HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 17 October 2016

at 10.00am

in Council Chamber
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Clark and Thomas.
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Timlin 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) – Dr Butler
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Colin Martin
Representative of Cleveland Police, Temporary Assistant Chief Constable Ciaron Irvine

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant

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 19 September 2016.

   3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 28 June 2016.

4. **ITEMS FOR CONSIDERATION**

4.1 'Hartlepool Matters' - *Independent Chair*

4.2 Better Care Fund; 2016/17 Q1 Return – *Director of Child and Adult Services*

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

Date of next meeting – 14th November 2016 at 10.00 a.m. in the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

19 September 2016

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

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Bob Buchan, Alan Clark and Stephen Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Karen Hawkins (as substitute for Alison Wilson)
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Lynn Allison (as substitute for Margaret Wrenn)

Other Members:
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner (as substitute for David Brown)

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Tennant

Also in attendance:-
Corinne Walsh, Project Lead, North of Tees Dementia Collaborative
Judy Gray, Healthwatch

Hartlepool Borough Council Officers:
Nicole Ahmed, Public Health Registrar
Chris Allan, Public Health Registrar
Jacqui Braithwaite, Principal Educational Psychologist
Steven Carter, Health Improvement Practitioner
Rachel Smith, Strategic Commissioner
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

10. Apologies for Absence

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson
Representative of the NHS England – Dr Butler
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine

11. Declarations of interest by Members

None

12. Minutes

(i) The minutes of the meeting held on 13th June 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 23 February 2016 were received.

With regard to matters arising from the minutes, the Board received the following updates:-

Minute 3 – Introduction to new GP Federation – The Board was advised that whilst work was ongoing to make the necessary changes to the Board's Terms of Reference, an invitation had been extended to Dr Williams to attend future meetings of the Board to participate in discussions.

Minute 6 – Sustainability and Transformation Plan – a letter had been sent to NHS England articulating the concerns which had been expressed by the Board, a copy of which was tabled at the Board meeting.

13. Director of Public Health Annual Report 2015/16 (*Director of Public Health*)

The Director of Public Health Annual Report for 2015/16 had been circulated. The report had been presented to full Council in September 2016 at which time ward profiles had been distributed to all Elected Members.

The Board was reminded that the requirement for the Director of Public Health to write an Annual Report on the health status of the town and the Local Authority duty to publish it was specified in the Health and Social Care Act 2012. Understanding need was the theme of the Director's third Annual Report for 2015-2016. The Annual report considered need and illustrated how needs were 'measured' using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities. Given the complexity of assessing the needs of the whole

population, the JSNA presented issues under 4 key themes as set out in the report. Some of the key data contained in the full JSNA was presented in the report under the themed headings supported by short pieces of narrative.

The Board was advised that the intention of each section in the report was to provide an illustration of what was known about the population groups in each theme. The narrative was intended to highlight where there had been successes in addressing needs or outstanding issues requiring collective action. The case studies included in the report attempted to provide a snap shot of evidence of new approaches being taken to address some of the needs identified through the joint strategic needs assessment process.

Members complimented the Director for the comprehensive report .However, a request was made that future annual reports include a statistical breakdown of data relation to the 65 years and over age group.

Decision

That the report is noted and that appreciation is recorded for the work undertaken by the Director of Public Health and her team.

14. Update on Healthy Weight Strategy (*Director of Public Health*)

Further to minute 60 of the meeting held on 14th March 2016, the Board received a presentation which provided a summary of the progress made over the previous 12 months and highlighted some key actions and future steps over the following 12-36 months.

The Strategy's Action Plan was appended to the report and had been updated to reflect progress against the various strategic themes. The Board received a presentation by the Health Improvement Practitioner which highlighted the tangible benefits, one year on from the adoption of the Strategy with particular reference to FiiT Hart outcomes, next steps and the 'Holiday Hunger' pilot scheme. Key targets for March 2017 were highlighted as follows:-

- Continue to increase referrals into FiiT Hart, Health Trainers and GP exercise on prescription (including development of new obesity pathway with HAST CCG)
- Greater control over the proliferation of A5 Hot Food Take Away outlets as part of the Hartlepool Local Plan
- Re-launch of the POWeR online weight reduction app
- Alignment of strategic focus towards actions within the national Childhood Obesity plan

The Board was reminded that on 18 August 2016, the government had published 'Childhood Obesity: A Plan for Action', which aimed to reduce England's rate of childhood obesity within the next 10 years. Within the plan, the government had outlined a range of national measures and initiatives to

tackle the obesity epidemic as set out in the report. Board Members were reassured to note that the Hartlepool Healthy Weight Strategy had actions and objectives that aligned closely with each of the national objectives. It was hoped that in the coming years there would be increased support and a national focus around each of the topics that would enable Hartlepool to address the issues more effectively at a local level.

Concerns were expressed that there was limited national focus or support around restrictions on fast food advertising or greater sanctions on manufacturers and retailers of these products. Concern was expressed also in relation to food labelling issues and fast food advertising on bus tickets which the Director of Public Heath agreed to consider. The Health Improvement Practitioner recognised issues highlighted by Board Members and referred to the introduction of policy through the Council's emerging Local Plan which would impose restrictions on space allocated for take away establishments. It was highlighted, however, that further initiatives were required at a regional and national level to have an impact on issues locally associated with other outlets.

Board Members paid tribute to the holiday hunger scheme which had received positive feedback and appreciation was expressed to all those that had been involved in the scheme. It was noted that the scheme had highlighted the level of family poverty in the town.

Reference was made to local stores where promotions applied to snacks and sugary drinks. The Board agreed with a proposal made by an Elected Member that it would be beneficial if this Board forwarded a letter to local supermarkets seeking their support, with particular reference to co-op stores. Reference was made also to the successful contribution of the Council's Sports and Recreation Team, with reference to free swim and other successful initiatives. During the debate, concerns were expressed in relation to the length of school meal times mitigating against healthier eating and the number of school children who visited fast food outlets on a lunch time. It was suggested that the concerns be referred to the Children's Services Committee and also to ward councillors, as appropriate.

The Chair of the Board highlighted the need for an evaluation through the budget process, in order that the investment in the childhood obesity initiative could continue and potentially administered through the Children's hub.

Decision

(i) The Board noted the progress to date of implementing the Healthy Weight Strategy and future strategic direction.

(ii) The Board agreed that a letter be forwarded to local supermarkets, with particular reference to Co-Op stores.

15. CAMHS Transformation Locality Plan - Update (*Director of Child and Adult Services*)

On 5th October 2015, a report had been presented to Health and Wellbeing Board outlining the national drive to improve the mental health and emotional wellbeing of children and young people through the implementation of the recommendations detailed in 'Future in Mind'. As part of this process, the Hartlepool CAMHS Transformation Locality Plan had been developed and approved by Children's Services Committee and noted by the Health and Wellbeing Board and Children's Strategic Partnership. The plan had been subsequently submitted to NHS England to go through the formal quality assurance process. Ratification for the plan had been received at the end of 2015, and funding had been released to the Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group in early 2016. A Multi Agency Implementation Group (MAIG) had been established to regularly monitor and review progress made against the actions identified in the plan. Quarterly reports were submitted by the MAIG to the CCG as part of the ongoing quality assurance processes. An updated plan is required by October 2016 by NHS England to secure further funding.

There had been four Local Priorities identified in the plan specifically for Hartlepool. The following priorities were set out in the report including details of work that had been undertaken to date;

- Coordination of the emotional wellbeing offer to children and young people and their families/carers
- Improvement of prevention programmes which impact positively on children and young people's emotional health and wellbeing
- Improve early intervention programmes which impact on children and young people's emotional health and wellbeing
- Improve the mental health of the following priority groups of children and young people; Looked after children, children and young people with a learning disability, young offenders

Board Members discussed links with domestic violence and how that issue linked to the Strategy. The Chair advised the Board that the Safer Hartlepool Partnership had undertaken consultation in relation to the Domestic Abuse Strategy and invited the Multi agency group to prepare a response to feed into the Domestic Abuse Strategy.

During the discussion, issues associated with bereavement and links to mental health were highlighted. It was noted that the Better Childhood Programme had highlighted a number of children who had been affected by bereavement. The availability of specialist bereavement services at Hartlepool and District Hospice were highlighted. Board Members discussed the promotion of services including informing General Practitioners and inclusion in the Family Services Directory website.

Decision

The report was noted and appreciation was expressed of the comprehensive update provided to the Board.

16. Presentation – North of Tees Dementia Collaborative: End of Year Three Report

The Board received a presentation by Corinne Walsh, Project Lead, North of Tees Dementia Collaborative which provided details of agreed priorities for year 4 together with Year 3 achievements for the Collaborative.

The Project Lead responded to clarification sought regarding engagement with young people in terms of initiatives involving the Council's Sports and Recreation Team and involvement of schools. Suggestions were made by Board Members of additional initiatives to further engage young people.

One of the initiatives completed in Year 3 had been 'Smarter Homes'. The Chair highlighted a link to the Council's emerging Local Plan and suggested contact be made with Stockton Borough Council for information on the Dementia Friendly Design/Stockton Smarter Homes project.

Decision

The presentation was noted and appreciation was expressed for the informative presentation.

17. 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.

18. Delayed Transfers of Care Reporting

The Director of Child and Adult Services reported that, on 22 August 2016, the Directors of Adult Social Services in Hartlepool, Stockton and Durham had received notification from North Tees and Hartlepool NHS Foundation Trust that it was the intention of the Trust to review the way in which monthly delayed transfers of care is reported on situation reports.

The Board was advised that NHS England had informed the Trust that further to the revision of the guidance in October 2015, the guidance had not been appropriately applied. It was intended therefore to change the method of reporting delayed transfers of care. The Director highlighted that the changes

would affect performance metrics for the Local Authorities. A response had been sent to the Trust requesting further discussion, prior to implementation.

The Chair of the Board advised that it had been intended to implement the changes from 1st September. The Board agreed to refer the issue to the Council's Audit and Governance Committee.

Decision

(i) The issue was referred to the Audit and Governance Committee.
(ii) The Board agreed that a further letter should be sent to North Tees and Hartlepool NHS Foundation Trust to inform the Trust that the issue had been referred to the Audit and Governance Committee.

Prior to closing the meeting, the Chair highlighted that the next meeting of the Board was scheduled for 17th October and would be followed by a Development Session for Board Members.

Meeting concluded at 11.15 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

28 JUNE 2016

The meeting commenced at 4.15 pm in the Civic Centre, Hartlepool

Present:

Councillor Alan Clark (In the Chair)

Also present: Councillor Lesley Hamilton
Danielle Swainston, Assistant Director, Children's Services
Louise Wallace, Director of Public Health
Ali Wilson, Chief Officer, Hartlepool and Stockton Clinical Commissioning Group
Dave Wise, Voluntary and Community Sector (WVARC)
John Hardy, Headteacher Representative Primary Sector
Claire Naylor, Job Centre Plus
Dave Pickard, Joint Chair, Hartlepool Safeguarding Children Board
Jack Palmer, Young Peoples Representative
Abby Wallace, Young Peoples Representative
Callum Reed, Young Peoples Representative
Lauren Howells, Young Peoples Representative

Officers: Helen White, Participation Manager
Lindsay Hildreth, 8-19 Activities Contract Manager
David Cosgrove, Democratic Services Board

1. Apologies for Absence

Sally Robinson, Director of Child and Adult Services
Mark Patton, Assistant Director, Education
Barbara Gill, Durham Tees Valley Probation Trust
Chris Davies, CAMHS, Tees, Esk and Wear Valleys NHS Trust
Kay Glew, Housing Hartlepool
Darren Hankey, Headteacher Representative, Post 16 Education

2. Declarations of Interest

None.

3. Appointment of Vice-Chair

The appointment of a vice-chair was deferred to the next meeting.

4. Minutes of the meeting held on 23 February, 2016

Confirmed.

5. Delivering Differently (*Assistant Director, Children's Services*)

The Assistant Director, Children's Services gave a presentation to the Partnership updating members on the progress of Delivering Differently, the government's programme for local authorities to rethink the way services were provided to young people aged 13 to 19.

Hartlepool had been successful in gaining funding from the Cabinet Office to support this work and subsequently Metavalue were appointed as consultants to undertake an independent options appraisal. Metavalue were asked by the Children and Young People's entitlement group to develop a recommendation on a preferred model, taking into account current provision and with acknowledgement of associated risk and opportunities for all partners.

The report from Metavalue recognised that within the Consortium and the council youth service team there was a diversity of services, strong links with the local community and the opportunity for collaboration. However, despite the desire to develop co-working, apply for new funding opportunities together and develop a network to share information and resources, there was not much evidence of this being achieved. There was recognition of common challenges with reducing public funding, however, there was no clear strategy to mitigate against the impact. It was also noted that a lack of trust was a key barrier to collaborative working.

The basic principles of collaboration were agreed in a joint workshop and these were; equitable, financially stable, needs based, integrated, clearly defined roles and scope of service delivery and autonomy. The options considered for the future service were –

- A Traditional Council Youth Service without commissioned services, though on a reduced budget due to the financial pressures facing the local authority.
- A Public Sector Mutual – this has been used in other areas but does require a lot of up front funding.
- A 'back the winner' approach – the group that gets the most financial support from external sources effectively gets all the services.
- Develop the current consortium – similar to the back the winner approach as there would need to be a 'lead' group.
- An independent Young People's Foundation.

The favoured approach was to establish a Young People's Foundation which would operate as a charity and would be a membership based organisation. There was the potential of support from the John Lyon's Foundation for the development of the Young People's Foundation. The

John Lyon's Foundation was currently funding foundations in London and had developed a network of funders. The Assistant Director stressed that any proposed new approach would need to go through the appropriate decision making processes and would need to be sustainable; it would be insufficient to have a one-year plan for funding.

In looking at the strengths of the proposed model, those present made the following comments –

- Being independent of statutory organisations would give access to new funding streams.
- The organisations strength would come through its membership but that membership had to work closely.
- It probably wouldn't cost independent / voluntary organisations anywhere near as much to provide the same levels of services the local authority provided.
- There were a lot of people in the community with experience of running / being involved with youth services. At one point in time there had been over 460 separate organisations working with children in Hartlepool.
- One 'foundation' would bring focus to the services and groups in the town.
- 'Backing the winner' as an opening approach to developing the foundation may be valuable. The sharing of the expertise in bringing in funds would be key to others taking part.
- There was an opportunity to bring new groups and external bodies into Hartlepool.
- There were great opportunities for training and getting young people involved in volunteering and/or running groups.
- With local authority support the current consortium could be developed to provide the basis of a future foundation.

In examining the weaknesses, those present highlighted the following issues –

- Having to raise funds to initially keep the organisations staff in place did not seem to be a good starting point.
- The local authority would not be there to pick up any shortfall; there simply would not be funds available.
- There were lots of groups out there working with children and young people; there would need to be some rationalisation / amalgamations and not all organisations would want to be involved.
- Trust issues could be a significant hurdle.
- The timetable was extremely tight.
- Decisions needed to be taken swiftly, particularly relating to the age range of young people the foundation would be aimed at. If 13-19 that would rule out the participation of a number of groups. The Cabinet Office specified 13-19 but there were a number of groups that worked right across the age range of children and young people.
- The Council may have to provide some 'kick start' funding to get the

foundation going. That would have to taper quickly both to allow the foundation to stand on its own two feet but also to remove the local authority's 'limiting' factor from some external bodies.
- If the foundation collapsed, Hartlepool could be left without any organised or coordinated services to young people aged 13-19.
- If one group was chosen over others to be the initial 'front runner' there could be jealousy issues with other groups.

The Assistant Director stated that Metavalue were meeting with children and young people's groups across the town to discuss the potential of a foundation and how they would see it working. A report would be submitted to the next meeting of the partnership.

The Chair thanked everyone for an interesting debate on the potential of the foundation and considered that in going forward any proposals had to be supported by those groups out there already providing some of these services as they could be asked to 'step up' considerably under any new arrangement.

Decision

That the discussions be noted.

6. Better Childhood Programme (*Assistant Director, Children's Services*)

The Assistant Director, Children's Services gave a presentation to the Partnership updating members on the Better Childhood Programme.

The multi-agency Children's Hub was now live and involved dedicated staff from Hartlepool and Stockton Councils, Cleveland Police, North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Trust. It was early days but the Hub had been visited by Ofsted when they were inspecting Stockton's Children's Services and the feedback had been positive. All children's safeguarding issues now went through the Hub.

Following the award of the Transformation Challenge Award iMPOWER had been appointed to support the development of a programme and had completed the research and design phases and were now in the implementation phase. The agreed option was four locality teams made up initially of health visitors, social workers, community nursery nurses, staff nurses, school nurses, family support workers and PCSOs. The Assistant Director commented that the involvement of the PCSOs was a very welcome addition. PSCOs would be on secondment to the team for two days each week.

Two localities would be managed by health managers and two localities would be managed by social work managers. The implementation date was 1st August 2016.

The Assistant Director outlined the visions and obsessions for the new service and how the approach would be implemented and measured. There would be an intervention based practice 'owned' by the workforce in the teams that would look to supporting families through providing the help they needed and assistance in developing their own resilience to future events.

In discussion it was commented that there were lots of good services in place already with statistical support to verify their effectiveness; the wheel didn't need reinventing. There were also issues that did need to be addressed. CAMHS had a great track record but it took a long time to get referred into the service. The new service would need indicators that tracked the improvements it aimed to achieve. There was already a lot of data gathered but the effectiveness of some of it had to be questioned; was it fit for purpose.

The Chief Officer of the CCG commented that what impact the new approach would have had to be measured. There were lots of measures already gathered but the 'additionality' the new approach brought would have to be filtered out from that. The Assistant Director commented that the new approach would look to families being allocated one key worker who would coordinate all the service into that family. This could mean a health worker being lead on the direction of social services. This would be new to all involved and how the individual silos were broken down would be key to the long term success of this approach. In terms of some of the data gathering it was hoped that there would be a reduction in duplication.

The Chair welcomed the update report and commended the officers involved in the implementation of the new working practices.

Decision

That the discussions be noted.

7. Any Other Items which the Chairman Considers are Urgent

There were no items of business the Chairman considered urgent.

8. Future Meeting Dates

The Partnership noted that the future meeting dates would be –

Tuesday 27 September 2016
Tuesday 13 December 2016
Tuesday 14 March 2017.

The Chair commented that future meetings would commence at 4.15 pm to allow time for school representatives to attend. The Chair also indicated that future meetings would be held at other venues around the town.

The meeting concluded at 5.15 pm.

CHAIR

HEALTH AND WELLBEING BOARD

17 October 2016

Report of: Professor David Colin-Thomé - Independent Chair

Subject: 'HARTLEPOOL MATTERS' REPORT

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1. PURPOSE OF REPORT

1.1 To present the 'Hartlepool Matters' Report to the Health and Wellbeing Board.

2. BACKGROUND

2.1 Hartlepool Borough Council on the 12th March 2015 resolved that a Working Group be established, in partnership with NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG). The purpose of the Working Group being to identify health and social care planning priorities, to inform the development of a Plan for the delivery of integrated health and social care services across Hartlepool, including the University Hospital of Hartlepool (UHH) site.

2.2 In recognition of the importance of having in place an independent Chair for the Working Group, Full Council approved my appointment on the 6th August 2015.

2.3 The Working Group met on five occasions, between October 2015 and March 2016, with each meeting exploring an agreed theme. Evidence presented, and issues raised during the course of the meetings, resulted in the formulation of my report, entitled 'Hartlepool's Matters'. A copy of my report will be available on the Council's web site and copies will be made available at the meeting.

3. RECOMMENDATIONS

3.1 That:-

i) The report entitled 'Hartlepool Matters' be received and its recommendations referred to Full Council, and Hartlepool and Stockton on Tees Clinical Commissioning Group's Governing Body, for approval;

ii) An action plan be formulated, in partnership with the CCG, for the implementation of the report's recommendations and an Implementation Group created; and

iii) The implementation of the report's recommendations, and progress against the Action Plan, be monitored through the Health and Wellbeing Board.

5. BACKGROUND PAPERS

Agenda and papers for the meetings of Full Council Committee on the:

- 12th March 2015
- 25 June 2015
- 6th August 2015

Local Health and Social Care Plan Working Group:

- Agendas; and
- Presentations.

6. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
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HEALTH AND WELLBEING BOARD

17 October 2016

Report of: Director of Child & Adult Services

Subject: BETTER CARE FUND: 2016/17 Q1 RETURN

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1. PURPOSE OF REPORT

1.1 To present to the Health and Wellbeing Board the 2016/17 Q4 BCF return.

2. BACKGROUND

2.1 The Better Care Fund has six National Conditions that need to be met in order for the pooled money to be accessed. These are:

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

2.2 There are five national performance measures associated with the BCF:

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

2.3 BCF plans are also required to include one locally determined performance measure. The agreed local measure for Hartlepool is the estimated diagnosis rate for people with dementia.

2.4 BCF plans are required to demonstrate achievement of the national conditions, and to set targets to improve performance against the national and locally determined measures. Performance against these conditions and targets is monitored nationally by NHS England.

3. BCF Q4 RETURN & PERFORMANCE DATA

3.1 BCF performance reports were submitted to NHS England on a quarterly basis throughout 2015/16 and the requirement for quarterly submissions has been maintained for 2016/17. The deadline for submission of the Q1 return (covering the period April – June 2016) was 9 September 2016.

3.2 The 2016/17 Q1 return is attached at **Appendix 1** and indicates that all national conditions are being achieved.

3.3 In relation to performance measures:

Permanent Admissions to Residential and Nursing Care Homes
The target for 2015/16 was achieved, with the number of admissions significantly reduced when compared to the previous twelve months. This reduction is partly attributable to the range of alternatives to residential care that have been developed over recent years and which are now supported, or have been further enhanced, through the Better Care Fund. These services include low level support, telecare, reablement, extra care and housing related support, as well as support for carers to maintain their caring role.

It should be noted though, that the reduction achieved was also affected by an unusually high number of admissions to residential care in 2015/16 of people who fund their own care and do not receive support from the Council. This factor is very volatile and it is not possible to forecast with accuracy the proportion of admissions of this nature for future years.

On this basis the target set for 2016/17 is challenging, in that it represents a further reduction when compared to the 2015/16 target, but realistic in that no assumption has been made that the unusually high proportion of people who fund their own care will be replicated in 2016/17.

Q1 data for 2016/17 indicates that admissions have increased when compared to the same period last year, so it should be noted that the 2016/17 target will not be achieved if this trend continues throughout the year.

This is a measure that is very closely monitored by the Council on a monthly basis, and any changes to trends will be highlighted and examined.

Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services
There was a slight reduction in the percentage of people still at home 91 days after discharge from hospital to reablement / rehabilitation services in 2015/16, compared with the previous year.

It is recognised that, on reflection, the target of 89.2% was very challenging and potentially unrealistic in the context of the very complex needs of many people who are discharged from hospital into these services.

It should be noted that this measure of how effective reablement services are only considers a subset of all people who access reablement services, with many people accessing the service from the community as a preventative measure. Local measures indicate that 583 reablement packages were started in 2015/16 with 78.4% of people having no ongoing social care needs following provision of a completed reablement package and 91.5% of reablement goals achieved at the end of a period of reablement.

The target set for 2016/17 demonstrates ambition to improve on performance in 2015/16, while also being realistic about what is achievable for this client group. Data for Q1 of 2016/17 records performance at 70% against a target for the year of 83.1% (13.1% below target). Further analysis is being undertaken to understand the reasons for this decrease, and to track outcomes for people who are not still at home after 91 days (which may be due to readmission to hospital, admission to a care home or death). This work will also review whether the data is appropriately capturing those people with reablement potential on discharge from hospital.

<u>Delayed transfers of care (DToC) from hospital per 100,000 population (days delayed)</u>
The planned target for Q1 of 342.4 days was not achieved and actual performance was 1174.9. Compared to the same period in 2015/16, this is showing a +116.6% increase. In terms of provider level split, year to date, 92% of delays are from North Tees and Hartlepool Foundation Trust. Total delays from this Trust April-July are 1198 days. Of these delays, 55% is due to nursing bed availability and 28% due to family/patient choice.

<u>Total non-elective admissions into hospital per 100,000 population</u>
When comparing the first quarter of 16/17 to the first quarter of 2015/16, there has been a 13.6% increase in non-elective admissions, going from 2,769 in 15/16 to 3,147 in 16/17.

The greatest increase is in Ambulatory Care accounting for almost 50% of the increase and the increase is across all age bands. 0-19 year olds shows a 41% increase, 19-64 year olds a 39% increase and over 65 year olds a 30% increase. Further detailed analysis is to be carried out to understand the impact of the increase in activity.

<u>Estimated diagnosis rate for people with dementia</u>
The target for 2016/17 is 76.13%. The latest position (Jul 16) shows 75.96% which is under target by -0.17%.

3.4 Local performance indicators are also used to evidence impact of the BCF.

3.4.1 Use of Assistive Technology

Investment in assistive technology in Hartlepool has enabled the number of people receiving support to grow on an annual basis for the last five years with over 2,100 people using assistive technology at the end of September 2015. Investment in different forms of technology has enabled the service to support a wide range of people including adults with learning and physical disabilities and people with dementia, as well as being available to all over 75s and a feature of extra care schemes. Feedback from people accessing the service is positive, and the service is an essential part of the wider strategy to support people to stay independent in their own homes for as long as possible. BCF funding has been identified to sustain and further expand the service, which will include exploring how telehealth can be better utilised. The table below demonstrates the uptake in assistive technology by Hartlepool residents.

Time Period	**Number of clients accessing assistive technology**
2012/13	1,102
2013/14	1,615
2014/15	1,970
2015/16	2,173
2016/17Q1	2,346

3.4.2 Support for Carers

It is recognised that carer breakdown can be a factor in hospital admissions and care home admissions, and evidence suggests that providing carers with support enables them to continue in their caring role for longer, preventing the need for more intensive and costly health and social care interventions. BCF funding is used to fund carers support services, including Direct Payments that provide carers with a break from their caring role. The table below identifies the proportion of carers who have received support.

Time Period	**Proportion of carers receiving assessment / information & advice / carers services**
2012/13	40.1%
2013/14	65.1%
2014/15	64.3%
2015/16	85.4%

The table below identifies the proportion of carers being supported by a Direct Payment (this indicator was introduced in the Adult Social Care Outcomes Framework in 2014/15 so data is not available prior to that date).

Time Period	**Proportion of carers receiving a Direct Payment**
2014/15	65.3%
2015/16	68.6%
2016/17 Q1	81.4%

3.4.3 Effectiveness of Reablement Services

Regional measures have been developed to measure the effectiveness of reablement services, including a measure of the proportion of reablement goals achieved at the end of a period of reablement.

Time Period	**Proportion of reablement goals achieved at the end of a period of reablement**
2014/15	87%
2015/16	91.5%
2016/17 Q1	92.5%

3.4.4 Overall satisfaction of people who use services with their care and support

The recent annual national survey of people who use adult social care services demonstrates that overall satisfaction of people using adult social care in Hartlepool has increased.

Time Period	**Overall satisfaction of people who use service with their care and support**
2014/15	64.6%
2015/16	67.9%

4. BCF PLANS FOR 2016/17

4.1 Plans for 2016/17 aim to build on achievements in 2015/16, with a particular focus on admission prevention and closer working with primary care, and are summarised in **Appendix 2**.

4.2 Work is underway to review services that are currently funded by the BCF and to clarify their impact. Further information will be reported to the Health & Wellbeing Board along with the Q2 return in January 2017.

5. RISK IMPLICATIONS

5.1 A risk register was completed as part of the original BCF plan with mitigating actions identified and this was updated for the 2016/17 plan.

6. FINANCIAL CONSIDERATIONS

6.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board.

6.2 The BCF Pooled Budget was fully committed in 2015/16 with slippage used to support one off pressures in adult social care and Disabled Facilities Grants.

6.3 Plans have been agreed that fully commit the budget for 2016/17 and the budget will continue to be monitored throughout the year by the Pooled Budget Partnership Board.

7. LEGAL CONSIDERATIONS

7.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement. Section 75 of the National Health Service Act 2006 gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority and NHS functions.

7.2 A Section 75 Partnership Agreement was in place for 2015/16 and a new agreement has been signed for 2016/17, in line with the national requirement to have this in place by 30 June 2016.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 None identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 None identified.

10. STAFF CONSIDERATIONS

10.1 No staff considerations identified.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 No asset management considerations identified.

12. RECOMMENDATION

12.1 It is recommended that the Health and Wellbeing Board notes the 2016/17 Q1 return, which was submitted on behalf of the Health and Wellbeing Board using delegated authority as agreed previously.

13. REASONS FOR RECOMMENDATION

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

14. CONTACT OFFICER

Jill Harrison
Assistant Director - Adult Services
Tel: (01429) 523911
E-mail: jill.harrison@hartlepool.gov.uk

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 9th September 2016.

The BCF Q1 Data Collection

This Excel data collection template for Q1 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care.
7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

Have the funds been pooled via a s.75 pooled budget?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned income into the pooled fund for each quarter of the 2016-17 financial year
Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 2016-17
Planned expenditure from the pooled fund for each quarter of the 2016-17 financial year
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q1 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 /Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q1 16/17.

Better Care Fund Template Q1 2016/17

Data Collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Have funds been pooled via a S.75 pooled budget? If no, date provided?
Yes

3. National Conditions

			7 day services		Data sharing							
	1) Are the plans still jointly agreed?	2) Maintain provision of social care services	3i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	3ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	4i) Is the NHS Number being used as the consistent identifier for health and social care services?	4ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	4iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	4iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	5) Is there a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	6) Is there agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	7) Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care	8) Agreement on local action plan to reduce delayed transfers of care (DTOC), including a locally agreed target
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Income to	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes			
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Expenditure From	Plan	Yes	Yes	Yes	Yes
	Forecast	Yes	Yes	Yes	Yes
	Actual	Yes			
	Please comment if there is a difference between the annual totals and the pooled fund	Yes			
Commentary on progress against financial plan:		Yes			

5. Supporting Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
NEA	Yes	Yes	Yes
DTOC	Yes	Yes	Yes
Local performance metric	Yes	Yes	Yes
If no metric, please specify		Yes	Yes
Patient experience metric	Yes	Yes	Yes
Admissions to residential care	Yes	Yes	Yes
Reablement	Yes	Yes	Yes

6. Additional Measures

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?
Yes

Total number of PHBs in place at the end of the quarter
Yes
Number of new PHBs put in place during the quarter
Yes
Number of existing PHBs stopped during the quarter
Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)
Yes

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?
Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?
Yes

7. Narrative

Brief Narrative	Yes

Cover

Q1 2016/17

Health and Well Being Board	**Hartlepool**
completed by:	Jill Harrison
E-Mail:	jill.harrison@hartlepool.gov.uk
Contact Number:	01429 523911
Who has signed off the report on behalf of the Health and Well Being Board:	Cllr Christopher Akers-Belcher (Chair)

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	**5**
2. Budget Arrangements	**2**
3. National Conditions	**36**
4. I&E	**21**
5. Supporting Metrics	**13**
6. Additional Measures	**67**
7. Narrative	**1**

Budget Arrangements

Selected Health and Well Being Board:	Hartlepool

Have the funds been pooled via a s.75 pooled budget?	Yes
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

National Conditions

Selected Health and Well Being Board: Hartlepool

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?

Condition (please refer to the detailed definition below)	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes		
2) Maintain provision of social care services	Yes		
3) In respect of 7 Day Services - please confirm:			
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes		
4) In respect of Data Sharing - please confirm:			
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes		
7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan	Yes		

National conditions - detailed definitions

The BCF policy framework for 2016-17 and BCF planning guidance sets out eight national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with health and social care providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. Furthermore, there should be joint agreement across commissioners and providers as to how the Better Care Fund will contribute to a longer term strategic plan. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences. The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

2) Maintain provision of social care services

Local areas must include an explanation of how local adult social care services will continue to be supported within their plans in a manner consistent with 2015-16.

The definition of support should be agreed locally. As a minimum, it should maintain in real terms the level of protection as provided through the mandated minimum element of local Better Care Fund agreements of 2015-16. This reflects the real terms increase in the Better Care Fund.

In setting the level of protection for social care localities should be mindful to ensure that any change does not destabilise the local social and health care system as a whole. This will be assessed compared to 2015-16 figures through the regional assurance process.

It should also be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

Local areas are asked to confirm how their plans will provide 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care in order:

• To prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week;
• To support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care. If they are not able to provide such plans, they must explain why.

The 10 clinical standards developed by the NHS Services, Seven Days a Week Forum represent, as a whole, best practice for quality care on every day of the week and provide a useful reference for commissioners (https://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf).
By 2020 all hospital in-patients admitted through urgent and emergency routes in England will have access to services which comply with at least 4 of these standards on every day of the week, namely Standards 2, 5, 6 and 8. For the Better Care Fund, particular consideration should be given to whether progress is being made against Standard 9. This standard highlights the role of support services in the provision of the next steps in a person's care pathway following admission to hospital, as determined by the daily consultant-led review, and the importance of effective relationships between medical and other health and social care teams.

4) Better data sharing between health and social care, based on the NHS number

The appropriate and lawful sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a consistent identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:
• confirm that they are using the NHS Number as the consistent identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls (https://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf; and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when they plan for it to be in place.
• ensure that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights. In line with the recommendations from the National Data Guardian review.

The Information Governance Alliance (IGA) is a group of national health and care organisations (including the Department of Health, NHS England, Public Health England and the Health and Social Care Information Centre) working together to provide a joined up and consistent approach to information governance and provide access to a central repository guidance on data access issues for the health and care system. See - http://systems.hscic.gov.uk/infogov/iga

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and named care coordinator, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by care coordinators, for example dementia advisors.

6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The impact of local plans should be agreed with relevant health and social care providers. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. This should complement the planning guidance issued to NHS organisations.

There is agreement that there is much more to be done to ensure mental and physical health are considered equal and better integrated with one another, as well as with other services such as social care. Plans should therefore give due regard to this.

7) Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

Local areas should agree how they will use their share of the £1 billion that had previously been used to create the payment for performance fund.

This should be achieved in one of the following ways:

- To fund NHS commissioned out-of-hospital services, which may include a wide range of services including social care, as part of their agreed Better Care Fund plan; or

- Local areas can choose to put an appropriate proportion of their share of the £1bn into a local risk-sharing agreement as part of contingency planning in the event of excess activity, with the balance spent on NHS commissioned out-of-hospital services, which may include a wide range of services including social care (local areas should seek, as a minimum, to maintain provision of NHS commissioned out of hospital services in a manner consistent with 15-16);

This condition replaces the Payment for Performance scheme included in the 2015-16 Better Care Fund framework.

8) Agreement on local action plan to reduce delayed transfers of care (DTOC)

Given the unacceptable high levels of DTOC currently, the Government is exploring what further action should be taken to address the issue.

As part of this work, under the Better Care Fund, each local area is to develop a local action plan for managing DTOC, including a locally agreed target.

All local areas need to establish their own stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the same as the national performance metric (average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month.

As part of this plan, we want local areas to consider the use of local risk sharing agreements with respect to DTOC, with clear reference to existing guidance and flexibilities. This will be particularly relevant in areas where levels of DTOC are high and rising.

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the DTOC issue.

We would expect plans to:

• Set out clear lines of responsibility, accountabilities, and measures of assurance and monitoring;
• Take account of national guidance, particularly the NHS High Impact Interventions for Urgent and Emergency Care, the NHS England Monthly Delayed Transfers of Care Situation Reports Definition and Guidance, and best practice with regards to reducing DTOC from LGA and ADASS;
• Demonstrate how activities across the whole patient pathway can support improved patient flow and DTOC performance, specifically around admissions avoidance;
• Demonstrate consideration to how all available community capacity within local geographies can be effectively utilised to support safe and effective discharge, with a shared approach to monitoring this capacity;
• Demonstrate how CCGs and Local Authorities are working collaboratively to support sustainable local provider markets, build the right capacity for the needs of the local population, and support the health and care workforce - ideally through joint commissioning and workforce strategies;
• Demonstrate engagement with the independent and voluntary sector providers.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Hartlepool

Income

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,537,906	£1,674,842	£1,674,842	£1,674,842	£7,562,432	£7,562,432
	Forecast	£2,537,906	£1,674,842	£1,674,842	£1,674,842	£7,562,432	
	Actual*	£2,537,906					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast							

Expenditure

Q1 2016/17 Amended Data:

		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Total BCF pooled budget for 2016-17 (Rounded)
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£1,890,608	£1,890,608	£1,890,608	£1,890,608	£7,562,432	£7,562,432
	Forecast	£1,890,608	£1,890,608	£1,890,608	£1,890,608	£7,562,432	
	Actual*	£1,767,000					
Please comment if one of the following applies: - There is a difference between the planned / forecasted annual totals and the pooled fund - The Q1 actual differs from the Q1 plan and / or Q1 forecast		The variance mainly relates to the Disabled Facility Grant capital expenditure which was forecast to spend equally across the year. The grant is fully committed however owing to timing issues and the nature of capital expenditure the phasing will be for expenditure to be incurred later in the year than originally forecast.					
Commentary on progress against financial plan:		The BCF allocation is fully committed in 2016/17 and will be fully spent by the end of the financial year.					

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB and has been rounded to the nearest whole number.

National and locally defined metrics

Selected Health and Well Being Board: Hartlepool

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	When comparing the first quarter of 16/17 to the the first quarter of 15/16, there has been a 13.6% increase in non elective admissions, going from 2,769 in 15/16 to 3,147 in 16/17. The greatest increase is in Ambulatory Care accounting for almost 50% of the increase and the increase is across all the age bands. 0-19 year olds 41% increase, 19-64 year olds 39% increase and over 65 year olds 30% increase. Further detailed analysis is to be

Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	When comparing the first quarter of 16/17 to the the first quarter of 15/16, there has been an increase of 480 delayed days, which is 127% increase. A Steering Group and Operational Group has been established to specifically look at delayed transfers of care and the development of an Integrated Discharge to Assess Pathway.

Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework 2.6.i)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	N/A

Local defined patient experience metric as described in your approved BCF plan	Aggregate of 3 Measures (percentage): Measure 1 - ASCOF 3A: Overall satisfaction of people who use services with their care and support. Measure 2 - ASCOF 3B: Overall satisfaction of carers with social services. Measure 3 - Percentage of patients responding 'very good' or 'fairly good' out of the total patients responding to
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	N/A

Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Latest available information indicates that this taget is being achieved.

Additional Measures

Selected Health and Well Being Board: Hartlepool

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Hospital	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Shared via interim solution
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Not currently shared digitally	Shared via interim solution
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution
From Specialised Palliative	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	In development	In development	In development	In development	In development
Projected 'go-live' date (dd/mm/yy)		01/04/17	01/04/17	01/04/17	01/04/17	01/04/17

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot commissioned and planning in progress

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	48
Rate per 100,000 population	52

Number of new PHBs put in place during the quarter	7
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	54%

Population (Mid 2016)	92,899

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - in some parts of Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - in some parts of Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Q4 15/16 population figures onwards have been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board: Hartlepool

Remaining Characters	30,678

Please provide a brief narrative on overall progress, reflecting on performance in Q1 16/17. Please also make reference to performance across any other relevant areas that are not directly reported on within this template.

Summary of progress as reported to the last North of Tees Partnership Board (August 2016):

• Daily Discharge Planning Meetings continue with representatives from across health and social care working closely to support coordinated discharge of patients across and ensure reduced likelihood of bottle necking within the system.

• HBC has altered staff working patterns to make Saturday and bank holiday cover a permanent arrangement to help facilitate discharges from hospital. Discharge Liaison Team pilot has now been completed and consultation undertaken with staff. DLT will recommence 6 day working at end of August.

• Additional posts recruited within social care to facilitate the smooth handover of rapid response cases into social care (as per enhancement of EIS model). New cases handed over after 1 September will be transferred withinan agreed timesale with RRN team identifying priority cases via DDPMs.

• Proposal has been developed by CCG regarding education and training for care homes, which will be considered by the PBPB in September.

• 2016/17 BCF plan submitted and approved.

• Service reviews undertaken for all services funded from BCF pooled budget in 2015/16 to demonstrate impact.

• Community based model to support risk stratification and care coordination around GP practices is being progressed.

• Meeting arranged with COPD services focused on admission avoidance.

• HBC falls prevention service linked with early intervention model based at UHH.

• Home from hospital proposal has been developed by the CCG with a local provider for consideration by the PBPB in September.

• Meeting arranged to look at integrated SPA options across Stockton and Hartlepool.

• HBC has commissioned a befriending network, outside of BCF, to support the aim of reducing social isolation.

• Early feedback from iMPOWER work indicates that preventative services are generally effective, with some opportunities to reshape and better target the prevention offer.

BCF PLANS – 2016/17

(*Extract from BCF Plan for 2016/17)*

Plans for 2016/17 build on what has been achieved in 2016/17 and aim to further integrate services across health and social care, as well as strengthening links with primary care and increasing the focus on prevention of avoidable admissions.

Priorities for 2016/17 have been identified as follows:

Enhancement of Early Intervention Model (EIM)

The current Early Intervention Model will be further enhanced from April 2016 with an increased focus on prevention of hospital / care home admissions through proactive partnership working between health and social care services. These new pathways of care will ensure service users are supported in the right setting, by the right service at the right time.

Throughout 2016/17 the BCF Project Team including commissioners and stakeholders will work to develop admission avoidance pathways wrapped around GP practices linked to the 2% Direct Enhanced Service (DES) and frailty registers. This model will involve health and social care working closely with primary care to determine if further services are required to support people to safely remain at home during a health exacerbation or increased social care need.

This new model will support multidisciplinary meetings within GP Practices supported by health and social care professionals, to better understand the current provision that supports an individual and where this can be enhanced to prevent the individual from needing an avoidable admission, either to a care home or hospital. It is envisaged that these meetings will also identify who is the most appropriate professional to support the individual from a care co-ordination perspective.

Implementation of this approach aims to reduce demand on primary care as well as preventing avoidable admissions to hospital or residential care, by targeting resources effectively and offering a more co-ordinated and targeted package of support to the individual.

Falls Prevention Service

The Falls Prevention Service commissioned by Public Health has been remodelled and is now provided by Hartlepool Borough Council as part of the wider prevention focused Early Intervention Model.

A dedicated team, co-located with the Single Point of Access for NHS Community Services, will undertake screening of all people identified as being at risk of a fall, with the aim of intervening early and preventing avoidable hospital admissions. As the service develops, it is intended that every person known to social care has a falls prevention plan, along with anyone known to health services that would benefit from a falls prevention plan being in place. The service will also support those who have had a fall and may be at risk of future falls.

The service will offer proactive education and training to professionals within the community who are likely to refer into the service, providing information, advice and guidance with the aim of limiting the number of older people requiring a hospital admission post fall and supporting professionals, where appropriate, to provide interventions themselves without the need for another professional team to become involved, which reduces duplication.

The Falls Prevention Service will work closely with the low level services commissioned through the BCF to ensure that interventions take into account identification and reduction of falls risks, for example through links with the Handyperson Service, and will also work closely with residential care homes to ensure staff have the key skills required to reduce risk of falls in care home settings.

Information about the service is available through is Hartlepool Now and a self assessment tool is being developed to allow people to generate their own falls prevention plans where they are able to do so.

Within the 2015/16 BCF plan the need to grow and expand the Telecare service was identified and use of assistive technology remains a key tool in keeping people at home safely with reduced likelihood of hospital or care home admissions. The Falls Prevention Service has been closely aligned to the Telecare service ensuring that access to a free assistive technology service is offered as part of the falls prevention plan.

The Falls Prevention Service also offers 6 week falls prevention clinics for members of the public, providing information and advice on reducing the likelihood of a fall, along with exercise based intervention to improve functional ability and core stability.

<u>Work with Cleveland Fire Brigade</u>
Work is underway with Cleveland Fire Brigade to understand how their contacts with older people in the community can be maximised. The Fire Brigade has a rolling programme of Fire Safety Checks for older people that are targeted initially at areas of deprivation and will be rolled out across all areas over time.

Close working relationships between the Fire Brigade and Adult Services have developed over a number of years with well established systems in place for the Fire Brigade to raise safeguarding alerts and tackle issues of fuel poverty and winter warmth, and it has recently been identified that there are further opportunities for joint working. Fire Safety Checks provide a real opportunity for information to be gathered and shared with other statutory services that will support older people to stay safe, well and independent in their own homes as well as being a way of reaching out to older people to provide them with advice and information.

A range of issues have been identified which will be built in to a low level assessment / checklist that the Fire Brigade will complete with an individual. This includes:

- Identifying older people who are socially isolated or lonely, who can then be signposted to services such as social activities, befriending or luncheon clubs.
- Basic screening questions in relation to meal preparation, shopping and weight loss that could identify is a person is at risk of nutritional decline.

- Basic screening questions in relation to financial worries which could lead to signposting to maximise benefits.
- Identifying environmental issues that could lead to falls risks, such as poor lighting and loose carpets which can be addressed by the Handyperson Service.
- Highlighting housing issues that may include an inability to maintain the property or hoarding issues which could result in the person being supported to better understand the range of housing options available.

In addition to gathering information, the Fire Brigade will be able to signpost people to support available in their community through use of the Hartlepool Now app, which will be loaded on their tablet devices. Social care staff will train the Fire Brigade on how to use the app and how to support people to navigate through the various options. If a person is identified as having needs that cannot be met by low level services or existing community resources, the Fire Brigade will be able to make a referral to the Early Intervention Service for further support, initially through reablement and potentially through a full social care assessment if required.

Establish a Befriending Network

The 2015/16 BCF Plan includes a commitment to 'help identify and combat social isolation, as a major influence on overall health and wellbeing'. There are a number of services already in place which aim to help tackle the issue of social isolation (such as luncheon clubs) but these services primarily support people who already have some identified social care needs. There is a gap in services in Hartlepool in relation to befriending for people who may be socially isolated and at risk of developing health and social care needs, or who are not currently in contact with services. Befriending services have been piloted in neighbouring authorities and have demonstrated positive outcomes within a short space of time.

Befriending services have long been viewed as a way of supporting older people to remain living in their own homes for much longer due to increased social contact and additional support with simple tasks around their home. Befriending also helps to reduce loneliness and isolation, which can lead to deterioration in mental well-being. Historically, there have been suggestions that there are people who consider going into residential care because they find it overwhelming to have to deal with their post and daily affairs alone. Therefore, with a small amount of input from a befriender they can be helped to manage living independently for much longer. In addition, GPs have commented that loneliness and isolation can affect an individual's health and hasten the need for hospital or residential care admission, whereas knowing that they will have a regular visitor can improve their mental well-being and give them something to look forward to each week.

Typically, a client will first register an interest in a befriending scheme during a conversation with staff and details of the client's present situation and befriending needs will be gathered and assessed by the Befriending Co-ordinator. Following the initial contact, the aim is to match the older person with a suitable volunteer once one becomes available. Once a volunteer is identified, an introductory visit is then facilitated by the Befriending Co-ordinator which introduces the volunteer to the client in an informal way, usually in the client's home. If it is agreeable to both parties that the befriending continues another meeting will be scheduled the following week until the volunteer's DBS check has been cleared. The introductory process is designed

to guide the volunteer and client through the befriending aims and objectives and to allow a friendship to begin before the handover takes place. Once the DBS clearance has been received it is up to the client and volunteer to agree a regular time for the befriending to take place.

Outcomes achieved include:

- Enabling people to stay within their own homes for longer;
- Reducing social isolation;
- Reducing dependency on services;
- Increase confidence;
- Get more people volunteering, including older people;
- Create social networks;
- Reduce hospital admissions.

A Befriending Network will be commissioned by the Council during 2016/17, initially on a 12 month basis to assess effectiveness and evaluate outcomes.