

# HEALTH AND WELLBEING BOARD AGENDA



1 July 2019

at 10.00 a.m.

in Committee Room 'B'  
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

**Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors Buchan, Thomas, Moore and Ward.

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Nicola Bailey

Interim Director of Public Health, Hartlepool Borough Council – Dr Pat Riordan

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 McGuckin

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

Councillor Hall – Statutory Scrutiny Representative, Hartlepool Borough Council

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

3.1 To confirm the minutes of the meeting held on 4 March 2019



#### **4. ITEMS FOR CONSIDERATION**

- 4.1 Role and Purpose Of The Health And Wellbeing Board (Director of Public Health) (to follow)
- 4.2 Face the Public Event Feedback (Director of Public Health)
- 4.3 Update on the Healthy Weight Strategy and Proposal to develop a whole systems approach to Obesity Prevention (Director of Public Health).
- 4.4 Development of Neurodevelopmental Pathway (Director of Children's and Joint Commissioning Services and Hartlepool and Stockton-on-Tees Clinical Commissioning Group)
- 4.5 SEND (Special Education Needs and Disabilities) Inspection Revisit and Send Improvement Plan (Director of Children's and Joint Commissioning Services)
- 4.6 Better Care Fund 2018/19: Q4 Performance Update (Director of Adult and Community Based Services)
- 4.7 Clinical Commissioning Group – Verbal Updates/Presentations:-
  - (i) Whorlton Hall
  - (ii) North East Integrated Care System
  - (iii) Merger Application

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

Date of next meeting – 23 September at 10.00am at the Civic Centre, Hartlepool.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

4 MARCH 2019

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

### **Present:**

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

### **Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors Buchan, Harrison and Thomas.

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and Nicola Bailey

Director of Public Health, Hartlepool Borough Council – Dr Pat Riordan

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

Representative of Healthwatch - Margaret Wrenn and Lynn Allison (as substitute for Ruby Marshall).

### **Other Members:**

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of the NHS England – Dr Tim Butler

Representative of Cleveland Police - Jason Harwin

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

Representative of North Tees and Hartlepool NHS Trust – Dr Deepak

Dwarakanath (as substitute for Julie Gillon)

Representative of GP Federation – Fiona Adamson

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Loynes

Also in attendance:-

Councillors Cranney and Marshall, Hartlepool Borough Council

J Gray, Hartlepool Healthwatch

J Heaney, Hartlepool and Stockton on Tees Clinical Commissioning Group

D Pickard and L Stockton, Hartlepool Safeguarding Children Board

A Baxter, Teeswide Safeguarding Adults Board

C Fewster and S Piercy, Hartlepool Carers.  
Stuart MacDonald, Centre for Local Economic Strategies

Officers: Joan Stevens, Statutory Scrutiny Manager  
David Cosgrove, Democratic Services Team

### **36. Apologies for Absence**

Ruby Marshall – Healthwatch Representative  
Gill Alexander – HBC Chief Executive  
Denise Ogden – Director of Regeneration and Neighbourhoods

### **37. Declarations of interest by Members**

The Chair declared an interest as the manager of Hartlepool Healthwatch.  
Councillor Thomas declared an interest as an employee of Hartlepool Healthwatch and as a member of the Teeswide Safeguarding Adults Board.

### **38. Minutes**

The minutes of the meeting held on 10 December 2018 were confirmed.

The minutes of the Children's Strategic Partnership held on 27 November 2018 were received.

### **39. Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19** *(Director of Adult's and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

The Chair of the Teeswide Safeguarding Adults Board presented the Board's annual report for 2017/18 and the strategic business plan for 2018/19. Members welcomed the annual report and thanked the Chair of the Teeswide Safeguarding Adults Board for her leadership. The Board praised the work undertaken across the services provided and particularly welcomed the work on domestic abuse. The format of the annual report was well received though Members indicated a desire for some more locality based statistical information in the future.

#### **Decision**

That the Health and Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19.

#### **40. Annual Report of Local Safeguarding Children Board**

*(Director of Children's and Joint Commissioning Services and Independent Chair of Hartlepool Safeguarding Children Board)*

The Chair of the Hartlepool Safeguarding Children Board presented the Board's annual report for 2017/18. Members welcomed the report and commented on the severe pressures that were being placed on the Looked After Children's services of the local authority. The Chair commented on the increased pressure on LAC services due to the effects of families with substance misuse problems and questioned if the new approach to substance misuse support services was providing some improvements. The Chair of the Hartlepool Safeguarding Board stated that the proposed new contractual approach had been presented by the former Interim Director of Public Health and that it had been well received by the Board.

##### **Decision**

That the Health and Wellbeing Board notes the 2017/18 Annual Report of Hartlepool Safeguarding Children Board.

#### **41. Local Wealth Building**

Stuart MacDonald from the Centre for Local Economic Strategies (CLES) was present at the meeting and gave a presentation on the work undertaken by CLES in partnership with The Wharton Trust and The Annexe in Hartlepool on local community wealth building. CLES had been awarded £150m nationally from the Big Lottery Fund to promote the role of community businesses and was working in Hartlepool with The Wharton Trust and The Annexe in this regard. The presentation outlined the role 'anchor institutions' such as local authorities could play in enabling local businesses and third sector groups partake in delivering contracts and works retaining 'wealth' within the locality.

Members suggested that the wider benefits such as health improvement needed to be examined in greater detail and it was indicated that the Tees Valley Combined Authority would be well placed to provide coordination across the Tees Valley. The Chair commented that the Council had looked in detail at local procurement and had done much work around the four elements of local wealth building. The Chair considered that the Regeneration Services Committee would be best placed to further the potential of local wealth building linking together the many strategies already in place and thereafter referring the wider Tees Valley potential through to the Chair in his role as Portfolio Holder for Education, Employment and Skills with the Tees Valley Combined Authority.

##### **Decision**

1. That the presentation be noted.
2. That further consideration of the potential of local community wealth

building be referred to the Regeneration Services Committee

**42. Transforming Children's and Young People's Mental Health Provision – Refresh of Local Transformation Plans** (*Chief Officer (Hartlepool and Stockton-on-Tees (HAST) Clinical Commissioning Group)*)

It was reported that the Local Transformation Plan provided an update on the five year Children and Young People's Mental Health and Wellbeing Plan for Hartlepool and Stockton-On-Tees. The original plan was established in line with the national ambition and principles set out in Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing. A requirement of Future in Mind was for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services were organised, commissioned and provided.

There was now a requirement that Local Transformation Plans were updated annually. The transformation plan provided a framework to improve the emotional wellbeing and mental health of all Children and Young people across Hartlepool and Stockton-on-Tees. The aim of the plan was to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

As part of the 2018/19 refresh the five areas below would will be developed as high-level objectives over the next 12 months:

- Develop a model for mental health services for children and young people across Hartlepool and Stockton-On-Tees; multi-agency design of a whole system approach to resilience, mental health and wellbeing.
- Develop a workforce and training directory
- Roll out the priorities laid out within the Governments Green Paper – Mental Health Leads in schools, development of Mental Health Support Teams.
- Develop a neurodevelopmental pathway
- Continue to work collaboratively as a system across Hartlepool and Stockton-on-Tees to reduce gaps and identify opportunities for new service models.

The Chair was concerned that as lead the Health and Wellbeing Board had not been involved in shaping the service model and he was therefore reticent to support the proposed direction. It was highlighted by representatives that the original plan, developed by the Clinical Commissioning Group, had been approved by the Board. Council Officers indicated that there were a number of different strands of policy being developed across the authority and the Children's Strategic Partnership that may all need to be linked and presented to the Board so it was aware of the work already underway. There was also concern expressed that there appeared to be little linkage with the Audit and

Governance Committee investigation into mental health prevention in Hartlepool which would conclude early in the new Municipal Year.

The Chair proposed that the current position relating to finance and the refresh be noted and that the next meeting receive a report reviewing the over-arching priorities.

**Decision**

That the Health and Wellbeing Board notes the refreshed Local Transformation Plan and financial proposals and that the next meeting further review the overarching priorities of the refreshed Local Transformation Plan.

**43. CQC Local System Review – Monitoring Report** (*Director of Adult and Community Based Services*)

The Director of Adult and Community Based Services provided the Board with an update on the recent monitoring exercise undertaken by the Care Quality Commission following the Local System Review in Hartlepool in 2017.

**Decision**

That the Health and Wellbeing Board notes the outcome of the monitoring process that has been undertaken by the Care Quality Commission.

**44. Better Care Fund 2018/19: Q3 Performance Update** (*Director of Adult and Community Based Services*)

The Director of Adult and Community Based Services updated the Health and Wellbeing Board on 2018/19 Quarter 3 performance against the indicators in the Hartlepool Better Care Fund Plan.

**Decision**

That the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund Quarter 3 return and notes the current position in relation to performance.

**45. All Age Carers Strategy** (*Director of Children's and Joint Commissioning Services and Director of Adult and Community Based Services*))

The Assistant Director of Joint Commissioning reported on the development of an all age Carers Strategy requesting the involvement of partners in the development of the Strategy to ensure that there was a shared partnership approach.

Members welcomed the approach being taken to the development of the new strategy and highlighted the excellent work undertaken by Hartlepool Carers and particularly their support of young carers. It was suggested that best practice across the other Tees Valley authorities be examined during the development process.

### **Decision**

1. That the Health and Wellbeing Board supports the development of an all age Carers Strategy and partners committed to contribute to the strategy development.
2. That an all age Carers Strategy to be presented to a future meeting of the Health and Wellbeing Board for approval.

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

Details of the results of the Care Quality Commission inspection of the services provided by Tees, Esk and Wear Valley's NHS Foundation Trust were presented to the Board. The Trust had attained an overall 'Good' rating and the presentation outlined the areas that had been highlighted as requiring improvement.

Members questioned the difference in the ratings for ward based and community based services. It was indicated that the adult acute wards were a very demanding environment with patients' mental health issues frequently complicated by substance misuse. There were also a number of recommendations around records as the standard varied too widely across the organisation.

The issues highlighted around autism were raised and the Chair of the Adult Services Committee commented that these were national issues. The Trust representative commented that locally much of the issue centred on the sheer demand for assessments and the Trust was reviewing how to provide a wider skill base across the organisation in relation to autism.

### **Decision**

That the results of the Care Quality Commission inspection of the services provided by Tees, Esk and Wear Valley's NHS Foundation Trust be noted.

## **47. Health Inequalities Workshop – Feedback** (*Director of Public Health*)

The Director of Public Health reported that the Health and Wellbeing Board held a Workshop on the 10th December 2018, focusing on inequalities in the



uptake of services and how we tackle them together. The Workshop was attended by representatives from a variety of partner organisations and details of the format for the session were provided in an appendix to the report. A further appendix set out a summary of the discussions as part of the Workshop. The Director highlighted the outcomes of the small group exercise that looked at “What is driving inequality of access and how can partnerships help?”

The Director referred to the current re-procurement process for drug and alcohol services where there was a greater emphasis on prevention. There had been an increased number in deaths related to substance misuse since 2013 and an examination of each case was being undertaken to establish lessons that could be learned and applied in the future.

The Chair requested that a further report be submitted to the Board and that an assessment of the outputs of the face the public event be undertaken to determine future workshop topics.

#### **Decision**

That the feedback from the Workshop be noted and that an evaluation of the Workshop feedback be undertaken and reported back to the Board prior to any further sessions being organised.

### **48. Pharmaceutical Needs Assessment (PNA) - Supplementary Statements** *(Director of Public Health)*

The Director of Public Health submitted a report seeking ratification of Supplementary Statements issues since publication of the Pharmaceutical Needs Assessment (PNA) 2018. The Board was advised that one Statement had been issued since publication of the PNA in March 2018 and a copy of the Statement was submitted with the report which related to a pharmacy based in Victoria Road Hartlepool.

#### **Decision**

That the report and the Supplementary Statements issued since publication of the PNA 2018 be noted and ratified.

### **49. Audit and Governance Committee’s Final Report – Maternity Services and Elective Care in Hartlepool** *(Chair of Audit and Governance Committee)*

The Chair of the Audit and Governance Committee presented the Committee’s report following the conclusion of its investigation into ‘The Provision of High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool’. The Board was asked to receive the report

and consider the implementation of its recommendations, with a response to be submitted to the Audit and Governance Committee in writing within 28 days.

Board Members welcomed the comprehensive report and the Trust representative stated that they were reviewing the recommendations set out in the investigation report. While the report focused on delivery, the majority of the services provide to mums were pre and post natal and it was clear mums were getting all the services they required presently. The risks in childbirth had increased substantially over recent years and those mums were safer where there was appropriate medical support. It was acknowledged, however, that the excellent midwife led service did need greater promotion.

The Chair of the Audit and Governance Committee commented that there was from the investigation a sense that young mums were being steered away from using the Hartlepool Birthing Centre which was an excellent facility. The Members of the Committee did wish to see the return of the consultant led service. The Trust representative stated there was a general shortage of consultants and doctors in all disciplines across the north east.

The Chair thanked the Chair of the Audit and Governance Committee and the Statutory Scrutiny Manager for the comprehensive report and indicated that the implementation of the recommendations would be monitored.

### **Decision**

That the Health and Wellbeing Board receive the Audit and Governance Committee report and monitors the implementation of its recommendations through the relevant partner organisations.

## **50. Any Other Items which the Chairman Considers are Urgent**

None.

The Chair reminded Board Members of the forthcoming Face the Public event to be held on 11 March in the Civic Centre.

Meeting concluded at 12.30 pm.

CHAIR

# HEALTH AND WELLBEING BOARD

1 July 2019



**Report of:** Director of Public Health

**Subject:** THE REVIEW OF THE ROLE AND PURPOSE OF THE HEALTH AND WELLBEING BOARD

## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Health and Wellbeing Board with proposals with regard to its ongoing strategic approach to improving Health and Wellbeing outcomes, bearing in mind statutory regulation in this regard.
- 1.2 To agree a commitment to undertake a review and to a means of addressing the issues as a result of the review.

## 2. BACKGROUND

- 2.1 The JHWS (2018 – 2025) was approved by Full Council and the Hartlepool and Stockton Clinical Commissioning Group's Governing Body, on the 15<sup>th</sup> March 2018 and the 27 March 2018 respectively. Contained within the JHWS (pages 12-17) is an Implementation Plan through which it was agreed that the Health and Wellbeing Board would monitor progress against the actions and desired outcomes outlined in the Plan.
- 2.2 The Health and Wellbeing Board at its meeting on the 25<sup>th</sup> June 2018 approved the process and timetable for the monitoring and implementation of the Strategy, with agreement that a single 'deep dive' area would be considered each Municipal year.

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

- 2.3 To date, the ‘Reduce Drug and Alcohol Harm’ deep dive has been completed), through the review process for the future delivery of Drug and Alcohol Treatment Services.

### **3. PROPOSALS**

- 3.1 That the Health and Wellbeing Board review the following proposals:

- There is a need to identify the top five issues that have the most significant impact on the health and wellbeing of the population of Hartlepool.
- That we determine the key health and wellbeing outcomes which we seek to achieve in relation to these issues.
- We jointly agree to the development of five multi-agency workstreams to deliver the high impact outcomes which we seek.
- The five workstreams are co-owned and therefore delivered in partnership. In order to do this the Health and Wellbeing Board needs to develop a sense of common purpose and commitment to the five workstreams.
- A strategic delivery plan supporting these workstreams is agreed by the Health and Wellbeing Board.
- The delivery plan identifies the measures of success for the workstreams including key outcomes; KPIs and ownership of the deliverables. This should be reported to the Health and Wellbeing Board on a quarterly basis to monitor progress.
- The Health and Wellbeing Board more effectively engages with the public in Hartlepool in determining what the important issues are and also in monitoring success in delivering the outcomes.

- 3.2 That a workshop be scheduled to address the specific issues.

### **4. RISK IMPLICATIONS**

- 4.1 No material implications.

### **5. FINANCIAL CONSIDERATIONS**

- 5.1 No material financial implications.

### **6. LEGAL CONSIDERATIONS**

- 6.1 None.

## **7. EQUALITY AND DIVERSITY CONSIDERATIONS**

7.1 None.

## **8. STAFF CONSIDERATIONS**

8.1 None.

## **9. ASSET MANAGEMENT CONSIDERATIONS**

9.1 None.

## **10. RECOMMENDATIONS**

10.1 That the Health and Wellbeing Board approve:

- The proposed review of the role and purpose of the Board.
- That a workshop take place in order to agree the way forward.

## **11. REASONS FOR RECOMMENDATIONS**

11.1 That the Board works together as an effective strategic partnership to co-own the top priorities for improving health and wellbeing for the people of Hartlepool.

11.2 That the Board understands and agrees the relative contribution of all partners in delivering the improved health and wellbeing outcomes as agreed as priority.

11.3 That the Board regularly monitors the effectiveness of the workstream's outcomes and plans to deliver these outcomes in an effective, efficient and timely manner.

## **12. BACKGROUND PAPERS**

Health and Social Care Act 2012

Report and minutes of the:

- Health and Social Care Act 2012
- Health and Wellbeing Board (13 March 2017, 26 June 2017, 4 Sept 2017, 4 December 2017, 5 March 2018, 25 June 2018 and 14 September 2018)
- Finance and Policy Committee (18 Sept 2017 and 8 January 2018)
- Audit & Governance Committee (20 Sept 2017 and 6 Dec 2017)
- Children's Strategic Partnership (26 Sept 2017)
- Hartlepool and Stockton CCG (26 Sept 2017 and 30 January 2018)

**13. CONTACT OFFICER**

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Tel: (01429) 523773

# HEALTH AND WELLBEING BOARD

1 July 2019



**Report of:** Director of Public Health

**Subject:** FACE THE PUBLIC EVENT - FEEDBACK

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## 1. PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with a summary of feedback on discussions at the Face the Public Event held on the 10<sup>th</sup> December 2018.

## 2. BACKGROUND

- 2.1 Part 2 (Article 10) of Hartlepool Borough Council's Constitution requires that the Health and Wellbeing Board hold a Face the Public Event each year 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.
- 2.2 Health and Wellbeing Board's Face the Public Event for 2019 was held on the 11<sup>th</sup> March 2019 and focused on 'starting well' as a priority outcome identified within the Director of Public Health's Annual report and Joint Health and Wellbeing Strategy (2018 – 2025).
- 2.3 The event was attended by 29 representatives from a variety of partner organisations and residents, with the following questions explored:
- i) Hartlepool has the lowest proportion of mothers starting breast feeding in the country. What do you think are the barriers to this in Hartlepool? How can we best overcome these barriers?
  - ii) Adverse Childhood experiences are a toxic combination of experiences which children are exposed to: poverty; mental health problems; drugs & alcohol and domestic abuse. What can we as a community in Hartlepool, do to prevent our children being exposed? How can we build up their resilience to dealing with them?

- iii) Obesity is a significant problem for our children, as it is for our population as a whole. What can we, as a whole system working together, do to prevent and deal with this issue?

### **3.0 PROPOSALS**

- 3.1 That the Health and Wellbeing Board note the feedback from the Face the Public Event and consider how it wishes to respond to comments made.
- 3.2 It is proposed that the outcomes of the event be used to inform the review of priorities as part of the refresh of the Health and Wellbeing Strategy (see **Appendix 1**).

### **4. RISK IMPLEMENTATIONS**

- 4.1 There are no risk associated.

### **5. FINANCIAL CONSIDERATIONS**

- 5.1 There are no specific financial considerations within this report.

### **6. LEGAL CONSIDERATIONS**

- 6.1 There are no legal considerations within this report.

### **7. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 7.1 There are no equality and diversity considerations within this report.

### **8. STAFF CONSIDERATIONS**

- 8.1 There are no staffing considerations within this report.

### **9. ASSET MANAGEMENT CONSIDERATIONS**

- 9.1 There are no asset management considerations within this report.

### **10. RECOMMENDATIONS**

- 10.1 That the Health and Wellbeing Board note feedback from the Face the Public Event and consider how it wishes to respond to the comments made.



- 10.2 That the outcomes of the Face the Public Event be utilised to inform the review of priorities going forward as part of the refresh of the Joint Health and Wellbeing Strategy and Healthy Weight Strategy.

## **11. REASONS FOR RECOMMENDATIONS**

- 11.1 To inform workshop discussions on a date to be identified.

## **12. BACKGROUND PAPERS**

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

## **13. CONTACT OFFICER**

Pat Riordan, Director of Public Health,  
Hartlepool Borough Council  
[pat.riordan@hartlepool.gov.uk](mailto:pat.riordan@hartlepool.gov.uk)

## Summary of Face the Public Event Comments

Question 1	What are the barriers?	How to overcome barriers?
<p><b>Hartlepool has the lowest proportion of mothers starting breast feeding in the country.</b></p>	<p><b>Stigma / perception:</b></p> <ul style="list-style-type: none"> <li>- Stigma / embarrassment (especially for younger mothers)</li> <li>- Perception still frowned upon where breastfeeding takes place in public</li> <li>- The proportion of young mums in Hartlepool (younger mums not breastfeeding)</li> <li>- Breastfeeding is time consuming</li> </ul> <p><b>Promotion:</b></p> <ul style="list-style-type: none"> <li>- How breastfeeding is promoted (young mums don't know the benefits of breast feeding)</li> </ul> <p><b>Facilities:</b></p> <ul style="list-style-type: none"> <li>- Lack of facilities</li> </ul> <p><b>More Support:</b></p> <ul style="list-style-type: none"> <li>- Physical difficulties / lack of support.</li> <li>- Poverty (money)</li> <li>- Nurses/Midwives at birth and pre-natal sessions</li> </ul> <p><b>Other factors:</b></p> <ul style="list-style-type: none"> <li>- Young parents won't if they want to drink alcohol</li> <li>- Working</li> <li>- Generational influence (it's not promoted) and rise in the number of grandparents caring for grandchildren from an early age</li> </ul>	<p><b>Positive role models:</b></p> <ul style="list-style-type: none"> <li>- Use celebrity promotion / endorsement</li> </ul> <p><b>More support:</b></p> <ul style="list-style-type: none"> <li>- In hospital – time to spend with new mums, peer support, volunteers, help line.</li> <li>- Breast feeding support groups / clubs to encourage younger mums</li> <li>- Improve support available and make it the 'norm'</li> <li>- Peer support groups</li> <li>- Provide incentives (inc as part of gift packs that currently provide formulae)</li> <li>- Encouragement to start, but equally to continue</li> <li>- Key person to support mother / building relationships to support breast feeding</li> </ul> <p><b>Education / Promotion:</b></p> <ul style="list-style-type: none"> <li>- For business owners</li> <li>- Younger people (maybe in schools)</li> <li>- Promote the benefits of breast feeding (immunity, etc) starting pre-natal</li> <li>- Work with partners / businesses to promote breastfeeding (inc in public areas/facilities)</li> <li>- Promoting other forms expressing and feeding from the bottle</li> <li>- Increase understanding of what support is available</li> <li>- Role for father to play</li> <li>- Positive message.</li> </ul> <p><b>Better facilities:</b></p> <ul style="list-style-type: none"> <li>- Maternity hub to include breast feeding</li> <li>- Community midwives to play a part</li> </ul>

<p><b>Question 2</b></p> <p><b>Adverse Childhood experiences are a toxic combination of experiences which children are exposed to: poverty; mental health problems; drugs &amp; alcohol and domestic abuse.</b></p>	<p><b>What can we, as a community in Hartlepool, do to prevent our children being exposed?</b></p> <p><b>Education / promotion:</b></p> <ul style="list-style-type: none"> <li>- Increase parental understanding of the impacts of experiences in the household can have on children</li> <li>- Social and interactive activities – life skills</li> <li>- Don't exclude (children end up falling out of the system – need to look at family background)</li> <li>- Improved sign posting</li> </ul> <p><b>Prevention:</b></p> <ul style="list-style-type: none"> <li>- Stop issues passing between generations</li> <li>- Raise aspirations – careers fairs</li> <li>- Deal with the cyclical impact (impact on school life and opportunities – recurring cycle)</li> <li>- There is a key role of residents / communities</li> <li>- Role of teachers, picking up on children who are affected</li> </ul> <p><b>Access support across organisations:</b></p> <ul style="list-style-type: none"> <li>- Recognise the role of the voluntary sector</li> <li>- Need for support outside the household</li> <li>- Need provision in schools to deal with some of the issues YP have</li> <li>- Communications between agencies</li> <li>- Consistency, faith and trust in agencies that are there to support</li> <li>- Joint action groups – role of residents and agencies together</li> <li>- Operational encompass – DV, share with schools next day</li> </ul>	<p><b>How can we build up their resilience to dealing with them?</b></p> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>- Start help and prevention from a young age</li> <li>- Increase parental understanding of the impacts of experiences in the household can have on children</li> <li>- Social and interactive activities - life skills</li> <li>- Raise aspirations</li> </ul>
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	<ul style="list-style-type: none"> <li>- Community support where the C+YP live, key people in the community that can influence opportunities and work with agencies in the town to support families appropriately</li> <li>- Schools need to build trust and relationships with C&amp;YP</li> <li>- Need to deal with concerns re sure start closures and changes</li> </ul> <p><b>Provide facilities:</b></p> <ul style="list-style-type: none"> <li>- Breakfast clubs/homework clubs / weekend activities/ youth clubs</li> <li>- Recognise the importance of free activities</li> <li>- Better transport (transport can be a barrier access)</li> <li>- Shorter waiting times for some services that people are referred into</li> <li>- Better signposting to what is there</li> </ul> <p><b>Other issues:</b></p> <ul style="list-style-type: none"> <li>- Need to deal with implications of Universal credit / poverty / food banks / etc.</li> </ul>	
<p><b>Question 3</b></p> <p><b>Obesity is a significant problem for our children, as it is for our population as a whole.</b></p>	<p><b>What can we, as a whole system working together, do to prevent and deal with this issue?</b></p> <p><b>Education / promotion:</b></p> <ul style="list-style-type: none"> <li>- Make sure parents having the right support and skills to support their own children</li> <li>- Teach basic skills/cookery skills/knowledge of a balance diet / Food groups, ect</li> <li>- Parenting skills – linked to poverty, cooking skills, family cooking</li> <li>- Share skills in communities – intergenerational/tackle social isolation</li> <li>- Better advertising / promote activities</li> <li>- Education for the whole family</li> <li>- Promote how easy it is to make food from scratch (make it simple)</li> <li>- Use older generations to educate</li> <li>- More positive advertising</li> <li>- Deal with other issues (parents with drug and alcohol issues – obesity is one of a range of factors)</li> </ul>	

	<p><b>Physical Activity:</b></p> <ul style="list-style-type: none"> <li>- Get children active (Increase involvement of activities)</li> <li>- Free physical activities</li> <li>- Extend free swim offer</li> <li>- School facilities open after hours</li> <li>- Having youth centres and services to get children out playing</li> <li>- Provide activities to get families to do things together</li> <li>- More community opportunities for physical activities</li> </ul> <p><b>Other initiatives:</b></p> <ul style="list-style-type: none"> <li>- Give allotments to young people – involved in growing food</li> <li>- Implement Daily Mile, Change for life schemes</li> <li>- Restrict access to energy drinks and takeaways / fast foods (planning, etc)</li> <li>- Provide cooking clubs/workshops to get families to do things together</li> <li>- Mobile phone Apps</li> <li>- Peer / local celebrity promotion (chefs, etc) of health living / eating</li> <li>- Family cookery in schools – role for community hubs</li> </ul> <p><b>Other factors:</b></p> <ul style="list-style-type: none"> <li>- Provision of quality school lunches</li> <li>- Whole system / holistic approach</li> <li>- Get children off playstations</li> <li>- Remove cost barrier to healthy food and sports</li> </ul> <p><b>Access to activities:</b></p> <ul style="list-style-type: none"> <li>- Better transport for CYP to access activities</li> <li>- Support local groups to identify funding for schemes / initiatives</li> </ul>
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# HEALTH AND WELLBEING BOARD

1 July 2019



**Report of:** Director of Public Health

**Subject:** UPDATE ON THE HEALTHY WEIGHT STRATEGY  
AND PROPOSAL TO DEVELOP A WHOLE  
SYSTEMS APPROACH TO OBESITY PREVENTION

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## 1. PURPOSE OF REPORT

- 1.1 This report is to update the Healthy Weight Strategy and to introduce the Whole Systems approach to obesity as an approach to reduce the prevalence of excess weight in Hartlepool.

## 2. BACKGROUND

- 2.1 In August 2014, the Health and Wellbeing board selected child obesity as a priority and requested that work start on developing a Childhood Obesity Strategy. A town wide obesity conference was held in February 2015 and following this, the Healthy Weight Strategy was developed. This was approved by the Health and Wellbeing board in September 2015. The board continues to receive updates on progress.

Key successes to date include:

- Policy developed as part of the local plan which imposes restrictions on planning applications for Hot Food Takeaways
- Sustainable transport campaigns and programmes are available and actively promoted across the Borough
- A weaning programme has been established and obesity training has been provided to a broad range of staff

We now recognise that we need to work differently to ensure that we reduce the prevalence of obesity in the town.

## 3. PROPOSALS

- 3.1 The proposals for the board to consider are:

- That the priorities in the Healthy Weight Strategy are refreshed.
- That adopting the Whole Systems approach to obesity prevention is fundamental to our aim to decrease the number of overweight and obese people in the town
- That the leadership of the Healthy Weight Strategy reflects the requirements of the Whole Systems approach and recognises the strong leadership provided through the local authority.

3.2 The next steps will be:

- A second workshop in July to consider mapping the provision of services in the borough
- Setting up a System Network to coordinate the work
- Development of a social movement to support the aims of the project.

#### 4. RISK IMPLICATIONS

There is a risk that if we did not utilise a whole systems approach and reduce the number of people who are overweight or obese in the population, we will retain one of the highest rates in the country and possibly worsen the position.

Hartlepool has much higher figures for overweight and obese than England. For adults this is currently 70.4% overweight or obese. This has been consistently higher than the England figure for the last 3 years.

For children, as measured by the National Child Measurement Programme (NCMP):

Reception pupils - 29.2% are overweight or obese (the 2nd highest in England).

Y6 pupils - 40.59% are obese or overweight (the 13th highest in England).

The risks to children from obesity should not be underestimated. Children who are overweight or obese are more likely to experience poor self-esteem, bullying and stigma. There is evidence that children are developing Type 2 diabetes and liver conditions earlier in life. Overweight and obese children are more likely to become overweight or obese adults. This means they are at a higher risk of developing Type 2 diabetes, heart disease and some cancers.

Because of this increased risk of disease, we would expect to see an impact on healthy life expectancy in the town. It is likely we would experience a much lower healthy life expectancy if action isn't taken.

#### 5. FINANCIAL CONSIDERATIONS

There are no funding implications.

**6. LEGAL CONSIDERATIONS**

There are no legal considerations with this project.

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

There are no equality and diversity implications with this. We will adopt a proportionate universalism approach. Working in this way ensures that the whole population are engaged, with additional emphasis placed on those most in need.

**8. STAFF CONSIDERATIONS**

There are no staff considerations.

**9. ASSET MANAGEMENT CONSIDERATIONS**

There are no asset management considerations.

**10. RECOMMENDATIONS**

- 10.1 That the board approves the Whole Systems Approach to obesity prevention.
- 10.2 That the board approves bringing the Healthy Weight Strategy in line with the Whole Systems Obesity proposals.

**11. REASONS FOR RECOMMENDATIONS**

- 11.1 The Whole Systems approach is an evidence based methodology for tackling the root causes of obesity and excess weight in the population. By adapting the Healthy Weight Strategy so that it follows the principles of the Whole Systems approach we will be able to more effectively target those causes of obesity that have the biggest impact on excess weight. This will then lead to a decrease in the number of people in the population who are obese or overweight.

**12. BACKGROUND PAPERS**

- Health & Wellbeing Board (11<sup>th</sup> September 2015) Item 4.1. *Draft Healthy Weight Strategy for Hartlepool*
- Health & Wellbeing Board (19<sup>th</sup> September 2016) Item 4.2. *Update on the Healthy Weight Strategy*



- Health & Wellbeing Board (14<sup>th</sup> September 2018) Item 4.3. *Update on the Healthy Weight Strategy*

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# HEALTH AND WELLBEING BOARD

1<sup>st</sup> July 2019



**Report of:** Director of Children's and Joint Commissioning Services and Hartlepool and Stockton-on-Tees Clinical Commissioning Group

**Subject:** DEVELOPMENTAL OF NEURODEVELOPMENTAL PATHWAY

## 1. PURPOSE OF REPORT

- 1.1 To share with members the development of a neurodevelopmental pathway which will replace the existing ASD pathway.

## 2. BACKGROUND

- 2.1 Autism is a lifelong developmental condition affecting 1 in 100 people in the UK. It impacts on the way a person communicates and how they experience the world around them. Autism is described as a spectrum condition. This means that while people with autism, including Asperger's Syndrome, share certain characteristics, they will be highly individual in their needs and preferences. Some people with autism are able to live relatively independent lives but others face additional challenges, including learning disabilities, and need varying levels of support for the whole of their lives.
- 2.2 The National Autistic Society estimates prevalence of ASD in the UK as being 1.1% of the population. The following table extrapolates this for the local population and has been updated for 2017/18 child population figures.

Locality	CYP Population 2017/18	Prevalence %	ASD Prevalence
Hartlepool	19,857	1.1%	218
Stockton	41,909	1.1%	461
<b>HAST</b>	<b>61,766</b>		<b>679</b>

Estimated population prevalence of ASD

- 2.3 CAMHS previously raised and forecasted in 2016 that referral numbers would continue to rise and therefore increase and impact waiting times further. The waiting times in Hartlepool (April 2018) for diagnosis were:

Locality	Waiting times under 5s	Waiting times over 5s
Hartlepool	22 months	17 months

- 2.4 The number of referrals in HAST (Hartlepool and Stockton – on Tees) has seen a 142% increase in referrals for ASD assessment between 2013/14 and 2017/18. Diagnosis rates are lower in Hartlepool than both the regional and England average, therefore there is expectation of further increase in referrals due to the expected prevalence gap.
- 2.5 The pathway is provided across TEWV (Tees Esk and Wear Valley NHS Foundation Trust) and NTHFT (North Tees and Hartlepool NHS Foundation Trust). TEWV provide the co-ordination, mental health and psychology input and NTHFT support the pathway with Speech & Language therapy (SALT), paediatrician, physio and occupational therapy input. For both of these providers there is no separate element of their services specifically for assessing children with suspected ASD, all referrals are assessed through their core services. As those services themselves experience a high volume of referrals, in particularly core CAMHS and SALT, these children, unfortunately, join an ever growing waiting list for individual elements of the pathway.
- 2.6 In early 2017 a 3P event was held by NHS Hartlepool & Stockton CCG, Stockton Borough Council, and Hartlepool Borough Council, to look at the way children with suspected Autism are cared for locally. Following the event an expert reference group was established to help make positive changes to the way we care for children with Autism. A key focus for the group was looking at:
- the length of time it takes to diagnose and the impact on the child/family
  - the need to focus on the individual needs of the child and their families with or without having a formal diagnosis
  - to ensure these needs are met as quickly as possible.
  - Development of a new pathway for early identification of need, and supporting these needs, whilst offering choice whether to pursue a formal diagnosis.
- 2.7 The reference group has spent time reviewing parental consultation and best practice in other areas to draft a new model.

### 3. PARENT CONSULTATION

- 3.1 A parent/carer consultation meeting was held following the 3P event. They were extremely emotional meetings with parents venting their frustrations with the current system, the lack of support they felt and how this was impacting not only on their child but on them as individuals and as a family.
- 3.2 In order to obtain the views of as many parents as possible a survey was distributed. The objective was to understand what support parent/carers were accessing whilst on the pathway. 63 parents/ carers completed the survey. The main themes were:
- Limited information of what to expect and what can be accessed whilst on the diagnostic pathway,
  - Varying levels of satisfaction in relation to SALT,
  - Lack of behavioural support,
  - Lack of OT input/sensory profiling
  - Unhappy with how their children were managed by schools.

### 4. BEST PRACTICE AREAS

- 4.1 There are not many ASD pathways which have been heralded as 'best practice'. HAST CCG spoke to a number of CCGs who reviewed their pathways and have commissioned differently and seen their waiting times significantly reduce. They are looking at setting stretch targets of 18 weeks from referral to diagnosis. The key themes from these areas included:
- Specific Neurodevelopmental services
  - Referral forms with emphasis on the referring agency gathering preliminary data
  - Limiting who can make referrals
  - Integrated local authority and health pathways
  - Support services for families pre and post diagnosis
  - More efficient MAATs (Multi agency assessment teams) where up to 10 children are assessed on an ongoing basis
- 4.2 St Helen's pathway was highlighted in their recent SEND inspection as good practice and the group agreed it would be useful to explore their model to see if this could be replicated in Hartlepool and Stockton. Colleagues from St Helen's met with health and local authority officers to discuss the model and it was agreed to draft a local pathway based on this model (as set out below).

### 5. NEW PATHWAY

- 5.1 The estimated prevalence of neurodevelopmental disorders in England is 3-4% of the population, which equates to 1852 – 2470 children and young people across Hartlepool and Stockton-On-Tees.

- 5.2 The rising prevalence of neurodevelopmental disorders has increased demand for diagnostic services in the NHS. Attention Deficit and Hyperactivity Disorder (ADHD) is the most common neurodevelopmental disorder in the UK, affecting 1-2% of children and young people, with more boys (3.62%) than girls (0.85%) diagnosed. This equates to between 617 and 1235 children across Hartlepool and Stockton-On-Tees. Autism Spectrum Disorder (ASD) affects 1.1% of children and young people in the UK, with five times as many boys diagnosed as girls. However, it is now accepted that girls are often underdiagnosed. This equates to approximately 679 children predicted to have a diagnosis of ASD across Hartlepool and Stockton-On-Tees.
- 5.3 Having looked at best practice in other areas and reflecting the work of the 3P event the evidence suggest that developing a Neurodevelopmental pathway will achieve the best outcomes for children and their families.
- 5.4 The Pathway will integrate health, local authority and services offered by the voluntary and community sector to ensure the needs of children are identified at the earliest opportunity and relevant support is then offered to the family. The support offered will upskill the family to understand the needs of their child and help them on a practical level. This support can be ongoing whilst the diagnostic process is undertaken.
- 5.5 From a clinical point of view, the CCG are currently exploring with TEWV, the practicalities of pulling the diagnostic elements for ASD, ADHD and attachment together under one umbrella which will prevent children receiving multiple assessments, and instead, they will look to have one diagnostic team.
- 5.6 A Hartlepool and Stockton model has been developed and is attached as **Appendix A**. The model sets out a community response at the point of need which is set out in the circle element of the model.

## 6. WORK TO DATE

- 6.1 A task and finish group has been established in Hartlepool to develop the pathway and trial the pathway. This group consists of: Parent Carer Forum, Families First NE, Daisy Chain, HAST CCG, SEND representatives within the council, schools, TEWV,
- 6.2 The work to date includes:
- Review of the services available to children with SEND and their families to include within the Local Offer
  - Review of the training offer to the workforce re: neurodevelopmental issues
  - Commissioning of Daisy Chain to offer additional support to families and training to the workforce

- Meeting with Primary and Secondary SENCOs to look at referral form to the new pathway
- Identification of four schools to trial new paperwork and referral process
- Agreement from all partners to be part of the multi-disciplinary triage process

6.3 The task and finish group will continue to develop the pathway and trial the different elements of the pathway and report to the Health and Wellbeing Board in six months on progress.

## **7. RISK IMPLICATIONS**

7.1 There is a risk that if the pathway is not reviewed that children and their families will not receive the support they need at the time they need it.

## **8. FINANCIAL CONSIDERATIONS**

8.1 There are no specific financial considerations within this report.

## **9. LEGAL CONSIDERATIONS**

9.1 There are no specific legal considerations within this report, however all partners must ensure they are meeting their duties within the Children and Families Act 2014 and Code of Practice (SEND)

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)**

10.1 The services discussed in this report support children with additional needs.

## **11. STAFF CONSIDERATIONS**

11.1 There are no staff considerations within this report.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

12.1 There are no asset management considerations within this report.

## **13. RECOMMENDATIONS**

13.1 That members note the development of a neurodevelopmental pathway.

- 13.2 That a progress report is presented to the Health and Wellbeing Board in six months.

**14. REASONS FOR RECOMMENDATIONS**

- 14.1 To ensure that children with SEND are appropriately supported.

**15. BACKGROUND PAPERS**

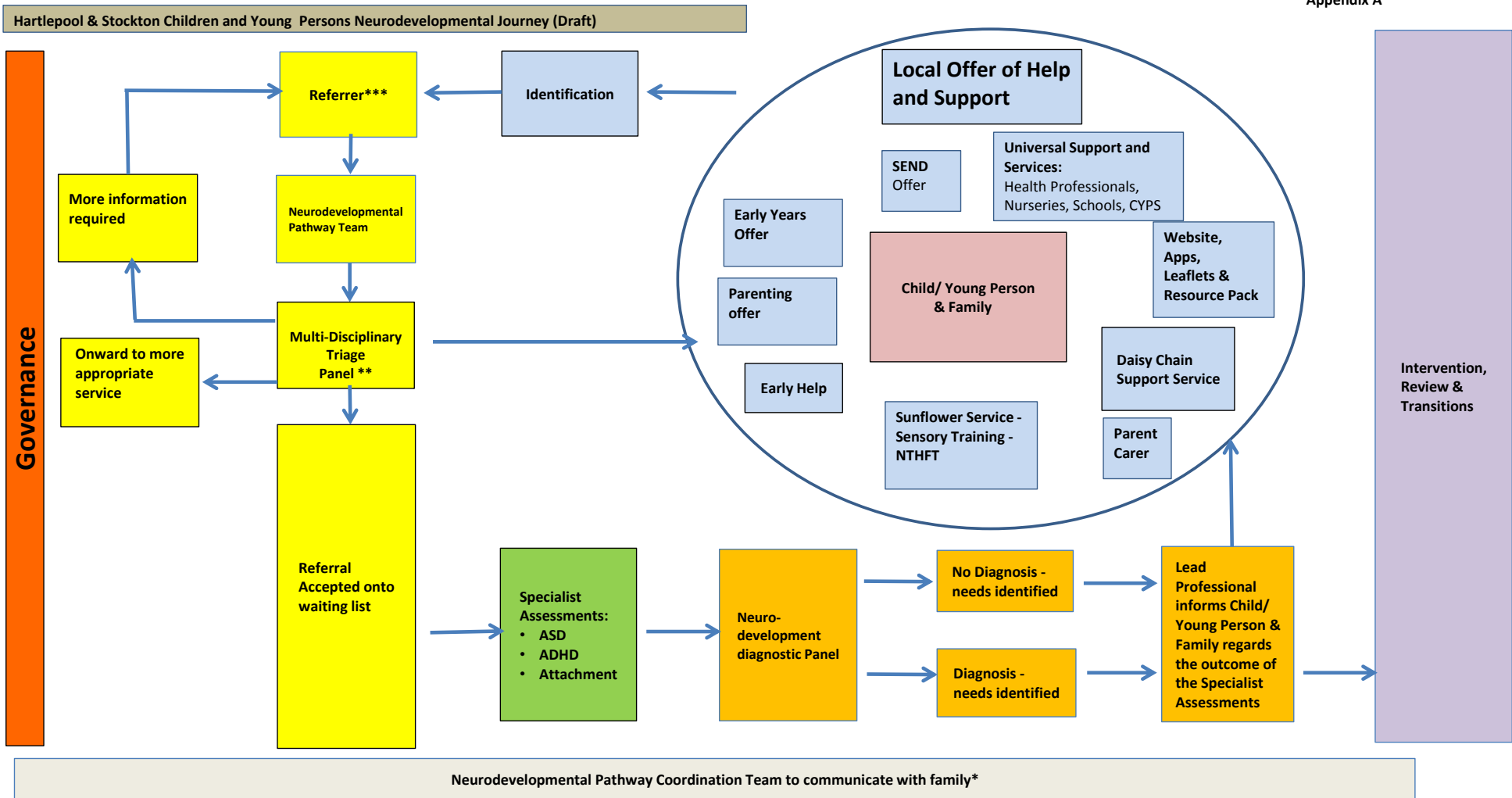
SEND Code of Practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

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\*\* Need to determine who sits on here, frequency of triage etc.

\* determining how this will work for under 5 pathway as currently part managed by NTHFT and also by TEVV

\*\*\* referers - it is proposed that referrals are on a referral form and from a professional who has knowledge of the CYP and their family



<p><b>Pre Referral</b></p> <p>Training for those who are likely to work with children &amp; young people—skill up re ASD/ADHD/Sensory Disabilities</p> <p>Training for families eg. Daisy Chain offer LA offer</p> <p>Provision of universal services-</p> <ul style="list-style-type: none"> <li>Referrer to consider parenting courses, courses provided by Daisy Chain</li> <li>Referrer to consider support from other services - e.g. more HV/SN support, behaviour support in school/at home</li> </ul> <p>Signpost to Kooth (over 11's) Recovery College</p> <p>Referral to CAMHS if mental health needs are suspected</p> <p>SEND</p> <p>Refer parents to Parent Carer groups for peer support/Advice</p> <p>Neurodevelopmental Website/Leaflets/Pack</p> <p>Signpost to Local Offer website</p>	<p><b>Referral (Neurodevelopmental Pathway Co-ordination)</b></p> <p>Weekly Triage of Referral by Multi-Disciplinary Team* (MDT) Panel</p> <p>Triage decision communicated to family and referer by letter / email and information pack provided, including signposting to support.</p> <p><b>*Referrals that require a multi-agency approach (complex needs) accepted by service for assessment.</b></p> <p><b>*Referrals that require a single agency for intervention / assessment in the first instance will be forwarded /referred to this service and closed to this pathway.</b></p> <p>Pathway Clinical Lead, Coordinator and Administrator make referrals required to initiate multi-agency assessment.</p>	<p><b>MAAT assessment (s)</b></p> <p>Co-ordinated and completed within XX weeks from date of referral to diagnosis decision</p> <p>Specialist Assessments for ASD/ADHD/ Attachment Difficulties</p> <p>Post referral information collated per child by Clinical Lead and Coordination team to include: History, Observation in Nursery / School, Parental questionnaires; OT / PT / Community Paeds, SLT reports, Ed Psych Assessment, LASC.</p> <p>Summary to be prepared for review by Panel:-</p> <p><b>** Clinical Lead/ EP/ Cons. Paid/Cons Psych/ SLT / OT / ANP /Specialist Nurse / LASC</b></p> <p>Emphasis on description of need and 'support plan' not diagnosis</p> <p>Consider multi assessment days within the same location to minimise adverse impact on Child/Young Person</p> <p>Comply with NICE Guidance 170 - information from different settings support assessment eg school, home</p> <p>ADOS to be carried out, as required.</p> <p>Access to Consultant Psych. as required.</p>	<p><b>Multi-Professional Panel</b></p> <p>Discussion of findings Health/ Ed Psy / LA / Social care Assessments</p> <p>Confirm Diagnosis</p> <p>Creation of high level multi support plan agency</p> <p>Agree who will formally feedback to the family— present diagnosis,</p> <p>Respond to questions &amp; provide support plan</p> <p>Emphasis on description of need and 'support plan' not diagnosis</p> <p>Set timescales for review</p> <p>Clinical Lead and Coordination Team to keep communication links with family</p>	<p><b>Intervention, Review and Transitions</b></p> <p><b>Post Pathway Interventions - (All families will receive)</b></p> <p>Co-ordinated support by Pathway Clinical Lead</p> <p>Support Plan recommending what support can be accessed and what discussions to have with the child'd education setting and any other professionals - a phone call to those agencies who need to be involved will have preceded any written support plan./ this will have been discussed at multi agency panel - further exploration required.</p> <p>Support Plan agreed with Family- referrals made to other agencies as required.</p> <p>Information Pack - tailored resource to agreed Support Plan</p> <p><b>Outcomes</b> <b>No formal Diagnosis is given:</b></p> <p>Provision of universal or targeted services depending upon support plan.</p> <p>Referring agency will be made aware of the support plan so they are able to follow it up with the family</p> <p>Training offered as per agreed training courses available</p> <p><b>Diagnosis is given</b></p> <p><b>ADHD:</b> <i>Continued monitoring and support as per support plan by lead professional: SENCO, AHP, ANP, Nurse, LASC, HV, SN, BIT, EP ect..</i> <i>Comm Paed/ANP/Specialist Nurse review initially after 6 weeks and then to a 3 monthly review cycle</i> <i>Letter sent to GP re transition. Comm Paed/ANP/Specialist Nurse keep on caseload until safe transition to Adult services. Behaviour support in school as required, Family support service -as required</i> <i>Ongoing input by AHPs , Nurses, Education staff, etc -as required</i></p> <p><b>ASD:</b> Continued monitoring and support as per support plan</p> <p>Ongoing access to Daisy Chain, Parent Carer Forums, support systems already in place.</p> <p>Pathway Clinical Lead initiates transition to Adult services for assessment if required. Training offered as per agreed training courses available</p> <p><b>Mental Health difficulty:</b> Management by CAMHS services (dependant on risk presented)/ therapeutic intervention offered as required. Consultant -led medication management as required. Ongoing overview by Consultant or / &amp; Care-coordinator. Training offer as per agreed training courses available</p>
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this needs further work

\* Team make up and frequency is still to be determined

\*\* MAAT panel to be determined - what is listed here is who St Helen's have on their panel

# HEALTH AND WELLBEING BOARD

1<sup>st</sup> July 2019



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

**Subject:** SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) INSPECTION REVISIT AND SEND IMPROVEMENT PLAN

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## 1. PURPOSE OF REPORT

- 1.1 To share with members of the Health and Wellbeing Board the findings from the SEND revisit (Ofsted and CQC) following the SEND Inspection in 2017.
- 1.2 To share with members of the Health and Wellbeing Board the SEND improvement plan that has been submitted to Department for Education (DfE).
- 1.3 For members of the Health and Wellbeing Board to approve SEND governance arrangements.
- 1.4 For members of the Health and Wellbeing Board to understand their role in accelerating the pace of improvement and monitoring the effectiveness of local SEND arrangements.

## 2. BACKGROUND

- 2.1 The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014. This act sets out duties for all partners with a particular focus on the local authority, CCG (Clinical Commissioning Group) and education providers. From September 2014, children or young people who are newly referred to a local authority for assessment are considered under the new Education, Health and Care (EHC) plan assessment process.
- 2.2 An EHC plan details the education, health and social care support that is to be provided to a child or young person who has Special Educational Needs (SEN) or a disability. It is drawn up by the local authority in consultation with

relevant partners. The EHC plan sets out the child's needs and the extra help they should receive to meet those needs.

- 2.3 The legal test of when a child or young person requires an EHC plan remains the same as that for a statement under the Education Act 1996. Transferring children and young people with statements of SEN to EHC plans had a phased approach with all transfers having to be completed by 2018. All eligible children and young people in Hartlepool transferred to an EHC plan within the required timescale.
- 2.4 In addition, the previous 'School Action' and 'School Action Plus' categories have been replaced by a new category 'SEN support'. All transfers to this category had to take place by 2015. The children or young people identified in this category receive extra or different help from that provided as part of the school's usual curriculum. The class teacher and special educational needs co-ordinator (SENCO) may receive advice or support from outside specialists.
- 2.5 The SEND code of practice: 0 to 25 gives detailed information on the reforms. The Code of Practice provides guidance to help the Local Authority, schools, health services and social care identify children with SEN.
- 2.6 A joint local area SEND Inspection took place 3<sup>rd</sup> October 2017 – 7<sup>th</sup> October 2017. This inspection identified serious weaknesses and the local area was required to produce a written statement of action. A SEND revisit was undertaken in January 2019 to review progress against the serious weaknesses (letter attached as **Appendix A**). Inspectors were sufficiently assured in two of the areas that sufficient progress had been:
- a) Weaknesses in providing the clear and timely information, advice and support that families need.
  - b) Weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities.

However inspectors were not assured in the remaining two areas:

- c) Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities.
  - d) Weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities.
- 2.7 The local area has been required to submit an improvement plan in response to the revisit findings to the DfE (as attached **Appendix B**).

### **3. GOVERNANCE**

- 3.1 During the re-visit, inspectors raised concerns that the governance arrangements were not robust and leaders were not holding each other to account to ensure swift and timely progress on the areas of weaknesses. A review of the governance arrangements have been undertaken with a review of the terms of reference for:

- Strategic SEND Board (**Appendix C**)
- Operational SEND group (**Appendix D**)

- 3.2 Due to the cross cutting nature of SEND it is important that the Health and Wellbeing Board hold all organisations to account for the implementation of the SEND Code of Practice and delivery of the improvement plan. It is therefore proposed that the Health and Wellbeing Board is the governing board for the implementation of SEND strategy.

### **4. RISK IMPLICATIONS**

- 4.1 There is a risk that if leaders do not hold each other to account to ensure that the plan is implemented the Secretary of State will intervene.

### **5. FINANCIAL CONSIDERATIONS**

- 5.1 There are no specific financial considerations within this report.

### **6. LEGAL CONSIDERATIONS**

- 6.1 There are no specific legal considerations within this report, however all partners must ensure they are meeting their duties within the Children and Families Act 2014.

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

- 7.1 The services discussed in this report support children with additional needs.

### **8. STAFF CONSIDERATIONS**

- 8.1 There are no staff considerations within this report.

## **9. ASSET MANAGEMENT CONSIDERATIONS**

- 9.1 There are no asset management considerations within this report.

## **10. RECOMMENDATIONS**

- 10.1 That members of the Health and Wellbeing Board note the SEND revisit findings and the SEND improvement plan.
- 10.2 That members of the Health and Wellbeing Board approve the revised SEND governance arrangements with the Health and Wellbeing Board being the overarching governing body holding all partners to account. This includes terms of reference for Operational and Strategic SEND groups.
- 10.2 That members of the Health and Wellbeing Board reflect on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.

## **11. REASONS FOR RECOMMENDATIONS**

- 11.1 To ensure that children with SEND are appropriately supported.

## **12. BACKGROUND PAPERS**

SEND Code of Practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

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4 March 2019

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Civic Centre  
Hartlepool  
TS24 8AY

Nicola Bailey, Clinical Commissioning Group Chief Officer  
Danielle Swainston, Local Area Nominated Officer

Dear Ms Robinson

### **Joint local area SEND revisit in Hartlepool**

Between 21 and 23 January 2019, Ofsted and the Care Quality Commission (CQC) revisited Hartlepool to decide whether the local area has made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) issued on 10 October 2016.

As a result of the findings of the initial inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) determined that a written statement of action was required because of significant areas of weakness in the local area's practice. HMCI determined that the local authority and the area's clinical commissioning group (CCG) were jointly responsible for submitting the written statement to Ofsted. This was declared fit for purpose on 12 April 2017.

**Inspectors are of the opinion that local area leaders have not made sufficient progress to improve each of the serious weaknesses identified at the initial inspection.** This letter outlines our findings from the revisit.

The inspection was led by one of Her Majesty's Inspectors from Ofsted and a Children's Services Inspector from CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders and staff about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

## Main findings

### ■ Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities.

There has been significant improvement in the proportion of education, health and care (EHC) assessments which are completed within the statutory 20-week timescale. The quality of professional advice provided by some health practitioners, such as speech and language therapists, has also improved. However, the quality of EHC assessments and plans is not checked systematically by local area leaders. As a result, the specificity of education, health and care provision in plans remains too variable and the outcomes continue to be neither measurable nor meaningful for too many children, young people and families. Weaknesses in improvement plans together with a lack of systematic checks on the impact of actions has held back the local area's progress. Governance of the local area's response to this significant weakness has not had the focus and urgency needed to keep the partnership's actions on track. **The local area has not made sufficient progress in addressing this area of significant weakness.**

### ■ Weaknesses in providing clear and timely information, advice and support for children, young people and families.

Local area leaders are striving to work more closely with parents and carers in Hartlepool. The parent and carer forum (PCF), 'one Hart, one mind, one future', has had a high-profile and influential role in helping local area leaders to understand better the experience of children and young people with SEND and their families. Local area leaders and the PCF have worked proactively to find solutions to several difficulties experienced by children, young people and families. This has led to improvement in some individual specialist services for children and young people with SEND aged 0 to 25. Hartlepool's special educational needs and disabilities information, advice and support service (SENDIASS) is highly valued by families. **The local area has made sufficient progress in addressing this area of significant weakness.**

### ■ Weaknesses in the joint commissioning of services for children and young people who have special educational needs and/or disabilities.

The local partnership has a clear intent to jointly commission services in a way which is more responsive to the needs of children and young people with SEND. Although some services are beginning to be commissioned in a more integrated way, the local area's progress in tackling this significant weakness has been too slow. In part, this is because local area leaders do not have a detailed or comprehensive enough understanding of the needs of children and young people with SEND and their families. It is also because leaders do not systematically check how effectively services are working together to meet the needs of children, young people and families. Importantly, current improvement plans and governance arrangements are not providing the focus and urgency needed to achieve improvement in joint commissioning at a suitably fast pace. **The local**

**area has not made sufficient progress in addressing this area of significant weakness.**

■ **Weaknesses in the monitoring of the effectiveness of services in improving outcomes for children and young people who have special educational needs and/or disabilities.**

Local area leaders have worked tenaciously on the development of a meaningful approach to measuring and evaluating the outcomes achieved by children and young people with SEND. Although incomplete at this stage, local area leaders are beginning to use this approach to commission services in a way which focuses on the difference they will make to a child, young person or family. This is already leading to improvements in the support some children and young people with SEND receive, for example to prepare them for employment and independent living. **The local area has made sufficient progress in addressing this area of significant weakness.**

As leaders of the local area have not made sufficient progress against all the weaknesses identified in the written statement, it is for the DfE and NHS England to decide the next steps. This may include the Secretary of State using his powers of intervention. Ofsted and CQC will not carry out any further revisits unless directed to do so by the Secretary of State.

Yours sincerely

Nick Whittaker  
**Her Majesty's Inspector**

<b>Ofsted</b>	<b>Care Quality Commission</b>
Cathy Kirby HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Nick Whittaker HMI Lead Inspector	Lee Carey CQC Inspector

cc: Department for Education  
Clinical commissioning group  
Director Public Health for the local area  
Department of Health  
NHS England



## **Hartlepool SEND Improvement Plan April 2019**

### **Appendix B**

A joint local area inspection of Hartlepool's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND) took place in October 2016. This inspection identified four areas of significant weakness which were detailed in a written statement of action (WSOA). The local area jointly submitted an action plan to tackle the areas of weakness which was declared fit for purpose by Ofsted on 24 April 2017.

The local area convened an Improvement Board that oversaw the implementation of the action plan which made some positive progress to deliver the required improvements. In January 2019, Ofsted and the Care Quality Commission revisited Hartlepool to assess whether the local area had made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action. During the revisit, inspectors found that we had not made sufficient progress in two of the four areas included in the Written Statement of Action, although acknowledged that we had undertaken significant work in tackling these outstanding issues. During the revisit, the inspectors told us that our governance arrangements were not robust enough as our SEND Improvement Board, established in February 2017, had responsibility for delivering the improvements as well as holding ourselves to account on the effectiveness of this. This resulted in a lack of progress in the two areas:

- Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities; and
- Weaknesses in the joint commissioning of services for children and young people who have special educational needs and/or disabilities.

As a consequence of the insufficient progress made in the above detailed areas of weakness, a further, more rigorous improvement plan has been produced to accelerate the pace of change to tackle these two outstanding weaknesses.

The Hartlepool local area is committed to delivering this plan to improve the quality of services provided to children and young people with special educational needs and disabilities, ensuring their needs are identified and assessed in a timely way and the arrangements for joint commissioning are substantially improved resulting in a more responsive service.

The timescales detailed within this action plan will be monitored by a newly formed Strategic Group of accountable officers who will receive six weekly reports from the Operational Group and in turn be accountable to the Hartlepool Health and Wellbeing Board. Within 12 months, the Health and Wellbeing Board will have received the report of a Local Government Association Peer Review which will demonstrate that the improvement plan has been delivered and the local area has implemented the necessary improvements to the quality of services to children and young people with Special Educational Needs and / or Disabilities.

# Hartlepool SEND Improvement Plan

## April 2019

### Appendix B

<b>Weakness to be addressed:</b> System governance for delivery of SEND services for the children and young people of Hartlepool.									
<b>We will know this is working well when:</b> The effectiveness of the local system is held to account by itself and internal and external scrutiny									
Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status	By 30/09/19	Status	By 31/03/20	Status
<p>The governance arrangements provide effective strategic and operational accountability.</p> <p>Clearly identified action plan to deliver improvements with robust accountability and reporting arrangements.</p> <p>Local area leaders are sighted on delivery of this improvement plan and hold those working within the system to account to achieve the required improvements.</p> <p>Local leaders take swift action to address barriers, delays or systemic issues that impact on progress.</p> <p>Strategic leaders are individually responsible for the implementation of this improvement plan within their own organisation and escalate risk to their own internal governance. Collectively HWB board will hold strategic leaders to account for the delivery of this plan.</p>	<p>Implement revised governance arrangements for local area SEND ensuring there is clear understanding of accountability and governance across all stakeholders.</p> <p>Workstreams produce 6 weekly reports which track progress, milestones, issues and risks for strategic group. Strategic group will be responsible for tracking progress against milestones within this action plan and taking remedial action where these are not achieve.</p>	<p>Local governance arrangements hold all organisations to account for the delivery of the SEND Strategy and the improvement of performance including related outcomes for children and young people with SEND.</p> <p><b>Evidence by: Minutes of meetings and action logs demonstrating timely discussions and monitoring of the plan</b></p> <p>Children, young people, parents, family members and carers will understand how the system is working to deliver SEND services and improvements.</p> <p>Children, young people, parents and carers will feel that the system works for them and shape and design the development of services.</p> <p>Children, young people and parents/ carers will provide feedback on the effectiveness of the local arrangements leading to evaluation and continuous improvement.</p> <p><b>Evidence by: Parents and Carer representation attend strategic/decision making meetings. Minutes of governance meetings.</b></p>	<p>Director of Children's and Joint Commissioning Services</p> <p>HAST CCG Director for Childrens Services</p> <p>Chair of Health and Wellbeing Board</p> <p>Chair of One Hart, One Mind, One Future (PCF)</p> <p>HeadTeacher representative</p>	<p>New governance arrangements in place:</p> <ol style="list-style-type: none"> <li>1. Separation of current Improvement Board into distinct Operational and Strategic functions.</li> <li>2. Revised Terms of Reference in place outlining lines of accountability including to Health and Wellbeing Board.</li> </ol> <p>First Progress Report presented to strategic group.</p> <p>All organisations understand the challenges and need for accelerated progress and understand their role in delivering this action plan.</p> <p>Local balanced scorecard produced which details performance measures of compliance, impact and effectiveness.</p>		<p>Health and Wellbeing Board holds challenge session to review the effectiveness of new governance arrangements in ensuring all partners are fulfilling their responsibilities to deliver this improvement plan and system change.</p> <p>Second Progress Report presented to Health and Wellbeing Board, CCG Exec/Governing Body and LA committees. Any risks escalated to Audit and Governance Committee.</p> <p>Balance scorecard shows improvements in performance.</p> <p>Findings from audits of EHC Plans received by strategic group identifying areas of strength and areas for improvement and actions required to tackle these.</p>		<p>One year on report presented to Health and Wellbeing Board demonstrates areas of weakness fully addressed and significantly improved performance in compliance, impact and outcomes.</p> <p>Peer review completed and findings presented to Health and Wellbeing Board confirming Improvement Plan delivered.</p> <p>Systems improvement embedded business as usual in good performing local area.</p>	

# Hartlepool SEND Improvement Plan

## April 2019

### Appendix B

<b>Weakness to be addressed:</b> Limited and inconsistent assurance around the timeliness, quality and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities									
<b>We will know this is working well when:</b> Local area effectively identifies and assesses children and young people with SEND through timely high quality and effective plans that lead to improved outcomes									
Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status	By 30/09/19	Status	By 31/03/20	Status
<p>80% of EHC Plans completed within 20 week timescale.</p> <p>For those not completed within timescales this is Identified at the earliest possible opportunity and based on the best interests of the child and family.</p> <p>Performance in relation to timeliness of assessments is rigorously monitored by strategic group and reported to the HWB and action taken where the above two actions have not been met.</p>	<p>Strategic group to receive report on the baseline position and 6 weekly thereafter in relation to timeliness and compliance. These reports will also include an analysis of reasons for non-compliance and remedial action being undertaken.</p> <p>Performance report to be shared with all partners and a system action plan developed to address barriers impacting on compliance.</p> <p>A review of the SEND training offer to be completed and updated to address any workforce development needs based identified areas for improvement.</p> <p>Workforce development plan with named lead facilitators to be published on Local Offer with strategic partners identifying key staff within their organisations to attend.</p>	<p>An increase in the completion in high quality effective EHC plans within statutory timescales</p> <p>Strategic group has accurate and real time performance information to address areas for improvement within individual organisations and across system</p> <p>Well trained and skilled workforce that understands its role within the EHC Plan process and consistently provide high quality information in a timely manner that leads to good plans being developed within timescales that meet need.</p> <p><b>Evidence by: Balance scorecard including parental satisfaction</b></p>	<p>Head of SEND, HBC</p> <p>Director of Nursing North Tees and Hartlepool NHS Foundation Trust</p> <p>School reps - SENDCO from each school cluster</p> <p>Locality Manager (CAMHS) Tees Esk and Wear Valley NHS Foundation Trust</p> <p>Local area operational group</p>	<p>Baseline report and action plan on timeliness and compliance outlining performance on an individual agency basis considered by strategic group.</p> <p>SEND training offer reviewed and dates set throughout the year for the roll out of the revised workforce development plan.</p> <p>Workforce development plan identifies targeted staff who need to participate in training.</p>		<p>70% of EHC plans completed within 20 week timescale</p> <p>6 weekly reports received by strategic group</p> <p>40% of identified practitioners have engaged in SEND workforce development programme.</p> <p>Workforce development offer evaluated based on feedback from participants and improvements identified.</p> <p>Parental satisfaction survey undertaken</p>		<p>80% of EHC Plans completed within 20 week timescale.</p> <p>100% of identified practitioners participated in SEND workforce development programme.</p> <p>Workforce development programme continuously updated as per feedback from participants and established as within core workforce development offer to staff.</p>	

## Hartlepool SEND Improvement Plan April 2019

## Appendix B

<p>EHC plans are of high quality and are effective leading to improved outcomes for children and young people with SEND</p>	<p>Undertake a piece of work to identify best practice regionally and nationally in EHC plans using PCF and their networks to identify excellence.</p> <p>Define and develop a quality audit tool against which to understand baseline of local performance and improvements required. Implement quarterly audit activity which will be reported within balanced scorecard to strategic group and HWB.</p> <p>Delivery of audit improvement plan to meet identified areas of concern to drive continuous improvement in the quality of EHC plans.</p>	<p>All Hartlepool EHC Plans are legally compliant.</p> <p>EHC plans are consistently of a high quality individualised and meet needs the child / young person.</p> <p>All EHC Plans are outcome focused with SMART objectives to enable impact to be measured.</p> <p>SMART objectives are based upon stretch targets for the individual child / young person.</p> <p>Language used within the plan enables clarity of understanding by child / young person / family / carer / professionals. Ensuring that specialist advice and guidance within plans are of high quality and accessible to families.</p> <p><b>Evidence by: Balance scorecard audit activity which shows improving picture.</b></p>	<p>Head of SEND, HBC</p> <p>Assistant Director, Education, HBC</p> <p>Director of Nursing North Tees and Hartlepool NHS Foundation Trust</p> <p>Locality Manager (CAMHS) Tees Esk and Wear Valley NHS Foundation Trust</p> <p>Local area operational group</p>	<p>Best practice identified and benchmark set</p> <p>Quality assurance tool devised and date set for first audit.</p> <p>Multi-agency quality assurance cycle established, date set for first audit and audit team identified including representatives from PCF.</p>		<p>Two audit days completed.</p> <p>Report of audit findings prepared including plan to address of areas for improvement.</p> <p>Report presented to Strategic Group and HWB</p> <p>Audit activity evidences improvement in quality of plans. Target: &gt; 60 %judged good or better</p> <p>DfE SEND Professional adviser to moderate audit findings and reports and advice local area to add value.</p> <p>Parental satisfaction survey in partnership through PCF</p>		<p>LGA Peer Review completed of the local area SEND arrangements including a case review of the timeliness, quality and effectiveness of EHC plans.</p> <p>LGA Peer Review report presented to HWB</p> <p>Audit activity evidences improvement in quality of plans. Target: &gt; 80 % judged good or better</p>	
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# Hartlepool SEND Improvement Plan

## April 2019

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<p><b>Weakness to be addressed:</b> Weaknesses in the joint commissioning of services for children and young people who have SEND.</p> <p><b>We will know this is working well when:</b> We have a detailed and comprehensive understanding of the needs of children and young people with SEND and their families. Services are commissioned in a more integrated way and working together effectively to meet need.</p>									
Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status	By 31/09/19	Status	By 31/03/19	Status
To understand current and projected need of children and young people with SEND.	<p>A systematic review of all available data which will include prevalence data, analysis and forward projection of needs of the SEND population.</p> <p>Joint Strategic Needs Analysis will detail an evidence based robust needs analysis of the local area's SEND population</p> <p>A sufficiency assessment will be prepared based on refreshed JSNA. This will identify gaps in service provision and areas where services need to be developed, wherever possible, through a joint commissioning approach.</p>	<p>The JSNA and sufficiency assessment will provide local leaders with an understanding of need and the gaps in service provision to allow for the effective joint planning and commissioning of services.</p> <p>The sufficiency assessment will identify specific service areas that require review and/or re-commissioning and /or decommissioning. These areas will be addressed within the joint commissioning strategy.</p> <p><b>Evidenced by: Sufficiency assessment published JSNA refreshed Joint commissioning plan that is SMART</b></p> <p>Local area will jointly commission services for children and young people with SEND that have high levels of user satisfaction.</p> <p><b>Evidenced by: CYP families report they are satisfied with services provided.</b></p>	<p>Assistant Director, Joint Commissioning, HBC</p> <p>Head of Commissioning and Strategy, CCG</p> <p>Director of Public Health</p> <p>Schools</p> <p>Parent Carer Forum</p>	<p>Consultation to inform needs assessment and potential joint commissioning opportunities with all schools</p> <p>Accurate local Information provided, collated and analysed and shared with strategic group</p> <p>Updated qualitative JSNA completed</p>		<p>Needs assessment, sufficiency assessment and draft joint commissioning strategy presented to Strategic Group and Health and Wellbeing Board</p>		<p>Year 1 priorities services jointly commissioning and commenced delivery</p> <p>First quarter contract information presented to Health and Wellbeing Board</p> <p>Health and Wellbeing board receives a progress report against the joint commissioning plan</p>	
To jointly commission services that meet the needs for children and young people with SEND and their families	<p>Review TOR for joint commissioning workstream</p> <p>Develop and implement local area Joint commissioning Strategy and three</p>	<p>Partners are jointly commissioning services based on needs and priorities.</p> <p><b>Evidenced by: Commissioning Strategy approved and published</b></p>	<p>Assistant Director, Joint Commissioning, HBC</p> <p>Head of Commissioning</p>	<p>Revised Terms of Reference for joint commissioning workstream in place</p> <p>Joint Commissioning workstream has met and developed timeline for</p>		<p>Draft joint commissioning strategy approved by Health and Wellbeing Board</p>		<p>Year 1 priorities services jointly commissioning and commenced delivery</p>	

## Hartlepool SEND Improvement Plan April 2019

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	<p>year plan which identifies agreed priorities between education, health and Local Authority.</p> <p>Develop and implement system wide reviews of service provision across health, education and social care.</p>	<p><b>Commissioning plan approved and published</b></p> <p>There is a mechanism for addressing the commissioning requirements needed to deliver the Joint Commissioning strategy and action plan. <b>Evidenced by:</b> <b>Action logs of operational group</b></p> <p>The joint commissioning strategy and plan is co-produced by Children, young people and their families <b>Evidenced by:</b> <b>Commissioning process paperwork</b> <b>PCF minutes</b> <b>Operational strategic group minutes</b></p>	<p>and Strategy, CCG</p> <p>Head of Strategic Commissioning, (Childrens), HBC</p> <p>Director of Public Health</p>	development and implementation of strategy		System wide review of service provision has commenced.		<p>First quarter contract information presented to Health and Wellbeing Board</p> <p>Health and Wellbeing board receives a progress report against the joint commissioning plan.</p> <p>System wide review of service provision has been completed and presented to HWB.</p> <p>All redesigned and or commissioned services for children and young people with SEND will have a positive impact on outcomes</p>	
Measure the impact of the effectiveness of services in improving outcomes for children and young people with SEND.	<p>Refine and conclude the implementation of our approach to evaluating and measuring outcomes.</p> <p>Strengthen the review process in measuring the impact of the plan in improving outcomes for children and young people.</p>	<p>Children experience improved outcomes from the implementation of effective EHC plans</p> <p>Local leaders know if services are making a positive impact on the lives of children, young people with SEND and their families. If children are not making expected progress local leaders understand why and work together to address system issues.</p> <p>All services for children and young people with SEND will have a positive impact on outcomes.</p> <p><b>Evidenced by:</b> <b>Balanced scorecard reports to strategic group and HWB.</b></p>	<p>Operational group</p> <p>Strategic group</p>	<p>Pilot within SLT and Education completed and outcomes framework refined from findings of pilot.</p> <p>Develop an outcomes star to show progress of children and young people with SEND.</p>		<p>Implement outcomes star</p> <p>Commence roll out of outcomes framework starting with Physio, OT and social care with review processes in place (SLT and education to continue)</p> <p>Reporting template developed and impact and outcomes reported to strategy group</p>		<p>Outcomes star and outcomes framework fully implemented across all services and report of impact presented to HWB</p> <p>Outcomes framework embedded within balanced scorecard.</p>	

## **TERMS OF REFERENCE**

### **SEND Strategic Group**

#### **1. Governance**

Reports to Hartlepool Health and Wellbeing Board.

#### **2. Purpose of the group:**

- Promote effective multi agency working to improve the lives of children with SEND identifying and removing barriers to progress
- Share and co-own the vision for how the achieve improved outcomes for children with SEND
- Identify opportunities for jointly commissioned services
- Monitor the delivery of the SEND strategy against stipulated timescales and take remedial action where necessary
- Collaborate and promote co-operation and integration across services to improve outcomes for children with SEND
- To hold the operational group accountable for the implementation of the strategy and plan
- To receive and scrutinise the balanced scorecard and evaluate the impact of services on improving outcomes across Hartlepool for children with SEND
- Ensure the Code of Practice is followed across the partnership
- Scrutinise the quarterly reports on learning activity presented to them by the operational group
- Provide further challenge where necessary when seeking assurance, evidencing impact and improvement

#### **3. Membership**

- Director of Children's Services (HBC)
- Children's Lead (HAST CCG)
- Chair of 1 Hart, 1 Mind, 1 Future
- Mainstream school representative
- Special school representative

#### **4. Relationship with Health and Wellbeing Board**

Impact reports will be presented to the Health and Wellbeing Board quarterly.

Completed: June 2019

Review: June 2020





## **TERMS OF REFERENCE**

### **SEND Operational Group**

#### **1. Governance**

Reports to the SEND Strategic Group which reports to Health and Wellbeing Board.

#### **2. Purpose of the group:**

- To complete SEND JSNA and sufficiency assessment
- Based on SEND JSNA identify priorities develop SEND Strategy
- To develop and implement SEND Strategy and Improvement Plan
- To work with children, young people and parents/carers to co-produce and deliver the strategy and action plan
- To establish task and finish Groups to meet objectives in the strategy
- To review government policy / practice guidance to inform organisations in their practice
- To ensure that organisations co-ordinate their services effectively to deliver a seamless service for children with disabilities and their families
- To co-ordinate work in task and finish groups as required to implement the strategy and plan
- To identify best practice and work across the partnership
- To develop quality assurance framework and implement quality assurance activities and report on impact to strategic group
- To regularly review and update the local offer
- To review SEND Information, Advice and Support Service and monitor effectiveness of this service

#### **Relationship with strategic group**

- Provide regular performance and monitoring reports to the SEND strategic group to report on progress against plan and milestones
- Highlight areas of challenge/ barriers to progress and implementation of the strategy/ plan

### **3. Membership**

- Assistant Director, Children's Services (HBC) CHAIR
- Head of Service SEND (HBC)
- Strategic Commissioner Children's Services (HBC)
- Head of Commissioning and Strategy (HAST CCG)
- 1 Hart / 1 Mind / 1 Future Parent rep
- School reps x 4 (per cluster)
- Health Improvement Practitioner (HBC)
- North Tees and Hartlepool NHS Foundation Trust
- CAMHS Manager (Tees Esk and Wear Valley NHS Trust)
- IASS (Information, Advice and Support Services) Lead
- Principal Educational Psychologist (HBC)
- Team Manager, Children with disabilities (HBC)

### **4. Responsibilities of the members of the group**

It is the responsibility of the individual representatives to:

- Ensure that they represent the views of their organisation in the development and review of the strategy and action plan.
- Ensure they are accountable, on behalf of their organisation, for the delivery of the strategy and action plan and key tasks allocated within these documents.
- Ensure that they share responsibility of implementation of the plan.
- Provide timely updates as required within the implementation.

Completed: June 2019

Review: June 2020

# HEALTH AND WELLBEING BOARD

1 July 2019



**Report of:** Director of Adult & Community Based Services

**Subject:** BETTER CARE FUND 2018/19: Q4 PERFORMANCE UPDATE

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## 1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on 2018/19 Q4 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 Q3 return (covering the period October – December 2018) was submitted in late January 2018 and confirms that all national conditions continue to be achieved, as well as providing analysis of performance data, which is summarised below.
- 3.2 In relation to performance measures:
- 3.2.1 Permanent Admissions to Residential and Nursing Care Homes  
The 2017/18 target for permanent admissions to care homes was met (with 147 admissions against the target of 148). This 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.

Data for Q4 indicates that the target has been achieved again in 2018/19 with 130 admissions against the target of 148 (a further 12% reduction in admissions in the last year).

Work will continue to promote services that offer alternatives to 24hr care, including assistive technology, housing related support, extra care, domiciliary care, personal budgets and support for carers.

### 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 percentage of people achieving this target in Q4 was 85.8%, a significant improvement on performance in the previous year which means that the target was 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.

Performance continues to be monitored performance on a monthly basis along with 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)

New DToC targets were imposed on all localities from October 2018 using actual performance in Quarter 3 of 2017/18 as a baseline. For Hartlepool this meant an increase in the target from the previous year and gave a more realistic but still ambitious target to aim for.

Q3 and Q4 saw new national targets introduced, which represented a significant increase on Q1 and Q2 targets; the Q4 target was 810 delayed days. The more challenging target has coincided with a significant improvement in performance and data indicates that, as well as the Q3 target being achieved, the target was also met in Q4 with 353 days delayed against the target of 810.

This is a dramatic improvement in performance compared to recent years and evidences the success of work that has been undertaken across the health and social care system to:

- build on the success of the Integrated Discharge Team;
- further develop Trusted Assessor approaches;
- support care homes to ensure sustainability in the local care market; and
- develop a discharge pathway that enables Continuing Health Care 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 CCG Annual Plans. The indicator was not achieved in Q1 and Q2 but in Q3 there were 3,428 admissions against a target of 3,444, meaning that the target was achieved. Data for Q4 indicates that there were 3,645 NEL admissions in this period against the Q4 target of 3,469, therefore the indicator was not achieved and as a result the annual number of NEL admissions was above plan.

Over 2018/19 Hartlepool locality has seen an increase in NEL activity of 7.8%. This position is mirrored across other localities in the CCG area and across the country, and increasing NEL activity is a challenge for all systems.

It is positive to note that the increase in NEL admissions for the over 65 age range (where BCF can impact) is only 6.1% and therefore reflects the impact of a range of BCF funded services that support care homes, including enhanced pharmacy support and a training and education programme.

## 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:

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

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

## 6. LEGAL CONSIDERATIONS

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

## **7. CHILD AND FAMILY POVERTY CONSIDERATIONS**

7.1 None identified.

## **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

8.1 None identified.

## **9. STAFF CONSIDERATIONS**

9.1 No staff considerations have been identified.

## **10. ASSET MANAGEMENT CONSIDERATIONS**

10.1 No asset management considerations have been identified.

## **11. RECOMMENDATION**

- 11.1 It is recommended that the Health and Wellbeing Board
- retrospectively approves the Hartlepool Better Care Fund Q4 return; and
  - notes the current positive position in relation to performance, with three of the four key indicators and a dramatic improvement in delayed transfers of care achieved.

## **12. REASON FOR RECOMMENDATION**

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

## **13. CONTACT OFFICER**

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