AUDIT AND GOVERNANCE COMMITTEE AGENDA

Thursday 20 October 2016

at 10.00 am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors S Akers-Belcher, Belcher, Cook, Hamilton, Harrison, Martin-Wells and Tennant.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.
Local Police Representative: Chief Superintendent Gordon Lang.

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 22 September 2016 *(to follow)*.

4. **AUDIT ITEMS**

   No items.

5. **STATUTORY SCRUTINY ITEMS**

   Health

   5.1 Referral from the Health and Wellbeing Board – Review of NHS England Guidance – Monitoring Delayed Transfers of Care - *(Scrutiny Manager) (to follow)*

   5.2 Scoping Report – Mortality – *Scrutiny Manager (to follow)*

   5.3 Obesity in Hartlepool – *Director of Public Health*

Crime and Disorder

5.4 Presentation - Welfare Check Requests and Restraint within Health Settings – *Inspector Nick Edgar, Cleveland Police*

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

6.1 Minutes of the meeting held on 13 June 2016.

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

7.1 Minutes of the meeting held on 25 July and 5 September 2016.

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

No items.

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

9.1 Minutes of the meeting held on 17 June 2016.

10. **REGIONAL HEALTH SCRUTINY UPDATE**

10.1 Minutes of the North East Joint Health Scrutiny Committee held on 6 January 2016.

11. **LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006**

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006.

12. **STANDARDS ITEMS**

12.1 Consideration of Investigation Report – SC03/2016 – *Chief Solicitor and Monitoring Officer (para 1) (to follow)*

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

ITEMS FOR INFORMATION

Date of next meeting – Thursday 17 November 2016 at 10.00 am in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

22 September 2016

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

Present:

Councillor: Ray Martin-Wells (In the Chair)

Councillors: Stephen Akers-Belcher, Rob Cook, Lesley Hamilton and John Tennant

Parish Council Representative:
Roderick Thompson, Elwick Parish Council

Also Present: Christopher Akers-Belcher and Stephen Thomas, Healthwatch
Councillors Allan Barclay, Paul Beck, Bob Buchan, Brenda Loynes and Jim Lindridge
Mark Kirkham and Catherine Andrew, Mazars
Karen Hawkins, Sue Greaves, Sam Harrison, Hartlepool and Stockton Clinical Commissioning Group
Wendy Stephens, NHS England
Elizabeth Carroll, Chair of Patient Participation Group
Dr Carl Parker, Victoria Medical Practice

Officers: Chris Little, Chief Finance Officer
Noel Adamson, Head of Audit and Governance
Sandra Shears, Head of Finance (Corporate)
Joan Stevens, Scrutiny Manager
Laura Stones, Scrutiny Support Officer
Angela Armstrong, Principal Democratic Services Officer

46. Apologies for Absence

Apologies for absence were received from Councillors Sandra Belcher and Brenda Harrison and Norman Rollo and Clare Wilson, Independent Persons.

47. Declarations of Interest

Councillors Stephen Akers-Belcher, Paul Beck, Bob Buchan and Jim Lindridge declared personal interests in minute 55.

Later in the meeting Stephen Thomas, Healthwatch also declared a

personal interest in minute 55.

48. Minutes of the meeting held on 1 September 2016

Confirmed.

49. Local Audit and Accountability Act Update (*Chief Finance Officer*)

At the meeting of the Audit and Governance Committee on 28 April 2016 Members gave their support to the Council becoming an "opted in" Authority. The Local Government Association (LGA) has successfully lobbied for the Local Audit and Accountability Act to include provision for the establishment of a sector-led body called Public Sector Audit Appointments Ltd (PSAA). PSAA had subsequently produced a prospectus detailing how it would operate the national scheme for appointing auditors in principal authorities. As part of the prospectus, the PSAA had asked six feedback questions in order to gain authorities' views on its proposals and the questions and suggested responses from this Local Authority were included in the report.

Recommended

(i) The Audit and Governance Committee reiterated its support to the Council becoming an "opted in" Authority giving a firm commitment to PSAA that the Council will join the scheme during autumn 2016. As this decision cannot be delegated, a report from the Audit and Governance Committee recommending Council approval to be presented to the Full Council meeting on 27 October 2016.
(ii) The response to the feedback questions posed by PSAA detailed in the report were endorsed.
(iii) It was noted that further updates would be submitted on the implementation of arrangements to comply with the Local Audit and Accountability Act.

50. Internal Audit Plan 2016/17 Update (*Head of Audit and Governance)*

The report enabled Members to consider the issues within the report in relation to their role in respect of the Council's governance arrangements. The report included further information on the assurance placed on those audits completed with more detail regarding each audit, the risks identified and action plans agreed as shown in Appendix A. Also included within the report were details of the audits that were ongoing at the time of compiling the report.

The Chair commended Officers for the review undertaken on the use of Local Authority mobile phones which had lead to a reduction in cost to less

than £10 per mobile phone per month with unlimited usage, this had resulted in significant savings for the Local Authority.

Recommended

The contents of the report were noted.

51. The 2015/16 Financial Report (Including the 2015/16 Statement of Accounts) (*Chief Finance Officer*)

At the meeting of the Audit and Governance Committee on 14 July 2016 the Committee considered the draft accounts with the final accounts needing approval by 30 September 2016. The Audit Completion Report completed by Mazars was attached at Appendix A for Members' consideration before approving the Statement of Accounts. The Completion report included the identified misstatements which management had adjusted as a result of the audit. The representative from Mazars informed the Committee that assurance had been received from the audit undertaken of Teesside Pension Fund. Further details were provided from the Appendix on the Significant Findings in section 3, the Summary of Mis-Statements in section 5 and the Value for Money in section 6. The report advised Members that Mazars had issued an unqualified opinion on the Financial Report.

Recommended

(i) The adjustments to the financial statements set out in Section 5 of Mazars' Audit Completion Report under Summary of Mis-Statements and Disclosure amendments were noted.
(ii) It was approved that the Chair would sign the Letter of Representation attached at Appendix B.
(iii) The final 2015/16 Statement of Accounts attached at Appendix C were approved.

52. Investigation into Access to Transport for People with a Disability – Draft Final Report (*Scrutiny Manager)*

The report presented the findings of the Committee following its investigation into Access to Transport for People with a Disability. The overall aim of the investigation had been to review the transport provision in Hartlepool for people with a disability to ensure that Hartlepool Borough Council was working within the principles of the Equality Act 2010. A summary of the methods of investigation was outlined in the report which also provided comprehensive detail on the findings. The conclusions of the investigation were listed in the report.

It was highlighted that there was already a policy in place to ensure all returned taxi licences were reallocated to wheelchair accessible vehicles. It

was therefore suggested that recommendation G be removed from the report.

It was noted that the draft final report would be submitted to the Adult Services Committee on 3 November.

Recommended

The key recommendations of the Committee be submitted to the Adult Services Committee on 3 November 2016 as outlined below:-

Travel Club

(a) That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disabilities to access, as and when required, with a detailed exploration of the following areas:-

(i) Identification of the actual number of people affected;

(ii) Membership fees for those wishing to access the service (exploring whether it could be funded from direct payments, independent living / mobility payments);

(iii) Funding from Ward Member Budgets, the Clinical Commissioning Group and North Tees and Hartlepool Foundation Trust to help towards the running of the service; and

(iv) The use of volunteer drivers.

(b) That the potential of accessing / expanding existing charity run schemes in the region be explored.

Health Services

(c) As part of the review of transport services at North Tees and Hartlepool Foundation Trust:-

(i) A request be made to provide a hospital shuttle bus that was wheelchair accessible and can be used at all times including peak periods; and

(ii) Explore whether this service could be included in a wider partnership scheme, such as the travel club.

(d) Examine whether a pre-bookable service could be put in place to provide transport to GP / hospital / dental appointments which is co-ordinated and booked by the health service, when appointments were made.

(e) In relation to the Patient Transport Service, ensure that the assessment criteria includes arrangements for carers to travel with patients and that this was implemented on all journeys when needed.

Licensing

(f) Explore the potential of any financially viable options for drivers and taxi companies to provide wheelchair accessible transport along with the potential of any available funding streams.

53. Urgent Care - Update (*Hartlepool and Stockton NHS Clinical Commissioning Group)*

The representative from Hartlepool and Stockton NHS Clinical Commissioning Group (CCG) outlined the background to the proposals. Members were informed that on 26 June 2016, the CCG Governing Body considered the premises options available to them for both Hartlepool and Stockton on Tees. The two available options for Hartlepool were the One Life Centre or the University Hospital of Hartlepool. The Governing Body considered the clinical, financial and estates implications and agreed that the Integrated Urgent Care Services (IUCS) should be based on the site of the University Hospital of Hartlepool. Further details were provided on the objectives of the IUCS which included a GP led service provision 24 hours a day, seven days a week, 365 days a year including bank holidays and public holidays. The procurement timeline was outlined in the report with the aim of a service start date of 1 April 2017. The Committee was reassured that there were no plans to close the One Life Centre as there were a number of other services which would continue to operate from that site. It was suggested that the potential to change the name of the Centre be explored as the One Life was currently associated with disappointment by the people of Hartlepool.

A discussion ensued on the fact that the IUCS would be GP led. The representative from the CCG confirmed that despite the relocation of the service, there would be no reduction in the urgent care service with a number of models being explored for procurement to ensure a multitude of professionals with the most appropriate mix of skills and qualifications would be providing the service. One of the key aims of this relocation was to provide an enhanced service by bringing all services together and avoiding any confusion.

The Chair suggested that the signage at the University Hospital of Hartlepool be amended to include that Urgent Care provision was available on that site and that further promotion be undertaken to clarify the level of service provided and where. It was suggested that Hartbeat could be utilised for this purpose.

In response to a question the representative from the CCG confirmed that discussions on the proposed changes had taken place with the North East Ambulance Service.

Recommended

The updated provided was noted.

54. Regional Health Scrutiny Update

The Chair referred to the last meeting of the Better Health Programme Board which was held in September 2016 where the Strategic Transformation Programme (STP) was discussed. Concern was expressed at that meeting that the STP did not appear to have a scrutiny element in place, however it was noted that should it be necessary, either the Better Health Programme Joint Scrutiny Committee or the North East Joint Health Scrutiny Committee would hold the STP to account.

Recommended

The update provided was noted.

55. Fens, Hartfields and Wynyard Road Medical Practices - Consultation (*Hartlepool and Stockton NHS Clinical Commissioning Group*)

The representative from Hartlepool and Stockton on Tees NHS Clinical Commissioning Group (CCG) provided a detailed and comprehensive presentation including the background to the proposals and the engagement exercises undertaken. The following feedback was given from the engagement exercises:

- Patients valued how close their practice was to where they live;
- Most patients travel less than 15 minutes to their practice – either walking or by car;
- Preferred opening times of practice is 8am – 6pm Monday to Friday;
- The quality of care patients receive was important to them;
- Patients registered with the Fens thought practice location was as important as the quality of care they receive; and
- Patients wanted to see the same doctor or nurse as much as possible.

Members were informed that consultation options were being developed which would be evaluated against the criteria of availability, affordability, sustainability and supporting the CCG strategy.

The Manager of Healthwatch informed the Committee that as an organisation, they expressed concerns in relation to the cost envelope for the provision of the future delivery of these services. Representatives from Healthwatch had attended all engagement events and had been disappointed with the poor attendance and concerns had been expressed

that the database utilised to invite participants to these events had been out of date. Clarification was sought on why the option for one provider across all three sites had not been included as an option. The Healthwatch Manager indicated that the above was the initial feedback from the organisation and that formal feedback would be forwarded to the Chair and the representatives of the CCG.

In response to the query relating to the cost envelope for the provision of these services in the future, the representative from the CCG confirmed that the cost for GP surgeries was set nationally at £80.50 per patient per year. This was to ensure equity across all GP surgeries.

A Ward Councillor referred to the approach taken by the campaign groups and local Councillors which had worked really well with the feedback being clear, that the tendering of all three services should be procured together as one package. The representative from the CCG confirmed that the option of one provider across all three sites had been explored and was deemed not viable going forward as this would be difficult to sustain and would have resulted in a failed procurement exercise as had happened previously. It was also recognised that there was a limited workforce in Hartlepool to ensure three separate practices were appropriately staffed at all times. Concern was expressed that this option had not been included as there were serious health inequalities across these three practice areas.

Clarification was sought on the cost of this and the previous exercise undertaken on the future of these three GP practices including the staffing element. The representative from the CCG indicated that the costing information would be provided to the Committee adding that patient engagement and consultation was a statutory function of the CCG and therefore included within the annual budget.

The Chair questioned what would happen in the event of a failed procurement exercise. The representative from the CCG indicated that a managed transfer of patients or dispersal of patient lists would need to be carried out, however this would not be undertaken lightly and should be avoided at all costs. The challenges of undertaking this option were highlighted with the key challenge being to ensure patients had continuing care.

The Chair of the Patient Participation Group (PPG) asked the Committee to seek assurance that all elements of the statutory consultation process had been undertaken as the main concerns of the PPG had been the spirit of engagement during this process, the lack of openness and transparency and that the process was purely finance driven. Concern was expressed that the PPG had not been included in the consultation process and it was suggested that the Committee explore the possibility of referring the lack of engagement to the Secretary of State for Health. The Chair indicated that the requirement for a referral to the Secretary of State was that a decision had been taken and this had not occurred as yet.

A Ward Councillor confirmed he had attended many of the engagement events and had concluded that this appeared to be a cost-cutting exercise and that there was a lack of openness and transparency during the engagement events. It was highlighted that patients wanted to see three surgeries remain open as they considered that location was a key aspect. In addition, concern was expressed at the increasing pressure that would inevitably be put onto GPs who were being asked to increase their patient lists should the number of practices reduce. The representative from the CCG expressed disappointment that patients did not consider the engagement process open and transparent and indicated that all the information available had been shared to ensure all stakeholders were fully engaged.

It was highlighted by a Ward Councillor that a lot of residents had chosen to live within the Hartfields site based on the fact that there was a GP practice on site and the removal of this would have a devastating effect on the residents with many elderly residents either not wanting to or being unable to travel to an alternative surgery.

The representative from the CCG confirmed that in developing the consultation proposals, the support available, sustainability of the services and the premises available were explored from a CCG and provider perspective. The proposals also needed to ensure the provider was financially stable and that the core GP service was delivered at the nationally costed rate. The importance of ensuring the service was deliverable and financially viable to ensure the sustainability of the service was reiterated.

In response to a request for clarification, the representative from the CCG confirmed that all comments received from GPs, stakeholders and patients were taken into account from a number of engagement events held during the day, on an evening and some on a weekend to maximise the views received. In addition to the above, an additional event had been requested and would take place tonight in the Fens area. The representative from the CCG commented that the aim of the CCG was to ensure the provision of high quality sustainable services with the appropriately skilled workforce in place to deliver those services.

The Chair reiterated the concerns expressed by both Members and residents about the lack of the additional option for one provider across all three sites. It was suggested that this option should be included within the procurement arrangements, along with the option for one provider across two sites, to test the market and ascertain what level of service provision the prospective providers would be willing to undertake and how sustainable would that level of service be.

At this point in the meeting Stephen Thomas, Healthwatch declared a personal interest in this item.

A representative from Healthwatch commented that the feedback they had

received from residents who had taken part in the engagement events, was that they felt the engagement process had been done 'to them' as opposed to 'with them' and that this was the same with all health based consultation. It was suggested that this process be reviewed to improve the involvement of consultees in the process and ensure they were central to any future decision making. The key issue highlighted to Healthwatch was that patients wanted to be able to have access to their GP at a time that suits the and in a timely manner and this was a particular problem in the south of the town. Concern was expressed at the potential dispersal of patients to other practise as this would only exacerbate this problem. The representative from the CCG responded that patients were central to the work undertaken by the CCG and that as an organisation, they worked closely with Healthwatch to ensure this and will continue to work with them to improve processes. The representative of the CCG referred to the work undertaken on the Assisted Reproduction Unit (ARU) which the Consultation Institute had rated as good and confirmed that this model of consultation had also been utilised throughout this process.

The Manager of the Hartfields Medical Practice expressed concern at the lack of engagement with the Practice as a stakeholder and provider. It was highlighted that this Practice provided support to the residents of Hartfields, many of who were living with varying levels of dementia adding that the Hartfields complex was developed in partnership with the Local Authority and the NHS to ensure an appropriate level of care was provided on site, including the provision of a GP surgery.

The Chair expressed concern that several groups had indicated they had not been engaged with throughout this process and questioned whether the consultation period could be extended to enable this additional consultation to be carried out. The representative from the CCG confirmed that the engagement process had been extensive and an outline and timeline of the engagement process and the individuals who had received that information prior to the engagement would be provided to the Chair. In addition, the list of stakeholders to be contacted during the engagement process had been shared prior to the process to ensure all parties were included. Concern was expressed by the representative of the CCG on extending the consultation to further engage with groups who had already been contacted.

In conclusion, the Chair indicated that it was the Committee's view that the CCG should include within the procurement process the options for one provider across three sites and one provider across two sites with the final detailed wording to be agreed by the Chair and emailed to all Members.

Recommended

(i) That the Committee recommends to the CCG that the options to be included within the procurement process for the service provision for the Fens, Wynyard Road and Hartfields Medical Practices consist of the

following options:

(1) The service to be provided by one provider across all three sites.
(2) The service to be provided by one provider across two sites.

(ii) The final wording of the recommendations to be agreed by the Chair and forwarded to all Members.

56. Journee Medical Practice - Update (*Hartlepool and Stockton NHS Clinical Commissioning Group*)

The representative from the Hartlepool and Stockton NHS Clinical Commissioning Group (CCG) gave a detailed and comprehensive presentation which provided the background and the events leading up to the transfer of the Journee Medical Practice to the Victoria Medical Practice. It was highlighted that due to the emergency nature of the transfer it was expected that there would be reactive issues to be dealt with and whilst NHS England had not received any formal complaints, the CCG had been made aware via Healthwatch that a number of patient complaints had been raised directly with them.

Dr Carl Parker, a GP at the Victoria Medical Practice provided the Committee with further detailed information on the implementation of the transfer and the changes undertaken to date. It was noted that further integration of patients would be undertaken once the IT systems were fully merged and this was ongoing. Members were reassured that any issues or concerns raised were being regularly monitored and plans were in place to redevelop the premises to ensure improved access to services for all patients within the next year.

The Healthwatch Manager expressed concerns at what appeared to be an increasing crisis across primary care in the town and whilst Healthwatch did not deal with complaints for primary care, the organisation had been involved in signposting a number of complaints through the appropriate channels. It was noted that two safeguarding complaints had been received and they had been resolved. The Healthwatch Manager commented that in view of the emergency situation of this merger, no-one could have done more to implement these changes. The Chair echoed these comments and congratulated those involved for managing the changes in what was a difficult situation.

A representative from Healthwatch provided more detailed feedback from patients on a number of operational issues at the practice and indicated he would provide Dr Parker with further detail outside of this meeting.

It was recognised that online access had been an issue and it was hoped that would be resolved once the IT systems were fully merged and the CCG welcomed the opportunity to work closely with the Practice and Healthwatch to improve service provision. Dr Parker informed Members that negotiations were ongoing with the leaseholder with a view to development

the premises further to ensure service provision was in line with patients needs.

A discussion ensued on the recruitment of GPs in the local area and it was noted that this was an issue with a number of Practices across the town with GP vacancies. It was highlighted that the Victoria Medical Practice was a training practice for GPs and it was hoped that once GPs completed their training they would remain at the Practice. In addition to this, the Practice had become a sponsoring agency which would facilitate the recruitment of non-european GPs with appropriate training.

Recommended

The update provided was noted.

57. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.45 pm

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

20 October 2016

Report of: Scrutiny Manager

Subject: REFERRAL FROM THE HEALTH AND WELLBEING BOARD - REVIEW OF NHS ENGLAND GUIDANCE – MONITORING DELAYED TRANSFERS OF CARE

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1. PURPOSE OF REPORT

1.1 To provide the Committee with details of a referral that has been received from the Health and wellbeing Board.

2. BACKGROUND INFORMATION

2.1 A number of bodies can refer items to the Audit and Governance Committee including Policy Committees and the Health and Wellbeing Board.

2.2 On 19 September 2016, the Health and Wellbeing Board received notification that the North Tees and Hartlepool Foundation Trust intends to review the way in which monthly delayed transfers of care are recorded. The basis for this being a review of guidance from NHS England 'Monthly Delayed Transfers of Care: Situation reports' and direct discussions with NHS England.

2.3 The Health and Wellbeing Board agreed that the proposal, and its resulting implications, required further exploration and requested that it be referred to the Audit and Governance Committee for further investigation. The Chair of the Health and Wellbeing Board has subsequently forwarded a letter onto the Trust outlining it concerns and its referral of the issue to scrutiny. A copy of the letter is attached at **Appendix A**. In addition to this, the Director of Child and Adult Services has requested a meeting with the Trust to discuss its decision.

2.4 The Committee is asked today to accept the referral and defer consideration of the issue pending receipt of a response to the Chair of the Health and Wellbeing Board's letter and the outcome of the meeting requested by the Director of Child and Adult Services.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee accept the referral and defer consideration of the issue pending receipt of a response to the Chair of the

Health and Wellbeing Board's letter and the outcome of the meeting requested by the Director of Child and Adult Services.

BACKGROUND PAPERS

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

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

Councillor Christopher Akers-Belcher
Leader and Chair of the Health and Wellbeing Board
Civic Centre
Hartlepool
TS24 8AY

Tel: 01429 523500
www.hartlepool.gov.uk

Our Ref: CAB
Your Ref:

Contact Email: leader@hartlepool.gov.uk

HARTLEPOOL BOROUGH COUNCIL

18 October 2016

Julie Gillon
Chief Operating Officer
North Tees and Hartlepool NHS Foundation Trust
University Hospital of North Tees
Hardwick
Stockton on Tees
TS19 8PE

Dear Julie

DELAYED TRANSFERS OF CARE REPORTING

Further to your letter to Sally Robinson, Director, Child and Adult Services of 2 August 2016, this communication was discussed at Hartlepool Health and Wellbeing Board on 19 September 2016. The Board expressed concern regarding the manner in which the decision to review the way in which the monthly transfers of care for hospital patients is reported has been taken alongside the lack of consultation with Hartlepool Borough Council as a key stakeholder. This decision has implications for the local authority and the authority is not in agreement with the Trust's interpretation of the guidance to inform this decision. It is of further concern that the decision has been enacted effective from 01 September 2016 despite the challenge that has been raised by the council.

Hartlepool Health and Wellbeing Board made the decision to refer this issue to the Audit and Governance Committee and it will consider this matter at its meeting on 20th October 2016. The outcome of the discussion will be communicated to you following the meeting.

Yours sincerely

Councillor Christopher Akers-Belcher
LEADER OF HARTLEPOOL BOROUGH COUNCIL
AND CHAIR OF THE HEALTH AND WELLBEING BOARD

AUDIT AND GOVERNANCE COMMITTEE

Thursday 20 October 2016

Report of: Director of Public Health

Subject: OBESITY IN HARTLEPOOL

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1. PURPOSE OF REPORT

1.1 To update members of the committee on the approaches being taken to tackle the serious issue of obesity in Hartlepool.

1.2 To demonstrate to members that the 10-year Healthy Weight Strategy for Hartlepool (2015-2025) is aligned with the key objectives of the Government's national strategy (Childhood obesity: a plan for action, published in August 2016).

2. BACKGROUND

2.1 Obesity is a key factor in rising levels of premature deaths in Hartlepool and can lead to a number of long-term illnesses and health conditions. Around 44% of the incidence of diabetes, 23% of heart disease and between 7% and 41% of certain cancers (for example, breast, colon and endometrial) are attributable to excess body fat[1]. It is therefore a key public health priority to address rising levels of overweight and obesity within the town.

2.2 73.2% of adults in Hartlepool are overweight or obese[2], which is the highest rate of all North East authorities and the 4th highest nationally, significantly higher than the England average of 64.6% (see chart below):

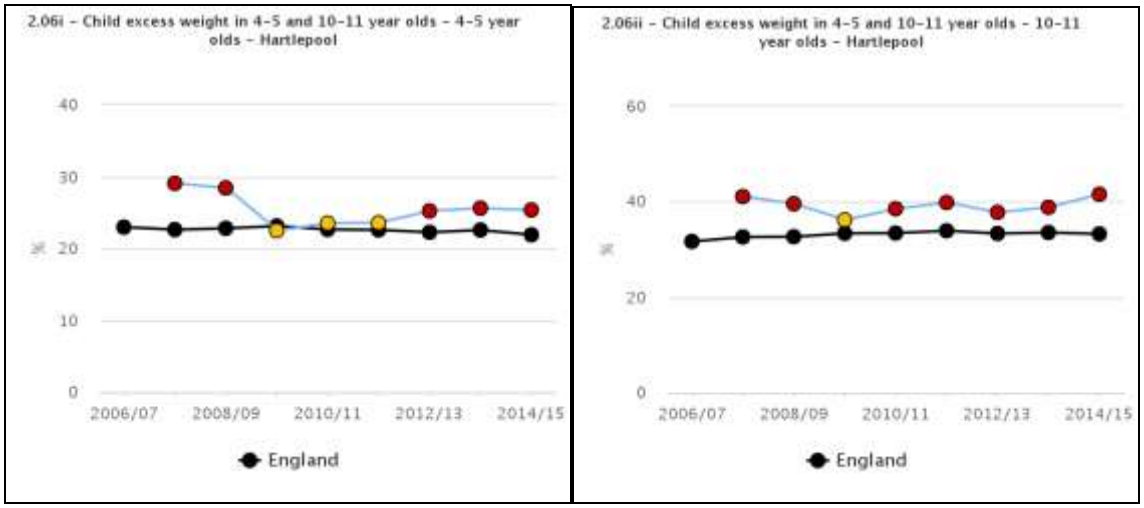
[1] World Health Organisation, Fact Sheet 311 (2014)
[2] Hartlepool Health Profile 2016, Public Health England

2.12 - Excess weight in Adults 2012 - 14 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	64.6	64.4	64.7
North East region	-	-	68.6	67.9	69.4
County Durham	-	-	69.0	66.5	71.5
Darlington	-	-	64.9	62.3	67.5
Gateshead	-	-	68.9	66.4	71.4
Hartlepool	-	-	73.2	70.9	75.6
Middlesbrough	-	-	69.7	67.3	72.2
Newcastle upon Tyne	-	-	61.3	58.7	63.9
North Tyneside	-	-	67.4	64.9	69.9
Northumberland	-	-	69.5	67.0	72.0
Redcar and Cleveland	-	-	71.3	68.9	73.7
South Tyneside	-	-	71.9	69.5	74.3
Stockton-on-Tees	-	-	69.8	67.4	72.3
Sunderland	-	-	70.8	68.4	73.3

Source: Active People Survey, Sport England

2.3 We also know that 25.4% of reception (aged 4-5) children are overweight or obese, rising to 39.4% in Year 6 (age 10-11)[3]. Excess weight in reception has shown a slight downward trend over recent years whereas year 6 rates have increased slightly compared to the England average (see graphs below):



2.4 At a ward level, there are also clear inequalities between child and adult obesity statistics[4]:

Ward	Obese adults (%)	Obese children (Year 6, %)
Burn Valley	26.9	19.6
De Bruce	27.1	27.0
Fens & Rossmere	27.0	24.1
Foggy Furze	28.6	25.6
Hart	26.7	20.6
Headland & Harbour	27.0	28.0
Jesmond	29.4	27.1
Manor House	29.4	27.8

[3] National Childhood Measurement Programme, HSCIC (2012/13-2014/15)
[4] www.localhealth.org.uk, Public Health England

Rural West	24.8	16.8
Seaton	27.6	22.5
Victoria	26.9	21.1
Hartlepool average	**27.5**	**23.8**

2.5 On a positive note, Hartlepool has shown good improvements in physical activity levels in recent years. In 2005, 18.9% of the Hartlepool population participated in at least 3 bouts of 30 minutes of moderate physical activity. This was the second lowest rate in the North East. By 2016, Hartlepool had increased to 26.7%, the highest rate in the region. In terms of participation in at least one bout of 30 minutes physical activity, Hartlepool was lowest regionally with only 30.4% in 2005. By 2016, Hartlepool had increased to 39.6% participation (second highest regionally)[5].

2.6 Hartlepool Borough Council currently provides or commissions a range of services which have a role to play in tackling obesity. A summary of these services is provided in **Appendix A.**

2.7 A large stakeholder conference and engagement event on childhood obesity was held in February 2015 to inform the development of a new strategy, which succeeded and built upon the previous 'Healthy Weight, Healthy Lives' obesity action plan for Hartlepool, which had been in place since 2013.

2.8 In September 2015, members of the Health and Wellbeing Board approved a 10-year Healthy Weight Strategy and action plan for Hartlepool. Updates on progress are provided to the Board on a 6-monthly basis (available on request).

2.9 On 18 August 2016, the government published 'Childhood Obesity: A Plan for Action', which aims to reduce England's rate of childhood obesity within the next 10 years by encouraging:

- industry to cut the amount of sugar in food and drinks;
- primary school children to eat more healthily and stay active.

2.10 Within the plan, the government sets out a range of national measures and initiatives to tackle the obesity epidemic:

1. Introducing a soft drinks industry levy
2. Taking out 20% of sugar in products
3. Supporting innovation to help businesses to make their products healthier
4. Developing a new framework by updating the nutrient profile model
5. Making healthy options available in the public sector
6. Continuing to provide support with the cost of healthy food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the co-ordination of quality sport and physical activity programmes for schools

[5] Active People Survey, Sport England (2005/06-2015/16)

9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing the best new technology
14. Enabling health professionals to support families.

2.11 It is reassuring to note that the Hartlepool Healthy Weight Strategy contains actions and objectives that align closely with each of these national objectives, and it is hoped that in the coming years there will be increased support and a national focus around each of these topics that will enable Hartlepool to address the issues more effectively at a local level. It is disappointing however, that there is little-to-no national focus or support around restrictions on fast food advertising or greater sanctions on manufacturers and retailers of these products, as this is the one of the key issues that we have little influence over locally and need a strong government stance to make an impact.

2.12 The multi-agency Healthy Weight, Healthy Lives steering group continues to meet bi-monthly to review progress with the Hartlepool Healthy Weight Strategy. This report presents a summary of the progress made over the last 12 months and highlights some key actions and next steps, linked to the measures within the national plan, over the next 12-36 months.

3. KEY PROGRESS

3.1 Strategic Theme 1: Universal – To transform the environment so that it supports healthy lifestyles (Primary Prevention)

Action 1(a) – Planning and retail: Trading Standards continue to work with Take Away food providers to support healthier cooking practices such as healthier frying techniques, low salt dispensers and reduced fat/sugar/salt through sharing of recipes and good practice using food analysis of common dishes between different outlets. A specific fact sheet for Chinese restaurant owners has been developed and translated to encourage healthier and more sustainable cooking practices.

Public Health continue to be consulted on all A5 hot food take away planning applications in relation to the possible health impact and have contributed to relevant sustainability appraisals for the new Local Plan including a new A5 Hot Food Take Away policy. This approach was recently reported on positively by BBC and ITV local news.

Currently pursuing the possibility of influencing the 2017 tender for bus shelter advertising in Tees to prevent high fat/salt/sugar food, drinks and alcohol being advertised in certain locations.

Action 1(b) – Physical Activity: ‘Move a Mile’ campaign ongoing in schools and workplaces, new Workplace Health & Exercise Activator appointed in

May 2016 to help increase physical activity in workplaces, successful Triathlon events and free swims campaigns delivered again in 2016. Several community route audits completed by Living Streets as part of the 'Walk To' project – funding extended until March 2017.
HBC Corporate Gym membership scheme launched with 20 staff currently signed up equating to £5.5K additional income per annum. Active Business Taster Day took place in September 2016 with further events planned.

Action 1(c) – Travel & Infrastructure: New Hartlepool Cycle Development Plan currently out to consultation. Two cycleway improvement projects approved at Queen's Meadow and Oaksway Enterprise zones to be completed by March 2017.

Local Motion Personalised Travel Planning team – proposed programme from 30th August to 17th October:

- Revisit households expressing an interest from 2015 survey
- Rail station leaflet household survey
- College Fresher's Week events including a student travel survey
- Support to Love to Ride September campaign
- Attendance at events
- Job centres – travel planning sessions for staff and jobseekers
- Large retailers – car share scheme

Sustrans – proposed programme:

- Cycling propensity study for Hartlepool Station
- Cycle volunteer development – guided ride leaders
- Support to Hartlepool Cycle Clinic
- Hartlepool cycle route leaflets/route maps
- Development of Cycle hubs in Hartlepool – Hartlepool Interchange / Middleton Grange Shopping Centre

Active travel development:

- Hartlepool Access and Cycling Map reprint
- Travel plan maps for Civic Centre and Queens Meadow
- Sustainable Modes of Travel strategy update
- Pool bike scheme development
- 'Get back on your Bike' campaign
- Bikeability training

We have seen an overall increase in numbers of people cycling in Hartlepool since 2011 as measured by 7 cycle counters in Hartlepool:

Year period	Total count	Average daily flow over the year
April 2011 to March 2012	86,390	35.19
April 2012 to March 2013	92,884	40.44
April 2013 to March 2014	123,268	48.18
April 2014 to March 2015	127,111	50.40
April 2015 to March 2016	115,549	48.92

3.2 **Strategic Theme 2: Preventative – Making Healthier Choices Easier by providing information and practical support (Secondary Prevention)**

Action 2(a) – Social Marketing & Comms: POWeR online weight management programme and smartphone app, developed by the University of Southampton and piloted in Hartlepool in 2014, will be provided free to Hartlepool residents in late-2016 / early-2017.

Action 2(b) – Early Intervention: HBC Health Trainers and Sport & Recreation staff attended Childhood Obesity training in March 2016 to support and build capacity for the FiiT Hart family weight management programme which is currently working intensively with around 20 families. In 2015/16, there were 642 referrals to the GP Exercise on Referral Scheme & 590 to the Health Trainer Service.

3.3 **Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)**

Action 3(a) – Hartlepool Obesity infographic has been developed and circulated to clinical settings and key staff including GPs, pharmacies, leisure services etc. Impact has been evaluated by Teesside University via funding from the Institute of Local Governance (report available on request).

Work is underway with HAST CCG to develop a new, simplified obesity pathway for Hartlepool for local GPs and health professionals.

Action 3(c) – Business case for 'Community Hubs' project in development, which will propose obesity services integrating with other health and wellbeing and social care services to provide a more holistic and bespoke package of care.

'Holiday Hunger' pilot project launched in July 2016, comprising a £25k ringfenced community grant scheme for CVS groups to provide healthy food and snacks alongside their summer holiday activity and play schemes, plus £13k to enhance the existing foodbank offer by providing weekly food parcels to families from three local community drop-in centres. Over 500 food parcels were distributed to needy families over the school summer holidays and 17 community groups received funding to through the ringfenced community grant scheme. An evaluation of the project is underway as well as an in-depth community consultation into food poverty in development, supported by the Joseph Rowntree Foundation.

4. PROPOSALS / ISSUES FOR CONSIDERATION

4.1 The following proposals address the national measures and initiatives within the national childhood obesity plan at a local level:

National initiative	**Local plans / progress**
Introducing a soft drinks industry levy	Awareness raising activity with residents and retailers – encouraging switching to low sugar / diet alternatives and water. Revenue from the levy will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children. We will ensure Hartlepool is at the forefront of this decision-making process to ensure these programmes and initiatives meet local needs and have maximal impact.
Taking out 20% of sugar in products	All sectors of the food and drinks industry will be challenged to reduce overall sugar across a range of products that contribute to children's sugar intakes by at least 20% by 2020. HBC and partners will ensure these low sugar alternatives are promoted and procured over higher sugar products where possible.
Supporting innovation to help businesses to make their products healthier	Limited opportunities to influence locally. *Could this work be supported by the proposed innovation and skills hub in Hartlepool?*
Developing a new framework by updating the nutrient profile model	PHE is working with academics, industry, health and other stakeholders, to review the nutrient profile model to ensure it reflects the latest dietary guidelines – limited opportunities to influence locally.
Making healthy options available in the public sector	Every public sector setting, from leisure centres to hospitals, should have a food environment designed so the easy choices are also the healthy ones. HBC and partners will adopt the Government Buying Standards for Food and Catering Services, particularly for vending machines and in-house catering.
Continuing to provide support with the cost of healthy food for those who need it most	Continued commitment to the Healthy Start vitamins scheme and the development of 'Holiday Hunger' initiatives to support the most disadvantaged families and communities.
Helping all children to enjoy an hour of physical activity every day	At least 30 minutes should be delivered in school every day through active break times, PE, extra-curricular clubs and active lessons with the remaining 30 minutes supported by parents and carers outside of school time. HBC sport & recreation will continue to support schools and communities with initiatives such as 'Move a Mile', supported by funding from the soft drinks industry levy. Physical activity will be a key part of the new healthy schools rating scheme. PHE will be developing advice for schools on how they can work with school nurses, health centres, and healthy weight services to help children develop a healthier lifestyle. A new interactive online tool will be developed which will help schools plan at least 30 minutes of physical activity every day.

Improving the co-ordination of quality sport and physical activity programmes for schools	Tees Valley Sport, national governing bodies, and local providers will ensure every primary school has access to a coordinated offer of sport and physical activity programmes. Continued promotion of walking and cycling to school and 'Bikeability' cycle training for children.
Creating a new healthy rating scheme for primary schools	Promotion of the new voluntary healthy rating scheme for primary schools from September 2017. This scheme will be taken into account during Ofsted inspections. Hartlepool will look to input into the 2017 Ofsted thematic review on obesity, healthy eating and physical activity in schools and provide good practice.
Making school food healthier	We will ensure local academies make a commitment to the school food standards. The Government recently announced that £10m a year from the soft drinks levy will fund the expansion of healthy breakfast clubs and Hartlepool will look to benefit from this.
Clearer food labelling	Leaving the EU will enable greater flexibility over food labelling guidelines and we will look to contribute to any consultations and educate the community around any key changes. There will be ongoing awareness and education around sugar, salt and saturated fat content in foods.
Supporting early years settings	PHE have commissioned the Children's Food Trust to develop revised menus for early years settings by December 2016. These will be incorporated into voluntary guidelines for early years settings and promoted locally.
Harnessing the best new technology	Increased promotion and awareness of health and wellbeing apps and online tools. Hartlepool will be re-launching the successful 'POWeR' (Positive Online Weight Reduction) free online tool in 2017.
Enabling health professionals to support families	Ongoing regional work around 'Making Every Contact Count' – face-to-face and online training for health professionals and front line staff to feel confident discussing nutrition and weight issues with children, their families and adults.

4.2 The Hartlepool Healthy Weight Strategy action plan sets out a range of additional actions and measures to address over the coming years and a number of key next steps have been identified:

- Links made with Waverley Terrace and FiiT Hart to help families grow and cook own produce and help out around the allotment to increase physical activity, with support for parents to gain qualifications.
- Link made with OFCA for FiiT Hart families to help with animal care to increase physical activity levels.
- A new family booklet is in production to support FiiT Hart families and give more structure to meetings and identify clear personal goals.

- 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 free POWeR online weight reduction app.
- Evaluation of the 2016 Holiday Hunger initiative and development of proposals for 2017. Further research into food poverty in Hartlepool supported by the Joseph Rowntree Foundation.
- Publication of Hartlepool's Cycling Development Plan with associated infrastructure improvements.
- Further development of the community hubs business case and model to include obesity and healthy weight services.
- Alignment of strategic focus towards actions within the national Childhood Obesity plan.

5. RECOMMENDATIONS

5.1 That Audit and Governance Committee note the progress in implementing the strategy.

6. REASONS FOR RECOMMENDATIONS

6.1 Obesity continues to be a significant Public Health issue in Hartlepool.

7. BACKGROUND PAPERS

7.1 Tees JSNA - http://www.teesjsna.org.uk/hartlepool-obesity/
7.2 Hartlepool Healthy Weight Strategy and action plan 2015-2025
7.3 Childhood obesity: a plan for action

8. CONTACT OFFICER

8.1 Louise Wallace
Director of Public Health
Hartlepool Borough Council
Tel: 01429 284030
Louise.wallace@hartlepool.gov.uk

Summary of obesity / healthy weight services in Hartlepool

Intervention / Service	Description	Target population	Referral route	Referral criteria	Geographical location
Health Trainer Service	Tier 2 Community Weight Management Programme (nutritional support & behaviour change), managed and delivered in-house by HBC, team consists of 5 Senior Health Trainers	Adults 18+ (individuals and groups)	GP/Health professional/self-referral - initial 12 week programme offered plus drop-in support for follow-up (referral form available)	Adults aged 18+ with BMI>30 or BMI>25 with co-morbidities	Community provision (children's centre/leisure facility/community centre) plus GP clinics, workplaces and targeted groups (e.g. SEN/LD)
FiiT Hart (Families in it Together)	Tier 2 Family Weight Management programme (nutrition & physical activity), one-to-one bespoke support - managed and delivered in-house by HBC	Children aged 10-13 plus parents (up to 4 children per family)	GP/Health professional or self-referral via NCMP invite letter (referral form available)	Children aged 10-13 above 98th centile	Physical activity sessions provided at various leisure facilities. Nutritional support offered where convenient to the family
EDAN/T2D (Escape Diabetes, Act Now / Type-2 Diabetes programme)	Type 2 Diabetes prevention and management group mixing previously diagnosed patients with pre-diabetics or those at high risk. Group-based nutrition and physical activity	Adults 18+ Pre-diabetics, T2 diabetes sufferers and those at high risk	GP/Health Professional (referral form available)	Diagnosed T2 diabetes or exhibiting risk factors (clinical assessment)	Physical activity sessions provided at various leisure facilities. Nutritional support groups have been provided at various locations (town centre / areas of deprivation)
Hartlepool Exercise for Life Programme (HELP)	GP exercise on prescription service, managed and delivered in-house by HBC	Adults 18+ with conditions where physical activity can improve rehabilitation and outcomes. Also provides phase 4 cardiac rehab and heart failure support	GP/Health professional/self-referral - 10 week programme then phase into mainstream provision (referral form available)	GP/Health Professional referral required - must have a specific condition that can be improved by physical activity	Provided town-wide in a variety of settings

Early Bird Programme	A co-delivered early pregnancy programme between Midwifery Team and Healthy Early Years Coordinator. Information given on; screening, diet, exercise, alcohol and services they can access through children's centres	Women in the early stages of pregnancy and their partners (all ages)	Health professional e.g. Heath visitor/midwifery or self referral	Early stages of pregnancy	Run in 5 Children's Centres every week across Hartlepool
Mums on the Move	Pre- and post-natal physical activity programmes - Pilates, aqua natal, yoga, circuit training, prambles	Pre- and post-natal mothers (all ages)	Health professional e.g. Heath visitor/midwifery or self referral	Pre- and post-natal mothers (all ages)	HBC leisure facilties
Tasty Treats weaning programme	The weaning programme is co-delivered by the Healthy Early Years Coordinator and the Community Nursery Nurse team. There are currently 36 programmes delivered over the year – with each programme running over 2 weeks with an optional 3rd week drop in.	New parents	Health professional e.g. Heath visitor/midwifery or self referral. Parents receive 2 invites to attend the course when their babies are 2 and 3 months old and it is preferable for them to book on prior to weaning commencing at 6 months.	New parents	6 Children's Centres across Hartlepool host the programme.
Children's Centres	Well baby clinics – help, advice and baby weighing, Breastfeeding support – support and advice for expectant and breastfeeding mums, Cooking with Kids – Adults and children prepare healthy food together, Let's Get Cooking – adult cooking on a budget, Fit Tots – a fun session targeting 2 – 5 year olds by movement through games, Baby Yoga – a fun musical session with baby yoga movements	Parents and children aged 0-5	Health professional e.g. Heath visitor/midwifery or self referral	Parents and children aged 0-5	Located in areas of greatest need / deprivation

HBC Leisure Facilities	Mill House Leisure Centre, Headland Sports Hall, Brierton Sports Centre, Grayfields Sports Pavilion, Summerhill Visitors Centre	All Hartlepool residents, employees and visitors	n/a - Active Card entitles people to discounted activity at all HBC facilities	n/a	Town-wide
NHS Healthy Heart Check	Nationally mandated CVD risk assessment programme	Full check - 40-74 year olds. Mini check - 24-39 year olds	GP invite or self-referral via community / workplace / health bus (opportunistic)	Full check - 40-74 year olds (mini check - 24-39 year olds) with no previous CVD diagnosis or have had a check within last 5 years	Currently GP practice, community provision and via Families First Health Bus

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

13 June 2016

The meeting commenced at 2.00 pm 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 – 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 – Ruby Marshall

Other Members:
Representative of the NHS England – Dr Tim Butler
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine.

Also in attendance:-

Maureen Lockwood, Healthwatch
Dr Paul Williams, Stockton and Hartlepool GP Federation

Officers: Joan Stevens, Scrutiny Manager
David Cosgrove, Democratic Services Team

1. Apologies for Absence

Dr Timlin, Hartlepool and Stockton-on-Tees Clinical Commissioning Group.
Margaret Wrenn, Healthwatch.

2. Declarations of interest by Members

Councillors Christopher Akers-Belcher and Thomas declared interests as employees of Hartlepool Healthwatch.
Councillor Thomas declared a personal interest as a patient of Hartfields GP Surgery.

3. Introduction to new GP Federation - Presentation

Dr Paul Williams informed the Board of the establishment of a new Federation of General Practitioners in Hartlepool and Stockton. All the GP surgical practices in Hartlepool (fifteen) and Stockton (twenty-three) had joined the federation. Many GPs had realised that in order to be stronger and more able to meet the needs of their patients, there was a need to work together. GP surgeries were finding themselves being required to provide an increasing number of services and manage a growing number of contracts.

The move of services from the traditional hospital setting out into the community was an issue for a number of GP surgeries and the federation would provide a greater level of resilience. Many areas across the country were adopting the federation model as it allowed GPs to retain their independence but also allowed collaboration and sharing of resources behind the scenes to assist in providing the best services to patients. There would also be the potential of the federation competing to deliver contracted services in the future.

The federation was based on the same geographical area as represented by the Clinical Commissioning Group which was similar to that of the Foundation Trust as this made sense in terms of commissioned services. All practices in both Hartlepool and Stockton had joined the federation which was called the Hartlepool and Stockton Health. All the partner GP surgeries held nominal shares in the company based on the number of patients they had registered with them. The federation was not, however, intended to be a money making operation.

There had been some initial collective work around Christmas opening hours with some practices opening during the holiday period but offering services to patients of neighbouring surgeries that were closed. There had also been some work on undertaking coordinated care home visits, particularly at weekends and introducing Care Coordinators into Practices. The federation was also looking at the potential of being involved in bidding for the forthcoming tendering process for the provision of Urgent Care Services.

Dr Williams considered that the federation would provide a structure that allowed GP Surgeries to be more resilient to the demands placed upon them. It was essential with the move towards greater access to services that GPs were as well organised and resourced as their partners in the Foundation Trust.

The Healthwatch represented indicated that there was concern among patients regarding the three Hartlepool GP Practices that were subject to possible closure. Dr Williams indicated that all three surgeries were partners in the federation, though that didn't necessarily transfer into any assumption that they would remain open. To date the three surgeries hadn't asked the federation for any specific support.

The Chief Officer of Stockton-on-Tees and Hartlepool CCG commented that

the federation in itself could not stop changes in surgery provision. The CCG now had full responsibility for primary care commissioning from NHS England and there was some ongoing consultation in relating to three surgeries. It had to be noted that the three surgeries were commissioned on a different basis to the other surgeries in the town which effectively had a contract for life. If the three were re-procured, the federation could provide those surgeries. Having a federation of GPs across the area did allow GPs to think about how they wanted to provide commissioned services and would be able to respond to the CCG's requirements or ways of providing better services.

The Scrutiny Manager reported that the consultation on the three GP surgeries would be reported to the Audit and Governance Committee. Ward Members had been informed of the consultation process and the Scrutiny Manager encouraged as many of those directly involved to respond to the consultation process.

A Member commented that he was encouraged by the news that GP surgeries were starting to work in a coordinated manner in relation to care home visits as this linked strongly with the Better Care Fund. There was some concern that, as had happened in other areas, a GP Federation led to the amalgamation of surgeries and the creation of 'super surgeries'. Patients often reported problems in gaining suitable appointments at such surgeries and there were already some particular issues in Hartlepool with patients getting appointments with their GP. Any future re-arrangement or commissioning of surgeries had to include patient accessibility as a core element of any new arrangement.

Dr Williams indicated that he fully understood and shared the views in relation to GP accessibility and there was no desire among Hartlepool GPs for the creation of super surgeries but there may be a need to develop more interdependency between surgeries to meet future demands. It was hoped that the support of the Federation and relationships between surgeries may make for more interesting recruitment opportunities for new doctors coming into the area.

A Councillor sought confirmation that patients would be able to access appointments at surgeries other than that they were registered at and would there be problems with the sharing of medical records. Dr Williams indicated that this would increase in time but would be outside the normal practice hours, so would be for urgent appointment at weekends or holidays. Not all surgeries would want to open during holiday periods for example. In relation to medical records Dr Williams indicated that, as now, an individual's medical records could only be shared with their consent. There were also issues around computerised medical records and there was some work underway on this within the federation. The federation provided an incentive to move this forward and once there was GP's sharing records, the next step would be social care. For example, the Foundation Trust has a palliative care register and the GPs had a palliative care register but the two were not shared or consistent.

The CCG Chief Officer indicated that from a commissioning services perspective the development of the GP Federation was very welcome. No one wanted to lose the benefit of local GPs operating closely with their patients and community but there were opportunities to address some issues around fair access and sharing of support services. Some of these issues were very difficult to address for some smaller practices and the federation could provide support for those that wanted it. The need to attract new doctors to the area was also key and having the federation could assist with that. The CCG Chief Officer added that extended GP hours would be something that would be commissioned in the future.

The Chair welcomed the development of the GP Federation for Hartlepool and Stockton. Urgent care provision was due to go out to a procurement process imminently which raised the question of how that would be provided in the future; hospital based or local walk-in centres. There was a model for integrated health and social care and the Council was developing its Community Hubs approach; would the federation approach and Care Coordinators be something that could link in to these approaches. There also needed to be consistency in accessing services for those with learning difficulties across all GP surgeries.

Dr Williams indicated that the inconsistent approach to health checks for those with learning difficulties was a source of frustration and contact had been made with surgeries to assess if there was capacity for some to provide this for other surgeries. Care Coordinators was a new initiative that was being commissioned and work was ongoing with the design of these and their links to others services. In terms of the wider health and social care agenda, the Federation would welcome the chance to join the Health and Wellbeing Board if that was considered valuable.

As for the provision of the walk-in centres, Dr Williams indicated that currently GP services were only commissioned 8.00 am to 6.30 pm Monday to Friday, though everyone expected that they would be asked to provide more hours. The new Urgent Care contract was due to commence on 1 April 2017 and there had been some discussions around the potential submission of a joint bid with the Acute Services Trust. The Acute Services Trust may choose a different partner but the Federation did believe that having local GPs and the Trust working together would make sense.

Decision

1. That Dr Williams be thanked for his informative presentation and responses to questions and that the development of the GP Federation ‘Hartlepool and Stockton Health’ be welcomed.

2. That the potential for a representative of the GP Federation ‘Hartlepool and Stockton Health’ becoming a member of the Health and Wellbeing Board be examined further at the September meeting.

4. Minutes

(i) The minutes of the meeting held on 29 April 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 25 January 2016 were received.

5. Review of Terms of Reference (*Director of Public Health*)

The Director of Public Health presented a report which provided an opportunity for the Board, to review their Terms of Reference for the Board, at the first meeting in the new municipal year.

The following areas had been identified for further discussion:

- Confirm the Board still commits to hosting one Face the Public Event a year as per the local authority constitution.
- Confirm that Board members can send substitutes to the Board, but this substitute should be named as the substitute. This person should be the only person to attend in the absence of the Board member.
- Confirm that the Board will hold an annual review meeting and reflect on the performance of the Board and proactively plan for the forthcoming year.
- Confirm that as the Health and Wellbeing Strategy is the responsibility of the Board to produce, that an action plan is agreed to implement the Strategy. It should be noted that previously the Terms of Reference required the Board to monitor progress through quarterly performance reporting. Is this still the intention of the Board to receive quarterly reports?
- The Terms of Reference described a supporting sub structure for the work of the Board. It is proposed that this sub structure is received, including the role and function of the Joint Commissioning Executive.
- Confirm that the minutes of the Children's Strategic Partnership are circulated to the Health and Wellbeing Board to ensure a link between both bodies.
- Note the removal of North Tees and Hartlepool NHS Foundation Trust from the Board as non voting members in the revised Terms of Reference.
- Note the Director of Regeneration and Neighbourhoods or named substitute will remain as a non-voting member on the Board, but attendance will be determined by the requirements of the agenda.

In terms of the sub structure of the Board it was proposed that a report would be submitted to the September meeting reviewing the sub structure and its membership. A report on the Board's membership would also be submitted to that meeting. The CCG Chief Officer questioned the membership of the Board in relation to service providers, following the removal of the North Tees and Hartlepool NHS Foundation Trust (NTHFT) and the situation with statutory and non-statutory members.

The Chair commented that Council had 'sovereignty' over decision making but the Board did have the ability to look for an alternative provider to add to their discussions. The Board meetings were also open public meetings for anyone to attend. It was essential that the Board membership was open to listening and constructively engaging as without that it was extremely difficult to move forward. The Chair shared the view that it may be valuable to have the GP Federation as a non-statutory member.

Members questioned if the Chief Officer of the CCG had any other groups/bodies in mind. The Chief Officer stated that NTHFT were the main provider and while there were other providers, it was about which would bring the most value to the Board; it was about value rather than influencing change. There were always issues around conflict but any real critical decisions were made elsewhere. The providers did bring real value as they had a different perspective. It was ultimately a Council decision but the CCG Chief Officer did feel that it needed to be fed back that there was now a gap in the membership.

The Chair did comment that South Tees NHS Foundation Trust had previously been contacted but chose not to take up a place on the Board; they could be contacted again. The GP Federation could also be invited as a local provider of services.

The Police representative commented that it was difficult in such bodies when service providers were involved and the issue of contract procurement was discussed; to what extent did that provide them with a competitive advantage? The NHS England representative stated that separating procurement out of Health and Wellbeing Board discussions was always difficult but the wider discussions had value.

In relation to the sub-structure, the Chair did believe that it was timely to have a review to ensure what was needed to be covered was actually covered by the groups but that the while doing so the structure was as slim as possible.

In terms of the Health and Wellbeing Strategy and the monitoring of progress through quarterly performance reporting it was considered that a reduction to receiving the monitoring information only on an annual basis may leave the potential for shortfalls only to be brought to the Board's attention at that point. An alternative would be to have the groups that formed the sub-structure monitor their own sections of the strategy and report to the Board if there were any in-year causes for concern. The Chair commented that may be prudent in light of the workload of the Board.

The Director of Public Health commented that it may be valuable to explore these matters further during a development day in September. The Chair supported the proposal and suggested that if possible the Youth Parliament could be included.

Decision

1. That the Board still commits to hosting one Face the Public Event a year as per the local authority constitution.

2. That all Board members should appoint named substitutes to the Board, and that the named substitute is the only person to attend in the absence of the Board member. In the case of Policy Committee Chairs, the named substitute will be the Vice-Chair.

3. That that the Board will hold an annual review meeting to be combined with a development day to reflect on the performance of the Board and proactively plan for the forthcoming year. This event to include involvement from the Hartlepool Youth Council / Youth Parliament.

4. That a Health and Wellbeing Strategy Action Plan is agreed to implement the Strategy and that progress is monitored quarterly with the intention that following the review of the Board sub-structure, monitoring would be through the sub-structure groups with an annual report being submitted to the Board and any ad hoc areas of concern being referred to the Board from the relevant sub group.

5. That the Terms of Reference outlining the supporting sub structure for the work of the Board be agreed and that the structure include the role and function of the Joint Commissioning Executive.

6. That the minutes of the Children's Strategic Partnership are referred to the Health and Wellbeing Board to ensure a link between both bodies.

7. That the removal of North Tees and Hartlepool NHS Foundation Trust from the Board as non voting members be noted in the revised Terms of Reference.

8. That the Board notes that the Director of Regeneration and Neighbourhoods or named substitute will remain as a non-voting member on the Board, but attendance will be determined by the requirements of the agenda.

9. The Board agreed to receive a report(s) reviewing the sub structure supporting the Board and the non-statutory membership by September 2016.

6. Sustainability and Transformation Plan (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer of Hartlepool and Stockton Clinical Commissioning Group gave a presentation to the Board on Delivering the Forward View: NHS Planning Guidance 2106/17 – 2020/21.

The presentation covered the following key aspects, with discussion points –

The guidance set out a clear list of national priorities for 2016/17;

- Sustainability and Transformation Plans
- Financial balance
- General Practice
- A&E and Ambulance waits
- Referral to Treatment
- Cancer waiting times
- Mental health
- Learning disabilities
- Improving quality and avoidable mortality

For the first time, the Mandate is not solely for the commissioning system, but sets objectives for the NHS as a whole.

This had to be accomplish three interdependent and essential tasks:

- Implement the Five Year Forward View
- Restore and maintain financial balance
- Deliver core access and quality standards for patients through a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View, and a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP.

The principle STP challenges were –

- How to close the health and wellbeing gap: diabetes, obesity, self care, person centred, personal budgets, workforce.
- How to drive transformation to close the care and quality gap: 20 key questions on new care model development, improving against clinical priorities, and rollout of digital healthcare.
- How to close the finance and efficiency gap: efficiency, growth, variation, cost reduction including workforce, capital, estate.

In terms of the Better Health Care Programme, of the 700 Standards, only 66% were met, there were still significant workforce challenges and a unsustainable financial position.

The Chief Officer commented that there were key issues around urgent care and the outcomes for cancer treatment. In the longer term it was unlikely 'we' will be able to keep the services we have now so the 'services footprint' would have to increase. The sharing of information was something that many think we already do across the board but there were still significant issues. There were also inconsistencies within localities on the care some conditions received.

The Chair was concerned that the Health and Wellbeing Board had not been included in the preparation of the STP and it did appear to be being imposed.

The Chief Officer stated that the lead for the STP across the Tees Valley area, Alan Foster, had met with the local authority Chief Executives.

The Chief Officer indicated that for the future, there needed to be –

- A system wide plan to sustain the future
- Greater prevention of ill health – staying healthy for longer
- Focus on patient self management and low level support
- Mental Health parity including more community based care and early intervention
- Continued transformation of Learning Disabilities services
- Better management of chronic conditions
- Sustainable acute services and primary care – high quality services with the right workforce
- Reduction in Length of hospital Stay (LoS) – leading to less reliance on hospital based care

The final STP submission had not yet been made, the expected deadline was September.

The Chair did feel the STP was being imposed and it was difficult to have confidence in a plan that was being headed up by an individual that had been removed from this Board. The STP appeared to take things in the wrong direction and issues such as the mortality rates were not included.

The Chief Officer indicated that the STP was trying to look at services from both ends. Only 10% of all health needs were met by hospitals and the balance of funding and planning needed to be addressed. People needed to have the right access to prevention services, local diagnostics etc. However for some of those you needed highly specialised skills and equipment that you couldn't have in every town so there were issues around travel and transport that needed to be addressed.

We all use Acute Services far more than we need to but that was because the local preventative and early intervention services weren't to the level needed.

The Chair commented that most people would accept the need to travel for specialised services like major trauma and child cancer services but the frequency with which people from Hartlepool had to travel was disproportionate; yes we need to travel for some things, but not everything. The Chair considered that the Board needed to write to NHS England indicating the Board's views indicating that this was being imposed upon us and that there were grave concerns with the leadership board.

The Chair was also concerned, however, that taking an active part may then tie the authority to the outcome of the STP. The dilemma was that whether Hartlepool was involved or not, it could still end up with an outcome it was unhappy with. Members indicated the scepticism with a plan being lead by someone that holds Hartlepool in contempt.

The NHS England representative stated that the main driver behind the STP process was the cash deficit in the NHS; essentially as a country we were investing in illness, not in health. A lot of money was invested in the end of people's lives. With the size of the service footprint and the patient flows around that planning had to be at a level much higher than individual Health and Wellbeing Boards. There was still an opportunity though for this Board's voice to be heard.

The CCG Chief Officer stated that the Hartlepool plan would be carried forward into the STP. Money allocated to this area would not be diverted elsewhere. What was needed was access to the best services and sometimes that would be in different areas.

Members did feel that the approach seemed to be very top down driven and Members simply wanted our residents to have a say in the development of the plan. The approach seemed to be based around initiatives and often with social care being a junior partner. The proposals presented seemed to be putting a greater pressure on the resources the local authority had for social care. There were some excellent services currently available in Hartlepool for social care but without the extra resources they could not cope with any additional patient numbers.

The CCG Chief Officer stated that there was the potential to jointly decide on something different as long as it delivered. Much depended on working together to deliver the outcomes particularly in relation to preventative services. There was a level of anxiety in delivering the level of efficiency required over the next four years. A tipping point would be reached eventually. The development of some of the sectors, domiciliary care for example, needed to happen quite quickly.

The Chair questioned if the final STP would be 'signed off' by the Board. The CCG Chief Officer stated that not at present though this may change by September. It was important to note that this is just a plan but given the impact of the implementation of the plan locally it would still need to reflect our needs.

The Chair concluded the debate indicating that a letter should be sent to NHS England setting out the concerns the Board had with the apparent imposition of the STP and with the individual leading on its development locally. Assurances needed to be given that the local Hartlepool Health and Wellbeing Strategy would be 'written in' to the STP.

Decision

That the Board write formally to NHS England articulating concerns in relation to :

- Absence of the Health and Wellbeing Board's involvement or opportunity to influence, at any level, the development of the STP.
- The gaps in the STP in relation to the Five Year Forward View.

- The lack of trust / faith perceived that the provision of services in Hartlepool for its residents would be fairly considered as part of the STP. The background for this being Hartlepool's historic experiences with the NTHFT, whose Chief Executive is the lead of the STP covering Hartlepool. The actions of the NTHFT (under his leadership), had led to the incremental removal of services from University Hospital of Hartlepool whilst demonstrating a lack of strategic planning in terms of the long term future and sustainability of services in Hartlepool, to the benefit of University Hospital of North Tees.
- Hartlepool being tied to an outcome that could be detrimental to provision of health services in Hartlepool, whist not having had an opportunity to contribute / influence the STP.
- That the Board would consider that Hartlepool's contribution to the STP would be the locally developed and agreed Local Health and Social Care Plan.

7. Better Health Programme - Presentation

The Chief Officer of Hartlepool and Stockton Clinical Commissioning Group gave a presentation to the Board on the Better Health Programme.

The vision for the programme was;
"Meeting patient needs now and future proofing for the coming generation with consistently better health and social care delivered in the best place and within available resources"

There simply wasn't the same workforce out there as there was before so delivery had had to change over time. Services such as trauma and stroke care had made massive improvements in outcomes by specialising in centralised units. In the future there was a need to deliver planned care in venues that didn't deliver emergency care to avoid service pressures and cancelations.

The Chief Officer indicated that there was a very informative short video included in the presentation which would be shared with Board members after the meeting. The video set out in clear context the vision for the programme.

The main principles for the future would be based around –

- Care delivered through a network of hospitals and community services;
- More seamless care close to or in the patient's home where safe and effective, access to urgent and community care 24/7;
- Patients only admitted to hospital where it is no longer safe or effective for them to be cared for in the community;
- Access to specialist opinion 24/7 where this improves outcome, e.g. heart attack, stroke, trauma, or internal bleeding;
- Planned care organised so there is no unnecessary waiting, no cancellations and patients not exposed to risk of infections.

Public consultation on the programme would be held later in the year. In terms of the decision making part of the process, the Commissioning Organisations would approve the outcome of public consultation early in 2017.

Members supported the focus on preventative measures particularly the focus on services that would avoid the need for hospital stays. Officers acknowledged that the programme may at first seem confusing but that the 'golden thread' through the programme was the delivery of community based local services.

Decision

That the presentation and comments be noted.

8. Assisted Reproductive Unit at the University of Hartlepool Hospital - Update (*Director of Public Health*)

The Board received an update on the public consultation in relation to the future location of assisted reproduction services. Board Members were advised that the decision taken by the North Tees and Hartlepool Foundation Trust to close the Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool, with effect from the 31 March 2016, had resulted in the initiation of legal action by Hartlepool Borough Council.

This had resulted in a Consent Order, agreed by the High Court on the 5 April 2016. The requirements of the Consent Order were set out in the report. In taking the issue forward within the prescribed timescale, the CCG had requested the establishment of an independent Clinical Review Team through the Northern Clinical Senate. This team, in consultation with the CCG and taking into consideration the factors outlined in the report, had developed a number of service options for the future delivery of ARU services.

A formal consultation on the identified options had commenced on the 31 May 2016 and would continue until the 15 July 2016, with local people being invited to provide their views, experiences and ideas about assisted reproduction services in Hartlepool. All of the feedback gathered during the consultation process would be collated by an independent data analyst using the information, and views, to decide how best to proceed with the future structure of assisted reproduction services in Hartlepool. This would be considered within the clinical evidence base, health policy, staffing and financial resources. A timeline of the "next steps" was included in the report.

Members thanked all involved in the process to this stage. In terms of the online consultation questionnaire, a Member commented that 'you' were asked to prioritise three options, whether you wanted to choose all three or not. The Chief Officer of the CCG commented that the consultation had to include all the options that were available, though it was acknowledged that some of the issues were still emerging through the Clinical Senate. The

consultation did include a space for any additional comments and the Chief Officer suggested that comment be made there in relation to the service options. Advice had been taken from the Consultation Institute to assure the process but the comments would be noted for when the results were analysed.

Decision

The report was noted.

9. Better Care Fund 2015/16 Quarter 4 Return *(Director of Child and Adult Services)*

Further to minute 59 of the meeting held on 14 March 2016, 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. The 2015/16 Quarter 4 return which was appended to the report had been submitted on 27 May 2016.

Decision

The report was noted.

Meeting concluded at 4.30 p.m.

CHAIR

Minutes from the Finance and Policy Committee meeting held on 25 July 2016

18. Substance Misuse Treatment Support Delivery Options Appraisal (*Director of Public Health*)

Type of decision
Key Decision test (i) and (ii) applies - Forward Plan Reference No PH03/16.

Purpose of report
To seek approval from the Finance and Policy Committee, to secure a Substance Misuse Treatment Service and associated support, to be funded through the ring fenced Public Health Grant to commence from 1st April 2017. The report outlined 3 options for consideration to secure services and support including:
• Alignment of existing services.
• In house option for the provision of recovery support complemented by a commissioned specialist clinical prescribing service.
• Extension of existing contracts with existing providers.

The option of decommissioning of all services was considered and discounted. This was due to the potential serious negative impact the decommissioning of treatment services would have, on the circa 1000 individuals who are currently in treatment, their families and the community as a whole.

Issue(s) for consideration
The Director of Public Health set out the background to drug and alcohol abuse and the evidence base of misuse and the current prevention, treatment and recovery interventions available in Hartlepool.

Hartlepool Borough Council currently commissioned a specialist substance misuse prescribing service and substance misuse recovery support service for both adults and young people. These services were funded through the public health grant. These services were currently managed under two separate Public Health contracts and were delivered by two individual service providers, Addaction and Lifeline.

The contract values of the service provision prior to review was set out in confidential Appendix 2 which also outlined the cost and savings projections of each option and contained exempt information under Schedule 12A Local Government Act 1972 (As amended by the Local Government (Access to Information)(Variation) Order 2006) namely, (para 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).

Currently both contracts were due to expire at the end of March 2017, therefore, there was an opportunity, through review, to realise further efficiencies while developing a sustainable substance misuse treatment services for the future. The performance in relation to substance misuse services was well managed through the National Drug Treatment Data System (NDTMS). Whilst successful treatment completions had reduced slightly, representation rates for those who had successfully completed treatment had seen a significant improvement on the previous year. Opiate representations had fallen from 36.7% to 10.5% and non opiates had fallen from 15.4% to 5%. This showed that although there were fewer

people exiting treatment in a successful manner, those that do were far less likely to return to drug treatment services, leading to a much greater long term impact on Hartlepool's drug taking population and their families.

During recent consultation with service users and partner agencies, it was identified that there existed a perceived gap in relation to substance misuse service delivery, mental health services and specialist social care services. These are pressurised areas for which limited resources are available. Investment in these key areas would, therefore, improve effectiveness and reduce pressure on mainstream specialist service provision. Taking account of the recommendations within the Advisory Council on the Misuse of Drugs (ACMD) report, local considerations, consultation feedback and acknowledging the need for further efficiencies due to budget constraints, the following options for the future provision of service had been identified.

 Option A - Alignment of existing services
 Option B - In house option for the provision of recovery support complemented by a commissioned specialist clinical prescribing service
 Option C - Extension of existing contracts with existing providers The table of confidential Appendix 2 to the report outlined the cost and savings projections for each option and contained exempt information under Schedule 12A Local Government Act 1972 (As amended by the Local Government (Access to information)(Variation) Order 2006) namely, (para 3) information relating to the financial or business affairs of any particular person (including the authority holding that information). The Director stated that based on the detailed analysis of the options, as reported, the most cost effective option was Option B and it was this option that was recommended to the Committee.

Decision
That Option B – in house option for the provision of recovery support complemented by a commissioned specialist clinical prescribing service – be approved as the preferred option for future service delivery of the substance misuse service.

25. Update on Community Defibrillator Programme and Proposals for Future Development (*Director of Public Health*)

Type of decision
Non Key Decision.

Purpose of report
To update members on the progress of installing defibrillator ('defib') units at key locations across Hartlepool and the subsequent mapping exercise to identify any gaps.

To seek member approval to further develop the scheme in partnership with the Defibs4Hartlepool charity group by investing further Public Health resources into the initiative.

Issue(s) for consideration

The Director of Public Health reported that previous Public Health funding had provided 8 defib units plus spare equipment, and 5 external storage cabinets in key areas, which allowed the defibs to be accessed 24/7 by the community in an emergency (known as 'cPAD' or community public access defibrillator sites). A mapping exercise had taken place with the North East Ambulance Service (NEAS) to register the new defib locations with the emergency services. Further 'static' defib units (which are only accessible when buildings are open) have also been identified and these were listed in the report.

It was proposed that a further £10,000 be sought from Public Health resources to provide defibrillator units at other key locations in community and workplace settings in addition to those reported. Locations would be chosen on a needs basis in consultation with NEAS, elected members and the wider community, considering ambulance response times, demographics of the area, footfall etc. Requests had already been received for a cPAD defibrillator at the Fisherman's Arms pub at the Headland and Throston Grange Primary School via the Defibs 4 Hartlepool group. If further Public Health resources were approved these requests and further requests could be considered for funding.

Councillor Thompson reported that utilising Seaton Ward Councillors ward budgets, a defib unit had been installed at Seaton Football Club and was registered with NEAS. The Councillor suggested the location of a further unit on Seaton seafront be discussed further with the Director.

Decision
That £10,000 is identified from the Public Health to meet the costs of the additional defibrillator units and ongoing maintenance, as sites are identified.

Minutes from the Finance and Policy Committee meeting held on 5 September 2016

36. Acquisition of Assets – Victoria Road, Gladstone House (*Director of Regeneration and Neighbourhoods and Director of Public Health*)

Type of decision
Key Decision (test (i)) Forward Plan Reference No. RN 98/11

Purpose of report
To seek approval for the acquisition of Gladstone House Victoria Road for a Health and Wellbeing Recovery Centre.

Issue(s) for consideration
The Director of Regeneration and Neighbourhoods reported that in 2015/16, Public Health, in Partnership with Addaction, a locally commissioned, specialist prescribing contractor for substance misuse services, were successful in receiving a capital grant from Public Health England (PHE) to deliver a Health and Wellbeing Recovery Project. This project, to be known as "Stepping Stones", would be delivered to those recovering from drug and alcohol addiction in Hartlepool. The project would develop a Health and Wellbeing Recovery Centre delivering a range of healthcare interventions and including diversionary and developmental activities.

In order to deliver the project, suitable premises were required. The use of existing Council premises has been considered, but there were no suitable properties vacant at present; the property requirement included being in a central location, a Use Class D1 planning consent (Use Class D1 includes clinics and health centres) and sufficient space to accommodate a range of activities and facilities including clinical work, a fitness suite, advice and mentoring services.

An appropriate property from which to deliver the project became available on the open market earlier this year, 46 Victoria Road, which was formerly a general practice doctor's surgery and thus had both the type and layout of accommodation required by the service and a suitable planning consent. The property does require some repairs, mainly in relation to roofing/rain water goods and some areas of rising dampness but these were relatively limited. In addition, the service will carry out some internal alterations to the building.

Terms had been provisionally agreed for the purchase of the property. As the project would be delivered by Addaction, the property would be leased to them for the duration of the project. There was an option within the current contract with Addaction to extend the contract until the end of March 2019 which was part of the Substance Misuse Options appraisal presented to Finance and Policy Committee on 25 July 2016. This would ensure that the end dates for both projects were aligned.

Decision
1. That the acquisition and lease of the property to Addaction as reported be approved.
2. That the delivery of the project be approved subject to the Heads of Terms as set out in the confidential Appendix 2 to the report which contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information.

37. Quarter 1 Council Overview of Performance and Risk 2016/17 (*Assistant Chief Executive, Director of Regeneration and Neighbourhoods and Director of Public Health*)

Type of decision
Non Key Decision.

Purpose of report
To inform Finance and Policy Committee of the progress made against the 2016/17 Council Plan at the end of quarter 1 and seeking agreement to a number of changes/updates to the plan. The report also provided the Committee with an update on the topic of Corporate Procurement as agreed by the Committee in June 2016.

Issue(s) for consideration

The Chief Finance Officer reported on the overall progress made on the Council Plan during the first quarter of the financial year, together with specific details of progress against those actions, performance indicators and risks from those service areas that are specifically relevant to the Finance and Policy Committee.

Decision

1. That the overall progress made on the Council Plan 2016/17 and the progress made on the specific areas of the Council Plan relevant to the Committee at the end of Quarter 1, as set out in appendix 1, be noted;
2. That the position in relation to use of RIPA powers, as set out in appendix 1 to the report, be noted;
3. That the date change of action CED16/17 OD25 as set out in Appendix 1 be approved;
4. That information provided on the action identified as not achieved, those Performance Indicators identified as requiring intervention and the change to risks as set out in Appendix 1 be noted;
5. That the update on Corporate Procurement be noted;
6. That the progress made on the Council Plan relevant to the other four Policy Committees, as set out in appendix 2 to the report, be noted;
7. That the 2015/16 outturn highlighted in the report be noted.

SAFER HARTLEPOOL PARTNERSHIP
MINUTES AND DECISION RECORD
17 June 2016

The meeting commenced at 10 a.m. in the Civic Centre, Hartlepool

Present:

Councillor Christopher Akers-Belcher (In the Chair)
Councillor Marjorie James
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Head of Community Safety and Engagement
Louise Wallace, Director of Public Health
Steve Johnson, District Manager, Cleveland Fire Brigade
John Bentley, Voluntary and Community Sector Representative, Safe in Tees Valley

Inspector Mal Suggitt was in attendance as substitute for Chief Inspector Lynn Beeston and Chief Superintendent Gordon Lang, Rachelle Kipling as substitute for Barry Coppinger and Gilly Marshall as substitute for Stewart Tagg.

Also present: David Mead, Victim Care and Advice Service, Cleveland and Durham

Officers: Lisa Olroyd, Community Safety Research and Development Co-ordinator
Rachel Parker, Community Safety Research Officer
Amanda Whitaker, Democratic Services Team.

Prior to the commencement of business, the Chair referred in terms of regret to the recent tragic death of Jo Cox MP. Partnership Members stood in silence as a mark of respect.

1. Apologies for Absence

Apologies for absence were submitted on behalf of Chief Inspector Lynn Beeston, Chair of Youth Offending Board, Chief Superintendent Gordon Lang, Cleveland Police, Barry Coppinger, Police and Crime Commissioner for Cleveland, Stewart Tagg, Housing Hartlepool, Julie Allan, National Probation Service, Sally Robinson, Director of Child and Adult Services, Hartlepool Borough Council

2. Declarations of Interest

None

3. Minutes

The minutes of the meeting held on 11 March 2016 were confirmed.

Further to minute 55 relating to a request that all funding stream options be explored for the Taxi Marshalling Scheme, the Council's Head of Community Safety and Engagement advised the Board that donations of £1000 had been contributed by both the Office of Police and Crime Commissioner for Cleveland and the Clinical Commissioning Group.

Further to minute 55 with reference to Early Morning Restriction Orders, the Head of Community Safety and Engagement advised the Partnership that following analysis, it was suggested that the Partnership pursues an alternative night time economy option that builds on existing national and local good practice.

4. Domestic Abuse Strategy 2016-19 (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To seek approval from the Safer Hartlepool Partnership on the first draft of the Domestic Abuse Strategy 2016-19 and proposed consultation process.

Issue(s) for consideration

The report set out how the first draft of Domestic Abuse Strategy 2016-19 had been developed and the proposed consultation process. The development of the Strategy had been overseen by the Safer Hartlepool Partnership Domestic Violence & Abuse Task Group. Using a wide range of quantitative and qualitative data sources from Cleveland Police, Hartlepool Borough Council Child & Adult Services, Safe Lives, Hartlepool Borough Council Public Health, Harbour Support Services, North Tees & Hartlepool NHS Foundation Trust and local consultation exercises; a local needs assessment had been undertaken to ascertain the extent of domestic violence and abuse in Hartlepool and understand the impact it had on those affected by this issue, key findings would be presented to the Partnership in September.

The Partnership was advised by way of a presentation by the Council's Community Safety Research and Development Co-ordinator of the key findings from the needs assessment which had been used to inform the

development of the strategy, appended to the report, including the identification of proposed strategic objectives, which were set out in the report. Subject to approval by the Partnership, the draft Domestic Abuse Strategy would be subject to an eight week consultation period with the consultation exercise. It was anticipated that the finalised strategy would be presented to the Partnership in September 2016.

Partnership Members debated issues arising from consideration of the Strategy and the Community Research and Development Team Co-ordinator provided clarification on aspects of the data presented. Improvements were noted in relation to early intervention and support for children who had witnessed domestic abuse. Concerns were expressed regarding the implications for children who were family members but had not necessarily witnessed domestic abuse.

The implications of universal credit were highlighted. The Chair proposed that the Strategy should include reference to the Financial Inclusion Partnership and that consideration be given also to the inclusion of a representative from the Financial Inclusion Partnership as an additional member on the Domestic Abuse Strategic Group.

Decision

(i) That subject to consideration of the issues raised by Partnership Members at the meeting, the Partnership approved the first draft of the Domestic Abuse Strategy 2016-19 as a first step in the consultation process.

(ii) It was agreed that an invite be extended to key stakeholders to an event to consider the results of the consultation in the development of the strategy and its first year action plan, alongside an opportunity to shape the scope of the domestic abuse service to be commissioned in early 2017.

(iii) That concerns expressed regarding early intervention and support implications for children who were family members but had not necessarily witnessed domestic abuse be given further consideration.

(iv) It was agreed that the Strategy should include reference to the Financial Inclusion Partnership and that consideration be given also to the inclusion of a representative from the Financial Inclusion Partnership as an additional member on the Domestic Abuse Strategic Group.

5. Victim Care and Advocacy Service Presentation

The Partnership received a comprehensive presentation by Dave Mead, Cleveland Team Leader, Victim Care and Advice Service (Cleveland and Durham). Partnership Members were advised that in October 2015 the Cleveland and Durham Police and Crime Commissioners had put the Victim Referral Service out to tender Following a competitive process Safe in Tees Valley had been successful in their bid to develop and deliver a new Victim Care and Advice Service (VCAS).This change had provided an opportunity to develop a new service to improve levels of victim satisfaction. The presentation provided an outline of the new service in terms of the following:-

- Strategic Aims and Objectives
- Delivery Model
- Referral Process
- Internal Process
- Links with the Police
- Restorative Justice

Mr Mead highlighted opportunities that were available to provide a better service for victims together with the challenges for the transition of the Victim Care and Advice Service. During the presentation, Mr Mead paid tribute to the Council's Victim Services Officer who worked with his organisation.

Following the presentation, Partnership Members discussed issues arising from the presentation. In relation to the Action Fraud initiative, the Director of Public Health suggested that contact be established with the Council's Trading Standards & Licensing Manager. Assurances were provided in relation to vulnerability assessments on those occasions when victims of crime are not visited by the police. In terms of plans for extending victims service, the Partnership received an explanation of the current arrangements and noted that the issue would be considered through the victim strategic planning group. Clarification was sought from the Chairman in relation to communication with victims when perpetrators fail to attend court hearings. It was acknowledged that a more co-ordinated approach was required in relation to services commissioned by different agencies and that discussions were being held nationally.

Decision

The presentation was noted.

6. Safer Hartlepool Partnership Performance (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for 2015/16.

Issue(s) for consideration

The Community Safety Plan 2014-17 had been published in 2014 and had outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2015/16. The report set out an overview of Safer Hartlepool Partnership performance during 2015/16 was provided, comparing end of year performance to the previous year 2014/15, where appropriate.

The Community Safety Research Officer highlighted the salient points included in the report with further explanation provided by the District Manager, Cleveland Fire Brigade. Partnership Members discussed issues arising from the report. It was suggested that it would be beneficial to include, where appropriate, the financial implications associated with the data. Concern was expressed regarding terminology with reference to 'non victim based crime' and 'police generated offences'. The Chair suggested that consideration be given to an alternative descriptor to include in future covering reports, submitted to the Partnership.

Decision

The report was noted.

7. Modern Day Crime Prevention Strategy (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To inform the Safer Hartlepool Partnership of the new Modern Day Crime Prevention Strategy published by the Home Office at the end of March 2016, and to discuss as a Partnership, how local responses to Preventing Crime and Disorder fit with the national direction.

Issue(s) for consideration

The 'Modern Day Crime Prevention Strategy', appended to the report, had been published by the Home Office in March 2016. The strategy recognised that whilst at a national level crime had reduced significantly over the last 20 years due to better preventative action, that the crime prevention challenge had evolved, with growing evidence of child sexual abuse, rape, and domestic violence, and the scale of on-line fraud and cyber crime. Underpinning the effectiveness of the new strategy was the need for strong Partnership working and the use of new technologies to prevent crime with a particular focus on the following six key drivers of crime, details of which were set out in the report. Locally, Partners were each responding to these challenges developing and evolving new ways of working through activities such as the Victims Services and Security Project, the Troubled Families Programme, Operation Encompass, Integrated Offender Management, work to disrupt Organised Crime Groups, and the restructuring of Policing to address demand with a refocus on vulnerable individuals and localities. The Partnership was also developing a new domestic abuse strategy and a substance misuse strategy which would address gaps and incorporate learning from elsewhere to inform local responses to these issues which were crucially important to improving safety in Hartlepool.

Decision

The Partnership noted the report.

8. 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.

9. Hartlepool Magistrates Court – Video Link

The Partnership was advised that the Police and Crime Commissioner had attended a Harbour service user panel which met at the Hartlepool Refuge. As part of the discussions a concern had been raised about closure of the Hartlepool Magistrates Court. A representative of Harbour had requested whether consideration could be given to exploring a video link to be based at an agreed location in Hartlepool, to assist victims and witnesses in giving evidence.

Decision

The Partnership agreed that the suggestion was worthy of exploration and that the proposal should be considered in conjunction with future Local Authority commissioning considerations and community hubs work streams. In relation to future commissioning arrangements it was agreed that the Office of the Police and Crime Commissioner would be invited to participate.

The meeting concluded at 11.20 a.m.

CHAIR

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

6 January 2016

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

Present:

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council

Durham County Council:
Councillor Robinson

Northumberland County Council:
Councillors Sambrook

Redcar Borough Council:
Councillor Kay

Stockton Borough Council:
Councillor Javed

In accordance with Council Procedure Rule 5.2 (ii), Councillor Schofield was in attendance as substitute for Councillor Mendelson (Newcastle City Council).

Also Present: David Hambleton, Transforming Care Programme
Gail Bayes, Northumberland, Tyne and Wear NHS Foundation Trust
Ahmad Khouja, Levi Buckley, Dave Banks and Glenn Havelock, Tees, Esk and Wear Valley NHS Foundation Trust
Sam Harrison, North East Commissioning Service
Lesley Jeavons, Head of Adult Care, Durham County Council / Association of Directors of Adult Social Services Regional Lead

Officers: Jane Bowie, Northumberland County Council
Paul Allen, Northumberland County Council
Alison Pearson, Redcar and Cleveland Borough Council
Peter Mennear, Stockton Borough Council
Paul Baldesera, South Tyneside Council
Stephen Gwillym, Durham County Council
Joan Stevens, Scrutiny Manager (HBC)
Angela Armstrong, Principal Democratic Services (HBC)

27. Apologies for Absence

Apologies for absence were received from Councillors Dryden (Middlesbrough Borough Council), Newall (Darlington Borough Council), Green (Gateshead Borough Council), Brooks (North Tyneside Council), Brady (South Tyneside Council), and Mendelson (Newcastle City Council).

28. Declarations of Interest

None.

29. Minutes of the meeting held on 17 December

The Chair highlighted to the Committee that an amendment had been suggested by NHS England to Minute 24, decision (ii). However, the Committee did not agree with the amendment and confirmed the minutes as submitted.

30. North East and Cumbria Learning Disabilities Fast Track Transformation Plan

Representatives from the North of England Commissioning Support Unit (NECS) were in attendance and jointly provided a detailed and comprehensive presentation on the Learning Disabilities Fastrack Programme. The presentation showed how learning disability beds had been reducing since 1986 in line with Government Guidance with the aim of bringing an end to the model of institutionalisation as a model of care and providing more choice for people with learning disabilities. It had been recognised that the pace of change was too slow and a National Task Force had been created to drive this change forward. An overview of the current picture across admissions, discharges and care and treatment reviews was provided along with the targets, aims and ambitions for the future.

It was noted that the Including North Partnership had been created involving Local Authorities, Community and Voluntary Sector, Housing Providers, the Association of Directors of Adult Social Services and a number of NHS organisations to develop the community model of the Fastrack Programme. The aim of the Programme was to reduce learning disability beds from 277 in 2014/15 to 104 in 2018/19 through the provision of more appropriate support for people with learning disabilities within their own home or a community based setting. It was proposed that dowries would be available to Local Authorities for the care and support of each individual with learning disabilities discharged into their own home or a community based setting, although the detail of this provision had yet to be finalised.

In conclusion, it was noted that there was always the intention to maintain a

limited number of in-patient learning disability beds within the region for cases where this was the most appropriate care for an individual.

A service user with learning disabilities who had previously utilised the in-patient beds gave the Committee a brief overview of his experience of the care and support provided during what had been a troubled period in his life. He added that he was now living in the community and was fully discharged and had a much better car plan in place with a very supportive staff team around him. A fact sheet had been produced which highlighted some of the key facts that service users of learning disabilities care and support thought were really important for to enable effective planning to meet their individual needs. The service user was thanked for his attendance and heartfelt presentation, it was much appreciated by the Committee.

There was some concern expressed by Members that there was no Elected Member representation on the North East and Cumbria Learning Disability Transformation Board. A discussion ensued during which it was considered appropriate to appoint two Elected Member representatives to the Board, one from the Northumbria and Tyne and Wear NHS Foundation Trust area and one from the Tees, Esk and Wear Valley NHS Foundation Trust area and this was welcomed by the health representatives in attendance. A Member questioned whether the fact that learning disability in-patient beds occupied by patients from out of the area were limiting the use of patients from within the north east area. The representative from the Transforming Care Programme confirmed that the majority of beds in the north east region were occupied by patients from within this region but support was provided to people from outside the region when this was appropriate.

Members sought reassurance that the proposed ‘dowry’ funding would follow patients and that Local Authorities would not be faced with additional costs for these patients when their budgets were already under considerable strain. The representative from the Transforming Care Programme, who chaired the Northern CCG Forum reassured Members that Clinical Commissioning Groups fully supported the principle of the dowry following the patient to fund their care and were not looking to Local Authorities to take on these costs. Further reassurance was provided that the provision of care and support to people with learning disabilities was monitored and regulated by the Care Quality Commission. It was highlighted that further Government guidance was awaited on the provision of individual dowries and whether they would fund part or all of the individual’s ongoing care as there remained the need to provide further investment in future service provision.

In response to a question from a Member, a representative from Tees, Esk and Wear Valley NHS Foundation Trust reassured Members that this Transformation Plan was not about moving to zero beds, there was always the intention to have a limited number of beds available within the north east to meet that particular need and demand.

A Member sought clarification on the rationale for the implementation of these changes and whether it was due to financial reasons or the best interests of the patients. A representative from Tees, Esk and Wear Valley NHS Foundation Trust indicated that this was an opportunity to make system wide transformational change whilst recognising that this may not be the most appropriate solution for everyone. In view of this any care packages put in place would be led by the individual and their needs and preferences from a range of choices. To support this process it was highlighted that there would be enhanced Community Teams to visit people living in their own homes and within the community to provide support and ensure an individualised and appropriate approach to their care and support package.

Decision

1) In acknowledging that this was a complex piece of work the Committee supported the principles within the North East and Cumbria Learning Disability Transformation Programme.
2) That further updates on the progress of the Programme be submitted to this Committee on a regular basis providing details of:
   a) The development of proposals and any associated consultation/engagement plans;
   b) Financial aspects of the project, including the proposed dowry arrangements for the care and support of individuals with learning disabilities within their own home and in community based settings; and
   c) Statistics in respect of Learning Disability bed occupancy rates throughout the lifespan of the project proposals.
3) That the Chair liaise with the Vice Chair to progress Member observer representation from the Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust areas on the North East and Cumbria Learning Disability Transformation Board.
4) The presentation and additional information from service users provided at this meeting be circulated to all Members of the Committee.

31. Chairman's Urgent Items

None.

32. Any Other Business – Better Health Programme Forum Event (formerly SeQIHS) – 27 January 2016

The Chair informed Members of the Committee that the SeQIHS Programme had now evolved into the Better Health Programme and a second forum event was being held on 27 January 2016 6pm-8pm at Sedgefield Racecourse to give stakeholders the opportunity to hear a

programme update and participate in discussion workshop.

All Members of the Committee were encouraged to attend this event.

33. Date and Time of Next Meeting

The date and time of the next meeting was yet to be confirmed.

The meeting concluded at 12 noon.

CHAIR