AUDIT AND GOVERNANCE COMMITTEE AGENDA

HARTLEPOOL BOROUGH COUNCIL

Thursday 17 November 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.

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

   3.1 Minutes of the meetings held on 20 October and 27 October, 2016.

4. **AUDIT ITEMS**

   No items.

5. **STANDARDS ITEMS**

   No items.

6. **STATUTORY SCRUTINY ITEMS**

   6.1 Director of Public Health Annual Report – *Director of Public Health*

   6.2 Evidence in relation to the Investigation into Mortality Rates – *Scrutiny Manager (to follow)*

6.3 Electronic Cigarettes (E-Cigarettes) – *Director of Public Health*

6.4 Delayed Transfer of Care – Verbal Update – *Director of Child and Adult Services*

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

None.

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

8.1 Minutes from the Finance and Policy Committee meeting held on 26 September 2016.

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

9.1 Minutes from the Tees Valley Health Scrutiny Joint Committee held on 28 July 2016.

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

None.

11. **REGIONAL HEALTH SCRUTINY UPDATE**

11.1 Minutes of the meeting of the North East Joint Health Scrutiny Committee held on 27 October 2016.

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

For Information:

Date of next meeting – Thursday 8 December 2016 at 10.00am in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

20 October 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, Sandra Belcher, Rob Cook, Lesley Hamilton, Brenda Harrison and John Tennant.

Also Present:
Inspector Nick Edgar, Cleveland Police

Officers: Steven Carter, Health Improvement Practitioner
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

58. Apologies for Absence

Apologies for absence were received from Independent Person Clare Wilson.

59. Declarations of Interest

None.

60. Minutes of the meeting held on 22 September 2016

Confirmed.

61. Referral from the Health and Wellbeing Board – Review of NHS England Guidance – Monitoring Delayed Transfers of Care (*Scrutiny Manager*)

The Committee were provided with details of a referral received from the Health and Wellbeing Board. The Board had received notification that North Tees and Hartlepool Foundation Trust intended to review the way which monthly delayed transfers of care were recorded in light of reviewed guidance and direct discussions with NHS England. The Board had subsequently requested the Audit and Governance Committee investigate this proposal as it required further exploration.

The Chair of the Board had subsequently written to the Trust outlining its concerns and the referral to scrutiny. In addition to this, the Director of Child and Adult Services had requested a meeting with the Trust to discuss this proposal. As such the Committee were asked to accept the referral and defer consideration pending a response to the Chair of the Board's letter and the outcome of the meeting requested by the Director of Child and Adult Services.

Recommended

The referral was accepted with consideration of the issue deferred pending receipt of a response to the Chair of the Health and Wellbeing Board's letter and the outcome of the meeting with the Trust as requested by the Director of Child and Adult Services.

62. Scoping Report - Mortality (*Scrutiny Manager)*

The Scrutiny Manager referred to the investigation into High Mortality Rates at North Tees and Hartlepool Foundation Trust alongside Shared Diagnostics – Use of Theatres which was agreed at the meeting of the Committee on 14 July 2016. The Scrutiny Manager was concerned that the initial statistics provided to inform the scoping report for this investigation were insufficient to enable Members to fully consider the issues. It was therefore suggested that consideration of the scoping report for this investigation be deferred to November where the scoping and first evidence gathering session would take place simultaneously.

Recommended

That the scoping report for the investigation into High Mortality Rates at North Tees and Hartlepool Foundation Trust alongside Shared Diagnostics – Use of Theatres be deferred to the meeting of the Committee in November.

63. Obesity in Hartlepool (*Director of Public Health*)

The Health Improvement Practitioner presented a comprehensive report which provided the Committee with an update on the approaches being taken to tackle the serious issue of obesity in Hartlepool. The report also demonstrated that the 10-year Healthy Weight Strategy for Hartlepool (2015-2025) was aligned with the key objectives of the Government's national strategy (Childhood Obesity: A Plan for Action, published in August 2016).

It was highlighted that 25.4% of reception (aged 4-5) children were overweight or obese, rising to 39.4% in year 6 (aged 10-11). However, children with excess weight in reception had shown a slight downward trend

over recent years whereas year 6 rates had increased slightly compared to the England average. The report included figures that showed there were also clear inequalities between child and adult obesity statistics at ward level. On a positive note, Hartlepool had shown good improvements in physical activity levels in recent years with 26.7% of the Hartlepool population participating in at least 3 bouts of 30 minute moderate physical activity which was the highest in the region. In addition to this, 39.6% of the Hartlepool population participated in at least one bout of 30 minutes physical activity.

The Government published 'Childhood Obesity: A Plan for Action' with the aim of reducing England's rate of childhood obesity within the next 10 years through a range of national measures which were outlined in the report. It was highlighted that the Hartlepool Healthy Weight Strategy contained actions and objectives that were closely aligned with these national measures.

Further detail was provided in the report on the following key actions and next steps linked to the measures within the national plan over the next 12-36 months:

- Strategic Theme 1: Universal – To Transform the environment so that it supports healthy lifestyles (Primary Prevention)
- Strategic Theme 2: Preventative – Making healthier choices easier by providing information and practical support (Secondary Prevention)
- Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

The proposals to address the national measures and initiatives within the national Childhood Obesity Plan at a local level were detailed in the report along with a range of additional actions and measures to assist over the coming years. It was noted that progress reports on the implementation of these proposals would be considered by the Health and Wellbeing Board on a six monthly basis.

It was noted that the early indications from the evaluation of the Holiday Hunger initiative had shown positive outcomes and as a result of this, a further application was being made for funding from the North East Child Poverty Commission with a view to extending this Programme in 2017.

Clarification was sought by a Member on how the obesity statistics for Hartlepool were calculated for both adults and children. The Health Improvement Practitioner confirmed that an annual survey is undertaken by Sport England as part of a national programme, which consults a relatively small sample of the adult population. The statistics relating to children were provided as part of the National Child Measurement Programme (NCMP) that is undertaken annually throughout schools by school nurses and covers 97-98% of eligible children in Hartlepool.

It was noted that there were a number of local authority leisure facilities

across the town and it was suggested that earlier opening times should be explored to enable people increased access to these facilities.

A lengthy discussion took place on the number of take-aways across the town, the areas where they were more prevalent and the fact that a lot of people thought of these as the cheaper and more convenient option as opposed to providing fresh home cooked food.

In response to a request for clarification from a Member, the Health Improvement Practitioner commented that a lot of initiatives in public health needed a long time to take effect as they often require a change in culture which can be so engrained and it was encouraging to note that the Council had approved this long term strategy. However, it was hoped that some improvements would be evident within the next 5 years and any other key changes and improvements will be reported through the six monthly Health and Wellbeing Board updates.

A discussion ensued on a number of suggestions to assist the implementation of the aims of this Strategy including working alongside slimming groups across the town and the potential for funding to be provided for people to access these groups from the NHS. A Member sought clarification on the Active Cards that were utilised to access Council leisure facilities. The Health Improvement Practitioner confirmed that people in receipt of benefits were entitled to subsidised access to the Council's leisure facilities and it was suggested that this be further publicised through the local media.

It was suggested by a Member that a lot of families regularly have take-aways due to a lack of skills in what and how to cook wholesome meals. It was proposed that supporting people to learn the basics and encourage eating as a family could be undertaken along with the publication of healthy recipes and ideas within the Council's website. The Health Improvement Practitioner confirmed that the Sports and Recreation Team do work with schools closely encouraging campaigns of physical activity and the Fiit Hart service (Families in it Together) provided family weight management including nutrition advice and physical activity sessions at various leisure facilities as a one-to-one bespoke support and was managed and delivered by Council Officers. In addition to this, it was proposed to extend the Holiday Hunger scheme to include advice on cooking and nutrition through workshops across the Town.

It was recognised that living a healthier lifestyle required a combination of healthier nutrition, including increased knowledge of the nutrition content of foods through the examination of labels on foods, alongside exercise and this was a cultural issue. In response to a question from a Member, the Health Improvement Practitioner confirmed that further details were awaited on the process to implement the soft drinks levy and how much additional funding that was likely to generate.

Recommended

The progress in implementing the Obesity Strategy was noted.

64. Presentation – Welfare Check Requests and Restraint within Health Settings (*Cleveland Police*)

A representative from Cleveland Police provided the Committee with briefing papers on the following:

- Welfare Check Requests; and
- Restraint within Health settings.

The briefing papers outlined the changes to the way welfare check requests and restraint within health setting were to be dealt with in line with reducing budgets which had resulted in more effective and smarter working. It was highlighted that Cleveland Police can deal with up to 1100 calls every day.

In relation to welfare check requests, new Government guidance was introduced from 1 April 2016 although it was too early to report on the impact of this new guidance. It was noted that on occasions, the requests for welfare checks were not evidence based and with the help of local mental health facilities in the area, the number of welfare checks that require police attendance could be reduced. Whilst it was noted that Cleveland Police were not abdicating responsibility for welfare checks, Police resources would only be deployed when there was significant risk to the individual and it was clearly and emergency situation during which something was about to occur.

A Member suggested that a lot of partner organisations may have relied too heavily on the Police to short circuit the process. The representative from Cleveland Police acknowledged this adding that on occasion, a Police presence could sometimes aggravate a mental health situation. It was highlighted that before entering any situation, the Police undertake a risk assessment using a national decision-making model which identified the criteria and subtleties of that incident at that time with every situation being different and a tailored response would be based on the individual merits of the situation and the information available at that time.

The restraint within health settings policy had been amended in a similar way to the above as in situations such as care home settings, a Police presence can often aggravate the situation even further. Partner agencies were asked to follow a pragmatic staged approach to these situations and contact the Police at the point when they were unable to deal with the situation and that person was at imminent risk of harming themselves or others. Similarly, Cleveland Police were working with North East Ambulance Service (NEAS) to ensure ambulances were deployed appropriately with Police Officers undertaking triage and contacting NEAS

for most appropriate action.

In addition to the above, it was noted that a pilot had been undertaken in the police control room with a Mental Health Co-ordinator from the Forensic Services of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) present to assist with the understanding of mental health issues and enable better assessment of calls where appropriate.

The Scrutiny Manager suggested that in view of the interest expressed during the discussions, that the need for Council Officers to have a measured, pragmatic and sensible approach to the use of Council services being implemented in line with the briefings provided by Cleveland Police and that this be communicated to the Chairs of the Health and Wellbeing Board, Children's Services and Adult Services Committees.

Recommended

(1) That the briefings in relation to Welfare Check Requests and the Restraint within Health Settings provided by Cleveland Police be noted.
(2) That the need for Council Officers to have a measured, pragmatic and sensible approach to the use of Council services being implemented in line with the briefings provided by Cleveland Police and that this be communicated to the Chairs of the Health and Wellbeing Board, Children's Services and Adult Services Committees.

65. Minutes of the meeting of the Health and Wellbeing Board held on 13 June 2016

Noted..

66. Minutes of the meetings of the Finance and Policy Committee Relating to Public Health which were held on 25 July and 5 September 2016

Noted.

67. Minutes of the meeting of the Safer Hartlepool Partnership held on 17 June 2016

Noted.

68. Regional Health Scrutiny Update – Minutes of the meeting of the North East Joint Health Scrutiny Committee held on 6 January 2016

The Scrutiny Manager confirmed that the North East Better Health Programme had recently met and received a presentation on the Sustainability Transformation Plan (STP) and a copy of this along with the associated report will be circulated to Members of the Committee.

70. Consideration of Investigation Report – SC03/2016

(*Chief Solicitor and Monitoring Officer)* This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to any individual (para 1).

It was requested that consideration of this report be deferred to a future meeting.

Recommended

That the report be deferred to a future meeting.

71. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 11.30 am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

27 October 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, Sandra Belcher, Rob Cook, Lesley Hamilton, Brenda Harrison and John Tennant.

Independents Person: Clare Wilson.

Also present: Councillors Paul Beck, Alan Clark, Marjorie James, Jim Lindridge and David Riddle.
Karen Hawkins, Sue Greaves and Hilary Thompson - Hartlepool and Stockton NHS Clinical Commissioning Group (CCG)

Officers: Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

72. Apologies for Absence

Apologies for absence were received from Norman Rollo, Independent Person.

73. Declarations of Interest

None.

74. Minutes of the meeting held on 20 October 2016

Confirmed.

75. Fens, Hartfields and Wynyard Road Medical Practices – Outcome of Consultation/Decision (*Scrutiny Manager*)

Representatives from Hartlepool and Stockton Clinical Commissioning Group were in attendance and provided a detailed and comprehensive presentation on the background, public consultation outcomes and decisions affecting Hartfields, Fens and Wynyard Road GP practices. Three options were considered as part of this proposal and were as follows:

Option 1 – One provider: two sites – Fens and Wynyard Road;
Option 2 – One provider: two sites – Hartfields and Wynyard Road; and
Option 3 – One provider: one site – Wynyard Road.

It was noted that a formal request from stakeholders for the Primary Care Committee (PCC) to consider a 4th option of one provider across 3 sites had been received. The PCC had previously determined this was not a viable option and in view of the CCG's duty to commission sustainable, high quality effective and efficient services, the PCC did not agree to progress the option of one provider 3 sites to procurement. An outline of the appraisals of the other options consulted upon were included within the presentation along detailed conclusions.

The Committee were informed that the PCC had met on 25 October 2016 and following a review of all the information available, determined that Option 2 – one provider on the two sites of Hartfields and Wynyard Road be progressed to procurement. It was noted that the current providers had been notified of this decision and the local practices were in the process of being notified. The decision was also due to be published on the CCG's website. The next steps were outlined in the presentation and culminated in the commencement of the new contract on 1 April 2017.

A number of Members expressed their disappointment at what they considered an outrageous decision which would displace 2700 patients and put additional pressure on other, already struggling GP practices across the Town, as well as creating difficulties for older residents and people who did not have access to personal transport. Additionally it was noted that the south west housing extension to the Town had the potential to create around 5,000 new houses and that this decision was a disaster strategically and a backward step for the provision of health services for local residents. It was suggested that the Committee may wish to explore the referral of this decision to the Secretary of State for Health. It was suggested by Members that the proposals were a cost-cutting exercise and the representative from the CCG commented that if this was a cost-cutting exercise, option 3 would have been the most cost effective option.

The Chair informed the Committee questioned whether there were significant grounds to refer this decision in line with the clearly defined reasons for a referral to the Secretary of State for Health which were:

(a) the authority was not satisfied that consultation on any proposal had been adequate in relation to content or time allowed;

(b) in a case where a decision had to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, the authority was not satisfied that the reasons given adequate; or

(c) the authority considered that the proposal would not be in the interests of the health service in its area.

The Chair urged Members to consider the above reasons for referral carefully if they wished to recommend to Council that this decision be referred to the Secretary of State.

Clarification was sought from Members on the guarantees and safeguards to be put in place for residents to ensure the continuous provision of an effective GP service during the transition period. A representative from the CCG indicated that whilst she recognised the disappointment expressed by Members, reassurance was given that patients would have the choice of where to register as all providers in the Town had been instructed to open their patient lists for any displaced patients. Work was ongoing to ensure the smooth operation of GP services during the transition period and assurance was given that any new provider would need to demonstrate they had an appropriate workforce in place to ensure services would be provided during the core hours of 8.00am to 6.30pm. It was noted that a request had been submitted to NHS England to enable the new contract to operate for 10 years thus providing the security for services to be developed to ensure the service was sustainable long term.

A Member paid tribute to everyone who had worked together during the consultation events across all the communities affected and who had submitted their views. It was formally moved that the CCG decision to close the Fens Medical Practice be submitted to Council with a recommendation that this decision be referred to the Secretary of State for Health.

A Member questioned what would happen to the site of the building where the Fens Medical Practice was located if this decision was implemented. The representative from the CCG indicated that they did not have the information available to be able to answer that question.

In response to a number of questions, the representative from the CCG confirmed that several factors were considered and evidence produced which showed that the one provider across three sites was not a viable option and was too great a risk to the provision of a sustainable service. However, the Committee was reassured that the CCG acknowledged the duty of care for the provision of local health services and was committed to the provision of quality sustainable services across the Town.

The Chair sought clarification on how a referral of this decision to the Secretary of State would impact on the procurement of the new contract. The representative from the CCG indicated that legal advice would need to be sought on how to take this forward with the potential of emergency arrangements being required to ensure the continuation of services.

Recommended

That the decision of the Clinical Commissioning Group to procure Option 2 – one provider on the two sites of Hartfields and Wynyard Road as part of the APMS Contract be referred to Council for consideration of a referral to the Secretary of State for Health on the following grounds:

i) The negative town wide impact of further reducing the number of GP's available to the residents of Hartlepool.

ii) Increasing travel and reducing accessibility, especially for older members of the community and those without personal transport.

iii) Additional stress on existing GP's in Hartlepool as a result of the displacement/ reallocation of patients.

iv) Negative impact on associated medical services in the Fens area i.e. potential loss of existing pharmacy services as a result of the loss of the surgery.

76. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 2.15 pm

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

17TH NOVEMBER 2016

Report of: Director of Public Health

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2015/16

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1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present for information to Committee the Director of Public Health Annual Report for 2015/16 see **Appendix 1**. This report has been presented to full Council in September 2016.

3. BACKGROUND

3.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town and the Local Authority duty to publish it is specified in the Health and Social Care Act 2012.

3.2 Director of Public Health Annual Reports are not a new requirement, as prior to 2012, Directors of Public Health in the National Health Service (NHS) were expected to produce annual reports.

3.3 Historically, the equivalent of the Director of Public Health Annual Report was produced by the Local Authority Chief Medical Officer.

4. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

4.1 Understanding need is the theme of my third Director of Public Health Annual Report for 2015-2016. The previous two reports have focused on how public health priorities have changed over the past 40 years (2013/14 report) and the

importance of how work and employment influence health and well being (2014/15).

4.2 This report for 2015-2016 considers need and illustrates how needs are 'measured' using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities.

4.3 Public Health is concerned with trying to understand patterns and analysing data to assist in understanding and addressing complex public health challenges. There is a statutory responsibility on the Local Authority and the Clinical Commissioning Group to assess the needs of the local population and produce a Joint Strategic Needs Assessment (JSNA). There is a statutory duty on the Hartlepool Health and Well Being Board to ensure this assessment is undertaken and also kept up to date. The JSNA is then used to develop the Health and Well Being Strategy that identifies key health and well being priorities that must be addressed, to improve and protect the health of the people of Hartlepool.

4.4 The Hartlepool JSNA is web based, but can be made available in hard copy if required. Given the complexity of assessing the needs of the whole population, the JSNA presents issues under 4 key themes:

Vulnerable groups
Wider determinants of health
Behaviour and lifestyle
Illness and death

Some of the key data contained in the full JSNA is presented in this report under the themed headings supported by short pieces of narrative. The intention of each section in this report is to provide the reader with an illustration of what is known about the population groups in each theme. The narrative is intended to highlight where there are successes in addressing needs or outstanding issues requiring collective action.

4.5 Hartlepool is able to demonstrate really positive examples of innovation and commitment to addressing significant public health challenges. The case studies section of this report attempts to provide a snap shot of evidence of new approaches being taken to address some of the needs identified through the joint strategic needs assessment process.

5. **RECOMMENDATIONS**

5.1 Members receive this report for information.

6. REASONS FOR RECOMMENDATIONS

6.1 Ensures compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it.

7. CONTACT OFFICER

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This document is also available in other languages, Braille, large print and audio format upon request.

Bengali

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Kurdish

ئەم بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەویت

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

HARTLEPOOL BOROUGH COUNCIL

For further information please contact:

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HARTLEPOOL BOROUGH COUNCIL

Director of Public Health Annual Report 2015/16

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Hartlepool JSNA

Vulnerable Groups

Wider Determinants

Behaviour & Lifestyle

Illness & Death

www.teesjsna.org.uk/hartlepool

Foreword

Understanding need is the theme of my third Director of Public Health Annual Report for 2015-2016.

The previous two reports have focused on how public health priorities have changed over the past 40 years (2013/14 report) and the importance of how work and employment influence health and wellbeing (2014/15).

This report for 2015-2016 considers need and illustrates how we 'measure' need using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities.

Public health is concerned with trying to understand patterns and analysing data to assist in understanding and addressing complex public health challenges. There is a statutory responsibility on the Local Authority and the Clinical Commissioning Group to assess the needs of the local population and produce a Joint Strategic Needs Assessment (JSNA). There is a statutory duty on the Hartlepool Health and Wellbeing Board to ensure this assessment is undertaken and also kept up to date. The JSNA is then used to develop the Health and Wellbeing Strategy that identifies key health and wellbeing priorities that must be addressed, to improve and protect the health of the people of Hartlepool.

The Hartlepool JSNA is web based, but can be made available in hard copy if required. Given the complexity of assessing the needs of the whole population, the JSNA presents issues under 4 key themes:

- Vulnerable Groups
- Wider determinants of health
- Behaviour and Lifestyle
- Illness and Death

Some of the key data contained in the full JSNA is presented in this report under the themed headings supported by short pieces of narrative, which highlight some of the key challenges and progress around each topic or issue. The intention of each section in this report is to provide the reader with an illustration of what is known about the population groups in each theme. The statistics in **green** represent relative successes, where Hartlepool has improved on previous years or is performing in line with or better than the regional or national average. The statistics in **blue** are our perceived areas for improvement, where further work is required to reverse the trend or bridge the gap to the regional or national average. The narrative is intended to highlight where there are successes in addressing needs or outstanding issues requiring collective action.

Hartlepool is able to demonstrate really positive examples of innovation and commitment to addressing significant public health challenges. The case studies section of this report attempts to provide a snapshot of evidence of new approaches being taken to address some of the needs identified through the Joint Strategic Needs Assessment process.

I hope you enjoy reading this report as during 2017/18, the JSNA will be used to refresh the Health and Wellbeing Strategy due to be published in 2018.

Louise Wallace
Director of Public Health Hartlepool Borough Council.

LEARNING DISABILITIES

84%

of supported adults with a learning disability living in settled accommodation.

43%

of eligible adults with a learning disability had a NHS health check.

AUTISM

140

people in Hartlepool with autism are in receipt of support services.

PHYSICAL DISABILITIES

41%

with severe physical disability (age 18-64) or with a limiting long-term illness (age 65+) receive services.

59%

with physical disabilities living in Hartlepool currently don't receive services.

SENSORY DISABILITIES

55%

of people with a hearing loss are referred by their GP for a hearing test.

SEXUAL VIOLENCE VICTIMS

41%

increase in the number of sexual violence offences reported to the Police in Hartlepool.

DOMESTIC ABUSE VICTIMS

48%

of domestic abuse incidents reported to the Police in Hartlepool involve a repeat victim.

CARERS

56%

overall satisfaction of carers with social services in Hartlepool.

84%

the proportion of carers who report that they have been included or consulted in discussions about the person they care for.

80%

the proportion of people who use carer services and find it easy to find information about services.

END OF LIFE CARE

1382

patients In May 2016 were on the GP Palliative Care Register.

0.4%

of the total practice population (Hartlepool and Stockton CCG area).

40%

of the expected practice population are on the HAST GP practice Palliative Care register.

EX - FORCES PERSONNEL

25%

of service leavers reported that they found the return to civilian life was not as they expected or harder.

MIGRANTS

10

families from Syrian being welcomed into Hartlepool via the Syrian resettlement programme.

TRAVELLERS

10%

of Gypsy & Traveller children obtain five GCSEs A*-C grades including English & Maths.

OFFENDERS

37%

reduction in the re-offending rate of our most prolific and priority offenders in Hartlepool.

34%

re-offended with in this twelve month period.

CHILD SEXUAL EXPLOITATION

50

cases were discussed in the Hartlepool monthly VEMT practitioners group meetings in 2014/2015.

Green text = **Success** | Blue text = **Requires Improvement**

Vulnerable Groups Issues and Solutions

Autism

It is estimated that approximately 1 in 100 people have Autism; for Hartlepool this could be as many as 920 people based on local estimates. As many as 760 people could be living in Hartlepool with an autistic spectrum disorder without any support.

Sensory disabilities

Hartlepool is one of the first LAs in the country to have a "deaf and hard of hearing" strategy.

Domestic Abuse victims

Launched in April 2015, Operation Encompass has improved information sharing between the Police and Schools, enhancing the identification of children and young people who are exposed to domestic abuse in Hartlepool. Since its launch, more than 400 incidents of domestic abuse have been identified where children or young people have been present, accounting for 16.1% of all domestic abuse incidents recorded by the police.

Carers

Carers that are known to Hartlepool LA are generally happy with the support they receive, however the number of carers known to the local authority is far less than the number of people who identified themselves as carers in the 2011 census.

End of life care

It is expected that 1% of practice population should be on Palliative care register, currently it is 0.4% of the population in Hartlepool & Stockton-on-Tees. The CCG and partners are working to increase identification and management.

Migrants

Migrants often work below their qualification levels due to lack of language skills and the lack of recognition of UK rules and regulations. Health issues remain undetected due to lack of GP & Dental registration and non attendance to screening and immunisations leading to longer term health implications.

Travellers

Those transient Gypsies and Travellers (GT) are more likely to have health issues but unlikely to seek medical advice, therefore some conditions can remain undetected.

Educational attainment is poor in the GT population with the average age for dropping out of education aged between 11 and 13 years old.

Offenders

There is clearly a high level of need amongst offenders in respect of mental health.

Child sexual exploitation

Aimed at local business, the 'Say Something If You See Something' campaign is supported by a resource pack that includes posters advising staff that sexual exploitation is a crime, leaflets on what to look out for and most importantly, which agencies to contact if a business believes their premises may be being used in sexual exploitation (children and young people under the age of 18 who are encouraged / forced into a sexual relationship or situation by an adult. It often involves being offered something in return for performing sexual acts, for example alcohol, cigarettes, mobile phones, gifts, money, drugs or affection). The campaign is geared at informing business owners, managers and key front line employees and requests that businesses:

1 enforce a zero tolerance policy to the exploitation of children and young people within their business environment;

2 raise awareness of sexual exploitation across their workforce;

3 use the materials provided to improve knowledge and vigilance; and

4 notify Crimestoppers or other agency service if they have a concern.

CRIME

550
victims of crime and anti-social behaviour supported in Hartlepool.

88 per 1,000
the crime rate in Hartlepool is higher than the national average of 61.4 per 1,000.

EDUCATION

57%
children with free school meal status achieving a good level of development at the end of reception.

53%
pupils in Hartlepool achieved GCSE grades 5 A*-C including English & Maths. This is lower than the national average of 57%

EMPLOYMENT

16%
adults with learning disabilities who have gained employment in Hartlepool.

13
people in long-term unemployment per 1,000 working-age population above national average of 4.6.

ENVIRONMENT

6 per 10,000
population per year is the rate of complaints about noise.

HOUSING

1 per 10,000
statutory homelessness in Hartlepool.

POVERTY

29%
children in poverty under 16. This is still well above national average of 18.6%.

TRANSPORT

28 per 100,000
killed and seriously injured on roads in Hartlepool.

25 per 100,000
children killed or seriously injured in road traffic accidents. This is still above national average of 17.9.

Green text = **Success** | Blue text = **Requires Improvement**

Wider determinants of Health Issues and Solutions

Crime

Our victim service has provided direct emotional, practical, crime prevention and advocacy support to over 550 victims of crime and anti-social behaviour in Hartlepool, resulting in:

- 88% of victims feeling safer due to the provision of security advice & measures.
- 90% of victims feeling able to remain in their own home.
- 75% of victims reporting an improvement in their quality of life.

Crime Rate - The crime rate in Hartlepool (87.8 per 1,000) population is higher than the national average of 61.4 per 1,000 and is the second highest in the Cleveland area with more than three quarters of recorded crime affecting our most disadvantaged communities. (April 2015 - March 2016).

Education

By the end of their early years schooling (by the time children enter Year 1), the proportion of children attaining a Good Level of Development (GLD) increased again in Hartlepool last year to 68% (national 66%). This increase was more than the national increase in this measure. In Hartlepool we closed the gaps in the key areas of Personal, Social and Emotional Development, Expressive Arts, and Mathematics. At the end of Year 1, there are national tests in children's phonic abilities - the letters of the alphabet and the sounds that they make. If children's phonic skills are poor then they will find reading and writing difficult, and this will hinder their progress in school. In 2015, 81% of Hartlepool's 5 and 6 year-olds passed the Phonics test. The national figure was 77%. This is the third successive year that Hartlepool's figure has improved; it has always been above the national average.

Employment

The Hartlepool Youth Unemployment Rate has fallen by over 75% from a high of 17.8% in October 2012 to its current level of 3.7% in March 2016, which is the largest reduction of any Local Authority in Great Britain over the same time period.

However, the Hartlepool Youth Employment Rate has also decreased from 49% in September 2014 to 45.2% in December 2015, which does not correlate with the North East and Great Britain Rates which have all increased over the same time period.

The key priority over the next year will be to increase this rate through the delivery of the European Commission Youth Employment Initiative (YEI). Hartlepool Borough Council, through a consortium of 29 Delivery Partners, has been awarded £19.29m to deliver the YEI Project to over 6,500 young people aged 15 to 29 years old across the Tees Valley who are unemployed or economically inactive.

Poverty

Hartlepool Financial Inclusion Partnership (HFIP) has been re-launched and focuses on working with advice and guidance agencies that have face to face contact with residents including families.

HFIP has led a training programme which has seen workshops and seminars on destitution; crisis funding; discretionary housing payments; welfare reform; welfare and benefit advice. These have been very well attended by the private, voluntary and independent sector.

First Contact and Support Hub continues to provide welfare and benefit advice to families with dependent children and is able to support with crisis funding where appropriate. In addition, FCSH has been offering Personal Budgeting advice to Universal Credit claimants who may be more susceptible to financial hardship than those claiming other out of work benefits.

Transport

In June 2015, the Council appointed a Technical Support Officer to co-ordinate its Bikeability training. As a result, over 2015/16 the programme has worked with 13 Hartlepool schools. Training has been given to 265 pupils in Levels 1 and 2 of the Bikeability package. Whilst a lot of work has been directed to schools, Bikeability can benefit people of any age. Adult Bikeability training has also been offered as part of the Hartlepool Active Travel hub. This included a special 'home to work' service offering one to one training and confidence building to those who want to cycle to work from their home.

ALCOHOL MISUSE

36 per 100,000
under 18s admitted to hospital for alcohol specific conditions.

62 per 100,000
alcohol-related mortality amongst Hartlepool residents.

ILLICIT DRUG USE

89%
the percentage of eligible new presentations (Non Opiate Users) accessing drug treatment that accept the offer of Hepatitis B treatment.

31%
successful completion of drug treatment - non-opiate users Hartlepool.

SMOKING

3,489 per 100,000
successful quitters at 4 weeks in Hartlepool.

23%
smoking prevalence in Hartlepool is higher than the England average (18%).

18%
smoking in pregnancy in Hartlepool.

OBESITY

642
referrals to the Hartlepool Exercise for Life Programme.

590
referrals to the Council's Health Trainer Service for weight management and healthy lifestyle support.

33%
of adults in Hartlepool are obese. This is higher than the national average of 24%.

25%
of 4-5 year olds in Hartlepool are overweight or obese.

42%
of 10-11 year olds in Hartlepool are overweight or obese.

SEXUAL HEALTH

50%
reduction in the number of under 18 conceptions since 2010.

9 per 100,000
of under 16 conceptions in Hartlepool which is higher than the England average of 4.4 per 100,000.

DIET AND NUTRITION

50%
breastfeeding initiation (up from 44%).

44%
of Hartlepool residents eat 5 portions or more of fruit and veg per day which is lower than the national average of 52%.

PHYSICAL INACTIVITY

27%
of the adult population of Hartlepool participated in 3 x 30 mins moderate exercise per week in 2016.

51%
is the proporation of adults in Hartlepool who are physically active.

Green text = **Success** | Blue text = **Requires Improvement**

Behaviour and Lifestyle Issues and Solutions

Alcohol misuse

Alcohol specific mortality has reduced significantly since 2006-08 (21.1 to 14.1).

Alcohol related mortality was similar to England up until 2013, but in 2014 it was significantly worse than England.

The latest data available for Alcohol-related hospital admissions (Narrow) shows that Hartlepool has seen an 8% reduction in ARHA between Q1 - Q3 of 15/16. This was the largest reduction in all of the North East Local Authorities.

Illicit drug use

The increase in take up of Hepatitis B treatment is a marked improvement on previous years and one of the main targets highlighted to improve on.

Young people aged 17 years old within the service, who are assessed as requiring further treatment beyond their 18th birthday, are supported to successfully transfer to adult services. The target of 100% has been achieved and this is a vast improvement from 20% in August 2015 due to closer partnership working with Youth Offending Services and integration to their buildings.

Smoking

Hartlepool Borough Council commissions a highly effective, evidence-based Stop Smoking Service to support local people who want to quit smoking. There are 9 community-based drop in facilities situated around the town providing support 6 days a week at a variety of times including a Saturday morning. In addition, there are 5 pharmacies providing this One Stop Shop facility. If people choose to buy e-cigarettes as a means of quitting smoking tobacco the service will support this too.

An enhanced stop smoking service called babyClear© has been introduced across the North East region during 2012 – 2015. It aims to reduce smoking in pregnancy, especially targeting those women who continue to smoke after the first trimester.

Diet and nutrition

Breastfeeding initiation rates are still very low compared to the national average.

In 2015/16, Hartlepool successfully moved the Health Trainer Service into the Public Health department of the Local Authority which has enabled closer integration and partnership working with a range of services. The service has recently aligned itself alongside the Hartlepool Exercise for Life Programme which will make the referral process into supported exercise and healthy lifestyle support even easier for GPs, health professionals and the public.

Obesity

Hartlepool remains one of the highest rates in the country for adult and childhood obesity, which is a significant concern. Childhood obesity was highlighted as the main priority for the Hartlepool Health and Wellbeing Board in 2015/16 and this has resulted in the development of a 10-year Healthy Weight Strategy for Hartlepool which aims to further improve service integration and delivery by taking a whole systems approach to tackling the issue involving a wide range of partners and services that all have a role to play in the agenda.

Sexual health

Teenage conception rates were statistically significantly worse than England, but are now similar to England rate.

Physical inactivity

In 2005, Hartlepool was 2nd worst of all North East authorities for adults participating in at least 30 minutes of moderate activity three or more times per week, at 18.9%. In 2016, we have increased to 26.7% and are the top performing North East Authority.

In 2005, Hartlepool was the worst performing Authority in the region for adults participating in 30 minutes of activity per week at 30.4%. In 2016 we have increased this to 39.6% and are the 2nd best performing Authority.

Regionally, the figure is 33.9% and nationally, 36.1%.

CANCER

300

Hartlepool residents engaged with the Tees Health Awareness Roadshow In 2015/16.

Almost 300

people in Hartlepool die each year due to cancer.

CARDIOVASCULAR DISEASE

19% (4,256)

of eligible people aged 40-74 who received an NHS Health check in 2013-15.

210

people in Hartlepool aged under 75 die each year due to cardiovascular disease.

TYPE 2 DIABETES MELLITUS

6.3%

diabetes prevalence in Hartlepool.

1,700

Hartlepool people are estimated to be living with diabetes, but remain undiagnosed.

INJURIES

351

injuries due to falls in people aged 65 and over.

137 per 100,000

hospital admissions caused by injuries in children (0-14 years) which is higher than the national average of 109.6 per 100,000.

MENTAL AND BEHAVIOURAL DISORDERS

1200

people in Hartlepool diagnosed with dementia.

ORAL HEALTH

20%

children with one or more decayed, missing or filled teeth.

RESPIRATORY DISEASE

1,900

successful lung health check assessments completed on Hartlepool residents.

1,250

people in Hartlepool are estimated to be living with chronic obstructive pulmonary disease (COPD) without knowing it. (This figure is reducing due to the Tees Lung Health Check Programme).

SELF HARM AND SUICIDE

24

suicides in Hartlepool between 2012-14.

226 per 100,000

hospital stays for self-harm in Hartlepool.

Green text = **Success** | Blue text = **Requires Improvement**

Illness and death Issues and Solutions

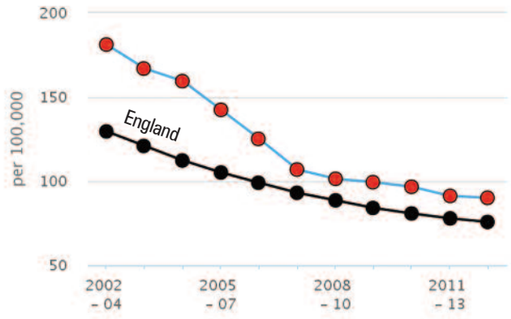
Cardiovascular disease

The NHS Health Check programme is a national risk assessment programme for CVD. It aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia through early detection, lifestyle advice and referral for further management of risk factors and conditions which can lead to the development of CVD. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited once every five years to assess their risk of developing CVD.

The mortality rate for all CVD in Hartlepool is above the regional and national average.

Although, between 2001 and 2012 early mortality (<75) from CVD has decreased steeply. The gap between Hartlepool and England has narrowed considerably.

Under 75 mortality rate: cardiovascular - Hartlepool



Cancer

About 1,600 people in Hartlepool are currently living with cancer and the number continues to rise because of improvements in early diagnosis and treatments. However, on average nearly 300 die due to cancer each year, equivalent to about one-third of all deaths in Hartlepool.

In addition, the proportion of people attending NHS cancer screening programmes which can help detect cancer early is below the England average and continues to fall. For example, about 2,000 women, nearly one quarter of those eligible, do not attend breast screening in Hartlepool.

Over the past year, the Tees Health Awareness Roadshow has engaged with over 300 Hartlepool residents in their local community; whether that be local library, church or community venue. People were provided with information regarding early signs and symptoms of cancer, NHS cancer screening programmes and lifestyle factors that increase cancer risk. Of those people, almost 1/3 were signposted to another service (GP or Hartlepool lifestyle service).

Type 2 Diabetes mellitus

In Hartlepool, the estimated prevalence of diabetes is 6.3%, but only 5.3% of the population has been diagnosed with diabetes. It is likely that about 1,700 people with diabetes remain undiagnosed.

The NHS health check includes checking for diabetes in people aged 40-74 years.

Injuries

1 in 3 over the age of 65 are at risk of falling, increasing to 1 in 2 for those over the age of 80. The visually impaired, hearing impaired, those with physical disabilities, mental health and other health related problems and those with learning disabilities are all more significantly at risk of falling, with both genders at risk.

Mental and behavioural disorders

Of the 1,200 people currently diagnosed with dementia, only a few hundred are accessing the support available.

A new dementia service was launched in Hartlepool in 2015 in a bid to help the 1,200 people in the town who suffer with the disease. The Hospital of God charity at Greatham realised there was a lack of services available to dementia sufferers and their families and opened The Bridge, based at the Gemini Centre, in Villiers Street, in Hartlepool town centre. From The Bridge, people can access day care, memory cafes, advice about dementia, community pastimes, and home from hospital rehabilitation support.

The Sport and Recreaction Team in Public health provide a variety of physical activity opportunities to encourage people with dementia and their carers to become more active to improve their physical and emotional health and provide social interaction.

Respiratory disease

1 in 6 people who are current smokers and at risk of developing chronic obstructive pulmonary disease (COPD) are being diagnosed early with the disease through the Tees Lung Health Check programme.

This means that the programme, a breathing test, is targeting people who are living with COPD without knowing it.

Early diagnosis means that the effects of the condition can be greatly reduced with treatment and lifestyle changes, reducing the risk of severe difficulties with breathing in the future.

The programme is also making it possible for more people from the 17,000 (23% of adults aged 18 and over) who smoke in Hartlepool to be given advice and support on how to stop smoking.

Case studies

Takeaways Project

A small number of takeaway premises were identified for participation, each specialising in a different type of cuisine. The project involves detailed analysis of the composition of a range of dishes, identifying possible changes which could improve how healthy they are whilst also providing benefits to the business concerned.

Initial visits to these premises went well and detailed work has been carried out in a Chinese takeaway, where improvements were identified and incentives for business take-up discussed. As a result a 'Top Tips for Chinese Takeaways' poster has been produced and a laminated copy will be given to the business owners during food hygiene inspections in future. This approach will allow the inspector to discuss the Tips in detail and encourage the business owners to 'buy into' the project.

The same approach is to be taken in different types of premises going forward, with a phased approach designed to cover all major food types over the coming months.

Save our Skins

First part of the initiative included working with sun bed salons to check compliance with BS EN 60355-2-27 which requires that the sun bed radiates UVR that is equivalent to the mid day sun in the Mediterranean (BS EN 60355-2-27) and the legislation is the General Product Safety Regulations 2005. Trading Standards led on this project and environmental health officers and technical officers checked compliance under the Health & Safety etc. at Work Act 1974 and the Sun bed (Regulations) Act 2010.

55 sun beds were tested and there was a 35% failure rate. Any business who failed were provided with advice and were retested – by the end of the initiative all sunbeds were compliant.

Hartlepool Exercise for Life Programme

673 referrals received in a 12 month period from a range of referral agencies and self-referrals. Almost 40% of referrals completed their 10 week supported programme. Of those completing their 10 week programme, 78% of them have been retained in activity based on 3, 6 and 12 month follow-ups. This shows a change in lifestyle behaviour to remain engaged with physical activity. This is significant as all referrals are experiencing health inequalities or chronic illness, therefore continued engagement in activity is improving health and in some instances a reduction in visits to medical professionals and prescribed medication and improved quality of life.

Hepatitis C Service

Up until 2012, Hepatitis C treatment in Teesside was only available at the Centre for Clinical Infection at James Cook Hospital in Middlesbrough. This disadvantaged our clients as they could not afford, in many cases, to travel to Middlesbrough to access treatment. Meetings with the NHS Trust took place to try and get a satellite clinic delivered from our Hartlepool premises in Whitby Street, as some clients had always refused treatment for Hepatitis C because of the travelling and/or fear of the treatment itself. In 2014, following the appointment of a new manager of the Hepatitis C service and with the support of the Lead Nurse at James Cook, a pilot scheme was established.

Following in-depth consultations in Hartlepool with the Hepatitis nursing team and the reassurance of continued support throughout the process, more clients are now accepting the treatment and some are now Hepatitis free. We now have regular fortnightly clinics with eight appointments for review and/or treatment. This service is accessible for all Hartlepool residents, not just those with Substance Misuse issues, and ensures that if someone tests positive they can access treatment options and support without delay.

Health Trainers

Health Trainers work with clients on a 1:1 basis and with groups. Within a 12 month period, they have had contact with over 500 clients for 1:1 weight management support. Of those who have completed their 12 week programme, 68% of clients have demonstrated weight loss. The service continues to receive significant support from service users who have commonly reported that; "It has changed my life, I have tried every weight management programme and nothing has worked until now and I couldn't have done it without the Health Trainer." Example outcomes are identified from Mr W, who identified before engaging with the Health Trainer that he had difficulty tying his shoes laces and couldn't catch his breath during exercise. 10 weeks into his 1:1 programme he reports; "My progress has been more than I could have expected. I am more energised at the gym, my clothes fit better and my wife says I look better". Mr W has reduced his weight from 15 stone to 13 and a half stone in 10 weeks. This has also resulted in a loss of 11cm from his waist circumference.

Escape Diabetes, Act Now

66 referrals received from health professionals based on them being identified as at risk of Type 2 Diabetes. 58% of referrals have completed the 12 week programme and are still retained within services/exit routes. Based on the 58%, all clients have reduced the risk factors associated with Type 2 Diabetes. The intervention includes physical activity and nutritional support for all clients. Example outcomes are identified from Mr A, who has significantly reduced his risk and it is identified by the comparable data collected – Starting data: weight 101kg, BMI 31.9, Blood pressure 138/80, HbA1c 56mmol/mol (Blood test). Current data: weight 88kg, BMI 28.09, Blood pressure 121/70, HbA1c 38mmol/mol (Blood test). This client is still actively engaged with the service.

Key achievements and next steps

2015/16 has seen some significant achievements made across the Authority, and the following initiatives highlight some of the key next steps required to build on this success in 2016/17:

Cycle route development

In efforts to get more people cycling in Hartlepool it has been recognised that improvements to the cycle infrastructure will be vital. Whilst there are cycle routes in the Borough recent surveys and feedback from the public have shown that a lot more needs to be done. Nationally there is broad support as expressed in the recent Department of Transport 'Cycling and Walking Investment Strategy'. At a local level it is hoped that work on the recently drafted 'Hartlepool Cycling Development Strategy' and the proposed 'Local Cycling and Walking Infrastructure Plan' will provide a strategic background from which actual developments will be implemented using funding support from such as the Local Transport Plan and Local Growth Fund programmes.

Better Childhood Programme

A programme of transformation has been developed over the last year that aims to ensure children in Hartlepool get the best start in life and experience positive outcomes throughout their childhood. The programme has so far supported the development of a Multi-Agency Children's Hub (MACH) involving health, police and social services working together. The programme has paved the way for the creation of early help teams in four localities integrating health and social care staff.

Proportion of Hartlepool schools judged Good or Outstanding by Ofsted

Our stated ambition is to be one of the few local authorities in the country where all of the authority's schools are judged to be at least Good by Ofsted. This will mean that parents and carers can choose any school in Hartlepool for their children and young people knowing that they will receive a great education. Our key priority in this area is to improve the number of our secondary schools rated at least Good. Our Pupil Referral Unit is now rated as Good. The secondary schools inspected this year have been graded as Good, and we are confident that the three remaining secondary schools will be rated at least Good at the time of their next inspection (during the coming year or so).

Dementia

The Dementia Friendly Hartlepool project aims to develop Hartlepool as a nationally- recognised dementia friendly community to ensure that people living with dementia are able to remain active and involved in their communities. The local community will be aware of and understand more about dementia. People living with dementia and their carers will be encouraged to seek help and support from projects such as The Bridge. By the end of 2015 there were 1785 people signed up as Friends – 50 active champions and 5 schools involved.

Falls Prevention

Since April 2016 the Falls Prevention Service has been delivered in house – being situated within the existing structures of the Adult Social Care teams that sit alongside health colleagues in the Single Point of Access (SPA).

To be consistent with the National Institute for Health and Clinical Excellence's (NICE) Guidance for Falls in Older People (CG161) the in house service will focus on:

- Home Hazard Assessment and Intervention
- Exercise programmes in extended care settings such as residential care homes
- Encouraging the participation of older people in falls prevention programmes
- Delivery of education and information giving

Tackling alcohol-related hospital admissions

The broad measure (where alcohol is present in one or both the Primary & Secondary Diagnosis Code) admissions rate across the North East continues to decline whist the national rate has continued to increase. As a result the North East rate is now at an historic low but still stands 20% higher than the England average.

Sexual Violence Support Services

Raising awareness of sexual violence support services with professionals and members of the public, ensuring those who experience abuse know where and how to access help and support they need to recover.

Strengthen Links with GPs

Local analysis of Domestic Abuse Support Services data, shows that half of community outreach clients had visited their GP, on average 5.3 times in the year before they accessed help. Highlighting the need to improve links with GPs, raising awareness of domestic abuse issues and referral pathways into support services.

Summary of indicators

The table below shows the data used to create all of the infographics in this report. The Hartlepool and England rates and numbers have been included where possible. The source for all of the indicators in the report is the Hartlepool Joint Strategic Needs Assessment: http://www.teesjsna.org.uk/hartlepool/

Vulnerable Groups

Topic	Indicator	Hpool%/rate	Hpool no.	England %/rate
Learning disabilities	Proportion of supported adults with a learning disability living in settled accommodation	83.6%	255	72.9%
	Proportion (%) of eligible adults with a learning disability having a GP health check	43%	221	44%
Autism	People with autism are in receipt of support services	-	140	-
Physical disabilities	Those with severe physical disability (age 18-64) or with a limiting long-term illness (age 65+) receiving services	41%	-	29%
Sensory disabilities	People with a hearing loss are referred by their GP for a hearing test	55%	-	-
Sexual violence victims	Increase in sexual violence offences reported to the Police	41%	-	-
Domestic abuse victims	Domestic abuse incidents reported to the Police in Hartlepool involve a repeat victim	48.2%	-	-
Carers	Overall satisfaction of carers with social services	56.4%	-	-
	Carers who report that they have been included or consulted in discussions about the person they care for	84%	-	-
	Carers (and people who use services) who find it easy to find information about services	80.1%	-	-
End of life care	Practice population on the palliative care register	0.4%	-	1%
Ex-forces personnel	Service leavers reporting that they found the return to civilian life was not as they expected or harder	-	-	25%
Migrants	Families involved in Syrian resettlement programme	-	10	-
Travellers	Gypsy & Traveller children who obtain five GCSEs A*-C grades (inc English & Maths)	10%	-	-
Offenders	Reduction in the re-offending rate of the most prolific and priority offenders	36.7%	-	-
	Offenders who re-offend within a 12 month period	33.7%	-	-
Child sexual exploitation	Cases discussed by the VEMT practitioners group.	-	50	-

Wider determinants

Crime	Support for Victims of Crime and Anti-social Behaviour	-	550	-
	Crime rate per 1,000 population	87.8	-	61.4
Education	Children with free school meal status achieving a good level of development at the end of reception	68.4%	-	66.3%
	GCSE achieved 5A*-C including English & Maths	53.1%	-	57.3%
Employment	Adults with learning disabilities in employment	15.9%	65	6.7%
	People in long-term unemployment (rate per 1,000 working-age population)	12.8	1,137	4.6
Environment	Complaints about noise (rate per 1,000 population)	5.6	521	7.4
Housing	Statutory homelessness	1.3%	74	2.4%
Poverty	Reduction of children in poverty (under 16s) since 2010	3.6%	-	-
	Children in poverty (under 16s)	29.1%	-	18.6%
Transport	Killed and seriously injured on roads (rate per 100,000 population)	27.8	116	39.3
	Children killed or seriously injured in road traffic accidents	24.5	13	17.9

Behaviour and lifestyle

Alcohol misuse	Under 18s admitted to hospital for alcohol specific conditions	36.4	22	36.6
	Alcohol-related mortality	61.8	55	45.5
Illicit drug use	Eligible new presentations (Non Opiate Users) accessing drug treatment that accept the offer of Hepatitis B treatment	89%	-	-
	Successful completion of drug treatment - non-opiate users	30.9%	58	39.2%
Smoking	Successful quitters at 4 weeks (rate per 100,000 population)	3,489	627	2,892
	Smoking Prevalence	23.4%	-	18.0%
	Smoking in pregnancy	18.1%	-	11.4%
Diet and nutrition	Increase in breastfeeding initiation rates	13%	-	-
	Consuming 5 portions or more of fruit and veg per day	43.8%	-	52.4%
Obesity	Referrals to Exercise for life programme or to health trainers	-	1,232	-
	Obese adults	32.7%	-	24.0%
Sexual health	Reduction in under 18 conceptions	50%	-	-
	Under 16 conceptions	8.6	-	4.4
Physical inactivity	Increase in adult participation in 3 x 30 mins moderate exercise per week since 2005	41.3%	-	-
	Physically active adults	51.2%	-	57%

Illness and death

Cancer	Engaged with the Tees Health Awareness roadshow	-	300	-
	Die each year due to cancer	-	300	-
Cardiovascular disease	Eligible population aged 40-74 who received an NHS Health check	18.6%	4,256	18.6%
	Under 75 mortality rate from all cardiovascular diseases (rate per 100,000 population)	90.1	210	75.7
Diabetes mellitus	Diabetes prevalence	6.3%	-	6.4%
	Estimated people with undiagnosed diabetes	-	1,700	-
Injuries	Injuries due to falls in people aged 65 and over (rate per 100,000 population)	1,975	351	2,125
	Hospital admissions caused by injuries in children 0-14 years (rate per 100,000 population)	137.4	227	109.6
Mental & behavioural disorders	Diagnosed with dementia	-	1,200	-
Oral health	Children with one or more decayed, missing or filled teeth	19.6%	-	27.9%
Respiratory disease	Lung Health Check assessments	-	1,900	-
	The number estimated to be living with chronic obstructive pulmonary disease (COPD) without knowing it	-	1,250	-
Self - harm and suicide	Suicide rate (per 100,000 population)	225.9	-	191.4

Conclusion

The people of Hartlepool do experience, in many respects, poorer health than the average person in England. We know this, because we have national and local measures and methodologies to assess need.

The Joint Strategic Needs Assessment summarises the efforts of many people in pulling together into one place, what is known both quantitatively and qualitatively about the health and wellbeing of the people of Hartlepool. This intelligence informs the work of many people across the town to work in partnership and take collective action to address needs. It informs plans and strategies based on a rich resource of intelligence, backed up by a technical compilation of statistics, data and analysis.

Key strategies and plans include Sustainability and Transformation Plans (STPs), Integrated Health and Social Care plans and Public Health plans to name but a few.

No one agency or individual on their own can address the complex needs expressed through the JSNA process. However, in partnership and with sustained, systematic and concerted action, social and health inequality can be addressed. The refresh of the Health and Wellbeing Strategy when it is published in 2018, will lay out the challenges based on needs assessment to improve and protect the health of the population. It is important that the solutions to problems identified are based on evidence. The Marmot Review (2010)* provides an evidence base for action so that not only will every child have the best start in life in Hartlepool, but also the best childhood, adulthood and support through illness if needed.

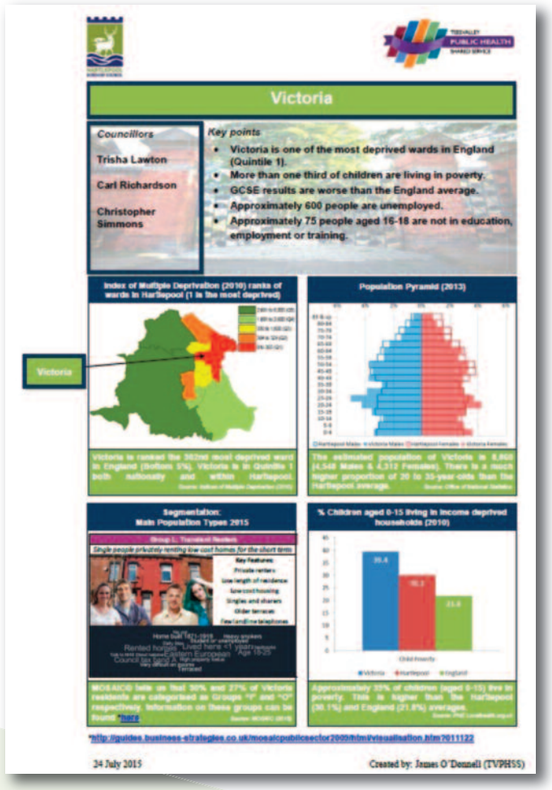
To complement the report we will also be publishing updated versions of the ward profiles for 2015/16, which summarise at a glance the key public health statistics and indicators for each ward within the Borough. The profiles aim to support elected members, staff and the general public in identifying key issues, challenges and priorities for future action within their local area and Hartlepool as a whole.

Thank you for reading this report and I look forward to producing my 2016/17 Director of Public Health Annual Report.

Louise Wallace

Director of Public Health, Hartlepool Borough Council

Professor Sir Michael Marmot *Marmot M, Allen J, Goldblatt P et al (2010) Fair society, healthy lives: strategic review of health inequalities in England post 2010. London: Marmot Review Team.



AUDIT AND GOVERNANCE COMMITTEE

17 November 2016

Report of: Scrutiny Manager

Subject: MORTALITY RATES – SCOPING REPORT

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1. PURPOSE OF REPORT

1.1 To make proposals to the Audit and Governance Committee for the conduct of its forthcoming investigation in to 'Mortality Rates - North Tees and Hartlepool NHS Foundation Trust (NTHFT)'.

2. BACKGROUND INFORMATION

2.1 The Audit and Governance Committee on 14 July 2016 agreed its work programme for 2016/17. The Committee scored potential investigations against a PICK scoring matrix, assessing each topic against its interest to the public, its social, economic and environmental impact on wellbeing, Council performance and efficiency and finally its context to prevent duplication in other areas. Against this matrix, the Committee prioritised an investigation in to mortality rates - North Tees and Hartlepool NHS Foundation Trust (NTHFT)''.

2.2 The Audit and Governance Committee at its meeting on the 11th February 2016 considered the NTHFT Quality Account for 2015/16 (QA's). The QA provided performance data against the two national measures used to monitor mortality (HSMR - Hospital Standardised Mortality Ratio and SHMI - Summary Hospital-level Mortality Indicator). The NTHFT's performance against each of the measures, with values higher than the national average, prompted concern from the Committee.

2.3 The QA included an acknowledgement from the NTHFT's Board of Directors that there were higher than expected values of both HSMR and SHMI and gave an assurance that progress to reduce avoidable deaths in and (where possible influencing progress) out of hospital was a high priority for the NTHFT. Whilst Members welcomed this assurance, the Committee remained concerned and included the following comment in its Third Party Declaration.

'An update on the new indicator for mortality was provided to the Committee, which included the care coding culture and the national measures of SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio). Members were informed that the HSMR and SHMI values for the NTHFT *were above the national average but more investigative work was being undertaken to identify why, with a view to reduce*

these. Members expressed concern at the higher than national average mortality rates. The Committee noted that the NTHFT *indicated that the number of deaths in North Tees and Hartlepool hospitals was reducing and becoming closer to the national mean number. The Committee requested comparison information for NHS Trusts of a similar catchment size for the HSMR and SHMI rates. This information could not be considered by the Committee before the Quality Account deadline due to Purdah restrictions.*

Members were informed that there had been a number of issues around the documentation and recording of data used in the calculations of HSMR and SHMI rates. Members noted that there had been a lot of work undertaken to look at good practice and improvements made, which included the recording of information more appropriately.'[1]

2.4 The Committee also noted that a Care Quality Commission inspection of the University Hospital of Hartlepool, undertaken in July 2015, had rated the hospital as 'requiring improvement', with specific reference to mortality rates as detailed below.

'We rated effective as requires improvement. Staff used a combination of National Institute for Health and Care Excellence (NICE), and Royal Colleges' guidelines to determine the treatment they provided; however 40 out of 53 local policies were out of date. Hospital Standardised Mortality Ratio (HSMR) compares the number of deaths in a Trust with the number **26** expected given age and sex distribution.

2.5 HSMR adjusts for a number of other contextual factors and is usually expressed using '100' as the expected figure based on national rates. In 2014/15 the NTHFT had an increased HSMR of 124.5 (year to May 2015); this was higher than expected. The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI was 123.5 (year to May 2015) which remained higher than expected; the NTHFT was reported in July 2015 (health and Social Care Information Centre) as among the 11 worst performing NTHFT's in England for mortality performance. The NTHFT had implemented action plans to improve the NTHFT position in both indicators and had been open to expert scrutiny.

2.6 In 2014/15 the NTHFT had an elevated HSMR of 128, this was an increase from the previous year at 112. The Summary Hospital-level Mortality Indicator (SHMI) for 1-July 2013 to 30 June 2014 was 119, which was an increase from the previous year of 113. The NTHFT had introduced centralised weekly mortality and morbidity meetings and has an action plan in place to improve this position.'[2]

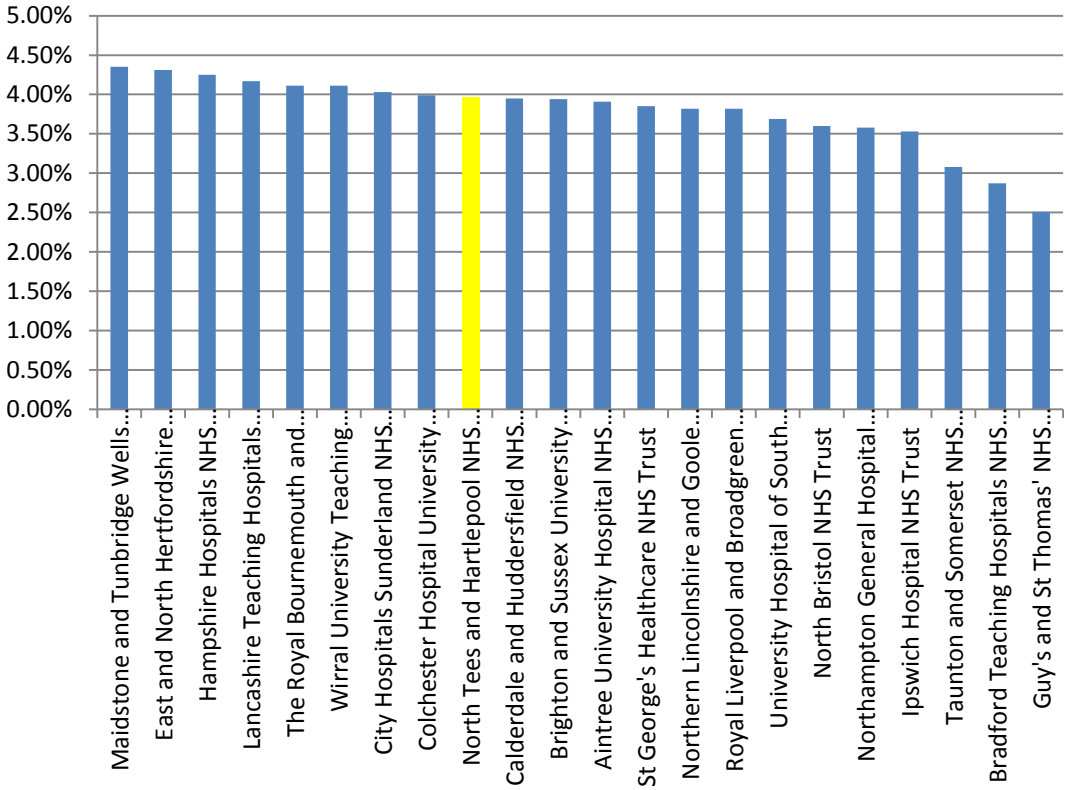
[1] Audit and Governance Committee – Third Party Declaration 2015/16
[2] University Hospital of Hartlepool Quality Report (CQC Inspection – July 2015)

3.0 HOSPITAL STANDARDISED MORTALITY RATIO (HSMR) - NTHFT PERFORMANCE

3.1 The **HSMR is an indicator of healthcare quality that measures whether the death rate in a hospital is higher or lower than you would expect**.

3.2 In response to the Committee's request for additional information as part of its consideration of the QA, data[3] provided by the NTHFT looked at their HSMR performance against 22 comparable Trusts*. This showed that for the period December 2014 to November 2015, 13 out of a total of 22 Trusts had a lower mortality rate than the NTHFT, whilst 8 had a higher mortality rate (as shown in Table 1 and **Appendix A**).

Table 1 - HSMR Mortality Rate - Performance against Comparator Trusts (December 2014 to November 2015)[3]



3.3 It was noted that the Quality Accounts for 2014/2015 had reported a HSMR value of 126.40 for the period of March 2014 to February 2015 and that this had increased further the following month to a high of 127.10 for the April 2014 to March 2015 period. The Committee acknowledged that the NTHFT had implemented a number of actions within 2015/2016 to tackle the higher than expected value for HSMR and that this had seen a reduction, month on month, to a point where for the period July 2015 to June 2016 the HSMR figure was **104.25 (equating to 3.50%)**.[4] Details of the data trend, national / regional position and performance against other NW Trusts are outlined in Tables 2, 3, 4 and 5 over the page.[4]

[3] FT update Information in response to Third Party Declaration query (March 2016)
[4] Email update - Safety & Quality Performance Manager (Sept 2016)

Table 2 - Performance Trend (July 2015 to June 2016)[4]

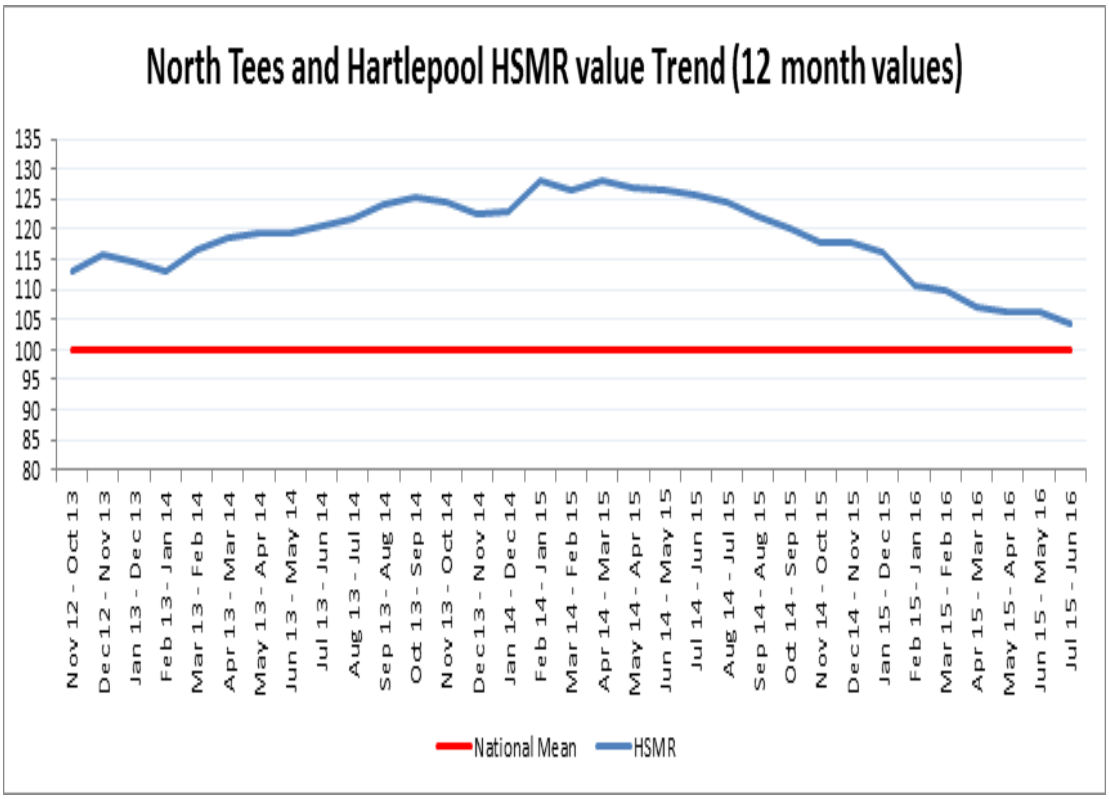


Table 3 - National Position (July 2015 to June 2016)[4]

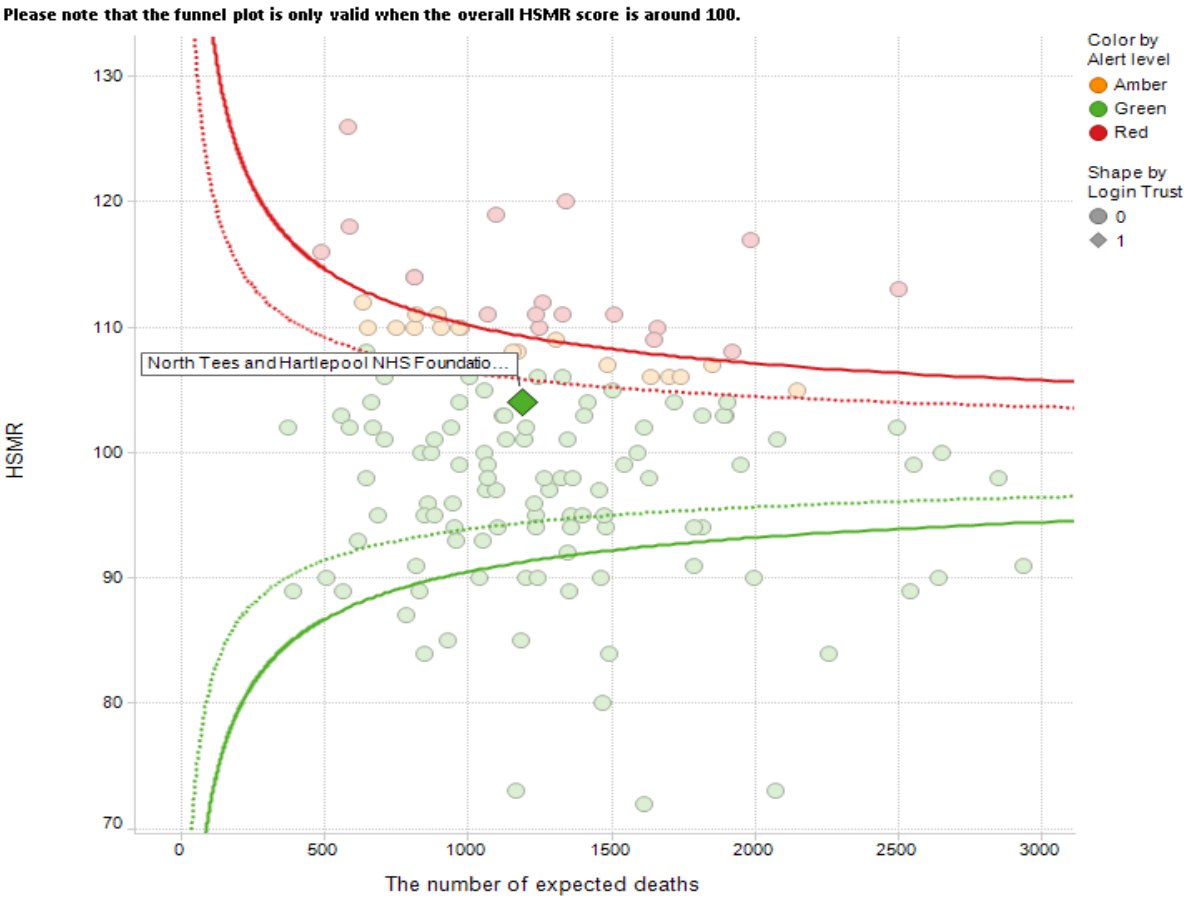


Table 4 - Regional Position (July 2015 to June 2016)[4]

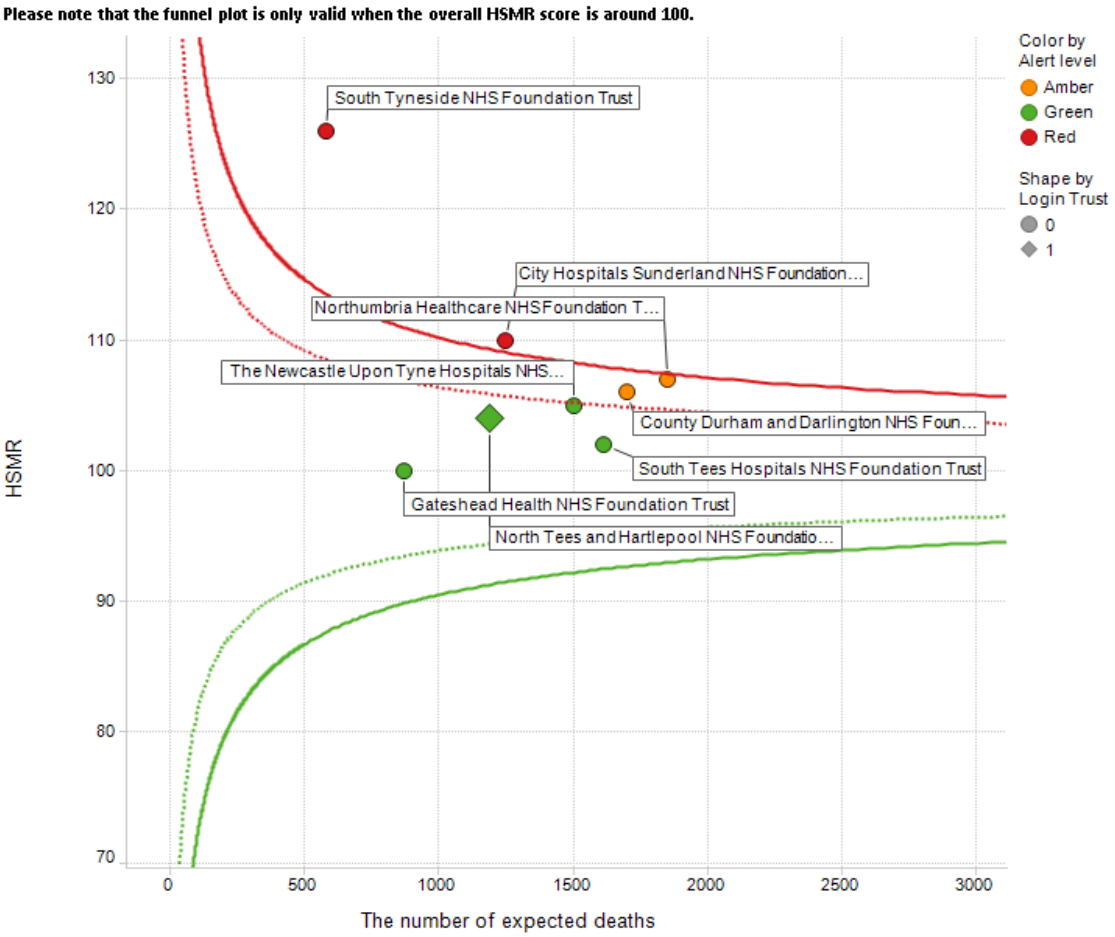


Table 5 – HSMR Mortality Rate - Performance against other North East Trusts (July 2015 to June 2016)[4]

Trust Name	Number of Discharges	HSMR Rate	Mortality Rate
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	65,344	104.53	2.40%
Gateshead Health NHS Foundation Trust	26,329	99.91	3.29%
South Tees Hospitals NHS Foundation Trust	50,052	102.50	3.30%
North Tees and Hartlepool NHS Foundation Trust	35,387	104.25	3.50%
City Hospitals Sunderland NHS Foundation Trust	35,861	109.71	3.81%
County Durham and Darlington NHS Foundation Trust	43,736	106.02	4.12%
Northumbria Healthcare NHS Foundation Trust	42,137	106.83	4.68%
South Tyneside NHS Foundation Trust	15,086	125.73	4.85%

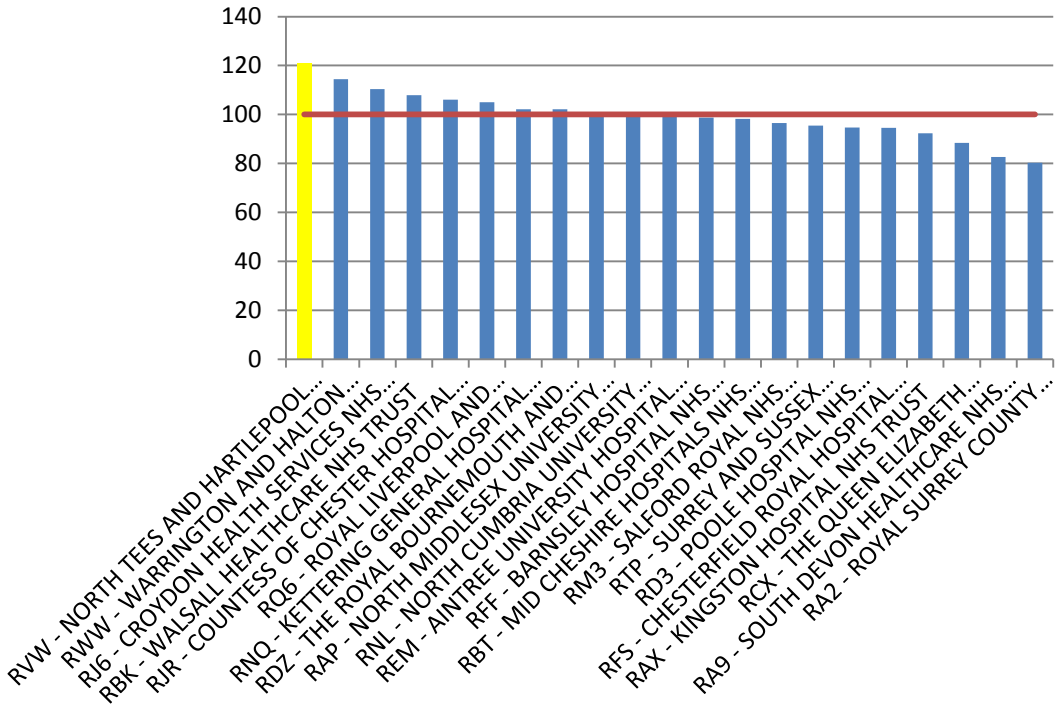
4.0 SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR (SHMI) - NTHFT PERFORMANCE

4.1 The **SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there**. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge. It does not take into consideration palliative care.

4.2 Data[5] provided showed that for the period October 2014 to September 2015 the NTHFT SHMI was reporting as 'higher than expected' with a value of 117.74. The national mean is 100.

4.3 Further data[6] provided by the NTHFT looked at their SHMI performance against 21 comparable Trusts*. This showed that for the period July 2014 to June 2015, 14 out of a total of 21 Trusts had a lower mortality rate than the NTHFT, whilst 6 had a higher mortality rate (as shown in Table 6 and in more detail in **Appendix B**).

Table 6 – **SHMI Mortality Rate – Performance against Comparator Trusts (July 2014 to June 2015)[6]**



4.4 By way of additional comparison information, details of the NTHFT's performance against other North East Trusts and nationaly over the period from July 2012 to September 2015 are outlined in Tables 7 and 8 (over the page).

[5] Trust's Quality Account for 2015/16
[6] FT update Information in response to Third Party Declaration query (March 2016)

Table 7 – SHMI Performance against other North East Trusts (April 2015 to March 2016)[7]

Trust Name	SHMI RATE
South Tyneside NHS Foundation Trust	1.178
North Tees and Hartlepool NHS Foundation Trust	1.132
South Tees Hospitals NHS Foundation Trust	1.081
Northumbria Healthcare NHS Foundation Trust	1.036
County Durham and Darlington NHS Foundation Trust	1.032
City Hospitals Sunderland NHS Foundation Trust	0.983
Newcastle Upon Tyne Hospitals NHS Foundation Trust	0.976
Gateshead Health NHS Foundation Trust	0.975

Table 8 – NTHFT SHMI Summary (July 2012 to March 2016)[8]

Time period	Trust Score	National Average	Highest – SHMI Trust Value in the country	Lowest – SHMI Trust Value in the country
Jul 2012 – Jun 2013	1.123	1.00	1.156	0.625
Oct 2012 – Sept 2013	1.130	1.00	1.185	0.630
Jan 2013 – Dec 2013	1.128	1.00	1.176	0.624
Apr 2013 – Mar 2014	1.160	1.00	1.197	0.539
Jul 2013 – Jun 2014	1.162	1.00	1.198	0.541
Oct 2013 – Sept 2014	1.189	1.00	1.198	0.597
Jan 2014 – Dec 2014	1.182	1.00	1.243	0.655
Apr 2014 – Mar 2015	1.210	1.00	1.210	0.670
Jul 2014 – Jun 2015	1.209	1.00	1.209	0.661
Oct 2014 – Sept 2015	1.177	1.00	1.177	0.651
April 2015 – March 2016[7]	1.132	1.00	1.164	0.678

[7]Data .Gov.UK
[8] Health and Social Care Information Centre Portal (HSCIC)

5. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY

5.1 To review the North Tees and Hartlepool NHS Foundation Trust's (NTHFT) mortality rates (HSMR and SHMI).

6. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY

6.1 The following Terms of Reference for the investigation are proposed:-

(a) To gain an understanding of how mortality rates are calculated and how the North Tees and Hartlepool NHS Foundation Trust (NTHFT) compares locally, and nationally, in terms of performance;

(b) To look at mortality data / rates for the NTHFT on a condition by condition basis (including stroke) and explore data trends / areas of improvement or concern;

(c) To establish what steps the NTHFT has taken to investigate the causes of the hospital mortality rate and evaluate the actions being taken to reduce it; and

(d) To consider the actions taken to reduce the mortality rates at other NHS Trusts and identify areas of best practice.

7. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE

7.1 Members of the Committee can request a range of evidential and comparative information throughout the Scrutiny review. The Committee can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-

(a) Member of Parliament for Hartlepool;
(b) Chair of the Health and Wellbeing Board;
(c) Ward Councillors;
(d) Director of Public Health;
(e) Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
(f) North Tees and Hartlepool NHS Foundation Trust;
(g) Hartlepool Healthwatch;
(h) Local residents;
(i) Voluntary and Community Sector groups; and
(j) Representatives of minority communities of interest or heritage.

8. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

8.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.1 includes suggestions as to potential

groups which the Forum may wish involve throughout the inquiry (where it is felt appropriate and time allows).

9. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

9.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix C** outlines the criteria on which a request will be judged.

10. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

10.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

17 November 2016 - Scoping and initial background data.

19 January 2017 - To consider Terms of reference (a) and (b).

16 February 2017 - To consider the Quality Account for 2016-17 (including mortality rates) – TBC with the NTHFT.

23 March 2017 - To consider Terms of reference (c) and (d).

27 April 2017 - Draft Final Report considered by the Audit and Governance Committee.

11. RECOMMENDATION

11.1 Members are recommended to agree the Audit and Governance Committee's remit of the investigation outlined in paragraphs 5 and 6 and the proposed timescale outlined in paragraph 10.

Contact Officer: - Joan Stevens
Chief Executives Department – Legal Services
Hartlepool Borough Council
Tel: - 01429 284142
Email:- joan.stevenshartlepool.gov.uk

BACKGROUND PAPERS - The following background paper was used in the preparation of this report:

- North Tees and Hartlepool – Quality Account 2015-16

Appendix A

HOSPITAL STANDARDISED MORTALITY RATIO (HSMR) – PERFORMANCE (DECEMBER 2014 TO NOVEMBER 2015)

Trust Name	Number of Discharges	Expected number of deaths	Number of deaths	HSMR	Number of palliative discharges	Mortality Rate
Guy's and St Thomas' NHS Foundation Trust	34,954	1153.00	877	76.06	912	2.51%
Bradford Teaching Hospitals NHS Foundation Trust	36,994	1095.37	1060	96.77	383	2.87%
Taunton and Somerset NHS Foundation Trust	33,696	950.99	1038	109.15	295	3.08%
Ipswich Hospital NHS Trust	33,882	1121.13	1196	106.68	382	3.53%
Northampton General Hospital NHS Trust	33,647	1153.47	1204	104.38	566	3.58%
North Bristol NHS Trust	34,015	1314.19	1225	93.21	594	3.60%
University Hospital of South Manchester NHS Foundation Trust	34,078	1192.03	1256	105.37	556	3.69%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	38,171	1287.22	1458	113.27	641	3.82%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	33,422	1296.56	1276	98.41	871	3.82%
St George's Healthcare NHS Trust	37,886	1524.98	1459	95.67	775	3.85%
Aintree University Hospital NHS Foundation Trust	32,517	1355.44	1273	93.92	1164	3.91%
Brighton and Sussex University Hospitals NHS Trust	36,708	1536.80	1447	94.16	668	3.94%
Calderdale and Huddersfield NHS Foundation Trust	37,913	1279.02	1496	116.96	579	3.95%
North Tees and Hartlepool NHS Foundation Trust	34,103	1142.36	1353	118.44	720	3.97%
Colchester Hospital University NHS Foundation Trust	35,676	1277.65	1423	111.38	627	3.99%
City Hospitals Sunderland NHS Foundation Trust	35,345	1342.04	1424	106.11	713	4.03%
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	35,781	1472.66	1470	99.82	1304	4.11%
Wirral University Teaching Hospital NHS Foundation Trust	35,492	1473.58	1460	99.08	840	4.11%
Lancashire Teaching Hospitals NHS Foundation Trust	37,009	1468.98	1543	105.04	829	4.17%
Hampshire Hospitals NHS Foundation Trust	32,314	1197.70	1374	114.72	643	4.25%
East and North Hertfordshire NHS Trust	33,217	1460.29	1433	98.13	1373	4.31%
Maidstone and Tunbridge Wells NHS Trust	31,881	1286.48	1386	107.74	604	4.35%

Appendix B

SUMMARY HOSPITAL-LEVEL MORTALITY INDICATOR (SHMI) - PERFORMANCE (JULY 2014 TO JUNE 2015)

Trust Name	Number Of Total Discharges	Shmi	Expected Number Of Deaths	Crude Mortality Rate	Shmi (Out Of Hospital)
Rap - North Middlesex University Hospital Nhs Trust	46,361	100.64	1471.55	3.19%	68.41
Rd3 - Poole Hospital Nhs Foundation Trust	47,293	94.71	1665.16	3.33%	73.48
Rdz - The Royal Bournemouth And Christchurch Hospitals Nhs Foundation Trust	43,566	102.07	2117.15	4.96%	76.23
Ra9 - South Devon Healthcare Nhs Foundation Trust	44,121	82.57	2326.58	4.35%	90.1
Rm3 - Salford Royal Nhs Foundation Trust	47,720	96.55	1868.4	3.78%	90.95
Rax - Kingston Hospital NHS Trust	48,757	92.35	1371.93	2.60%	92.83
Ra2 - Royal Surrey County Hospital NHS Foundation Trust	49,773	80.22	1586.97	2.56%	93.41
Rtp - Surrey And Sussex Healthcare Nhs Trust	47,399	95.51	1886.71	3.80%	95.11
Rfs - Chesterfield Royal Hospital NHS Foundation Trust	48,423	94.5	1904.75	3.72%	98.51
Rq6 - Royal Liverpool And Broadgreen University Hospitals NHS Trust	50,055	105.03	1912.87	4.01%	100.58
Rem - Aintree University Hospital Nhs Foundation Trust	47,913	99.9	1969.06	4.11%	104.09
Rcx - The Queen Elizabeth Hospital, King's Lynn, Nhs Foundation Trust	42,024	88.33	1674.39	3.52%	104.36
Rj6 - Croydon Health Services Nhs Trust	44,537	110.4	1188.36	2.95%	104.99
Rnq - Kettering General Hospital Nhs Foundation Trust	46,666	102.14	1560.54	3.42%	108.68
Rvw - North Tees And Hartlepool Nhs Foundation Trust	47,005	120.89	1730.54	4.45%	111.03
Rbk - Walsall Healthcare Nhs Trust	44,282	107.86	1560.39	3.80%	111.75
Rjr - Countess Of Chester Hospital Nhs Foundation Trust	46,204	106.04	1405.1	3.22%	111.85
Rbt - Mid Cheshire Hospitals Nhs Foundation Trust	46,382	98.25	1482.94	3.14%	113.89
Rww - Warrington And Halton Hospitals Nhs Foundation Trust	47,180	114.36	1406.06	3.41%	118.5
Rnl - North Cumbria University Hospitals Nhs Trust	47,349	100.29	1819.73	3.85%	119.56
Rff - Barnsley Hospital Nhs Foundation Trust	42,167	98.68	1463.26	3.42%	112.16

APPENDIX C

PRO-FORMA TO REQUEST FUNDING TO SUPPORT CURRENT SCRUTINY INVESTIGATION

Title of the Overview and Scrutiny Committee:
Title of the current scrutiny investigation for which funding is requested:
To clearly identify the purpose for which additional support is required:
To outline indicative costs to be incurred as a result of the additional support:
To outline any associated timescale implications:
To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:
To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:
To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:
To outline any possible alternative means of additional support outside of this proposal:

AUDIT AND GOVERNANCE COMMITTEE

17th November 2016

Report of: Director of Public Health

Subject: ELECTRONIC CIGARETTES (E-CIGARETTES)

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1. PURPOSE OF REPORT

1.1 To inform members on the latest position on using electronic cigarettes as a nicotine delivery device (also known as vaping) as a means of quitting smoking tobacco

2. BACKGROUND

2.1 Smoking rates in England are in long-term decline. However, tobacco use remains one of the country's major public health challenges with the harm increasingly concentrated in more disadvantaged communities, being a major contributor to health inequalities. Hartlepool smoking prevalence stands at 22.8% (North East 18.7%, England 16.9%). Prevalence in routine and manual workers in Hartlepool is 28.1% (North East 26.5% and England 26.5%).

2.2 In 1976 Prof Michael Russell wrote that 'smokers smoke for the nicotine but die from the tar'. When people are urged to stop smoking, it explicitly means to quit smoking tobacco. The harm from smoking is caused primarily through the toxins produced by the burning of tobacco. By contrast, non-tobacco, non-smoked nicotine products, are deemed less harmful. Thereby electronic cigarettes represent a safer alternative to cigarettes for smokers who are unable or unwilling to stop using nicotine.

2.3 Electronic cigarettes (e-cigarettes) are battery-operated devices that simulate the smoking of cigarettes by vaporising a nicotine-based liquid for users to inhale. They fulfil a harm reduction role which works by providing smokers with the nicotine to which they are addicted without the tobacco smoke that is responsible for almost all of the harm caused by smoking.

2.4 There has been a steady increase in the use of e-cigarettes in England over recent years and now e-cigarettes have become the most popular stop smoking aid in England. There is growing evidence that they can be effective in helping smokers to quit, particularly when combined with behavioural support from local stop smoking services.

2.5 Currently, there are no medicinally licensed e-cigarettes available on the market and they cannot be prescribed for smoking cessation. However, stop smoking services are encouraged to be open to smokers who want to buy their own e-cigarettes to use in their quit attempt and to provide the expert support that gives them the best chance of stopping smoking successfully

2.6 Safety and the Perception of Risks

There is an evidence base for using e-cigarettes supported by research commissioned by Public Health England, Royal College of Physicians and endorsed by Fresh North East. The Executive version of the Public Health England (PHE) report stresses the importance of the public being provided with balanced information on the risks of e-cigarettes so that smokers understand the potential benefits of changing and non smokers understand the risks that taking up e-cigarettes might entail.

2.7 When used as intended, e-cigarettes pose no risk of nicotine poisoning to users, but e-liquids should be in 'childproof' packaging. The accuracy of nicotine content labelling currently raises no major concerns.

2.8 The conclusion of professor John Britton's 2014 review for PHE, states that while vaping may not be 100% safe, most of the chemicals causing smoking-related disease are absent and the chemicals present pose limited danger, remains valid. The current best estimate is that e-cigarettes use is around 95% less harmful to health than smoking.

2.8 E-cigarettes release negligible levels of nicotine into ambient air with no identified health risks to bystanders.

2.9 There has been an overall shift among adults and youth towards the inaccurate perception of e-cigarettes as at least as harmful as cigarettes.

3.0 **Implications of the evidence for policy and practice**

Based on the findings of the evidence review PHE also advises that e-cigarettes have the potential to help smokers quit smoking, and the evidence indicates they carry a fraction of the risk of smoking cigarettes but are not risk free.

3.1 Under the current regulatory system individual e-cigarette products vary considerably in quality and specification. Data is not yet available on their long-term safety. However, the current best estimate by experts is that e-cigarette use represents only a fraction of the risk of smoking.

3.2 **Use of electronic cigarettes among young people**

Data released on 31st October 2016 from Action on Smoking and Health (ASH) finds no evidence that children are being recruited to smoking through their use of e-cigarettes. The ASH survey found that more young people are

now aware of, and have tried e-cigarettes but regular use is still rare and confined largely to those who currently smoke or have previously smoked. During the timescale of the research there has been decline in smoking among children, countering the suggestion that e-cigarette use leads to a take up of smoking.

3.3. From October 2016, new regulations prohibiting the sale of e-cigarettes to Under 18s and purchase by adults on behalf of under 18s will provide additional protection for young people.

3.3 Until the implementation of the Tobacco Products Directive on 20th May 2016, e-cigarette manufacturers were allowed to advertise on television and other media with few restrictions. However, this does not appear to have had any significant impact on youth use of e-cigarettes. ASH believes that the proposed new code of practice by CAP and BCAP will continue to protect children from most forms of e-cigarette marketing while ensuring that adult consumers are provided with the facts about the relative risks of e-cigarettes compared to tobacco use.

3.4 The Local Picture

HBC Trading Standards inform that Council premises' records do not have a code to indicate the sale of e-cigarettes so Officers can only make a best guess estimate on the number of retailers in the town who are selling e-cigarettes. There are 104 known retail premises that sell tobacco products, most of which are likely to also sell e-cigarettes. There are in addition around 3 or 4 regular or occasional market stalls that sell e-cigarettes. There are four shops that are dedicated e-cigarette retailers and a party goods shop that sells helium filled balloons, etc. One of the dedicated e-cigarette retailers manufactures e-liquids on the premises. A reasonable estimate would be that there are around 100 retail premises in Hartlepool that sell e-cigarettes and associated products.

3.5 There is no data available on the prevalence of e-cigarette use in the town. A very small number of people have accessed the Specialist Stop Smoking Service for support in coming off e-cigarettes. There has been no interest in accessing the Specialist Service for support whilst using e-cigarettes to quit tobacco smoking.

3.6 **Conclusion**

The best thing smokers can do for their health is to quit smoking completely and to quit for good. Smokers should have a range of evidence-based, effective tools to help them to quit. Smokers who want to use e-cigarettes in their quit attempt should be encouraged to seek the support of the local stop smoking service.

3.7 PHE will continue to monitor the evidence on uptake of e-cigarettes, health impact at individual and population levels and effectiveness for smoking cessation as products and technologies develop.

3.8 The public must be provided with clear and accurate information on the relative harm of nicotine, e-cigarettes and smoked tobacco. Nearly half the population do not realise e-cigarettes are safer than smoking and studies have shown that some smokers have avoided switching in the belief that e-cigarettes are too dangerous.

3.9 The North East has a vision for 5% smoking prevalence by 2025. Based on all of the evidence to date it is believed that e-cigarettes have the potential to make a significant contribution to achieving this vision.

3. PROPOSALS

3.1 No proposals – this paper intended as a briefing paper.

4. RISK IMPLICATIONS

None noted.

5. FINANCIAL CONSIDERATIONS

None noted.

6. LEGAL CONSIDERATIONS

No applicable – this paper intended as a briefing paper.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

A reduction in tobacco smoking would greatly improve child and family financial position.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

A reduction in tobacco smoking would greatly improve health inequalities.

9. STAFF CONSIDERATIONS

Not applicable

10. ASSET MANAGEMENT CONSIDERATIONS

Not applicable

11. RECOMMENDATIONS

11.1 Members note the latest position regarding e-cigarettes.

12. REASONS FOR RECOMMENDATIONS

Members requested an update regarding Public Health position in relation to e-cigarettes.

13. BACKGROUND PAPERS

13.1 Nicotine Without Smoke. Tobacco Harm Reduction – a report by the Tobacco Advisory Group of the Royal College of Physicians – April 2016

13.2 Use of e-cigarettes in public places and workplaces. Advice to inform evidence-based policy making – Public Health England, July 2016

13.3 Fresh Position Statement – September 2016

13.4 E-cigarettes: a new foundation for evidence-based policy and practice – Public Health England, August 2015

13.5 ASH news release re young people and electronic cigarettes (Oct.2016) http://ash.org.uk/media-and-news/press-releases-media-and-news/new-research-by-ash-finds-use-olf-electronic-cigarettes-remains-low-among-young-people/.

14. CONTACT OFFICER

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Minutes from the meeting of the Finance and Policy Committee held on 26 September 2016

51. Tees Valley Shared Public Health Service (*Director of Public Health*)

Type of decision
Non-key decision.

Purpose of report
The purpose of the report was to inform Committee that the Tees Valley Shared Public Health Service was being disbanded and Hartlepool Borough Council was, therefore, in the process of withdrawing from the Tees Valley Shared Public Health Service Agreement, for the service hosted by Redcar and Cleveland Council.

Issue(s) for consideration
The Director of Public Health reported that the Tees Valley Public Health Shared Service had been formally established in April 2013 as part of the transfer of public health responsibilities from the NHS to local government
(in line with the Health and Social Care Act 2012). The service had been established on the basis of making the most effective use of limited and scarce specialist public health resources, knowledge and skills, and enabling Directors of Public Health for the five Tees Valley local authorities to discharge public health statutory duties in the most cost-effective way.
The Tees Valley Local Authority Chief Executives agreed, at their meeting on 20 April 2016, that the Shared Service should be reshaped and transformed in such a way that it could continue to operate but within a maximum budget envelope of £1.12M. This sum took into account the complete loss of contribution from Darlington Borough Council who had already signalled their intent to withdraw from the shared service agreement in January 2016.
The Public Health Shared Service Governance Board (comprising of the 5 Tees Valley local authority Directors of Public Health) had considered functions, staffing and budgets over the last two months seeking to establish an effective, efficient and safe model for the Shared Service to support the Tees Local Authorities discharge their public health responsibilities.
The Shared Service Governance Board had reluctantly but unanimously resolved that the Shared Service is no longer viable as a stand-alone team. This view was supported by the Tees Valley Local Authority Chief Executives. In the light of this the Governance Board was developing a timetable which would ensure that the Shared Service was fully dissolved by 31 December 2016. An exit plan was being developed with Human Resources, Finance and Legal colleagues.
The Director of Public Health was considering an alternative model of service delivery that will build capacity within the local Hartlepool Public Health team, in order to ensure the statutory functions the shared service discharges were fulfilled. This alternative model would include existing functions that were being provided by the existing service, but also new ways of working. As part of this model it was anticipated that it would result in the need for a full time Consultant in Public Health. It was anticipated that the alternative model of service delivery could be achieved with savings of around 10% of the previous contribution to the shared service agreement of £258,000.

Decision

1. That the disbanding of the Shared Public Health Service and the withdrawal of Hartlepool Borough Council from the Tees Valley Public Health Shared Service agreement with Redcar and Cleveland Council be noted.
2. That the Director of Public Health develops an alternative model of service integrated into the Hartlepool Borough Council Public Health team, to ensure the delivery of the key functions that the Tees Valley Shared Public Health currently fulfils.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 28 July 2016.

PRESENT: Councillors E Dryden (Chair) (Middlesbrough Borough Council).

Darlington Borough Council: Councillors: W Newall and J Taylor.

Redcar & Cleveland Borough Council: Councillor: I Jeffrey.

Stockton-on-Tees Borough Council: Councillors: E Cunningham and L Hall.

OFFICERS: L Stones, Hartlepool Borough Council.
C Lunn, Middlesbrough Borough Council.
E Pout, Middlesbrough Borough Council.
S Fenwick, Redcar & Cleveland Borough Council.
P Mennear, Stockton-on-Tees Borough Council.

APOLOGIES FOR ABSENCE Apologies for absence were submitted on behalf of:

Councillor H Scott - Darlington Borough Council.
Councillors S Belcher, B Harrison and R Martin-Wells - Hartlepool Borough Council.
Councillors S Biswas and J Walker - Middlesbrough Borough Council.
Councillors L Harding and L Reed - Redcar & Cleveland Borough Council.
Councillor M Javed - Stockton-on-Tees Borough Council.

The Scrutiny Officer explained to Members that, due to the scheduling of the meeting, representation from Hartlepool Borough Council was unfortunately not able to be attained, and reiterated the apologies that had been received.

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DECLARATIONS OF INTERESTS

There were no declarations made at this point in the meeting.

1 **APPOINTMENT OF CHAIR**

In accordance with the protocols of the Tees Valley Health Scrutiny Joint Committee, Chairmanship for the Municipal Year 2016/2017 transferred to Middlesbrough Council.

The outgoing Chair expressed his gratitude for the work undertaken during the previous Municipal Year.
It was proposed, seconded and agreed that Councillor E Dryden be appointed as Chair.

AGREED that Councillor E Dryden be appointed as Chair for the Municipal Year 2016/2017.

2 **APPOINTMENT OF VICE CHAIR**

In accordance with the protocols of the Tees Valley Health Scrutiny Joint Committee, Vice Chairmanship for the Municipal Year 2016/2017 transferred to Darlington Borough Council.

It was proposed, seconded and agreed that Councillor W Newall be appointed as Vice Chair.

AGREED that Councillor W Newall be appointed as Vice Chair for the Municipal Year 2016/2017.

3 **MINUTES - TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE - 21 JANUARY 2016**

The Minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 21

January 2016 were submitted and approved as a correct record.

NOTED

4 **TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE - PROTOCOLS**

Members confirmed the protocols for Municipal Year 2016/2017, which had been previously circulated.

AGREED that the protocols be confirmed.

5 **WORK PROGRAMME - 2016/2017**

The Scrutiny Officer presented a report, the purpose of which was to request that Members give consideration to the priorities for the Committee's work programme for Municipal Year 2016/2017.

It was explained to the Committee that standard items pertaining to Quality Accounts and monitoring of the North East Ambulance Service would automatically be included in the programme.

Members considered a number of suggestions that had been received in respect of further potential work programme topics. These were detailed in the submitted report.

The Committee gave consideration to the topic of Breast Screening. A discussion ensued in respect of such matters as screening age; take-up and subsequent outcome statistics; human resource availability; and issues experienced with screening equipment in several Tees Valley Hospitals. Members agreed that this topic be pursued.

In respect of suggestions pertaining to Young People's Mental Health, including suicide rates, and the Child and Adolescent Mental Health Transformation Plan, a Member indicated that there was a potential link between these two areas, and therefore it was important to ensure that work was not duplicated in this regard. It was felt that poor mental health was an increasing issue that required particular focus. Members agreed that this topic be pursued. Reference was made to previous updates that the Committee had received from Health representatives in respect of the Tees Valley Suicide Plan, which could potentially be revisited. The Chair suggested that the topic of young people and suicide be explored initially, with subsequent specific focus on associated areas then being made. Members supported this suggestion.

With regards to Cancer Mortality in the Tees Valley, a Member commented on the importance of sharing knowledge and information, particularly in relation to patients from across the area accessing hospital services in other districts. The Committee agreed that the topic of cancer mortality be placed on the work programme. Reference was made to the Better Health Programme and the potential implications for district hospitals across the Tees Valley.

AGREED that the topics of Breast Screening; Young People's Mental Health; and Cancer Mortality in the Tees Valley be placed on the work programme, alongside the standard items pertaining to Quality Accounts and the monitoring of the North East Ambulance Service. In addition, without duplicating the work of the Better Health Programme Joint Committee, an information finding session on the ambitions for the district hospitals from the Better Health Programme team would also be undertaken.

6 **FUTURE MEETING ARRANGEMENTS**

The Committee agreed the proposed meeting dates for the remainder of the 2016/2017 Municipal Year, which were as follows:

- 21 October 2016;

- 26 January 2016; and
- 26 April 2017.

All meetings would commence at 10:00 and be held in the Mandela Room, Middlesbrough Town Hall.

AGREED that the future meeting arrangements be approved.

7 **ANY OTHER BUSINESS**

No further business was discussed.

NORTH EAST JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

27 October 2016

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

Present:

Chair: Councillor Ray Martin-Wells, Hartlepool Borough Council
Gateshead Borough Council: Councillor Weatherley
Newcastle City Council: Councillor Taylor
Redcar and Cleveland Borough Council: Councillor Kay

In accordance with Council Procedure Rule 5.2 (ii), Councillor Huntley was in attendance as substitute for Councillor Brady, South Tyneside Council.

Also Present:
Mark Adams, Newcastle and Gateshead Clinical Commissioning Group
Alan Foster, North Tees and Hartlepool NHS Foundation Trust
Peter Dixon and Liz Rogerson, NHS England

Officers: Angela Frisby, Gateshead Borough Council
Alison Pearson, Redcar and Cleveland Borough Council
Peter Mennear, Stockton Borough Council
Sharon Ranade, North Tyneside Council
Paul Baldasera, South Tyneside Council
J Haworth, Durham County Council
Joan Stevens, Scrutiny Manager (HBC)
Angela Armstrong, Principal Democratic Services (HBC)

11. Apologies for Absence

Apologies for absence were received from Councillor Robinson (Durham County Council), Councillor Brady (South Tyneside Council, Councillor Brooks (North Tyneside Council), Councillor Dixon (Sunderland City Council) and Councillor Javed (Stockton Borough Council).

12. Declarations of Interest

Councillor Taylor declared a personal interest in minute 18.

13. Minutes of the meeting held on 2 June 2016

Confirmed subject to the following amendment:

Councillor Taylor (Newcastle City Council) was in attendance, not Councillor Mendelson and Councillor Taylor declared a personal interest as an employee of the Foundation Trust not Councillor Mendelson.

14. Work Plan for the 2016/17 Municipal Year (For Information) *(Scrutiny Manager)*

A copy of the work plan for the Committee for the 2016/17 municipal year was presented to Members for their information.

Recommendation

The workplan for 2016/17 was noted.

15. North East and Cumbria Learning Disabilities Fast Track Transformation Plan – Written Update from the North of England Commissioning Support Unit

The Scrutiny Manager informed Members that representatives from North of England Commissioning unit had been unable to attend this meeting, however it was noted that an update will be provided at a future meeting of the Committee.

Recommendation

It was noted that an update on the North East and Cumbria Learning Disabilities Fast Track Transformation Plan would be submitted to a future meeting of the Committee.

16. North East and Cumbria Learning Disabilities Fast Track Transformation Plan – Appointments to the North East and Cumbria Learning Disability Transformation Board *(Scrutiny Manager)*

Nominations were sought from the Committee for a Member observer representative on the North East and Cumbria Learning Disability Transformation Board consisting of two Members covering Durham, Darlington and Teesside and two Members covering Newcastle,

Northumberland and Sunderland and Gateshead. It had proven difficult to fill all four of these positions with only two nominations received for Members who whilst were no longer Members of this Committee, but would still wish to attend the Board. It was therefore suggested that the remaining two nominations be opened up to other Members from incumbent local authorities to identify a Member who had an appropriate interest in this issue or were in an appropriate position within the authority to become observers on the Board. It was suggested that delegated authority be given to the Chair and Vice Chair to approve any nominations be received after the meeting.

It was proposed and seconded that Councillor Huntley, South Tyneside Council be nominated as an observer on the North East and Cumbria Learning Disabilities Transformation Board.

Recommendation

(1) That Councillor Huntley, South Tyneside Council be nominated as an observer on the North East and Cumbria Learning Disabilities Transformation Board.
(2) That the nominations received for Councillor Schofield, Newcastle City Council and Councillor Bailey, Stockton Borough Council to act as observers on the North East and Cumbria Learning Disabilities Transformation Board be noted.
(3) That a further Member nomination be sought from incumbent local authorities to act as an observer on the Board with delegated authority for the Chair and Vice Chair to approve any nominations received.

17. North East and Cumbria Learning Disabilities Fast Track Transformation Plan – Proposed Redesign of Learning Disability Services in the Northwest (For Information) *(Scrutiny Manager)*

The Scrutiny Manager highlighted a letter received from NHS England informing the Committee that, subject to consultation, Merseycare Specialist Learning Disability Division, Whalley site were looking to looking to commission a new model for Learning Disability services moving away from institutionalised care by 2019. There were a number of patients from the north east area within this organisation and over the next 3 years, the provider and commissioners were working to ensure that a safe transfer/discharge appropriate to those patients was implemented.

It was highlighted that the full consultation document will be available on the NHS England website and will be emailed when the consultation commences.

In response to a question from a Member, the Scrutiny Manager indicated she would ascertain exactly how many north east patients were located within this organisation.

Recommendation

(1) The proposed changes and forthcoming consultation was noted.
(2) The Scrutiny Manager to ascertain how many north east patients were located within this organisation and feed this back to the Committee.

18. Sustainability and Transformation Plans (STPs) – STP Lead for County Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby and STP Lead for Northumberland, Tyne and Wear

A Chief Officer from Newcastle Gateshead Clinical Commissioning Group (CCG) provided a detailed and comprehensive presentation on the development of a Sustainability and Transformation Plan (STP) for the Northumberland, Tyne and Wear and North Durham areas. Further details were provided on the evolving health and care model which was based on health and wellbeing; care and quality; and funding and finance. An overview was provided within the presentation on the following:

- STP Delivery priorities for the three transformational areas;
- Upscaling prevention, health and wellbeing;
- Out of Hospital Collaboration – General Practice Forward View and New Care Models;
- Optimal use of the Acute Sector; and
- Transforming Mental Health.

The approach to developing the plan was detailed in the presentation and included a number of engagement activities to be undertaken.

A lengthy discussion took place during which the representative from the CCG commented that the public sector were in times of unprecedented austerity which had resulted in the NHS coming together on a much wider footprint than ever before. The aim of the STP was to make budgetary savings whilst still being able to demonstrate how services and the quality of services can continue to be improved. The representative from the CCG reiterated that the Plan would be based on the following three pillars of improvements to care and wellbeing, improvements to the provision of services and all done within an efficient cost envelope. A key element of fulfilling this aim would be to ensure the right people were placed in the right place based on the needs and requirements of patients and by improving recruitment and retention of appropriately trained staff.

In response to a question from a Member, the representative from the CCG commented that the Plan would be informed by the Vanguards already identified across the region and ensure all services knit together across the region to work in harmony. It was highlighted that a key issue to the success of the Plan was to upscale prevention and the CCG was working

closely with the Directors of Public Health across the region to design whole life prevention as people were living much longer.

The Chair raised a number of concerns including the apparent lack of scrutiny within the development process for STPs. The representative from the CCG commented that the consultation process currently being designed would provide a wide scrutiny. A representative from South Tyneside Council added that they were in the process of creating a Joint Health Scrutiny Committee to look at the service changes in Sunderland and expressed some concerns that this may result in a parallel consultation exercise being undertaken. The representative from the CCG indicated that he would liaise with South Tyneside Council to ensure the consultation was co-ordinated to avoid any duplication.

A member of the public addressed the Committee and reiterated concerns at the lack of scrutiny in the decision making process. The representative reassured Members that attending Overview and Scrutiny Committees such as this one would facilitate Members' scrutiny of the decision making process. During the discussions the representative from the CCG indicated that this was a draft Plan and that detailed consultation would be undertaken in the near future to ascertain people's views and whether the Plan needs to be changed.

The Chair reassured the Committee and members of the public that the North East Joint Health Scrutiny Committee was a statutory body with the power to scrutinise changes to the provision of health services within the region and the Committee will be examining in detail the recommendations from both STPs within the region.

A further presentation was provided from the Chief Executive of North Tees and Hartlepool NHS Foundation Trust who commented that the NHS was at a tipping point and needed to explore ways to sustain health and care services as demand rises. It was noted that there were six hospitals across the Tees area and that the services provided across these six hospitals needed to be reorganised to ensure the most effective and efficient use of facilities and the workforce.

The presentation showed a revised footprint for the STP which included the following CCGs:

- North Durham;
- Durham Dales, Easington and Sedgefield;
- Durham;
- Hartlepool and Stockton on Tees; and
- South Tees.

A number of possible scenarios were highlighted for the future use of the six hospitals across the footprint and included the identification of specialist hospitals; local hospitals; a major trauma centre; and district general hospitals. The key principle actions for the Plan were prevention; being

responsive and accessible, proactive and co-ordinated. The model of care for this STP was based on patient self care/prevention with the potential outcomes for patients and more efficient services were outlined in the presentation.

The timetable for the progression of the draft plan was included within the presentation which culminated in the consultation on service changes commencing in June 2017. A number of public engagement events were to take place during October 2016 and details were presented to the Committee.

A discussion ensued on the scenarios highlighted for the future use of the six hospitals across the area and the representative from the Trust confirmed that James Cook University Hospital would continue to be the major trauma centre for the area although the detail was still being worked up to ensure the best possible access to the most appropriate services for the greatest number of the population across the area. It was noted that in addition to the six hospitals, there were numerous community pharmacists, Out of Hours services and walk-in centres across the region and work was ongoing to raise awareness and increase the effective use of this provision.

It was highlighted that workforce recruitment and retention was an issue across the whole area and the Trust had looked abroad for the recruitment of nursing staff. The importance of ensuring the north east was an attractive place to work whilst ensuring the workforce had an appropriate work/life balance was reiterated.

A member of the public who represented the NEED group (North East Empowerment and Diversity) highlighted the recently published report Hartlepool Matters produced by Professor Thomé which looked at a Local Health and Social Care Plan for Hartlepool which referred to public involvement and scrutiny of health care services. The representative from the Trust confirmed that engagement with the public will take place across the whole area and people were encouraged to attend the engagement events. It was noted that details of the consultation process would be forwarded to the Committee once this was available.

Recommendation

The update and future development of the Sustainable Transformation Plan was noted.

19. Specialised Commissioning Update including Congenital Heart Disease, neonatal intensive care, paediatric high dependency care (winter pressure) and vascular surgery – NHS England North

Representatives from NHS England provided a detailed and comprehensive presentation on the North East Specialised Commissioning Hub for the

following service provision:

- Congenital Heart Disease (CHD);
  Consultation was being undertaken on the recommendations with Newcastle to proceed with implementing the improvement Plan. The national team were expected to visit Newcastle in November.

- Neonatal;
  A transport consultant had been appointed with two trainee Advanced Neonatal Nurse Practitioners commencing a course of study at Sheffield with another starting in November. The changes to this service will be phased in over the next 12-24 months.

- Paediatric Intensive Care (PICU) – Winter Pressures; and
  There continued to be a regional and ultimately national "surge" plan to ensure actions were co-ordinated and that beds were available. Whilst funding had previously been non-recurrent, it could now be invested recurrently circa £580k.

- Vascular Surgery.
  NHS England had received the independent reviewer's recommendations although have not yet made a decision and was looking to outsource both pre-consultation and public consultation. Getting It Right for the First Time (GIRFT) visited the Vascular Clinical Advisory Group on 4 October and a national report would be available early 2017.

Recommendation

The update provided by NHS England was noted.

20. Chairman's Urgent Items

None.

21. Any Other Business

None.

22. Date and Time of Next Meetings

The next meeting was Thursday 3 November 2016 at 2.00pm in the Civic Centre, Hartlepool.

Meeting concluded at 12.05 pm

CHAIR