this learning in mind and feels the level of pharmaceutical provision in-hours provided currently meets the needs of the population at highest risk from lack of self-care due to financial constraints.

Therefore the CCG does not consider that such a service is required to meet the current necessary pharmaceutical needs of its population and considers that this need is currently met by the existing range of service provision within Hartlepool. However it is believed that the local commissioning of such a service would improve current pharmaceutical provision in Hartlepool and indeed provide better access to its population. A pilot scheme as described in Q8 is in place and the evaluation will help inform Hartlepool & Stockton CCG around future provision needs. It is worth noting that only 74% (14/19) community pharmacies expressed an interest in participating in the SAS pilot scheme currently being commissioned by the CCG.
The previous PNA of 2011 deemed such services as not necessary but that they may improve pharmaceutical provision and provide better access to Hartlepool's population. A position not changed by the refresh documents of 2012 & 2013. The CCG does not believe that this has changed within the context of the 2015 PNA.

HWB response: these comments and the considered views of the CCG are acknowledged. The CCG is correct that, on balance, in 2011, under different Regulations, with the prevailing circumstance and availability of other services, the provision of a minor ailments-type service was not considered to be 'necessary' to meet the needs of the population of Hartlepool. Taking all other factors into account, including newly introduced additional access and capacity, it was nevertheless identified as a service that would offer 'improvement or better access' for patients, a debate closely run as there was considerable public support then, as now.

The 2012 and 2013 Refresh documents served only to collate minor changes and Supplementary Statements, there was no full review of pharmaceutical services required or completed (i.e. with associated patient or stakeholder engagement). However, progress towards a 'tipping point' from optional to necessary continued to develop; a local service was almost commissioned by the former PCTs but other priorities prevailed.

The Health and Wellbeing Board considers that the Health (and Social Care) environment and the wider economic circumstance has changed substantially since 2011, particularly since March 2013 (the date of the last Refresh). The patient/ stakeholder response forms just one part of the assessment of current circumstance. The availability of a 'Pharmacy First'-type service in the local area would offer choice to all and form an experiential part of the wider drive to encourage system-change with patients and the general public to use the health care setting most suitable for their needs.

The detail of possible commissioning options are not identified in the PNA, leaving freedom for further assessment by potential commissioners. The HWB therefore welcomes the short pilot scheme recently implemented which may contribute contemporary local experience to the long-established wider experience across the north east area and beyond. Given a suitable data-set, the evaluation may consider patient experience of the pilot service and pre-existing alternatives, as the PNA patient survey (of relatively small numbers) identified that 10% of those surveyed had previously attended a GP or A&E simply because medicines at the pharmacy were too expensive for them.

A locally designed solution could offer a non-prescription, free at the point of care pathway option for supported self-care that is also available in the traditional 'out of hours' period, without the need for an appointment or an additional journey to access medicine supply should one be needed.

The HWB recognises the very positive response of three quarters of the pharmacy contractors in Hartlepool who responded to the opportunity to implement a short-term, new pilot service in close proximity to Christmas.

ID8. Walk in centre open until 8pm on sunday but no pharmacy open beyond 5pm to dispense prescription.

HWB response: this need is identified in the PNA

ID9. We note that in most cases the pharmacy opening hours meet the current Pharmacy needs and wish to offer our support and help if any issues become apparent in any of the Localities. We realised that, the HWB identifies a gap in provision of these pharmaceutical services on a Sunday evening from 5.15 8.15 pm in H3, Hartlepool central and Coast. There is no current need for any new provider to meet this need, but essential services need to be made available consistently between 5.15 pm and 8.15pm minimum on a Sunday, at a Hartlepool location appropriately accessible for users of the walk-in facility. We believe, it was a pharmacy contractor open during those times around 18 months ago, but due to the lack of patients using the facility, the contractor decided to change his hours. However, we are willing to work with you with any opening hours need in the future.

HWB response: this is repeated from Q2.

15. Are there any nearer future needs unmet?

Answer	% of total	% of answered	Count
Yes	10%	13%	1
No	40%	50%	4
Not Sure	30%	40%	3
No response	20%		2
Total	**100%**	**100% (rounded)**	**10**

16. Do you have any other comments with regards to near future unmet needs?

ID1. Proposed to restrict needle exchange to 100 hour pharmacy - should be high volume supervised shops.

HWB response: the PNA does not suggest that needle exchange should only be provided from pharmacies open 100 hours per day. There is an argument that suggests that pharmacies that support clients in treatment (high level of supervised self-administration) may not be best placed to also offer needle exchange as the two client groups may be better separated. This detail will be investigated further.

ID2. Pharmacists I've spoken to say they weren't aware that NHS England has contract with BSL Interpreting service that they can book when they need it. One pharmacist in Hartlepool told me he uses a paper and pen when doing an MUR because he wasn't aware that he could book a BSL interpreter.

HWB response: this need for improvement in practice will be communicated to the profession locally.

ID 6. See Q14 for additional info

17. Do you have any other comments about the Hartlepool Health and Wellbeing Board draft PNA?

ID8. Pg 75 and 76 - number of pharmacies responding to PNA survey needs clarifying pg 75 states 18 and pg 76 table states 17
Pg 101 pct is mentioned onwards rather than health and wellbeing board area
pg 145 should read charging (emergency supply) not changing

HWB response: these comments are acknowledged, corrections have been included into final PNA.

ID9. same as answer in question 10 & 12

18. I am answering these questions as:

2 patients
2 pharmacy contractors
1 CCG representative
1 LPC representative
1 LPN Chair
2 not stated
1 representative of patient group (not Healthwatch)
Total 10, of which 3 of those who responded to the question indicated that they had a physical disability.

Other responses to consultation

There were four additional responses:

County Durham Health & Wellbeing Board

Thank you for the opportunity to comment on Hartlepool's PNA.
The County Durham Health & Wellbeing Board has no specific comments other than to agree it would be advantageous to commission a minor ailment service as proposed.

HWB response: these comments are acknowledged

North Tees and Hartlepool NHS Foundation Trust

Please find below the Trust response to the Pharmaceutical Needs Assessment for Hartlepool.

We welcome the opportunity to respond to the Pharmaceutical Needs Assessment for Hartlepool. As a partner organisation we are involved through membership of various Pharmaceutical Forums where the document was discussed and have had input to various elements of the document, and the necessary developments in service provided by Community Pharmacy Services. The interface between the community and admission to our services can be improved by the intervention of community pharmacy services providing additional support to our patients to facilitate step down, intermediate support and prevention of admission where appropriate. We also welcome the many previous developments in services.
As an acute Trust with community services we would especially welcome the following developments and extension of these developments in a system wide way throughout the community:

- The establishment of Healthy Living Pharmacies, with an emphasis on health education and promotion

- The provision of commissioned Stop Smoking Services alongside NRT provision
- The provision of Influenza vaccination schemes
- The provision of Minor Ailments Schemes, linked in with commissioned Emergency Supply of medication
- The provision of Emergency Hormonal Contraception
- The provision of specialist medicines e.g. palliative care medicines for out of hour use in End of Life pathways
- The provision of NMS/MUR as part of the national Contract, but would welcome a removal on the cap for these services, and feedback as to the effectiveness of these services
- The commissioned provision of urgent Monitored Dose Systems for patients discharged from hospital where clinically necessary

We value community pharmacy extended opening hours, and also the extent to which they are mainly conveniently located
We would also welcome the provision of these services in a consistent and equitable manner across the community
We would welcome the community pharmacy services being developed into a resource which is fully a part of and co-ordinated with other NHS services, with all that that implies e.g. access to Summary Care Record.

We are involved with the Local Pharmaceutical Network and Local Pharmaceutical Committee in a proof of concept scheme for a Referral to Community Pharmacy scheme using an electronic notification system for discharged patients, and would welcome your commissioned support for this, and of its evaluation through the Academic Health Science Network (where it is part of the Medicines Optimisation work scheme)

Thank you for the opportunity to comment on what is an impressive document, which provides much necessary details on how your services have developed and are developing in the future. We would wish to further enhance our working relationship with these practitioners who work in the Fourth Disposition.

HWB response: this feedback is acknowledged and the specific services and characteristics supported and identified are also noted. The Health and Wellbeing Board is also supportive of further work with the professional practice of pharmacy both within, and outside of, commissioned services.

Hartlepool Local Councillor

Telephone query raised by PNA regarding service availability after 5pm on a Sunday in Hartlepool.

NHS England Local Area Team (now Northern Area)

Ref: PNA for Hartlepool HWB

Thank you for inviting NHS England Area Team to comment upon the Hartlepool Pharmaceutical Needs Assessment.

The NHS Area Team recognises the work undertaken by Hartlepool Health and Wellbeing Board in producing their PNA.

The Area Team notes that there is no provision in Hartlepool on Sundays after 5 pm.

The Area Team has invited the Durham, Darlington and Tees Local Professional (LPN) network to also comment upon the PNA. The network is made up of key stakeholders across primary and secondary care that looks at pharmacy service provision, gaps and patient pathways. To date no feedback has been received.

I would like to add that the Area Team looks forward to working closely with all other commissioners of services in Hartlepool to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

I trust the above feedback will be reflected in the final PNA.

HWB response: these comments are acknowledged

HEALTH AND WELLBEING BOARD

2nd March 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: Director of Public Health

Subject: MINIMUM UNIT PRICING - ALCOHOL

1. PURPOSE OF REPORT

1.1 The purpose of this report is to introduce a presentation to update Members on issues surrounding the minimum unit pricing (MUP) of alcohol and to consider the feasibility of its introduction in Hartlepool.

2. BACKGROUND

2.1 The abuse and misuse of alcohol has a significant detrimental impact on public health in Hartlepool and Council has previously expressed its support for various initiatives aimed at reducing alcohol harm.

2.2 Establishing a MUP of alcohol is a stated aspiration for Hartlepool Borough Council and at full Council on 7th August 2014 a motion was passed that consideration of the introduction of MUP be referred to the Licensing Committee.

2.3 Reports around MUP have subsequently been submitted to the Licensing Committee on 6th November 2014 and 28th January 2015, where the Committee also proposed that any further discussions surrounding MUP would be best considered by the Health and Wellbeing Board as part of the broader alcohol agenda.

2.4 The Licensing Committee's proposals were fed back to full Council at its meeting in December 2014 where it was agreed that MUP should be referred to the Health and Wellbeing Board to commence debate.

3. PROPOSALS

3.1 During the Council meeting a Member stated that by-laws were still being investigated by Manchester City Council's Licensing Committee and asked that a dialogue be opened with them.

3.2 The Health & Wellbeing Board had also previously requested that we look at the feasibility of meeting with the Licensing Committee of Manchester City Council to discuss the 'local option' and to be explored further.

3.3 Hartlepool Borough Council's Public Health Department work closely with Balance (North East Regional Alcohol Office) to gather information to enable them to explore the possibilities for MUP both locally and nationally.

3.4 Some Local Authorities in the North West have commissioned and received legal advice in relation to the implementation of a local byelaw introducing MUP. Philip Kolvin QC, has produced legal opinion and ran a workshop on Tuesday 3rd February 2015 in Manchester, which explained his views on the main legal challenges and explored a range of possible local solutions to pricing issues. Balance was represented at this workshop, along with representatives from North East Directors of Public Health Network and other local colleagues. Further details regarding this workshop and the legal advice given are contained in the presentation.

4. RECOMMENDATIONS

4.1 That Members of the Health & Wellbeing Board note the contents of this report and consider the next steps regarding MUP in Hartlepool.

5. REASONS FOR RECOMMENDATIONS

5.1 Alcohol related harm continues to be a significant Public Health issue in Hartlepool and MUP needs to be considered as part of an evidence based approach when seeking to reduce harm.

6. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

2nd March 2015

HARTLEPOOL BOROUGH COUNCIL

Report of: HBC Assistant Director, Children's Services

Subject: IMPLEMENTATION OF THE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS

1. PURPOSE OF REPORT

1.1 To update the board on the progress made in implementing the SEND reforms which were introduced on 1st September 2014 in accordance with The Children and Families Act 2014.

2. BACKGROUND

2.1 In November 2011 Hartlepool and Darlington were announced by the DfE as a Pathfinder area to help inform and shape the reforms. The aim was to design a better, more transparent, less adversarial system for children, young people and their families with all agencies fully engaged in the assessment and development of a young person's single education, health and care plan (EHC). In Hartlepool this is known as a ONE Plan.

The reforms cover a wide range of areas relating to SEND:

- Engagement of stakeholders across education, health, care, youth justice, voluntary and community sector with children, young people and their families at the heart of the system so that they have better choice and more control over decisions.
- The introduction of a 0-25 co-ordinated assessment and single EHC plan.
- The development of a clear and easy to understand local offer of support.
- The offer of a personal budget for all young people with a single EHC plan.
- The transition from the old system to the new one by April 2018.

3. PROPOSALS

3.1 The local authority (LA) reports on the progress in implementing the reforms to the Department for Education (DfE) through an Implementation Survey and regular contact with a DfE Adviser. The most recent visit from the DfE was undertaken on 13th January 2015 to meet with stakeholders and the following progress was noted:

- Engagement of parents is a key strength; parents feel confident to approach the LA, they feel supported to make decisions and that officers genuinely care about their child. There are strong links between the LA and the Parent / Carer Forum.

- From 1st September there has been a significant ripple effect on health engagement which has gained momentum and there is a named Designated Medical Officer in place.

- There is a strong commitment from schools and post 16 education providers who say they felt 'September ready'.

- There is now an integrated 0-25 disability team and a 0-25 SEND team which is becoming more integrated which has increased understanding and is impacting on decision making.

- The new pathway for a co-ordinated assessment has been developed alongside parents and young people and is fully compliant with the new Code of Practice. There have been 26 new assessments initiated since September 2014.

- The local offer has been developed through a multi agency work stream and can be accessed at http://hartlepool.fsd.org.uk. The DfE self assessment checklist has been used to undertake an audit of the local offer; it is fully compliant with requirements but needs ongoing development.

- The offer of a personal budget is in place for all young people who have an EHC plan. There is a high take up of direct payments for social care and small number of personal budgets for health and education needs.

- A transition plan has been in place since August 2013 and was updated in August 2014 following the publication of new guidance from the DfE. Transition reviews are progressing well so that all Y11 EHC plans will be in place by May 2015.

3.2 A multi agency steering group is in place which is responsible for overseeing the implementation of the reforms and reports to the Joint Commissioning Executive subgroup of the Health and Wellbeing Board. This steering group has representation from the local authority and Clinical Commissioning Group. At present, the focus of the work of this group is the development of

a local dataset which will be used to inform the joint strategic needs analysis and joint commissioning arrangements.

4. RISK IMPLICATIONS

4.1 Whilst progress in implementing the reforms in Hartlepool is positive there are areas which require further development and there are elements of associated risk in meeting the legal requirements:

- The new education, health and care pathway places additional pressure on professionals to complete assessments within shorter statutory timescales whilst ensuring that EHC plans are of a high quality. All agencies need to plan for this additional demand and a Quality Assurance Framework needs to be developed.

- From April 2015 there will be a new duty placed on LA's to support children and young people with SEN aged 10-18 who spend time in custody. A plan is in place to ensure these new duties are met.

5. RECOMMENDATIONS

5.1 It is recommended that the board recognises the significant progress made in implementing the SEND Reforms. It is also recommended that all agencies use the current momentum for change to further develop the cultural shift towards personalisation and the improved outcomes for children and young people with SEND.

6. REASONS FOR RECOMMENDATIONS

6.1 Under the new Code of Practice there is a statutory requirement for a wider range of organisations to work with and support children and young people who have special educational needs and disabilities.

7. BACKGROUND PAPERS

There are a considerable number of documents which can be accessed as background reading, I would recommend the following:

The SEND Code of Practice can be found at
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

A series of guides to the code of practice can be found at
https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

8. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

2 March 2015

Report of: Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

Subject: CLINICAL COMMISSIONING GROUP - OPERATIONAL PLAN

1. PURPOSE OF REPORT

1.1 This report presents an overview of the NHS planning guidance issued in December 2014 for NHS commissioners, entitled 'The Forward View into Action: Planning for 2015/16', which builds upon the vision set out in the 'NHS Five Year Forward View'. The report also provides the Health and Wellbeing Board with an overview of progress to date and constraints to determining local ambition indicator(s).

1.2 The planning guidance sets out the ambition for coordinating and establishing a firm foundation for longer term transformation of the NHS, including:

- Seven approaches to a radical upgrade in prevention of illness
- Supporting transformation in primary care, mental health and local health economies
- Ensuring patients receive the standards guaranteed by the NHS Constitution
- Commitment to improving access to data, information and knowledge
- Acceleration of innovation

1.3 The expectation of the 2015/16 planning round is characterised by building strong partnerships for future transformation, whilst also ensuring an intense focus on achieving performance standards.

1.4 The planning guidance sets out the steps expected of commissioners to take in order to achieve this, including a refresh of the operational plan for 2015/16 which was previously submitted in June 2014 and shared with the Health and Wellbeing Board.

1.5 There is no requirement this year for commissioners to refresh the 5 year strategic plan ambition trajectories (2014/15-2018/19) as described in the CCG Clear and Credible Plan Refresh 2014/15 – 2018/19 (Our 5 year strategy) pg. 51-53.

1.6 This paper therefore presents an update to Health and Wellbeing Board members, of the progress to date and the current position of the CCGs operational plans which are required to be submitted to NHS England by 10th April 2015.

2. BACKGROUND

2.1 The Five Year Forward View into Action describes the challenge for the NHS to deliver high quality care within available resources, to be as great as it ever has been, albeit with grounds for optimism due to the shared desire amongst patient groups, local communities, clinicians, NHS leaders and national bodies to lead and support change.

2.2 The full document is available via: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf however for the purpose of this report, the key focus points are as follows:

2.2.1 Getting serious about prevention – NHS england will advocate and lead six different approaches to improving health and wellbeing:

- CCGs are to set quantifiable levels of ambition to reduce local health and healthcare inequalities
- NHS England with the Local Government Association (LGA) will develop and publish proposals for local areas to go further faster in tackling health risks from alcohol, tobacco, fast food etc.
- Implementation of an at-scale national evidence-based diabetes prevention programme
- Devolvement of proposals by autumn 2015 to improve NHS services to help individuals stay in work or return to employment
- Publish findings on opportunities to incentivise employers who provide NICE recommended workplace health programmes
- Improve the physical and mental health and wellbeing of NHS staff

2.2.2 Empowering patients and engaging communities – there is an expectation for:

- An expansion of personal health budget 9to include learning disabilities and children with special educational needs)
- Integrated personalised commissioning – bringing together health and social care budgets
- Offer of choice in mental health and maternity services
- Public and patient engagement in commissioning decisions
- CCGs to work with local authorities in supporting carers, in particular young and over 85 carers
- Enhancement of the role of volunteers and lay people
- Reduction in complexity for charitable sectors to secure NHS funding – NHS England will be publishing a grant agreement

- Introduction of NHS workforce race equality standards

2.2.3 Creating new models of care – NHS England, working with a small cohort of 'vanguard' sites, will prototype four different care models:

- Multispecialty Community Providers (MCPs)
- Integrated primary and acute care systems (PACS)
- Additional approaches to creating viable smaller hospitals
- Models of enhanced health in care homes

There will also be a focus on new models of care for:

- Urgent and emergency care – CCGs and providers to work together to prioritise implementation of the urgent and emergency care review
- Maternity – NHS England will be reviewing maternity services including perinatal mental health by autumn 2015
- Cancer – a new national strategy will be developed
- Specialised services – NHS England will continue to move towards centres of excellence

2.2.4 Priorities for operational delivery in 2015/16 – thought the refresh of operational plans, CCGs are required to make further progress on the ambitions set out in their 5 year strategic plan, with a focus on:

- Improving quality and outcomes
- Improving patient safety
- Meeting NHS Constitutional standards
- Achieving parity for mental health – in addition to dementia and Improving Access to Psychological Therapies (IAPT) measures, there will be an introduction in 2015/16 of new access and waiting time standards in mental health services
- Transforming care for people with learning disabilities – demonstrable progress is to be made against the Winterbourne View Concordat

2.2.5 Enabling change – through harnessing an information and transparency revolution to use data and technology more effectively to transform outcomes for patients. This will include:

- NHS number to be used as the primary identifier in all settings when sharing information
- 60% of practices to be transmitting prescriptions electronically to pharmacies by March 2016
- 80% of elective referrals to be made electronically by March 2016
- Commissioners to develop a roadmap for the introduction of fully interoperable digital records ready for April 2016

2.3 As set out in 'Everyone Counts: Planning for Patients 2014/15 to 2018/19', and previously reported to the Health & Wellbeing Board last year, the CCG was required to submit a 5 year strategic plan and a 2 year operational plan,

supported by detailed documentation showing the expected impact on finance, activity and outcome ambitions.

2.4 The 2 year operational plan was required to describe how the CCG will deliver the priorities set out in the refreshed NHS Mandate 2013 to 2015 and in Everyone Counts Planning for Patients, to address the challenges and build a high quality, sustainable health and social care system for the future. The plan also detailed the ambitions set in relation to the NHS Constitution measures i.e. 18 weeks referral to treatment (RTT), diagnostic test waiting times, cancer waits etc. and the seven outcome measures i.e. improving potential years of life lost, improving health related quality of life for people with long term conditions and reducing emergency admissions etc.

2.5 Learning from 2014/15, the NHS must now ensure that fundamentals are in place for 2015/16 regarding accurate activity and financial planning, ensuring delivery of the NHS Constitutional standards and other key outcome and performance measures and delivery of financial balance.

2.6 The expectation for the 2015/16 planning round is therefore to refresh the operational plan ensuring achievement of aligned and realistic activity and financial assumptions between commissioners and providers.

2.7 To assist with the national submission of plans, planning templates have been issued to complete in relation to:

- Activity and finance
- Planning for outcomes (constitution, quality premium, primary care and other commitments)

2.8 In addition to these templates, the CCG is also required to submit, as part of the NHS England North East and Cumbria sub-regional team (formerly known as the NHS England Durham, Darlington and Tees Area Team) assurance process:

- A narrative
- A revised plan on a page
- A self-assessment of operational plan risk

2.9 The sub-regional team's approach to plan assurance is both to seek to add value to commissioner's plans, as a critical friend, and to provide assurance to NHS England that plans are credible, deliverable and meet the NHS Constitution supported by agreed contracts with providers.

2.10 As such, the assurance of the operational plans will focus on:

- The delivery of NHS Constitution standards
- The activity and financial plans required to deliver the NHS Constitution and achieve the required business rules
- Alignment between commissioner and provider plans
- A clear read across being achieved between CCG operational plans and Better Care Fund (BCF) assumptions

- The approach to progressing the Five Year Forward View, including the new models of care
- Steps being taken to progress the second year of the Unit of Planning's five year strategy
- Achieving parity of esteem between mental and physical health
- A peer support and review approach to the assurance of direct commissioning plans

2.11 The timetable for submission of plans is as set out below:

13 January	Submission of initial headline plan data using activity and finance template
28 January	Commissioners submit initial plan data to UNIFY
27 February	Submission of full draft plans
31 March	Plans approved by CCG Governing Bodies
10 April	Submission of full final plans

3. PROGRESS

3.1 The initial headline plan data for activity and finance and the UNIFY template for the plan data (outcomes, constitutional ambitions etc.) has been submitted in accordance with the timescales described above, however this is first draft as the CCG are still in the process of negotiating contracts with Providers and final contract agreements may require activity and finance plans to be updated.

3.2 Work on the additional requirements for the sub-regional team (narrative, plan on a page etc.) has commenced. The CCG is required to submit the first draft of these on the 27th February alongside the national submission of the full draft plan templates.

3.3 There are a number of national documents which have not yet being made available including NHS Standard contracts and the Quality Premium guidance. This Quality Premium guidance historically has set out the requirements for those indicators that are required to be agreed locally with our local authority partners. The CCG is therefore at time of writing this report unable to detail requirements for 15/16 and has been unable to commence discussions with regards local indicators in advance of first draft plans being submitted.

3.4 Historically guidance has set out that local indicators are required to be selected from the CCG Outcome Indicator Set (CCGOIS) and partners are expected to agree quantifiable levels of ambition.

3.5 In 14/15 the CCG and Health and Wellbeing Board agreed the local indicator should focus to increase the estimated diagnosis rate for people with dementia and this was subsequently included in BCF plans.

3.6 Performance reporting on this indicator up to Q2 demonstrates that we are achieving a rate of 71.9% diagnosed compared to the target of 68% which demonstrates a considerable improvement and successful working across partners and providers.

3.7 Although guidance has not been received for 15/16 the dementia indicator as agreed in 14/15 remains extant and will continue to be monitored and progressed during 15/16 as described within our BCF plans.

3.8 At the time of writing this report and as outlined above the required guidance describing the requirements of local indicator(s) is not available, should this be published in advance of the Health and Wellbeing Board meeting the CCG will ensure information is provided to the Board.

3.9 The Health and Wellbeing Board will also be kept appraised of the developments and kept informed of the progress of all plans and once the quality premium guidance is released, we will work in partnership, where necessary, to review and set quantifiable levels of ambition for local indicators.

4. RECOMMENDATIONS

4.1 NOTE the timescales and approach
NOTE the requirements of the planning guidance

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HEALTH AND WELLBEING BOARD

2 March 2015

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

Subject: PRIMARY CARE CO-COMMISSIONING

1. PURPOSE OF REPORT

1.1 This paper is to:-

1.1.1 provide the Hartlepool Health and Wellbeing Board an overview of current primary care co-commissioning guidance since the publication of the 'Next steps towards primary care co-commissioning' document (Appendix A);

1.1.2 outline the CCG Council of Members decision in progressing this;

1.1.3 share the CCGs application to NHS England for Joint Commissioning arrangements from 1 April 2015, together with the draft Terms of Reference for the Joint Committee.

2. BACKGROUND

2.1 In May 2014 Clinical Commissioning Groups (CCGs) were invited to submit expressions of interest (EOI) for the co-commissioning of primary care. Following consultation with member practices at the Council of Members meeting on 3 June 2014, the CCG submitted an EOI for delegated arrangements.

Although all of the following criteria were identified as being appropriate for delegated arrangements; the CCG expressed an interest in the four areas highlighted, pending further guidance from NHS England:

Scope,	
Working with patients and the public and with Health and Wellbeing Boards to assess needs and decide strategic priorities;	✓
Designing and negotiating local contracts (e.g. PMS, APMS, any enhanced services commissioned by NHS England);	✓
Approving 'discretionary' payments, e.g. for premises reimbursement;	x
Managing financial resources and ensuring that expenditure does not exceed the resources available;	✓

Monitoring contractual performance;	x
Applying any contractual sanctions;	x
Deciding in what circumstances to bring in new providers and managing associated procurements and making decisions on practice mergers.	✓

In November 2014 NHS England published the document 'Next steps towards primary care co-commissioning'.

The overall aim of primary care co-commissioning described in the document was to harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations. Co-commissioning is seen as an enabler to deliver the vision described in 'The NHS Five Year Forward View' document (Appendix B) where the new models of care outlined firmly include GP services working in new ways to meet local needs.

2.2 The aims of co-commissioning were to secure:-

- Improved provision of out-of hospital services for the benefit of patients and local populations;
- A more integrated healthcare system that is affordable, of high quality and which better meets local needs;
- More optimal decisions to be made about how primary care resources are deployed;
- Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

Co-commissioning is the beginning of a longer journey towards place-based commissioning and clearly intrinsic to the delivery of the Five Year Forward View.

2.3 *<u>Scope of co-commissioning</u>*

In 2015/16, primary care co-commissioning arrangements will only include general practice services. CCGs will be able to discuss dental, eye health and community pharmacy commissioning with NHS England and local professional networks, but will have no formal decision making role for these areas during this period.

It would not be appropriate for CCGs to take on certain specific pseudo-employer responsibilities around co-commissioning of primary medical care. NHS England has therefore agreed that functions relating to individual GP performance management (medical performers' list for GPs, appraisal and revalidation) will be retained by NHS England, who will also be responsible for the administration of payments and list management.

The terms of GMS contracts – and any nationally determined elements of PMS and APMS contracts – will continue to be set out in the respective regulations and directions and cannot be varied by CCGs or Joint Committees.

NHS England's analysis of expressions of interest identified three main forms of co-commissioning CCGs wanted to take forward:

2.4 *Models*

The three models of co-commissioning are:-

2.4.1 Model 1 – Greater Involvement

- The CCG would collaborate closely with NHS England around primary care commissioning decisions, particularly with regard to its duty to improve the quality of primary care;
- No new governance arrangements would be required for this model and the approach to closer working could be agreed between the CCG and NHS England;
- In recognition that many CCGs are already working closely with NHS England to influence and shape primary care decision making, there is no formal approvals process for CCGs wishing to progress this model;
- CCGs have the opportunity - already available to them - to invest in primary care services.

Opportunities

- This arrangement does not provide additional opportunities for the CCG – it is effectively the status quo. It may, however, provide the CCG with more time to pace changes and develop robust plans that can be undertaken under different co-commissioning arrangements at a later date;
- Performance management of member practices remains with NHS England, so there is no potential for conflicts of interest over contracts;
- No CCG resource would be required to deal with public complaints relating to GP services.

Risks

- Although some of the risks associated with the other models could be avoided, the CCG may not be able to realise the potential benefits offered by the other models, which could mean the CCGs vision for integrated care and a reduction in health inequalities across the area might be harder to deliver;
- If most other CCGs in the north east opt for model 2 or 3 NHS England's resources could be significantly reduced resulting in a reduction in staff for the CCG to work with. This may also impact on the contact GP Practices have with NHS England primary care team;

- If this model was chosen as an interim measure with a view to move to model 2 or 3 later in the year, the CCG may find its choices more limited [eg if other CCGs join together and make good working partnerships it would be unlikely that they would wish to destabilise arrangements that are working well];
- The CCG would be unable to progress a model to deliver the expectations set out in the five year forward view at any pace.

2.4.2 Model 2 – Joint Commissioning

- The CCG would work jointly with NHS England to develop localised incentive schemes; to manage general practice budgets; manage primary care complaints and manage contractual GP practice performance;
- This model requires a Joint Committee to be established and a Legislative Reform Order (LRO) was passed through parliament to enable this from 1 October 2014;
- The formation of a Joint Committee would require the CCG to amend its constitution;
- The CCG and NHS England would agree the full membership of their Joint Committee. However, in the interest of transparency and the mitigation of conflicts of interest, a representative from the local Health and Wellbeing Board and a local Healthwatch representative will have the right to join the Joint Committee as non-voting attendees;
- The CCG and NHS England could create a pooled fund arrangement under this model; which would require close working between the two to ensure that the arrangement establishes clear financial controls and risk management systems and has clear accountability arrangements in place.;
- The CCG and NHS England would remain accountable for meeting their own statutory duties.

Opportunities

- This model provides the CCG the opportunity to be involved in a wide range of primary care commissioning without taking on full responsibility;
- Governance arrangements provide opportunities to work with other CCGs to commission services at a larger scale;
- The CCG will be able to deliver a model of care as described in the five year forward view;
- It will support the integration of health and social care services locally;
- The CCG can offer support to member practices to drive quality improvement within primary care, and reduce health inequalities;
- It will support the development of sustainable local services;
- It will ensure as a membership organisation, the CCG has a greater positive influence on decisions affecting primary care locally.

Risks

- Resource pressures at NHS England may lead to the CCG having to undertake the majority of co-commissioning related tasks making the option more akin to delegated arrangements;
- The CCG would be involved in all of the same areas available through delegated co-commissioning arrangements, including contract management and primary care complaints. There would be shared responsibility with NHS England for these areas, but the CCG would still be involved in decision

making and would not be able to distance themselves from areas that may be highly scrutinised;

- The CCG will have less autonomy to make decisions under this model than under delegated arrangements and so may be constrained in their ability to fully shape GP services to reflect their strategic vision;
- Joint decision making can be time consuming if concerns are raised or the balance of decision making is uneven;
- Some decisions driven by NHS England may affect members but the CCG would still be required to stand by decisions made by the joint committee;
- It is unclear whether NHS England would have the resources to be part of several Joint Committees, so joint arrangements with other CCGs may be the only way that they could practically support joint commissioning arrangements;
- Involvement in primary care complaints may take CCG resource away from commissioning work.

2.4.3 Model 3 – Delegated Arrangements

- This model offers an opportunity for the CCG to assume full responsibility for the commissioning of primary care services;
- For legal reasons, the liability for primary care commissioning remains with NHS England. They will therefore require assurance that its statutory duties are being discharged effectively;
- Includes responsibility for contractual GP performance management, budget management and complaints management;
- There will be no formal approvals process for a CCG which wishes to develop a local QOF scheme or DES. However, any proposed new incentive scheme should be subject to consultation with the Local Medical Committee (LMC), and be able to demonstrate improved outcomes, reduced inequalities and value for money;
- The approvals process will be a straightforward one in which regional offices will review how the CCG proposes to handle and mitigate conflicts of interest;
- The CCG already handles conflicts of interests as part of their day to day work. However, it is likely that co-commissioning will lead to an increased number of conflicts of interest for CCG governing bodies and GPs in commissioning roles. CCG must be able to give sufficient confidence to the public, patients, providers, Parliament and NHS England that conflicts of interest, real and perceived, are being managed effectively through the appropriate safeguards;
- Recommended governance arrangements for this model include that the CCG establishes a Primary Care Commissioning Committee to oversee the exercise of the delegated functions. This Committee should have a lay chair and a majority of lay/executive members. As with Joint Committees for joint co-commissioning arrangements, a local authority representative from the local Health and Wellbeing Board and a local Healthwatch representative will have the right to join this Committee as non-voting attendees;
- The CCG will be required to maintain and publish a register of interests and a register of key decisions in relation to the primary care commissioning committee.
- Will require an amendment to the CCG constitution;

- The CCG will be expected to sign a legal agreement for delegation of the functions from NHS England;
- Where a CCG fails to secure an adequate supply of high quality primary medical care, NHS England may direct a CCG to act.

Opportunities

- Those as described in model 2, plus:-
- The CCG will have the ability to fully commission primary care and include GP services as part of the wider plans for an integrated health and social care vision;
- Full control over provision of GP services would allow the CCG to direct resources to areas of most need and also put together bespoke quality improvement schemes that are linked to priority areas for the CCG;
- Avoids uncertainty over NHS England resource that would be required for models 1 or 2;
- One commissioning organisation for the majority of health services would be a simpler and more understandable structure to patients who are often unclear about the differences between the different commissioning organisations currently responsible for the provision of their healthcare.

Risks

- Managing conflicts of interest would be more challenging as the CCG will be required to take over management of all GP contracts;
- Taking over the budget for GP services adds substantial requirements for financial management and potential for financial risk;
- No 'bail-out' for the CCG with regard to overspend in GP services budget;
- Added resource pressure with taking on more contracting, governance and payment responsibilities with no additional financial support available;
- Inability to change GMS terms and conditions – the CCG will be required to offer out nationally driven services including QOF/DES, although can agree local schemes - there may be an expectation from primary care for enhanced resource to deliver local requirements;
- Involvement in primary care complaints may take CCG resource away from commissioning work.

2.5 *CCG Submission*

The guidance and standardised models [including opportunities and risks] were discussed in detail with the Council of Members at their meeting on 6 January 2015. An impact and risk assessment was fully considered and it was agreed that Model 2 - Joint Commissioning was the preferred option for 2015/16, as it would enable the CCG to further consider their plan and implementation strategy, and better understand the potential finance and resource risks of moving to the fully delegated model.

The CCG submitted an application to NHS on 30 January 2015 [Appendix C] together with draft Terms of Reference for the Joint Committee [Appendix D]. The CCGs in the north east are currently discussing roles and responsibilities for the Joint Committees with NHS England, with a view to the Terms of

Reference being agreed by the end of March 2015, in preparation for implementation on 1 April 2015.

4. RECOMMENDATIONS

4.1 The Hartlepool Health and Wellbeing Board is requested to receive the update and consider, should it be approved, whether they wish a local authority representative to attend the Joint Committee.

5. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

2 March 2015

Report of: Director of Public Health

Subject: COPD SCREENINGS

1. PURPOSE OF REPORT

1.1 At the Health and Wellbeing Board meeting held on 10 September 2014, the Board considered the Action Plan in response to the Audit and Governance Committee's investigation into Chronic Obstructive Pulmonary Disease (COPD). It was agreed that the impact/progress of the Action Plan be reported to a future meeting of the Board along with a Public Health report in relation to COPD screenings.

2. BACKGROUND

2.1 It was agreed by the Board that Public Health would provide a report on the uptake, impact and variation of the COPD screening service provided by GP surgeries. This information is detailed below.

2.2 The Lung Health Check (COPD Screening) Programme commissioned by Public Health aims to detect the large numbers of undiagnosed COPD in Hartlepool. It involves face-to-face clinical risk assessments aimed at current smokers aged 35 years and over who are at greatest risk of developing COPD. It encourages GP practices to proactively target smokers in deprived communities to help reduce health inequalities in early diagnosis.

2.3 The programme started in January 2013 and as at December 2014, 11% (1,151) of the eligible population have been screened and 19% (224) diagnosed with COPD. 53% (607) of those screened and 53% (119) of those diagnosed are from the most deprived communities, indicating that the programme is helping to reduce health inequalities. The proportions screened vary greatly between GP practices, from 4% to 70%.

2.4 About 70% of those diagnosed have mild to moderate COPD. This presents the opportunity for effective clinical management and support to patients to slow down the progression of the disease and reduce impact on quality of life.

2.5 An updated action plan which includes the responses from the CCG and the Trust in relation to recommendations A to C is attached at **Appendix A**. The progress of each recommendation/action is attached at **Appendix B.**

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board note the update and the progress made against the recommendations.

6. REASONS FOR RECOMMENDATIONS

6.1 To monitor the progress of the COPD recommendations and action plan.

7. BACKGROUND PAPERS

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

(a) Health and Wellbeing Board minutes – 10 September 2014

8. CONTACT OFFICER

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AUDIT AND GOVERNANCE SCRUTINY ENQUIRY ACTION PLAN

NAME OF COMMITTEE: Audit and Governance Committee

NAME OF SCRUTINY ENQUIRY: Chronic Obstructive Pulmonary Disease (COPD)

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION+	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
(a) That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:-	Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	Resource allocation to undertake evaluation.	Dorothy Wood	December 2014
(i) monitoring the review of the single point of access to establish whether the changes have had a positive impact on COPD patients and their families	(i) Data is collected on the use of the single point of access and we regularly review services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis.	(i) Not further comments	CCG Health & Wellbeing Workstream Clinical Leads	September 2015
(ii) ensuring that any changes to service provision are appropriately evaluated to provide assurance that these changes are effective from an evidence and cost perspective				

	(ii) We undertake regular reviews of our commissioned services in order to ensure that they are both effective pathways and complying with our objective to provide the best value for money in care services. Whilst we strive to be innovative in the services that we design and commission we also seek to learn from other areas. We continually monitor and assess the services that are delivered and listen to the feedback and experience of our patients. We are currently undertaking a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity.	(ii) We are committed to providing value for money whilst ensuring that we commission services in both the acute and community and in recognition of the contribution of the wider health economy.	CCG Health & Wellbeing Workstream Clinical Leads	September 2015 (6 month evaluation) March 2016 (12 months)
(b) That the Health and Wellbeing Board explores ways to promote COPD support programmes, such as the	The services delivering care to COPD patients have actively promoted support programmes through one to one discussions,	Resource allocation to attend practices and develop the	Dorothy Wood/ Sandra Stych	Promotion of the programme will be on-going however

pulmonary rehabilitation programme, to encourage people to attend	advertisements in key locations within the community and within the Trust. Staff are also arranging meetings with practices and developing a leaflet to promote and encourage attendance.	information / advertisement leaflet.		meetings with practices to promote uptake and referral is due to be complete February 2015
	We are currently undertaking a review of our commissioned PR services to ensure that we commission services which will meet the needs of our patients. We continue to work with our GP members and the acute trust to encourage patients to access the programme and promote self-management. We have also implemented a scheme within practices to identity patients with COPD and which highlights PR use by practice with benchmarking between practices as well as prevalence and uptake of the COPD screening figures which are fed back to practices to help to increase performance.	We have access to data on levels of activity related to the avoidable attendances and admissions associated with respiratory conditions and therefore this is a contributing factor to our efforts to encourage patient self – management.	CCG Health and Wellbeing Workstream Clinical Leads	September 2015 (6 month evaluation) March 2016 (12 months)
(c) That the Health and Wellbeing Board, through an	We continually seek to work in partnership with other	N/A	CCG Health and	March 2016

	integrated and co-ordinated approach, work in partnership with relevant organisations and groups to promote a consistent message on COPD through the use of a single questionnaire	commissioners and providers to ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together.		Wellbeing Workstream Clinical Leads	
(d)	That the Health and Wellbeing Board raises community awareness of COPD by placing the COPD questionnaire in community and health venues across Hartlepool to find those people with undiagnosed COPD	Public Health has already taken the lead on behalf of the Board over the past year to promote the questionnaire. Public Health will build on this previous activity during 2014/15 to ensure the questionnaire is circulated across a range of settings to find those people with undiagnosed COPD.	N/A	Louise Wallace	March 2015
(e)	That the Health and Wellbeing Board explores the development of a targeted COPD awareness campaign for young people to raise awareness of the long term implications of smoking;	Public Health has led this activity on behalf of the Board and will continue to do so through activities such as theatre in education and schools. This approach has proven successful in raising awareness amongst young people of the short and long term healthy implications of smoking.	N/A	Louise Wallace	March 2015
(f)	That the Health and Wellbeing Board explores whether the number of COPD screenings taking place at various GP surgeries across Hartlepool	Public health are responsible for commissioning the COPD screening programme in primary care. This requires practices to ensure that patients most at risk	N/A	Louise Wallace	March 2015

can be publicised, as it would be valuable for the community to be aware of the variations in practices in order to aid patient choice and help to alleviate variations across GP surgeries.	of developing COPD i.e those that smoke, are made aware of this service. Public Health will provide a report on uptake, impact and variation of this service provided by GP's to the Health and Wellbeing Board by March 2015.			

[+] please detail any risk implications, financial / legal / equality & diversity / staff / asset management considerations
* please note that for monitoring purposes a date is required rather than using phrases such as 'on-going'

5.5 Appendix B

COPD Investigation – progress of recommendations / actions

Year 2013/14
Investigation COPD

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/1a/i That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (i) monitoring the review of the single point of access	SCR-HS/1a/i	Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	Scrutiny	31-Mar-2015	31-Mar-2015	10-Feb-2015 Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact to commence at the end of September 2014.	100% Completed
SCR-HS/1a/i That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (i) monitoring the review of the single point of access	SCR-HS/1a/i/1	Data is collected on the use of the single point of access and we regularly review services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis.	Scrutiny	30-Sep-2015	30-Sep-2015	11-Feb-2015 Data is collected on the use of the single point of access and we regularly review services in order to ensure that there is responsive service for patients. Assessment of the service impact on COPD patients and their families is not currently undertaken on a regular basis.	75% In Progress
SCR-HS/1a/ii That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not	SCR-HS/1a/ii	Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an	Scrutiny	31-Mar-2015	31-Mar-2015	10-Feb-2015 Changes have been made to improve access to a respiratory clinician within the Hartlepool CRAMS service. These changes are still in a pilot phase with an evaluation of the impact	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
worsened by:- (ii) ensuring that any changes to service provision are appropriately evaluated		evaluation of the impact to commence at the end of September 2014.				to commence at the end of September 2014.	
SCR-HS/1a/ii That the Health and Wellbeing Board develop a strategic approach to COPD to ensure that inequality is not worsened by:- (ii) ensuring that any changes to service provision are appropriately evaluated	SCR-HS/1a/ii/1	The CCG undertake regular review of our commissioned services in order to ensure that they are both effective pathways and complying with our objective to provide the best value for money in care services. Whilst we strive to be innovative in the services that we design and commission we also seek t learn from other areas. We continually monitor and assess the services that are delivered and listen to the feedback and experiences of our patients. We are currently undertaking a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity.	Scrutiny	31-Mar-2016	31-Mar-2016	11-Feb-2015 The CCG undertake regular review of our commissioned services in order to ensure that they are both effective pathways and complying with our objective to provide the best value for money in care services. Whilst we strive to be innovative in the services that we design and commission we also seek t learn from other areas. We continually monitor and assess the services that are delivered and listen to the feedback and experiences of our patients. We are currently undertaking a review of COPD and Pulmonary Rehab (PR) services which aspires towards a more cost effective service, integrated with primary care and enhancing access to PR for lower levels of COPD severity.	51% In Progress
SCR-HS/1b That the Health and Wellbeing Board explores ways to promote COPD	SCR-HS/1b	The services delivering care to COPD patients have actively promoted support programmes through one to one	Scrutiny	28-Feb-2015	28-Feb-2015	11-Feb-2015 The services delivering care to COPD patients have actively promoted support	75% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
support programmes, such as the pulmonary rehabilitation programme, to encourage people to attend		discussions, advertisements in key locations within the community and within the Trust. Staff are also arranging meetings with practices and developing a leaflet to promote and encourage attendance.				programmes through one to one discussions, advertisements in key locations within the community and within the Trust. Staff are also arranging meetings with practices and developing a leaflet to promote and encourage attendance.	
SCR-HS/1b That the Health and Wellbeing Board explores ways to promote COPD support programmes, such as the pulmonary rehabilitation programme, to encourage people to attend	SCR-HS/1b/i	The CCG are currently undertaking a review of our commissioned PR services to ensure that we commission services which will meet the needs of our patients. We continue to work with our GP members and the acute trust to encourage patients to access the programme and promote self-management. We have also implemented a scheme within practices to identity patients with COPD and which highlights PR use by practice with benchmarking between practices as well as prevalence and uptake of the COPD screening figures which are fed back to practices to help to increase performance.	Scrutiny	31-Mar-2016	31-Mar-2016	11-Feb-2015 The CCG are currently undertaking a review of our commissioned PR services to ensure that we commission services which will meet the needs of our patients. We continue to work with our GP members and the acute trust to encourage patients to access the programme and promote self-management. We have also implemented a scheme within practices to identity patients with COPD and which highlights PR use by practice with benchmarking between practices as well as prevalence and uptake of the COPD screening figures which are fed back to practices to help to increase performance.	50% In Progress
SCR-HS/1c That the Health and Wellbeing Board, through an	SCR-HS/1c	The CCG continually seek to work in partnership with other commissioners and	Scrutiny	31-Mar-2016	31-Mar-2016	11-Feb-2015 The CCG continually seek to work in partnership with other commissioners and providers to	75% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
integrated and co-ordinated approach, work in partnership with relevant organisations and groups to promote a consistent message on COPD through the use of a single questionnaire		providers to ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together.				ensure that we are aware of patient needs and expectations and to develop ways to learn and progress together. 13-Jan-2015 Deadline for consideration of the report and its recommendations by the CCG and FT was the 3 December 2014 (12 weeks after the approval of the report and its recommendations by the Health and Wellbeing Board on the 10 September 2014). Response originally planned to be submitted to the Health and Wellbeing Board on the 1 December. Response being pursued for submission to the Health and Wellbeing Board on the 2 March 2015.	
SCR-HS/1d That the Health and Wellbeing Board raises community awareness of COPD by placing the COPD questionnaire in community and health venues across Hartlepool to find those people with undiagnosed COPD	SCR-HS/1d	Public Health has already taken the lead on behalf of the Board over the past year to promote the questionnaire. Public Health will build on this previous activity during 2014/15 to ensure the questionnaire is circulated across a range of settings to find those people with undiagnosed COPD	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 This work is ongoing. In addition to circulating more generally, the Specialist Stop Smoking Service commissioned by the LA uses the questionnaire to assess the risk of COPD in smokers over the age of 35. Those at risk being signposted to GP practice for further investigation. 27-Oct-2014 This work is ongoing	75% In Progress
SCR-HS/1e That the Health and Wellbeing Board explores the development of a targeted COPD awareness	SCR-HS/1e	Public Health has led this activity on behalf of the Board and will continue to do so through activities such as theatre in education and schools. This	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 This work is now progressing well with theatre in education performances/workshops for year 7 pupils being timetabled for the summer term. Additional performance planned for Year	75% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
campaign for young people to raise awareness of the long term implications of smoking;		approach has proven successful in raising awareness amongst young people of the short and long term healthy implications of smoking.				10s to coincide with launch of smoking intervention for young people. School nurses, other school staff and youth workers are being trained to deliver this intervention with support from the Specialist Service. 27-Oct-2014 This work is ongoing.	
SCR-HS/1f That the Health and Wellbeing Board explores whether the number of COPD screenings taking place at various GP surgeries across Hartlepool can be publicised, as it would be valuable for the community to be aware of the variations in practices	SCR-HS/1f	Public health are responsible for commissioning the COPD screening programme in primary care. This requires practices to ensure that patients most at risk of developing COPD i.e those that smoke, are made aware of this service. Public Health will provide a report on uptake, impact and variation of this service provided by GP's to the Health and Wellbeing Board by March 2015.	Louise Wallace	31-Mar-2015	31-Mar-2015	10-Feb-2015 The work is ongoing and a report has been prepared by the Tees Valley Public Health Shared Service for the March Board meeting. 27-Oct-2014 This work is ongoing.	75% In Progress

HEALTH AND WELLBEING BOARD

2 March 2015

Report of: Scrutiny Manager

Subject: 38 DEGREES - PETITION TO THE SECRETARY OF STATE FOR THE REOPENING HARTLEPOOL A&E

1. PURPOSE OF REPORT

1.1 To inform the Health and Wellbeing Board that a copy of a petition sent to the Secretary of State calling for the re-opening of Hartlepool A&E has been received by the Leader of the Council.

2. BACKGROUND

2.1 A copy of a petition to the Secretary of State calling for the re-opening of Hartlepool A&E has been received by the Leader of the Council on 2nd February 2015. The petition was been signed by 4,673 people and stated:-

"Dear Jeremy Hunt,

There are 34 A&Es around the country currently threatened with closure or downgrading, or have already been closed. As shown in Newark, this will put people's lives at risk. We are calling on you to order a moratorium on 34 pending A&E closures and downgrades until a nationwide study has been completed. Furthermore, our chief wish in relation to Hartlepool A&E is to see it re-opened, given that its closure in 2011 occurred despite protests."

2.2 As the petition is addressed to the Secretary of State, the Health and Wellbeing Board is asked to note its content and express any views it may feel to be appropriate.

3. RECOMMENDATIONS

3.1 That the Health and Wellbeing Board receive and note the petition sent to the Secretary of State.

4. REASONS FOR RECOMMENDATIONS

4.1 To inform the Health and Wellbeing Board of the petition.

5. BACKGROUND PAPERS

No background papers were used in the preparation of this report.

6. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

2 MARCH 2015

Report of: Chief Executive

Subject: MEMBERSHIP REQUEST

1. PURPOSE OF REPORT

1.1 The Board is asked to consider a membership request received from Cleveland Police.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards. The Health and Social Care Bill mandates a minimum membership for Health and Wellbeing Boards; the prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise, or 'other' members.

3. PROPOSALS

3.1 The Acting Chief Constable, Iain Spittal has written to the Chief Executive requesting that a position on the Hartlepool Health and Wellbeing Board be extended to a senior officer from Cleveland Police to "enable stronger strategic joint working and the enhancement of 'preventative' activity to support our communities".

4. RECOMMENDATIONS

4.1 That the Board considers the request from Cleveland Police for the appointment of a senior police officer to the Board

5. REASONS FOR RECOMMENDATIONS

5.1 As such an appointment would be as one of the 'other' or 'non-prescribed' members appointed to the Board, the request is one to be determined locally by the Board.

7. BACKGROUND PAPERS

Letter from the Acting Chief Constable, Cleveland Police to HBC Chief Executive dated 27 January, 2015

8. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

2 March 2015

Report of: Director of Public Health

Subject: OBESITY CONFERENCE - FEEDBACK

1. PURPOSE OF REPORT

1.1 To provide the Committee with feedback from the obesity conference 'Health Weight, Healthy Life – Tackling Obesity in Hartlepool' held on the 3 February 2015.

2. BACKGROUND

2.1 The Health and Wellbeing Board (H&WBB) at its meeting on the 11 August 2014 approved the establishment of a defined work programme for 2014/15. The Board recognised the scale and impact of the obesity epidemic and the imperative need to tackle the obesity issue at a co-ordinated local level, with a clear understanding of the obesity issue in Hartlepool. It further acknowledged that childhood obesity in particular is one of the most serious global public health challenges for the 21st century and on that basis Board identified childhood obesity as the topic area, upon which to focus its activities during 2014/15.

2.2 In scoping the piece of work, the Board agreed that a full day Stakeholder Conference would be held to inform the development and delivery of a Childhood Obesity Strategy for Hartlepool. Emphasis was also placed on the importance of involving the Children's Strategic Partnership in the process and a report was considered by the Partnership, on the 4 November 2014. A Conference Steering Group was subsequently established, consisting of members of the Partnership and key officers who contributed to the development of the conference programme and associated arrangements.

2.3 The Full Day Conference went on to be held on the 3 February 2015, at the Centre of Excellence for Teaching (CETL). A total of 86 individuals registered to attend the event, including Councillors / Officers from Hartlepool Borough Council and representatives from Hartlepool Healthwatch, North Tees and Hartlepool Foundation Trust, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, the Tees Valley Public Health Shared Service, General Practitioners, Schools, Voluntary and

Community Organisations, residents and Young People (including Young Inspectors). A total of 72 delegates attended the Conference, taking part in the 'Café' session, with 41 going on the take part in the afternoon workshops.

3. EVALUATION

3.1 Twenty six evaluation forms were completed at the end of the Conference, the results of which showed the following:-

i) The Overall Event

92% - The delivery of the event objectives had been good / excellent.
93% - The content of the event had been good / excellent.
100% - The event had been delivered in a clear and understandable way
92% - The level at which the event had been aimed was good / excellent.

ii) Presenters and Workshop Facilitators

92% - Knowledge was good / excellent.
92% - Choice of methods (Café / Workshops) was good / excellent.
93% - Choice of content (Café / Workshops) was good / excellent.

3.2 Details of specific comments are outlined in **Appendix A**, with initial indications that input from Hartlepool young people, in the form of a video by Hartlepool Young Inspectors and a dedicated workshop, was particularity well received. In addition to this, the 'Café' taster session proved exceptionally beneficial in introducing, and feeding, into the workshops which were commended in terms of their structure, content and value.

3.3 A significant amount of information / evidence has been obtained from the discussions and activities held as part of the 'Café' session and each of the workshops. A detailed evaluation of this evidence / information is in the process of being undertaken, however, initial indications already support the need:-

i) For the Childhood Obesity Strategy to be a key element of an overarching wellness model;

ii) To consider the interface between Tier 3 and 4 interventions in the development of a long term service specification;

iii) To examine of the role of GP's as part of primary care interventions;

iv) To recognise the breadth of activities already in place when looking at what more can be done to provide improved and sustainable outcomes, for service users in Hartlepool.

4. NEXT STEPS

4.1 A small officer group has been created to work with the Joint Commissioning Executive on the development of the Hartlepool Childhood Obesity Strategy. The draft strategy is to be presented to the Health and Wellbeing Board, for comment and approval, at its first meeting of the new municipal year in June 2015. Following this, a full action plan will be produced to monitor progress against the identified aims and assigned actions.

4.2 In addition to this, articles are to be included in Hartbeat and the Public Health News in relation to the Conference, and work being undertaken by the Health and Wellbeing Board in prioritising the development of a Childhood Obesity Strategy for Hartlepool.

5. RECOMMENDATIONS

5.1 That the report be noted.

6. REASONS FOR RECOMMENDATIONS

6.1 To provide the Committee with feedback from the obesity conference and outline the timescale for the preparation of the strategy.

7. BACKGROUND PAPERS

7.1 No background papers were used in the preparation of this report.

8. CONTACT OFFICER

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APPENDIX A

General Comments

Excellent event / enjoyed.
Gave 4 for materials due to sound not working but was good to include video material during the session for different learning styles.
Very interesting discussion and debate and I think will lead to some worthwhile actions
Excellent day. Especially young people's workshop. What a shining example of great young people.
Cafe introduction to workshop. Good way to get an idea of subjects to be covered.
Too much for one day as there were a few workshops I would have liked to attend
A lot to fit in one day. I would have found it more useful to have some more practical aspects of how to tackle obesity. (I know you had these in the workshops but you could only attend one.)
Would have been good to have option to attend more than one workshop
Well organised event
Very good. Felt it achieved a lot of ideas in forming the way forward and improving pathways.
Most interesting and enlightening
Handout/Powerpoint in pack - excellent.
The morning session very dry and boring and many people left after the lunch

Most Useful Part

All parts were very good
Workshop - role of clinical health services as this related to the service in which I work
Workshop discussion
Discussions and chance to hear latest research
The 'cafe' introduction to workshops as you got a whole overview of issues and could contribute to how we can help the community
Workshops - the young people
Opportunity to hear about different initiatives/ research being carried out
The young people’s workshop was amazing. Deserves accreditation.
Group work and video. Dr Louise Ells.

Main Things Learned on this Course

Services available in Hartlepool that I can promote to my patients
Better understanding of range of services on offer. Willingness of all to improve.
Hartlepool is in the forefront of strategies to combat the many health problems
Pathways and services available
The extent of problem within local area and the amount of teams working against but not always together
How my workplace can help tackle the issues raised alongside others
How much is in place in Hartlepool
Variety of initiatives being carried out. There is a need to have a joined up strategy and to continue to share knowledge.
Services are sometimes not connected when they should be
People being together with all their ideas
Too many to mention
To be more aware as a grandparent. To help my grandchildren stay fit and healthy.

What will you take away?

Will pass it on to officers
Signposting patients to services which are appropriate
Will use to inform changes I can influence in pathways and communication between services
Communicate more with Council/school initiatives and offer help where we can
Discuss with the rest of my team. Make contact with colleague who attended today to discuss opportunities for joint working.