PLEASE NOTE CHANGE OF VENUE

HEALTH AND WELLBEING BOARD

AGENDA

Monday 10 December 2018

at 10 a.m.

in Centre for Independent Living,
Havelock Street, Hartlepool, TS24 7LT

PLEASE NOTE CHANGE OF VENUE

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 Nicola Bailey
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
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
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 - Councillor Loynes

1. **APOLOGIES FOR ABSENCE**

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

PLEASE NOTE CHANGE OF VENUE

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 14th September 2018

3.2 To receive the minutes of the meetings of the Children's Strategic Partnership held on 10th July 2018, 4th September 2018 and 2nd October 2018

4. **ITEMS FOR CONSIDERATION**

4.1 Update on Progress with Drugs and Alcohol Harm Reduction *(Interim Director of Public Health)*

4.2 Annual Report of the Director of Public Health *(Interim Director of Public Health)*

4.3 JSNA Update *(Director of Children's and Joint Commissioning Services)*

4.4 CQC Local System Review – Action Plan Update *(Director of Adults and Community Based Services)*

4.5 Better Care Fund 2018/19: Q2 Performance Update *(Director of Adults and Community Based Services)*

4.6 Face the Public Event 2019 *(Statutory Scrutiny Manager)*

4.7 CQC Feedback – Presentation *(Tees, Esk and Wear Valley's NHS Foundation Trust)*

4.8 The Motor Neurone Disease Charter *(Director of Adults and Community Based Services)*

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

Date of next meeting – Monday 4th March 2019 at 10.00am at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

14 SEPTEMBER 2018

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

Present:

Karen Hawkins – Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (In the Chair);

Prescribed Members:
Elected Members, Hartlepool Borough Council (HBC) – Councillors Buchan.
Interim Director of Public Health, HBC – Dr Peter Brambleby
Director of Children's and Joint Commissioning Services, HBC – Sally Robinson
Director of Adult and Community Based Services, HBC, Jill Harrison
Representatives of Healthwatch – Margaret Wrenn and Ruby Marshall

Other Members:

Representative of Cleveland Police - Jason Harwin
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner
Representatives of North Tees and Hartlepool NHS Trust – Julie Parkes
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Also in attendance:-

Councillor McLaughlin as substitute for Councillor Thomas.
Hilton Heslop, North Tees and Hartlepool NHS Trust
Stephen Thomas and Judy Gray, Hartlepool Healthwatch
Wendy Harrison, Hartlepool Deaf Centre
Christine Fewster and Simon Piercey, Hartlepool Carers
Bill Keen, Fifty+ Forum

Officers: David Cosgrove, Democratic Services Team

10. Apologies for Absence

Councillor C Akers-Belcher, Leader of Council;
Councillors Brenda Harrison and Stephen Thomas;
Councillor Brenda Loynes, Audit and Governance Committee observer;
Dr Nick Timlin and Ali Wilson, Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
Gill Alexander, HBC Chief Executive;

Denise Ogden, HBC Director of Regeneration and Neighbourhoods;
Fiona Adamson, GP Federation;
Julie Gillon and Deepak Dwarakanath, North Tees and Hartlepool NHS Trust.

11. Declarations of interest by Members

None.

12. Minutes

With reference to Minute 3, Minutes of the meeting held on 5 March 2018, the representative of the Tees, Esk and Wear Valley NHS Trust corrected the record in that the referral rates were higher across the whole Hartlepool and Stockton on Tees CCG area, with rates in Stockton slightly higher that Hartlepool.

(i) Subject to the comments above, the minutes of the meeting held on 25 June 2018 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 21 March 2018 were received.

13. HealthWatch Hartlepool and Hartlepool Deaf Centre Joint Investigation of Deaf Patient Experience of Local GP and Hospital Services – Update (*Healthwatch Hartlepool and Hartlepool Deaf Centre*)

Representative from Hartlepool Healthwatch and the Hartlepool Deaf Centre gave a presentation to the Board updating members on the progress made in the implementation of recommendations from the May 2017 report on Deaf Patient Experience of Local GP and Hospital Services.

The presentation outlined the training that had taken place at North Tees Hospital, Hartlepool and Stockton on Tees CCG and GP surgeries. Sensory loss resource boxes had been given following training to Sensory Loss Champions on NT hospital wards. The use of SMS text services for communication between GP surgeries and deaf patients was being examined and GP surgeries were being encouraged to include visual indicators in waiting rooms.

Deaf Awareness training was being extended into Job Centre Plus and GP surgeries. A deaf patient experience report for primary care was to be undertaken with revisits to GP surgeries, pharmacies, opticians and dental practices. Use of the TrakCare Symbol and confirmation of the availability of interpreters in appointment letters was also being explored with the North Tees and Hartlepool NHS Trust.

It was highlighted that Junior Doctors had specific training time protected within their working hours and it may be useful to look to extend the deaf

awareness training to them.

The use of mobile phone apps was questioned as a means of helping deaf patients and GPs, in particular, communicate clearly. The Hartlepool Deaf Centre representative indicated that there were a number of such apps available, though some did often have quite high recurring fees associated with them and doctors were reluctant to use them. Communication on medical issues could be difficult even with trained deaf interpreters.

The representative from the North Tees and Hartlepool Trust commented that the Trust would look to providing additional support for deaf patients and key workers through the use of a text service for the integrated support service and also the potential use of System 1 to link into primary care staff.

Decision

1. That the progress update be noted.
2. That a further progress report be submitted to the Board in twelve months time.

14. HealthWatch Hartlepool and Hartlepool Carers Joint Health Care Experience Consultation (*Healthwatch Hartlepool*)

The Healthwatch representative updated Board Members on the outcomes of the recent Health focused consultation events undertaken by Healthwatch Hartlepool and Hartlepool Carers with carers in Hartlepool. A copy of the Healthwatch report was submitted for Members information.

The Healthwatch representative indicated that initial discussions gave rise to themes centred on Personal Health Budgets and Continuing Health Care. It was considered that carers were experiencing increasing difficulties, and often, inconsistent application by health professionals when applying for funding from both sources. It was agreed that a series of focus groups would be held, to which carers would be invited with the initial area of discussion at the meetings focussing on experiences of applying for Personal Budgets and Continuing Health Care.

One of the main issues highlighted through the focus groups was the speed of the processes with many finding difficulties in navigating their way through the application process to the extent that they gave up citing the reason that they simply did not see it was worth their while to complete because it took so long. It was also clear that many professionals didn't fully understand the process as well which simply compounded the disappointment most carers felt with the process as a whole. Those that had completed the application process and were in receipt of a personal health budget were also critical that once within the system they became aware very quickly that the whole process was financially driven; budgets only seemed to go down in years two and three.

One area of significant concern which was raised by quite a number of carers in different forums was the continence service. The service simply appeared to be failing many patients, particularly the young. The products available were often not suitable and didn't provide any dignity particularly for the elderly living with dementia. It was understood that patients in the Stockton area were also reporting similar issues through Stockton Healthwatch.

Other areas highlighted through the focus groups were the removal of the link post between Hartlepool Carers and the GP surgeries which was already creating issues. Most surgeries required patients needing appointments that day to call first thing on a morning exactly at the time of day most carers were extremely busy. The wheelchair service was also criticised for its one size fits all approach, when clearly it didn't. The mental health of carers was highlighted as an issue across all sectors with many feeling they did not get the support they needed from health professionals. The Hartlepool Carers Group, however, was praised for its support. The well known issues around accessing CAMHS were also discussed.

The recommendations from the focus groups were set out in the submitted report and briefly outlined in the meeting.

The Vice-Chair of the Hartlepool Carers group was present at the meeting and outlined his personal experiences of the continence service in caring for his elderly father. The inadequate supplies and the poor quality of many products were leading his family to spend around £500 in six months on additional and better products. The dignity of patients should outweigh costs and better products would result in fewer complaints. Service users were also critical of the poor support given with many reporting no contact after the initial assessment to see how people were coping.

The North Tees and Hartlepool NHS Trust representative commented that feedback on the wheelchair service was usually very positive, so the comments outlined in the report did need to be examined further. It was clarified further that the referral and assessment processes with the wheelchair service were not the issue but the equipment provided was.

In terms of the incontinence service, the Trust representative conceded that the landscape of patient need had changed so it may be necessary to recognise that the service also had to change. Engagement with carers and service users would be needed.

The representative of Tees, Esk and Wear Valley NHS Trust indicated that some of the comments in the report were challenging and it was acknowledged that there were issues in the children's and families services due to the high referral rates. The Trust would welcome future working with Hartlepool Carers as while internal feedback was somewhat better, the service did need to improve.

The Chair thanked the presenters for their input into the meeting and acknowledged that some important points had been raised through the report

which would need a multi-disciplinary approach to resolve. Ongoing developments in e-consultation could potentially help with access to GPs and it was to be hoped the same conversations were not being had in twelve months time.

Decision

1. That the report from Healthwatch Hartlepool and Hartlepool Carers be noted and the recommendations within agreed.
2. That a progress report be submitted to the Board in twelve months time.

15. Drug and Alcohol Service Needs Assessment and Next Steps for Service Delivery (*Interim Director of Public Health*)

The Interim Director of Public Health submitted the Drug and Alcohol needs assessment and an outline of the next steps for the delivery of the service which was due for re-procurement. The needs assessment showed that a much greater focus needed to be placed on the users of the service; these were people who were essentially the experts in drug and alcohol services and many had a strong desire to give something back after they had been helped on the road to recovery.

The Interim Director saw the aim of the service shifting towards recovery rather than simply harm reduction. With such an approach there would be a need for services to 'wrap around' the individual. At present many workers in the system found themselves restricted by the contract rather than being free to support people through recovery.

In terms of the re-commissioning of the service, there was the potential to extend the current contract for a year should the work on a new service be incomplete. The service could potentially be brought in-house if that was seen as the way forward or re-commissioned in a way that fit the purposes needed in providing refocused support to recovery programmes. The Interim Director indicated that one change that had to happen was that the new contract must not be so inflexible as to bow people into only one way of doing things.

The Interim Director sought feedback from all the partners represented on the Board over the following two weeks before a finalised proposal was included on the JSNA website.

The Police representative stated that 'they' would like a bigger conversation on drug and alcohol problems as the Police did feel many of the drug and alcohol issues they were faced with were public health problems and not criminality that required Police action. Heroin and Cocaine use here was the highest in the country and that had to be addressed. The Home Office were already looking into this. There still needed to be a realistic review of the drugs problem in particular as the political view was still centred on

enforcement.

It was also highlighted to the meeting that the Harm Reduction Group under the Safer Hartlepool Partnership was to be re-launched.

Decision

1. That the Health and Wellbeing Board notes the first draft of the needs assessment for the drug and alcohol service and that any feedback / comments on the content and next steps be submitted to the Interim Director of Public Health within two weeks of this meeting.
2. That the re-procurement of the Drug and Alcohol Service be referred to the Finance and Policy Committee.

16. Sustainability and Transformation Partnership / Integrated Care Systems Update (*Hartlepool and Stockton-on-Tees CCG*)

The Chair indicated that a communications pack providing information on the emerging health picture across the North East and North Cumbria was submitted for Board Members information.

Decision

That the Communications Pack be noted.

17. Update on Healthy Weight Strategy (*Interim Director of Public Health*)

The Interim Director of Public Health provided the Board with an update report on the progress of the Healthy Weight Strategy. The report outlined key local progress together with the key future strategic direction being set by national government. The Interim Director highlighted that in April 2018 Hartlepool Borough Council had been awarded a £280,620 grant by Sport England to deliver a four-year project working on bringing families closer together through sport and physical activity.

Decision

1. That the Board note the progress to date in implementing the strategy and approves the future strategic direction in line with the national approaches.
2. That an annual performance and monitoring framework for the strategy be developed with key priorities and indicators to ensure engagement and accountability among partners.

18. Joint Health and Wellbeing Strategy (2018-2025) – Implementation and Monitoring Update (*Interim Director of Public Health*)

The Interim Director of Public Health provided the Board with an update report on the progress of the implementation of the Joint Health and Wellbeing Board with specific reference to the two deep dive areas of the JSNA, Reducing Drug and Alcohol Harm and Improving Mental Health and Wellbeing. Reducing drug and alcohol harm had been discussed earlier on the agenda. In terms of mental health and wellbeing, the Interim Director commented that most work centred around improving the mental health and resilience of young people and reducing the levels of loneliness in older people. There were also a number of key officer positions that still needed to be filled.

Decision

1. Reducing Drug and Alcohol Harm:-
   (i) That the proposals for future service delivery, considered earlier in the agenda be noted.
   (ii) That nominations be sought for the two remaining lead officer positions to progress the outcome and output measures though the agreed lead committees.
2. Mental Health and Wellbeing:-
   (i) The actions identified (in Table 2 of the report) be approved.
   (ii) That nominations be requested for lead officer(s) for the appropriate lead committees and bodies, and that partner representatives to progress the actions reported.

19. Audit and Governance Committee Work Programme 2018/19 – Investigation in to the Provision of Preventative Mental Health Services in Hartlepool (*Statutory Scrutiny Officer*)

The Interim Director of Public Health informed the Board that the Audit and Governance Committee had selected the topic of the Provision of Preventative Mental Health Services in Hartlepool for investigation during 2018/19.

Decision

That the report be noted.

20. Departmental Restructure (*Director of Children's and Joint Commissioning Services*)

The Director of Children's and Joint Commissioning Services informed the Board of a departmental restructure of the Council's Children's and Joint Commissioning Services. The Director also requested that the Assistant Director of Joint Commissioning, Danielle Swainston, be invited to join the Board as a non-prescribed member and also act as the nominated substitute for both the Director of Children's and Joint Commissioning Services and the Director of Adults and Community Based Services.

Decision

1. That the restructure of Children's and Joint Commissioning Services be noted.
2. That the Assistant Director of Joint Commissioning be invited to join the Board as a non-prescribed member.

21. Better Care Fund 2018/19: Q1 Performance Update

(*Director of Adults and Community Based Services*)

The Director of Adults and Community Based Services updated the Board on the quarter 1 performance against the indicators in the Hartlepool Better Care Fund Plan.

Decision

That the Board approve, retrospectively, the Better Care Fund Quarter 1 return and notes the current position in relation to performance.

22. Presentation - CCG Annual Report (*Hartlepool and Stockton-on-Tees CCG*)

The Chair (representative from Hartlepool and Stockton Clinical Commissioning Group) gave an overview of a presentation made to the CCGs Annual General Meeting. The presentation outlined the CCGs vision and principles, key aims and challenges and its four key ambitions. The presentation went on to outline the CCGs performance, governance and utilisation of resources and finally set out the key priorities for 2018/19.

The Chair highlighted that there were some key achievements that warranted recognition, such as the 'Outstanding' rating given to the CCG following its inspection, the Urgent Care Centre at the Hospital which was being recognised across the country as a successful model, the implementation of the national diabetes prevention programme and access to GP appointments seven days a week.

Decision

That the CCG Annual Report be noted.

23. 38 Degrees – Petition to the Secretary of State for the Reopening of University Hospital of Hartlepool A&E

(*Statutory Scrutiny Officer*)

The Board was informed that a copy of a petition sent to the Secretary of State for Health and Social Care, calling for the re-opening of Hartlepool A&E Unit, had been received by the Leader of the Council on 1 August 2018. The petition had been signed by 7,145 people and stated: -

"There are 34 A&Es around the country currently threatened with closure or downgrading, or have already been closed. As shown in Newark, this will put people's lives at risk. We are calling on you to order a moratorium on 34 pending A&E closures and downgrades until a nationwide study has been completed. Furthermore, our chief wish in relation to Hartlepool A&E is to see it re-opened, given that its closure in 2011 occurred despite protests."

As the petition was addressed to the Secretary of State, the Health and Wellbeing Board was asked to note its content.

Decision

That the petition sent to the Secretary of State, as reported, be noted.

24. Any Other Items which the Chairman Considers are Urgent

The Healthwatch representatives referred to the recent changes to the Podiatry Service which had raised a number of concerns among patients who were being removed from the patient list. The Chair commented that a number of patients had been reviewed as not needing medical intervention and those patients had been discharged. A communication had been issued which the Chair undertook to re-send to Healthwatch.

A member of the public referred to the consistency and audit trail of information sharing between NHS services, GPs and their patients. The Chair commented that the operational strategy was monitored through this Board with work with clinicians and providers to ensure services were fit for purpose.

The Board noted that the next meeting would be held on Friday 10 December 2018 at 10.00 a.m. in the Civic Centre, Hartlepool.

Meeting concluded at 11.40 am.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

10 July 2018

The meeting commenced at 10.00 am in the Centre for Excellence, Teaching and Learning, Brierton Lane, Hartlepool

Present:

Councillor: Brenda Harrison (In the Chair)

Danielle Swainston, Assistant Director, Children's and Families' Services
Chief Superintendant, Alastair Simpson, Cleveland Police
Chris Davies, Head of Service, CAMHS
Dave Wise, West View Project
Jane Moules, Changing Futures North East
Martin Todd, Changing Futures North East
Dr Peter Brambleby, Interim Director of Public Health
Christine Fewster, Hartlepool Carers

In accordance with Council Procedure Rule 5.2 (ii), Jo Heaney was in attendance as substitute for Ali Wilson (NHS Hartlepool and Stockton on Tees Clinical Commissioning Group)

Also in attendance:

Officers:
Jackie Braithwaite, Principal Educational Psychologist
Ed Turner, Communications and Marketing Manager
Denise Wimpenny, Principal Democratic Services Officer

1. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Katie Trueman, Sally Robinson (Director of Children's and Joint Commissioning Services, Mark Patton (Assistant Director, Education), Ali Wilson (NHS Hartlepool and Stockton on Tees Clinical Commissioning Group) and Dave Pickard (Chair of Local Children's Safeguarding Board)

2. Declarations of Interest

None.

3. Minutes of the meeting held on 21 March 2018

Confirmed.

4. Appointment of Vice-Chair

Following nominations sought in relation to the Appointment of Vice Chair, it was agreed that Martin Todd be appointed as Vice-Chair for the ensuing year.

Following introductions, the Chair took the opportunity to place on record the Partnership's thanks to the former Chair and Councillor Alan Clark for his hard work and achievements as Chair of the Children's Services Committee and as Chair of the Partnership.

5. Discussion - Children's Strategic Partnership Branding - Outcomes from Task and Finish Group

(Communications, Task and Finish Group)

A representative from the Changing Futures North East provided an update in relation to the work of the Task and Finish Group which had been established to create an identity and brand for the Partnership, create an associated brand guide and communication plan for the Partnership, develop a simple presentation that could be used by all partners within their organisation to describe what the Partnership is, its purpose and what it does.

The Partnership's approval was sought to the final versions of the branding suite of documents which would be held centrally on a Partnership website, the suggested timescales for launch of the new Partnership brand and an evaluation of the impact of the brand.

The Communications and Marketing Manager provided a demonstration of the microsite which included branding guidelines, letterhead template, powerpoint template together with powerpoint messages. It was proposed that Partnership Members would use these branded templates and presentation following the launch of Hartlepool's Children and Young People's Plan 2018-2021 in October 2018.

Decision

(i) The contents of the report were noted.

(ii) That the CSP branding guidelines and the document suite hosted on the CSP microsite, as detailed in the report, be adoped.

(iii) That the effectiveness and impact of the new branding and identity

be reviewed in approximately 6 months time following the launch.

6. Children and Young People's Plan Consultation

(*Assistant Director, Children's and Families Services*)

The Assistant Director, Children's and Families' Services referred to the draft Children and Young People's Plan, a copy of which was circulated to all Members, which included goals, proposed delivery priorities together with values and principles for the next three years. A number of proposed priorities had been identified to achieve the following obsessions:-

- Stability, Health and Wellbeing and Education;
- Being and Feeling Safe; and
- Relationships and Resilience.

Break-out groups were facilitated to enable all members of the Partnership to consider the Plan and to identify any additional priorities that should be included in the Plan.

The groups provided feedback on the discussions undertaken in relation to the Plan. A number of suggestions/issues/comments were raised which included the following:-

- Explore alternative wording – replace collaborative with co-production, utilise hyphen's to emphasise words.
- Deliver a model others can learn from.
- Utilise effective language – pictures as opposed to words, circles as opposed to boxes, circles could overlap to show links.
- Include reference to poverty of opportunities.
- Values and principles be strengthened – avoid abbreviations.
- Broad statements – include how evidence will be measured and how statements will achieve aims and actions.
- Utilise different narratives and include strong statements to ensure clarity.
- Include enablers to make it happen.
- Use wording that is easy to understand for parents.
- Include an explanation of connections between various action plans that sit under this plan.
- Include more focus in relation to support for adults who care for children.
- Further explore and include the causes of harm to children.
- Explore and utilise alternative methods of developing effective relationships with families to ensure positive engagement and intervention.
- Deliver consistency in children's lives, trusted relationships – avoid passing children around to different agencies when circumstances change.
- Schools are key in recognising difficulties in children's lives and providing consistency.
- Importance of teaching children about healthy balanced lives.

The Partnership was advised that the comments of Members would be reflected in the Plan, an update of which would be reported to the September meeting of the Partnership.

Decision

The comments of Members and feedback from the break-out groups will be utilised to inform the Children and Young People's Plan and would be reported to the September meeting of the Partnership.

7. Early Help Statement of Intent (*Assistant Director, Children's and Families' Services*)

The Assistant Director, Children's and Families' Services advised that following receipt of feedback from the Better Childhood Group, the Early Help Statement of Intent would be updated and circulated to Partnership Members for comments prior to submission to the Partnership's September meeting for approval.

Decision

That following feedback from the Better Childhood Group, the Early Help Statement of Intent would be updated and circulated to Partnership members for comments prior to submission to the Partnership's September meeting for approval.

8. Presentation – Updates on Task and Finish Groups

(Strategic Commissioner and Assistant Director, Children's and Family Services)

The Changing Futures North East representative gave a detailed and comprehensive presentation which provided an update on the work of the Healthy Relationships Partnership Hartlepool. The presentation focussed on the following issues:-

- Purpose of the Partnership and opportunities to share thinking and learning.
- Impact of parental conflict on outcomes of children.
- Need to work collaboratively to address core aims.
- Evidence based programme on impact of inter parental conflict.
- Impact on health and wellbeing of children and emotional health
- Training and support available to workforce to assist with engaging in difficult conversations.
- Lack of knowledge in the community on how to access relationship support.
- Challenges facing the partnership.

In terms of future priorities, Members were advised that the Partnership aimed to provide support in schools and agencies to deal with the impact of parental conflict, create opportunities for individuals to talk through relationship problems, assist organisations to deal with employees who may be dealing with relationship distress and to widely and effectively publicise the information and self help materials available.

In the discussion that followed, the representative responded to queries raised by Members. Clarification was provided in relation to the type of support that could be provided in schools. The benefits of sharing information of this type with the Domestic Abuse Partnership were debated and the need for further work was emphasised given that the number of domestic abuse incidents was not reducing. The Assistant Director Children's and Families' Services indicated that discussions had been held at the last healthy relationships evaluation and there were differing views as to whether couples' therapy was appropriate in domestic abuse cases. A report in this regard would be submitted to a future meeting of the Safer Hartlepool Partnership for further debate.

Decision

The contents of the presentation and comments of Members were noted.

9. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item 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.

10. Any Other Business – Health and Wellbeing Strategy

The Interim Director of Public Health advised that he had been asked to do a further issue of the Health and Wellbeing Strategy Annual Report and was keen to theme that around the following 3 cohorts:-

- Feeling safe
- Improving life chances
- Relationships and resilience

This approach was supported by the Partnership.

The meeting concluded at 12 noon.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

4 September 2018

The meeting commenced at 10.00am in Hartlepool College of Further Education, Stockton Street, Hartlepool

Present:

Councillor: Brenda Harrison (In the Chair)

Martin Todd, Changing Futures North East (Vice Chair)
Danielle Swainston, Assistant Director, Joint Commissioning
Mark Patton, Assistant Director, Education
Peter Brambleby, Interim Director of Public Health
Dave Pickard, Chair of Local Children's Safeguarding Board
Jo Heaney, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group
Christine Fewster, Hartlepool Carers
Graham Alton, Changing Futures North East
Jayne Moules, Healthy Relationships Partnership

In accordance with Council Procedure Rule 5.2 (ii), Lindsey Hildreth was in attendance as substitute for Dave Wise (West View Project), Chief Inspector Nigel Burnell was in attendance as substitute for Chief Superintendant Alastair Simpson (Cleveland Police) and Lynne Brown was in attendance as a substitute for Chris Davis (CAMHS).

Officers: Jacqui Braithwaite, Principal Educational Psychologist
Dr Joanne Buntin, Educational Psychologist
Angela Armstrong, Principal Democratic Services Officer

11. Apologies for Absence

Apologies for absence were received from Dave Wise (West View Project), Darren Hankey (Hartlepool College of Further Education), Chief Superintendant Alastair Simpson (Cleveland Police), Sally Robinson (Director of Children's and Joint Commissioning Services), Chris Davis (CAMHS).

12. Declarations of Interest

None.

13. Minutes of the meeting held on 10 July 2018

Confirmed.

14. Presentation – Children and Young People's Plan

(*Assistant Director, Joint Commissioning*)

The Assistant Director, Joint Commissioning introduced the Educational Psychologist who had been invited to the meeting to raise awareness of Adverse Childhood Experiences (ACE) and the effect this was having on children and young people. "Resilience - The Movie" which has been developed in America to show the effects of toxic stress on the body was shown to the Partnership which showed extracts from focus groups undertaken and interviews with professionals who were developing strategies and programmes to provide support to children, young people and families affected by ACE. It was highlighted that Scotland was working towards becoming the first ACE aware nation. Studies had shown that ACE was common across the population and was a strong predictor of adult ill-health. Harvard research had identified that the 3 principles of dealing with ACE were:

1) Support responsive relationships;
2) Strengthen core life skills; and
3) Reduce sources of stress.

A break-out session of discussion groups was held which identified a number of potential areas that may cause stress in both children and young people as well as whole families. The importance of recognising and understanding the impact of stress of children and young people from a very young age was emphasised.

A discussion ensued on the importance of collective thinking and working to maximise the resources and support available to the children, young people and their families.

It was suggested that members of the Partnership reflect on the presentation today and discuss within their own organisation about what it means individually and as an organisation and feedback any ideas on how to develop the next steps. It was agreed that an additional meeting of the Partnership be scheduled in early October to receive feedback from the organisations and discuss the way forward.

Dr Joanne Buntin was thanked for her very informative and thought provoking presentation.

Decision

That an additional meeting of the Children's Strategic Partnership be arranged in early October to enable members of the Partnership to provide

feedback from their individual organisations on ideas to develop the next steps and collaborative working to deal with Adverse Childhood Experiences.

15. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.05 pm

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

2nd October 2018

The meeting commenced at 10.00am at the Centre for Excellence, Training and Learning, Brierton Lane, Hartlepool

Present:

Councillor: Brenda Harrison (In the Chair)

Danielle Swainston, Assistant Director, Joint Commissioning
Mark Patton, Assistant Director, Education
Peter Brambleby, Interim Director of Public Health
Jo Heaney, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group
Kay Glew, Thirteen Group
Alan Chapman, Head Teacher (Hartlepool Special Schools)
Christine Fewster, Hartlepool Carers
Jayne Moules, Healthy Relationships Partnership

In accordance with Council Procedure Rule 5.2 (ii):
Chief Inspector Nigel Burnell was in attendance as substitute for Superintendent Beverly Gill (Cleveland Police)
Ian Armstrong was in attendance as substitute for John Graham (Durham Tees Valley Community Rehabilitation Company)
Lynne Brown was in attendance as a substitute for Chris Davis (CAMHS)
Lindsey Hildreth was in attendance as substitute for Dave Wise (West View Project)

Also present:
Sue Sharpe, Lynnfield Primary School
Julie Thomas, Brougham Primary School
Leanne Yates, Grange Primary School

Officers: Karen Douglas-Weir, Head of Service (Looked after Children and Care Leavers)
Jacqui Braithwaite, Principal Educational Psychologist
Jo Stubbs, Democratic Services Officer

16. Apologies for Absence

Apologies were submitted by Graham Alton (Changing Futures North East), Barry Coulson (Job Centre Plus), Chris Davis (CAMHS), Superintendent Beverly Gill (Cleveland Police), John Graham (Durham Tees Valley

Community Rehabilitation Company), Darren Hankey (Hartlepool College of Further Education), John Hardy (St John Vianney Primary School), Dave Pickard (Local Children's Safeguarding Board), Martin Todd (Changing Futures North East) and Dave Wise (West View Project)

17. Declarations of Interest

None

18. Minutes of the meeting held on 4th September 2018

Minutes confirmed

19. Childhood Adverse Experiences (*Assistant Director (Joint Commissioning)*)

The Assistant Director for Joint Commissioning referred to the previous meeting of the partnership when members had watched "Resilience – The Movie" which highlighted issues around Adverse Childhood Experiences (ACE) and the effects these could have on the body. Studies had shown that ACE could lead to hormone changes, changes to the immune system, an increased predisposition to addiction and potentially an increased risk of disease or cancer. Scotland was working toward becoming the first ACE aware nation and had recently held a conference on this issue which the Assistant Director had attended. She referred to a book by Nadine Burke-Harris ('The Deepest Well') which she recommended to those present as a source of better understanding into these issues. Research had identified that the 3 principles of dealing with ACE were

1. Support responsive relationships
2. Strengthen core life skills
3. Reduce sources of stress

Discussion Groups were formed and break-out sessions held to discuss each of these 3 principles. The Assistant Director would take the feedback on these issues and use it to formulate a possible way forward. She stressed how critical awareness raising of this issue was and asked for feedback as to what could be done to raise this across leaders, parents and the wider community. Suggestions included the following:

- A greater awareness that those who were helping sufferers might be suffering themselves
- Need to raise awareness at the early learning stages
- Thread this issue through every political meeting
- Start taking action but be realistic as this is a long term project and a massive culture shift
- Be prepared for unintended consequences that officers may not be trained to deal with and support
- Work as a partnership and advertise these issues

The Assistant Director advised that Scotland had started awareness raising on this issue several years ago by touring "Resilience – The Move" through community groups across the country. She proposed that this become a standard agenda item for all future Children's Strategic Partnership meetings. She also indicated her intention to pursue the possibility of showing "Resilience – The Movie" at a future Health and Wellbeing Board meeting and possibly a Council meeting.

The Chair thanked the Assistant Director for facilitating the discussions and thanked those present for their contributions.

Decision

That the feedback be circulated to those present and a plan of action formulated.

The meeting concluded at 11:35am.

CHAIR

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Interim Director of Public Health

Subject: UPDATE ON PROGRESS WITH DRUGS AND ALCOHOL HARM REDUCTION

---

1. PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on progress following the needs assessment for drugs and alcohol in Hartlepool, and with the health and wellbeing strategy in this regard

2. BACKGROUND

2.1 At its October meeting, the Board received a needs assessment with respect to drugs and alcohol services

3. PROPOSALS

The focus has moved from assessing need to addressing need.
Key elements of addressing the needs identified:

- A clear separation of commissioning and providing roles, with overall responsibility for governance located in the commissioning element
- A fresh identity as single service under single leadership, with scope to sub-contract specialist elements such as clinical input and needle exchange
- A fresh specification for the unified service
- The core element social and psychological support to be provided from the in-house service, which would be the first point of referral.
- Engagement with potential providers to secure the new clinical input, with facilities fit for in-reach “one-stop-shop” approach
- Therapy to begin from the first contact assessment
- A single key worker (or small team) to be identified to each client to promote continuity of care and facilitate a supportive and therapeutic relationship

- Clinical services to include not just prescribing but all clinical needs – eg blood-borne virus control, wound care, sexual health, primary health care, mental health
- Flexibility to explore and evaluate new models of provision and respond to local or national changes in policy or practice, eg prescribing of opiods and/or safe injecting facilities
- A stronger emphasis on prevention
- A reformulation of service standards, performance indicators and targets
- Greater integration with other in-house services such as 0-19 nursing services, adult social care and housing, leisure and activity
- Greater integration with related agencies such as police, probation, NHS, education
- A re-launched Drugs and Alcohol Harm Reduction Group under refreshed terms of reference and membership (attached as **Appendix 1**), reporting to the Safer Hartlepool Partnership

4. FINANCIAL CONSIDERATIONS

4.1 Assumes the same resource envelope for the overall service.

5. EQUALITY AND DIVERSITY CONSIDERATIONS

5.1 Should improve equity of access.

6. STAFF CONSIDERATIONS

6.1 Some skill mix and training implications to be negotiated with the Trade Unions – no planned job losses.

7. ASSET MANAGEMENT CONSIDERATIONS

7.1 Re-appraisal of facilities with potential providers, with a view to vacating Whitby Street.

8. RECOMMENDATIONS

8.1 That the Health and Wellbeing Board note the steps taken to address needs in drugs and alcohol services

9. REASONS FOR RECOMMENDATIONS

9.1 Service improvement, modernization and improved outcomes

10. BACKGROUND PAPERS

10.1 See Appendix 1

11. CONTACT OFFICER

11.1 Dr Peter Brambleby, Interim Director of Public Health

Hartlepool Drugs and Alcohol Harm Reduction Group

(Reporting to Safer Hartlepool Partnership)

Revised (Draft) Terms of Reference and Membership @ 7 November 2018

Terms of reference

1. To keep Hartlepool safe with respect to harm from misuse of drugs and alcohol, with particular reference to:
   - reducing premature deaths
   - reducing domestic violence
   - reducing vulnerability to children
   - reducing acquisitive crime
   - reducing anti-social behaviour
   - raising treatment uptake and retention rates
   - raising recovery rates
   - raising employment/training/volunteering rates for service users
2. To promote intelligence-sharing and operational networking between the partners, including focussed activity with individuals at highest levels of shared concern
3. To provide feedback on problems and progress to the participating agencies
4. To provide regular reports to the Safer Hartlepool Partnership on outcomes with respect to the desired outcomes listed at 1.

Frequency of meetings

Normally quarterly, but more often if the need arises.

Core membership

- Director of Public Health or Deputy Director of Public Health (chair)
- Health Improvement Practitioner (convener and support)
- Head of service: Drugs and Alcohol Service (note: new role, new specification)
- Senior nurse (0-19 community nursing)
- Recovered service user
- Senior police officer
- Crime prevention officer
- General Practitioner or Clinical Commissioning Group representative

Co-opted membership (as agenda requires)

- Senior social worker
- Licensing (HBC)
- Retail sector representative
- Domestic violence representative
- Drugs deaths coordinator (Tees Valley)
- Data analyst (HBC)
- Education representative (eg head teacher or pupil support)
- NHS Accident and emergency representative
- NHS Mental health clinician

Quoracy

Three or more core members

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Interim Director of Public Health

Subject: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

---

1. PURPOSE OF REPORT

1.1 One of the statutory duties of a Director of Public Health, reiterated in the Health and Social Care Act 2012, is to produce "an independent annual report on the health of local communities (attached at **Appendix 1 (*to follow)***)."

2. BACKGROUND

2.1 Last year's report focused on "ageing well". This year's report focuses on "Starting well", and also picks up on some generic report items.

3. PROPOSALS

3.1 Contents

Foreword:
Chapter 1 A snapshot of health and wellbeing in Hartlepool;
Chapter 2 Special focus: "Starting well";
Chapter 3 A fresh look at drugs and alcohol services;
Chapter 4 What do we mean by "Prevention"?;
Chapter 5 Stewardship of the public health grant;
Chapter 6 Conclusion and challenges.

4. FINANCIAL CONSIDERATIONS

4.1 Note account of public health grant.

5. EQUALITY AND DIVERSITY CONSIDERATIONS

5.1 Report describes trends.

6. RECOMMENDATIONS

6.1 Health and Wellbeing Board is asked to note the report and its conclusions.

7. REASONS FOR RECOMMENDATIONS

7.1 This is a statutory annual requirement

8. BACKGROUND PAPERS

8.1 Please see a copy of the report, attached *(to follow).*

8. CONTACT OFFICER

8.1 Dr Peter Brambleby, Interim Director of Public Health

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Director of Children's and Joint Commissioning Services

Subject: JSNA UPDATE

---

1. PURPOSE OF REPORT

1.1 To update members of the Health and Wellbeing Board on progress with regard to the refresh of the Hartlepool JSNA.

2. BACKGROUND

2.1 The NHS Act 2007(updated in 2012) requires Local Authorities and their partner CCGs to prepare a JSNA.

2.2 The purpose of the JSNA is to assess the current and future health and social care needs of the local community.

2.3 The policy intention is for the Health and Wellbeing Board, to also consider wider factors that impact on their communities health and wellbeing and local assets that can help to improve outcomes and reduce inequalities.

2.4 The Hartlepool JSNA has previously been produced by the Tees Shared Service. This was a generic JSNA produced across all four Tees Authorities to a common template. The Tees Shared Service was decommissioned two years ago.

2.5 The Hartlepool JSNA has not been formally refreshed since 2015. Work commenced on the refresh in August 2018.

3. PROPOSALS

3.1 As the data content of the Hartlepool JSNA was out of date a proposal was made to formally refresh the JSNA in July 2018.

3.2 It was agreed to restructure the previous Teeswide template in order to make it much more Hartlepool focussed and thus enable it to capture Hartlepool specific priorities.

3.3 The vision for the refreshed JSNA is to provide an intelligence resource that is available at community level. Where data allows, needs will be demonstrated at small area level, to at least ward level and below this at medium and lower super output level.

3.4 Data being available at small area level enables community needs and priorities to be made explicit and resources and services may be targeted in order to improve outcomes and reduce inequalities.

3.5 In addition to tables and charts, the data will be presented spatially in a series of maps which will serve to enhance, with visual impact, the needs of the local population.

3.6 It is intended that the JSNA should be completely "outward facing" on the Hartlepool Borough Council website. It is the intention that the JSNA should be used as a resource by all partners across Hartlepool.

3.7 The JSNA is a "live" process and as such will be systematically updated and added to through time. The JSNA in December 2018 represents a snapshot in time.

3.8 The refreshed JSNA is currently being produced using the pre-existing Tees platform. This is quite limiting with regard to its degree of sophistication. Thought may be given in the future to upgrading this platform.

3.9 The JSNA is structured in order to support the priorities of the Health and Wellbeing Strategy and thus uses the same headings to describe the different sections:

- Starting Well
- Working Well
- Living Well
- Ageing Well
- Dying Well

In each of the sections the main issues are identified as in **Appendix A**.

4. RECOMMENDATIONS

4.1 It is recommended that members note the content of the report and approve the structure and content of the refreshed JSNA.

5. REASONS FOR RECOMMENDATIONS

5.1 It is recommended that members approve the structure and content of the refreshed JSNA in order that systematic updates and additions may be ongoing in 2019.

6. CONTACT OFFICER

Sally Robinson, Director, Children's and Joint Commissioning Services
sally.robinson@hartlepool.gov.uk

Dr Pat Riordan, Interim Deputy Director, Public Health
pat.riordan@hartlepool.gov.uk

JSNA Main Issues

Starting Well	
Health	Breast feeding
	Obesity
	Vaccinations & Screening
	Non accidental injuries
	Infant Mortality
	Physical activity & nutrition
	CAMHS
Adverse Childhood Experiences	Youth anti-social behaviour
	Domestic abuse
	YP Addictive behaviours
	Youth Offending
	Children in Need
	Looked after children
	U18 Conceptions
	Child Sexual Exploitation
	Low income families
	Young carers
	Emotional wellbeing
	NEET
	Absenteeism & exclusions
	Literacy & Numeracy
Learning	School readiness
	Attainment

Working Well	
Health	Obesity & physical activity
	Mental health
	Emergency hospital admissions
	Long Term Conditions
	Diabetes
	Disability
	Maternal Health
	Vaccinations & screening
Safety	Addictive behaviours
	Offender management & ex-offender employment
	Benefit fraud
	Domestic abuse
	Accidents
	Violent crime
Community	Unemployment
	Workplace health
	Social inclusion
	Housing

Living Well	
	Demographic
	Inequalities
	Substance Misuse
	Avoidable Deaths
	Reports
	SPOT
	Deprivation
	Life Expectancy
	Chartered Institute of Public Finance and Accountancy peer benchmarking & Children's services statistical neighbour benchmarking tool
	Veterans

Ageing Well	
Health	Cancer
	Liver disease
	Respiratory disease
	Falls
	Mental health
	Stroke
	CVD
	Vaccinations
	Diabetes
	Dementia
Safety	Vulnerable victims
	Financial crime on elderly people
	Elder abuse
Community	Fuel Poverty
	Income deprivation
	Loneliness/Social Isolation

Dying Well	
Health	Dementia
	Dying at home
	End of life care
Community	Excess Winter deaths
	End of life services
	Bereavement counselling
	Hospice

HEALTH AND WELLBEING BOARD

10 December 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 would be overseen by the

2.5 Board, which involves representatives from all of the key partners. A progress update was reported in June 2018 when a further update was requested in six months time.

3. CURRENT POSITION

3.1 On 10 October 2018 CQC contacted areas that had received a review to advise that the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government have asked CQC to monitor the improvements made in local areas since the local system reviews last year. The monitoring process involves CQC reviewing current performance against key indicators (including emergency admissions and readmissions and delayed transfers of care); a review of progress against the action plan and telephone interviews with key people responsible for overseeing progress.

3.2 The updated action plan that has been submitted to CQC is attached as **Appendix 1** and interviews with key individuals from the Council, CCG and Foundation Trust are being scheduled in December.

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 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 the update regarding the monitoring process and the positive progress made against the action plan.

12. REASONS FOR RECOMMENDATIONS

12.1 The Health & Wellbeing Board was identified by CQC and the Department of Health as the 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 – October 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.	Responsible Person: STP Lead Working relationships are positive and continue to improve across the system. Examples of 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 and the new Integrated Single Point of Access. STP leads 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. The STP is evolving to become an Integrated Care System (ICS) and a series of ICS Aspirant Programme Workshops are planned with LAs encouraged to be involved.
2. Develop the partnership framework to support the governance of partnership working.	Responsible Person: HBC Chief Executive 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.	Responsible Person: HBC Chief Executive Positive progress was made against the Hartlepool Matters Implementation Plan in the first year following the report being published. Outstanding priorities will now be progressed through the updated Joint Health & Wellbeing Strategy.

4. Ensure that there is effective use of the patient choice policy across the system.	Responsible Person: LA&EDB Chair The Regional Choice Policy has been implemented locally following feedback being provided by a range of local partners.
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.	Responsible Person: Interim Director of Operations The Holdforth Model has been reviewed with some revision of pathways and strengthening of the nurse leadership model. This is aligned to ongoing work relating to frailty, providing a more cohesive identity for the service. Further work is planned to develop a nurse led community hub.
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.	Responsible Person: HBC Director of Adult Services 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 to support sustainability of the local care market. An additional 46 bed care home opened in January 2018 with provision for dementia nursing and potential to support people with more complex needs.
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.	Responsible Person: HaST CCG Director of Nursing This issue is being addressed as part of the wider financial recovery plan across the 5 CCGs which includes a detailed review of the functions and processes associated with CHC provision.

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.	<u>Responsible Person: HaST CCG Director of Commissioning</u> Hartlepool and Stockton on Tees CCG are working in collaboration with Hartlepool and Stockton Health (H&SH) Federation to establish a New Models of Care programme (NMoC) of work encompassing two distinct strands; Primary Care at Scale and Collaboration and integration of Services in order to secure operational stability, developing more effective ways of working and work towards future sustainability. To this end thus far 2 events (May and July 2018) have been held with practices to generate new ways of working both in primary care and to identify the benefits of engaging and working with wider stakeholders. The focus to date has been on establishing the primary care at scale arm, with project undertaken to: • Develop primary care resilience (bids submitted to national NHS England programme to attract dedicated funding to test new ways of working) • Time for care- Successful in wave 5 of NHS England programme for the Productive General Practice- 2 HaST practices took part- Kingsway and McKenzie- Looking at efficient processes, appropriate appointments, improving quality of data and data handling. Furthermore 4 practices from HaST and 1 member of the team from the federation took part in Fundamentals of Change programme developing quality improvement/ change management expertise. • 10 HIA- Practices are encouraged to implement the 10 high impact actions, as per the GP Forward View, to release time to

	care / capacity. So far- E-consultations has been launched in 17 practices; offering patients a new way to access healthcare advice and guidance from their GP practice, all practices have trained non clinical care navigators and a work plan has been agreed to develop templates and guidance to refer to alternative services. The CCG are supporting practices to reduce DNAs by sending text reminders to patients and social prescribing continues to progress through the care coordinators scheme linked to practices. • Education and training opportunities to offer practices dedicated time away from practice Through this programme of work additional projects and work streams will be identified to progress: • Further opportunities for general practice to work at scale • Workforce and workforce development; • Patient education and self-care; • Deliver the 10 HIA • Infrastructure to enable new ways of working • Development of overarching vision; • Opportunities for moving care closer to home; • Opportunities for integration across health, social care and the VCSE To progress this work a governance structure is proposed that will include a New Models of Care operational delivery group to bring together partner organisations to progress collaboration and integration across health and social care. The group will work across Hartlepool and Stockton on Tees localities and report through to the CCG Executive to the North of Tees Partnership Board and the respective Health and Well Being Boards in Hartlepool and Stockton

	on Tees. Care co-ordinators have been funded for a further 2 years providing the opportunity to embed a proactive approach To support Primary Care. The care co-ordinators are also establishing links with the integrated discharge team to explore how they can support the moderately frail older people, following their discharge from hospital; with a view to preventing further unplanned admissions or social deterioration.
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	<u>Responsible Person: NT&H FT Interim Director of Operations</u> 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 new Operational Procedure for the Discharge Lounge has been developed with input from the Pharmacy Department and an alternative workforce model has been implemented within the discharge lounge with greater inclusion of pharmacy. An MDT frailty model has been implemented at front of house linked to the integrated discharge team and providing care management to those patients identified as frail, with a focus upon length of stay of over 21 days. Early feedback on the implementation of the red bag scheme has been positive with improved communication between the Trust and care home providers.

	<u>Responsible Person: HaST CCG Director of Nursing</u> Following the launch at a provider engagement event in September 2018, the red bag scheme commenced on 1 October 2018. All care homes have been provided with at least three red bags and the relevant documentation / instructions. Weekly monitoring and sharing of good practice / further areas to develop is taking place and early indications are very positive both from care homes and secondary care: communication is enhanced and less follow–up calls are required. Future plans are to survey staff and audit the compliance with the initiative after 3-6 months implementation.
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.	<u>Responsible Person: HaST CCG Director of Commissioning</u> Two events have taken place (May and July 2018) with practices to generate new ways of working in primary care and to identify the benefits of engaging and working with wider stakeholders. From 140 ideas generated, 10 projects have been selected to focus upon: • Establishing the structure and governance required to support new ways of working • Home visiting • Hubs for acute presentation • Sharing expertise • Standardising business functions

	• Spirometry • Patient education and self-care • GP and nurse career start programmes • Wider workforce development • Implementing additional high impact actions (time for care) Additional projects will be agreed regarding collaboration and integration across health and social care, working with partners to identify priorities. In relation to the GP improved access service, 7 day access continues to be provided on evenings and weekends from 3 locations across Hartlepool and Stockton on Tees. The service is currently out to procurement, with the new service due to commence in April 2019. Alongside this, practices across Hartlepool and Stockton on Tees provided extended hours from individual practices to extend upon the core hours provided in general practice to improve access for patients on mornings, evenings and weekends. Patient experience and the impact of hub working will not be able to be measured until services commence.
11. Continue to develop integrated working to support effective use of resources and people only having to tell their story once	<u>Responsible Person: HBC Director of Adult Services</u> The Integrated Single Point of Access (iSPA) went live in April 2018, initially for a pilot period of 6 months which has been extended due to positive feedback. Early indications are that the iSPA is having a positive effect on the

	facilitation of safe and timely hospital discharge, the avoidance of A&E attendances and the avoidance of hospital admissions all of which releases system wide capacity which, in turn, enables the system to deal with the ever increasing demands from both a health and social care perspective.
	<u>Responsible Person: HBC Director of Adult Services</u> Work is underway to develop an integrated model for Intermediate Care. The scope has been agreed and current processes mapped out. The project is now entering the design phase and is on target to meet its original projected launch date of April 2019. Both HBC and the local acute trust are committed to this project and recognise the potential value of an integrated model.
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.	<u>Responsible Person: HBC Director of Adult Services</u> 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. The latest provider forum in September 2018 included a focus on hydration and management of UTIs, proactive management of dementia and the red bag scheme.
13. Continue to embed the trusted assessor scheme.	<u>Responsible Person: HaST CCG Director of Commissioning</u> The High Impact Change Action Plan has been developed and linked

	to the work of the BCF Operational Group. Building on the success of the Elective Orthopaedic Trusted Assessor pathway, which remains embedded within the elective Orthopaedic ward, a similar Trusted Assessor pathway has been created within West View Lodge Rehabilitation and Recovery Unit. This Unit consists of 12 transitional / assessment beds and 8 rehabilitation beds overseen by an MDT approach consisting of both health and social care staff. The West View Lodge Trusted Assessor pathway not only facilitates safe and timely discharge from the Unit, but importantly it is coordinated by the staff who have been involved in the care whilst based on the Unit rather than additional staff coming to the Unit to facilitate the discharge. This frees up capacity within the wider system but more importantly helps to ensure that people using the service are only telling their story once. A Care Home Trusted Assessor model is being developed which aims to improve safe and more timely returns from hospital to home, be that a nursing care or residential care home in the first phase, with a view to exploring the option of the Trusted Assessor completing new assessments for nursing care or residential care places as the concept becomes more established. This will reduce DTOCs and improve flow. This pathway is seen as an enabler to other aspects of an integrated Intermediate health and social care system and initial discussions have been very engaging and positive. Documentation, including the assessment document, has now been developed.
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.	<u>Responsible Person: HaST CCG Director of Commissioning</u> Regional STP Workforce event held on 20 February 2018 attended by representatives from the Hartlepool system. HBC presented social

	care perspective on+ workforce issues. NHS partners are fully engaged with Health Education England programmes of work, as well as overseas recruitment initiatives. The A&E Delivery Board has committed resilience funding to support capacity issues within the system. A regional approach to workforce challenges are being led through the work of the ICS both the CCG and LA are engaged **Primary care specific areas** **CEPN** Strategic primary care workforce meeting held on 13 September 2018; attended by key stakeholders for workforce across the North East and North Cumbria. Health Education England (HEE) shared draft proposals for the future Community Education Provider Network (CEPN) model; to have 1 Primary Care Training Hub for the Integrated Care System (ICS), with 4 Primary Care local spokes (one per Integrated Care Partnership). NHS partners remain committed to working with HEE, to support the development and delivery of a programme of work to support the Workforce Strategy for the ICS. **IGPR** NHS partners are fully engaged and committed to supporting the NHS England international GP recruitment programme, which aims to recruit 100+ GPs across Cumbria and the North East. Regional recruitment to the North East model commenced earlier this year

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.	Responsible Person: NT&H FT Interim Director of Operations 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 continue to monitor this issue via the Integrated Single Point of Contact as the model develops.

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Director of Adult & Community Based Services

Subject: Better Care Fund 2018/19: Q2 Performance Update

---

1. PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on 2018/19 Q2 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 Q1 return (covering the period April – June 2018) was submitted in July 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 <u>Permanent Admissions to Residential and Nursing Care Homes</u>
The 2017/18 target for permanent admissions to care homes was met, which is a considerable achievement in the context of 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. Based on performance at Q2 it is expected that the target will be achieved again in 2018/19.

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.

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. The latest performance for 2018/19 is 87% and it is anticipated that the target will be comfortably achieved at the year end.

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 action:

- Continue to monitor performance on a monthly basis and to capture 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)

Recently released National Guidance confirmed that new DToC targets will be imposed on all localities from October 2018. The baseline for these targets was taken from actual performance in Quarter 3 of 2017/18. For Hartlepool this sees an increase in the target from the previous year and gives a more realistic but still ambitious target to aim for.

Q2 data indicates that the target of 631 delayed days was not achieved, with 741 days reported. It is anticipated that achievement of this indicator will continue to be challenging throughout 2018/19, especially with winter pressures expected to impact across the health and social care economy.

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.
- Continue to progress the CHC discharge pathway to enable assessments to be carried out in the community.

3.2.5 Total non-elective (NEL) admissions

In 2017/18 the annual target was achieved with 13,014 non-elective admissions against a target of 13,234. As with other indicators, this is a notable achievement in the context of an ageing population.

The 2018/19 target is taken directly from the CCG Annual Plans and data for Q2 demonstrates that performance is 5.9% up on the same quarter last year with 3,367 admissions against a target of 3,312, meaning that the target was not achieved.

It is positive to note however that there has been a reduction in NEL admissions from care homes, reflecting the impact of a range of BCF funded services that have been 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 Q2 return and notes the current position in relation to 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

Jill Harrison
Director of Adult & Community Based Services
Tel: (01429) 523911
E-mail: jill.harrison@hartlepool.gov.uk

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Statutory Scrutiny Manager

Subject: FACE THE PUBLIC EVENT 2019

---

1. PURPOSE OF REPORT

1.1 To present to the Board proposals for the Health and Wellbeing Board's Face the Public event in 2019.

2. BACKGROUND

2.1 Part 2 (Article 10) of Hartlepool Borough Council's Constitution requires that the Safer Hartlepool Partnership, and the Health and Wellbeing Board, hold a Face the Public Event each year. The event to provide an opportunity for the Board to:

(i) Update on work during the last year;
(ii) Inform residents and Elected Members of future plans and challenges;
(iii) Consult / engage on the development of key partner strategies and plans for the Borough; and
(iv) Receive questions on their work, future plans and priorities.

3. FACE THE PUBLIC EVENT 2019

3.1 It is proposed that the Safer Hartlepool Partnership and Health and Wellbeing Board Face the Public Events both be held on the **11th March 2019**, as detailed below:

Health and Wellbeing Board Face the Public Event – 3pm to 5pm
Safer Hartlepool Partnership Face the Public Event – 5pm to 7pm

3.2 The holding of these two events consecutively on the same day, will allow the resources required for their organisation to be shared and duplication removed. It will also allow a potential crossover of attendees, giving those who attend the Health and Wellbeing Board event an opportunity to easily stay and participate in the Partnership event, and vise versa.

3.3 The Board is asked to consider if it would support 'starting well' as a focus topic for the Health and Wellbeing Board event, this already being the focus of the Director of Public Health's Annual report and a priority outcome within the Joint Health and Wellbeing Strategy (2018 – 2025). Details of the structure of the event to be finalised subject to approval of the date, time and topic at today's meeting.

4. RISK IMPLICATIONS

4.1 None.

5. FINANCIAL CONSIDERATIONS

5.1 None

6. LEGAL CONSIDERATIONS

6.1 None

7. CHILD AND FAMILY POVERTY

7.1 None

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None.

9. STAFF CONSIDERATIONS

9.1 None.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 None.

11. RECOMMENDATIONS

11.1 That the Health and Wellbeing Board's Face the Public Event be held on the 11th March 2019, commencing at 3pm (duration 2 hours).

11.2 That a focus topic be agreed for the Health and Wellbeing Board Face the Public Event in 2019.

12. REASONS FOR RECOMMENDATIONS

12.1 To formalise the date and time of the event in partner's diaries and allow more detailed organisational arrangements to be progressed.

13. BACKGROUND PAPERS

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

14. CONTACT OFFICER

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

HEALTH AND WELLBEING BOARD

10 December 2018

Report of: Director of Adult & Community Based Services

Subject: THE MOTOR NEURONE DISEASE CHARTER

---

1. PURPOSE OF REPORT

1.1 To seek commitment from members of the Health & Wellbeing Board to adopt the Motor Neurone Disease Charter.

2. BACKGROUND

2.1 Motor Neurone Disease (MND) is a fatal, rapidly progressing disease that affects the brain and spinal cord. It can leave people locked in a failing body, unable to move, talk and eventually breathe. A person's lifetime risk of developing MND is up to 1 in 300. It kills around 30% of people within 12 months of diagnosis and more than 50% within two years. It affects people from all communities and has no cure.

2.2 MND affects up to 5,000 adults in the UK at any time. Statistics suggest that six people are diagnosed every day and six people die each day.

2.3 Assuming an equitable distribution of MND across the country, the national statistics equate to 5 people in Hartlepool living with the condition at any time.

3. MOTOR NEURONE DISEASE ASSOCIATION (MNDA)

3.1 The MND Association is the only national charity in England, Wales and Northern Ireland focused on MND care, research and campaigning. The organisation funds 20 care centres and networks in partnership with NHS Trusts.

3.2 The MND Association employs 26 Regional Care Development Advisors who are in touch with people living with MND and work to influence local health and social care service providers.

4. THE MND CHARTER

4.1 The MND Charter is a statement of the respect, care and support that people living with MND and their carers deserve, and should expect. The charter recommends that everyone with a connection to MND (either personally or professionally) should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

4.2 The MND charter focuses on 5 key statements relating to:

- the right to an early diagnosis;
- the right to high quality care and treatments;
- the right to be treated as individuals and with dignity and respect;
- the right to maximise quality of life; and
- the rights of carers of people with MND.

4.3 Further detail is included in the Charter document (attached as **Appendix 1**).

4.4 Hartlepool Borough Council's Adult Services Committee adopted the Charter in July 2018 and committed to refer the issue to the Health & Wellbeing Board for consideration by a wider range of partners.

5. PARTNERSHIP WORKING & NEXT STEPS

5.1 Integral to the success of the Charter is the relationship between health, social care, housing and adaptations, carers' services and transport.

5.2 In line with the requirements of the Charter, a named MND Social Worker has been identified who will act as the appointed lead to improve early referral to Adult Services within the Council. In the short time since being appointed to this role, the named Social Worker for MND has made contact with the local MND Nurse Specialist and identified some positive ways that relationships can be developed for the future. This includes attendance at an Annual Conference in November, involvement in quarterly meetings where individuals with MND are reviewed and an introduction to the weekly MND clinic that operates from James Cook University Hospital. Information has also been accessed about support available from The MND Association and The National MND Association, which can include grants to meet the costs of adaptations, for example. Information and resources relating to MND will be made available via Hartlepool Now (www.hartlepoolnow.co.uk) as well as being included in the Adults Practice Manual which is currently being developed as a resource for Council staff.

5.3 The Council is committed to engaging with NHS organisations and wider partners to develop an action plan linked to the MND Charter and the National Institute of Clinical Excellence (NICE) Guidance which was issued in February 2016.

6. RISK IMPLICATIONS

6.1 There are no risk implications associated with this report.

7. FINANCIAL CONSIDERATIONS

7.1 There are no financial consideration associated with this report. A named MND Social Worker will be identified from within existing resources.

8. LEGAL CONSIDERATIONS

8.1 There are no legal considerations associated with this report.

9. CHILD AND FAMILY POVERTY

9.1 No child and family poverty considerations have been identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

10.1 The MND Charter aims to support people with MND and ensure people are treated equitably and as individuals, with dignity and respect.

11. STAFF CONSIDERATIONS

11.1 There are no staffing considerations associated with this report. An existing member of staff will be identified to undertake the role of named MND Social Worker and will be offered appropriate training if required.

12. ASSET MANAGEMENT CONSIDERATIONS

12.1 There are no asset management considerations associated with this issue.

13. RECOMMENDATIONS

13.1 That the Health and Wellbeing Board support the adoption of the MND Charter

13.2 .That Board Members consider adopting the Charter through their respective organisations.

14. REASONS FOR RECOMMENDATIONS

14.1 Adoption of the Charter demonstrates recognition of the respect, care and support that people living with MND and their carers deserve.

15. CONTACT OFFICER

Neil Harrison
Head of Safeguarding & Specialist Services
Tel: 01429 284371
E-mail: neil.harrison_1@hartlepool.gov.uk

mnda
motor neurone disease
association

CHAMPION THE CHARTER ON YOUR DOORSTEP

themndcharter

Achieving quality of life, dignity and respect for people with MND and their carers

The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

About MND:

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.

1 People with MND have the right to an early diagnosis and information

THIS MEANS:

- An early referral to a neurologist.
- An accurate and early diagnosis, given sensitively.
- Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge and experience of treating people with MND[1]. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

2 People with MND have the right to high quality care and treatments

THIS MEANS:

- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- Access to the drug riluzole.
- Timely access to NHS continuing healthcare when needed.
- Early referral to social care services.
- Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care[2] soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

3 People with MND have the right to be treated as individuals and with dignity and respect

THIS MEANS:

- Being offered a personal care plan to specify what care and support they need.
- Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
- Getting support to help them make the right choices to meet their needs when using personalised care options.
- Prompt access to appropriate communication support and aids.
- Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan[3] to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan[4] to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)[5]. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

4 People with MND have the right to maximise their quality of life

THIS MEANS:

- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
- Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

5 Carers of people with MND have the right to be valued, respected, listened to and well supported

THIS MEANS:

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs[1], ensuring their health and emotional well being is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

[1] Recomendation in the NICE guideline on MND.

[2] Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

[3] Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

[4] Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

[5] Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.

"Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people's lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity"

Liam Dwyer, who is living with MND

For more information:

www.mndassociation.org/mndcharter

Email: campaigns@mndassociation.org

Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

Royal College of General Practitioners

Association of British Neurologists

Royal College of Nursing

Chartered Society of Physiotherapy

College of Occupational Therapists

Royal College of Speech & Language Therapists

British Dietetic Association

MND Association
PO Box 246 Northampton NN1 2PR
www.mndassociation.org

Registered charity no 294354