HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 26 June 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 – 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 - 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 - Jason Harwin
Representative of GP Federation – Fiona Adamson
Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council

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 13 March 2017.

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 14 March 2017.

4. ITEMS FOR CONSIDERATION

4.1 Health and Wellbeing Board Referral – Reporting Arrangements for Delayed Transfers of Care – *Chair of Audit and Governance Committee*
4.2 Update of Screening and Immunisation Programmes across Hartlepool – *Interim Director of Public Health*
4.3 Better Care Fund: 2016/17 Q3 and Q4 Returns – *Director of Child and Adult Services*
4.4 Pharmaceutical Needs Assessment Review – *Interim Director of Public Health*
4.5 Health and Wellbeing Strategy (2013 - 2018) – Refresh – *Interim Director of Public Health*
4.6 Overview and Scrutiny Work Programme - Verbal Update – *Scrutiny Manager*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – Monday 4 September 2017 at 10.00 am at the Civic Centre, Hartlepool

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

13 March 2017

The meeting commenced at 10.00 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 Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Karen Hawkins (as substitute for Alison Wilson)
Interim Director of Public Health, Hartlepool Borough Council – Dr Paul Edmondson-Jones
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:
Representative of Tees Esk and Wear Valley NHS Trust – David Brown
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine
Representative of GP Federation – Fiona Adamson

Also in attendance:-
Dave Turton and Alan Pearson, Cleveland Fire Brigade
Lynn Allison and Judy Gray, Healthwatch

Hartlepool Borough Council Officers
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

38. Apologies for Absence

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

39. Declarations of interest by Members

Councillors Christopher Akers-Belcher and Thomas declared interests as employees of Hartlepool Healthwatch.

40. Minutes

The minutes of the meeting of the Board held on 16th January 2017 were confirmed.

There were no matters arising from the minutes.

41. Health and Wellbeing Strategy (2013-2018) - Refresh

(*Interim Director of Public Health*)

The report sought approval for the process and timetable for the refresh of the Health and Wellbeing Strategy (2013 – 2018). The Health and Social Care Act 2012 required 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) had been developed in 2012-2013 in order to comply with this statutory requirement. At the time the Strategy was developed, both the health system and local government were experiencing significant local and national service change. 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 had been successfully operating since 2013. On this basis, it was considered to be time to review the Health and Wellbeing Strategy to ensure that it was fit for purpose and effectively reflected local priorities.

The Board was advised that the Joint Health and Wellbeing Strategy (2013-2018) had been agreed by Full Council on the 11th April 2013. The strategy had been based upon the principles of the Marmot Report (2010) and had focused on protecting and improving the health of the population through a range of evidence based interventions. A copy of the Strategy, and the process undertaken in its development, was submitted to the Board.

It was noted that as the Health & Wellbeing Strategy sat within the Council's Policy Framework there was a defined route that had to be followed in the preparation and approval of the Strategy, as set out in Part 4 of the Council's Constitution. In accordance with the requirements of the Constitution, the proposed timetable for the refresh of the Strategy was outlined in the report. It was proposed that, in accordance with the 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.

Decision

(i) That the refresh of the Health and Wellbeing Strategy be approved;

(ii) That a group be established to progress the refresh of the Health and Wellbeing Strategy, as detailed in the report, and that each of the partners that sit on the Health and Wellbeing Board nominate an representative to be involved; and

(iii) That the timeframe outlined in the report 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).

42. NHS Planning Guidance Delivering the Forward View: NHS Planning Guidance 2017/18-2020/21 (*Chief Officer, Hartlepool and Stockton on Tees Clinical Commissioning Group*)

The report set out an update on NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group progress against NHS Planning Guidance for 2017/18. The 'NHS Operational Planning and Contracting Guidance 2017-19', appended to the report, had been published on 22nd September 2016 and was a continuation of the previous year's 'Delivering the Forward View: NHS planning guidance 2016/17 -2020/21'. The planning cycle had 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).

The Board was advised that the requirement for a two year CCG level operational plan to cover 2017/18 and 2018/19, which was consistent with the STP, was a continuation of the principles laid out in the Five Year Forward View. The CCG Plan consisted of ambitions that covered 4 years (2017/18-2020/21 to ensure alignment with the STP timeframe which was originally a 5-year plan started in 2015/16). The ambitions had been developed according to the CCGs commissioning portfolio areas whilst also being aligned to the transformational areas within the STP.

A presentation to the Board provided an overview of alignment between the NHS Planning Process to STP priorities and to the key aims of the 'Hartlepool Matters' report. The presentation highlighted that in order to support delivery of these ambitions over the next 2 years, a detailed commissioning work plan and performance framework had been developed which had identified key actions, milestones and expected outcomes, a snapshot of this was set out within the appended Operational Plan and was addressed in the presentation.

During the course of the presentation, the Director of Commissioning & Transformation provided assurances to the Board that as a co-author of the STP the outcomes were, although strategic in the STP, aligned to the CCG Local Plan. This includes commitment to continuing to work with the Local Authority in relation to the development of joint health and social care services. It was highlighted that all areas previously under consideration, including issues identified in the 'Hartlepool Matters' report, are incorporated into the Operational Plan and STP objectives which will reflect the population needs of the Hartlepool locality. Board Members noted that Hartlepool was 'ahead of the game' in a number of areas and reiterated views expressed in relation to the positive work which was being progressed with examples of joint working and patient engagement to deliver a service relevant to the locality need.

Board Members and members of public expressed a number of concerns regarding the communication and engagement processes relating to the Sustainable Transformation Plans. The Chair requested that a report be submitted, to the next meeting of the Board that outlined the STP communications and engagement Plan.

Further concerns were expressed in the discussion which followed in relation to communication associated with the relocation of the Integrated Urgent Care Service from One Life Hartlepool to the University Hospital of Hartlepool. The Director acknowledged the misconceptions, provided assurances to Board Members and the public and explained the rationale for the changes.

Decision

(i) The presentation and report were noted.

(ii) The Chair requested that a report be submitted, to the next meeting of the Board, that outlines the STP engagement that had been undertaken, how members of the public had been informed of events and how future consultation would be taken forward including associated publicity.

43. Safe and Well Visit Development - Presentation (*Interim Director of Public Health*)

The Interim Director of Public Health introduced a presentation to update the Board regarding the work undertaken with Cleveland Fire Brigade, to develop a health and wellbeing element to their home safety visits. In December 2015 the Chief Fire Officer of Cleveland Fire Brigade, had delivered a presentation entitled 'Fire as a health asset' which had made an offer to strategic health partners to develop new, joined up ways of working. An initial meeting had

been scheduled with health and social care partners in the Authority. It had been agreed that a falls prevention element would be the first element for development and a working group had been assembled.

The presentation, by Cleveland Fire Brigade's Head of Community Safety, updated the Board on the background to the initiative, the Partners involved in the initiative and the three stranded visit approach incorporating prevention, assessment and intervention. Fire fighters currently carry out a fire safety assessment of the home, aimed at the over 65 population. The working group had developed a complimentary assessment which would be carried out during these visits which would initially consider the risks of slips, trips and falls. Once risks had been identified, where possible these would be mitigated immediately by staff present, otherwise clearly identified pathways would be followed, which aimed to divert people into low level services, lowering the risk of injury and hospital admission, and lowering the number of people who required longer term, higher intensity interventions and service provision.

The Board was advised that the initiative had commenced at the end of October 2016. There had been 118 completed visits in Hartlepool with 8 falls team referrals, 7 Loneliness referrals and 6 smoking referrals. It was intended to continue delivery with a target of 10,000 visits across Cleveland per annum and the expectation was that the take up rate would improve from its current rate of 52%.

Following the presentation, the Head of Community Safety responded to questions arising from the presentation in terms of the operation of the initiative.

Decision

The report and presentation were noted and the Cleveland Fire Brigade's Head of Community Safety was thanked for the presentation.

44. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

45. Membership Request

Following recent discussion by Headteachers, the Chair sought consideration of a membership request seeking a position on the Health and Wellbeing Board to an education representative.

Decision

That the membership of the Health and Wellbeing Board be amended to included a education representative as a non-prescribed member.

46. Health and Wellbeing Board

The Chair highlighted that the next scheduled meeting of the Board was due to be held on 15th May 2017 and that it was proposed that any items to be considered at that meeting be deferred to the next Board meeting.

Decision

That Board Members note that the meeting of the Board, scheduled for 15th May 2017, be cancelled

47. 'Hartlepool Matters' Implementation and Monitoring Group

Delegated authority was sought in relation to agreement of the composition of the above Implementation and Monitoring Group.

Decision

That authority be delegated to the Chair of the Board and the Chief Executive to agree the composition of the 'Hartlepool Matters' Implementation and Monitoring Group; a sub-group of the Board.

Meeting concluded at 11.25 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

14 MARCH 2017

The meeting commenced at 2.00pm in the Hartlepool College of Further Education, Hartlepool.

Present:

Councillor Alan Clark (In the Chair)

Councillor Brenda Harrison.

Also present: Sally Robinson, Director of Child and Adult Services
Danielle Swainston, Assistant Director, Children's Services
Paul Edmondson Jones, Interim Director of Public Health
Alastair Simpson, Cleveland Police
Jo Heaney, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dave Wise, Voluntary and Community Sector Representative
Andy Elvidge, Housing Hartlepool (Thirteen Group)
Graham Alton, Chief Executive, Changing Futures North East (Healthy Relationship Partnership)
Martin Todd, Project Lead, Health Relationship Partnership
Jayne Moules, Changing Futures North East
Malcolm Walker, Independent Chair, Healthy Relationships Partnership
Nicki Smith, Child and Adolescent Mental Health Services (CAMHS), Tees, Esk and Wear Valleys NHS Foundation Trust
Dave Pickard, Independent Chair, Hartlepool Safeguarding Children Board

Officers: Karen Douglas-Weir, Head of Service, Looked After Children and Care Leavers
Helen Swales, Participation Worker
David Cosgrove, Democratic Services Team

23. Apologies for Absence

Barbara Gill, Durham Tees Valley Probation Trust,
Ali Wilson, Hartlepool and Stockton-on-Tees Clinical Commissioning Group,
Chris Davies, CAMHS, Tees, Esk and Wear Valleys NHS Foundation Trust,
Kay Glew, Housing Hartlepool (Thirteen Group),
John Hardy, Primary School Sector Representative.

24. Declarations of Interest

None.

25. Minutes of the meeting held on 13 December, 2016

Confirmed.

26. Development and Planning Session *(Assistant Director, Children's Services)*

The Assistant Director, Children's Services introduced the session and welcomed Clare Allen and John Ballatt, from People in Systems consultancy partnership who had been engaged to facilitate a discussion with Partnership members on exploring how the partnership was functioning, with a view to strengthening its effectiveness.

The discussions were designed and structured to help members address several key questions:

- What is your sense of how well the Board is working together to steer, energise and support the strands of change and development within its vision?
- What work in your 'home' organisation is crucial to the changes in system and workforce practice envisaged in the wider vision and agenda, and how well is this being prioritised, supported and 'joined up' with partners' work?
- How much/well is this being considered and supported in the Board?
- What factors are inhibiting any of this?
- How might working together be best improved?
- Are there implications for the membership of the Board?

The initial discussion focussed on how partners perceived the effectiveness of the Partnership in fulfilling its role and was it clear what that role was. The following comments were made during the discussion –

- The Partnership was perceived to be a 'Council' body.
- While work had been done on establishing a 'vision' and 'obsessions' for the services there did still seem to be a lack of purpose in the group.
- It wasn't always clear what was expected of the people that attended during the meeting and afterwards.
- What was the legislative role of the Partnership and its relationship with the Health and Wellbeing Board; was there any autonomy.
- Health and Wellbeing Board's focus was largely adult orientated; how did this partnership fit into that.
- The Partnership provided a role as the Multi Agency Looked After Partnership (MALAP) and the lead for Special Educational Needs and Disabilities (SEND); did everyone know that.
- Did the partnership have a commissioning role or a monitoring role or

both.

- If the Partnership wasn't a 'Council Committee' how could it move away from that impression.
- Good partnerships held partners to account and were places people wanted to come to share best practice.
- Was the lack of a strategic role hindering the way forward for services.
- Did service heads attending the meeting have authorisation to 'go and do'.
- Groups providing services in the community needed somewhere to channel needs back into.
- There was a view that with the JSNA and other data, services were awash with information but there seemed to be little clarity as to what to do with it and how things needed to change to realise the ambitions we have.
- Too much seemed to be rooted in individual relationships, rather than organisational relationships, in order to get things done.
- Were goals and aspirations equally shared among partners.

The facilitators highlighted the lack of connectedness between partners but commented that this was common in such arrangements. There was concern that the Partnership was not being used as the 'first port of call' to resolve service delivery problems. Again, much revolved around the personal relationships individuals had rather than a top down relationship between organisations.

The meeting then broke into groups to look at the individual agendas within organisations and how these were crucial to the delivery of the strategy, and how well organisations felt supported by the Partnership.

After the group stage, there was a feedback session followed by further group discussion during which the following comments/issues were raised –

- The Chair commented that the Partnership's role was 'very' strategic but this lead to questions of how best to challenge partners in service delivery alongside our joint aims. This must also be an issue other partnerships were dealing with; how were they doing it. The challenge that the group felt 'too much like a local authority meeting' had to be countered with 'if we didn't bring the group together, who would'. There was strength in the breadth of experience available to the Partnership through its membership but did it need to meet more often, or less often.
- There was comment that information sharing seemed always to come on the back of a situation that had gone wrong because of a lack of information sharing.
- Information sharing was always talked about and agreed at the top level but at the grass roots there were continuous questions about information sharing.
- Information sharing was beginning to improve as agencies started to trust each other with the information they held; fewer questions were being asked.

- The team around the family approach worked extremely well for families but as well as workers building relationships with the family they were building relationships with the other agency workers as well.
- It was often perceived to be the agencies that were at fault; the more joined up the agencies became, the better the information sharing.
- The facilitators noted that perhaps what this group should be doing was facilitating the connectedness of front line workers rather than organisational reorganisation. The Children's Hub was shown as an example that once workers from different organisations were physically based together, the barriers to information sharing soon dropped.
- Was there a need to consider representation on the Partnership from organisations; where the right people present who could 'defend their organisations corner' but also give direction within their organisation on joint working.
- Did the terms of reference adequately spell out this role.
- How did this Partnership fit in with the other bodies, from the Health and Wellbeing Board through to the Education Commission and the Corporate Parent Forum.
- There was a need to keep a view on the wider world around organisations. This could be exhausting but could answer many questions. Each organisation needed to assess its own priorities and then cross reference them with each other. What were the things that over-lapped and what were the outliers.
- Mapping of services, while crucial, was hard and operational staff were sometime finding it hard to understand the differing service arrangements, particularly as some seemed to change almost daily.
- The links between organisations were also changing as were the nature of those links – neighbours to partners to single teams.
- While each had their own area of operation and expertise, where there were overlaps, these services and people needed to be brought together.
- The Police representative highlighted the three stages of intervention where investment seemed to be the wrong way around -
  Acute Intervention – where most organisations spent their money; at the point of desperate need.
  Tailored Intervention – where organisations invested; team around the family.
  Primary Intervention – the things that if we invest in now we won't see the payback but it will reduce the call on both Acute and Tailored Interventions. Breast feeding was a prime example, as were interventions in families with children under 5. The immediate effect may seem limited but the long term benefits could be huge.
- Bereavement was another significant area. If a child lost someone significant when they were young, they were much more likely to go missing later and the type of intervention they got was totally dependent on who they spoke to about their problems.
- The issue f communication and information sharing within areas were amplified significantly when operating across locally boundaries. This was an issue for those organisations that spanned more than one local

authority area.
- Were the problems so huge they were becoming over-whelming.
- Could the Partnership add value through meeting more often or as and when partners needed to address issues. Would a change in time lead to greater focus.
- Did capacity need to be released from other Boards or Partnerships to make this one work more effectively. Did the sub-groups need to do more.
- There was a need to prioritise; mental health was an issue that needed some focus and a 'deep dive' to develop a unified strategy rather than dealing with piecemeal projects. But where did this partnership's boundaries lie in terms of the Health and Wellbeing Board.

The Chair commented that the partnership could meet more often if it wished and these meetings could be scheduled. Meetings may though need to be more reactive with the group coming together as and when it needed to address specific issues. The Chair proposed that there should be no minimum number of meetings and the Partnership should come together more regularly as needed. The Chair did acknowledge comments that if the group began to meet monthly, for example, that would place a too significant workload on representatives. There was scope for the sub groups to complete more themed project work and feed that up tot he main group. The Chair proposed that the Partnership should meet as frequently as required with the next meeting taking place in April after the Easter break. This was agreed by all present.

Decision

1. That meetings of the Partnership in the future be held on a more 'as and when needed' basis with no minimum or maximum schedule of meetings being set.
2. That the next meeting be held in April after the Easter break.
3. That the facilitators Clare Allen and John Ballatt, from People in Systems consultancy partnership be thanked for their role.
4. That the comments and discussions be noted and inform the revisions to the Terms of Reference and the future operation of the Partnership.

The meeting concluded at 4.30 pm.

CHAIR

HEALTH AND WELLBEING BOARD

26 June 2017

HARTLEPOOL BOROUGH COUNCIL

Report of: Chair of the Audit and Governance Committee

Subject: HEALTH AND WELLBEING BOARD REFERRAL - REPORTING ARRANGEMENTS FOR DELAYED TRANSFERS OF CARE

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1. PURPOSE OF REPORT

1.1 To report back to the Health and Wellbeing Board the outcome of its referral to the Audit and Governance Committee (A&G).

2. BACKGROUND

2.1 On 19 September 2016, the HWB received notification that North Tees and Hartlepool Foundation Trust (FT) intended to review the way in which monthly delayed transfers of care were recorded following a review of NHS England guidance on 'Monthly Delayed Transfers of Care: Situation Reports' and direct discussions with NHS England. The HWB agreed that the proposal, and its resulting implications, required further exploration and requested that it be referred to the A&G Committee for further investigation.

2.2 The A&G Committee, at its meeting on the 20 October 2016, was advised that the interpretation of the Guidance by the Trust had been challenged in a joint letter from Hartlepool and Stockton on Tees Directors of Adults Services. In addition to this, an urgent meeting had been requested to discuss the decision and areas of dispute. The A&G Committee accepted the referral and agreed that further consideration should be deferred pending:

- A response to the joint letter, sent by Hartlepool and Stockton on Tees Directors of Adults Services, to the Chair of the FT's Board; and
- The outcome of the meeting with the FT, requested by the Directors of Adult Services.

2.3 The A&G Committee was advised at its meeting held on 8 December 2016, that two meetings had been held with the Trust in November 2016 to seek resolution to the areas of dispute. These meetings resulted in the following being agreed:

- In the context of current capacity pressures in the care sector, it is likely that there will be some delays attributable to social care; these will be reviewed on a monthly basis to ensure accuracy of reporting.
- Any delays relating to people awaiting nursing home placements should be attributable to the NHS, as the Hartlepool and Stockton Clinical Commissioning Group (CCG) is the responsible commissioner.
- A piece of work to be undertaken to agree what constitutes a 'reasonable alternative' for people linked to the Trust's Patient Choice Policy. Until additional capacity is available in Hartlepool it is reasonable and acceptable to promote out of area placements, within a reasonable travelling distance, as an alternative to someone remaining in an acute hospital bed when they are medically fit for discharge. Work has commenced on preparing a set of principles to support this approach.
- The September return submitted by the Trust is to be revised and resubmitted to NHS England on the basis of the criteria agreed above.
- NTHFT will send all future returns to HBC for sign off prior to submission to NHS England on basis of criteria agreed above.

2.4 On the basis that this would satisfactorily resolve the initial concerns raised by the HWB on this matter, the A&G Committee was of the view that the matter required no further exploration.

2.5 It was agreed that a report detailing the outcome of the A&G Committee's consideration of the referral, and the agreed actions, should be sent to the next meeting of the HWB. However, further to the decision of the A&G on 8 December 2016, it was noted that the actions outlined in Section 2.5 had not been fully implemented. The Committee was advised that further discussions with the Trust were taking place during January 2017 to ensure that actions were implemented and it was agreed that an update confirming the position in relation to each action would be provided to Audit and Governance Committee in March 2017.

2.6 The A&G Committee was advised, at its meeting on 23 March 2017, that:

- Overall performance in relation to Delayed Transfers of Care had improved significantly in recent months. The number of delays reported in the week commencing 6 March 2017 was three for Hartlepool; the lowest number of delays since this measure was introduced. Of these three, one was a lengthy delay relating to a patient choice issue; the other two were short delays while people were waiting for Pre Admission Assessments to be undertaken by their chosen care home.

- Factors that have contributed to this improvement in performance include:

  - Daily Discharge Planning Meetings;
  - Weekend working arrangements within adult social care;
  - Weekend working arrangements within the FT's Discharge Liaison Team;

- Implementation of the Patient Choice Policy which has ensured that patients and their families receive consistent messages and appropriate support to consider alternatives;
- Development of Integrated Discharge Pathways;
- Support for people to access suitable out of area placements; and
- Support for existing care homes to maintain residential care capacity.

- The position is expected to improve further over the next year as two proposed new care home developments become operational. These planned developments will significantly increase availability of both residential and nursing care within Hartlepool and reduce reliance on out of area placements.

- The table below sets out progress against each of the agreed actions:

Action	Progress
In the context of current capacity pressures in the care sector, it is likely that there will be some delays attributable to social care; these will be reviewed on a monthly basis to ensure accuracy of reporting.	It is accepted that some delays are attributable to social care. A jointly agreed definition of when this classification would apply is being finalised, and will be used from March 2017 onwards. Returns will continue to be reviewed on a monthly basis and HBC will monitor all delays that are attributed to social care to ensure that all possible actions are taken to facilitate timely and safe discharges from hospital.
Any delays relating to people awaiting nursing home placements should be attributable to the NHS, as the CCG is the responsible commissioner.	This has been agreed and is now being applied to classification of delays, which feed in to monthly DToC returns.
A piece of work to be undertaken to agree what constitutes a 'reasonable alternative' for people linked to the Trust's Patient Choice Policy. Until additional capacity is available in Hartlepool it is reasonable and acceptable to promote out of area placements, within a reasonable travelling distance, as an alternative to someone remaining in an acute hospital bed when they are medically fit for discharge.	The work identified that people are being supported on a regular basis to access out of borough placements, when suitable care home placements are not available within Hartlepool. However, there are a very small number of people who have significant delays as they are exercising choice and will not accept an out of borough placement. These cases are closely monitored on a regular basis and all options are explored to facilitate discharge.
The September return submitted by	The September 2016 return and all

the Trust is to be revised and resubmitted to NHS England on the basis of the criteria agreed above ie: delays relating to people awaiting nursing home placements should be attributable to the NHS, as the CCG is the responsible commissioner.	subsequent returns have been revised to reflect that delays relating to nursing home placements are attributable to the NHS. Further wok is underway to ensure that all other delays are being attributed appropriately. Once figures are jointly agreed, returns will be resubmitted to NHS England based on the agreed principles before the May 2017 deadline. The retrospective review of returns has produced a significant improvement in performance in relation to delays attributed to social care.
NTHFT will send all future returns to HBC for sign off prior to submission to NHS England on basis of criteria agreed above.	All monthly returns are sent to HBC for sign off, and daily situation reports are shared to ensure that cases are tracked and delays reported appropriately. From March 2017 onwards, classifications will be based on the agreed principles.

3.0 AUDIT AND GOVERNANCE COMMITTEES REFERRAL RESPONSE

3.1 The A&G Committee at its meeting on the 23 March 2017, welcomed indications that good progress had been made in relation to Delayed Transfers of Care, as outlined in Section 2 of this report. It was also noted that returns would continue to be reviewed on a monthly basis, with HBC monitoring of all delays that are attributed to social care, to ensure that all possible actions are taken to facilitate timely and safe discharges from hospital.

3.2 On this basis, no further action was required by the A&G Committee at this time.

4. RECOMMENDATIONS

4.1 That the HWB note the A&G Committees referral response.

5. REASONS FOR RECOMMENDATIONS

To respond to the HWB's referral to the A&G Committee.

6. BACKGROUND PAPERS

Audit and Governance Committee – 23 March 2017 – Report and Minutes

7. CONTACT OFFICER

Joan Stevens, Statutory Scrutiny Officer,
Hartlepool Borough Council.
Joan.Stevens@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

26th June 2017

Report of: Interim Director of Public Health

Subject: UPDATE OF SCREENING AND IMMUNISATION PROGRAMMES ACROSS HARTLEPOOL

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1. PURPOSE OF REPORT

1.1 This paper is to update Hartlepool Health & Well-being Board about uptake of the Public Health screening and immunisation programme across Hartlepool.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 outlines the organisational roles and responsibilities for the delivery of public health services – Health Protection; Health Improvement; and Health Care Quality Improvement.

2.2 Responsibilities for protecting the health of the local population rest with:

- Local government provides local leadership for improving and protecting the public's health. The Director of Public Health in the local authority has to provide assurance to the secretary of state for health that appropriate interventions and processes are in place to protect the health of their local population;

- NHS England commission the provision of screening and immunisation programmes for local populations; and

- Public Health England provides specialist advice, surveillance and monitoring functions and system wider leadership.

2.3 The screening programmes include - Breast cancer; bowel cancer; cervical cancer; diabetic eye; abdominal aortic aneurysm; and ante-natal and newborn including antenatal infectious diseases, foetal anomaly, sickle cell and thalassaemia, newborn hearing, newborn and infant physical examination, newborn blood spot.

3. PROPOSALS

3.1 It is proposed that the Health and Wellbeing Board note the current uptake of screening and immunisation programmes in Hartlepool and provide local system leadership advice are appropriate to improve uptake.

4. RISK IMPLICATIONS

4.1 There were no risk implications identified by this report.

5. FINANCIAL CONSIDERATIONS

5.1 There are no implications identified by this report for financial consideration.

6. LEGAL CONSIDERATIONS

6.1 There are no implications identified by this report for legal consideration.

7. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

7.1 There are no implications identified by this report for equality and diversity consideration.

8. STAFF CONSIDERATIONS

8.1 There are no implications identified by this report for staff consideration.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There are no implications identified by this report for asset management consideration.

10. RECOMMENDATIONS

10.1 It is recommended that:

- Health and Wellbeing Board note the current uptake of the screening and immunisations programme for Hartlepool; and
- Health and Wellbeing Board provide leadership local systems leadership advice to improve uptake of screening and immunisation programmes across Hartlepool.

11. REASONS FOR RECOMMENDATIONS

11.1 The recommendations will help to fulfil the local authority's statutory responsibility to protect the health of the population by increasing uptake of

screening in specific population groups or vulnerable groups and generally in the wider population.

12. BACKGROUND PAPERS

13. CONTACT OFFICER

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Interim Director Of Public Health
Hartlepool Borough Council
4th Floor Civic Centre

HEALTH AND WELLBEING BOARD

26 June 2017

Report of: Director of Child & Adult Services

Subject: BETTER CARE FUND: 2016/17 Q3 & Q4 RETURNS

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1. PURPOSE OF REPORT

1.1 To present to the Health and Wellbeing Board the 2016/17 Q3 and Q4 BCF returns.

2. BACKGROUND

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

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

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

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

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

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

3. BCF RETURNS & PERFORMANCE DATA

3.1 BCF performance reports are submitted to NHS England on a quarterly basis. The deadline for submission of the Q3 return (covering the period October – December 2016) was 3 March 2017, and the deadline for the Q4 submission (covering January – March 2017) was 31 May 2017.

3.2 The Q3 and Q4 returns confirmed that all national conditions continue to be achieved, and provided analysis of performance data which is summarized below.

3.3 In relation to performance measures:

3.3.1 Permanent Admissions to Residential and Nursing Care Homes

Q4 data indicates that there have been 164 admissions in 2016/17, against a target of 135 meaning that the target for the year has not been achieved. There has been a reduction in admissions for residential care, but an increase in admissions for nursing care and data indicates that people are being admitted to residential care later and having a shorter length of stay, which reflects more people being supported to live independently in the community for longer. It should be noted that the overall number of people in receipt of residential care has fallen over the last year, although this is not reflected in this indicator, which is focused solely on admissions.

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

Key Actions:

- Continue to promote services that offer alternatives to 24hr care, which include assistive technology, housing related support, extra care, domiciliary care, personal budgets and support for carers.
- Continue to monitor occupancy levels, average age at admission and average length of stay which provide further information about the use of 24hr care. Current data indicates that people are being admitted to residential care later and staying for shorter periods of time, indicating that people are being supported in the community for longer and have more complex needs on admission.
- Continue to monitor the total number of people in receipt of residential / nursing care which gives a better measure than admissions.

- Continue to explore potential to provide more nursing support in the community to address the issue that admissions to nursing care (specifically dementia nursing care) are increasing, while admissions to residential care are decreasing.
- Continue to explore alternative options to support people with dementia in the community e.g. through shared living schemes which maintain a greater degree of independence.

3.3.2 Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services

The percentage of older people still at home 91 days after discharge into reablement / rehabilitation services is below target with year end performance of 76.2% against a target of 83.1%, however this is an improvement compared to performance of 70% earlier in the year. This indicator will continue to be closely monitored with work being undertaken to understand the reasons why some people are not still in their homes 91 days following discharge. It should be noted that this measure of the effectiveness of reablement services only captures a small subset of the total number of people accessing reablement, with many people accessing the service from the community as a preventative measure. Local measures indicate that 583 reablement packages commenced in 2015/16 with 78.4% of people having no ongoing social care needs after a reablement intervention, and in 2016/17 94.1% of reablement goals had been achieved at the end of the period of reablement.

It is recognised that, on reflection, the target of 83.1% was very challenging and potentially unrealistic in the context of the complex needs of many people who are discharged from hospital into these services.

Key Actions:

- Audit to be undertaken to establish the reasons why 28.7% of people discharged into reablement / rehabilitation services were not still at home 90 days following discharge.
- Actions to be agreed following audit, which may include a review of how people are deemed to have potential for reablement / rehabilitation to ensure that the correct cohort of people is captured within this indicator.
- Other measures that demonstrate the effectiveness of reablement services will continue to be monitored.

3.3.3 Delayed transfers of care (DToC) from hospital per 100,000 population (days delayed)

During Q4 there were 1,138 days delay reported meaning that the target has not been achieved. The main reasons for reported delays were 'awaiting nursing home placement' (30%); 'patient or family choice' (21%) and 'awaiting completion of assessment (20%). A key challenge over the past 12 months has been availability of nursing home beds, which accounts for 44% of delays for the year. This position is expected to improve in 2017/18 with new nursing home provision available from May 2017 and a potential further development later in the year.

Key Actions:

- Continue to strengthen partnership working between health and social care; including HBC staff working more closely with the discharge liaison team at NTHFT.
- Monitor effectiveness of Choice Policy
- Monitor discharge to assess work.
- Continue work to resolve the issue of nursing bed provision.

3.3.4 Total non-elective admissions into hospital per 100,000 population

There was an overall increase of 12.6% in NEL admissions in 2016/17 compared to the previous year, with 26.8% growth in ambulatory care admissions. BCF is performance managed based on all NEL admissions regardless of age, although the BCF plan and initiatives are focused on over 65s. Analysis based on age indicates that NEL admissions increased for over 65s by 7.8%. Growth in other age groups was significantly higher at 14.2% for 0-19yrs and 16.8% for people aged 20-64yrs.

A more in-depth analysis of non-elective admissions in the over 65s has identified that the main increases are in;

- **Thoracic (Pneumonia / COPD or unspecified Acute Lower Respiratory Infection) -** the winter increase in admissions occurred earlier in 2016, with 196 admissions for December 2016, compared with 83 in December 2015.
- **Renal (UTI)** which has seen an increase in activity of 15.4%.

Key Actions - Thoracic

- Continue to work with primary care to address the uptake of the pneumococcal vaccination in care homes and people in their own homes.
- Monitor and promote the uptake of flu vaccinations which decreased slightly from 71% in 2015/16 to 69.6% in 2016/17 in the over 65s.
- Continue to promote the Hospital at Home Service as an appropriate alternative to hospital admission for some respiratory conditions.

Key Actions – Renal

- Promote the integrated UTI guidance to care homes advising that adults aged 65 years and over have a full clinical assessment before a diagnosis of urinary tract infection is made. Holistic assessment of the resident will ensure the accuracy of UTI diagnosis and prevent unnecessary prescribing of antibiotics as well as potentially preventing avoidable hospital admission.
- The Care Home Training and Education Programme commenced at the end of February. The 'Wellbeing' element of the training includes the importance of hydration in residents, cleanliness and general wellbeing to help in the prevention and early detection of UTIs.
- Since September 2016 Community Matrons have been aligned to care homes which should have a further impact on effective management of UTIs.

- Clinical Triage in the SPA has been implemented and will support care homes in effectively managing residents who become unwell.

3.3.5 Estimated diagnosis rate for people with dementia
Performance is 1% below target at the year end, which represents 12 less people being diagnosed than was aimed for.

Key Actions:
- Continue to identify individuals with dementia and ensure the dementia register is maintained.

4. BCF PLANS FOR 2017/18

4.1 The Policy Framework for the BCF for 2017 – 2019 was published in March 2017 but, at the time of writing this report, guidance regarding BCF plans was not available.

4.2 Additional funding was announced in the form of a new grant for adult social care in the Spring Budget 2017 and the framework document states that 'the Government will require that this additional Improved Better Care Fund (iBCF) for adult social care in 2017-2019 will be pooled into the local BCF'.

4.3 The draft conditions for the use of the additional funding are summarised as follows: 'Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported'.

4.4 Grant conditions and reporting requirements will be clarified following the publication of the BCF guidance, and plans will be signed off through future meeting(s) of the Health & Wellbeing Board as required.

5. RISK IMPLICATIONS

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

6. FINANCIAL CONSIDERATIONS

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

6.2 The BCF Pooled Budget was fully committed in 2016/17 and the budget will continue to be monitored on an ongoing basis by the Pooled Budget Partnership Board.

7. LEGAL CONSIDERATIONS

7.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement.

7.2 A Section 75 Partnership Agreement is in place for 2016/17, in line with the national requirement to have this in place by 30 June 2016.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 None identified.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

9.1 None identified.

10. STAFF CONSIDERATIONS

10.1 No staff considerations identified.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 No asset management considerations identified.

12. RECOMMENDATION

12.1 It is recommended that the Health and Wellbeing Board notes the 2016/17 Q3 and Q4 returns, which were submitted on behalf of the Health and Wellbeing Board using delegated authority as agreed previously.

13. REASONS FOR RECOMMENDATION

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

14. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

26 June 2017

HARTLEPOOL BOROUGH COUNCIL

Report of: Interim Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT REVIEW

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1. PURPOSE OF REPORT

1.1 To update the Board on responsibilities and actions related to the Pharmaceutical Needs Assessment (PNA) for Hartlepool.

2. BACKGROUND

2.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations"), as amended, set out the minimum requirements for the Hartlepool Health and Wellbeing Board (HWB) PNA, produced under this duty, and these include such things as data on the health needs of the population, current provision of pharmaceutical services, and gaps in current provision. The PNA also considers the potential need for future provision of pharmaceutical services.

2.2 Hartlepool HWB published its first PNA on the 25 March 2015, in accordance with statutory requirements. The 2013 Regulations also set out the legislative basis for the updating of PNA's, including the duty of Health and Wellbeing Boards (HWB's) to 'publish a statement of its revised assessment within 3 years of its previous publication of a PNA'[1].

2.3 Alongside current NHS Regulations for pharmaceutical services, the PNA is used by NHS England to guide the commissioning of pharmaceutical services in the area. For clarity, examples of 'commissioning' in this case include the consideration of applications for new pharmacies, changes to opening hours of existing pharmacies and arrangements for pharmacies to open on Bank Holidays.

2.4 The PNA may also be used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council and NHS Hartlepool and Stockton on Tees Clinical Commissioning Group. Examples of local authority

[1] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Regulation 6(1))

commissioning in this case include services for the provision of Healthy Start Vitamins for pregnant women and children and specialist pharmacy support services for substance misuse.

2.5 The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement, and by publishing a full revised assessment before the 25 March 2018. When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services; Supplementary Statements cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment.

2.6 Details of actions required to maintain the current PNA and the planning process for the publication of a fully reviewed PNA are outlined in Sections 3 and 4 respectively of this report.

3.0 ACTIONS REQUIRED TO MAINTAIN AND MONITOR THE CURRENT PNA

3.1 The requirement to assess any change which might impact on pharmaceutical need and the assessment thereof is acknowledged. If the Hartlepool Health and Wellbeing Board identifies changes to the need for pharmaceutical services which are of a significant extent then it much publish a revised assessment (PNA) as soon as reasonably practicable after identifying these changes, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

3.2 In making an assessment of changes to need in its area, the HWB will have regard in particular to changes to the:

- Number of people in its area who require pharmaceutical services;
- Demography of its area; and
- Risks to the health or well-being of people in its area.

3.3 On 1st June 2017, under delegated authority, the Acting DPH in conjunction with the Chair, authorised publication of a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA by 25th March 2018.

In accordance with the Regulations, as the HWB is now in the course of making its revised assessment for 2018, it will need to continue to monitor any changes to availability of pharmaceutical services. The HWB will publish a Supplementary Statement on the changes (to availability) where it is satisfied that immediate modification of its pharmaceutical Needs Assessment is essential in order to prevent significant detriment to the pharmaceutical services in its area.

3.4 In support of on-going maintenance and use of the PNA, it is noted that authority should continue to be delegated to the current Director of Public Health, in conjunction with the Chair of the HWB, to approve as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours or locally commissioned services that would impact neither market entry nor pharmaceutical need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Where required, any consequent Supplementary Statements to be ratified for publication by the HWB on a periodic basis, not less than annual; and

- Approval for publication of the Consultation Draft version of the PNA for Hartlepool 2018 (a new delegation).

3.5 National funding for community pharmacy was recently reduced by 6% and it is anticipated that some pharmacies might close as a result. To encourage mergers or **consolidations** of closely located, "surplus" pharmacies, some new amendments to the Regulations[2] were introduced in December 2016. This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

3.6 HWB's have now been given two new statutory duties:

- When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.

- Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then:

  - Publish a supplementary statement[3] reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then

[2] The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

- Update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

4. PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2018

4.1 Planning for publication of a full review of the PNA should be in good time ahead of the statutory due date, which is 3 years since the publication of the current PNA (i.e. by 25 March 2018). It is widely acknowledged that the process towards a revised assessment will usually take no less than 12 months to complete, not least because there are statutory requirements for extensive consultation on a draft assessment, at least once and for a minimum of 60 days.

4.2 It is therefore recommended that the HWB now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NHS England), in accordance with delegations agreed at the HWB meeting on the 2 March 2015, a Statement of Intent reporting this, has been published on the Hartlepool Borough Council website as follows:

"Hartlepool Health and Wellbeing Board understands its statutory duties in relation to the Pharmaceutical Needs Assessment (PNA) and intends to publish its full review of the current PNA within the required timeframe. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place since first publication and without prejudice to the assessment of needs described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment for 2015 is under review. Hartlepool HWB has commenced its process leading to publication of a revised assessment / second PNA, with a publication date before 25 March 2018."

4.3 A provisional plan for this substantial re-assessment is shown in Table 1.

4.4 In the intervening period, the HWB is still required to:

- Respond to any consultation request from NHS England for representations in respect of pharmacy applications;

- Undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and maintain and publish an up to date map as required; and

- Respond, when consulted by a neighbouring Health and Wellbeing Board on a draft of their PNA. In doing this, the HWB is required to consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

Table 1 – Provisional Plan for Publication of PNA 2018

Date	Action	Update
April – May 2017	i) Secure on-going pharmaceutical advice to support this process to be in a position to deliver a revised PNA by the statutory due date. ii) Publish Statement of Intent to complete revised PNA 2018. iii) Establish membership of PNA Steering Group and Working Group. iv) Begin updating information that does not require stakeholder engagement (e.g. from national datasets). v) Agree engagement plan and develop tools for engagement.	i) Advice and support to be provided by Dr P Walters ii) Complete iii) Complete iv) Ongoing v) Ongoing
June – July 2017	Engage with and gather data and evidence from a wide range of stakeholders, including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment.	Ongoing
Aug - Sept 2017	Produce a draft PNA 2018	
Oct - Nov 2017	Consultation including Statutory consultees for a minimum of 60 days.	
Dec 2017 - Jan 2018	Revise and update following consultation and submit to HWB for approval on the 19 March 2018.	
Feb 2018	Publication before the due date of the 25 March 2018.	

5. RISK IMPLICATIONS / LEGAL CONSIDERATIONS

5.1 PNAs are used by NHS England for the purpose of determining applications for new premises. It is anticipated that many decisions made will continue to be appealed and that eventually there will be judicial reviews of decisions made by the NHS Litigation Authority's Family Health Services Appeal Unit. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

6. RECOMMENDATIONS

6.1 That:-

i) The HWB acknowledge the content of the Report including the outline plan and timetable towards the review of the PNA of the Hartlepool HWB, commencing immediately.

ii) The HWB delegates authority to the current/or acting Director of Public Health (DPH), in conjunction with the Chair of the HWB, for approval of the draft PNA 2018 for release to formal 60 day consultation.

iii) The HWB approves the continued delegation of authority to the current, or acting, Director of Public Health (DPH), in conjunction with the Chair of the HWB, for elements of the maintenance and use of the PNA, and for the DPH to approve, as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA; and

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g., annually) as required.

iv) In accordance with the NHS Pharmaceutical Services regulations, now that the HWB is in the course of making its revised assessment for 2018, the HWB will monitor any changes to availability for pharmaceutical services in its area in the intervening period. The HWB will publish a Supplementary Statement on any changes (to availability) where (if) it is satisfied that immediate modification of its pharmaceutical Needs Assessment (2015) is essential in order to prevent significant detriment to the provision of pharmaceutical services in the town.

v) Agenda items related to consultation, review, maintenance (including Supplementary Statements) and future publication of the Hartlepool PNA be received as required at future HWB meetings.

7. REASONS FOR RECOMMENDATIONS

Included in the body of the report

8. BACKGROUND PAPERS

National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

The Hartlepool Pharmaceutical Needs Assessment published 25 March 2015

The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

9. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

26 June 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 of the Project Plan / Timetable for the refresh of the Health and Wellbeing Strategy (2013 – 2018) and the priorities identified for inclusion as the basis for the refreshed Strategy.

2. BACKGROUND

2.1 As previously indicated, 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 In complying with the requirements of the Health and Social Care Act 2012, and in order to ensure that the Strategy is fit for purpose and effectively reflects local priorities, the HWB approved the refresh of the Strategy at its meeting on the 13 March 2017. Approval was also given for the creation of a detailed Project Plan / Timetable to enable completion of the refresh process in line with the required deadline.

2.3 The Health and Wellbeing Strategy (2013-2018) was based upon the principles of the Marmot Report (2010) and focused on protecting and improving the health of the population through a range of evidence based interventions. In taking forward the development of the 2018 – 2023 Strategy, it is proposed that:-

i) The refreshed Strategy focus on the four key priority areas (as detailed below) and that these, alongside the identification of major issues in relation to each, form the basis for an extensive consultation process:

- Starting Well – maternal health, children and young people;
- Working Well – workplace health, getting into work, poverty;
- Ageing Well – isolation, dementia, long term conditions, older people;
- Living Well – lifestyle issues, mental health, prevention;

ii) The Project Plan, to complete the refresh, is outlined in Table 1 below.

Table 1 - Project Plan

June -July 2017	**Consult on priorities to inform development of 1st draft of Strategy.** Self Completion Survey: 27 June/12 July - Covering all themes: • Starting Well • Working Well • Ageing Well • Living Well
10 July 2017	**Public Consultation on priorities to inform development of 2nd draft of Strategy:** Events in each Community Hub: • West View – TBC • Owton Manor – 11 July (1.30pm) • Central Library – 10 July (10.00am)
18 July 2017	**Member / Partner Consultation on priorities to inform development of 3rd draft of Strategy.**
August 2017	**Consult partners on final draft of Strategy and agree for consultation, including specifically:** • Health and Wellbeing Board • Finance and Policy Committee • Audit and Governance Committee • Hartlepool and Stockton CCG
October 2017	**Consult on final draft of Strategy:** • Self Completion Questionnaire (paper and online throughout October) • HBC Community Forums (18 October)
December 2017 - January 2018	**Agree final draft of Strategy*:** • Health and Wellbeing Board • Finance and Policy Committee • Audit and Governance Committee • Hartlepool and Stockton CCG *Equality and poverty impact assessments to be undertaken for consideration alongside the Strategy.
March 2018	**Formal approval of the Strategy.** • HBC Full Council • Hartlepool and Stockton CCG

3. RECOMMENDATIONS

3.1 That the Board considers approval of the:

- Priority areas identified as the focus for the refreshed Strategy and consultation process (detailed in Section 2.3(i) above); and

- Updated Project Plan and Timetable for completion of the refresh (which is detailed in Table 1 above).

3.2 That the Board consider a final draft of the refreshed Health and Wellbeing Strategy 2018 – 2023 at its meeting on the 4 December 2017, prior to its submission to Full Council on 15th March 2018.

4. 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

Health and Wellbeing Board – 13 March 2017 (report and minutes)

5. CONTACT OFFICER

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