HEALTH AND WELLBEING BOARD AGENDA

Monday 13 March 2017

at 10.00 a.m.

in Committee Room 'B'
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Clark and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Timlin and Alison Wilson
Interim Director of Public Health, Hartlepool Borough Council (1); - Dr Paul Edmondson-Jones
Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1**)** – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Colin Martin
Representative of Cleveland Police, Temporary Assistant Chief Constable Ciaron Irvine
Representative of GP Federation (1) – Fiona Adamson

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

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 16th January 2017.

4. **ITEMS FOR CONSIDERATION**

4.1 Health and Wellbeing Strategy (2013 - 2018) - Refresh – *Interim Director of Public Health*

4.2 NHS Planning Guidance Delivering the Forward View: NHS Planning Guidance 2017/18 – 2020/21 – *Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group*

4.3 Safe and Well Visit Development - Presentation – *Interim Director of Public Health*

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

Date of next meeting – Monday 15th May 2017 at 10.00am. at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

16 January 2017

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

Present:

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

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

Other Members:
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine
Representative of GP Federation, Fiona Adamson

Also in attendance:-
Dr Paul Edmundson-Jones, Public Health
Louise Johnson, General Manager Emergency Care, North Tees and Hartlepool NHS Foundation Trust
Stephen Thomas, Healthwatch
Observer, Hartlepool Borough Council, Councillor Brenda Harrison
L Allison, S Thomas, Healthwatch representatives
Public – P Liddle, E Hughes, S Booth, C Booth, B Keane

Officers: Leigh Keeble, Development Manager
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team
Juliette Ward, Young Inspectors Co-ordinator

32. Apologies for Absence

Elected Member – Councillor Thomas
Representative of Clinical Commissioning Group – Alison Wilson
Representative of the NHS England – Dr Butler
Chief Executive, Hartlepool Borough Council – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant

33. Declarations of interest by Members

Councillor C Akers-Belcher declared an interest in agenda item 4.2 as Manager, Health Watch Hartlepool and left the meeting during consideration of that item (minute 35 refers).

34. Minutes

(i) The minutes of the Board meeting held on 5 December 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 27 September 2016 were received.

Further to minute 33, Councillor C Akers-Belcher vacated the Chair for consideration of the following item.

Dr Timlin in the Chair

35. Healthwatch Hartlepool Dementia Diagnosis Consultation Report (*Healthwatch)*

The Board received a report prepared by Healthwatch Hartlepool which provided the outcomes of the recent consultation regarding patient experience of dementia diagnosis in Hartlepool. The context and background to the report were presented by the Healthwatch Development Officer. A number of speakers who had contributed to the report were in attendance at the meeting and spoke of their dementia diagnosis experiences which supported the conclusions set out in the Healthwatch report.

The report concluded that overall there was evidence that diagnosis and associated procedures had improved across the G.P practices that returned questionnaires. Awareness levels amongst all staff appeared to have improved and staff training on dementia awareness happened routinely in most Practices. However, service development in this area was still a "work in progress" and there was still scope for further improvement.

It was acknowledged that diagnosis of dementia for an individual, their family

and carers was an extremely difficult and traumatic process. There was evidence that some patients and their families felt that there was still a stigma attached to the condition and this could impair their willingness to seek help and support at an early stage. Much had been done to address some of the misconceptions and prejudice around the condition, but more was needed if the ambition of creating truly "dementia friendly communities" was to become a day to day reality.

Concerns had been raised by some patients about the level of ongoing support they received once diagnosed. This had suggested that improvements could be made to this aspect of ongoing care and consideration given as to how understanding could be checked at diagnosis. Evidence had been presented by those with dementia and family members and carers which showed that communication processes at all stages of diagnosis could be problematic. It was considered that every effort should be made to ensure that all parties be kept fully informed, and as far as is practicably possible had understood all aspects of diagnosis and ongoing implications. Patients who had experienced the onset of dementia at an early age more frequently reported problems and delays in reaching a diagnosis of their condition. In some instances these patients also found it hard to accept and come to terms with the diagnosis. It was accepted that the sample group had been relatively small but it had indicated that some further work was needed in order to develop the support received by this age group during diagnosis and beyond.

It was noted that communication between G.P's and the Memory Clinic in most instances appeared to be working reasonably well and the speakers at the meeting reiterated that the introduction of The Bridge Centre had been extremely helpful in providing additional information and support to patients and family members.

Representatives of the Clinical Commissioning Group confirmed that the report resonated with the work undertaken in relation to the Better Care Fund and undertook to work with Healthwatch and the Council to improve communication including conveying the services available at the Bridge Centre.

The new role of a Care Co-ordinator was highlighted by the representative of the GP Federation who offered also the services of the Federation to Healthwatch when conducting future surveys. Support was offered also by the representative of Tees Esk and Wear Valley Foundation Trust.

The Vice Chair of the Adult Services Committee expressed his appreciation to Healthwatch representatives and to the speakers for their presentations and stressed the need to address the issues which had been highlighted. Those issues included support for carers as highlighted by a number of Board Members. The Director of Child and Adult Services responded to concerns by highlighting statutory responsibilities and with reference to inclusion of support for carers in the Better Care Fund Plan as a local performance indicator.

It was proposed that the Healthwatch report be referred to the Adult Services Committee and that a progress report be submitted to this Board in 6-12 months.

Board Members responded to a suggestion from a member of the public in relation to GP databases where issues of confidentiality were highlighted together with the development of the Hartlepool Now website. The Director of Child and Adult Services requested that if the public were aware of any additional services not included on the website to inform the Department's Development Officer.

Decision

(i) The Board agreed the recommendations set out in the report that based on the findings from the consultation events and subsequent discussions, the conclusions set out in the report are noted and acted upon by all relevant parties and that Healthwatch Hartlepool continues to monitor the ongoing development of patient experience of service delivery in this area.

(ii) That the Healthwatch report be referred to the Adult Services Committee and that a progress report be submitted to this Board in 6-12 months

Councillor C Akers-Belcher returned to the meeting and took the Chair.

36. Urgent and Emergency Care Update - Presentation

(*Clinical Commissioning Group*)

The Board received a presentation by Karen Hawkins, Director of Commissioning and Transformation, Clinical Commissioning Group which provided an update on initiatives that were being implemented to manage the demands on urgent and emergency care systems and how services were being developed to improve outcomes and experience for patients. Also in attendance was Louise Johnson, General Manager Emergency Care, North Tees and Hartlepool NHS Foundation Trust who responded to questions arising from the presentation.

Board Members discussed communication issues arising from the one integrated urgent care service model to be delivered by the Foundation Trust collaborating with Hartlepool and Stockton Health (HASH) and NEAS across the two sites of University Hospital North Tees and University Hospital Hartlepool. The Chair of the Board suggested that the March edition of the Council's 'Hartbeat' publication would provide an ideal opportunity to convey the messages associated with the introduction of the new model to the residents of the Borough. The Emergency Care General Manager undertook to convey the opportunity to the communications work stream group and noted the request from the Chair for the provision of information to the Council's Public Relations Team.

Decision

The Chairman expressed his appreciation of the presentation and requested that information relating to the integrated urgent care service model be forwarded to the Council's Public Relations Team.

37. Better Care Fund:2016/17 Q2 Return *(Director of Child and Adult Services)*

The report provided the background to the National Conditions and performance measures associated with the Better Care Fund. The 2016/17 quarter 2 return was attached at Appendix 1 and indicated that all national conditions were being achieved. The deadline for submission of the Q2 return (covering the period July-September 2016) had been 25th November 2016.

Further detail was provided within the report on the following performance measures:

- Permanent admissions to residential and nursing care homes;
- Proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services;
- Delayed transfers of care (DToC) from hospital per 100,000 population (days delayed);
- Total non-elective admissions into hospital per 100,000; and
- Estimated diagnosis rate for people with dementia.

The following local performance indicators had been used to evidence impact of the Better Care fund:

- Use of assistive technology;
- Support for carers;
- Effectiveness of reablement services; and
- Overall satisfaction of people who use services with their care and support.

It was noted that work had been undertaken to review services that were currently funded by the Better Care Fund to clarify their impact. The outcome of the review would be reported to the Better Care Fund Pooled Budget Partnership Board in February 2017.

Decision

The Board noted the 2016/17 Q2 return, which was submitted on behalf of the Board using delegated authority as agreed previously.

Meeting concluded at 11.30 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

13 March 2017

Report of: Interim Director of Public Health

Subject: HEALTH AND WELLBEING STRATEGY (2013 - 2018) - REFRESH

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1. PURPOSE OF REPORT

1.1 To seek approval for the process and timetable for the refresh of the Health and Wellbeing Strategy (2013 – 2018).

2. BACKGROUND

2.1 The Health and Social Care Act 2012 requires the Local Authority, with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy (2013-2018) was developed in 2012-2013 in order to comply with this statutory requirement.

2.2 At the time the Strategy was developed, both the health system and local government were experiencing significant local and national service change, with the transfer of responsibilities to newly established bodies, the impact of austerity, potential devolution and new public health leadership responsibilities. Whilst there is still significant service / system change, with the development of the Better Health Programme locally and nationally the implementation of the Sustainability and Transformation Plans (STPs), the Health and Wellbeing Board has now been successfully operating since 2013. On this basis, it is now time to review the Health and Wellbeing Strategy to ensure that it is fit for purpose and effectively reflects local priorities.

3. EXISTING HEALTH AND WELLBEING STRATEGY (2013 – 2018)

3.1 The Joint Health and Wellbeing Strategy (2013-2018) was agreed by Full Council on the 11th April 2013. The strategy is based upon the principles of the Marmot Report (2010) and focuses on protecting and improving the health of the population through a range of evidence based interventions.

3.2 A copy of the Strategy, and the process undertaken in its development, are attached at **Appendices A and B** respectively.

4. STRATEGY REFRESH (TIMETABLE AND PROCESS)

Timetable

4.1 As the Health & Wellbeing Strategy sits within the Council's Policy Framework there is a defined route that must be followed in the preparation and approval of the Strategy. This is outlined in Part 4 of the Constitution.

4.2 In accordance with the requirements of the Constitution, the proposed timetable for the refresh of the Strategy is outlined below.

March 2017 - Agreement to refresh (Corporate Management Team / Policy Committee / Health and Wellbeing Board / CCG Board)

March - May 2017 - Review of Strategy and development of draft Strategy (including the use of the VirtualStaff College)

June - July 2017 - Formal agreement of draft for consultation – Corporate Management Team / Policy Committee / Health and Wellbeing Board / CCG Board

July - August 2017 - Formal consultation (8 weeks minimum) – Elected Members / Audit Committee / Public (means including the Health and Wellbeing Board's Face the Public event, etc). / Partner Organisations, etc

Sept - Oct 2017 - Formal agreement of 2nd draft – Corporate Management Team / Policy Committee / Health and Wellbeing Board / CCG Board

November 2017 - Formal consultation (2 weeks minimum) - Elected Members / Audit Committee / Public / Partner Organisations, etc

December 2017 - January 2018 - Formal agreement of final draft – Corporate Management Team / Policy Committee / Health and Wellbeing Board / CCG Board

February - March 2018 - Formal agreement and adoption of strategy – Full Council / CCG Board

Process

4.3 It is proposed that, in accordance with the above timetable, a small group be established to refresh the Health and Wellbeing Strategy. This group to be chaired by the Interim Director of Public Health, with representatives from each of the partners that sit on the Health and Wellbeing Board, with support from the Council's Legal Services Division.

5. RECOMMENDATIONS

5.1 That the refresh of the Health and Wellbeing Strategy be approved;

5.2 That a group be established to progress the refresh the Health and Wellbeing Strategy, as detailed on Section 4.3 above, and that each of the partners that sit on the Health and Wellbeing Board nominate an representative to be involved; and

5.3 That the timeframe outlined in Section 4.2 above, be approved and a detailed Project Plan produced (with recognition that there may be the need for minor changes to reflect Council and CCG's diaries for 2017/18, as and when they are published).

6. BACKGROUND PAPERS

Report to Cabinet July 2012 regarding consultation process for Health and Wellbeing Strategy.

Report to Cabinet October 2012 regarding first draft of Health and Well Being Strategy.

Report to Cabinet January 2013 on second draft of Health and Wellbeing Strategy.

Report to Cabinet March 2013 on final draft of Health and Wellbeing Strategy.

7. CONTACT OFFICER

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HARTLEPOOL HEALTH AND WELLBEING STRATEGY 2013-18

Foreword

Healthy people living longer, healthier lives is the aspiration of the Hartlepool Health and Wellbeing Board.

This newly created Board brings together a range of agencies, including the Council and the Clinical Commissioning Group for the NHS, with a joint ambition to support people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all.

This Strategy sets out how the Health & Wellbeing Board for Hartlepool intends to achieve this ambition.

The Strategy is not all about treating illness, although high quality accessible services are vital when needed; it is also about helping people to make healthier choices. Detecting illness early and ensuring people get effective and timely treatment is essential. Equally important for health is the need for people to live in good quality, affordable housing, with education and employment opportunities to maximise control and capabilities, as well as achieving a good standard of living for all.

This Strategy intends to address the challenges of ill health and premature death in Hartlepool. In Hartlepool there is a 9 year gap between affluent and deprived communities in how long a man might expect to live. This life expectancy gap is 7 years for women. This is a great social injustice, which is unfair and needs tackling through all of the interventions and actions proposed through this Strategy.

This Strategy is based on what you, the people of Hartlepool, have told the Health & Wellbeing Board matters. The public consultation that was undertaken when developing this Strategy showed that the people of Hartlepool wanted their children to have the “best start in life”.

Through the energy, effort and drive of all involved in this Strategy, that is what we aim to do. Not only give the “best start in life”, but the best health and wellbeing throughout life and make Hartlepool a healthier, happy and vibrant town.

Partnership organisations
To be added: Sign-up page with organisations’ logos.

1. Vision

The vision of the Hartlepool Health & Wellbeing Strategy is to:

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area[1]. The Strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool[2].

3. The case for improving health and wellbeing in Hartlepool

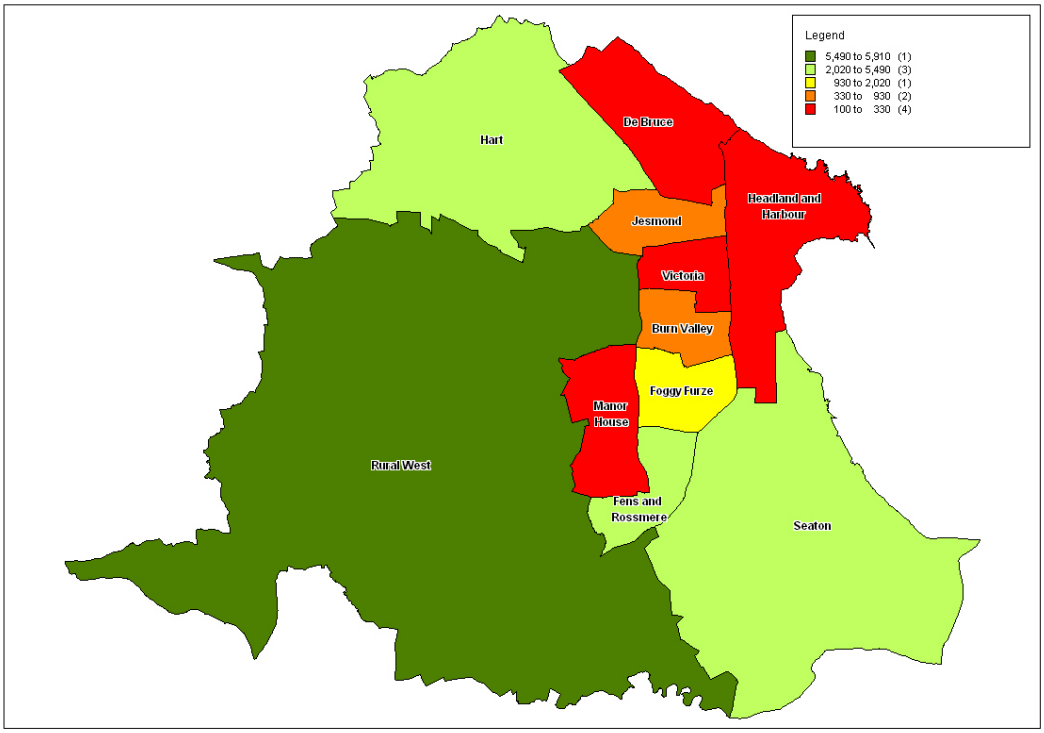
Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average[3].

However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the levels of deprivation in Hartlepool and **Figure 2** shows the difference in Standard Morality Ratio (SMR) between the deprived and more affluent areas of the Borough.

Box 1: At a glance: Health initiatives and challenges in Hartlepool[3]

- Levels of deprivation are higher and life expectancy is lower than the England average.
- Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- The early death rate from cancer has changed little over the last 10 years.
- Both the death rate from smoking and the percentage of mothers smoking in pregnancy are worse than the England average.
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.
- 25% of Year 6 pupils are classed as obese, this is the highest in the Tees Valley.

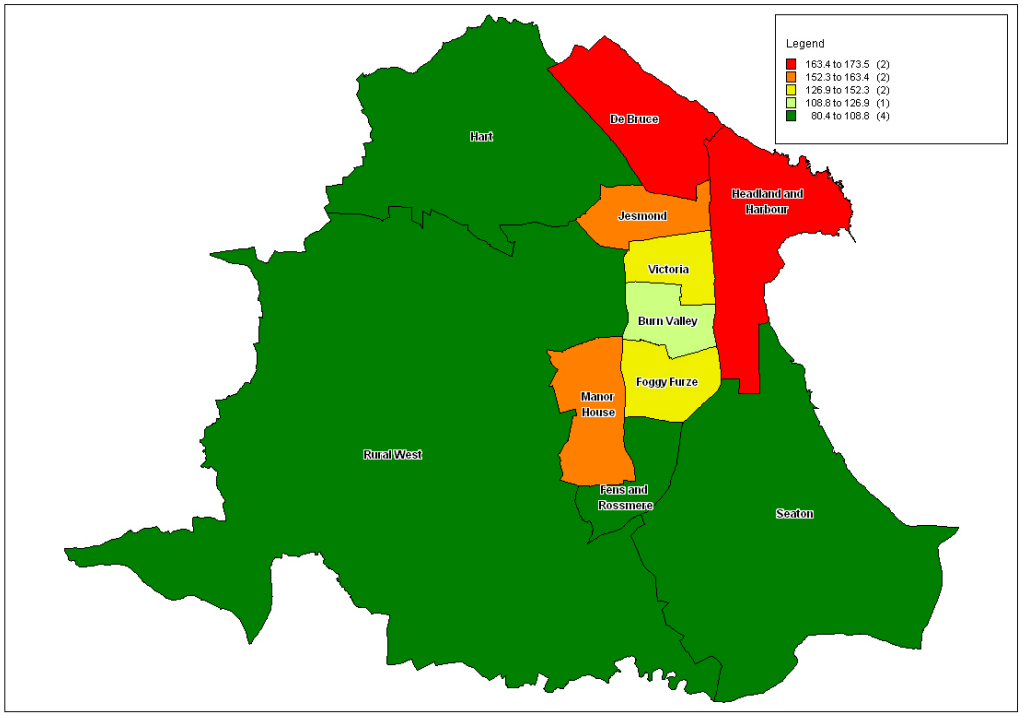
Figure 1: Index of Multiple Deprivation at Ward level in Hartlepool



The Index of Multiple Deprivation provides a relative measure of deprivation in small areas across England. They are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on whereas deprivation refers to general lack of resources and opportunities. The above map shows the levels of deprivation within Hartlepool by Ward. The IMD 2010, tells us that there are high levels of deprivation within six of Hartlepool's eleven wards; those being De Bruce, Headland and Harbour,

Victoria, Manor House, Jesmond and Burn Valley. There is a clear correlation between levels of deprivation and poor health. The lower a persons social position the more likely it is that his or her health will be worse.

Figure 2: Standard Mortality Ratio in Hartlepool (Ages 0 – 64)

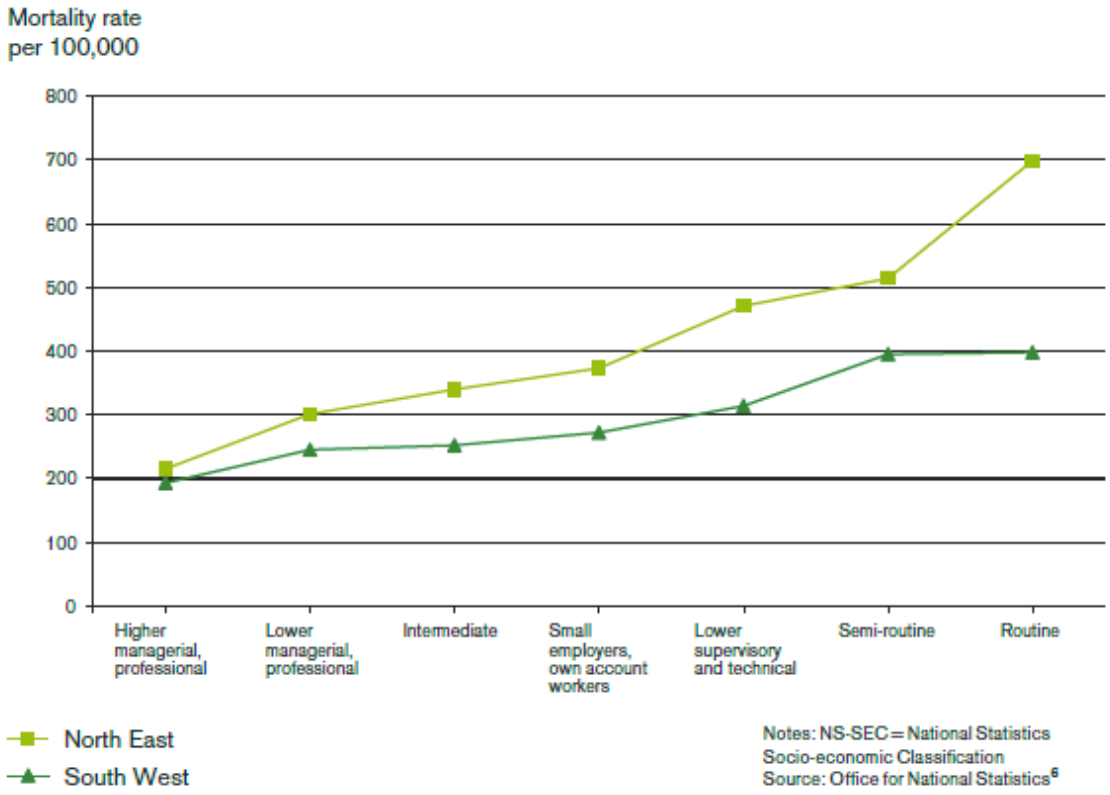


The Standard Mortality Ratio (SMR) compare local death rates with national ones. They are calculated by dividing the actual number of deaths in an area by the number that would be expected using National death rates by ages and sex of the population. The resulting number is multiplied by 100. If an area has an SMR of 100, this indicates that local death rates are similar to National rates. If they are greater than 100, this indicates higher death rates than the national average and vice versa. SMRs are often used as proxy indicators for illness and health within an area. Clearly there is a link between SMR and levels of deprivation with Hartlepool's most disadvantaged Wards having a significantly higher score than the national average.

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool[3,14]. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship[4]. In his *Strategic Review of Health Inequalities in England* (2010)[4], Prof. Sir Michael Marmot argues that fair distribution of health, wellbeing and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed

across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases[4]. As demonstrated in **Figure 3**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 3: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003[4]



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course[4].

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of the NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and

value, for the 'big issues' in health and wellbeing[5]. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)[5,6] – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)[6]

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing.

The National Review of Health Inequalities, 'Fair Society, Healthy Lives', led by Prof. Sir Michael Marmot, drew on extensive global research into Health inequalities. Reflecting on inequalities in our society and health inequalities in particular, Prof. Sir Marmot stated: *'To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. Greater intensity of action is likely to be needed for those with a greater social and economic disadvantage. But focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem'.*

The Marmot review identified six 'Areas for Action'. These are:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

To focus activity in these areas, the key outcomes within this strategy reflect these wider determinants.

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health[7] - **Appendix 1**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The action plan underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values[8,9]. For Hartlepool, these values fit with the proposed operating principles for Boards[8] and the Board Terms of Reference. The values are:

- Partnership working and increased integration[2,8] across the NHS, social care and Public Health
- Focus on health and wellbeing outcomes
- Focus on prevention
- Focus on robust evidence of need and evidence of 'what works'
- Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement[10]
- Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- Maintain an oversight of and work within the budgets for health and wellbeing
- Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The Health and Wellbeing Board and the Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing[11].

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

- Services Hartlepool Borough Council will be mandated to provide from April 2013[12]. The services are listed in **Appendix 2**.

- Clinical Commissioning Group draft plans

The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan[13] has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.

- The Health and Wellbeing Strategy should be read in conjunction with the Joint Strategic Needs Assessment (JSNA). The JSNA is currently being refreshed through engaging partners and will outline the commissioning intentions for health and social care. The JSNA website address is http://www.teesjsna.org.uk/hartlepool/

- Hartlepool Public Health Transition Plan

The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

Stakeholder engagement and consultation

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owned the Strategy included LINkS representation, democratically elected members, NHS organisations and Local Authority representation.

A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**.

7. Strategic priorities and objectives

The outcomes outlined within the Strategy reflect the 'areas for action' identified by Marmot reflecting the wider determinants of health and wellbeing.

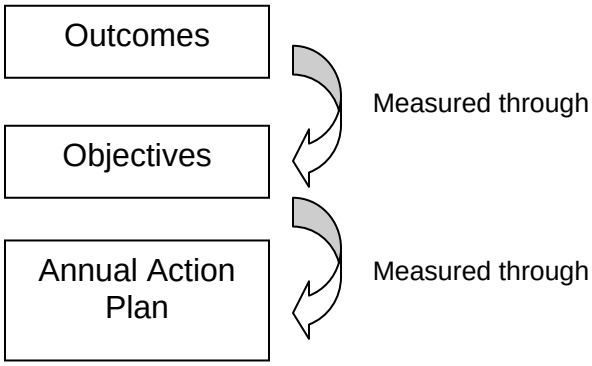
The key objectives that sit beneath each outcome are aligned with a number of key strategies being delivered across the Borough to ensure the effective coordination of delivery. The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on the outcomes identified, and meet the challenge set out by Marmot's suggested 'areas for action'. The key objectives are:

Outcome 1: Give every child the best start in life	
Objective A	Reduce child poverty
Objective B	Deliver early intervention strategy
Outcome 2: Enable all children and young people to maximise their capabilities and have control over their lives	
Objective A	Children and young people are empowered to make positive choices about their lives
Objective B	Develop and deliver new approaches to children and young people with special educational needs and disabilities.
Outcome 3: Enable all adults to maximise their capabilities and have control over their lives	
Objective A	Adults with health and social care needs are supported to maintain maximum independence.
Objective B	Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.
Objective C	Meet Specific Housing Needs
Outcome 4: Create fair employment and good work for all	
Objective A	To improve business growth and business infrastructure and enhance a culture of entrepreneurship
Objective B	To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy
Outcome 5: Ensure healthy standard of living for all	
Objective A	Address the implications of Welfare Reform
Objective B	Mitigate against the impact of poverty and unemployment in the town
Outcome 6: Create and develop healthy and sustainable places and communities	
Objective A	Deliver new homes and improve existing homes, contributing to Sustainable Communities
Objective B	Create confident, cohesive and safe communities
Objective C	Local people have a greater influence over local decision making and delivery of services
Objective D	Prepare for the impacts of climate change and takes action to mitigate the effects
Objective E	Ensure safer and healthier travel
Outcome 7: Strengthen the role and impact of ill health prevention	

Objective A	Reduce the numbers of people living with preventable ill health and people dying prematurely
Objective B	Narrow the gap of health inequalities between communities in Hartlepool

Delivery on the objectives will be ensured through an annual action plan which supports this Strategy. The action plan specifies the detailed initiatives to deliver on the objectives and will also include, amongst others, the indicators identified in the Public Health Outcomes Framework[15]. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The action plan outlines how this is being done.

8. Strategy ownership and review

This Strategy is owned by the Health and Wellbeing Board. Although the Strategy is a 5 year document it will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities.

Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough.

The next review of the Health & Wellbeing Strategy will take place by April 2016.

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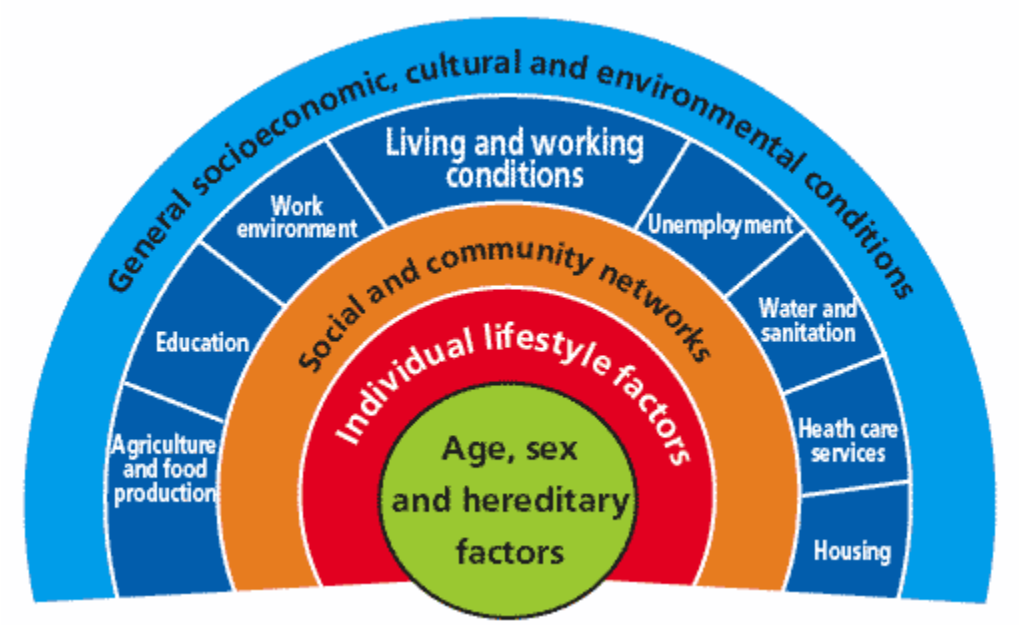
Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)[7]



Appendix 2:

Local Authority mandated services[12]

Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

Appendix 3: NHS Hartlepool and Stockton-On-Tees CCG – Plan on a Page 2013/14

Vision (CCP page 7)

To build 21st century health services for and with the Stockton-On-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves.

Strategic Aims (CCP page 12)

- Bringing care closer to home
- Tackling Health Inequalities
- Caring for an aging population
- Addressing our priority health conditions
- Improving quality in primary care
- Ensuring quality and patient safety
- Improving patient experience
- Seeking best value for money within budget

Transformational Work Streams & Cross cutting themes (CCP page 12)

- **Health and Wellbeing**
  - ***Priority*** Maternal smoking at delivery
- **Out of Hospital Care**
  - ***Priority*** Emergency Readmissions within 30 days of discharge From hospital
- **Acute In-Hospital Care**
- **Mental Health, Learning Disabilities and Dementia**
  - ***Priority*** Estimated diagnosis Rate for people with Dementia
- **Medicines Optimisation**

Personalisation; Carers; PPI; Prevention; Innovation

Prioritised Initiatives (Commissioning Intentions) [link to outcome framework domains]

- Commission sufficient capacity to meet the demand of the screening programmes
- Work with Primary Care Providers to increase uptake of bowel screening
- Reduce Hospital Admissions in relation to alcohol;
  - Signposting to support services offered to patients identified
  - Collaborate with Public Health in relation to delivery of the alcohol strategy and determine future requirements for commissioned services
- Reduce smoking prevalence;
  - Collaborate with Public Health to develop a joint strategy in relation to smoking cessation services to improve access and attendance and focus on improving the quit rate of women smoking at time of delivery
  - Ensure the smoking cessation services are linked to the Community Renaissance Teams
- Reduce COPD Admissions
  - Carry out a review of acute and community respiratory services
  - Commission a range of preventative initiatives such self care packs and patient education

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- Improve the Quality of Care within Residential and Nursing Homes
  - All residential/ nursing home patients will have a regularly reviewed Health Care Plan (HCP)
- Triage and signpost patients who are not appropriate to be seen in A&E to the relevant care provider in order to support the re-education programme
- Implement management plans for all patients identified by the LACE tool as being at high risk of readmission
- Review and audit of the new community services model
- Developing integrated health care facilities in Stockton, Billingham, Hartlepool and Yarm
- To improve the quality and capacity in Primary Care
  - Better understand capacity and demand within Primary Care to determine future commissioning intent
  - Continue to support Primary Care in reducing variation in General Practice, both in terms of quality and financial spend
- Reduction in readmissions

- Continued Reduction in C2C Referrals
- Reduction in N:R ratio and review of Nurse delivered clinics
- Extend the Hartlepool plastics service to include access for Stockton patients
- Choose & Book
  - Ensure letters are reviewed prior to clinics to ensure patients are attending correct clinics
  - Ensure patients are redirected to most appropriate clinics where wrong referral has been made
  - Ensure advice and guidance is available via Choose and Book
- Implement revised MSK pathway
  - Pathway to include direct access to core Physiotherapy and direct access to MSK
  - The CCG expects where referral is sent to incorrect, referral will automatically refer on to appropriate service without sending back to GP or requesting a re-referral
- Work with providers to reduce the number of delayed discharges
- Review of Commissioner Requested Services (CRS) to establish any additional services the CCG required
- Work with Provider to ensure that routine services are offered 7 days a week

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- Robust and accurate registers of patients with Dementia
- Development of a pilot memory clinic within a primary care setting
- Perinatal Mental Health – to ensure compliance with NICE guidance including potential for specialist community service
- Continued development of Mental Health Payment by Results
- Ensure CAMHS services meet NICE requirements and improves assessment to diagnosis waiting times
- Review of 'Stepping Forward' model for vulnerable, high activity MH patients
- Out of Area specialist placements/rehab services - to identify potential opportunities for developing services for low volume/high cost cases closer to home
- TEWV Primary Care Therapy Services - align both the funding and contract management to the existing Any Qualified Provider
- Development of alternative rehabilitation and recovery services to support complex individual residents
- Review current commissioning arrangements for specialist sensory assessments and develop local pathway
- E-Communications
  - Implementation of e-discharge solution which transfers information directly into clinical system (inpatient and outpatients)
  - Implementation of Choose and Book, including advice and guidance
- Provide independent assessments of individuals with Learning Disabilities to establish to most appropriate packages of care that fulfils their needs
- Movement of patients from autism inpatient and assessment of treatment beds into community based settings
- Work collaboratively with Social Care Commissioners to deliver improved, joined up services to people whose needs are complex and whose behaviour is challenging to services
- Identify all young people that require a Health Action Plan
- Support Health funded individuals through bridging packages
- Support the us of quality checkers to advise on and highlight areas that may require reasonable adjustment

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- Improve Costs in relation HCD spend
  - Commissioned services will continue to use defined and standard list of drugs and indications that will be accepted for pass-through payment
  - Existing contracts held by providers will be reviewed, and the CCG will be consulted on these prior to entering or re-negotiating a contract, for the provision of specialist drugs via a third party provider
- To improve the quality of discharge information and medication supply
  - Patients will be provided with at least 28 days supply of long-term medicines, appliances and nutritional supplements on discharge
  - Patients will be supplied a "monitored dosage system" where this was in use prior to admission, or has been deemed necessary by valid assessment during the in-patient stay
  - Patients will be supplied full treatment course for all drugs where a defined treatment course is indicated e.g. antibiotics, steroids
- Self administration of medication in secondary care

Outcome framework

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions.
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have positive experience of care
- Treating and caring for people in a safe Environment and protecting them from harm:

Risks

- Monitoring effective partnership and membership engagement
- Balancing capacity and demand to counter the financial pressures of an ageing and growing population and technological advances
- Contract Signature for 13/14
- Impact of transition of specialist commissioning to NHSCB
- Transition and pace of change
- Delay in implementing Momentum: Pathways to Healthcare

Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget

NB: Subject to confirmation of the budgets available.

	Proposed activity to be funded from Public Health budget
health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
	School immunisation programmes, such as HPV.
	Local initiatives to reduce hospital admissions and seasonal excess deaths
	Local initiatives such as falls prevention and reducing childhood injuries
	Mental health promotion, mental illness prevention and suicide prevention
	Locally led initiatives
	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long tram conditions
	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
	Drug misuse services, prevention and treatment
	Alcohol misuse services, prevention and treatment
ontrol	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
alth check	Assessment and lifestyle interventions
	Local initiatives on workplace health and responsibility deal
	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
h	The Healthy Child Programme for school age children, school nurses, health promotion and prevention interventions by the multi professional team
	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
lusion	Support for families with multiple problems, such as intensive family based interventions
blic Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event
Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise
Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey
Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

- Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINkS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

CABINET REPORT

15th October 2012

Report of: Director of Public Health

Subject: DRAFT HARTLEPOOL HEALTH AND WELLBEING STRATEGY

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to present to Cabinet the first draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that are integral to the development of the strategy.

3. BACKGROUND

3.1 The NHS reform requires the Local Authority with partners agencies, including the PCT and Clinical Commissioning Group, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final draft of the strategy must be completed by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.

4. CONSULTATION FEEDBACK

4.1 This initial phase of consultation commenced on the 20th of August and closed on the 17th September. The consultation comprised of a prioritisation exercise undertaken across a range of venues and an online survey which aimed to establish priorities across each of the proposed strategic objectives.

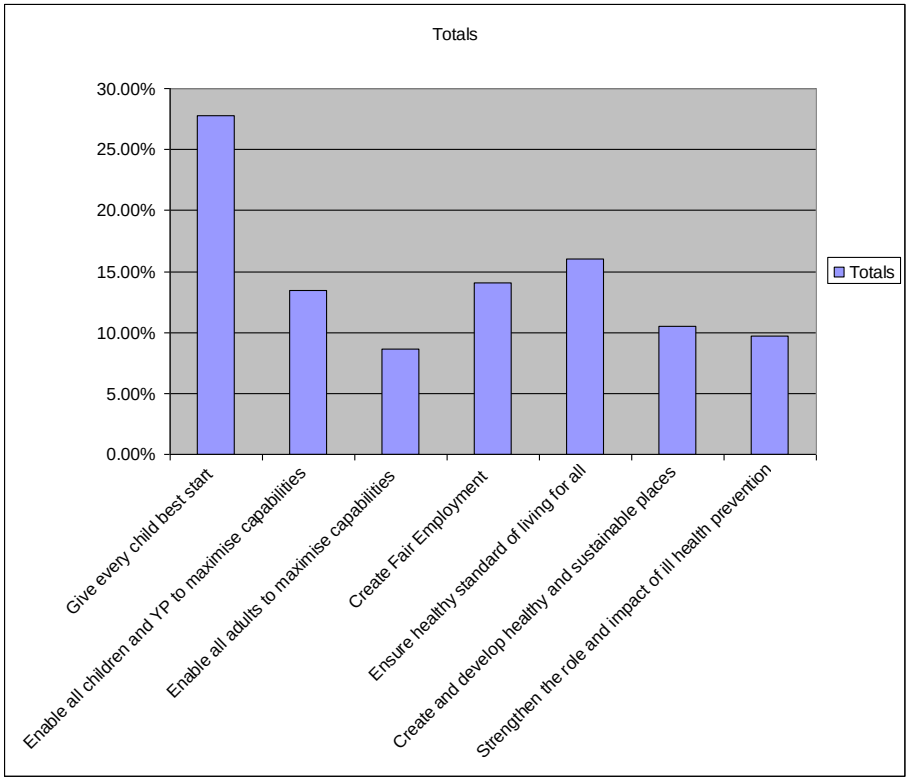
4.2 The prioritisation exercise was undertaken across a range of venues which included libraries, children's centre, GP surgery waiting rooms and Youth Centres. Participants were given a notional £25 to spend across seven strategic themes, these being:

- Give every child best start in life;
- Enable all children and Young People to maximise capabilities;
- Enable all adults to maximise capabilities;
- Create Fair Employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places;
- Strengthen the role and impact of ill health prevention.

A total of 465 participants took part in the exercise, a breakdown is provided in the table below.

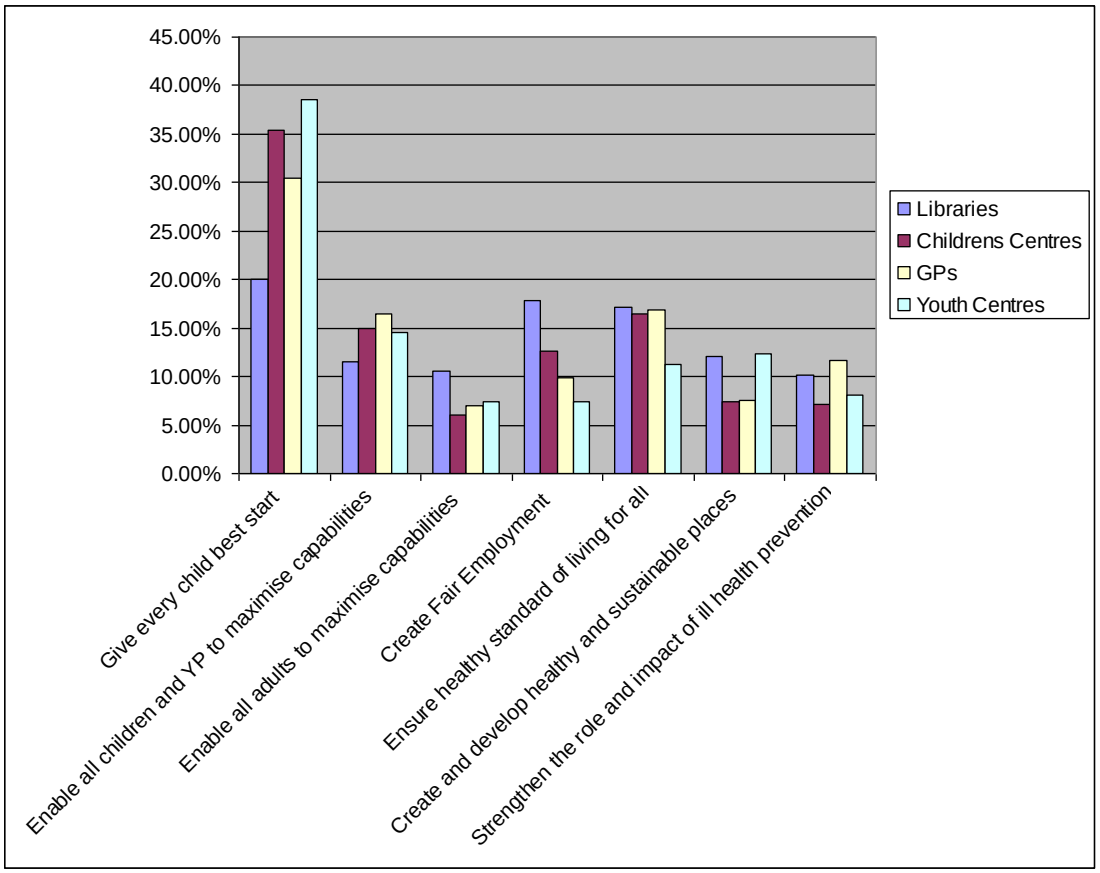
Venue type	**No. of participants**
Libraries	178
Children's Centres	89
GP's surgeries	42
Youth Centres	56

Overall Totals



'Giving every child the best start in life' is clearly the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

Broken down by type of Venue



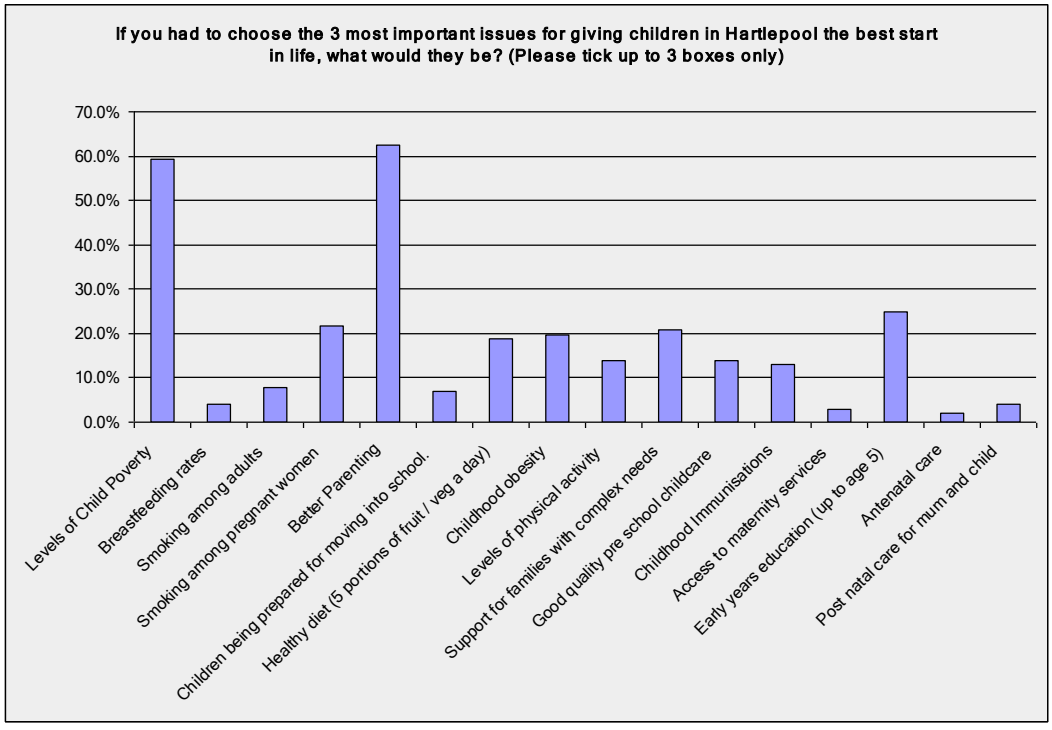
When broken down by the type of venue it is clear that 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries where there was a slightly more even spread across each priority area.

4.3 The online survey was open from the 20th August until the 17th September; a total of 105 people took part in the survey.

The tables below summaries the responses for each priority area and indicates what participants considered the most important issue within each priority area.

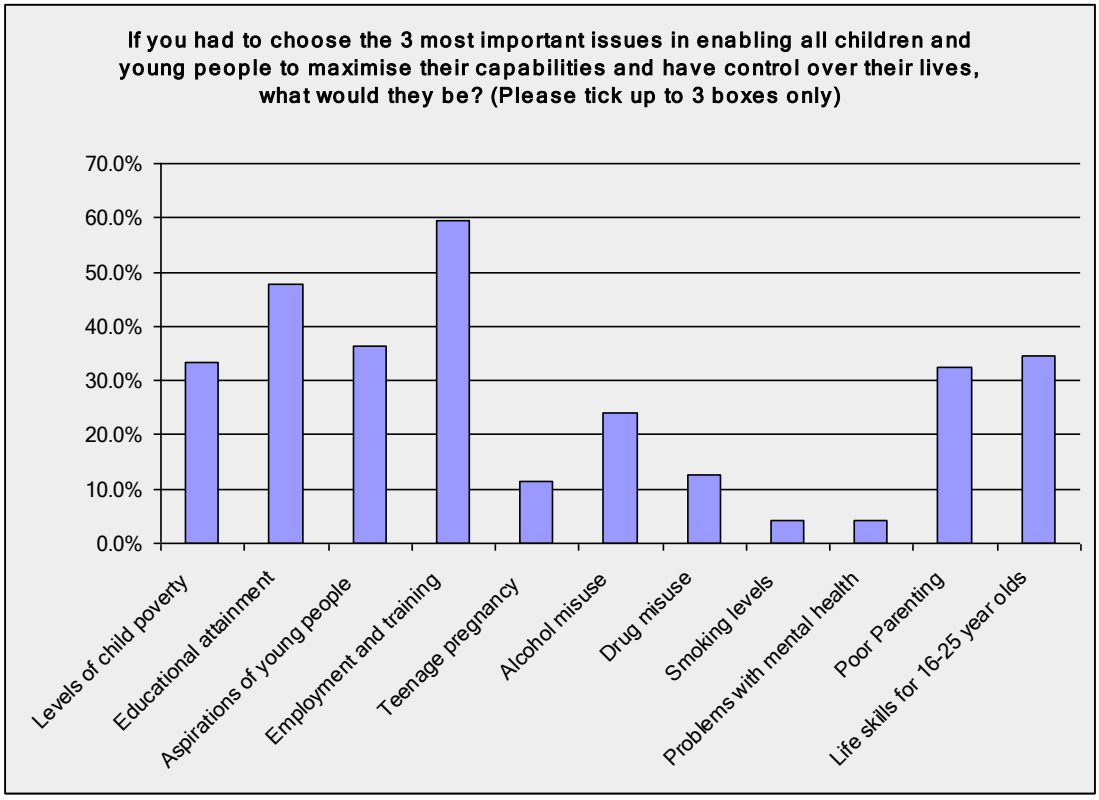
GIVE EVERY CHILD THE BEST START IN LIFE Giving every child the best start in life is crucial to reducing the chances of poor health into adult life. What happens during the early years (including the womb) has life long effects on health issues including obesity, heart disease and mental health as well as educational attainment and future job prospects. Thinking about ensuring that children are given the best possible start in life, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of Child Poverty	78	24	2	104
Breastfeeding rates	31	49	23	103
Smoking among adults	81	22	1	104
Smoking among pregnant women	88	17	0	105
Better Parenting	85	17	0	102
Children being prepared for moving into school.	33	58	8	99
Healthy diet (5 portions of fruit / veg a day)	74	29	1	104
Childhood obesity	72	26	2	100
Levels of physical activity	69	33	0	102
Support for families with complex needs	58	42	1	101
Good quality pre school childcare	41	51	7	99
Childhood Immunisations	45	44	11	100
Access to maternity services	46	36	19	101
Early years education (up to age 5)	40	54	6	100
Antenatal care	39	45	17	101
Post natal care for mother and child	43	41	15	99
			answered question	105
			skipped question	0



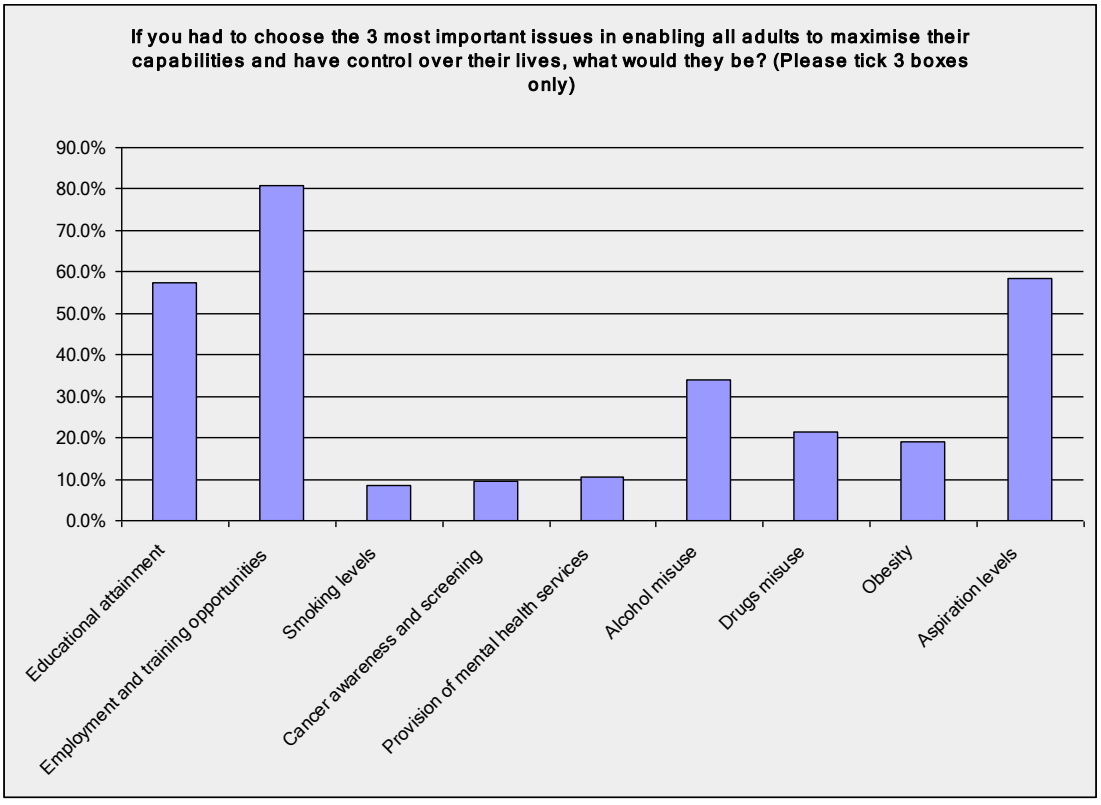
ENABLE ALL CHILDREN AND YOUNG PEOPLE TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES The health choices we make impact on our education, quality of life and life expectancy. What we achieve in our education can affect our physical and mental health, as well as future income, employment and quality of life. Where we live can also have a big impact on our education which in turn impacts future employment, income, living standards, behaviours, and mental and physical health. Thinking about ensuring how children and young people maximise their capabilities and have control over their lives, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of child poverty	73	21	3	97
Educational attainment	57	34	3	94
Aspirations of young people	69	25	2	96
Access to Employment and training	83	12	0	95
Teenage pregnancy	61	35	0	96
Alcohol misuse	77	20	0	97
Drug misuse	71	24	0	95
Smoking levels	63	32	0	95
Problems with mental health	40	50	2	92
Poor Parenting	79	14	0	93
Life skills for 16-25 year olds	70	24	2	96
			answered question	97
			skipped question	8



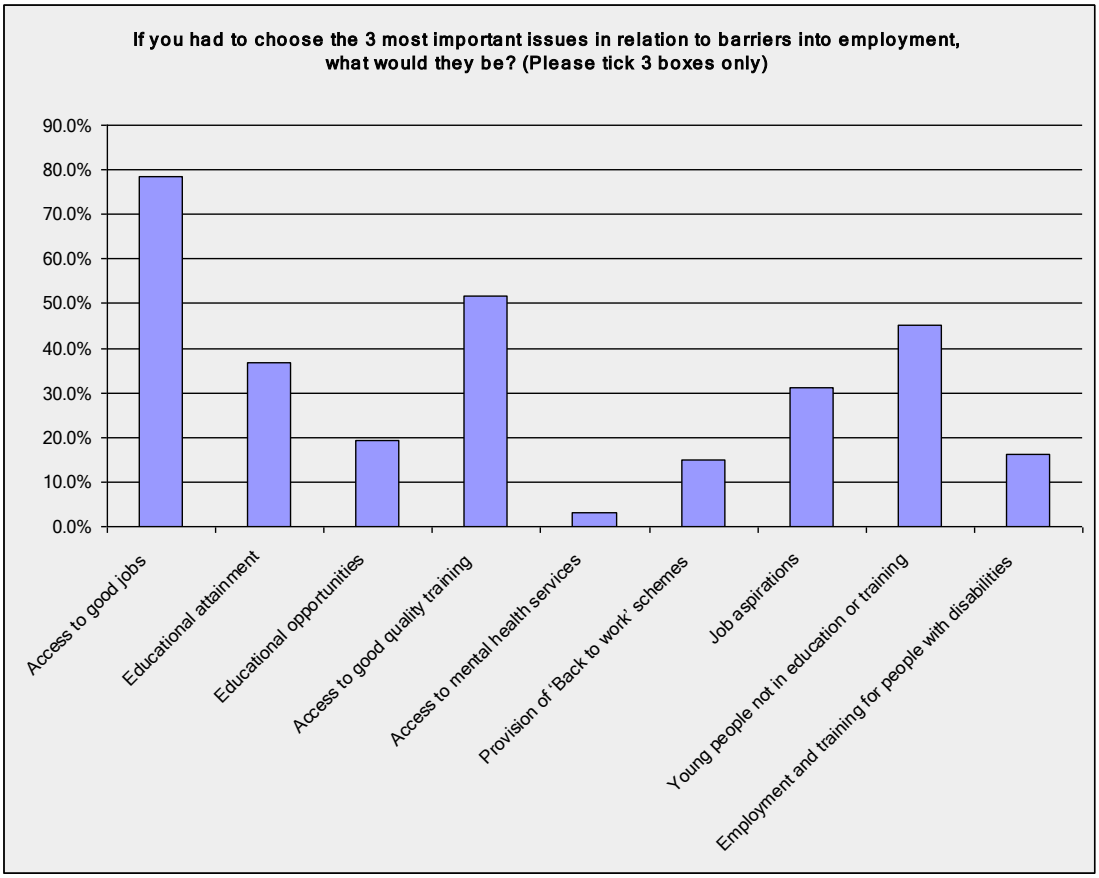
ENABLE ALL ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES Having a good education can affect our employment opportunities and our level of income. Our physical and mental health affects our ability to work and lead a fulfilling life where we can contribute to society. The health choices we make impact on our quality of life and life expectancy. Where we live can also have a big impact on our education and employment opportunities, again impacting on our income, living standards, behaviours, and mental and physical health. Thinking about ensuring how all adults maximise their capabilities and have control over their lives, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Educational attainment	58	36	1	94
Access to employment and training opportunities	83	12	0	95
Smoking levels	52	41	1	94
Cancer awareness and screening	33	57	4	93
Provision of mental health services	41	49	2	92
Alcohol misuse	68	26	0	94
Drugs misuse	69	24	1	94
Obesity	60	31	2	93
Aspiration levels	73	22	1	96
			answered question	96
			skipped question	9



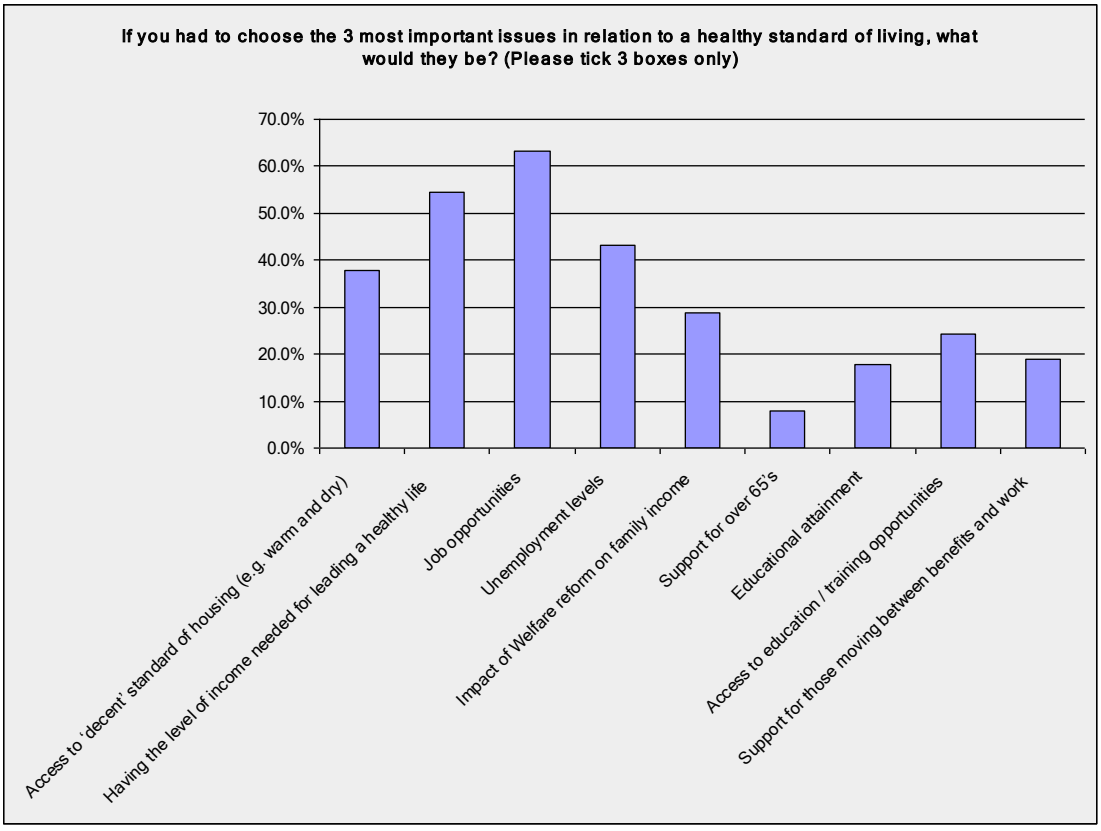
CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL Being in good employment is good for our health. Likewise, unemployment contributes to poor health. Getting people into work is therefore very important for improving the health of people in Hartlepool. A job that offers security and opportunity is better for our health than one that does not. Thinking about the importance of employment to good health please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major issue	Minor Issue	No Issue	Response Count
Access to good jobs	86	8	0	94
Educational attainment	57	35	1	93
Educational opportunities	42	50	2	94
Access to good quality training	65	28	2	94
Access to mental health services	33	53	4	90
Provision of 'Back to work' schemes	48	41	4	93
Aspiration levels	69	23	0	92
Young people not in education or training	80	14	0	94
Employment and training for people with disabilities	49	40	3	92
			answered question	94
			skipped question	11



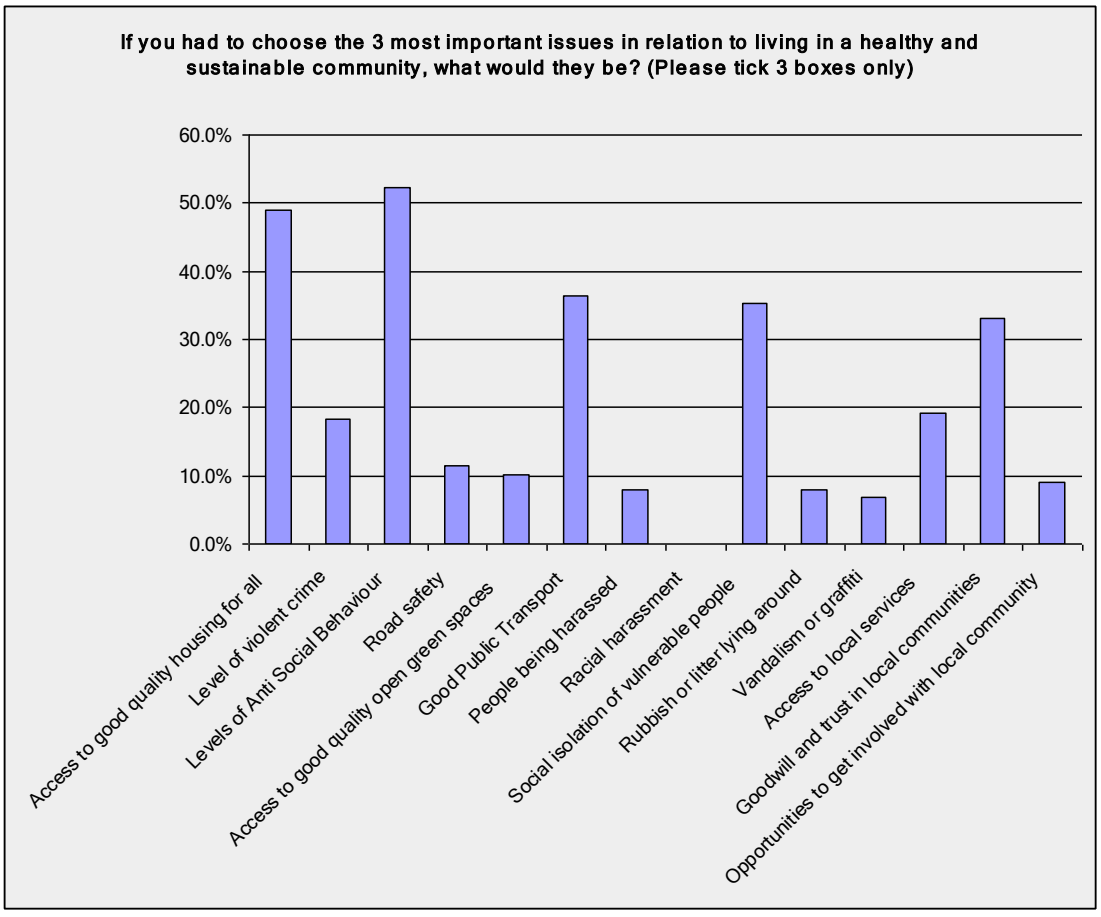
ENSURE A HEALTHY STANDARD OF LIVING FOR ALL Not having enough money to lead a healthy life plays a big part in the differences in health between different parts of the town. It can become more difficult for many groups to decide to spend money on healthy living as the income they need to spend on other important things increases e.g to be able to live in good housing, have a healthy diet, take part in physical activity, move around the Borough, and simply be able to spend time with our family and friends. Thinking about how to ensure a healthy standard of living for all please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Access to 'decent' standard of housing (e.g. warm and dry)	46	34	10	90
Having the level of income needed for leading a healthy life	63	23	4	90
Job opportunities	85	5	0	90
Unemployment levels	83	8	0	91
Impact of Welfare reform on family income	64	20	6	90
Support for over 65's	31	49	7	87
Educational attainment	53	33	1	87
Access to education / training opportunities	61	29	0	90
Support for those moving between benefits and work	55	32	2	89
			answered question	91
			skipped question	14



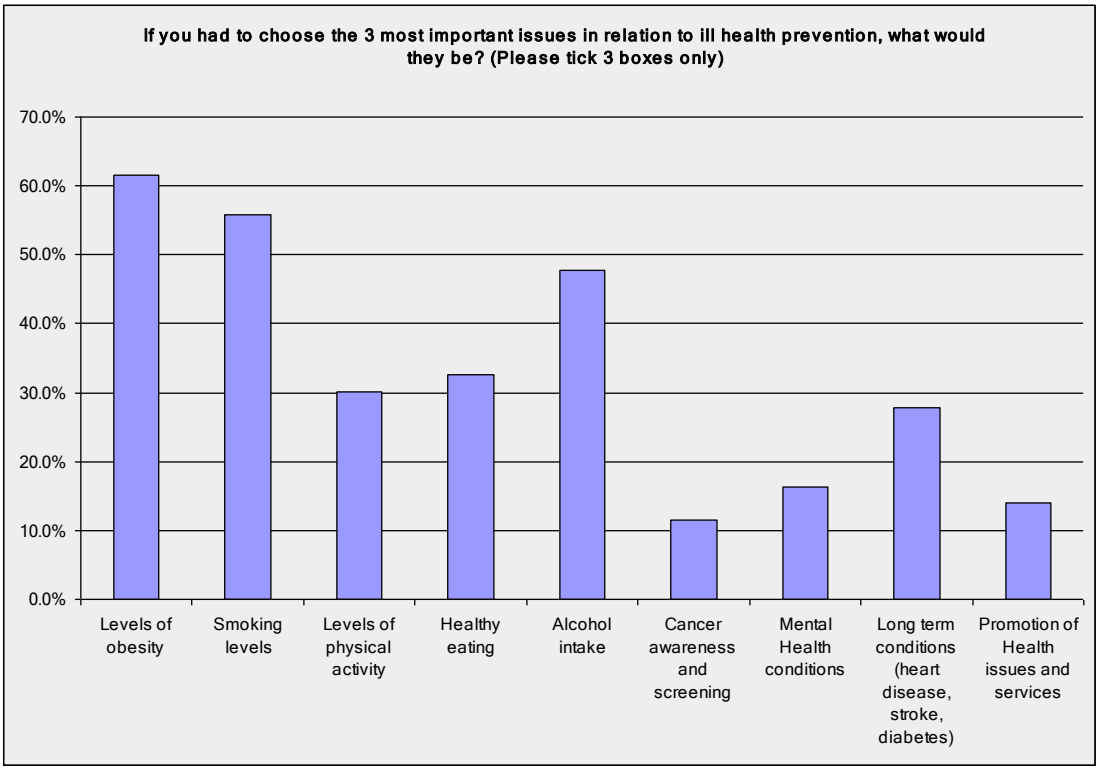
CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES The communities where we live are important for physical and mental health and wellbeing. Our physical environment, the type of community we live in and the general way of life of people where we live all contribute to the differences in the health of people living in different areas. Thinking about how to create healthy and sustainable places please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Access to good quality housing for all	45	38	6	89
Level of violent crime	31	52	4	87
Levels of Anti Social Behaviour	60	27	1	88
Road safety	15	64	9	88
Access to good quality open green spaces	29	42	18	89
Good Public Transport	55	31	3	89
People being harassed	31	49	8	88
Racial harassment	21	52	13	86
Social isolation of vulnerable people	54	30	4	88
Rubbish or litter lying around	36	48	5	89
Vandalism or graffiti	24	56	7	87
Access to local services	33	48	8	89
Goodwill and trust in local communities	42	42	5	89
Opportunities to get involved with local community	27	46	15	88
			answered question	89
			skipped question	16



STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION Many of the behaviours that cause poor health, such as smoking, lack of physical activity and unhealthy food and drink are found more in some parts of the Borough than others. Educating people about what causes poor health, supporting them to make healthy choices and ensuring services are accessible to people are very important to preventing ill health later in life. Thinking about ill health prevention please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of obesity	67	20	0	87
Smoking levels	69	18	0	87
Levels of physical activity	62	25	0	87
Healthy eating	67	20	0	87
Alcohol intake	69	18	0	87
Cancer awareness and screening	33	52	2	87
Mental Health conditions	42	40	2	84
Long term conditions (heart disease, stroke, diabetes)	60	26	1	87
Promotion of Health issues and services	43	37	5	85
			answered question	87
			skipped question	18



4.4 Space was also provided within the survey for participants to include any further additional comments. These are shown below:

Give every child the best start in life

- “Ensure work for their parents to go to.”
- “Families don’t care where children are.”
- “Promoting respect in children for adults and other's belongings.”
- “Reducing crime and anti social behaviour.”
- “Access to local A&E services.”
- “Adult education as this would have a direct impact on every child given the best start.”
- “Parent education/training.”
- “Lack of school spaces, particularly at Seaton Carew.”
- “Support for young parents and better contraception services.”
- “Transition from Child to Adult (specialist health) including equipment.”
- Helping single working parents with troubled teenage children who have no family network support. Drug use in children and alcohol abuse.”
- “Decent homes of an acceptable standard for children to live in.”
- “Some working parents are on the limit with finances and cannot get the level of free school meals and yet due to lack of finance cannot afford to give their children money for their school meals.”
- “Keeping youth facilitys open for children because this may be the only plase they feel wanted or safe.”
- “Drug-taking amongst parents; unemployment and lack of work ethic within families; teenage pregnancies/multiple partners.”
- “Lung and bowel cancer, heart disease, health support for people in and out of work.”
- “Emergency care in the form of a local A&E department.”
- “Contraception.”
- “Poverty is a major issue, as are parenting skills, activity opportunities and support for families generally”

Ensure all children and young people maximise their capabilities and have control over their lives

- “If so many are leaving schools with wonderful GCSE and A-level results then why can't so many young people actually fill in a form eg to open a bank account. Example; "what do I put?" Answer "read the question and put the answer on the line/in the box". Believe me it happens every day. There is not enough common sense among young people to be able to complete a form.”
- “Broadening the horizons of young people.”
- “In work support.”
- “No role models in local government.”
- “Nothing for young people to do, lack of youth provision/clubs etc.”
- “Young people benefit from opportunity; things are improving but still much to do.”

- “Alcohol is a major issue due to cultural influence and remains a problem.”
- “Parenting remains an issue in deprived areas.”

Ensure all adults maximise their capabilities and have control over their lives

- “In work support.”
- “Lack of local health services now Hartlepool hospital is being wound down.”
- “Poor employment opportunities is a major problem.”
- “Alcohol abuse impacts on aspirations and motivation.”
- “Need more support around emerging mantal health issues.”

Create fair employment and good work for all

- “Back to work schemes are very good if the jobs are there!”
- “I think Hartlepool has good educational and training opportunities - the issue is more about people actually wanting to access them.”
- “In work support and workplace health and screening opportunities.”
- “Support for people who fall outside of the employment and back to work schemes would be helpful.”
- “Opportunity is poor - need to consider accessing employment support out of area.”
- “The current back to work schemes don’t work.”
- “Making sure you have a job you want to do so you can put 110% in to it. The worst thing is making someone do a job they don’t like bad judgement bad out come.”
- “Young people need to realise that the average wage isn't the norm, especially in Hartlepool, set their aspirations accordingly and accept that they need to start at the bottom and work their way up.”
- “Help those being released from prison.”

Ensure a healthy standard of living for all

- “Private housing in Hartlepool is somewhat to be desired.”
- “Helping Adult and Young offenders.”
- “Workplace screening and health support.”
- “Need to change 'benefit culture' which reflects the high levels of deprivation.”
- “Leisure activities play a major part in improving healthy lifestyles - need to improve opportunities in this area.”
- “Quality care and provision for elderly people.”
- “The common sense to realise that a healthy standard of living does not come from having even 'average' earnings. My £16.5k annual salary allows me to live well in a housing association property. Home ownership is not necessary - all housing association properties are more than comfortable enough so there should be more of these built.”
- “Aspiration for something better.”

Create and develop health sustainable places and communities

- ”Importance of cultural opportunities and leisure facilities.”
- “I am partially sighted and unable to see on coming traffic. I would appreciate noise signals at ALL traffic lights as lights are usually on main roads.”
- “Public transport is an increasing issue for people living outside the central area. This impacts on access to opportunities for all.”
- “Care of older people living independently and encouraging activity outside the family home needs higher attention, with to much reliance on family transport when this is increasingly not available.”

Strengthen the role and impact of ill health prevention

- “Services not local to our blackspot town.”

5. PROCESS OF COMPLETING THE STRATEGY

5.1 The process for developing the strategy is in three stages as outlined in the Cabinet report on the development of the Joint Health and Wellbeing Strategy in July 2012. Stage one is complete.

Step 2 – Formal Consultation Period. October 2012 – February 2313 (minimum 8 week requirement)		
Where	**Description**	**Date of Meeting**
Cabinet	Present draft for consultation	15 October 2012
Health Scrutiny Forum	Present draft for consultation	18 October 2012
Scrutiny Coordinating Committee	Present draft for consultation	19 October 2012 (6 weeks required)
Shadow Health & Wellbeing Board	Present draft for consultation	22 October 2012

Step 3 – Final consultation and endorsement. January – February 2012		
Where	**Description**	**Date of Meeting**
Forward Plan	Entry for Forward Plan due by 13 November 2012	N/A
Scrutiny Coordinating Committee	Second Draft for comment / endorsement	25 January 2013
Shadow Health & Wellbeing Board	Second Draft for comment/ endorsement	28 January 2013
Cabinet	Second Draft for comment / endorsement	4 February 2013
Health Scrutiny Forum	Second Draft for comment / endorsement	7 February 2013

Step 4 - Political Approval for Strategy. March – April 2013.		
Where	**Description**	**Date of Meeting**
Health Scrutiny Forum	Final Strategy for approval	7 March 2013
Scrutiny Coordinating Committee	Final Strategy for approval	8 March 2013
Shadow Health & Wellbeing Board	Final Strategy for approval	11 March 2013
Cabinet	Final Strategy for approval	2 April 2013
Council	Final Strategy for approval	11 April 2013

An equality impact assessment is also being undertaken for this draft strategy.

The Shadow Health and Wellbeing Board meeting at the end of October will be considering methods to prioritise issues within the strategy. This will take into account the feedback received through consultation.

6. RECOMMENDATIONS

6.1 Cabinet is asked to comment on the first draft of the Joint Hartlepool Health and Wellbeing Strategy.

7. REASON FOR RECOMMENDATION

7.1 This draft strategy is a key requirement as part of the changes to NHS in the light of the Health and Social Care Act 2012.

8. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

8.1 **Appendix 1** – Draft Hartlepool Health and Wellbeing Strategy

9. BACKGROUND PAPERS

9.1 Cabinet report 'Consultation on Process for Developing Health and Well Being Strategy' 23rd July 2012.

10. CONTACT OFFICER

Louise Wallace, Director of Public Health, Hartlepool Borough Council, Level 4, Civic Centre.

PROCESS UNDERTAKEN TO SUPPORT THE DEVELOPMENT OF THE 2013-2018 STRATEGY

1) Prioritisation Exercise

Undertaken to identify strategic objectives across the seven strategic themes within the Marmot Report:

- Give every child best start in life
- Enable all children and young people to maximise capabilities
- Enable all adults to maximise capabilities
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places
- Strengthen the role and impact of ill health prevention

a) Consultation undertaken through:

- A Face the Public Event
- Libraries, children's centres, GP surgery waiting rooms and Youth Centres
- Online survey

Participants were given a notional £25 to spend. A total of 465 participants took part in the exercise. The most popular priority amongst participants was 'giving every child the best start in life', with almost 30% of the total budget allocated to this area.

The feedback from this process was presented to Cabinet on the 15th October 2012 (attached at **Appendix A(i)**).

b) The Shadow Health and Wellbeing Board undertake a prioritisation of the strategic objectives. Members of the Board took responsibility for reviewing the 7 Marmot policy areas and assimilating information from the Joint Strategic Needs Assessment, feedback from the public consultation and developed an action plan under each policy area. The draft action plan is appended to the strategy.

c) Key partnerships including the Clinical Commissioning Group and the Neighbourhood Forums also discussed the Health and Wellbeing Strategy and provided feedback to the Shadow Health and Wellbeing Board. Hartlepool LINK also discussed the draft strategy and provided feedback.

2) Equality Impact Assessment. This was also undertaken alongside the consultation process.

HEALTH AND WELLBEING BOARD

March 2017

Report of: Chief Officer, HAST CCG

Subject: NHS PLANNING GUIDANCE DELIVERING THE FORWARD VIEW: NHS PLANNING GUIDANCE 2017/18 – 2020/21

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1. PURPOSE OF REPORT

1.1 To update the Board Members on NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group progress against NHS Planning Guidance for 2017/18.

2. BACKGROUND

2.1 The 'NHS Operational Planning and Contracting Guidance 2017-19' **(Appendix A)** was published on 22nd September 2016 and is a clear continuation of last year's 'Delivering the Forward View: NHS planning guidance 2016/17 -2020/21'.

2.2 The planning cycle has been brought forward in recognition that NHS operational planning and contracting processes needed to change in order to support delivery of Sustainability and Transformational Plans (STPs).

3. PLANNING

3.1 The requirement for a two year CCG level operational plan to cover 2017/18 and 2018/19 which is consistent with the STP is a continuation of the principles laid out in the Five Year Forward View (FYFV):

- Implement the Five Year Forward View in order to drive improvements in health and care;
- Restore and maintain financial balance; and
- Deliver core access and quality standards

3.2 The CCG plan consists of a suite of ambitions that cover 4 years (2017/18-2020/21 - to ensure alignment with the STP timeframe which was originally a 5-year plan started in 2015/16). These ambitions have been developed

according to the CCGs commissioning portfolio areas (see plan on a page) whilst also being aligned to the transformational areas within the STP (see presentation):

- **Early Intervention and Prevention**
  - Cancer
  - Lifestyles, Early Intervention & Prevention
  - Giving Every Child the Best Start
- **Neighbourhoods and Communities**
  - New Models of Care
  - Primary Care
  - Urgent & Emergency Care
  - Mental Health
  - Learning Disabilities
  - RightCare
- **Acute Hospital Reconfiguration**
- **Digital Care and Technology**

3.3 To support delivery of these ambitions over the next 2 years, a detailed commissioning work plan and performance framework has been developed which identifies key actions, milestones and expected outcomes (a snapshot of this can be found within the attached operational plan, slides 39-48).

3.4 Included within the operational plan narrative is a technical narrative (slide 60 onwards) which details the assumptions that have been made in relation to activity growth and constitutional standards for the next two years and following on from that, detail relating to how the schemes within the operational delivery plan will impact on this activity.

3.5 Of the assumptions made with regards to the delivering the constitutional standards, the CCG have flagged the following as high risk:

- Maximum 62 day wait from urgent GP referral to first definitive treatment for cancer
- Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks
- Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week

3.6 Mitigating actions are contained within the relevant constitutional standard section of the operational plan.

3.7 The final plans were submitted to NHSE on the 23rd December 2016.

4. PROPOSALS

N/A

5. RECOMMENDATIONS

5.1 It is recommended that the Health and Wellbeing Board notes the contents of the paper and presentation.

6. REASONS FOR RECOMMENDATIONS

6.1 The CCG have accountability for development and delivery of plans.

7. BACKGROUND PAPERS

NHS-operational-planning-guidance-201617-201819.pdf

GP Forward View.pdf

Mental-Health-Taskforce-FYFV-final.pdf

8. CONTACT OFFICER

Louise Dunn
Commissioning Manager
On behalf of: HaST CCG

Hartlepool and Stockton-on-Tees Clinical Commissioning Group

NHS Hartlepool and Stockton on Tees Clinical Commissioning Group Hartlepool Health and Wellbeing Board

NHS Planning Guidance Delivering the Forward View: NHS planning guidance 2017/18 – 2020/21 February 2017

1.0 Introduction

1.1 The purpose of this paper is to outline the planning requirements released by NHS England and how NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) have responded to these requirements.

Following on from last year's process commissioners were expected to continue to work with their providers and other organisations in order to develop local plans. It has been recognised that the NHS operational planning and contracting processes needs to change in order to support delivery of Sustainability and Transformation Plans (STPs). As a result the timescales of the NHS planning process were brought forward and planning guidance to support this change was published on 22nd September 2016 **'NHS Operational Planning and Contracting Guidance 2017 - 2019'** (appendix 1). The document detailed the requirements of the planning round including, for the first time, a two year CCG operational plan. The CCG was required to work to a National timetable for formal submission of documents as part of the planning assurance process. The national timeframe and documents required are detailed in appendix 2.

2.0 Guidance Summary

2.1 The local STP sets out a clear plan for implementation of the Five Year Forward View (5YFV) to drive improvements in health and care, whilst restoring and maintaining financial balance and delivering against core access and quality standards.

The STP is the route map detailing how the local NHS and its partners make the 5YFV a reality, providing a basis for operational planning and contracting. It allows us to move away from the narrower interests of individual organisations, ensuring much wider system changes allowing for the delivery of the right care, in the right place, with optimal value. As solutions do not solely sit with the NHS, we are

required to foster much stronger collaboration across services, drawing on and strengthening joint working, including local government and third sector partners.

As part of this, local leaders will be required to set out clear plans to pursue the 'triple aims' set out in the NHS Five Year Forward View – improved health and wellbeing, transformed quality of care delivery, and sustainable finances.

For the first time, a single NHS England and NHS Improvement oversight process will provide a unified interface with local organisations to ensure effective alignment of CCG and provider plans.

2.2 The nine national 'must dos' for 2017/18 and 2018/19

Within the guidance there are nine key elements:

- **STPs**
  Implement agreed STP milestones, ensuring all is on track for full achievement by 2020/21. Agreed trajectories against the STP core metrics set for 2017-19 will be met.
- **Finance**
  Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, both the provider and CCG sector needs to be in financial balance in each of 2017/18 and 2018/19. Local STP plans will be implemented in order to achieve targets to moderate demand growth and increase provider efficiencies.
- **Primary Care**
  Implement the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes. General Practice should be supported at scale and any local investment must meet or exceed the minimum required level, ensuring that workforce and workload issues are tackled and that access is extended and improved.
- **Urgent and emergency care**
  Deliver against the A&E waiting time standards, and ambulance response times. By November 2017, the four priority standards for seven-day hospital services for all urgent network specialist services will be met. By March 2020, the urgent care review will be implemented ensuring a 24/7 integrated care service for physical and mental health within each STP footprint. A reduction will be delivered in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- **Referral to treatment times and elective care**
  The NHS Constitution standard must be delivered against, ensuring that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment. 100% e-referrals must be achieved by April 2018, with patient choice of first outpatient appointment being of particular focus. Elective Care pathways will be streamlined through outpatient redesign. The National Maternity Services review 'Better Births' must also be implemented.

- **Cancer**
  Implement the cancer taskforce report through Cancer Alliances and the National Cancer Vanguard. In doing so, deliver against the NHS Constitution 62 day cancer standard by securing adequate diagnostic capacity and other cancer standards. Progress must be made in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission. Follow up pathways for breast cancer patients should be stratified with a view to doing the same across other cancer type pathways, as well as to ensure all elements of the Recovery Package are commissioned.
- **Mental Health**
  There must be an increase in baseline spend across mental health. Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including: additional psychological therapies, more high quality mental health services for children, expanded capacity to ensure at least 53% of people experiencing psychosis begin treatment within two weeks of referral and increased access to individual placement support for people with severe mental illness into secondary care. Must also commission services so that 95% of children and young people receive treatment for eating disorders within given timeframes. Suicide rates will be reduced by 10% against the 2016/17 baseline. There will be 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. Diagnosis rates for dementia must be maintained at a rate of at least two thirds of estimated local prevalence
- **People with learning disabilities**
  Deliver actions set out in local plans to transform care for people with learning disabilities, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy. Premature mortality must also be reduced.
- **Improving quality in organisations**
  Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.

2.3 The STP footprint

The transformation footprint was considered and agreed in April 2016. The footprint follows the Better Health Programme boundaries which is made up of; a proportion of Durham (North Durham falls into a different STP footprint), Darlington, Teesside, Hambleton, Richmondshire and Whitby (DDTHRW).

2.4 Core Metrics

The following metrics will be focused upon as a minimum;

Finance

- Performance against organisation-specific and system control totals

Quality

- A&E Performance
- RTT Performance

Health outcomes and care redesign

- Progress against cancer taskforce implantation plan
- Progress against mental health FYFV implementation plan
- Progress against the General Practice Forward View
- Hospital total bed days per 1,000 population
- Emergency hospital admissions per 1,000 population

3.0 Planning Submission Requirements

3.1 The CCG submitted their plans on 23rd December and these comprised:

A CCG level operational planning 2017-19 template supported by:

- A technical narrative to include;
  - Rationale for the submission of your activity figures, including assumptions in relation to baseline activity levels, projected outturns and what modelling has been used to underpin the activity numbers submitted. The expectation was that this would be supported by a local waterfall table however since seeing the CCG Operational Planning 2017-19 template (which includes a high level waterfall table) this is not required at this point
  - Rationale for the submission of your KPI trajectories

- An Operational Plan narrative to include;
  - Links between the footprint STP priorities and those within the CCG Operational Plan
  - To describe the approach to addressing the 'Nine Must Dos' set out in the Planning Guidance highlighting any issues or risks in your capacity to deliver these
  - Flag up any issues that may adversely affect the ability of the CCG to reach an agreed contract with their provider(s) by December 23rd 2016

- A single STP technical narrative that provides evidence that the operational plans reconcile to the STP plan

- A plan on a page that covered the operational planning period

4.1 Operational Plans

4.1 The CCG developed four year commissioning ambitions aligned to STP transformational areas. This alignment demonstrates consistency between STP and CCG operational plans and provides assurance that delivery of the 5YFV will be achieved. The STP is comprised of the following transformational areas and associated schemes:

- Early Intervention and Prevention
  - Cancer
  - Lifestyle, Early Intervention & Prevention
  - Giving Every Child the Best Start in Life

- Neighbourhoods and Communities
  - New Models of Care
  - Primary Care
  - Urgent & Emergency Care Network
  - Learning Disabilities
  - Mental Health
  - RightCare

- Acute Hospitals Reconfiguration

- Digital Care and Technology

Additional key requirements and outcomes have been identified in two further documents; '*General Practice Forward View'* (appendix 3) and '*The Five Year Forward View for Mental Health'* (appendix 4). These additional guidance documents have been published in order to ensure delivery of high quality, sustainable health care in those specific areas. The areas of General Practice and Mental Health have been identified as high priorities for the NHS and patients and are seen as essential to delivery of transformation and sustainability and as such CCG operational plans also align to these.

5.0 Assurance

5.1 The process for assuring plans is overseen by NHS England working with NHS Improvement who will assess individual plans to ensure consistency of data against national assumptions and requirements and to ensure alignment between commissioner and provider plans.

Louise Dunn
February 2017

Appendix 1

NHS-operational-planning-guidance-201617-201819.pdf

Appendix 2

National Timetable and Documents Requirements

Planning Guidance published	22-Sep-16
Technical Guidance issued	22-Sep-16
Commissioner Finance templates issued (commissioners only)	22-Sep-16
Draft NHS Standard Contract and national CQUIN scheme guidance published	22-Sep-16
National Tariff draft prices issued	22-Sep-16
Provider control totals and STF allocations published	30-Sep-16
Commissioner allocations published	21-Oct-16
NHS Standard Contract consultation closes	21-Oct-16
Submission of STPs	**21-Oct-16**
National Tariff section 118 consultation issued	31-Oct-16
Final CCG and specialised services CQUIN scheme guidance issued	31-Oct-16
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	01-Nov-16
Submission of summary level 2017/18 to 2018/19 operational financial plans (commissioners only)	**01-Nov-16**
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	**04-Nov-16**
Final NHS Standard Contract published	04-Nov-16
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	11-Nov-16
HaST DT	22-Nov-16
Submission of full draft 2017/18 to 2018/19 operational plans 24 November 2016	**24-Nov-16**
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly: 22-Nov-16 to 31-Jan-17
National Tariff section 118 consultation closes	28-Nov-16
Where CCG or direct commissioning contracts not signed and contract signature deadline of 23 December at risk, local decisions to enter mediation	05-Dec-16 to 23-Dec-16
Contract mediation	05-Dec-16
National Tariff section 118 consultation results announced	w/c 12-Dec-16
HaST GB In-Committee	20-Dec-16
Publish National Tariff2	20-Dec-16
National deadline for signing of contracts	23-Dec-16
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23-Dec-16
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	**23-Dec-16**
Final plans approved by Boards or governing bodies of providers and commissioners	**By 23-Dec-16**
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9-Jan-17
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31-Jan-17

Appendix 3

GP Forward View.pdf

Appendix 4

Mental-Health-Taskforce-FYFV-final.pdf

HEALTH AND WELLBEING BOARD

13th March 2017

Report of: Interim Director of Public Health

Subject: SAFE AND WELL VISIT DEVELOPMENT - PRESENTATION

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1. PURPOSE OF REPORT

1.1 To introduce a presentation to update the Board regarding the work undertaken so far with Cleveland Fire Brigade, to develop a health and wellbeing element to their home safety visits.

2. BACKGROUND

2.1 In December 2015 Ian Hayton, Chief Fire Officer of Cleveland Fire Brigade, delivered a presentation entitled 'Fire as a health asset' which made an offer to strategic health partners to develop new, joined up ways of working.

2.2 He outlined his vision as follows, 'Our offer is to work together with health partners to use our collective capabilities and resources more effectively to enhance intelligence-led early intervention and prevention; ensuring people with complex needs get the personalised, integrated care and support they need to live full lives, sustain their independence for longer and in doing so reduce preventable hospital admissions and avoidable winter pressures/deaths'.

2.3 An initial meeting was scheduled with health and social care partners in the authority and it was agreed that a falls prevention element would be the first element for development. A working group was assembled including HBC adult social care, HBC Public Health, HBC Falls Prevention Service, Cleveland Fire Brigade, Stockton Falls Service, South Tees Hospitals NHS Foundation Trust, North Tees & Hartlepool NHS Trust, Redcar & Cleveland NHS Trust, HBC Better Care Fund Project Manager and Teeside Age UK.

3. PROPOSALS

3.1 Fire fighters currently carry out a fire safety assessment of the home, aimed at the over 65 population. The working group has developed a complimentary assessment which will be carried out during these visits which will initially consider the risks of slips, trips and falls. The group is finalising the development the Safe and Well visit assessments, led by HBC Falls team, which will consider risk in the home.

3.2 This will include both a Falls Self-Assessment element and the Falls Prevention Home Safety Checklist.

3.3 Once risks have been identified, where possible these will be mitigated immediately by staff present, otherwise clearly identified pathways will be followed, which aim divert people into low level services, lowering the risk of injury and hospital admission, and lowering the number of people who require longer term, higher intensity interventions and service provision.

3.4 Each watch within Cleveland Fire Brigade will have a dedicated Safe and Well Coordinator, who will take overall responsibility for the initiative. HBC Falls Prevention Service staff will begin delivering training to Fire Bridge staff in September on falls awareness and on the newly developed tools they will be using. The Coordinators will cascade the training to the Crew and Watch Managers' on each watch who will undertake the visits and once they feel comfortable the training will be rolled out to the remainder of the watch.

3.5 It has been agreed that from a go live date, an eight week initial pilot term will be undertaken, before an evaluation is carried out. It is not anticipated that the visits will cease after this point, but that an evaluation will help steer further development. Tools to assess the impact of the visits, to inform the evaluation and review are being developed currently. The working group will meet after the first four weeks of the initiative to review progress so that changes can be made in a dynamic way, increasing the chances of a successful pilot period and to ensure that impact on services is being monitored.

4. RISK IMPLICATIONS

4.1 Risk of inappropriate referrals to services, however training staff should mitigate against this risk.

5. RECOMMENDATIONS

5.1 The Board notes the progress to date of the Safe and Well Visit Development.

6. REASONS FOR RECOMMENDATION

6.1 Falls are significant factor if people experiencing poor mobility and premature mortality. This work focuses on prevention.

7. BACKGROUND PAPERS

None

8. CONTACT OFFICER

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