HEALTH AND WELLBEING BOARD AGENDA

19TH January 2016
at 2.00 p.m.
in Committee Room 'B'
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Richardson, Simmons and Thompson.
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson
Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1**)** – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Vacancy
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster
Representative of Cleveland Police, ACC Simon Nickless.

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

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 30 November 2015

4. **ITEMS FOR DECISION**

None

5. **ITEMS FOR INFORMATION**

5.1 North East Urgent and Emergency Care Vanguard – December 2015 - *Chief Officer of Hartlepool and Stockton-on-Tees CCG*

5.2 Integrated Urgent Care Update (December 2015) - *Chief Officer of Hartlepool and Stockton-on-Tees CCG*

5.3 Healthwatch Hartlepool Asylum Seeker and Refugee Health Consultation Report – *Healthwatch Hartlepool*

5.4 Wider Determinants Health/Regeneration Masterplan - Presentation by Director of Regeneration & Neighbourhoods

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

Date of next meeting – 14 March 2015 at 2.00 p.m. at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

30 November 2015

The meeting commenced at 10 am in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Carl Richardson, and Chris Simmons
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Karen Hawkins (as substitute for Ali Wilson)
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Representative of Healthwatch – Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council – Gill Alexander
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)
Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Also in attendance:-
Ian Hayton, Chief Fire Officer, Cleveland Fire Authority
Phillipa Walters, Pharmaceutical Advisor, Tees Valley Public Health Shared Service
Donna Owens, Joint Commissioning Manager, North of England Commissioning Support

Hartlepool Borough Council Officers:
Jill Harrison, Assistant Director (Adult Services)
N Harrison, Head of Service
Simon Howard, Public Health Registrar
Lesley Huitson, Technical Officer (Health and Safety)
Linda Igoe, Principal Housing Advice Officer
Karen Kelly, Principal Housing Strategy Officer
Sylvia Pinkney, Head of Public Protection
Amanda Whitaker, Democratic Services Team

Also present:-
Healthwatch – L Allison, J Gray, G and S Johnson,

37. Apologies for Absence

Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representative of Healthwatch – Margaret Wrenn
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of Cleveland Police – Simon Nickless

38. Declarations of interest by Members

None

39. Minutes

The minutes of the meeting held on 5 October 2015 were confirmed.

40. Transforming Care – North East and Cumbria Fast Track Programme (*Director of Child and Adult Services and Chief Officer of Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Board received a report and presentation on the Regional Plan, with particular reference to the Tees Locality Plan and the North East and Cumbria Fast Track Plan. The Board was advised that North East and Cumbria was one of five fast track sites which had been selected because of high numbers of people with learning disabilities in in-patient settings. An overarching North East & Cumbria plan had been submitted with each of the 13 Local Authority areas also presenting their own plans which outlined local initiatives that reduced the need for admission to hospital. The Board was advised that notification had been received from NHS England on 5 October that the North East and Cumbria had been successful in securing £1,432M from an available pot of £8.2 million. A further £623,000 had been allocated following review of patient level business cases to assist in the double running/ transition where required to ensure safe transition of service from in-patient care to community based provision and to maintain patient safety. The report provided comprehensive background details to the Plan together with details of the areas which had been identified to build upon the progress already achieved locally. It was proposed that through the delivery of the specific areas of the Tees Fast Track Locality Plan, there would be a stronger prevention and intervention response to people who could require high levels of care and support.

The aspirations included in the report were supported by Board Members. Clarification was sought regarding future bed requirements as an important prerequisite to ensuring infrastructure was in place. The Chair requested that

the issue be addressed in next update report to be submitted to the Board.

Decision

(i) The Board supported and approved the National and Regional Plans, in particular the appended Tees Locality Plan
(ii) The Board agreed to receive regular updates on local progress in relation to Fast Track implementation.
(iii) The Board noted the need to reflect the Transforming Care agenda in any wider strategic plans that are developed locally.

41. Pharmaceutical Needs Assessment 2015: Maintenance as Statutory Duty (*Tees Valley Public Health Service*)

The report provided assurance on statutory maintenance of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2015.The Board had published its first Pharmaceutical Needs Assessment on 26 March 2015, in accordance with the statutory duty to do so by 1st April 2015. The report provided an update on required maintenance of the Board's PNA 6 months post-publication.

The Pharmaceutical Advisor, Tees Valley Public Health Shared Service, advised the Board of changes to Pharmaceutical services. NHS England had notified a change to the supplementary opening hours of Victoria Pharmacy located in the H3 PNA locality of Hartlepool such that from 31st March 2015 they would now close at 6 pm (previously 6.30 pm) on the weekdays that they open. This change was used to illustrate the decision-making required to maintain the PNA within the context of the 2013 Regulations. The Health and Wellbeing Board was advised that it did not need to publish a revised assessment and it would be a disproportionate response to do so. Having regard to Part 2 (3), any change to pharmaceutical services could, in some future circumstance be relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act. However, it was not considered that this change alone, at this location in Hartlepool, would be relevant at this time. Nevertheless, a supplementary statement to the PNA could be published to notify this change. The Health and Wellbeing Board would again be satisfied that making a revised assessment would be a disproportionate response.

Decision

(i) The report was received for information and assurance regarding the responsibility of the Board 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.

(ii) Member organisations were encouraged to actively contribute intelligence on changes which might impact on the local needs for pharmaceutical services

(iii) It was agreed to continue delegation of authority to the Director of Public Health and Chair to make routine initial assessment with respect to the potential for Supplementary Statement or need for full review.

42. Health and Homelessness (*Director of Public Health*)

The Director of Public Health introduced a presentation regarding health and homelessness. It was highlighted that people who were homeless tended to experience worse health than people who had secure and stable accommodation. The presentation considered the issues relating to health as a result of being homeless and highlighted the following:-

- Importance of housing and health
- Health needs of homeless people.
- Homelessness in Hartlepool
- What actions are being taken to address the solution
- Partnerships

Board Members recognised the complexity of the issue. It was suggested that a copy of the presentation be circulated in order that the issues raised could be considered further. The Chair proposed that the issue of homelessness be considered as part of the refresh of the Health and Wellbeing Strategy. Discussion took place on the number of homeless persons in the town. The Chair referred to national campaigns which had been undertaken and highlighted the need to liaise with the Council's press team to communicate the correct course of action if the public observe any homeless person. It was highlighted that there had been some publicity but a strategy for wider coverage was considered beneficial.

Decision

The content of the presentation was noted.

43. Presentation – Fire as a Health Asset

The Board received a detailed presentation by the Chief Fire Officer, Cleveland Fire Authority, which highlighted that the successful fire prevention approach delivered via 30,000 targeted Home Fire Safety Visits had the potential to be expanded to complement and support the health and social care sector. The Board was advised that Professor Sir Michael Marmot, in the Marmot Review 2010, had recognised "the agenda of preventing ill-health and preventing fires are closely linked. Fires and ill-health occur in the more deprived areas; to people at the bottom of the socio-economic gradient; to

those in poor quality housing and those whose circumstances have led them to take up unhealthy life styles." The presentation highlighted the tangible opportunities for intervention and included the following opportunities to work together:-

- demand for health and social care is increasing as a result of an increase in people with long term conditions alongside an ageing population
- the number of fires has decreased due to preventative work by Fire and Rescue Services alongside regulatory measures
- The NHS Five year forward view highlights calls for an increased focus on service integration and getting serious about prevention to reduce demand increase capacity and save time, money and resources
- There is a significant overlap with risk factors and both the NHS and Fire Service recognise the potential to synergise their preventative needs recognising the importance of making every contact count
- This has resulted in an opportunity for Fire and Rescue Services and the health and social care sector to work together to make the difference needed

Mr Hayton concluded the presentation with an offer from the Fire and Rescue Service to Strategic Health Partners to work together with health partners to use collective capabilities and resources more effectively to enhance intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths.

Board Members recognised the potential opportunities which had been highlighted by the presentation including the connection to the health and homelessness issues discussed earlier in the meeting. A copy of the presentation was requested by the Chief Executive, North Tees and Hartlepool NHS Foundation Trust.

Decision

(i) The Board agreed that a Task and Finish Group comprising members of the Board would be appropriate to progress the opportunities highlighted in the presentation
(ii) The Board agreed to include reference to the contribution the Fire Service can make to Health and Wellbeing in JSNA.

44. Skin Cancer Prevention – Saving our Skins Initiative

(*Director of Public Health*)

The report provided the Board with information regarding the Public Protection Section's Save Our Skins Initiative. The report emphasised the second phase

of the initiative which was being delivered in pre-school nurseries and after-school clubs. The Board was advised that the aim of the Save our Skins Initiative was to raise awareness of the risk of skin cancer due to overexposure of ultraviolet radiation and promote sun safe behaviour in Hartlepool. In order to effectively deliver the Sun Safe message to a broad cross section of the community, the Sun Safe Initiative had been delivered in phases. The initial phase, which was completed during 2014-15, involved Public Protection staff visiting sun bed salons to assess the level of compliance with the Health and Safety Executive (HSE) Guidance. The second phase was being delivered during 2015-16 in pre-school nurseries and after-school Clubs. The Public Protection Section had enforcement responsibilities in these establishments under the Health & Safety at Work etc. Act 1974 with regard to employees, service users and any others affected by their undertaking. A number of additional visits had been carried out to after-school clubs as the Public Protection Section had established links with these establishments in relation to Food Hygiene visits.

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

Decision

The Board noted the report.

45. Better Care Fund 2015/16 Q2 Return *(Director of Child and Adult Services)*

Further to minute 34 of the meeting of the Board held on 5 October 2015, a report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan and presented the 2015/16 Quarter 2 return which had been submitted on 27 November. As the documentation had only recently been submitted, the appendix referred to in the report had not been circulated. Copies of the Quarter 2 return were available at the meeting and could be circulated electronically following the meeting. It was highlighted that there continued to be some slippage against the BCF Plan although it was anticipated that all funding would be fully spent in accordance with the Plan by the end of the financial year.

Decision

The report was noted.

Meeting concluded at 11.35 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

19th January 2016

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

Subject: North East Urgent and Emergency Care Vanguard – December 2015

1. PURPOSE OF REPORT

1.1 The purpose of the paper is to inform Health and Wellbeing Board of the North East Urgent and Emergency Care Vanguard and the associated governance arrangements for the newly formed Regional Urgent and Emergency Care Network (UECN) Group.

2. BACKGROUND

2.1 Sir Bruce Keogh outlined the vision for change in ***Transforming urgent and emergency care services in England*** (NHSE 2013). It identified the need for the formation of strategic regional urgent and emergency care networks. Their purpose being to improve the consistency and quality of Urgent and Emergency Care (UEC) by bringing together System Resilience Groups (SRGs) and other stakeholders to address the challenges within the urgent and emergency care system that have been difficult for single SRGs to address in isolation.

2.2 SRGs, made up of representatives of the health and social care providers and commissioners in a defined geographical area (in our case Hartlepool and Stockton-on-Tees) are expected to continue to retain responsibility for ensuring the effective delivery of urgent care in their local area with the network co-ordinating and setting shared objectives where there is a clear advantage in achieving commonality for delivery of efficient patient care.

3.0 FORMATION OF THE NETWORK

3.1 The geographical footprint of the Network is the North East region covering a diverse geography incorporating large areas of a densely and dispersed population of 2.71 million.

3.2 In accordance with national guidance, membership of the North East UECN is drawn from Executive Directors and Senior Clinical Leaders from SRG member organisations and partners across the area. The Regional UEC

Network Group will ensure appropriate representation from key organisations across the geographical footprint, however to ensure the group remains lean, although not all organisations will have a member on the group all will be represented through named members who will ensure a two way link between the UECN group and all stakeholders. The core membership comprises of:

- SRG chairs
- Acute Trusts (Director level, senior decision makers)
- Local Authority
- NEAS
- Community pharmacy
- Mental Health Trust
- NHSE
- CCG lead commissioners

3.3 Dr Stewart Findlay (Clinical Chief Officer for Durham Dales, Easington and Sedgefiled) is the nominated chair of the UECN, appointed on the decision of the NHS England Director of Commissioning Operations (DCO).

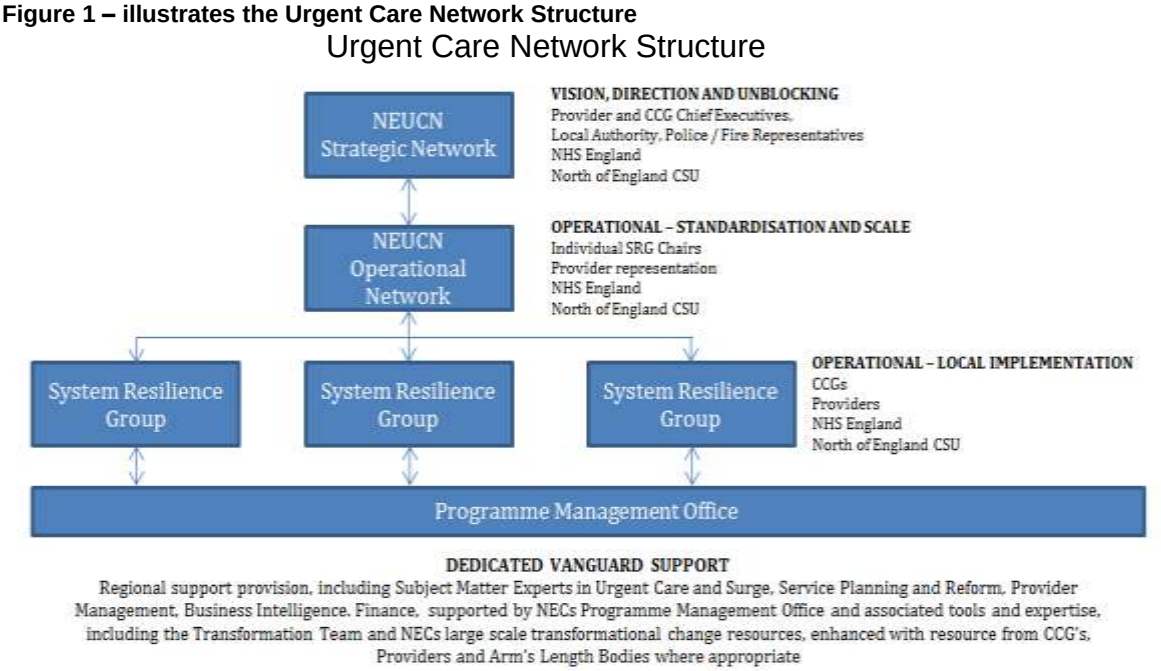
3.4 The UECN will meet bi-monthly with the first meeting conducted on the 3rd of September 2015. An operational group meets on alternative months to the UECN and is responsible for ensuring delivery of the overall urgent and emergency care work programme, which will be implemented through a number of work streams. This group will build upon the existing North East and Cumbria Urgent Care Group which currently reports to the Northern Clinical Commissioning Group Forum (NCCGF) and supports SRGs with an agreed focus on regional work covering surge management, ambulance services and NHS NE 111.

3.5 It is proposed that each SRG would take responsibility for co-ordinating and delivering a work stream across the UECN. This would strengthen ownership of region wide working and maximise use of resources. Each work stream would then report progress to the operational group with exception and escalation to the UECN.

3.6 The newly formed UECN aims to:

- Undertake an immediate initial stocktake of UEC services within the boundary of the network and an assessment of access and equity of provision by indices of deprivation and rurality. The initial stocktake was completed and submitted to NHSE at the end of November.
- Foster strong relationships and effective communication across the network and build trust.
- Begin to define the consistent pathways of care and equitable access to diagnostics and services across large geographical areas for both physical and mental health that will lead to longer term transformational service change.
- Scope and develop the Vanguard programme plan.

Figure 1 – illustrates the Urgent Care Network Structure



4.0 VANGUARD APPLICATION

4.1 In January 2015 the NHS announced the 'Vanguard' Programme where organisations and partnerships were invited to apply to become 'vanguard' sites for the development of new models of care, described within the NHS Five Year Forward view. The Urgent Care Vanguard programme was announced in July and the North East Vanguard application was subsequently successful. This is one of only eight UEC Vanguards, two (of which we are one) operating at a much larger scale the rest. Vanguards will spearhead national work on the transformation of urgent and emergency care, benefiting from a programme of support and investment from the £200m transformation fund. It is now essential that the key deliverables identified are progressed at pace and implemented across the region in preparation for national roll out. The Network will build upon existing UEC initiatives as well as developing new models of care producing an overall urgent care strategy for the region building on and supplementing existing local (CCG and Local Authority) strategies.

5.0 NATIONAL VANGUARD SUPPORT

5.1 Successful Vanguard sites will need to work at pace as a vehicle for delivery for the network and demonstrating quantified change in 16/17 a support package will enable the region to rapidly progress the key deliverables.

5.2 NHS England recognises the challenges faced by vanguard sites and has developed a bespoke support package comprising of eight key enables as illustrated below.

5.3 The support package described below has been co-produced with existing vanguard sites and includes the first three types of new care models and organizational form such as multi-specialty community providers (MCPs), primary and acute care systems (PACS), and enhanced health in care homes.

It is highly likely that this approach will be applied to urgent care and acute care collaboration vanguards.

Figure 2: Support package – eight key enablers

6.0 NATIONAL FUNDING FOR UEC VANGUARDS

6.1 There is a national programme of support for vanguards with a clear driving principle of co-production. A 'value proposition' has been developed in order to secure resource from the national transformation fund. This does not preclude the need for ensuring local resources support the ongoing development our plans.

7.0 SITE VISIT

7.1 Following the successful Vanguard application a national site visit of subject matter experts was held on the 1st October. The event was very well attended with representation from all stakeholders across the north east.

7.2 The objective of the morning session was to explore:

- Additional lines of enquiry that would achieve an in-depth understanding of the clinical and non-clinical Vanguard objectives;
- Potential barriers and issues that would need to be addressed;

- Identify help and support required to overcome any barriers;
- Areas of best practice that could be share with other vanguards.

7.3 The afternoon session was dedicated to working with subject matter experts in breakout sessions to provide a greater understanding of their support requirements.

The breakout sessions consisted of the following groups;

- Finance –funding flows /value propositions/new payment models
- Integrated NHS 111
- System leadership and workforce development
- Mental Health

7.4 Discussions from the breakout sessions are recorded within the site visit outcome summary, including feedback from the National and Regional team.

8.0 VISIONING EVENT

8.1 The purpose of the UEC vanguard programme is to accelerate delivery of the national Urgent and Emergency Care Review. A regional UEC vanguard visioning event was held on the 14th October and had good representation from all stakeholders. The event reaffirmed the vision and principles of the North East UEC vanguard.

8.2 The event concentrated on the steps required to produce logic models, value propositions and establishing work streams including project leads in the following areas:

- Primary and Community Care
- Mental Health
- New Financial modelling and payment
- Integrated Care
- Clinical Reference

8.3 It also provided an opportunity to align the key deliverables of the North East UEC against the national route map that has been developed to ensure outputs from the Urgent Care review are delivered and to agree the key workstreams required to deliver the programme.

9.0 CLINICAL REFERENCE GROUP

9.1 The first Urgent & Emergency Care Clinical Reference Group was held on the 6th November. Current group representation includes Dr Stewart Findlay as Chair supported by a core group of clinicians from across the region representing a broad range of service providers. The initial priority of the group is to further discuss any additional representation required from the necessary disciplines, rapidly followed by the development of robust project plans for the multiple tasks to be undertaken over the coming months. Examples of this include reviewing the stocktake of regional urgent care services and identification of pathway redesign proposals.

10.0 PROPOSALS - KEY DELIVERABLES AND MILESTONES

10.1 The table below outlines expected key deliverables which should be achieved by April 2016.

System Leadership	• Create an overarching framework to deliver the objectives of the UEC review, including a stock take of services, regional action plan and implementation of revised NHS 111 Commissioning Standards. • Address fragmentation and nomenclature of UEC services. Implement standardised system wide metrics, supported by academic partners to ensure rigour and benefits realisation. • Ensure consistent delivery of High Impact Interventions by SRGs. • Deliver improved intelligence and modelling via the 'flight deck'. • Undertake baseline assessment to inform proposed new costing models and agree scenarios for shadow monitoring.
Self-Care	• Promote self-care for minor ailments and self-management for long term conditions through the development of online health tools, initially focusing on parents of children under 5 years.
Primary Care	• Increase direct booking into GP appointments, in and out of hours, to 50% of practices. • Standardise minor ailment schemes in pharmacies.
Integration	• Expand the Directory of Services (DoS) to include social care. • Implement information sharing between providers, allowing analysis of pathways and outcomes, by linking NHS identifiers from 111, 999, A&E and admission data. This will inform future pathway changes and payment reform. • Enhance Summary Care Records in association with HSCIC.
Out of Hospital	• Implement 24/7 early clinical assessment of green ambulance and ED dispositions. • Implement 24/7 senior clinical decision Support through an enhanced clinical hub, accessible by 111/999 and external clinicians, including GPs, pharmacists, mental health, dental and social care professionals. • Improve See & Treat and Hear & Treat. • Enhance mental health integration through rollout of 24/7 triage services, psychiatric liaison, 7 day MH consultant working and 7 day street triage with mobile access to health records.

10.2 Logic model - Vanguards are required to develop an overarching logic model that describes a high level process for identifying key inputs, activities and resources that can be robustly evaluated and will ultimately deliver the NE UEC vision. The logic model will support the development of the more detailed value proposition. A series of workshops are being held to develop the logic model.

10.3 Value proposition - The first of two value propositions was submitted on the 30th November. The submission identified the high level key deliverables that will be achieved by 31st March 2016. The value proposition identifies the

investment needed to deliver key actions and is the route to the release of transformation funding. The national team are in the process of developing a support package, which should be available by the end of November. The second more detailed value proposition will identify the deliverables for 16/17. A series of workshops have been scheduled to progress the logic models which in turn will inform the value proposition. A draft value proposition will be submitted on the 8th of January.

10.4 It was agreed that a Vanguard Programme Board would be established and that all provider organisations would have a nominated representative. The first Board was convened on the 16th of December 2015. The work stream leads will progress the 15/16 schemes within each work stream. Highlight reports will be presented to the Strategic Network group with regular briefs to all stakeholders.

11.0 RECOMMENDATIONS

11.1 Health and Wellbeing Board members are requested to note the update.

12.0 REASONS FOR RECOMMENDATIONS

12.1 To ensure that Health and Wellbeing Board members are kept appraised of progress and actions undertaken.

13.0 BACKGROUND PAPERS

13.1 Not applicable

14.0 CONTACT OFFICER

Karen Hawkins
Associate Director of Commissioning and Delivery
NHS Hartlepool and Stockton-on-Tees CCG
01642 745126

HEALTH AND WELLBEING BOARD

19 January 2016

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

Subject: INTEGRATED URGENT CARE UPDATE (DECEMBER 2015)

1. PURPOSE OF REPORT

1.1 The purpose of this paper is to provide the Health and Wellbeing Board members with an update on NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) development of an Integrated Urgent Care Service (IUCS) and an outline of next steps.

2. BACKGROUND

2.1 A paper was previously presented to the Health and Wellbeing Board in June 2015, outlining the CCGs expectations to award and commence a new contract for an IUCS in October 2016. To ensure delivery of the timeframe and to enable a service to commence in October 2016, the CCG would be required to commence procurement on 5th January 2016 in order to meet the agreed procurement timetable and offer time for service mobilisation.

2.3 The CCG was required, following receipt of correspondence from NHS England (NHSE) in June of 2015 (Gateway 03568), to 'pause' any procurement in relation to urgent care services. This was to allow receipt of the publication of the NHSE Commissioning Standards for Integrated Urgent Care which would outline the expected standards to be delivered in any new model of care. It was therefore expected that changes would be required to specifications in response to the publication to any procurements underway or in development.

2.4 Whilst awaiting the publication of the commissioning standards the CCG identified a number of additional developments described in section 3 that would impact on the original procurement timescales and which posed a risk to the CCG progressing within the timescale to commence procurement on the 5th January 2016.

2.5 Following receipt of the standards and upon identification of the number of developments outlined in section 3 the CCG Governing Body determined a

required extension of timescales for procurement was required. The impact of this decision being that the IUCS will now commence in April 2017, six months later than originally intended.

3. UPDATE

Outlined below are factors that have been considered by the CCG Governing Body in relation to the extension of the procurement timescales;

Commissioning Standards

3.1 The CCG received the Commissioning Standards on 15th October 2015 and undertook a gap analysis to ascertain what impact the standards would have on the specification already developed.

3.2 This impact assessment identified the need to revise the service specification, financial model, quality outcomes and activity assumptions made previously.

Vanguard

3.3 The CCGs across the North East have been successful in being awarded accelerator site status to be a vanguard to deliver regionally the national recommendations of the Urgent and Emergency Care review. The CCG are impact assessing the schemes that are proposed for the vanguard to be progressed to ensure that they are aligned with local urgent care plans.

3.4 The timescales for submission of the value proposition bid for the 16/17 vanguard schemes to NHSE is not expected to be complete until February therefore the CCG would be unable to consider the impact of the regional vanguard within the current procurement timescales.

3.5 Further work will be required in order to determine what the impact of the vanguard model will have on the specification/model of care locally. This will not be clear until mid-February when the outcome of the 16/17 value proposition is shared and understood.

3.6 It is likely that upon reviewing the vanguard there may be a requirement to revise the current service specification, financial model, quality outcomes and activity assumptions.

Hartlepool Plan

3.7 The development of a community Health and Social Care Plan for Hartlepool is underway; the CCG will need to ensure stakeholder, patient and public feedback is incorporated in the new model of IUCS where appropriate. The public meeting is being held on 14th January 2016 in relation to urgent care, therefore procuring within the original timescales would not enable any findings from the meeting to be incorporated within the IUCS model.

Collaboration with other CCGs

3.8 The CCG is required by NHSE to widen the unit of planning footprint to ensure a strategic approach to transformational change. The CCG is therefore expected to collaborate on a wider footprint.

3.9 Discussions have commenced with neighbouring CCGs who are also considering their urgent care models following receipt of the commissioning standards.

3.10 The CCG will therefore be required to work collaboratively with other commissioners (South Tees CCG/DDES CCG) to determine any commonalities and efficiencies that could be delivered in working in partnership to procure on a wider footprint. This will be determined in early February.

Workforce implications

3.11 The CCG currently commission's the GP Out of Hours service (GP OOH) with South Tees CCG. There is a need to ensure alignment of commissioning timescales as by commissioning a new service at a differing timescale to that of South Tees CCG, this would pose a risk on the current workforce with the potential of destabilizing the wider service in light of the local and national shortage of GPs to fulfill additional OOH roles.

3.12 The BMA general practitioners committee (GPC) and NHS Employers on behalf of NHS England are currently in the process of negotiating GP contracts which we expect will not be concluded until February or March 2016. The implications of this may be the consideration of a change to existing core services which would need to be considered as any change may then impact upon the specification and financial assumptions for the new IUCS model of delivery.

NHS England Dental Review

3.13 NHS England is currently undertaking a review of "urgent" dental provision, which is due to span a staged approach over three years. Discussions are therefore being undertaken with NHSE to determine the impact of initial findings of the review on the IUCS model in the short term for the specification, activity assumptions and finances.

NHS Planning Guidance

3.14 In order to advise on the delivery of the NHS Five Year Forward View, NHS planning guidance for 2016/17 – 2020/21 was received on 22nd December 2015 and will need to be reviewed and impact assessed by the CCG in order to determine any changes that may be required to our current specification/model of care.

4. SUMMARY

4.1 Due to all of the factors outlined above, a paper was presented to the CCG Governing Body recommending an extension to the original procurement timeframe. The extension was sought to ensure that the CCG had duly considered the appropriate risks of the factors outlined and had the timeframe in which to make any amendments to the procurement documents where any changes may be required.

4.2 The intention is still to undertaken a procurement for an IUCS during 2016/17, it is now not expected that the new service will commence until 1st April 2017, adding an additional six months to the original procurement timeframe.

5. RECOMMENDATIONS

5.1 Health and Wellbeing Board Members are requested to note the update.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure that Health and Wellbeing Board members are kept appraised of progress and actions undertaken in order to deliver our agreed joint vision.

7. CONTACT OFFICER

Karen Hawkins
Associate Director of Commissioning and Delivery
NHS Hartlepool and Stockton-on-Tees CCG
01642 745126

HEALTH AND WELLBEING BOARD

January 2015

Report of: HealthWatch Hartlepool

Subject: HEALTHWATCH HARTLEPOOL ASYLUM SEEKER AND REFUGEE HEALTH CONSULTATION REPORT

1. PURPOSE OF REPORT

1.1 To inform the Health & Wellbeing Board of the outcomes of the recent Health focused consultation events undertaken by Healthwatch Hartlepool with the town's asylum seeker and refugee community.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 The asylum seeker and refugee consultation was included in the 2015/16 work programme of Healthwatch Hartlepool as a result of some concerns raised with us regarding access to and provision of health related services to members of this community.

3. PROPOSALS

3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those

views known to those involved in the commissioning, provision and scrutiny of health and social care services.

- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).
- This report will be made available to all partner organisations and will be available to the wider public through the Healthwatch Hartlepool web site.

4. EQUALITY & DIVERSITY CONSIDERATIONS

4.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board note the contents the HealthWatch Hartlepool Asylum Seeker and Refugee Consultation Report and consideration is given to recommendations contained within.

6. REASONS FOR RECOMMENDATIONS

6.1 The recommendations are based on findings from the consultation events and subsequent discussions.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

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Healthwatch Hartlepool Asylum Seeker and Refugee Consultation

November 2015

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the Report

1. Background

1.1 Healthwatch Hartlepool has a key role to play in ensuring that all local communities receive the best possible health and social care services. To this end we work closely with local people, patients, service users, carers, community groups, organisations, service providers and commissioners in order to improve services today and also to shape and influence services to meet the needs of the communities of tomorrow.

1.2 To this end, we are keen to ensure that all communities have a voice regarding their health and social care needs and welcomed the opportunity to work with the Regional Refugee Forum North East who work to ensure that the collective voice of local Refugee-led Community Organisations (RCO's) is heard by decision makers.

1.3 On the 7th September 2015 an event was held at St Joseph's Parish Hall, Hartlepool. The session, which was jointly organised and run by staff from the Regional Refugee Forum and Healthwatch Hartlepool, aimed to gather experiences from members of the local refugee and asylum seeker communities of the town of health and social care provision.

1.4 Fifteen refugees/asylum seekers attended the event, originating form five different countries; Iran, Zimbabwe, Nigeria, Sri Lanka and Pakistan. Participants worked in small facilitated groups in which guided discussions covered issues such as mental health issues, G.P services and general wellbeing.

1.5 This report summarises the key points and issues which were raised during the course of these discussions and identifies several key areas for future development and consideration by partner service provider and commissioning organisations.

2. Findings

2.1 Mental Health

2.1.1 Mental health is widely accepted as being a major issue for asylum seekers and refugees. Our findings during the course of our discussion highlighted and reinforced this belief with a range of mental health related issues identified.

2.1.2 A significant proportion of those seeking asylum have experienced horrific events and circumstances, which can have long lasting emotional and psychological impacts. Examples were given of the consequences this can have on both children and adults and of difficulties experienced in accessing support for post-traumatic stress related disorders.

2.1.3 The use of the term "mental health" can be a barrier as many refugees and asylum seekers have cultural backgrounds and beliefs which attach stigma to this term. Also, there is often little awareness of Improving Access to Psychological Therapy Services (IAPT) and publication of such services via leaflets and other written formats is not effective, particularly when understanding of English language is limited.

2.1.4 Specific examples were also highlighted in which children had been very traumatised by their experiences and families had struggled to access the necessary child psychological services through either schools, social workers or G.P surgeries.

2.1.5 Participants also highlighted the anxiety and stress which asylum seekers suffer whilst their case is being considered and the possibility of deportation hangs over them. This period of waiting can be long and impacts on individual mental wellbeing. During this period asylum seekers are subject to strict regulations, are not permitted to work and have very limited income and resources.

2.1.6 Participants reported mixed experiences with G.P's, some saying they were extremely sensitive to their circumstances and needs whilst others reported problematic relationships in which communication was difficult and interpretation services problematic. In particular, G.P attitudes to mental health and use of

culturally insensitive terminology could lead to mistrust and reluctance to enter treatment.

2.1.7 As mentioned above, a low level of awareness was reported regarding social prescribing and little seems to be done to explain what this involves and the benefits they can have as an alternative to anti-depressant medication.

2.1.8 Adjusting to a radically different society with different value structures and social norms, coupled with restrictions on the ability to work can have significant impact on self esteem and wellbeing, particularly amongst men from cultures in which they have had a prominent position in households. This in turn can lead to or exacerbate existing mental wellbeing issues.

2.2 Communication and Information

2.2.1 As has been mentioned above communication and information can be a major barrier to asylum seekers and refugees being able to access health care. Understanding of written and spoken English can be very poor and over reliance on written formats is therefore problematic.

2.2.2 Participants also referred to a lack of availability of interpreting services and in some instances problems with the interpreter. Concerns were raised about occasions when factors such as dialects, conflicts in countries of origin and cultural sensitivities have impacted upon the service provided by interpreters.

2.2.3 The sheer complexity of health structures and how our health systems operate also caused confusion and could act as a barrier to health care, particularly on occasions when time had not been taken to explain the basics of accessing and obtaining health services.

2.2.4 Currently all failed asylum Seekers can access free primary care at G.P's and A&E services. However, secondary care can be chargeable (although treatment for communicable diseases is free) and information on what care is available is not always made clear.

2.2.5 Information flows as described by participants seem to be inconsistent, with reports that asylum seekers had "stumbled across" health related information rather than receiving it in a planned and considered manner. This

would appear to be particularly so with regard to primary care services. No formal information dissemination processes from Hartlepool and Stockton CCG (HAST CCG) to asylum seeker and refugee communities in Hartlepool exist.

2.3 Healthy Living

2.3.1 Numerous participants reported significant difficulties in maintaining a healthy lifestyle particularly in relation to diet and exercise.

2.3.2 Asylum seekers have a budget of £5 per day with which to feed and clothe themselves. Outlets at which vouchers can be used are limited and very often food products and types are very different from those they are used to. Subsequently some participants reported significant weight gain due to high content of fats and sugar in their new diet and lack of awareness of the unhealthy nature of certain food types.

2.3.3 Lack of opportunities to take exercise were also mentioned. The use of gyms, swimming pools and other leisure activities were generally not possible due to the cost entailed and cultural sensitivities. Attempts to set up a gym by the Asylum Seeker and Refugee Group have so far been unsuccessful.

2.3.4 Suggestions were made that greater access to exercise would help with mental wellbeing as well as physical fitness.

2.4 Other Issues

2.4.1 Issues around quality and condition of housing were raised by a number of participants. These included poor decoration and furnishings and some problems with interpretation and liaison services between Jomast and tenants.

2.4.2 Housing arrangements for asylum seekers are managed through the National Asylum Seeker Contract which is overseen by the Home Office. This channels all asylum seekers who are seeking leave to stay in the UK, through its contract with G4S, the housing provider for this in Hartlepool is however Jomast via a subcontracting arrangement with G4S.

2.4.3 Some families also reported difficulties in accessing relevant support for children who were in need of specific courses of treatment for medical condition.

These problems could be exacerbated by the financial constraints placed on families by Home Office regulations and proximity of schools to home, G.P surgeries and treatment centres.

3. Conclusions

3.1 Our findings clearly show that there is a lack of clear information and guidance for members of the asylum seeker and refugee community in Hartlepool around the availability of and entitlement to health care. Health structures and provision are complex, as are the national regulations which govern this area, but it clear from our consultation that significant improvement is needed.

3.2 Mental health is clearly a major area of concern. Cultural sensitivities and stigma can be a barrier to both adults and children accessing treatment and pathways in to services can be confusing and unclear. Language difficulties, inconsistency in GP patient experience and lack of awareness of psychological therapies can also be barriers which prevent access to appropriate care.

3.3 The trauma, upheaval and shock which is part and parcel of the lives of refugees and asylum seekers impacts deeply on family wellbeing and lifestyles. This can in turn effect have hugely detrimental effects on physical and mental health and personal and family life.

3.4 Translation and interpretation services are often key to individuals and families being able to access information around health care, housing, education and a host of other issues. Sensitive and skilled translation and interpretation services are key but it would appear that on occasions the skills of interpreters are questionable and regional/dialect variations can cause problems.

4. Recommendations

4.1 There must be a coordinated and concerted effort to ensure that access to culturally sensitive mental health services is improved for those requiring support within the asylum seeker and refugee community in Hartlepool. This must include the development of a more joined-up approach to care and support

provision between all provider agencies and more effective communication and sensitivity to the needs of this community.

4.2 HAST CCG, as a matter of urgency should seek to improve information dissemination and communication with asylum seeker and refugee communities in Hartlepool and ensure that individuals and families are aware of health related service and how to access them.

4.3 Attention must be given to improving methods of engagement with asylum seekers and refugees, including translation and interpreting services, by all agencies involved in the provision of health services to which this community are entitled.

4.4 Hartlepool Borough Council and HAST CCG should engage with representatives of the asylum seeker and refugee communities in Hartlepool to find ways of promoting healthier lifestyles (e.g diet and exercise) within and beyond the community.

5. Acknowledgements

5.1 Healthwatch Hartlepool would like to thank the Regional Refugee Forum and Hartlepool Refugee and Asylum Seeker Group for their help and assistance in gathering the information contained in this report.

Stephen Thomas
Healthwatch Development Officer