

HEALTH AND WELLBEING BOARD AGENDA



25 June 2018

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, Harrison and Thomas

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Alison Wilson/Dr Andrea Jones

Interim Director of Public Health, Hartlepool Borough Council - Dr Peter Brambleby

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
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 – Denise Ogden

Representative of the NHS England – Dr Tim Butler

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust – Deepak Dwarakanath / Julie Gillon

Representative of Cleveland Police, Jason Harwin

Representative of GP Federation – Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Vacant

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 5 March 2018



- 3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 31 January 2018

4. ITEMS FOR CONSIDERATION

- 4.1 CQC Local System Review – Action Plan Update (*Director of Adult and Community Based Services*)
- 4.2 Hartlepool and Stockton-on-Tees Financial Plan 2018/19 (*Clinical Commissioning Group*) (*to follow*)
- 4.3 Health Status Update – Presentation (*Interim Director of Public Health*)
- 4.4 Joint Health and Wellbeing Strategy (2018-2025) – Implementation And Monitoring Update (*Interim Director of Public Health*)
- 4.5 Better Care Fund 2017/18: Q4 Performance Update (*Director of Adult & Community Based Services*)
- 4.6 North East Culture Partnership (*interim Director of Public Health*)

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – Friday 14 September 2018 at 10.00 a.m. at the Civic Centre, Hartlepool.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

5 March 2018

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

Present:

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin (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 – Karen Hawkins (as substitute for Ali Wilson)

Interim Director of Public Health, Hartlepool Borough Council - Dr Paul Edmondson-Jones

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Danielle Swainston (as substitute for Sally Robinson)

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representative of Healthwatch - Ruby Marshall

Other Members:

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust – Julie Parkes (for Deepak Dwarakanath/Julie Gillon)

Representative of Cleveland Police, Jason Harwin

Representative of Headteachers - Julie Thomas

Also in attendance – Joanne Heaney, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Lynn Allison, Judy Gray and Zoe Sherry, Healthwatch Hartlepool

Hartlepool Borough Council Officers - Dr Esther Mireku, Acting Consultant in Public Health

Joan Stevens, Statutory Scrutiny Officer

Amanda Whitaker, Democratic Services Team

44. Apologies for Absence

Elected Member, Councillors C Akers-Belcher

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Ali Wilson and Dr Andrea Jones
Director of Children’s and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Representative of the NHS England – Dr Tim Butler
Representative of North Tees and Hartlepool NHS Trust – Deepak Dwarakanath / Julie Gillon
Representatives of Healthwatch - Margaret Wrenn

45. Declarations of interest by Members

Councillor Thomas reaffirmed his interest as an employee of Healthwatch Hartlepool.

46. Minutes

The minutes of the meeting held on 19th February 2018 were confirmed.

47. Pharmaceutical Needs Assessment 2018 *(Interim Director of Public Health)*

TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (i)(ii))

Approval was sought of the final draft of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2018. It was highlighted that copies of the PNA could be accessed via a link set out in the report and a paper copy of the document was available at the meeting.

The Board was advised that the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”), set out the minimum requirements for the Hartlepool Health and Wellbeing Board (HWB) PNA, produced under this duty. The 2013 Regulations outlined also the basis for the updating of PNA’s, including the duty of Board’s to publish a statement of its revised assessment within 3 years of its previous publication of a PNA¹. It also required that the Board keep the PNA up to date in the intervening period as set out in the report. Further details of actions required to maintain the current PNA and the planning process for the publication of a fully reviewed PNA were outlined in appendices to the report. A summary of the conclusions of the PNA had been appended to the report also.

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

In presenting the report to the Board, the Interim Director of Public Health expressed his appreciation to those Officers who had been involved in the PNA with particular reference to the Statutory Scrutiny Officer, the Acting Consultant in Public Health and Pharmacy Advisor for the Tees Local Pharmacy Committee (Hartlepool Area).

Decision

The Board:-

- i) Approved the final version of the PNA for publication on the Council's website before 25 March 2018, subject to minor errata identified before the publication date.
- ii) Continued to delegate authority to the Director of Public Health (in conjunction with the Chair of the Board) 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 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;
 - Any response behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, 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;
 - Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); 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.
- iii) Acknowledged the responsibility of the HWB for maintenance of the PNA including the need to assess on-going changes which might impact on pharmaceutical need and the assessment thereof and respond by initiating early review or publishing a Supplementary Statement to the 2018 PNA as required.

- iv) To continue delegation of authority to Director of Public Health (in conjunction with the Chair of the HWB) as above, to make initial assessments with respect to potential Supplementary Statements or need for full review.

48. Child Protection - Information Sharing Project *(Director of Children's and Joint Commissioning Services)*

The Board was briefed on the Child Protection – Information Sharing (CP-IS) project and plans for implementation in Hartlepool. The Board was advised that the system was designed to improve information sharing between local authorities and health service providers to protect vulnerable children. It was noted that the CP-IS system connects systems helping organisations to improve business processes so essential information could be shared securely. Four years ago, officers from Hartlepool Borough Council (HBC) had met with the CP-IS implementation team regarding implementing CP-IS in Hartlepool. However, due to the social care system used in Stockton, which was not compatible with CP-IS, implementation in Hartlepool was not progressed to avoid the risk of a two tiered system for health providers. In recent months, momentum for the implementation of the CP-IS system had picked up and HBC was being encouraged to implement the system as CP-IS was part of the NHS Standard Contract and North Tees and Hartlepool NHS Foundation Trust (NTHFT) no longer needed to wait for local authorities to go live. In order to implement the CP-IS system, the council and health providers would need to work with the CP-IS implementation team and, as long as the IT systems were appropriate to support CP-IS, the process would take around six weeks. Officers from HBC had met with NTHFT and Stockton Borough Council to begin planning for implementation of CP-IS. NTHFT had a contractual requirement to implement the system and could progress without impact on the Local Authorities. There would be regular meetings of NTHFT, HBC and SBC to progress implementation and this would be dependent upon a number of factors including the procurement of middleware by NTHFT which would support their implementation of CP-IS. Until this was achieved, no specific dates for Go Live could be agreed. HBC would need to gather and record NHS numbers for at least 95% of the CP and LAC cohort prior to implementation of CP-IS.

Following presentation of the report, Board Members received clarification regarding impact of proposals on GP systems and timescale for implementation of the system.

Decision

The Board noted the contents of this report and the plan to implement the CP-IS in Hartlepool.

49. SEND (Special Educational Needs and Disabilities) Improvement *(Director of Children's and Joint Commissioning Services)*

The report updated the Board on the progress of the SEND Improvement Plan following the Area SEND Inspection which took place in October 2017 to ensure that all partners were committed to supporting the implementation of the statement of action. The inspection report, appended to the report, set out strengths and areas of development. The Local Authority and CCG were notified in January 2017 that serious weaknesses had been identified within the inspection and the local area was required to produce a statement of action. The recommendations within the inspection letter were:

1. Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities
2. Weaknesses in providing the clear and timely information, advice and support that families need
3. Weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities
4. Weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities

The action plan, appended to the report, set out the detailed actions and progress with an update on the recommendations set out in the report.

The Board was updated that a letter had been received from the Government, since preparation of the report, which expressed reassurance with progress. Councillor Clark, Chair of Children's Services Committee, advised the Board that he had received a letter also and expressed his appreciation to all those who had been involved in the SEND Improvement Panel.

Whilst expressing appreciation of the progress which had been made, Board Members highlighted issues to be considered and identified future challenges to be addressed. Further updates were provided and whilst expressing some frustrations, the Board received further assurances in relation to progress in relation to the recommendations.

Decision

The Board noted the progress of the SEND Improvement Plan.

50. Health and Wellbeing Strategy (2018-2025) - Monitoring of the Implementation Plan *(Interim Director of Public Health)*

The report presented the Board with a proposed process for the monitoring of

the Implementation Plan for the Joint Health and Wellbeing Strategy (2018 – 2025) (JHWS). The Board was reminded that following an extensive engagement / consultation exercise, the development of its JHWS (2018 – 2025) had been completed. A copy of the Strategy was appended to the report. Final approval of the Strategy was to be sought from the Council and the Hartlepool and Stockton Clinical Commissioning Group's Governing Body, on the 15th March 2018 and the 27 March 2018 respectively. Subject to approval by these bodies, the Strategy would be formally published on the 28th March 2018, monitoring of the work undertaken to achieve the aims and outcomes contained within it would then be undertaken by the Board.

It was noted that contained within the Strategy was an Implementation Plan and consideration was needed as to how the Board would monitor progress against the actions and desired outcomes outlined in the Plan. In order to monitor the implementation of the Strategy, it was suggested that progress be considered against each of the deep dive areas identified in the strategy and that this be reported to the Board on area by area basis, as detailed in the report. The proposed monitoring process would enable the Board to look in greater detail at the actions allocated against each of the deep dive areas, and progress made towards achieving the outcomes outlined in the Implementation Plan. In addition, it was proposed that an annual 'baseline' report be presented to the Board, to provide an overview of overall progress. It was intended that presentation of this 'baseline' report would be incorporated in to the Board's Face the Public Event.

Decision

The Board approved the process for the monitoring of progress against the Implementation Plan for the JHWS, as detailed in the report.

51. Hartlepool Matters Plan (*Chair of Health and Wellbeing Board*)

The report updated the Board in relation to the implementation of the Hartlepool Matters Plan. The Plan, a copy of which was appended to the report, had been approved by the Health and Wellbeing Board, Full Council and the CCG Governing Body in October 2016. The Board was reminded that it had been agreed that implementation of the recommendations of the Plan would be monitored annually through the Hartlepool Matters Implementation Plan Working Group, as a sub group of the Health and Wellbeing Board. Professor David Colin-Thomé had chaired the first meeting of the Hartlepool Matters Implementation Plan Working Group which was held on the 2nd October 2017. Progress against the recommendations of the Plan was reported to the Working Group, with the assistance of a document entitled the 'Draft Hartlepool Matters Implementation Plan', a copy of which was appended to the report. Following consideration of the information provided, and taking into consideration views expressed by the Working Group on the 2nd October 2017, Professor David Colin-Thomé had submitted a letter outlining his

comments regarding the implementation of the recommendations of the Hartlepool Matters Plan. Professor David Colin-Thomé's letter had reflected positively on the way in which partners were working together on the provision of integrated services and identified areas for further progress. A copy of the letter was appended to the report.

Detailed presentations were made to the Board in relation to progress in the following areas:-

- Prevention Achievements;
- Local Hospital, Acute and Urgent Care Services;
- Primary Care Services;
- Children's Services;
- Adult Services;
- People and Places.

Following presentation of the report, the Board debated issues arising from the presentation. During the debate, Board Members received responses to questions raised in relation to the Holdforth unit, patient experiences with particular reference to GP appointments and potential introduction of pharmacy delivery charges. In relation to concerns expressed regarding pharmacy charges, it was highlighted that deliveries were offered as part of the business of a pharmacy and was therefore a business decision. However, the representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group undertook to refer the concerns which had been expressed to NHS England.

Decision

The HWB noted:

- i) Feedback following the meeting of the Hartlepool Matters Implementation Plan Working Group in October 2017;
- ii) Progress 'headlines and highlights' presented at the meeting; and
- iii) That Hartlepool Matters Plan will continue to be monitored though the Hartlepool Matters Implementation Plan Working Group.

52. Review of Mental Health and Wellbeing Services for Children and Young People *(Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

Joanne Heaney, representing Hartlepool and Stockton-on-Tees Clinical Commissioning Group, presented the report which provided the Board with an overview of the rationale and intended outcomes for reviewing the Mental Health & Wellbeing provision for children & young people in Hartlepool. The Board was reminded that Hartlepool & Stockton CCG had a contract in place

with Tees Esk and Wear Valley NHS Trust (TEWV) for a suite of services but the one which the review would focus on was the core CAMHS service; 'Community child and Adolescent Mental Health Service'. The information set out in the report highlighted work already completed, work in progress and work to be commenced imminently. As the review was happening across both Hartlepool and Stockton, some actions were being undertaken in one locality and others in both. However, the learning would be taken across both. It was highlighted that the review had commenced in November 2017 and began gathering data etc. It was highlighted that TEWV had changed the way in which they process referrals through core CAMHS. From January 2018 all referrals were receiving a 30 minute initial assessment appointment. Therefore all children & young people had one face to face contact; if they did not meet the threshold for the specialist service they were signposted to services which could give them support to meet their needs. The outcomes to achieve from this review were set out in the report. The report set out also the actions to date, work in progress and work which had not yet commenced.

Board Members expressed support for the review but expressed their concerns regarding current services, including the issues which had been expressed by the Young People involved in the Digital Futures Project. The representative of Tees, Esk and Wear Valley NHS Trust outlined the context of the review in terms of the 'national picture' and requested a copy of the Young People's report. The Headteachers' representative highlighted the frustration which existed in schools. It was considered that the review presented an opportunity for a whole system review. Following a comment that there needed to be more buy in to the Local Implementation Group, it was suggested that it would be appropriate to discuss governance arrangements to ensure a clear focus with the outcome of those discussions to be reported to the Board.

Decision

- (i) The Board noted the report and expressed their commitment to the review
- (ii) It was agreed that the Board would be kept informed of progress on a quarterly basis with a further report to be submitted to the Board upon completion of the review.

Meeting concluded at 11.45 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD

31 January 2018

The meeting commenced at 2.00 pm in the Centre for Excellence, Teaching and Learning, Hartlepool

Present:

Councillor: Alan Clark (In the Chair)

Councillor Brenda Harrison;
Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council;
Mark Patton, Assistant Director, Education, Hartlepool Borough Council;
Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council;
Dave Pickard, Chair of Local Children's Safeguarding Board;
Martin Todd, Changing Futures North East.

In accordance with Council Procedure Rule 5.2 (ii), Nigel Burnell (Cleveland Police) was in attendance as substitute for Alastair Simpson, Lindsay Hildreth (West View Project) was in attendance as substitute for Dave Wise, Jo Heaney was in attendance as substitute for Ali Wilson (Hartlepool and Stockton on Tees Clinical Commissioning Group) and Ian Armstrong was in attendance as substitute for John Graham (Durham Tees Valley Community Rehabilitation Company).

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

53. Apologies for Absence

Alastair Simpson (Cleveland Police), Dave Wise (West View Project), John Hardy, Vice Chair (St John Vianney RC Primary School), Darren Hankey (Hartlepool College of Further Education), Danielle Swainston (Assistant Director, Children's and Families' Services), John Graham (Durham Tees Valley Community Rehabilitation Company) and Chris Davies (Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust).

54. Declarations of Interest

None.

55. Minutes of the meeting held on 22 November 2018

Received.

56. Health and Wellbeing Strategy (2018-2025) *(Interim Director of Public Health)*

The draft Health and Wellbeing Strategy was approved by the Health and Wellbeing Board on 4 December 2017 for referral to Full Council and the Hartlepool and Stockton on Tees Clinical Commissioning Group Governing Body (CCG) for formal approval. As part of the final stage of the process of the review of the Strategy, it was noted that the Children's Strategic Partnership had been identified as the lead body in the delivery of a number of actions within the Strategy's Implementation Plan. The views of the Partnership were sought to enable any feedback to be fed in prior to its formal approval by the CCG or Full Council.

It was recognised that a lot of work had been undertaken with the young carers in Hartlepool in conjunction with Christine Fewster from Hartlepool Carers. The Chair sought clarification on why the reference to the development of the workforce within the Strategy only referred to 3 years when it was a 7 year strategy. The Interim Director of Public Health commented that the aim of making every contact count had a timescale of 3 years as this should be achievable in this timeframe. It was highlighted that the Workforce Strategy and Future in Mind would dovetail together to avoid any duplication.

A discussion ensued on the resources required to implement the Health and Wellbeing Strategy and the Interim Director of Public Health confirmed that the governance and accountability arrangements would be fulfilled through the Health and Wellbeing Board which would then report to Council and the Hartlepool and Stockton on Tees Clinical Commissioning Group. It was noted that whilst there were no resources individually identified to take forward the Strategy, it was hoped that all organisations and Partnerships would come together within the staffing resources already available to drive this Strategy forward. It was acknowledged that this was an incredibly complex area and every effort should be made to avoid duplication of tasks. The Interim Director of Public Health added that this Strategy set the strategic direction for the Local Authority, Hartlepool and Stockton CCG and other Partnerships for the next 7 years working in partnership. The Chair suggested that the Health and Wellbeing Board be approached around the lack of resources available to take this Strategy forward with the workstreams the Partnership would be expected to become involved in.

In response to a question from the Chair of the Local Safeguarding Children's Board, the Interim Director of Public Health indicated that the responsibilities outlined within the presentation were shared across the Board and the Children's Strategic Partnership.

The Chair indicated that a motion would be submitted to Council at its meeting on 22 February 2018 around child poverty, in particular period poverty and young teenage girls. The Interim Director of Public Health confirmed that this issue would form part of the discussions around the provision of access to health services.

Decision

- (1) The JHWS and associated Implementation Plan was endorsed for submission to the Hartlepool and Stockton on Tees CCG Governing Body and Full Council for formal approval.
- (2) That the concerns expressed by the Partnership at the lack of additional resources implement the Strategy and associated workstreams be submitted to the Health and Wellbeing Board.

57. Children's and Young People's Plan Consultation (Assistant Director, Children's and Families' Services)

This item was deferred for consideration at the next meeting of the Partnership.

Decision

The consultation would take place at the next meeting of the Partnership on 21 March 2018.

58. 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:

Minute 59 – Communications Task and Finish Group Update – *Assistant Director, Education.*

59. Any Other Business – Communications Task and Finish Group Update (Assistant Director, Education)

The Task and Finish Group had met on a number of occasions and had produced some options for the Partnership's logo for consideration, these were attached at Appendix B. The Group had also developed a proposed timeline for the launch of the branding and it was hoped that this would coincide with the launch of a refreshed Children and Young People's Plan. In order to produce a high quality product and to launch the branding of the Partnership effectively, it was proposed that a sum of £500 be allocated to

the Group. The work undertaken by the Group was summarised in Appendix A.

It was noted that the key obsessions to deliver the vision of the CSP had been updated at the last meeting of the Partnership and the Director of Children's and Joint Commissioning Services indicated that this would be amended. Obsessions are:

- Life Chances (Stability, Health, Wellbeing, Education);
- Being and Feeling Safe;
- Relationships and Resilience.

A discussion ensued on the logos that had been designed for consideration to represent the CSP. The consensus of opinion was that the logos featuring the hands to the right hand side of the page were preferred (design 3) but with the text of design 1 (all in the same colour as the hands). The timeline that was included in the report which resulted in the launch in April 2018 was agreed.

The allocation of £500 to the Task and Finish Group to finalise the branding process and launch the CSP's branding from the Education Commission as this was justifiable as it added value to supporting children and young people.

Decision

- (1) The report and associated appendices were noted.
- (2) The key messages contained within section 2 of Appendix A to be amended to reflect the discussions at the meeting of the Children's Strategic Partnership on 22 November 2017.
- (3) The preferred logo would incorporate the hands from design 3 (to the right of the page) with the font from design 1 (the same colour as the hands and placed to the left of the hands).
- (4) The timeline as proposed in section 3 of Appendix A was approved.
- (5) That £500 be allocated to the Task and Finish Group to finalise the branding process and to launch the CSP's branding from the Education Commission.
- (6) That delegated authority be given to the Chair of the Partnership, in conjunction with the Director of Children's and Joint Commissioning Services to agree the finalised branding.

60. Any Other Business – Young People's Foundation Update

This report was deferred to the next meeting of the Partnership.

Decision

Deferred to the next meeting of the Partnership.

61. Any Other Business – Healthy Relationships Conference

It was noted that the Healthy Relationships Conference was scheduled to take place on 8 February 2018 at 9.00am at Hartlepool College of Further Education. Places had been reserved at this Conference for all members of the Children's Strategic Partnership.

Decision

The date, time and venue of the Healthy Relationships Conference was noted.

62. Any Other Business – Interventions at Schools

The representative from Cleveland Police informed the Partnership that the Early Help Co-ordinator from Cleveland Police was exploring the most effective way of achieving early help and intervention for children and young people. It was suggested that this could form a key element of implementing the Health and Wellbeing Strategy perhaps working with specific age-groups of children. It was highlighted that the West View Project had developed courses for primary schools that included 6-week programmes and this could be linked to the implementation of the Strategy.

A discussion ensued on the most effective way to integrate early help/intervention within the Strategy. The Assistant Director, Education commented that the key was in identifying trends and reliable outcomes and suggested that working alongside a group of primary schools, a sub group of clusters or the locality partnerships may be a way forward. The Director of Children's and Joint Commissioning Services referred to the year groups that had undertaken the health survey and suggested that using this group would provide richer data to enhance outcomes.

The Chair suggested that the Assistant Director, Education meet with a representative from West View Project and Cleveland Police to identify a way forward with the developing north cluster of schools.

Decision

That the Assistant Director, Education meet with representatives from the West View Project and Cleveland Police to identify a way forward with the developing north cluster of schools to explore ways to implement early help and intervention.

The meeting concluded at 3.00 pm

CHAIR

HEALTH AND WELLBEING BOARD

25 June 2018



Report of: Director of Adult & Community Based Services

Subject: CQC Local System Review – Action Plan Update

1. PURPOSE OF REPORT

- 1.1 To provide the Health & Wellbeing Board with an update on progress against the action plan that was developed following the Care Quality Commission's Local System Review in Hartlepool.

2. BACKGROUND

- 2.1 The Care Quality Commission undertook a Local System Review in Hartlepool in September / October 2017 which was published in December 2017. This was part of a programme of twenty reviews that the CQC was commissioned to undertake by the Department of Health and focused on how the health and social care system supports older people:
- to remain independent in their normal place of residence;
 - in a crisis such as a hospital admission; and
 - to return to their normal place of residence following a crisis.
- 2.2 A wide range of system leaders and partners were involved in the review process including health and social care commissioners and providers, Healthwatch and voluntary sector organisations. The review also involved case tracking and focus groups with people who use services and carers.
- 2.3 The final report was published on the CQC website on 8 December 2017 following a Local Summit on 7 December 2017 where the CQC presented the report and work began to develop an action plan in response to the areas for improvement that had been identified.
- 2.4 Following the review, the local system was required to develop an action plan for submission to the Department of Health in January 2018. This was reported to Health & Wellbeing Board in February 2018 and it was noted that implementation and monitoring of the action plan will be overseen by the Board, which involves representatives from all of the key partners.

3. CURRENT POSITION

- 3.1 The document attached as **Appendix 1** summarises progress to date against the agreed actions and members of the Board.

4. RISK IMPLICATIONS

- 4.1 There are no risk implications specifically linked to this report. There are wider risks associated with ensuring that older people receive care and support that achieves the best possible outcomes for the individual, as well as maximising independence and wellbeing.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations specifically associated with this issue. Members of the Health & Wellbeing Board are familiar with the wider financial considerations associated with an ageing population; growing demand for services and the current financial pressures on health and social care services.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations identified.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 There are no identified child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity considerations identified.

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 There are no asset management considerations identified.

11. RECOMMENDATION

- 11.1 It is recommended that the Health & Wellbeing Board notes progress against the action plan and receives a further update on implementation of the action plan in September 2018.

12. REASONS FOR RECOMMENDATIONS

- 12.1 The Health & Wellbeing Board has been identified by CQC and the Department of Health as the most appropriate body to oversee the implementation and monitoring of the action plan, which aims to ensure that older people in Hartlepool receive care and support that maximises their independence and wellbeing.

13. CONTACT OFFICER

Jill Harrison
Director of Adult & Community Based Services
Hartlepool Borough Council
Tel: 01429 523911
Email: jill.harrison@hartlepool.gov.uk

Area for Improvement	Update – June 2018
1. System leaders, including those representing the STP in Hartlepool, must continue to improve their working relationships and engagement to enhance system wide focus and commitment.	<p>Working relationships are positive and continue to improve across the health and social care system. Examples that evidence system wide focus and commitment include the Local A&E Delivery Board, the Integrated Hospital Discharge Team, the Care Quality Improvement Programme for care homes, Hartlepool Matters and the newly developed Integrated Single Point of Access.</p> <p>STP leads have provided LAs in the STP footprint with a summary of work-streams and work is ongoing to ensure that LAs are appropriately involved moving forward.</p>
2. Develop the partnership framework to support the governance of partnership working.	Partnership working is governed through a range of mechanisms overseen by the Health & Wellbeing Board, including implementation of the Hartlepool Matters priorities and oversight of the Better Care Fund plan and performance.
3. Continue to embed the Hartlepool Matters Implementation Plan.	The Hartlepool Matters Implementation Plan is embedded with positive progress made in the first year following the report being published. A further review of progress, and of the priorities for the coming year, will be reported to the Health & Wellbeing Board later in the year.
4. Ensure that there is effective use of the patient choice policy across the system.	The Regional Choice Policy is currently being finalised to reflect feedback from local partners and is expected to be launched in June 2018.

<p>5. Review the purpose and function of the Holdforth Unit. Include in the review the criteria for admission and plans for patient flow, and also the use of community matrons on this unit and the impact this has on the skills and workforce available in the community.</p>	<p>Initial work regarding utilisation and patient audit has been undertaken but the outcomes are still to be finalised. This work needs to fit into a revised frailty model that meets the needs of local people.</p>
<p>6. System leaders should ensure there are robust and regularly evaluated plans to manage the complexity of commissioning to ensure a flexible and sustainable care market to address the current shortfall of care home provision for specialist beds for mental health and end of life care beds.</p>	<p>Enhanced pharmacy support and the training and education programme for care homes have been funded from BCF for a further two years. IBCF funded fee increases have been agreed and capital investment plans approved 2017/18 to support sustainability of the local care market.</p> <p>Additional 46 bed care home opened at end of January 2018 with provision for dementia nursing and potential to support people with more complex needs.</p>
<p>7. Evaluate CHC funding to aid better understanding of why a higher proportion of people who are entering into the CHC process were subsequently denied funding.</p>	<p>This issue is being addressed as part of a wider piece of collaborative work across five CCGs focused on the CCG's QIPP programmes as well as service redesign and improvement.</p>
<p>8. Promote the use of pilots and initiatives system-wide to ensure these resources are used to their full potential. Continue to evaluate the effectiveness of these on completion to ensure best practice is promoted and shared.</p>	<p>The New Models of Working agenda within primary care will be taken forward through pilots to test different ways of working which reflect demography and local needs. This will assist in developing new ways of working throughout 2018 with primary care as a vision for new models of care is developed directly with practices.</p> <p>Care co-ordinators have been funded for a further 2 years providing the opportunity to embed a proactive approach, building on the learning from the McKenzie House and other pilots, to managing moderately frail older people through primary care.</p>

<p>9. Explore people's experiences of discharge through follow up by the integrated discharge team, so any changes in methodology or services can be considered. During this review evaluate the effectiveness of the discharge lounge and quality of discharge information particularly in respect of medicine administration</p>	<p>A new electronic version of the Friends and Family Test has been introduced into the Discharge Lounge and the new discharge service ambulance provider is collecting patient experience information that can be collated and analysed on a monthly basis. A remodeled Operational Procedure for the Discharge Lounge is also being developed with input from the Pharmacy Department.</p>
<p>10. Undertake an assessment of people's experiences in respect of access to primary medical services to evaluate the effectiveness of hub working in resolving issues identified by people.</p>	<p>The red bag scheme is being rolled out across Cumbria and the North East at different paces dependent on existing infrastructures and commitment. The expectation from NHSE is that this will be fully implemented as soon as possible and in advance of any anticipated surge next winter. NHSE has also secured funding to support evaluation of red bag implementation comparing and contrasting approaches by the different CCG and Local Authority organisations, supported by North Cumbria CCG and Sunderland University.</p> <p>An event to launch New Models of Care in Hartlepool has taken place giving GP practices an opportunity to consider and explore the vision for primary care in the future and to develop ideas for what good looks like.</p> <p>Building on the McKenzie House pilot in 2017 further work has been undertaken, in conjunction with the GP Federation (Hartlepool and Stockton Health) to extend the pilot with three practices working in a "hub" approach.</p>
<p>11. Continue to develop integrated working to support effective use of resources and people only having to tell their story once</p>	<p>The Integrated Single Point of Access went live from April 2018.</p> <p>Work is underway to develop a more integrated model for Intermediate Care Service to go live in April 2019. This will ensure that limited resources across health and social care are used most effectively as well as reducing duplication for people using services.</p>

4.1 APPENDIX 1

<p>12. Continue to develop relationships with social care providers so they play an active part in service provision and strategy, maintenance of people's health and wellbeing, managing crisis and the return from hospital.</p>	<p>Regular provider forums continue and feedback from providers remains very positive. An additional workshop was held for Care Home Managers and Activities Co-ordinators in April 2018 enabling providers to share good practice and develop links with Dementia Friendly Hartlepool and HBC Sport & Recreation Team.</p>
<p>13. Continue to embed the trusted assessor scheme.</p>	<p>A High Impact Change Action Plan has been developed and linked to the work of the BCF Operational Group which is developing and implementing options for rolling out Trusted Assessor approaches.</p>
<p>14. Work with Health Education England and Skills for Care in respect of challenges with recruitment of nurses and ambulance staff and further develop a contingency plan while this work is underway.</p>	<p>Regional STP Workforce event held on 20 February 2018 attended by representatives from the Hartlepool system. HBC presented social care perspective on workforce issues.</p> <p>NHS partners are fully engaged with Health Education England programmes of work, as well as overseas recruitment initiatives.</p> <p>The A&E Delivery Board has committed resilience funding to support capacity issues within the system.</p>
<p>15. Evaluate the increasing emergency readmissions and timeliness of discharge to establish if there is any correlation between the two and take action as required to ensure patient flow and discharge are both efficient and safe.</p>	<p>No correlation has been established from previous audit activity. The BCF Operational Group has undertaken further work to review emergency admissions in the light of increasing readmissions and will monitor via the Integrated Single Point of Contact as the model develops.</p>

HEALTH & WELLBEING BOARD

25th June 2018



Report of: Interim Director of Public Health

Subject: HEALTH STATUS UPDATE - PRESENTATION

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board an update in relation to the health status of the Hartlepool population.

2. BACKGROUND

- 2.1 The Health and Wellbeing Board has on a number of occasions been presented with details of the health status of the Hartlepool population. The Director of Public Health will, at today's meeting, present to the Board with a further health status update.

3. RISK IMPLICATIONS

- 3.1 None

4. FINANCIAL CONSIDERATIONS

- 4.1 None

5. LEGAL CONSIDERATIONS

- 5.1 None

6. EQUALITY AND DIVERSITY CONSIDERATIONS

- 6.1 None

7. STAFF CONSIDERATIONS

- 7.1 None

8. RECOMMENDATIONS

- 8.1 That the health status update presentation be noted.

9. REASONS FOR RECOMMENDATIONS

- 9.1 To provide baseline information to assist the Health and Wellbeing Board in the conduct of its roles and responsibilities.

10. BACKGROUND PAPERS

- 10.1 None.

11. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

25 June 2018



Report of: Interim Director of Public Health and Director of Children's and Joint Commissioning Services

Subject: JOINT HEALTH AND WELLBEING STRATEGY (2018-2025) – IMPLEMENTATION AND MONITORING UPDATE

1. PURPOSE OF REPORT

- 1.1 To agree a revised process for the implementation and monitoring of the Joint Health and Wellbeing Strategy (2018-2025) (JHWS).

2. BACKGROUND

- 2.1 Hartlepool's JHWS was approved by Full Council, and the Governing Body of the Hartlepool and Stockton on Tees Clinical Commissioning Group, in March 2018. A copy of the JHWS can be accessed via the below link:

[Joint Health and Wellbeing Strategy | Joint Health and Wellbeing Strategy | Hartlepool Borough Council](#)

- 2.2 As part of the JHWS, five 'Deep Dive' project areas were identified:

- Drugs and alcohol harm
- Health inequalities
- Dying well
- Mental health and emotional wellbeing
- Voluntary sector and community assets

- 2.3 A series of output / outcome measures were also identified, against which implementation of the JHWS was to be monitored. Details of these output / outcome measures can be found on pages 13 to 19 of the JHWS.

3. IMPLEMENTATION AND MONITORING OF THE JOINT HEALTH AND WELLBEING STRATEGY

- 3.1 Monitoring and implementation of the JHWS sits within the remit of Hartlepool's Health and Wellbeing Board (HWB) and a process to facilitate

this was approved by the Board, at its meeting on the 5th March 2018 (minute number 50 refers).

- 3.2 As part of the process, it was agreed that each meeting of the HWB would consider progress against a single deep dive area, as detailed in Table 1 below. This was to be followed by the presentation of an annual ‘baseline’ report, as part of the HWB’s annual Face the Public Event.

Table 1 – Original Process

Health & Wellbeing Board Meeting	Deep Dive Project Areas
June 2018	Reduce Drug and Alcohol Harm
September 2018	Dying Well / Voluntary Sector and Community Assets
December 2018	Reduce Health Inequalities
March 2019	Improving Mental Health and Wellbeing

- 3.3 Further to the decision of the HWB on the 5 March 2018, it is clear that the level and complexity of the work required to effectively progress the output / outcome measures for each deep dive area would be significant. On this basis, it is recommended that the HWB consider a review of the process outlined in Section 3.2.

4. PROPOSED IMPLEMENTATION / MONITORING PROCESS

- 4.1 As part of a reviewed process, it is proposed that the HWB focus its attentions on one specific deep dive area per Municipal year, allowing sufficient time for a detailed piece of work to be undertaken. The process would also allow the output / outcome measures identified for the remaining deep dive areas to be progressed through other appropriate bodies / leads, prior to their subsequent consideration by the HWB. The HWB’s annual Face the Public Event would also continue to receive a ‘baseline’ update across all deep dive areas.

- 4.2 In identifying the proposed order in which the deep dive areas would be considered by the HWB, consideration has been given to:-

- i) Indications that issues relating to reducing drug and alcohol harm are a significant and pressing issue in Hartlepool which is driving demand across the public sector economy. This issue also has implications for improving mental health and wellbeing and cannot be considered without considering the role and impact of the voluntary and community sector (VCS), community assets and health inequalities.
- ii) The need for ongoing work to be completed, to feed into consideration of specific deep dive areas by the HWB, examples of which include:-

- a) Improving Mental Health and Wellbeing** - Full Council’s request that the Audit and Governance Committee (the body responsible for Overview and Scrutiny) ‘review the provision of mental health services

in Hartlepool, with a view to finding ways of improving access to and availability of services'. It is proposed that the investigation focus primarily on the provision of services that promote mental wellbeing and prevent or delay the need for access to mental health services, with the aim of also being able to feed into the HWB's deep dive review. On this basis, it is suggested that consideration of the 'Improving Mental Health and Wellbeing' deep dive area be timetabled for 2019/20.

b) Reduce Health Inequalities – As detailed in Position Statement, given earlier in the meeting.

c) Dying Well / Voluntary Sector and Community Assets -

Development, as part of the Community Engagement and Cohesion Strategy, of the following:

- A VCS Infrastructure Support Model (to be consideration by the Safer Hartlepool Partnership in the summer of 2018) that will include a virtual network for VCS organisations;
- Implementation of a Programme of Mutual Acceptance and Tolerance (i.e. the Hartlepool in Unity Programme, to promote a better understanding between diverse groups).
- Dying Matters work being undertaken by the Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust (including Dying Matter Week - 14 May 2018 to 18 May 2018).

It is proposed that ongoing work be allowed to progress, with the 'Dying Well / Voluntary Sector and Community Assets' deep dive area to be considered by the HWB in 2021/22. Issues relating to the voluntary sector and community assets would, however, be considered as part of all other deep dive areas, in the intervening period.

iii) In suggesting 'Reduce Drug and Alcohol Harm' as the first deep dive area to be considered by the HWB, there is an opportunity to work with the Safer Hartlepool Partnership, the Drug and Alcohol Harm Reduction Strategy Group, the local safeguarding boards for both children and vulnerable adults and the Strategy and Prevention / Early Identification Task Groups, established underneath the Strategy Group.

4.3 On the basis of the above, Table 2 below details the proposed timetable, and order, for consideration of each deep dive area.

Table 2 – Proposed Timetable

Health & Wellbeing Board Meeting	Deep Dive Project Areas
2018/19	Reduce Drug and Alcohol Harm
2019/20	Dying Well / Voluntary Sector and Community Assets
2020/21	Improving Mental Health and Wellbeing
2021/22	Reduce Health Inequalities

5. FIRST DEEP DIVE AREA FOR 2018 /19 - REDUCE DRUG AND ALCOHOL HARM

- 5.1 Subject to approval of the reviewed process by the HWB, as detailed in Section 4 (Table 2) above, is asked to consider the below potential process for consideration of progress against the output / outcome measures relating to the 'Reduce Drug and Alcohol Harm' deep dive area.

14 September 2018 – Baseline Evidence / Discussion

- i) Receive an overview of need / demand and the services that are provided (including the VCS).
- ii) Gain a baseline understanding of key challenges and their impacts.
- iii) Receive an overview of how we are performing against delivery of the actions for this deep dive area, as identified in the JHWS action plan (pages 16-17):
 - Understanding needs and demand
 - Targeted awareness and social marketing
 - Promoting behaviour change
 - Children and young people's health
- iv) Consider if there are there any actions relating to this deep dive area that need to be added to the JHWS action plan.
- v) Receive an overview how we are performing against the outcome / output measures identified for this deep dive area, as outlined in the JHWS action plan (pages 16-17).
- vi) Consider if there are there any outcome / output measures relating to this deep dive area that need to be added to the JHWS action plan.
- vii) Establish how we are performing so far in terms of 'what we hope to achieve' and 'how we will know if we are on the right path' (JHWS (pg 13) as identified in the 'Starting Well' priority area.

10 October 2018

- i) Evaluate the correlation between service availability and need (does delivery match need).
- ii) Explore potential future issues in terms of changing demand, service delivery and funding.
- iii) Explore service integration across partner organisations / bodies (what happens now and what could be done in the future).

- iii) Gain an understanding of what are we spending, where and on in what areas (is it focused correctly now and in preparation for future demand / pressures).
- iv) Explore if / how resources could be moved or used in a differed way to achieve improved outcomes.

4 March 2019

- i) Receive and update from the appropriate lead Committee and Officer in relation to progress against items iii) to vii), as considered on the 14 September 2018.

5.2 In going forward, it will be necessary to identify appropriate lead committees / bodies and officers to progress the desired outcome and output measures (as detailed in the JHWS and potentially added during consideration of the deep dive area by the Board). Nominations are sought in order to fill the positions as detailed in Table 3 below.

Table 3 – Committee / Body / Officer Leads

Improve Mental health and Wellbeing (summarised from the JHWS Action Plan – pages 16-17)		
Action	Lead Committee (currently in Action Plan)	Proposed Lead Committee / Body; Lead Officer and Partner Representatives
Understanding needs and demand <ul style="list-style-type: none"> • Utilise multi-agency data, information and demographics across Hartlepool to provide a better overview of need to help redirect action through the JSNA. • Map current activity to help re-direct action to areas of most need through the development and implementation of a multi-agency Drug & Alcohol Harm Reduction delivery framework and to improve access to interventions – to include a focus on CYP misuse and parental impact. 	SHP – Drug and Alcohol Harm Reduction Group	To be added
Targeted awareness and social marketing <ul style="list-style-type: none"> • Design and launch a ‘Hartlepool Big Conversation’ programme that will support multi-agency and town wide social marketing on drugs and alcohol harm (to include medicines waste) – use physical and creative activities, including volunteering and using local 	SHP – Drug and Alcohol Harm Reduction Group	To be added

resources as an engagement tool for prevention and recovery.		
Promoting behaviour change <ul style="list-style-type: none"> • Pilot a behaviour insight project to help understand behavioural barriers to assessing interventions and implement appropriate ethnographic interventions in response in order to improve uptake of services. 	SHP – Drug and Alcohol Harm Reduction Group	To be added
Children and young people's health <ul style="list-style-type: none"> • Develop local CYP workforce (to help make every contact count) to provide parental and CYP education and to identify Drug and Alcohol misuse issues and intervene early; and to support schools and colleges to play a lead role. • Design and implement a multi-agency model that will support early identification of 'hidden harm' and intervention in order to minimise the impact of drugs and alcohol on children and young people. • Build and provide multi-agency integrated early help services for 'hidden harm'. 	Children's Strategic Partnership (CSP) Hartlepool Safeguarding Children's Board (HSCB)	To be added

6. RISK IMPLICATIONS

- 6.1 Failure to monitor the implementation of the Joint Health and Wellbeing Strategy.

7. FINANCIAL CONSIDERATIONS

- 7.1 Whilst there may be implications associated with specific actions required to implement the JHWS, none relate to the content of this overarching report.

8. LEGAL CONSIDERATIONS

- 8.1 None

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 None

10. STAFF CONSIDERATIONS

- 10.1 None

11. RECOMMENDATIONS

- 11.1 Consider approval of the reviewed process for the implementation and monitoring of the JHWS, as detailed in Section 4 of this report, and the selection of 'Reducing Drug and Alcohol Harm' as the deep dive area for consideration by the HWB in 2018/19.
- 11.2 Approve the review process, as outlined in Section 5 of this report.
- 11.3 Approve nominations for the appropriate lead committees / bodies; lead officer and partner representatives to progress the desired outcome and output measures (as detailed in the JHWS and potentially added during consideration of the deep dive area by the Board).
- 11.4 That, in response to a referral from the Safer Hartlepool Partnership on the 9th February 2018 (minute number 52 refers), the provision of a report to the Finance and Policy Committee be deferred until October 2018, to allow the inclusion of feedback from the HWB in relation to the wider provision of drug and alcohol preventative services.

12. REASONS FOR RECOMMENDATIONS

- 12.1 To facilitate monitoring and implementation of the JHWS.

13. BACKGROUND PAPERS

Health and Social Care Act 2012

Hartlepool's Joint Health and Wellbeing Strategy (2018-2025)

(Link to document [Joint Health and Wellbeing Strategy | Joint Health and Wellbeing Strategy | Hartlepool Borough Council](#))

14. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

25 June 2018



Report of: Director of Adult & Community Based Services

Subject: Better Care Fund 2017/18: Q4 Performance Update

1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on 2017/18 performance against the indicators in the Hartlepool Better Care Fund Plan.

2. BACKGROUND

- 2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.
- 2.2 The 2017 policy framework introduced two key changes requiring plans to be developed for the two year period 2017-2019 rather than a single year and reducing the number of national conditions from eight to four.
- 2.3 The four national conditions are:
1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the H&WB and by the constituent LAs and CCGs;
 2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
 3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
 4. Implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.
- 2.4 The reduction in national conditions does not diminish the importance of the issues that were previously subject to conditions as these remain key

enablers of integration. The Hartlepool plan describes how partners continue to build on improvements against these former conditions which relate to seven day services across, improved data sharing between health and social care and a joint approach to assessments and care planning.

- 2.5 In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017 which must be pooled within the BCF Pooled Budget. This is a Direct Grant to Local Government 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.
- 2.6 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services. Narrative plans set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.
- 2.7 The Hartlepool BCF Plan 2017-2019 was approved in October 2017, as reported to the health & Wellbeing Board in December 2017.

3. PERFORMANCE UPDATE

- 3.1 BCF performance reports are submitted to NHS England on a quarterly basis. The Q4 return (covering the period January – March 2018) was submitted in April 2018 and confirms that all national conditions continue to be achieved, as well as providing analysis of performance data, which is summarised below.
- 3.2 In relation to performance measures:
- 3.2.1 Permanent Admissions to Residential and Nursing Care Homes
The 2017/18 target for permanent admissions to care homes was achieved, with 147 admissions against a target of 148. This is a considerable achievement in the context on an ageing population and increased prevalence of dementia, and evidences that people are being supported in their own homes effectively for as long as possible.

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.
- Continue to monitor on a monthly basis.

3.2.3 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 was 80% in 2017/18, which was the target set for the year. Performance in 2016/17 was 76.2% so there has been a significant improvement in 2017/18 due to a more proactive approach being taken to ensure that people are appropriately referred in to reablement or rehabilitation services and receive support tailored to their individual needs.

It should be noted that this measure of the effectiveness of reablement only captures a small subset of the total number of people accessing the service, with many people accessing reablement from the community as a preventative measure. Data indicates that approximately 75% of people have no ongoing social care needs after a reablement intervention, and over 95% of reablement goals are achieved at the end of a period of reablement.

Key actions:

- Continue to monitor on a monthly basis and undertake further audit work if the position changes
- Continue to monitor other measures that demonstrate the effectiveness of reablement services.

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

Delayed transfers of care have reduced significantly in 2017/18 when compared to previous years and targets were achieved in Q1 and Q2. Unfortunately the nationally set trajectory to deliver and maintain reductions by November 2017 resulted in very challenging targets for Q3 and Q4 which were not met, meaning that the overall target for the year was not achieved, with a total of 3,879 delayed days reported for the year against a target of 3,608. However, Q4 performance was the best for the year so far with 730 days delay reported, compared to 1,138 in the same period in 2016/17, and early indications are that performance continues to improve in 2018/19.

Although the very challenging target for the year was not met, it should be noted that the current position represents a substantial improvement in performance compared to 2016/17 when Hartlepool experienced a major challenge in relation to availability of nursing home beds, which accounted for 42% of delays over the year. This position has improved significantly in 2017/18 with two new care homes opening in May 2017 and January 2018 providing nursing care.

Key actions:

- Build on the success of the Integrated Discharge Team.

- Further development of Trusted Assessor approaches following the successful pilot for the elective orthopaedic pathway.
- Continued support for care homes to ensure sustainability of the local care market.

3.2.5 Total non-elective (NEL) admissions

In 2017/18 there were 13,014 non-elective admissions against a target of 13,234 admissions meaning that the target for the year was achieved. As with other indicators, this is a notable achievement in the context of an ageing population, and reverses the trend for increasing admissions that has been seen in recent years.

It is particularly positive to note that there has been a reduction in NEL admissions from care homes in 2017/18, reflecting the impact of a range of BCF funded services commissioned to support care homes, including enhanced pharmacy support and a training and education programme. There has also been a reduction in admissions linked to falls, which again evidences that initiatives introduced to prevent and more proactively manage people at risk of falls are having a positive impact.

Key actions:

- Continue to monitor the NEL position monthly.
- Build on the successes of interventions in 2017/18 such as the training and education programme for care homes, which will now be funded for a further two years following a successful evaluation.

4. RISK IMPLICATIONS

- 4.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This was reviewed and updated for the 2017-2019 plan.

5. FINANCIAL CONSIDERATIONS

- 5.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.

Confirmed allocations for Hartlepool for 2018/19 are as follows:

Funding	2018/19
CCG Minimum Contribution	£6,948,854
Disabled Facilities Grant	£997,971
IBCF Allocation	£3,737,159
TOTAL	£11,683,984

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

6. LEGAL CONSIDERATIONS

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

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 None identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 None identified.

9. STAFF CONSIDERATIONS

- 9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations have been identified.

11. RECOMMENDATION

- 11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund Q4 return and notes the significant progress made in terms of performance.

12. REASON FOR RECOMMENDATION

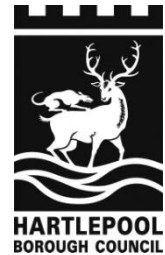
- 12.1 It is a requirement that Health & Wellbeing Boards approve performance reports in relation to the BCF.

13. CONTACT OFFICER

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HEALTH & WELLBEING BOARD

25th June 2018



Report of: Interim Director of Public Health

Subject: NORTH EAST CULTURE PARTNERSHIP

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board (HWB) a request from the North East Culture Partnership (NECP) to include a representative on the Board from the arts and cultural sector.

2. BACKGROUND

- 2.1 Following receipt of the letter attached at **Appendix A**, the HWB is asked to consider a request from the NECP for the addition of an 'observer' representative from the arts and cultural sector to its future meetings.
- 2.2 The NECP has drawn attention to:
- Emerging research regarding the health and wellbeing benefits of arts and culture, from reducing GP visits for adults to improving WEMWBS well-being scores;
 - Partnerships developing between arts and health organisations across the country, with some practice in the North East;
 - The social and financial challenges facing the health sector; and
 - The need to identify ways to better connect the arts and health sectors.
- 2.3 In developing a long term strategy, the NECP has highlighted a need to improve their knowledge of how the two sectors work. As a means of beginning this process, the NECP is asking every HWB in the region to initially include an observer representative from the arts and cultural sector. The representative to be identified by the NECP.
- 2.4 The Health and Social Care Act 2012 mandates a minimum membership for Health and Wellbeing Board's. These are known as prescribed members and include:
- Elected Members (Hartlepool Borough Council);
 - Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
 - Director of Public Health (Hartlepool Borough Council);
 - Director of Children's and Joint Commissioning Services (Hartlepool Borough Council);

- Director of Adult and Community Based Services (Hartlepool Borough Council); and
- Representatives of Healthwatch Hartlepool.

2.5 In addition, Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of Hartlepool's HWB already includes the following 'other members':

- Chief Executive (Hartlepool Borough Council)
- Director of Regeneration and Neighbourhoods (Hartlepool Borough Council)
- Representative of the NHS England
- Representative of Hartlepool Voluntary and Community Sector
- Representative of Tees Esk and Wear Valley NHS Trust
- Representative from Cleveland Police
- Representative of North Tees and Hartlepool NHS Foundation Trust
- GP Federation Representative
- Education Representative
- Observer Representative of the Audit and Governance Committee

3. RISK IMPLICATIONS

3.1 None

4. FINANCIAL CONSIDERATIONS

4.1 None

5. LEGAL CONSIDERATIONS

5.1 None

6. EQUALITY AND DIVERSITY CONSIDERATIONS

6.1 None

7. STAFF CONSIDERATIONS

7.1 None

8. RECOMMENDATIONS

8.1 That the HWB consider the addition of a NECP nominated observer representative, from the arts and cultural sector, to its membership.

9. REASONS FOR RECOMMENDATIONS

- 9.1 To seek a view from the Health and Wellbeing Board in response to the request from the NECP.

10. BACKGROUND PAPERS

Letter from the NECP (Appendix A)
HWB Terms of Reference
The Health and Social Care Act 2012

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Cllr Christopher Akers-Belcher
Civic Centre
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TS24 8AY

22 March 2018

Dear Cllr Akers-Belcher,

As part of its 15 year vision, Case for Culture, the North East Culture Partnership is committed to supporting the arts and cultural sector to increase its reach, ensuring more people across the region have the opportunity to benefit from engagement in creative activity.

More and more research is emerging about the health and wellbeing benefits of arts and culture, from reducing GP visits for adults to improving WEMWBS well-being scores. Partnerships between arts and health organisations are springing up across the country, and some of the best practice is being developed right here in the North East - from ARC Stockton's flagship Staying Out programme that reduces hospital admissions for older people through to bait's work with a number of health partners in Northumberland, improving wellbeing for 75% of participants.

We fully recognise the social and financial challenges being faced by the health sector and are keen to find ways to better connect the arts and health sectors; to work together to develop new and innovative partnership models that can address some of these issues.

It is a long term strategy and first, we need to improve our knowledge of how the two sectors work.

One simple way we think this can begin is for every Health & Wellbeing Board in the region to include a representative from the arts and cultural sector. We are therefore asking all North East Health & Wellbeing Boards if they would be willing to welcome a representative, initially as an observer to the Board, who would be identified by NECP.

We hope this is something you and your fellow Board members will consider. Please let me know if you are able to accept a representative and we will work with colleagues through the NECP to identify a suitable candidate.

Best wishes

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