

PLEASE NOTE CHANGE OF TIME

HEALTH AND WELLBEING BOARD AGENDA



9 March 2020

at 2.00pm

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 David Gallagher

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 – Superintendent Sharon Cooney

Representative of GP Federation – Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – 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 2 December 2019



PLEASE NOTE CHANGE OF TIME

4. ITEMS FOR CONSIDERATION

- 4.1 Local Community Wealth Building – *Director of Finance and Policy*
- 4.2 “A Health Care System That Works for All Children” – Policy Paper from ADCS - *Director of Children’s Services and Joint Commissioning Services*
- 4.3 Update following the Health and Wellbeing Board Workshop on 6 November 2019 – *Director of Public Health*
- 4.4 Corporate Strategy 2020-2025 – *North Tees and Hartlepool NHS Foundation Trust*
- 4.5 NHS Five Year Operational Plan 2019/20 – 2023/24 – South Integrated Care Partnership – *Head of Planning and Assurance, Tees Valley CCGs*
- 4.6 Verbal Update - Development of Neurodevelopmental Pathway
- 4.7 SEND (Special Educational Needs and Disabilities) Improvement Plan Progress and Send Strategy - *Director of Children’s and Joint Commissioning Services and Stockton-on-Tees Clinical Commissioning Group*
- 4.8 Better Care Fund Update – *Director of Adult and Community Based Services*
- 4.9 Pharmaceutical Needs Assessment (PNA) 2018 – Supplementary Statements – *Director of Public Health*
- 4.10 Pharmaceutical Needs Assessment Review - *Director of Public Health*
- 4.11 Verbal Update - Coronavirus – *Director of Public Health*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – to be confirmed.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

2 December 2019

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

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillor Brewer (as substitute for Councillor Buchan), Councillor C Richardson (as substitute for Councillor Thomas) and Councillor Ward

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and Alex Sinclair (as substitute for Nicola Bailey)

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

Representatives of Healthwatch - 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 – Lisa Orchard

Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath

Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Hall

Also in attendance:-

Rachel Austin, Co-ordinator, Hartlepool Deaf Centre

Dave Pickard, Independent Chair, Hartlepool Safeguarding Children Board

Stephen Thomas, Healthwatch

Councillor Harrison

20. Apologies for Absence

Elected Members, Councillor Buchan and Councillor Thomas (who was in attendance as an employer of Healthwatch)

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

Representative of GP Federation – Fiona Adamson

Representatives of Healthwatch - Margaret Wrenn

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

21. Declarations of interest by Members

Dr Timlin declared an interest in agenda item 4.1, as a GP in the town.

22. Minutes

The minutes of the meeting held on 23 September 2019 were confirmed.

23. Healthwatch Hartlepool and Hartlepool Deaf Centre Joint Deaf Patient Experience Consultation – Update – *(Healthwatch Hartlepool and Hartlepool Deaf Centre)*

Further to minute 13 of the meeting of the Board held on 14 September 2018, the Board was informed of progress against recommendations made in the Joint Healthwatch Hartlepool/Hartlepool Deaf Centre report which had examined Deaf patient experience of local GP and Hospital based services.

The update report was presented at the meeting by Stephen Thomas representing Healthwatch and Rachel Austin, Co-ordinator, Hartlepool Deaf Centre who explained the background to the report and responded to questions raised by Board Members arising from the report. It was acknowledged that inconsistencies across GP practices continued to exist and issues associated with the insufficient availability of interpreters were discussed. The Board was updated on discussions which had been held with NHS England including issues associated with commissioning of services and existing contract arrangements. The representative of NHS England responded to the concerns which had been raised and advised that he would meet up with Rachel Austin following the meeting. The Board was advised that access to social care services was subject to an ongoing work through the sensory impairment steering group, co-ordinated by Hartlepool Borough Council with a report from the Group expected to be available in the new year.

Decision

The Board noted the contents of the Update Report and the issues raised in the meeting, arising from the report, to address outstanding areas of concern identified in the delivery and commissioning of services for Deaf Patients.

24. Annual Report of Local Safeguarding Children Board – *(Director of Children's and Joint Commissioning Services and Independent Chair of Hartlepool Safeguarding Children Board)*

The Board was advised that it is a legal requirement for the Local Safeguarding Children Board to produce and publish an Annual Report on the effectiveness of safeguarding arrangements in the local area. The 2018-19 Annual Report, appended to the Board report, provided an assessment of the

effectiveness of local arrangements to safeguard and promote the welfare of children, set against a comprehensive analysis of the local area safeguarding context. The Independent Chair highlighted the salient issues included in the report and paid tribute to the contribution of the HSCB Business Manager. The achievements and the progress that had been made in the local areas were detailed as well as providing a realistic assessment of the challenges that remained. It was noted that the Annual Report and Business Plan supported the outcomes and priorities of Hartlepool Safeguarding Children Board for the year 2018/19 which were detailed in the report. It was noted that this would be the final LSCB Annual Report presented to the Board as the Hartlepool and Stockton Safeguarding Children Partnership came into being on 1 April 2019.

Decision

The Board noted the 2018/19 Annual Report of Hartlepool Safeguarding Children Board and the Chair expressed appreciation of the comprehensive Annual Report presented to the Board.

25. SEND (Special Educational Needs and Disabilities) Improvement Plan Progress *(Director of Children's and Joint Commissioning Services and Stockton-On-Tees Clinical Commissioning Group)*

Further to minute 17 of the meeting of the Board held on 23 September 2019, Board Members were advised that a review meeting had taken place with the Department for Education on the 30th September 2019. The updated Improvement Plan was appended to the report. The Plan had been updated to reflect the position at the end of September 2019 in accordance with the milestones within the plan. A letter had been received following the review meeting which was also appended to the report. Actions within the plan had been reviewed with the areas of particular attention highlighted in the report. The balanced scorecard had been produced, as was appended to the report, which set out a 2018/19 academic year baseline position. The baseline position would be updated on a termly basis and reported to the Health and Wellbeing Board. The Assistant Director advised the Board that the JSNA (Joint Strategic Needs Assessment) which had been produced would be circulated to Board Members following the Board meeting. Board Members were requested to forward comments to the Assistant Director who would co-ordinate responses.

Referring to the appended letter from the Department for Education, the Board was advised that there appeared to have been some misinterpretation resulting in the identification of a potential concern relating to risk around levels of capacity and commitment as a result of recent staff changes, the structure of the CCG and other issues. A representative of the Clinical Commissioning Group advised that it would be clarified that there had been an increase in capacity as a consequence of the changes detailed in the letter.

Decision

- (i) The Board noted the progress achieved in implementing the SEND improvement plan.
- (ii) Members of the Health and Wellbeing Board were requested to reflect on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.
- (iii) Board members considered the SEND JSNA.

Meeting concluded at 10.55 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

9th March 2020



Report of: Director of Finance and Policy

Subject: LOCAL COMMUNITY WEALTH BUILDING

1. PURPOSE OF REPORT

- 1.1 To provide the Board with some background information on Local Community Wealth Building.

2. BACKGROUND

- 2.1 Community Wealth Building is an approach, developed initially by the Democracy Collaborative in the United States of America which aims to ensure the economic system builds wealth and prosperity for everyone. The concept in the UK has four main elements:

- (1) Existing Wealth. Harnessing the power of the money that anchor institutions (such as the Council, Universities, Emergency Services etc.) are spending on procuring goods and services. Aiming to localise as much of that spend as possible, securing investment in local supply chains and improving local economic competitiveness.
- (2) Workforce. Maximising the benefits of investment in staff by building a skilled and committed workforce and providing an exemplar to local businesses. Paying at least the Living Wage to all employees and encouraging staff to spend local and save local, including through Credit Unions.
- (3) Land, Property and Investments. Using anchor institution assets to lever in additional investment, to encourage the development of new businesses and support new methods of financial intermediation. To consider asset transfer to community or private sector interests where this best serves the interests of the wider community.
- (4) Economic democracy. Supporting the growth of alternative models of economic governance which give citizens greater investment in and control over their economic future. This can mean the development of new co-operatives as well as other ways of helping people feel ownership of assets and decision-making processes.

3. LOCAL COMMUNITY WEALTH BUILDING IN HARTLEPOOL

- 3.1 Hartlepool Borough Council has been working with the Centre for Local Economic Strategies (CLES) and the Wharton Trust to explore what a community wealth building strategy could look like in Hartlepool. **Appendix 1** sets out the findings from an early exploratory piece of work with a selection of anchor institutions in Hartlepool.
- 3.2 Following the production of the report a workshop and a number of briefings have been held with a wider set of institutions to discuss the potential for rolling out a community wealth building approach across Hartlepool.
- 3.3 Following these sessions it was agreed that CLES and the Wharton Trust would be invited to attend the Health and Wellbeing Board to deliver a presentation on Local Community Wealth Building and explore how other partners can get involved in the development of a Hartlepool approach.

4. OTHER CONSIDERATIONS

Risk Implications	No relevant issues
Financial Considerations	No relevant issues
Legal Considerations	No relevant issues
Consultation	No relevant issues
Child/Family Poverty Considerations	No relevant issues
Equality and Diversity Considerations	No relevant issues
Section 17 of The Crime And Disorder Act 1998 Considerations	No relevant issues
Staff Considerations	No relevant issues
Asset Management Considerations	No relevant issues

5. RECOMMENDATIONS

- 5.1 It is recommended that Members note the report and consider how they can get involved in the development of a Hartlepool approach to Local Community Wealth Building.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To inform Members of the progress made relating to local community wealth building.

7. BACKGROUND PAPERS

7.1 None.

8. CONTACT OFFICER

8.1 Chris Little
Director of Finance and Policy
Email chris.little@hartlepool.gov.uk
Tel: 01429 523002

Community Wealth Building in Hartlepool



Community Wealth Building in Hartlepool

Paper for information

Health and Wellbeing Board, 9th March 2020

Safer Hartlepool Partnership, 20th March 2020

Presented by CLES, March 2020

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Note to board – For information

The Centre for Local Economic Strategies (CLES) and the Wharton Trust have been working with Hartlepool Borough Council to explore what a community wealth building strategy would look like in Hartlepool.

The Wharton Trust commissioned CLES in 2019, with resources from their Power to Change Empowering Places investment, to support an exploratory piece of work around community wealth building with a selection of anchor institutions in Hartlepool. This findings of this 2019 research are presented in the paper below. We have subsequently held a workshop and a number of briefings with a wider set of institutions to discuss the potential for rolling out a community wealth building approach across Hartlepool.

It was agreed that implementing such an approach would require spaces to work together and collaborate that do not currently exist, and that we would start this process by convening a series of exploratory workshops. This series of workshops with those working in the areas of procurement & commissioning, human resources & employment and land & assets within Hartlepool will allow these staff to come together to explore and share good practice and the potential for closer working and a shared community wealth building strategy.

We are now inviting **procurement & commissioning** staff from the wide range of anchor institutions in Hartlepool to an exploratory workshop on:

- **Wednesday 25th March 2020, 2-4pm, Hartlepool Borough Council**

Exploratory workshops with staff working in human resources & employment and land & assets will be held later this spring/early summer and dates will be circulated when they are confirmed.

Many thanks

CLES, Wharton Trust & Hartlepool Borough Council



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1. Introduction

The Wharton Trust commissioned the Centre for Local Economic Strategies (CLES), with resources from their Power to Change Empowering Places investment to support this exploratory work around Local Wealth Building.

About the Wharton Trust

The Wharton Trust has been supporting the people of Dyke House and Hartlepool since 1990. They provide social, educational and recreational courses and events for all members of the community. They offer a range of services to help improve educational attainment, learn new skills, find employment, volunteer and raise confidence.

About Power to Change's Empowering Places programme

This programme targets funding and resources towards places seeking to develop community businesses with the aim of boosting local economies. Power to Change believe local people are the best people to shape goods and services which will benefit the whole area. By harnessing the combined forces of all the players in an area, community businesses can start up, thrive and achieve positive change for their neighbourhoods, helping to reduce the inequalities felt by many communities across England.

In October 2016, catalyst organisations in places across England were invited to apply for a Learning Grant to develop a deeper understanding of how community business could address the needs of their communities and map local assets and opportunities that could enable new community businesses to develop.

Seven local organisations were selected across the country to help empower their places; each will receive up to £1 million in funding and support over a period of up to five years. Alongside delivery partners and community businesses these catalyst organisations will help to create more connected and inclusive communities and improve the lives of the people who live there. Demonstrating how, given the right conditions and support, community business can flourish and transform places.

Community Wealth Building

Community Wealth Building aims to reorganise and control the local economy so that wealth is not extracted but broadly held and generative, with local roots, so that income is recirculated, communities are put first and people are provided with opportunity, dignity and well-being. Through community wealth building we are seeing a democratic, social and economic movement, which seeks to provide resilience where there is risk and local economic security where there is precarity.

Community wealth Building has a particular focus on the activities of anchor institutions. Anchor institutions are large established organisations, rooted in local communities, which can improve local economic and social wellbeing through the use of their spend, employment practices, and use of land and assets.

At the heart of the community wealth building approach are four strategies for harnessing existing resources to enable local economies to grow and develop from within:

- Procurement & commissioning - Progressive procurement & commissioning can develop dense local supply chain of local enterprises, SMEs, employee owned businesses, social enterprises, cooperatives and other forms of community ownership. This type of procurement is locally enriching because these types of businesses are more likely to support local employment and have greater propensity to retain wealth and surplus locally.
- Employment - Often the biggest employers in a place, the approach that Anchors take to employment can have a defining effect on the employment prospects and incomes of local people. Recruitment from lower income areas, commitment to paying the living wage and building progression routes for workers are all examples of the actions Anchors can take to stimulate the local economy and bring social improvements to local communities.
- Land and assets - Anchors are often major land and property holders and can support equitable land development (through establishment of Community Land Trusts) and development of under-utilised assets for community benefit. In terms of financial investments, directing pension funds to local investment priorities can bring transformative capital to locally rooted enterprises.
- Democratic Ownership of the Local Economy - At the heart of community wealth building is the principle that wealth is broadly held. Community businesses, social enterprises, cooperatives, mutually owned businesses, SMEs, municipally owned companies and local banks enable the wealth generated in a community to stay in that locality and play a vital role in counteracting the extraction of wealth.

Community wealth building in Hartlepool

CLES was commissioned to engage with the range of public institutions represented on the Hartlepool Health and Wellbeing Board to explore how institutional behaviours can be shifted to support a greater democratisation of the economy, provide resilience where there is risk and local economic security where there is precarity, with a particular focus on opportunities for supporting local and social businesses.

All members of the Hartlepool Health and Wellbeing Board were invited to take part in the research, with 5 institutions moving forward into the diagnostic exercise including Hartlepool Borough Council, Cleveland Police, Cleveland Police & Crime Commissioner (PCC), North Tees & Hartlepool NHS Foundation Trust and Ad Astra Academy trust providing a snapshot of the public sector in Hartlepool.

Collectively, these 5 institutions employ around 10,000 people, which given Hartlepool has an economically active population of 40,800, it is clear that even this small snapshot of public sector institutions has a significant role to play in the local economy. Collectively these institutions have an annual budget of £440m, which will have significant impact on the local economy through direct spending and the local economic multipliers that result. Collectively, these institutions own and manage significant amounts of land and property, from school buildings to hospital sites to residential buildings.

2. Hartlepool Borough Council

Procurement and spending

Hartlepool Borough Council have recently changed the rules related to their procurement thresholds and requirements for local contractors. Any contracts over £1,000 require at least 2 quotes, with at least one from a local supplier. From £5,000, at least 3 quotes are required with 2 from local suppliers. The interpretation of 'local' requires a pragmatic approach dependent on the nature of the supply contract, with Hartlepool then Tees Valley considered before broadening out the geography to the North East.

While Hartlepool has developed a Corporate Procurement Team who deal with contracts over £25,000, many of the individual departments in the council still conduct their procurement exercises and monitor this spending. The Adult Services team is decentralised and controls its own significant budget.

Austerity has taken a significant toll on the authority, with a 50% cut in grant from Central Government, however Hartlepool has been successful in securing external grant funding (esp capital funds) and has utilised reserves where possible to maintain services, however in the recent budget setting process, it has been acknowledged that a range of deeper cuts are likely to be required next financial year (2020/21).

The dedicated Schools Grant in 2019/20 had a value of £63.5m, with £32m allocated to maintained schools and £31.5m allocated to Academy schools. There is huge potential to engage with the education sector to seek to understand how much of this spending is retained locally.

Austerity has meant that in procurement, the weighting between price and quality has shifted in favour of price, with an increase from 60% to 70%. In a number of strategic contracts, Hartlepool has built in clauses which increase the likelihood of the contract being awarded locally, for example the letting of the IT contract required a local base and a number of examples exist of where contracts have been broken down into lots to support smaller, and therefore more likely to be local, companies to bid for supply contracts. The council is committed to paying all its contractors within 10 days which can be a significant support for local SME's, with the average payment made within 5.8 days in 2018/19. 95.2% of Hartlepool suppliers paid within 10 days. While Hartlepool Borough Council does not have a set policy on Social Value, through a combination of its Corporate Procurement Strategy and Wellbeing Strategy it does consider the social, economic and wellbeing impacts of its spending and has recently developed an appended self-completion questionnaire to better understand the social value its contractors can provide. This is in the early stages of implementation and so no detailed analysis has been undertaken, and the department lacks the capacity to monitor and evaluate the effectiveness of its social value ask.

The authority is a member of the North East Procurement Organisation (NEPO) and will be shortly piloting a programme to test the National TOM's Framework with a selected tender.

Meet the buyer events are held at a local Hartlepool level, at a Tees Valley wide level and also with the support of NEPO at a regional level. Department heads will attend these meetings where appropriate.

A recent Freedom of Information (FOI) request asked the authority to analyse its spending with Charitable organisations.

The council has conducted some initial analysis of its spending, suggesting that 30.2% of its spending is retained locally, up from 26.5% in 2017/18, however this analysis has been limited to date and has been impeded by issues with understanding the differences between the locations of branches and head offices, which based on invoicing details can skew the analysis and is likely to have understated the value of local spend. For example, the Council's IT contract secured delivery of the service within Hartlepool and the contractor has used this base to grow jobs and secure contract from outside Hartlepool. A detailed understanding of the money spent outside Hartlepool and the extent to which this is influenceable has not yet been completed. This analysis would also need to reflect the Council's policy of seeking to deliver services in-house to maximise local employment opportunities, for example opening of a Children's Home and bringing recycling services back in-house.

Hartlepool procurement spending

	16/17	17/18	18/19 to date
% Local Spend - Hartlepool	27.0%	26.5%	30.2%
% Tees Valley	47.0%	49.2%	52.3%
% North East Region	62.8%	65.0%	67.9%

The nature of Hartlepool, its geographic size and position and its local supplier base means that the procurement department has an intuitive understanding of how to shape its contracts to provide the greatest local economic benefit. In some areas of spending, it is considered a sellers' market, with little local competition in the social care market for example. While the department has a good understanding, in part due to a lack of capacity, it is yet to develop an evidence base which allows it to articulate the scale of the economic multiplier effect of procuring locally has, and in making difficult decisions around cutting budgets is therefore not taking account of the wider economic impacts of these decisions.

Recommendations

- Reflect on the experience of testing the TOMs and consider options for developing a bespoke Hartlepool Social Value policy;
- Develop an understanding of the local economic multiplier effect of local spending on the local economy via a survey of the supply chain;
- Invest resources in understanding the extent and type of spending which is outside of Hartlepool;
- Engage with new emerging structures for community development to promote contracting opportunities to the VCSE sector;
- Work with VCSE organisations to direct and monitor social value commitments made in contracts;¹

Explore the implications for the Hartlepool Living Wage within a social value framework for procurement.

Wharton Trust actions

- Work with the procurement department to develop an approach to supporting and directing, then monitoring and evaluating the impacts of social value commitments made in procurement exercises.

¹ This could be done by providing details of key VCSE organisations locally which bidding firms can engage with in developing their social value commitments, so that they are a) better directed to local need and b) have somebody answerable to if they are not delivered.

4.1 Appendix 1

A role for the VCSE in Social Value Procurement/Commissioning

The VCSE sector can play a supporting role in directing, tracking, monitoring and evaluating social value in procurement and commissioning. With a shared Social Value Framework and a VCSE broker, companies interested in working with the public sector can be asked to shape their social value commitments with the VCSE sector on the ground, who can in turn direct this to address local need and hold companies to account when they don't deliver.



Commissioning

Hartlepool has developed a detailed commissioning cycle which considers the needs of society, services users and providers in the design of its commissions. In a recent commission of a supported living service for young people, the design process included engagement with providers in a process of market testing and also engagement with young people who had experience of supported living. A similar approach is being adopted in the commissioning of substance misuse services and this pre-tender planning can support the development of more effective services. This is however a resource intensive process and requires good planning with a significant lead in time to be able to effectively influence service design.

The Hartlepool Health & Wellbeing strategy sets the direction for the authority in its approach to commissioning children's and adults services and public health.

There are a number of local providers from the VCSE sector, with the authority commissioning organisations such as Hartlepool Families First to provide specialist children's provision, Changing Futures North East who provide a mentoring service, to organisations such as Hospital of God and Carewatch who provide adult services locally. While community-based models of care are high on the agenda, this does not directly translate to supporting the development of community owned business models.

The authority has developed a good understanding of the capability of the VCSE sector organisations it has worked with, however it lacks a more strategic approach to this sector in part because of the absence of any overarching body to represent VCSE organisations. The Hartlepool Voluntary Development Agency (HVDA) closed down in September 2017 after cuts made to its grants and changes to Big Lottery Funding criteria. Hartlepool Borough Council are currently developing a new model for supporting the VCSE sector via Volunteer Hartlepool, which will bring together vital community development staff and resources.

While the children's & adults services/public health commissioning ask questions around 'added value' contractors provide, it does not have any formal framework to measure the social impacts generated by providers.

While there has been significant development of the required forums and relationships to support joint working between the anchor institutions in Hartlepool, in particular in relation to health, and integrated working between health and social care has developed significantly, this is still to translate into effective joint commissioning. While small pockets of joint commissioning have occurred, the strategic approach agreed is yet to translate into widespread practice.

Recommendations

- Work with the emerging community development structure (Volunteer Hartlepool) to disseminate information on commissioning opportunities and hold open meetings when long term contracts are coming up for renewal;
- Prepare a list of commissioned services (length of contract, date of renewal) providing sufficient lead in time for VCSE sector bodies to develop local business models;
- Consider the potential of VCSE provision as part of the commissioning cycle and engage with potential VCSE providers in a process of co-constructing future services;
- Develop a social value policy and measurement framework (with procurement) which supports the commissioning of children's & adults services/public health;
- Work with VCSE organisations to direct and monitor social value commitments made in contracts (see procurement section above)

- Explore the implications for the Hartlepool Living Wage within a social value framework for procurement.

Wharton Trust actions

- Work with commissioners to develop an approach to supporting and directing, then monitoring and evaluating the impacts of social value commitments made in commissioning exercises.
- Develop a strategic understanding of the timetable for the commissioning of major contracts, with one eye on supporting new community business models to take advantage of opportunities in the future.

Workforce and employment

Hartlepool Borough Council employees approx. 2,325 people, with 69% of these females. It regularly collates statistics on the breakdown of the staff body by gender, age and ethnicity, and 73.7% of council employees live within Hartlepool (for school staff is 70.74% and combined Council and school employees is 72.7%). There is potential to cross reference this data with the Index of Multiple Deprivation (IMD) to explore the extent to which employees are drawn from the most deprived communities.

Delving further into the staffing analysis would allow the authority to understand trends not previously understood, such as a lack of recruits (or recruits with particular attributes e.g. young females) from particular neighbourhoods. This type of analysis could underpin a range of further work, from understanding local economic multipliers from staff employment to travel to work policies and understanding carbon emissions.

Hartlepool Borough Council has an ageing workforce with only 7% aged under 25 years of age. Staff turnover is however relatively low overall, but does tend to rise for certain job roles.

The Hartlepool Living Wage is currently set at £9.36 per hour and this is applied to all council jobs, full time, part time and casual. As a result of this, the authority does not use the first 3 pay scales within the NJC national pay structure.

Following the introduction of the Apprenticeship Levy in April 2017, Hartlepool Borough Council has invested in the development of its apprenticeship and professional development programmes and has one of the highest levels of apprenticeship relative to council size in the North East. The authority has been proactive in working with the local college to promote opportunities to work for the local authority to local young people, given the highly annual nature of the recruitment process (early summer), the authority is keen to develop its approach to the recruitment of apprentices in 2019 and is considering how it can reach a wider audience in the promotion of its opportunities. As part of a commitment, the council support Care Leavers gain apprenticeships with the council to help them make the transition to adult life.

The authority's professional development programme supports employees to progress in work and provides opportunities to study part time towards higher education qualifications from degrees to MBA's.

Hartlepool Borough Council's Workforce Development Strategy is currently being refreshed, with the previous strategy having lapsed recently. While the pressures of austerity may have pushed workforce development down the priority list, it has been acknowledged that austerity itself has had significant impact on the workforce of the authority, with managers under significant pressures to do more with less and with a loss of the institutional knowledge that comes from cuts to staffing.

The authority is putting in place the building blocks of a new strategy which supports staff to deal with the added pressure of working in the current funding climate and considers staff mental health for example, which is now the 2nd highest reason for sickness. Managerial development programmes are being developed and a staff sounding board is now in place to help understand and address workforce issues as they arise.

The authority has recently changed its approach to recruitment, with 95% of its jobs now being advertised via North East Jobs Recruitment Portal (NEREO). Internal systems for processing recruitment have been improved, however these new systems now prevent the practice of name/gender/postcode blind recruitment practices. There has been an investment in the development of social media channels

for sharing job opportunities. Agencies are used on an ad-hoc basis, typically for the most senior of roles or roles which are specialist. As with the recruitment of apprentices, the authority is keen to broaden its reach locally in the promotion of employment opportunities.

Recommendations

- Develop a spatial map of employees using postcode data with an overlay of the IMD2015 to develop outreach approaches for promoting apprenticeship and employment opportunities in communities most excluded from the labour market;
- Work with VCSE brokers (e.g. Volunteer Hartlepool) to share information on apprentice positions, potentially holding information sessions in the community with organisations such as the Wharton Trust;
- Work with VCSE organisations on an ongoing basis to disseminate information on employment opportunities.

Wharton Trust actions

- Develop effective communication channels with Hartlepool Borough Council with respect of apprenticeship and employment opportunities.

Buildings and assets

Hartlepool Borough Council have a strategic asset management team of 4 people who deal with enquiries and leases for its properties. The authority has taken a position that it will retain assets and provide these on long term leases wherever possible and offer a 'social benefit' discount of up to 75%. Hartlepool FC was recently recognised for the social benefit it provides for the town and the social benefit discount has been applied to its lease.

Hartlepool Borough Council have been purchasing residential properties from errant landlords – and have built up a stock of 270 properties across the town, with 5 of these in the Dyke House area of Hartlepool. Hartlepool Borough Council are keen to explore options for working with community led housing groups, however, are concerned that there is a co-ordination gap locally, and while there is interest in community housing initiatives at a Tees Valley level, little has progressed. The Wharton Trust, in its 5-year plan submitted to Power to Change, have identified housing as potential community business and have been working with the Joseph Rowntree Foundation on plans for developing a community led housing business.

Dyke House dwelling units listed on the local authority's asset register include:

- 34 Mapleton Road, TS24 8NL
- 22 Mapleton Road, TS24 8NP
- 47 Parton Street, TS24 8NJ
- 25 St Oswalds Street, TS24 8NR
- 17 St Oswalds Street, TS24 8NR



The local authority has also been actively acquiring business premises, buying up vacant units along Church Street to support the wider townscape heritage improvements. The approach to business premises is to only intervene where the market is failing, however the scale at which the local authority can intervene on it's own is limited.

The authority would like to pursue the development of student housing within the town, however large-scale projects are challenging for the authority to pursue alone. The Tees Valley Pension Fund is looking to invest in projects locally, however has a higher aversion to risk due to its fiduciary duties, however there is scope for the authority to actively broker relationships to develop the required student housing.

Recommendations

- Explore with the Corporate Management Team options for supporting the Wharton Trust with its plans for developing a community run housing company.

Wharton Trust actions

- Engage with Hartlepool Borough Council's Strategic Asset manager, Tim Wynn to discuss the potential of local authority assets for community business use in the Dyke House area, including residential units currently owned by the council.

Economic and community development

Hartlepool Borough Council is in the process of reviewing its economic development strategy, and its Council Plan sets out an agenda for delivering more inclusive growth. Community economic development has a significant role to play in delivering this aspiration and given the extent of change in council funding, going forwards an approach to community economic development could be built jointly with public sector anchor organisations to ensure a level of sustainability.

Hartlepool Voluntary Development Agency closed its doors in 2017 after more than 30 years of operating. Struggling for resources it had moved away from its central mission of supporting the wider sector and ended up in competition with it. The local authority decision to end its annual grant meant it was no longer able to function, and Hartlepool has had no VCSE infrastructure body in operation since 2017.

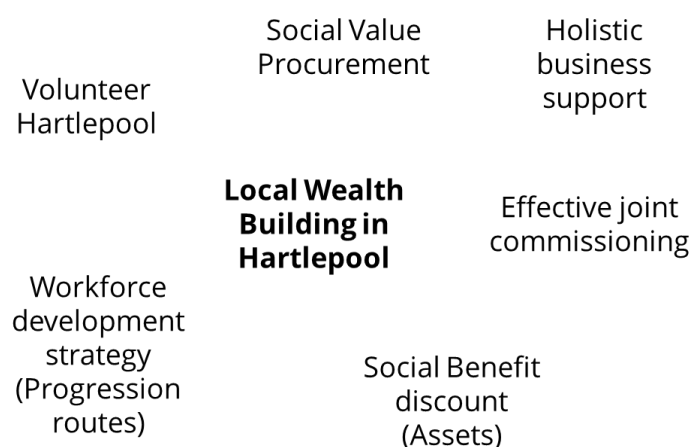
A community development team of 3 staff have been retained by the council despite funding pressures, providing advice and guidance to the sector. The local authority are however in the process of establishing a new approach to VCSE support and engagement, moving these staff to work within the Volunteer Hartlepool service with stronger connections to adult education and lifelong learning and skills within the council. This new structure is expected to be in place by April 2019 with a launch event expected followed by quarterly networking events.

Hartlepool Borough Council are simultaneously restructuring business support services, with 6 advisors having their work re profiled to provide more holistic support services to businesses. The Hartlepool Enterprise Centre (HEC) remains a key asset, located within Dyke House.

Across the local authority there appears to be a strong drive to refresh approaches, with a new workforce development strategy, initial exploration of social value in procurement, ambitions to develop more effective joint commissioning, a social benefit discount for asset use by the VCSE sector. This combined with re-structuring of VCSE and business support, offers an opportunity to join up these approaches to form the basis of a Local Wealth Building approach in Hartlepool.

In this, we would suggest that the economic development department would be central in linking, connecting and brokering the connections between services and between anchor institutions to maximise benefit for the local economy and the most vulnerable local communities in Hartlepool. We would go further, and suggest if timing allows, that these principles be written into the refresh of the economic development strategy.

Bringing it all together – Local Wealth Building in Hartlepool



Recommendations

- Consider an anchor approach to community economic development;
- Develop a joined-up offer based around the principles of Local Wealth Building;
- Build a community wealth building approach into the refresh of the economic development strategy.

Wharton Trust actions

- Engage with the new structures for supporting the VCSE sector locally, attending the upcoming launch event.

3. North Tees and Hartlepool NHS Foundation Trust

Workforce and employment

The North Tees and Hartlepool NHS Foundation Trust employees approximately 4,800 staff and approximately 700 via a subsidiary firm North Tees and Hartlepool Solutions LLP. Staff from Procurement, Supplies, Estates and Facilities moved to the company on 1 March 2018.

Professional development is geared towards the needs of professionally registered staff, working with Further and Higher Educational establishments including Hartlepool College and Teesside University. The introduction of the Apprenticeship Levy sees the trust and LLP contribute in the region of £900,000 a year to fund apprenticeships and support progression, however many of the pathways that have developed around the government push in this agenda are not relevant to the trusts staff, with new skills programmes taking too long to develop. While the trust is spending their levy funds, they are however spending it in a way that is perceived as sub optimal for the trust and a significant amount of effort is taking place to effectively utilise the levy with our educational partners for the benefit of all staff.

The trust has an organisational development team of 5 people who focus on developing leadership skills across the organisation and driving efficiency across staffing roles. A recent focus has seen clinical staffing roles observed closely to ensure jobs roles and assigned duties make the most of clinical staff skills sets, with a rationale for introducing more support staff roles (non-registered) to increase efficiency of clinical staff.

The trusts 'People Strategy 2016-2020' is focused on attracting, developing and retaining staff. This strategy focus has prompted deep and holistic thinking about the long-term role the trust can play in, not only developing a more effective trust, but also in supporting those in the most vulnerable communities to break cycles of poverty and declining population health. The trust is currently exploring an approach which brings together education, employment and housing to tackle issues of low social mobility and limited life chances. The trust launched their Health Academy with Hartlepool College in October 2018 and are in early discussions with local housing groups to further develop and refine this embryonic approach. This is an excellent example of Local Wealth Building principles being applied and we would encourage the trust to continue to develop and refine this vision, but more critically to articulate it to public sector partners across Hartlepool.

The trust use recruitment centres to provide potential recruits with a taste of nursing, allowing an approach to recruitment that allows both employee and employer to explore if the individual would thrive in the role. The Nursing FINEST programme also allows nurses in training to rotate around departments in a similar fashion to training doctors, allowing nurses to find areas of specialism with the support of mentors. The loss of local authority workforce co-ordinators in recent years has limited the ability of the trust to reach out and promote employment opportunities. The trust attend traditional recruitment fairs and are invited to attend local school careers fairs to promote clinical roles, however there is a piecemeal approach and little by way of a coherent strategy for promoting careers among the

local community. In pursuing its vision of a holistic approach to education, employment and housing, we would suggest the trusts develops working relationships with both the local authority and a range of VCSE sector organisations locally to support outreach into communities, going beyond the reach of the college for example.

The trust has conducted detailed mapping of staff by postcode for the purposes of exploring correlations between areas of deprivation and sickness absence. This mapping work revealed for example that a significant proportion of our staff are from the most deprived local communities and that musculoskeletal and mental health conditions account for the majority of sickness. This level of detail allows the trust to provide targeted support to promote workforce health and wellbeing initiatives to keep people in employment for longer in a community where average healthy life expectancy through ill health is high and growing. This detailed understanding of the geographic and demographic characteristics of the staff body data has however not yet been used to inform approaches to recruitment, and could be utilised to assess unsuccessful applicants to assess if opportunities are reaching under-represented groups.

The trust has a low staff turnover, with approximately 7 nurse vacancies, this is among the lowest vacancy rates in the country. Overall turnover at 7.8% is the second lowest with the trusts benchmarking group. Recruitment is all conducted in house and the trust regularly monitors the staff body against a wide range of protected characteristics including gender, ethnicity, disability and LGBT, acknowledging a need to do more work in recruitment of staff with disabilities and staff from the LGBT community.

Recommendations

- Share the trusts vision for a joined-up approach to education, employment & housing;
- Utilise staff mapping and develop applicant mapping to inform approaches to recruitment;
- Develop relationships with VCSE organisations to promote more diverse recruitment, with a particular focus on reaching out to organisations that support under-represented disabled and LGBT groups;
- Develop relationships with economic development to develop a strategic approach to workforce development.

Wharton Trust actions

- Develop communication channels with the NHS trusts recruitment and connect with the Health Academy at Hartlepool College to promote opportunities locally;
- Follow the development of the trusts vision for linking education, employment & housing, relating to your plans for a community housing business.

Oldham Hospital Employee Mapping

CLES worked alongside Oldham Hospital to explore the distribution of its staffing across Oldham and the spend on employee wages by geography. We then conducted further analysis of this data cross-correlated with gender, ethnicity, job role and length of tenure to give the hospital trust a picture of how its staffing body reflected the local population, allowing it to identify gaps and develop new outreach approaches to sharing information on employment opportunities and career pathways at the hospital.

The analysis highlighted that the higher paid positions were dominated by employees from outside of Oldham, suggesting a local skills deficit. This opened up conversations around skills escalator programmes and work with Oldham College as a route to moving Oldham residents higher up the pay scales and therefore retaining more wealth locally.

4. Cleveland Police

Procurement and spending

Cleveland Police have a small procurement team who struggle for capacity to deliver beyond its current scope. Focus is on procuring locally however regulations mean that contracts above a certain value have to be advertised nationally and internationally. Cleveland Police have however explored approaches which allow local providers to succeed. For example, in its fleet maintenance contract, Cleveland Police broke the contract down into geographical lots to encourage local provision and then conducted extensive pre-market engagement with a range of local garages in each geographical area. The force tapped into staff knowledge of suppliers in each location. In one of these geographies they received only one bid, from a local business that did not present the strongest of proposals, however they took the opportunity to understand the businesses capacity and work with them over a 6-month trial period to support them to deliver against the contract requirements.

Cleveland Police utilises social value criteria in its tendering processes and on a case by case basis, dependant of the goods or services being commissioned will ask tendering businesses to outline how they can provide apprenticeship opportunities, how they will utilise local suppliers (e.g. local builders merchants) and how they will reduce their carbon footprint. The weighting on social value is developed on a case by case basis, informed by understanding of the local supply chain. They currently have no way of tracking or measuring the impact of social value commitments. It's an ambition of the force to embed its approach to social value more formally, but they lack the capacity and resources to do so.

The force has historically mapped out their spending but found that the analysis was not been utilised and so have stopped doing this on a regular basis, however data is still collected in a way which would allow for this mapping to be conducted. The last available analysis indicated a local spend (within the force area) of 26%, however it is unclear how this has changed over time.

Cleveland Police have no working relationship with the local authority with regard to its procurement strategy, however is working closely with Cleveland Fire Brigade with a shared minor works procurement framework. Cleveland Police and Cleveland Fire Service have a minor works procurement framework with around 100 local providers, divided into lots based on expertise. Closer working in the past year or so has seen the Police and Fire jointly procure their lift maintenance contract. There are examples of joint commissioning with the NHS around sexual assault services.

Recommendations

- Work with the VCSE sector to develop an approach for directing, monitoring and evaluating the effectiveness of social value in procurement;
- Revisit the mapping of procurement spend to assess how effective internal approaches to procuring locally are;
- Develop a more formalised approach to social value within procurement.

Wharton Trust actions

- Work with the procurement team to develop an approach to supporting and directing, then monitoring and evaluating the impacts of social value commitments made in procurement exercises.

Social Value Policy – Office of the Police and Crime
Commissioner for
Lancashire and Lancashire Constabulary

In April 2017, the Office of The Police and Crime Commissioner for Lancashire (OPCC) and Lancashire Constabulary published its first Social Value policy, recognising the important role they can play in enabling sustainable development through their procurement and commissioning activity. In 2016/17 they spent approximately £46 million via procurement activity. The policy aims to:

- Further the forces sustainable procurement objectives to protect and enhance the environment, e.g. by reducing waste, limiting energy consumption and procuring materials from sustainable sources;
- To promote the local economy by supporting micro, small and medium sized enterprises and the voluntary and community sector in Lancashire to thrive, and by doing so promote training and employment opportunities for the people of Lancashire;
- To involve local people and organisations in how we meet the needs of local communities through the commissioning cycle and procurement process.

<https://www.lancashire-pcc.gov.uk/wp-content/uploads/2017/09/social-value-policy-updated-1718.pdf>

Cleveland Police over the past 4 years have been focused on delivering their blueprint for rationalising their estate and reducing costs wherever possible to ameliorate the impact of cuts to budgets. Police Headquarters at Ladgate Lane was sold to Persimmon Homes and a new HQ was built at Hemlington Grange in Middlesbrough. As part of this process the force has shed all property leases bar 1, with many of the outlying and neighbourhood-based Police stations having been closed. In Hartlepool 4 outlying stations have been closed, all of which were leased property. Staff have been relocated to the central Hartlepool station.

The force is currently exploring options for selling Thornaby Police Station, with market valuations received. The force have explored options of demolishing and preparing the land for redevelopment, which may bring a greater return and have also considered options for redeveloping the site for affordable rental housing, however the force is risk averse and have valid concerns of how it may be perceived should they invest in preparing the land but then fail to sell it, or how they would operate as a landlord when it came to dealing with difficult tenants. The force used to own residential property, but this has been disposed of long ago.

The estates team focus is now on improving the condition of its owned property, with stock condition surveys indicating around £7m of works required. With a total budget of around £400,000 a year, this is not an insignificant task and focus has been placed on driving down the costs of improvement works. The estates team work alongside procurement to evaluate tenders and develop the minor works framework and each tender includes a section for tenderers to outline how they would benefit the local economy through their approach to service delivery (e.g. by using local suppliers, employing local apprentices) and this is often weighted at 15% of the tender score. An additional 15% weighting is given to environmental impacts, with a focus on how services will be delivered with the lowest carbon impact, which favours local suppliers who can deliver services with reduced travel requirements.

When the small works framework is refreshed, the force alert all current suppliers and promote the opportunity to new suppliers by distributing flyers and posters among local building merchants and suppliers to reach out to local trades. Adverts are placed in the local press. Contracts above the OJEU threshold are also advertised on the Bluelight eTendering site, a procurement portal used by the Police and Fire and Rescue services.

Joint working between the Police and Fire Brigade is developing, with Police starting to utilise Fire Stations for drop in sessions with local communities, and with much larger plans for the two services to merge their back-office functions by 2020.

The Police estates team does not have much engagement with the local authority or the VCSE sector, but would like to have a stronger presence in communities given its recent rationalisation of its estate and would be interested, where the local authority has assets in neighbourhoods, which could perhaps be developed in conjunction with the VCSE sector.

The Police estates team attended One Public Estate meetings in Hartlepool where ambitious plans were being explored to redevelop the Hartlepool Civic Centre, law courts and Police station, however this plan appears to have fizzled out due to a lack of funding.

Recommendations

- Work with local authority asset teams to explore potential for shared uses;
- Collaborate with the local authority to share details of approaches to social value for works.

Wharton Trust actions

- There may be scope for working with the Police on community business models that impact positively on a reduction in offending;
- Consider a neighbourhood policing physical presence in future community assets (e.g. Odeon redevelopment).

Rose Hill Community Centre

The Rose Hill, Iffley and Littlemore Neighbourhood Policing Team moved into Rose Hill Community Centre, Oxford in September 2017. The move provided an additional service in centre that already hosted Rose Hill and Donnington advice centre, Rose Hill Social Club, a community library, gym, and youth and community groups.

Ed Turner, Deputy Leader of Oxford City Council and ward councillor for Rose Hill, said at the time: "it is very good news that Thames Valley Police is taking a base in our new community centre. Our local police team is an important part of the community, and having a local base helps them use their time most effectively, and also increases their visibility. It is also positive that the move will release a council flat for someone who needs it."

Rose Hill community centre is one of the examples of oxford city council's efforts to build stronger communities through providing improved community facilities.

5. Cleveland Police & Crime Commissioner (PCC)

The Police & Crime Commissioners (PCC) office have a key objective of forging partnerships which drive an increasingly localised approach to commissioning of services, particularly around victim support, sexual violence and restorative justice. The PCC works closely with the Middlesbrough Voluntary Development Agency (MVDA) to develop the Safer Future Communities Network who engages with VCSE sector organisations on our behalf to encourage collaborative working. The PCC for example has commissioned Harbour (based in Hartlepool) that works with families and individuals who are affected by abuse from a partner, former partner or other family member. The PCC have commissioned or grant funded in excess of 100 organisations since the PCC was elected in 2012.

The PCC is playing an active role in supporting the VCSE sector locally, and runs a community grant fund which provides small pots of funding to organisations that actively reduce crime and disorder and reduce the fear of crime. The Police and Crime Commissioner also receives funds from central government to distribute to organisations and groups who are committed to improving community safety in Cleveland.

The PCC does not utilise social value indicators in its procurement or commissioning processes, but would be keen to develop an understanding of how other public actors are using social value in Hartlepool/Cleveland. Internally the PCC does analyse the distribution of its spending across its geography and this is detailed on its website.

Local authority level relationships at a community safety level are very strong, however the nature of Police Force areas overlapping local authority boundaries mean that collaboration becomes more difficult, with different footprints having different agendas. The Police & Crime Commissioners office find it difficult to engage with the architecture of health institutions and understand where remits start and end within the CCG, NHS, Public Health England and the Local Authority for example. The PCC has no direct relationships with the local authority economic development department.

The Police & Crime Commissioner for Cleveland, Barry Coppinger is not a member of the Hartlepool Health and Wellbeing board, however would welcome an invitation to join and share the details of its approach to supporting the development of the VCSE sector locally.

Recommendations

- Explore how funding programmes could be used to help support the development of sustainable community businesses that contribute to their objectives;
- Develop an understanding of social value in procurement;
- Engage with and understand emerging structures for supporting the VCSE through Volunteer Hartlepool.

Wharton Trust actions

- Develop an understanding of the types of funding available via the PCC;

- Develop an understanding of the types of services commissioned by the PCC;
- Develop a strategic understanding of the timetable for the commissioning of major contracts, with one eye on supporting new community business models to take advantage of opportunities in the future.

Social Value Policy – Office of the Police and Crime Commissioner for Lancashire and Lancashire Constabulary

In April 2017, the Office of The Police and Crime Commissioner for Lancashire (OPCC) and Lancashire Constabulary published its first Social Value policy, recognising the important role they can play in enabling sustainable development through their procurement and commissioning activity. In 2016/17 they spent approximately £46 million via procurement activity. The policy aims to:

- Further the forces sustainable procurement objectives to protect and enhance the environment, e.g. by reducing waste, limiting energy consumption and procuring materials from sustainable sources;
- To promote the local economy by supporting micro, small and medium sized enterprises and the voluntary and community sector in Lancashire to thrive, and by doing so promote training and employment opportunities for the people of Lancashire;
- To involve local people and organisations in how we meet the needs of local communities through the commissioning cycle and procurement process.

<https://www.lancashire-pcc.gov.uk/wp-content/uploads/2017/09/social-value-policy-updated-1718.pdf>

6. Brougham Primary School

Ad Astra Trust was established in 2014 with 6 primary schools (3 in Hartlepool). The Brougham Primary School is located in the Dyke House area of Hartlepool. The trust has approx. 2,700 pupils and has ambitions to grow to around 12 schools.

Procurement and spending

Brougham Primary School manage their entire allocation from the DfE. Real term reductions in government funding have seen budgets significantly reduced and reserves depleted. Combined with a recently mandated pay award of up to 3.5% for all teaching staff and up to 7.5% for all support staff who have experienced 7 years of pay restraint, the school have been forced into a position where the staff count has been reduced by 14, with support staff and lunchtime organisers disproportionality affected, many of whom live locally to the school in the Dyke House community. Support for high need students has been cut via a reduction in 1-2-1 support.

The school has a total budget of around £1.8m, with £1.4m spent on salaries. The trust as a whole has a turnover of £12.6m. The school procures goods and services from a range of sources, with service contracts including speech and language and counselling services, gardening and maintenance services. Goods procured include ICT equipment, sports equipment and stationary. The school's food supply is tied up within a local authority level contract and the school do not currently own their own kitchen equipment. Milk is supplied from a local dairy.

As part of the Ad Astra Academy group, the school is beginning to explore how it can procure supplies as part of a group to achieve economies of scale and is moving towards trust level procurement. The school utilises its local contacts and local networks to secure services from the local economy wherever possible. Spending in excess of £3,000 goes through a tender process, and while there is no specific strategy or policy to guide procurement, there is a clear and embedded ethos of buying local wherever possible, with an acknowledgement of the benefits this brings to the local economy. The school would be interested in learning more about the use of social value in its procurement.

While the school has not routinely analysed its spending, the Head Office of the academy trust does have the software which would allow this. The school is unaware of any procurement contract held either historically or currently with the VCSE sector.

Recommendations

- Develop a spend analysis by geography/firm size/type to better understand the local economic impact of the trusts spending;
- Explore social value in procurement at a trust level, potentially in partnership with the local authority.

Wharton Trust actions

- Develop an understanding of the gardening and maintenance services which are tendered every year with one eye on future opportunities for new community businesses.

Pontefract Academies Trust Procurement Strategy

Pontefract Academies Trust Procurement Strategy sets out a range of principles for delivering more sustainable procurement via a process where the academy trust meets its needs for goods, services and works in a way that achieves value for money taking into account its impact on social, economic and environmental factors.

The Trust and its schools are an integral part of the community, and therefore recognise that their procurement activity should, where possible, add value to the community, whether it be social, environmental or economic. In exploring the duty placed on Public Bodies under the Public Services (Social Value) Act 2012, the academy trusts consider the following principles in their procurement and commissioning processes and embraces the principles of social value:

- How what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and
- How, in conducting the process of procurement, it might act with a view to securing that improvement.

<https://www.pontefractacademiestrust.org.uk/wp-content/uploads/2018/10/pat-procurement-strategy.pdf>

Workforce and employment

The trust employs around 450 people, with 440 of these school based. Each school has significant autonomy in terms of recruitment, the staff body is stable with low levels of turnover and given pressures on school budgets, there are no plans to increase the teaching staff. The trust has not so far analysed the spatial distribution of its staffing, however, holds the postcode data of all staff centrally and so would be able to develop such an analysis given spare capacity to do so.

Recruitment is conducted via advertising on the trust website, the school website and for some roles could be included via the school newsletter to reach the parents of the schools' students. Jobs are also posted on the Jobs North East jobs portal. The trust has a Safer Recruitment Policy which encompasses DBS checks, right to work and references. Recruitment panels use name/gender- and postcode-blind recruitment in their shortlisting. While the trust does record the details of all applicants, it does not have the resources to analyse applicants in terms of diversity/geography. The trust pays the Hartlepool living wage to all staff and offers flexible working where it is possible to accommodate it.

Recommendations

- Map staff and job applicants by diversity and geography to inform more inclusive recruitment strategies;
- Work with local VCSE organisations in disseminating job opportunities in communities which are excluded from the labour market.

Buildings and assets

The trust has a diverse portfolio of property, with schools ranging from Victorian to newly built. This brings a range of building maintenance challenges, with older property containing asbestos for example. All of the school buildings with the trust (including Brougham Primary School) are leased from the local authority on 125-year leases.

Some of the schools within the academy trust are open to the wider public outside of school hours, in West Park Primary School, Hartlepool the buildings are used for a local Scouts group, West View Primary School, Hartlepool has a community sports facility including Multi Use Games Area (MUGA), however these facilities have been poorly designed with little consideration of what would have been needed to create a facility that was financially sustainable (the sports hall for example is too small for 5 aside football). The MUGA has been vandalised several times and building staff are required to remove litter, broken glass and drugs paraphernalia including needles from the area on a regular basis.

Brougham Primary School historically had an Extended Services Manager, however given the pressures of austerity the Extended Schools agenda has fallen by the wayside (nationally) and Brougham Primary School were forced to cut their Extended Services Manager position. The school field represents a significant green space within the community and has a sports hall. In principle, the trust would be open to sustainable proposals for opening up controlled use of the facilities.

Brougham Primary School has an empty bungalow within its site, which could be developed with a separate access to the school. This is a council owned asset and is currently underutilised. The trust would be open in principle to an approach for community use of this building, as long a properly thought out proposal/business plan was made with considerations of school security and relevant insurances, with no costs to the school.



Recommendations

- Conversations need to be held between the schools and the trust to explore a set of principles for controlled community use of facilities, working with community businesses to reinvigorate the extended school agenda;
- Work with the local VCSE sector to explore how to make use of under-utilised assets (e.g. bungalows);

Wharton Trust actions

- Engage with Brougham Primary School to understand the potential of the under-utilised bungalow on the site (potential for a childcare business);
- There is an opportunity to approach the school to use sports facilities/fields for health and fitness benefit of the local community.

Extended Schools

The Child Poverty Action Group (CPAG) report of April 2018 re-visits the role of extended schools in the context of the rise in charitable food provision. Food banks and feeding initiatives, such as breakfast clubs and holiday clubs are symptomatic of a shift in response to experiences of poverty away from a statutory, rights-based entitlement towards a patchwork of charitable provision. The report explores the potential for the extended schools approach to go well beyond the immediate issue of food provision to form a more inclusive, upstream policy approach, providing valuable resources to all children and their families.

An effective strategy to reduce poverty requires a range of interventions, of which extended schools is only one. Still, the activities provided by extended schools can help to ameliorate the effects of poverty and improve the educational achievement of disadvantaged children, as well as making it easier for parents to raise their incomes through paid employment.

At different times, politicians have emphasised different roles for the extended school's model, however, extended schools can be a potentially powerful policy response to various challenges facing families, including the multi-dimensional drivers of household food insecurity. CPAG have identified five key areas in which extended schools could have a substantial role to play:

- providing childcare in a trusted setting;
- acting as a wider community hub;
- promoting child social and educational development;
- reducing attainment gaps; and
- fulfilling a social justice function by helping poorer children in particular.

Working in partnership with the Warton trust, with the support of Power to Change, there is an opportunity to explore how community business models could be used to deliver against these roles.

http://www.cpag.org.uk/sites/default/files/extendedschools_april2018.pdf

7. Summary

It is now increasingly obvious that that our current growth model is failing. Last year, OECD data showed that the UK is the only developed economy in which wages fell while the economy was actually growing, albeit meagrely. The UK is an economy where one in eight workers live in poverty, and where 1.3 million people (including children) rely on food banks.

Fuelling this inequality is the fact that the fruits of growth are too readily extracted by the already wealthy few, rather than increasing incomes for the majority. The problem is not just a lack of wealth but where this wealth goes, who owns it and who benefits from it. At a local level, the prevailing model of economic development has failed to engage with these questions of wealth distribution, focusing instead on generating contributions to GDP.

A more inclusive economy

The mobilisation of a community wealth building approach requires political buy-in and leadership at the highest level to build a more inclusive economy, one which is focussed on social goals, social justice, environmental sustainability and prosperity for all. This contrasts with 'inclusive growth', which aims to improve living standards and share the benefits of increased prosperity more evenly across social groups. From an inclusive growth perspective, inclusion is about what happens socially to the product of growth. Whilst helpful, however, this aim is limited, and limiting, given the scale of the social issues and economic challenges facing our society.

By contrast, an inclusive economy offers a more voracious conceptual frame to the social benefits that flow from, or feed into, economic activity. In essence, an inclusive economy is a functioning economy which is intrinsically married to social goals, social justice, environmental sustainability and prosperity for all. This is not inclusion after the fact of growth, or inclusion which fits within a liberal market frame. Instead inclusive economy seeks to develop inclusion with or without growth, whilst seeking to address the fundamental social flaws of market liberalism. Inclusive economy is not merely about the poor social effects of economic growth outcomes, it is about addressing the causes which are created by the market liberal approach to growth. This agenda is aligned to a belief in heterodox economics and new forms of economic democracy and urban development such as new municipalism, an alternative characterised by the current wave of progressive policy and practice, emerging across Europe and beyond. This new wave is driven by a need for resilience, and a much deeper concern for place action on economic and social justice.

Local Wealth Building

A community wealth building approach prompts local government to take a more 'activist' position: stepping into the market to enable, mediate and cajole other actors as a means of maximising local community and commercial benefit. Fundamentally this relates to building local wealth, securing social outcomes and new models of ownership. Above all, this is about the principle of economic gains, which occur through the actual functioning of the economy, not just via 'after-the-fact' benefits or through the redistribution of any growth. Work by CLES with a wide range of local municipalities (i.e. Barcelona, Oldham, Preston and Birmingham) and similar work of organisations such as The Democracy Collaborative in the USA, is reflective of this new wave.

Taking forward community wealth building in Hartlepool

CLES would argue that Hartlepool Borough Council is well placed to take forward the community wealth building agenda in Hartlepool. Principally this could be through the current refresh of its economic development strategy, while also bringing together a number of strands of work that are ongoing with the council, weaving a thread through the areas explored in this report to pull together a community wealth building approach in Hartlepool.

For a community wealth building approach to thrive in Hartlepool, the key public, private and social anchor institutions in place need to travel the same path. The Hartlepool Health and Wellbeing Board is an active partnership which brings together many of the public and social anchors, but its remit does not naturally extend to the economic health of place, and the private sector is not well represented. Economic partnerships which sit at the sub regional level are perhaps too distant and lack the specificity of focus on Hartlepool.

We are not recommending the development of a new forum per se, but recognise the need for more collaborative ways of working between Hartlepool anchors across and between the pillars of community wealth building. In this we would envisage the economic development function to drive this level of collaboration through first convening a workshop with a wider range of public and private sector partners than those present on the Health and Wellbeing Board, with education partners specifically not represented. We would suggest building on the momentum of the recently launched campaign #LoveHartlepool, to invite the public sector to play their part showing how passionate they are about the town and the potential economic impacts from working together for the good of the town.



At this first workshop we would propose setting out an action plan of short, medium and long term actions, with discussion around the potential for forming working groups focussed on the pillars of community wealth building, to support the implementation of these action plans collaboratively between anchor institutions. CLES would be happy to facilitate this workshop with resources from the Power to Change Empowering Places programme.

Procurement & commissioning

Developing a joint procurement/commissioning working group for example can explore and work up joint approaches to developing a baseline of spending within the local economy, developing a collective understanding of where there are gaps in the local supply chain that could be filled through an active approach to building new businesses within Hartlepool. Collectively, Hartlepool anchor institutions can explore future contracting/commissioning opportunities which can stimulate local economic development and feed into an inclusive economy strategy led by the local authority.

A joined-up approach to social value in procurement & commissioning could be developed, linking up with NEPO's testing of the TOM's², and developing social value resources for all Hartlepool anchor institutions to draw upon. The development of a bespoke social value framework would be recommended, which would be developed by first bringing together a set of shared priorities from all engaged anchor institutions (this could be done at the first workshop as above), secondly exploring a set of related outcomes against which a social value ask can be made and then thirdly, working collectively with Volunteer Hartlepool and the wider VCSE in Hartlepool to design and build a mechanism which can ensure that social value is harnessed and directed effectively, so that it has the greatest possible social and economic impact locally.³

Workforce and employment

Joining up workforce priorities across anchor institutions can provide a rich and deep eco-system of support, training and progression. Public sector, private sector and social sector institutions working together can seek to address a range of deep-seated social challenges through their training and employment practices. The Apprenticeship Levy in recent years has driven a more activist approach, however there are opportunities to advance this investment collectively into an approach which supports Hartlepool residents, particularly those from the most excluded communities, to access skills, training and work opportunities which enable career progression. A cohesive progression strategy could allow people to move around and across anchors as part of a defined skills development programme providing more structured progression opportunities for those at the lower end of the labour market.

Working together, anchor institutions could develop a shared set of tools to map and understand employees and job applicants by a combination of socio-economic characteristics and geography to shape and influence outreach strategies for promoting apprenticeship and employment opportunities in communities most excluded from the labour market. Working with the VCSE sector as a partner, this outreach could support the development of a workforce which is more reflective of the local population, promote greater opportunities to local people and support those at the lower end of the labour market to upskill and progress.

North Tees and Hartlepool NHS Foundation Trusts 'People Strategy 2016-2020' is focused on attracting, developing and retaining staff. This strategy focus has prompted deep and holistic thinking about the long-term role the trust can play in, not only developing a more effective trust, but also in supporting those in the most vulnerable communities to break cycles of poverty and declining population health. This vision could serve as a shared basis for all anchors in Hartlepool, recognising the collective role they can play in shaping the economic and therefore physical health of Hartlepool.

Buildings, land and assets

² <https://socialvalueportal.com/national-toms/>

³ CLES would be happy to develop a full proposal for developing a bespoke social value framework following an assessment of anchor institution buy in.

All public institutions have, driven by austerity, been forced to take a deep look at their use of buildings, land and assets. The local authority's approach is the most developed in terms of supporting wider community use of assets, and while we would recommend that local authority buildings, land and assets need to be woven into the local economic development agenda, supporting the growth of new private or social business models, this could equally be expanded to include a wide range of anchor institutions, bringing together an understanding of how the public estate can be utilised to drive economic and social growth locally. Such an approach could be seen as a precursor to the development of a local regeneration company, to serve as a vehicle for developing/re-developing joint assets at a scale where it could interact with large institutional funds such as the Teesside Pension Fund.

8. Case studies

The following section lists a number of case studies relevant to a community wealth building approach in Hartlepool.

MANCHESTER CITY COUNCIL SPEND ANALYSIS 2017/18

The analysis was conducted by the Centre for Local Economic Strategies for Manchester City Council as part of a 12-year partnership. It demonstrates the wider contribution that procurement can make to a local economy and how it can support the achievement of wider social and environmental outcomes.



Preston Living Wage

In April 2009, Preston City Council implemented a policy of paying all staff a Living Wage (including contracted/agency staff) and in 2011 decided to aim to secure the payment of a Living Wage in our procurement processes.

Preston City Council recognise that being a living wage employer is essential to widen the impact of the living wage policy whilst at the same time working within the current legislative framework to encourage contractors and others to pay the living wage.

Preston actively look to implement the living wage policy in their procurement practices on a case by case basis, with a pass/fail criteria included where possible.

The latest figures released by the Office for National Statistics (ONS) using the National Living Wage in 2017 show that the number of jobs in Preston paid less than the living wage has decreased to 15,000 (a drop of 4,000 from 2016). As a proportion of employee jobs receiving less than the living wage, this currently stands at 19.3%. This in turn means that currently 80.7% of all employees in Preston were paid the living wage in 2017 – an increase of 4% on 2016.

Oldham Council Employee Mapping

CLES worked with Oldham Council to develop an understanding of the economic impact of its spend on employee wages using payroll information for over 2,000 direct employees (including part-time employees) in which we determined the geography of this spend at LSOA level BY matching postcode data. The employee mapping was overlaid with the Index of Multiple Deprivation (IMD2015) to establish to what extent the staff body was drawn from some of the most deprived communities in Oldham and the average wage paid to employees from these communities. An employee survey was THEN used to identify how and where wages were re-spent on goods and services to establish a measure of the economic multipliers from the councils £60m gross spending on wages.

Giroscope

Giroscope is a housing charity based in west Hull. They are pioneers in a movement within UK housing providers called Self-Help Housing. This movement has gained momentum and grown significantly in recent years. Volunteers receive training and on-site experience in most aspects of the building trade, as well as the necessary Health and Safety certification that can lead to a 5-year CSCS card for on-site working. They support volunteers in all aspects of their development and many go on to live in Giroscope housing, providing a model that has inspired many others.

<https://giroscope.org.uk/housing/>



Islington Council's Inclusive Economy Strategy

Building on their manifesto, Islington Council's new corporate plan envisions: A place where everyone, no matter what their background, has the same opportunity to reach their potential and enjoy a good quality of life. Islington Council's Inclusive Economy Strategy aims to help achieve this by delivering an inclusive economy, supporting people into work and helping them with the cost of living, reducing the number of residents living in in-work poverty.

Islington's Inclusive Economy Strategy seeks to develop an Islington approach to local wealth-building, to ensure that wealth is broadly owned and locally rooted. The strategy is currently being consulted upon and is expected to be published in summer 2019.

<https://democracy.islington.gov.uk/documents/s16582/2018-10-26%20inc%20econ%20jobs%20annual%20report%20presentation%20vfinal.pdf>

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HEALTH AND WELLBEING BOARD

9 March 2020



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

Subject: "A HEALTH CARE SYSTEM THAT WORKS FOR ALL CHILDREN" – POLICY PAPER FROM ADCS

1. PURPOSE OF REPORT

- 1.1 This report outlines a summary of the policy paper "A health care system that works for all children" produced by the Association of Directors of Children's Services (ADCS) in November 2019.

2. BACKGROUND

- 2.1 This paper outlines those areas where the ADCS feels that there is greatest need in the population. Given the high numbers of children facing mental ill health and emotional distress, this is the main focus of the paper. It does, however, also highlight that *"Enjoying good physical and mental health, with opportunities to live a healthy lifestyle, should be the ambition we have for all children"*. This is hindered by all children not having the same life chances to achieve good health and wellbeing.
- 2.2 The authors highlight the importance poverty and inequality play in influencing the health of children which has seen the growing levels of need in most areas. This is particularly true in Hartlepool. The need for a life course approach from pre-conception is highlighted.
- 2.3 The paper suggests that the NHS Long Term Plan has not placed the needs of children at the heart of health service transformation and in particular integrating services with education and social care. This is a missed opportunity given that investing in children's health and wellbeing will reduce the demand on health and social care services in the future.

- 2.4 They also state that modern life is having an impact on children with increased and varied risks (such as knife crime, digital dangers and sexual exploitation). Increased mental health problems among 5-19 year olds are a challenge.
- 2.5 The NHS needs to ensure that children are placed at the forefront of future plans and that services should work more closely with education and social care to meet the needs of children. Problems that are currently hindering the ability to improve children's health include growing levels of need, insufficient access to high quality diagnostic pathways and a lack of funding. A lack of funding prevents early intervention which leads to later interventions which are more costly.

3. PROPOSALS

- 3.1 That the Health and Well Being Board consider the following questions:
- What should the Health and Wellbeing board be prioritising to support this agenda?
 - What do the board believe the way forward should be to address the questions raised by this paper?
 - What should the role of the Children's Strategic Partnership be?
 - How will the board hold stakeholders to account to ensure changes are made to address these issues?

4. RISK IMPLICATIONS

- 4.1 There are many risks associated with not taking action to alleviate the challenges posed by the ADCS paper, including increasing inequalities in the town and declining health status of children in the town.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

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

- 7.1 There are no equality and diversity implications to be considered.

8. STAFF CONSIDERATIONS

- 8.1 There are no staff considerations.

9. ASSET MANAGEMENT CONSIDERATIONS

- 9.1 There are no asset management considerations.

10. RECOMMENDATIONS

- 10.1 That the Health and Wellbeing Board consider the paper and then consider implementing partnership based work programmes to address some of the issues in Hartlepool.

11. REASONS FOR RECOMMENDATIONS

Action is required to implement programmes of work to improve the health of children in Hartlepool. The data suggests that there are a number of areas where we are worse than the England average. The ADCS paper highlights how the NHS should prioritise young people and work in an integrated way with education and social care services.

12. BACKGROUND PAPERS

- 12.1 *A Healthcare System that Work for All Children* ADCS Position paper November 2019

13. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

9 March 2020



Report of: Director of Public Health

Subject: UPDATE FOLLOWING THE HEALTH AND WELLBEING BOARD WORKSHOP ON THE 6TH NOVEMBER 2019

1. PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with a progress update following the Health and Wellbeing Board Workshop held on the 6th November 2019 and seek advice on the way forward.

2. BACKGROUND

- 2.1 As part of the process to re-examine the priorities identified within the Joint Health and Wellbeing Strategy, a series of workshops were held, the last of which occurred on the 6th November 2019. Discussions at this workshop resulted in the identification of a number of proposals for reviewed priorities and two potential options for their delivery going forward.

Option One - A universal offer for the whole population but with a targeted (place based) approach for those most disadvantaged.

Option Two - A focus on one priority for next 12 months.

- 2.2 Of these options, those present at the workshop expressed a clear preference for a targeted (place based) approach. Based on this, a further meeting was held on the 23rd January 2020 with partner organisations from across the membership of the Health and Wellbeing Board to:-

- i) Discuss proposals for the reviewed priorities for the Health and Wellbeing Board going forward, as detailed below:
 - Violence (Inc. domestic Violence);
 - Drugs and Alcohol; and
 - Development of a targeted neighbourhood approach to tackling the most important factors affecting the health and wellbeing of that population.

- ii) Discuss and develop a targeted (place based) approach, with a strategic focus on neighbourhoods where data suggests there is the most significant need.
- 2.3 During the course of discussions with partners at the meeting on the 23rd January 2020, there was continued support for a place based approach, with a strategic focus on neighbourhoods where data suggests there is the most significant need. Emphasis was placed upon the importance of achieving clear outcomes in the identified area and it was suggested that rather than starting something completely new, a plan to widen the work currently being undertaken by the Council's Children's Services Department (focusing actions on 85 streets in the Victoria Ward) should be developed. It was also agreed that a place based / neighbourhood approach should be run in parallel to the ongoing universal offer.
- 2.4 As a starting point for the development of the 'place based' plan, a data gathering exercise was initiated with all partners, based on the 85 streets identified as part of the Children's Services piece of work. The aim of the exercise being to identify:
- Areas of demand;
 - Key issues (as part of the top 5% of demand); and
 - Location of those experiencing / presenting with these issues (e.g. where 'frequent flyers' at A&E are from) within the 85 streets identified.
- 2.5 A deadline of the 13th February 2020 was set for the provision of this initial data and as of that date some but by no means all, and in only rudimentary form, had been received. On this basis, an update will be presented to the Health and Wellbeing Board on the 9th March 2020 on:
- The data received;
 - An initial analysis (subject to its formal and level of interpretation); and
 - Areas where data is still being awaited.
- 2.6 The Board is asked to discuss the proposed priorities and make recommendations for the immediate development of a 'place based' plan (as detailed in Sections 2.2 / 2.3 above).

3. RISK IMPLEMENTATIONS

- 3.1 There are no risk associated.

4. FINANCIAL CONSIDERATIONS

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

5. LEGAL CONSIDERATIONS

- 5.1 There are no legal considerations within this report.

6. EQUALITY AND DIVERSITY CONSIDERATIONS

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

7. STAFF CONSIDERATIONS

- 7.1 There are no staffing considerations within this report.

8. ASSET MANAGEMENT CONSIDERATIONS

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

9. RECOMMENDATIONS

- 9.1 That the Health and Wellbeing Board discuss and agree the proposed priorities and make recommendations for the immediate development of a 'place based' plan and the setting up of a Partnership Group of senior leaders to oversee the implementation of 'Hartlepool 85 Streets'

10. REASONS FOR RECOMMENDATIONS

- 10.1 To identify the Board's views in relation to the proposed priorities and recommendations for the immediate development of a 'place based' plan and the nominations of senior leaders across the partnership to oversee and implement this.

11. BACKGROUND PAPERS

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

12. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

9 March 2020



Report of: North Tees & Hartlepool NHS Foundation Trust

Subject: CORPORATE STRATEGY 2020-25

1. PURPOSE OF REPORT

- 1.1 This report and accompanying presentation sets out the recent refresh of the corporate strategy for North Tees and Hartlepool NHS Foundation Trust.

2. BACKGROUND

- 2.1 North Tees and Hartlepool NHS Foundation Trust is a high performing provider of integrated acute and community healthcare services to the people of Hartlepool, Stockton-on-Tees and parts of East Durham, including Sedgfield and Easington. The Trust currently delivers its services across two hospital sites at University Hospital of Hartlepool and University Hospital of North Tees, with outpatient and diagnostic services also provided at Peterlee Community Hospital.
- 2.2 The Trust has a reputation for providing high quality services to approximately 400,000 residents within the communities it works to support. This commitment to quality was reflected in the Care Quality Commission rating of 'GOOD' achieved during 2018.
- 2.3 The previous corporate strategy for the Trust was developed during 2016/17. However, many changes have taken place nationally, regionally and locally during the last three years and the Trust has subsequently refreshed its strategic vision and aims in order to acknowledge the extent of the changes within the healthcare system.

3. PROPOSALS

- 3.1 The publication of the NHS Long Term Plan in January 2019 set out a broad range of ambitions and key deliverables which run through the core of the Trust's strategic aims. The Trust is well on the way to developing local responses to some of the national deliverables having set ambitions and

plans in place based on in-depth knowledge and understanding of its own health population for the region. However, it is important that the Trust reflects the Long Term Plan aims and objectives within its strategic direction and this is exemplified in the Trust's vision of 'providing the best health for everyone in its population'.

- 3.2 This fosters a strong culture across the organisation to work more effectively with key partners and stakeholders to strive for greater improvements in the health of the population across Teesside and further afield. The Trust is committed to supporting the development of population health strategies with local authority Public Health partners.
- 3.3 The development of stronger strategic links with local authorities and the voluntary sector in key areas, alongside the involvement of the Trust in the development of the Joint Strategic Needs Analysis (JSNA) in hospital site localities, has highlighted the scale of public health inequalities that impact upon secondary care across the locality.
- 3.4 The Trust has worked, and continues to work, closely with the Director of Public Health and her team to join-up the approach to reducing health inequalities within the locality with the experience, skills and knowledge that the Trust can provide from an acute perspective whilst making sure that 'every contact counts' within our hospital environment.
- 3.5 This includes the development of a close working relationship with public health colleagues in supporting the JSNA, the development of the Wider Prevention network, and population health In general, and this will continue as the Trust moves forward in supporting the NHS Long Term Plan and the Integrated Care Partnership.
- 3.6 However, we know that just doing what we've always done will not meet the needs of the population we serve. All health-related organisations will need to better manage the health of the population so that in 20-30 years' time our communities will be healthier, fitter and less reliant on hospital services in the future.
- 3.7 To achieve our vision, we will:
 - Focus on groups in society
 - Deliver interventions across an integrated health and care system
 - Manage the health of our population better
 - Demonstrate strong and effective collaboration, and trust
 - Improve and integrate our services
 - Deliver services that are clinical effective, quality and safe
 - Promote innovation and inclusivity
 - Maintain financial stability
- 3.8 We will continue to provide the best healthcare that we can and will always put the health of our population first, delivering efficient, safe and reliable

services with excellence as our standard, encouraging innovation, embracing learning, knowledge and change.

3.9 Our values are based around Collaborative, Aspirational, Respectful and Empathetic:

- Using the expertise of many, to achieve our aims and objectives, collaboration is a cornerstone of the Trust and is something we believe passionately about;
- We encourage all our staff to be aspirational in their line of work, and to be the best that they can be;
- We treat everyone with dignity and respect ensuring all of our staff maintain a respectful relationship with patients, their families, and their individual colleagues that care for them;
- Showing empathy is important to the relationships we build within the Trust, and also those that we build outside of our hospitals.

3.10 Whilst reflecting the changes both nationally and locally, the Trust has made slight but subtle changes to the four original strategic aims:

- Putting our Population First
- Valuing People
- Transforming our Services (no change)
- Health & Wellbeing (no change)

3.11 The Trust has made a firm commitment to the prevention agenda and the development of a population health focus as part of our secondary acute care, and this has been reinforced with the recruitment of key senior personnel from a public health/health protection and primary care background to help the Trust make swift progress in addressing longer term health inequalities.

3.12 This is very much an on-going process and we will continue to work with our partners to provide a collective response to the population needs across our localities. Collaboration has not just been an important aspect of integration planning. The Trust has made considerable strides to contribute to the broader public health agenda within our localities and our focus on population health management is an important strand.

3.13 In order to make further progress, the Trust will work with its partners and key stakeholders in primary care and public health to fully understand the health inequalities and poor health determinants to help target interventions to where they are needed most. Our plans will also be influenced by the approach to working with our partners in primary care and the emerging primary care networks. We aim to contribute to reducing inequalities in a practical way within communities and neighbourhoods, whilst delivering our core business.

4. RECOMMENDATIONS

- 4.1 The Health & Wellbeing Board is recommended to support the Trust's overall vision for the next five years.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To enable partners within the Health & Wellbeing Board to comment on the Trust's strategic direction, and acknowledge the collaborative efforts that are already evident as a provider and key partner within the locality.

6. BACKGROUND PAPERS

None.

7. CONTACT OFFICER

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North Tees & Hartlepool NHS Foundation Trust

HEALTH AND WELLBEING BOARD

9 March 2020



Report of: Tees Valley CCGs

Subject: NHS FIVE YEAR OPERATIONAL PLAN 2019/20-2023/24 – SOUTH INTEGRATED CARE PARTNERSHIP

1. PURPOSE OF REPORT

- 1.1 The Hartlepool Health & Wellbeing Board is asked to note the contents of the Southern Integrated Care Partnership (ICP) level submissions made as part of the wider Integrated Care System (ICS) level submission in relation to the NHS Long Term Plan. These submissions were made in Nov-19 in line with National timescales.

2. BACKGROUND

- 2.1 In the response to the NHS Long Term Plan there was a requirement to develop system (ICS) plans for delivery through to 2023/24, covering:
- System Narrative Plan: to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan
 - System Delivery Plan: to set the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs. The system delivery plan will also cover the LTP 'Foundational Commitments'
 - Strategic Planning Tool: covering a range of metrics to support delivery of the LTP

As a South ICP and one of four ICP's within our ICS we were required to work with partner organisations within our ICP to complete an ICP level submission for the 3 areas above.

3. PROPOSALS

The Hartlepool Health & Wellbeing Board is asked to note the contents of the Southern ICP level submissions made as part of the wider ICS level submission in relation to the NHS Long Term Plan.

4. RECOMMENDATIONS

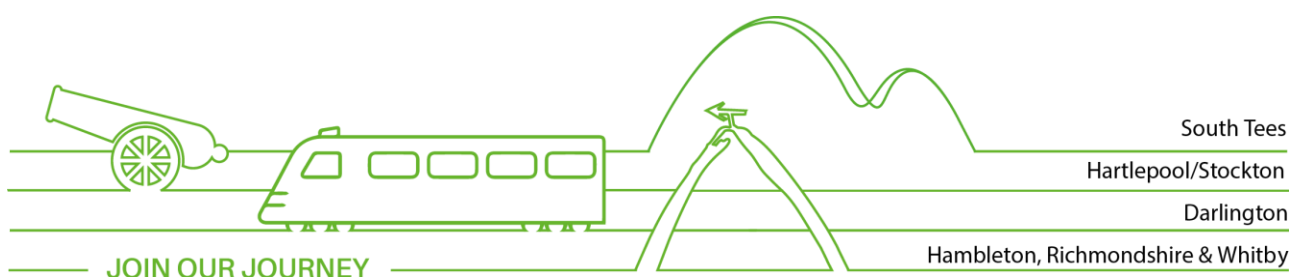
- 4.1 The Hartlepool Health & Wellbeing Board is asked to note the contents of the Southern ICP level submissions made as part of the wider ICS level submission in relation to the NHS Long Term Plan.

5. CONTACT OFFICER

- 5.1 Andrew Rowlands, Head of Planning & Assurance, Tees Valley CCGs



South Integrated Care Partnership (ICP) Five Year Operational Plan 2019/20 – 2023/24



1.0 Introduction

What is an Integrated Care Partnership/Integrated Care System?

Integrated Care Systems (ICSs)

ICSs have evolved from sustainability and transformation plans (STPs) and take the lead in planning and commissioning care for their populations and providing system leadership.

They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated Care Partnerships (ICPs)

ICPs are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete.

These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

The 'South ICP' is one of four ICPs in the North East and North Cumbria Integrated Care System. It covers a population of 847,000 with the following statutory organisations involved:

- ⇒ Four CCGs - NHS Darlington CCG, NHS Hartlepool & Stockton CCG, NHS Hambleton, Richmondshire & Whitby CCG, NHS South Tees CCG.
- ⇒ Three NHS Foundation Trusts - County Durham and Darlington NHS Foundation Trust (Darlington site), North Tees & Hartlepool NHS Foundation Trust, South Tees NHS Foundation Trust.
- ⇒ Six Local Authorities – Darlington, Hartlepool, Middlesbrough, North Yorkshire, Redcar & Cleveland, Stockton.
- ⇒ One Mental Health and Learning Disabilities Trust - Tees, Esk & Wear Valley NHS Foundation Trust.
- ⇒ Two Ambulance Trusts - North East Ambulance Service NHS Foundation Trust, Yorkshire Ambulance Service.

From July 2019, the ICP area also includes eighteen Primary Care Networks across the current four CCGs.

What is a Primary Care Network?

GP practices have begun working together alongside community, mental health, social care, pharmacy, hospital and voluntary services in the local area to form Primary Care Networks (PCNs).

PCNs signal a significant change in the way practices interact not only with each other, but the wider health and social care system.

This will enable care to be delivered to a defined patient population, in a different way to meet the needs of that population. This will be focused on prevention and personalisation of care, making best use of resources collectively.

We have eighteen Primary Care Networks broken down as follows:

- ⇒ Darlington CCG – 1 PCN
- ⇒ HaST CCG – 7 PCNs (4 Stockton and 3 Hartlepool)
- ⇒ South Tees CCG – 6 PCNs (3 Redcar & Cleveland and 3 Middlesbrough)
- ⇒ HRW CCG – 4 PCNs

CCG Merger

With effect from 1 April 2020, the three Clinical Commissioning Groups (CCGs) across Tees Valley will merge into one CCG.

A single NHS Tees Valley CCG will be created, replacing CCGs NHS Darlington CCG, NHS Hartlepool and Stockton on Tees CCG and NHS South Tees CCG.

At the same time NHS County Durham CCG will also replace NHS Durham Dales, Easington and Sedgefield CCG and NHS North Durham CCG.

The two neighbouring CCGs will work closely together under a joint leadership team which has been in place since October 2018. Dr Neil O'Brien will remain as the single Accountable Officer, supported by two chief officers (Nicola Bailey focusing on Tees Valley and Stewart Findlay focusing on County Durham).

Working together as two closely linked CCGs will help make the best use of resources, ensuring high quality services are equally available to all local residents across County Durham and Tees Valley.

Whilst the new CCGs will retain a focus on local people and local services, the benefits of working across a larger population base with a shared management resource are already being realised and will continue to grow under the new arrangements.

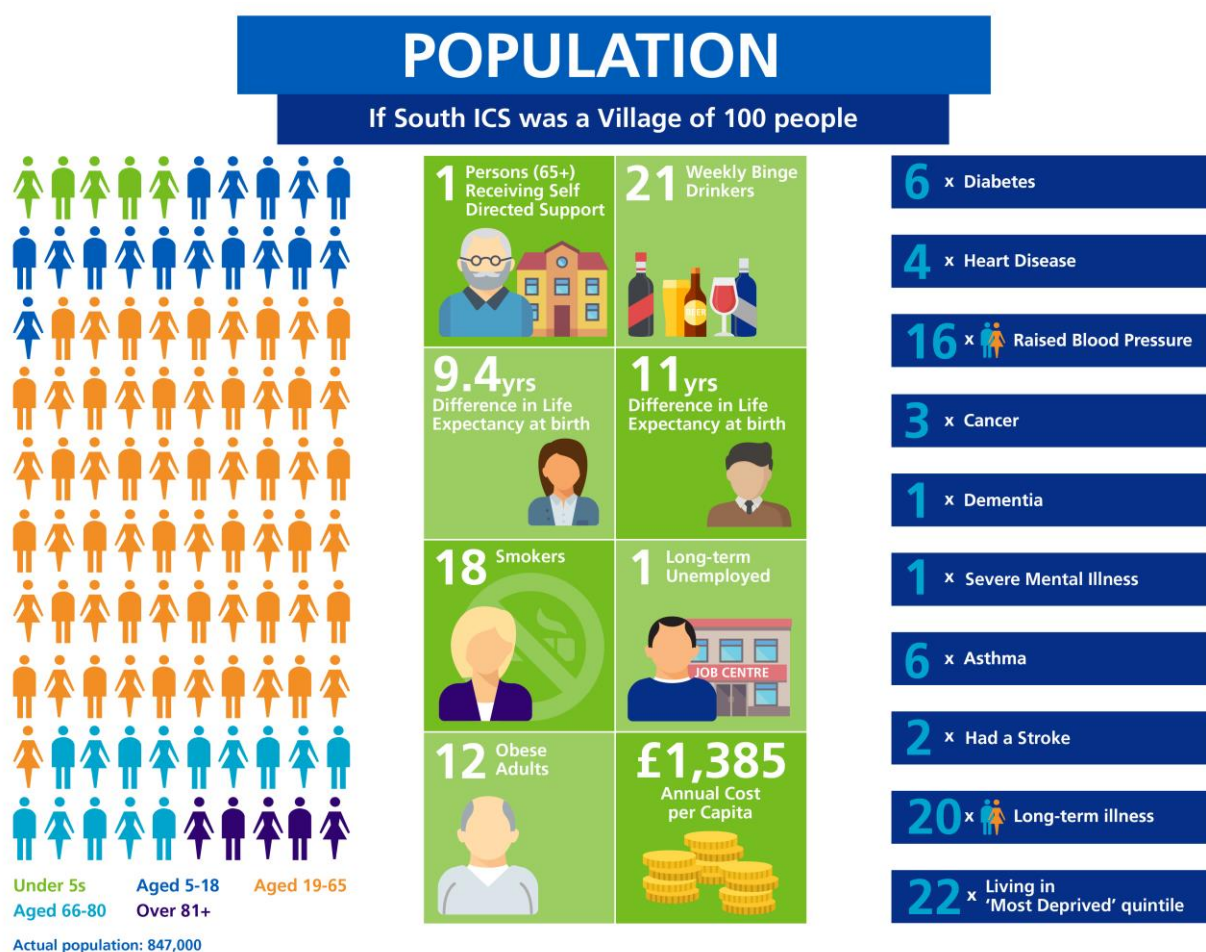
The new CCG Governing Bodies, which will continue to have representation from GP practices, lay membership for public and patient involvement, local clinical leaders and senior managers. These mergers have been approved by NHS England and NHS Improvement, and sit within the framework outlined in the NHS Long Term Plan.

2.0 Aims and objectives

Working across Hartlepool and Stockton-on-Tees, Darlington, South Tees and Hambleton, Richmondshire and Whitby, the South ICP has been set up to focus on 'place' and ensure the sustainability of services for the local population that meets quality, clinical and financial standards whilst tackling the challenges faced regarding recruitment and staffing shortages.

We want to improve health and wellbeing ensuring people have the best possible outcomes and we will do this through building on the strong foundations we have already started to develop through organisations working together across health and social care.

Transforming the way we work across the South ICP will deliver a positive shift towards improving "population health"; by integrating the way we deliver care as well as tackling the significant wider determinants of the health and wellbeing of our population.



This is an opportunity to learn, share and spread the significant work that has already been done. It also allows us to continue to deliver the objectives of the South ICP, which are:

- ⇒ To ensure our population has access to the best possible care through the system wide delivery of a joint programme of hospital services consolidation and transformation – our clinical strategy; including mental health care and services for those with Learning Disabilities.
- ⇒ To improve our population's health, wealth and wellbeing through increased use of Population Health Management approaches, more targeted prevention activities and increased application of personalised care.
- ⇒ To ensure optimal use of resources for patient pathways through increasing local integration at place to support more integrated out of hospital services based around communities; aiding our financial recovery and driving service sustainability.
- ⇒ To attract and retain a skilled workforce across clinical networks – to address our current workforce pressures.

3.0 Challenges

Like many other areas of the country, we face challenges with a growing need for health and social care services arising from an increasing ageing population and number of people with multiple illness and complex needs.

These challenges contribute significantly to the pressures our health services face including but not limited to financial and workforce pressures.

Health inequalities are widening in life expectancy and healthy life expectancy between people who live in more deprived and less deprived areas. Planning, Commissioning and Health and Care delivery is fragmented, making it more difficult for a coordinated approach to meeting the needs of individuals and population groups. This is compounded by the number of organisations involved in planning and delivering services.

‘Successful implementation relies on embracing technology and developing models of leadership founded on new ways of working and a shared culture.’

We need to further understand the health and wellbeing of our population and use this intelligence to make improvements in care and health outcomes. To understand this we will use data analytics, patient engagement and health and care insights. Successful implementation relies on embracing technology and developing models of leadership founded on new ways of working and a shared culture.

We are already working across the ICP to develop this to improve the health of the population, their experience of care, the health and wellbeing of the workforce and at the same time reduce the overall costs of care.

4.0 Taking a ‘Population Health Management’ approach

We want to take what is known as a ‘Population Health Management’ (PHM) approach. This is proven to improve population health by data driven planning and delivery of proactive care to achieve maximum impact.

The approach identifies local ‘at risk’ groups and, in turn, designs and targets interventions to prevent ill-health and improve care and support for people with ongoing health conditions, whilst reducing variations in outcomes across the area. The four main building blocks for population health management are – Infrastructure, insight, intervention and impact.

To do this we need to develop a local Population Health and Population Health Management (PHM) strategy that supports integrated working. It will enable us to tailor how we deliver, improve and commission responsive local health and care services from a Primary Care Network level (working with our GPs) This will include joining up how we deploy health promotion and prevention resources in our Local Authority Public Health Teams to tackle significant inequalities, early ill-health, poor lifestyles and sometimes the lifestyle choices of our local residents.

Population Health Management will be a key feature of our longer term financial recovery and sustainability, helping support a shift from reactive hospital based care to proactive prevention, early help and community based support.

We want to target measurable reductions in the inequalities and unwarranted variation in health and health outcomes that are prevalent across the South ICP. We will achieve this through stronger working with Local Authorities, Public Health and other key stakeholders.

Whilst we are focused on the place based approaches that will help achieve our goals and deliver our ambition we are also aware that there is significant work being progressed at an Integrated Care System level. Initiatives include;

Personalised Care

Whilst the health and care system has been changing at both a national and local level, the population itself has also changed.

People are now living for longer with more complex health and care needs. People are often unable to make appropriate decisions about their own health and health care, or exercise control over decisions about their health and that of their communities.

We will empower people through Integrated Personal Commissioning, including personalised care, personal health budgets and integrated personal budgets. We will support people to stay well by building community resilience, enabling people to make informed decisions and choices when their health changes.

We will work with Primary Care Networks to implement the Personalised Care Directed Enhanced Service (DES), including the creation of new Social Prescribing roles in a primary care / practice setting. We will ensure continued use of shared decision making, along with the development of effective care navigation in primary care that will sign-post suitable individuals to social prescribers or organisations that can better support them. We will make increased use of a range of personalised interventions that focus on better self-care. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.

We are working with our Primary care Networks to develop a robust plan around the recruitment of Social Prescribers.

Prevention

Our population is ageing, living longer in ill health and stubborn inequalities persist.

For patients and the sustainability of the NHS and other services we must increase our efforts to prevent illness instead of waiting to treat it. We also know that increasing our focus on prevention, as opposed to treatment; will support our financial recovery in the longer term.

The ICP will deliver a reduction in health inequalities, with an emphasis on addressing key risks of smoking, high blood pressure, obesity and alcohol and drug use. We acknowledge the significant impact that drug use and alcohol consumption is having on our population and services, both in terms of physical health and mental health. To this end we are progressing a range of specific initiatives to target reductions in these areas and bolster our capacity.

We have identified an ICP wide programme of work, with colleagues from our Local Authority Public Health Teams to begin to tackle some of the underlying causes of ill health. The programme is aimed at the following key areas;

- ⇒ Making every contact count
- ⇒ Reducing; tobacco dependency, excess weight and the impact of alcohol
- ⇒ Air quality
- ⇒ Antimicrobial resistance
- ⇒ Screening and immunisation
- ⇒ Health inequalities.

5.0 What will change?

Clinical and managerial leaders from across our system have been working together to understand the services that represent the biggest risk to the system in terms of vulnerability and opportunities to transform these services in order to deliver the best possible outcomes in a sustainable and affordable way.

We have identified four priority areas that require urgent attention. These services are;

- ⇒ Urgent and Emergency Care
- ⇒ Maternity and Paediatric Services
- ⇒ Stroke Services

We are making significant changes to the provision and delivery of Pathology and Radiology services.

Mental Health Services

The North East has some of the highest rates of mental illness in England.

We have made considerable progress implementing integrated for mental health services through the Durham and Tees Valley Mental Health Partnership. The aim of the Partnership is to bring together organisations to meet the needs of our mental health, learning disability and autism population, by taking shared responsibility for the planning and delivery of care within an agreed budget.

Regarding mental health services the strategic partnership aim is that;

‘The County Durham, Darlington and Tees Valley Mental Health and Learning Disability Partnership will work together as one responsive system to plan, buy and deliver high quality, best value health services for those living with learning disability, autism or mental health needs.’

The partnership has facilitated the CCGs in successfully bidding for additional resources to support the Children and Young People Trailblazer and Crisis services.

By changing the way we deliver acute hospital based care we can support greater investment in community, out of hospital and mental health & learning disability care in line with the investment standards detailed in the NHS Long Term Plan.

Our provider Trust led partnership has developed a recovery focussed approach to care looking at changing processes and culture to support personalised, well-being services. Our goal is to help service users find connectedness, hope, identity, meaning and empowerment.

Another initiative is the Right Care, Right Place scheme to support the delivery of new community based models of care, in line with the national framework for community mental health services. The initiative will include wrapping service around PCNs delivery of enhanced community based, early intervention support and stabilised specialist provision.

‘The Partnership put forward an application and was successful in gaining a place on a CAMHS Whole Pathway Commissioning pilot.’

The life expectancy of mental health service users is 20-30% less, in terms of years lived, than the rest of the population. The gap in the South ICP is higher than the national average, our goal is to reduce this premature mortality by enabling more people to have their physical health needs met through increased early detection and access to evidence based physical care, assessment and intervention.

In the South ICP we are committed to “Make Every Contact Count” and a interventions toolkit has been developed to support patient-facing services to engage with clients around depression, generalised anxiety disorder, social anxiety disorder, alcohol use disorder, smoking cessation and gambling awareness.

Suicide is the leading cause of death for men aged 15-49 and women aged 20-34 our ICP is implementing the NENC ICS regional Zero Suicide Ambition strategy at a locality level to reduce the number of lives lost to suicide with the goal of zero suicides. Across the ICP there are multiagency locality level action plans in place with the remit of achieving that ambition.

Half of mental health problems are established by the age of 14 and 75% by 24 years, to this end the Partnership put forward an application and was successful in gaining a place on a CAMHS Whole Pathway Commissioning ‘pilot’ (one of only four successful pilot sites across the country). This pilot provides us with the opportunity to bring together specialised and non-specialised commissioning for the provision of children and young people’s mental health services. This will ensure we have a good joint understanding of the impact of service development and decommissioning.

The NHS Long Term plan also sets out a range of requirements that, as an ICP, we are collectively responding to. Examples of those areas where local place based approaches are being progressed include;

Cancer

There is a significant gap between life expectancy across the ICP footprint and that of England.

There is also a significant inequality gap within our local communities with more people from deprived communities dying from cancer as well as their quality of life post cancer treatment being worse than what it should be when compared to the local, regional and English averages. It is our goal that year on year; an increased number of patients will survive their cancer for at least 5 years after diagnosis and receive personalised follow up support.

The South ICP has collectively bid for funding from the Northern Cancer Alliance for 2019/20 to provide Cancer Trackers and Cancer Care Co-ordinators to help support patients through the system. This funding will be used for the most challenging cancer areas such as Head and Neck and Lung as well as transferring patients across sites. Data mechanisms have been developed to measure effectiveness and influence a case for change.

Hospital Trusts are improving a patient's journey (pathway) through the service in colorectal, prostate, upper gastrointestinal and lung. Part of this work will see patients who are low risk having their follow up appointments carried out either virtually or in a GP setting. It is intended that this will release capacity in hospital services to help achieve the cancer standards and improve outcomes for patients.

Urgent & Emergency Care

Urgent and Emergency Care demand has increased year on year.

To ensure that we continue to meet the needs of our most unwell patients, we must ensure that patients are treated in the most appropriate setting and in the most appropriate timeframes, reducing pressure on our most stretched services. Staffing remains a challenge, with large gaps in most sectors, due to difficulties in increasing staff numbers within limited financial budgets; we must reduce activity in order to meet the most urgent needs of the population.

Our goal is to have a highly responsive, 24/7, seamless urgent & emergency care service. We will aim to do this by reducing demand on Urgent and Emergency Care Services whilst improving patient flow experience and performance. We aim to reduce unwarranted variation across the Region, standardising services and delivery. All organisations across the South ICP will work in partnership with A&E Delivery boards to ensure delivery of current NHS constitutional standards and will develop plans/processes to deliver new clinical standards when published.

A single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hour's services has been operational since 1st October 2018.

It is recognised that the Urgent Treatment Centre (UTC) model will support demand management, this model is already in place within the Darlington UTC and North Tees and Hartlepool Foundation Trust UTC and will be implemented in South Tees Hospital Foundation Trust by 1st October 2019. The permanent service model at the Friarage Hospital, Northallerton for implementation of an UTC will commence in 2020.

The ICP is committed to the continued delivery of the 4 year investment programme that will see the North East Ambulance Service be able to deliver the required national standards. This will be through increased paramedic recruitment and vehicle capacity and improved operational efficiencies.

Waiting times

Our goal is to redesign outpatient services so that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits.

All systems and Trusts will implement proven initiatives, including the Model Hospital, Rightcare and GIRFT.

Diagnostic services also face increased waiting times pressures most notably in relation to 'faster diagnosis' for cancer patients. We will continue to work collaboratively across our ICP to ensure that we maximise the available diagnostic capacity for the whole population and exploit any opportunities to improve patient's journey through the system. Specific recent examples include the implementation of both Faecal Cal-Protectin and FIT testing to reduce the numbers of avoidable endoscopies.

'Significant progress has been made in developing the local offer in relation to advice and guidance.'

Another scheme to reduce waiting times and improve RTT performance is the musculoskeletal (MSK) First Contact Practitioner Model we are piloting in South Tees and Hambleton, Richmondshire & Whitby which brings expertise to the start of the MSK patient pathway/journey. The expectation is that this pilot will reduce demand by enabling prompt access to expert assessment, diagnosis, treatment and self-management advice and for many patients prevent short term problems becoming long term conditions. If successful we will look to implement this approach across the ICP.

Significant progress has been made in developing the local offer in relation to advice and guidance. This has been supplemented with specific programmes of GP referral support provided through 'rapid specialist opinion' services, providing local GPs with guidance on the treatment options available and the appropriateness of onward referrals to hospital services.

As a system we collectively acknowledge the need to ensure that no patient will wait more than 52 weeks from referral to treatment. The actions outlined above will support delivery of this key standard; however, where necessary, we will work together across the system to implement a planned process of NHS-managed choice supporting those patients who have waited 26 week or more to access services with shorter waiting times.

Prevention

We will continue to work with Public Health and other stakeholders on the CVD Prevention Agenda to allow greater detection and management of conditions.

For example, we are working to implement an Atrial Fibrillation Optimisation and Detection Programme. This 18 month project is designed to support patients identified as having or at high risk of AF.

Respiratory

Over the next ten years we will be invest in improved treatment and support for those with respiratory disease, to transform our outcomes to equal, or better, than our international counterparts.

To do so we will take an integrated approach to delivery involving communities, voluntary organisations and the health and care system. We will focus on prevention, early detection and diagnosis and optimal treatment options, concentrating initially on populations at greater risk.

Diabetes

We will support people at risk of developing Type 2 diabetes and those living with diabetes to significantly improve treatment compliance and thus improve outcomes.

Work is already progressing to plan and implement an expansion to the NHS Diabetes Prevention Programme. This will support eligible patients to reduce their risk of developing Type 2 diabetes with emphasis on health inequalities and the BAME community

Learning Disabilities and Autism

Adults with learning disabilities are one of the most vulnerable groups in society, experiencing health inequalities, social exclusion and stigmatisation.

In general, adults with learning disabilities have greater and more complex health needs than the general population, and often these needs are not identified or treated. More than 1.2 million people in England have a learning disability and over 600,000 people are living with autism, a lifelong condition. People with a learning disability are four times more likely to die of something which could have been prevented than the general population (Disability Rights Commission, 2006).

Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for. Children and young people are also prescribed them.

Approximately a third of people with learning disabilities, autism or both currently in hospital have been in an inpatient setting for five years or longer. Life expectancy of this group is shorter than the general population with adults often experiencing barriers to accessing healthcare services, and poor levels of care. They are more likely to die from a preventable cause than the general population.

Across the North East and Cumbria Transforming Care Programme Network 0.6% of the population were registered with a learning disability. The areas with the highest proportion of people with learning disabilities across this network are identified as within South ICP

The proportion of those people who also have autistic spectrum disorder ranges from about 8% in Northumberland to almost 15% in the Middlesbrough area of the South ICP. Areas within the South ICP have greater variation of prevalence of people with learning disabilities with one locality identified as reporting 1000 per 100,000 populations compared to 350 per 100,000 in another.

Four areas within the South ICP are significantly higher than the regional average for people with complex or profound learning disabilities, with one area showing the highest number of people with autistic spectrum disorder.

Developing community based services and support for people with a learning disability and/or autism has been a key priority for stakeholders within the South ICP and we continue to progress the delivery of robust community alternatives to inpatient care for those people whose needs are more complex, with a focus on people living in their own homes receiving personalised care and support.

Increasing out of hospital services

The NHS Long Term plan emphasises a shift away from hospitals and towards community and primary care (GPs) and sets out a new service model for the 21st century.

Our goal is to increase the scale and integration of out of hospital services, based around communities and improved population health outcomes.

Our ICP will build upon existing local place-based leadership and responsibilities of the Clinical Commissioning Groups, to plan and arrange services for our populations. This will involve all eighteen of our local primary care networks (GPs and other health and care professionals) and NHS foundation trusts, working with local authority and voluntary sector partners, in improving health and wellbeing.

‘We want to maximise the value of the local ‘health and care pound’, to ensure we deliver seamless and high quality care for patients and the public’

Our place based approaches vary across the ICP based on the needs of the local population, the configurations of services that have historically been available and the relationships in place between the various health and care organisations.

While recognising that for most people their health and care needs are best met by integrated, place-based services, our NHS organisations are committed to working together ‘at scale’, where appropriate to harness our collective resources and expertise to make faster progress on improving health outcomes.

We want to maximise the value of the local 'health and care pound', to ensure we deliver seamless and high quality care for patients and the public. Health and care services can make faster progress on tackling health inequalities and improving outcomes when different organisations work together at scale towards common goals.

The integration of primary care, social care and hospital care will be vital to the delivery of effective and high quality services. Within our ICP we are progressing a number of approaches to local integration between health and social care including;

- ⇒ In Hambleton, Richmondshire and Whitby work is progressing with North Yorkshire County Council to prevent hospital admissions. Significant progress has been made to date with the implementation of three 'Discharge to Assess' and increased communication between health and social care. Progress has also been made in relation to Step Up/Step Down Care and in the development of an integrated end of life care pathway. 'a telemedicine system enabling 24/7 access to health care teams, has been introduced into care homes keeping patients at home in a crisis.
- ⇒ In Middlesbrough and Redcar & Cleveland we have progressed work to develop a single place based set of priorities overseen by the establishment of a single joint Health and Wellbeing Board. The approach has been underpinned by a joint Integration A new model of joined up place based delivery for Health and Social care has been developed in partnership and we are now working to implement this across South Tees.
- ⇒ In Darlington an Integration Board has been established between health and social care partners. This includes joint commissioning arrangements between health and social care and supports delivery of the Health and Wellbeing Board priorities and joined up services for residents. This incorporates the Darlington Healthy New Town programme that has successfully co-coordinated health and social care services with a particular emphasis on 'place', engaging the local community to shape the built environment and to align community based health and care services including networked primary care, to improve outcomes and experience for residents.
- ⇒ In Stockton-on-Tees we are developing a community pathfinder with health and social care partners to address health inequalities and improve outcomes for residents. This work is underpinned by collaborative working across acute, community and social care partners exploring innovative approaches to how we commission and provide services
- ⇒ In Hartlepool we continue to support the delivery of the Hartlepool Plan, developed collaboratively with the people of Hartlepool and the health and care agencies responsible for their care. Joint working across these health and care agencies, in conjunction with the newly emerging Primary Care Networks, will be a key success factor in delivering the plan.

6.0 Conclusion

The Tees Valley Health and Care Partnership Board of the South ICP brings together senior Executive leaders from across the system, representing the statutory partner organisations across the four CCG geographical boundaries.

This Board provides strategic leadership across the whole of the ICP, including the development and delivery of plans to progress operational and longer term transformational priorities that build on our place based plans and approaches.

*‘This Board provides strategic leadership across
the whole of the ICP.’*

The Board will oversee the alignment of these various place based, operational and transformational plans into a single overarching plan that will respond to, and address, our financial and operational performance.

HEALTH AND WELLBEING BOARD

9th March 2020



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

Subject: SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) IMPROVEMENT PLAN PROGRESS AND SEND STRATEGY

1. PURPOSE OF REPORT

- 1.1 To share with members of the Health and Wellbeing Board progress on the local area's SEND Improvement Plan.
- 1.2 For members to be sighted on the progress in relation to SEND and offer challenge and support on areas that are not making sufficient progress.
- 1.3 For members to note the annual report.
- 1.4 For members to agree the SEND Strategy and consider how they can contribute to the priorities in the strategy.
- 1.5 For members to note that the area has requested an LGA SEND Peer Review which will take place week beginning 30th March 2020.

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 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 and support children with SEN.
- 2.3 Ofsted and CQC have been commissioned to undertake inspections of local areas in their implementation of the Code of Practice and Hartlepool was inspected in October 2016 and found to have four areas of weaknesses.
- 2.4 Subsequently the area was revisited in January 2019 to review progress in each of the areas of weakness. Inspectors felt that the area had not made sufficient progress in two of the areas:
- a) 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
 - b) Weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities

3. PROGRESS

- 3.1 The improvement plan has been updated as attached (**Appendix A** – to follow). The balance scorecard has been updated with Autumn Term data and is attached as **Appendix B** (to follow). In addition an annual report covering March 2019 – March 2020 has been completed and is attached as **Appendix C** (to follow).
- 3.2 The SEND Joint Strategic Needs Assessment (JSNA) was shared with the Health and Wellbeing board at the November meeting. This can be found at https://www.hartlepool.gov.uk/info/20081/health_and_well_being/917/starting_well/4 and this has been used to develop the Hartlepool SEND Strategy. The SEND strategy which also includes our approach to joint commissioning is attached as **Appendix D** (to follow).
- 3.3 In order to contribute to our continuous improvement journey the SEND Strategic Group have requested an LGA Peer Review. This has been negotiated through the LGA and will take place week beginning 30th March. The peer review will be reviewing how the local area has implemented the SEND reforms across education, health and social care.

4. RISK IMPLICATIONS

- 4.1 There is a risk that if agencies do not work together that the system will be difficult to navigate for children with SEND and their families. This will prevent children and young people improving their outcomes and reaching their full potential.

- 4.2 There is a risk that if leaders do not hold each other to account to ensure that the improvement 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 progress achieved in implementing the SEND improvement plan.
- 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.
- 10.3 For members to note the SEND Annual Report 2019 – 2020
- 10.4 For members to approve the SEND Strategy and reflect on ways they can contribute to the strategy's priorities.

11. REASONS FOR RECOMMENDATIONS

- 11.1 To ensure that children with SEND are appropriately supported and services are commissioned to meet their needs.

12. BACKGROUND PAPERS

SEND Code of Practice

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

13. CONTACT OFFICER

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Hartlepool SEND Improvement Plan April 2019 (updated January 2020)

4.7 Appendix A

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 (updated January 2020)

Weakness to be addressed: System governance for delivery of SEND services for the children and young people of Hartlepool.									
We will know this is working well when: 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/ Evidence	By 30/09/19	Status/ Evidence	By 31/03/20	Status/ Evidence
<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>Evidence by: Minutes of meetings and action logs demonstrating timely discussions and monitoring of the plan</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>Evidence by: Parents and Carer representation attend strategic/decision making meetings. Minutes of governance meetings.</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"> 1. Separation of current Improvement Board into distinct Operational and Strategic functions. 2. Revised Terms of Reference in place outlining lines of accountability including to Health and Wellbeing Board. <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>Complete - Minutes ToR</p> <p>Complete - Minutes, ToR</p> <p>Complete-report to HWB</p> <p>Complete-HWB mins</p> <p>Complete-BSC</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>Complete – HWB report and minutes</p> <p>Complete – HWB report</p> <p>Balance score card has been produced with baseline information populated – to be updated quarterly</p> <p>Audit completed Findings being presented to Strategic group on 8/10/2019</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>	<p>Report presented to HWB March 9th 2020</p> <p>Peer Review planned 31st March 2020</p>

Hartlepool SEND Improvement Plan

April 2019 (updated January 2020)

Weakness to be addressed: 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

We will know this is working well when: 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/ Evidence	By 30/09/19	Status/ Evidence	By 31/03/2020	Status/ Evidence
<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>Evidence by: Balance scorecard including parental satisfaction</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>Complete - SEN2</p> <p>Complete – training offer, attendance lists</p> <p>Complete – registration / attendance list</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>75% completed within timescale SEN2</p> <p>Have achieved 75% therefore have amended action: <i>Balance scorecard populated and reported to strategic group quarterly</i></p> <p>Complete Attendance list Training evaluation forms</p> <p>Complete Attendance list Evaluation forms</p> <p>Complete Survey report</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>	<p>Data available end of March 2020</p> <p>Workforce session held to develop workforce programme – draft programme in place</p>

Hartlepool SEND Improvement Plan April 2019 (updated January 2020)

EHC plans are of high quality and are effective leading to improved outcomes for children and young people with SEND	Undertake a piece of work to identify best practice regionally and nationally in EHC plans using PCF and their networks to identify excellence.	All Hartlepool EHC Plans are legally compliant. EHC plans are consistently of a high quality individualised and meet needs the child / young person.	Head of SEND, HBC Assistant Director, Education, HBC Director of Nursing North Tees and Hartlepool NHS Foundation Trust Locality Manager (CAMHS) Tees Esk and Wear Valley NHS Foundation Trust Local area operational group	Best practice identified and benchmark set	Complete QA framework QA tool	Two audit days completed.	One day completed Audit report Second day 1 st October 2019	LGA Peer Review completed of the local area SEND arrangements including a case review of the timeliness, quality and effectiveness of EHC plans.	31 st March – 3 rd April 2020 To be presented to June meeting
	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. Delivery of audit improvement plan to meet identified areas of concern to drive continuous improvement in the quality of EHC plans.	All EHC Plans are outcome focused with SMART objectives to enable impact to be measured. SMART objectives are based upon stretch targets for the individual child / young person. 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. Evidence by: Balance scorecard audit activity which shows improving picture.		Quality assurance tool devised and date set for first audit. Multi-agency quality assurance cycle established, date set for first audit and audit team identified including representatives from PCF.	Complete Schedule of audits Complete Schedule of audits	Report of audit findings prepared including plan to address of areas for improvement. Report presented to Strategic Group and HWB Audit activity evidences improvement in quality of plans. Target: > 60 %judged good or better DfE SEND Professional adviser to moderate audit findings and reports and advice local area to add value. Parental satisfaction survey in partnership through PCF	Complete Audit report 8/10/19 Strategic Group 02/12/19 HWB board Amended action: <i>Audit sets baseline for plans meetings minimum standards of CoP</i> Audit report Complete Survey report	LGA Peer Review report presented to HWB Audit activity evidences improvement in quality of plans. Target: > 80 % judged good or better	

Hartlepool SEND Improvement Plan April 2019 (updated January 2020)

<p>Weakness to be addressed: Weaknesses in the joint commissioning of services for children and young people who have SEND.</p> <p>We will know this is working well when: 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/ Evidence	By 31/09/19	Status/ Evidence	By 31/03/19	Status/ Evidence
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>Evidenced by: Sufficiency assessment published JSNA refreshed Joint commissioning plan that is SMART</p> <p>Local area will jointly commission services for children and young people with SEND that have high levels of user satisfaction.</p> <p>Evidenced by: CYP families report they are satisfied with services provided.</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 which reflects joint priorities and targets across education, health and care.</p>	<p>Complete - Info gathered from school consultations</p> <p>Complete - Info gathered from all partners</p> <p>Complete - JSNA</p>	<p>Needs assessment, sufficiency assessment and draft joint commissioning strategy presented to Strategic Group and Health and Wellbeing Board</p>	<p>Completed needs assessment/ strategy Strategic Group 8/10/19 HWB 02/12/19</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>	<p>Speech and Language review underway</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>Evidenced by: Commissioning Strategy approved and published</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>Complete - ToR</p> <p>Complete - timeline</p>	<p>Draft joint commissioning strategy approved by Health and Wellbeing Board</p>	<p>Completed strategy HWB 02/12/19 (due to availability of meetings) – JSNA and strategy</p>	<p>Year 1 priorities services jointly commissioning and commenced delivery</p>	

Hartlepool SEND Improvement Plan

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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>Commissioning plan approved and published</p> <p>There is a mechanism for addressing the commissioning requirements needed to deliver the Joint Commissioning strategy and action plan. Evidenced by: Action logs of operational group</p> <p>The joint commissioning strategy and plan is co-produced by Children, young people and their families Evidenced by: Commissioning process paperwork PCF minutes Operational strategic group minutes</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.	This 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>	Annual report presented to HWB March 9th
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>Evidenced by: Balanced scorecard reports to strategic group and HWB.</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>Completed and shared findings with Ops group – discussion supported development of QA framework</p> <p>Complete</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>	Not completed Remedial action – see risk register below	<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>	

Hartlepool SEND Improvement Plan April 2019 (updated January 2020)

SEND Improvement Risk Register (September 2019)

Identified Risk/ Barrier/Area of concern	Risk Mitigation (remedial actions to accelerate progress)	Milestones	Current progress (Jan 2020)
Implementation of outcome star	<ul style="list-style-type: none"> PfA information circulated to Ops group to ensure all members are sighted on the PfA outcomes to inform development SEND Ops group main agenda item on 23rd September - Preparing for Adulthood outcomes agreed as the focus All members of the Ops group to consult with their representative organisation <ul style="list-style-type: none"> ➤ SEN officers consulted on use of the outcome star ➤ SENCOs consulted ➤ Parents ➤ Children and Young People ➤ SALT/OT ➤ CAMHS Training commissioned and implemented 	<p>9th September 2019</p> <p>23rd Sept – agree format</p> <p>Week beginning 30th September 2019 feedback returned by 20th October 2019</p> <p>By end of November 2019</p>	<p>PfA information has been circulated and the ops group have reviewed however there is no consensus about how this could work Therefore has not been taken forward at this point.</p> <p>However a regional piece of work</p>
Monitoring of outcome star progress	<ul style="list-style-type: none"> EHC paperwork amended to include the outcome star Audit to be undertaken to review use of outcome star CYP and parent survey/ consultation to review implementation of the outcome star 	<p>December 2019</p> <p>March 2020</p> <p>March 2020</p>	
Levels of capacity and commitment as a result of recent staff changes, the structure of the CCGs and other issues	<ul style="list-style-type: none"> Restructure of CCG offers additional capacity (as per letter sent to DfE by Nicola Bailey) Additional staff recruited to the LA SEN team 		
A risk around the timeliness of data collection and its effective use – including by senior leaders	<ul style="list-style-type: none"> Balance scorecard produced and presented to Strategic Board Jan 2020. Regular termly updates are in place to present to Strategic Board and HWB 		
A risk around the effectiveness of your governance arrangements in monitoring impact and driving improvement	<ul style="list-style-type: none"> Ongoing progress reports presented to HWB. Strategic Group continue to oversee implementation of plan 		

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A risk around levels of capacity and commitment as a result of recent staff changes, the structure of the CCGs and other issues □ □

SEND BALANCED SCORECARD 2019/2020
SUMMARY



SEND BALANCED SCORECARD 2019/20

SEND BALANCED SCORECARD 2019/20					Provisional 2019/20				
Objective	Number	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	Comments	
Effectively identify, assess and meet the needs of children and young people who have special educational needs and disabilities	1.1	Number children/young people receiving SEN support	2041		2082				
	1.2	Number children / young people referred for EHCP assessment	125		67				
	1.3	Number and % EHCP assessments agreed	83 (100%)		46 (69%)				
	1.4	Number of EHCP issued and % within 20 weeks		↑	10 (41%)			Due to Autumn term figures having the impact of the six weeks summer holiday. Assessments started when the team had 3 members of staff. This has now increased to 5 members of staff.	
	1.5.0	% of professional advice received within timescales: School/ college	92%	↑	100%				
	1.5.1	% of professional advice received within timescales: Education psychology	81%	↑	86%			20 out of 23	
	1.5.2	% of professional advice received within timescales: Social care	45%	↑	100%			23	
	1.5.3	% of professional advice received within timescales: Paediatrics	70%	↑	100%			23	
	1.5.4	% of professional advice received within timescales: SALT	74%	↑	100%			23	
	1.5.5	% of professional advice received within timescales: Physiotherapy	77%	↑	100%			23	
	1.5.6	% of professional advice received within timescales: Occupational therapy	74%	↑	95%			22 out of 23	
	1.5.7	% of professional advice received within timescales: CAMHS	40%	↑	91%			21 out of 23	
	Number	Measure	Baseline data 2018/19	Direction of travel	Q1	Q2	Q3	Q4	
	1.6.0	Average waiting times: Paediatric SALT	18 weeks	↓	18 weeks				Vacancy in paediatric OT service. Position has since improved to 4-6 weeks in Q2.
	1.6.1	Average waiting times: Paediatric Physiotherapy	18 weeks	↓	18 weeks				
	1.6.2	Average waiting times: Paediatric Occupational therapy	18 weeks	↓	18 weeks				
	1.6.3	Average waiting times: Paediatric CAMHS	6 weeks	↓	6 weeks				
	1.7.0	Autism: No. of children on existing waiting list for full assessment	99	↓	77	85			This data is the latest available (October 2019)
	1.7.1	Autism: No. of children on existing waiting list for full assessment: Longest wait	89 weeks	↓	69 weeks	101 weeks			
	1.7.2	Autism: No. of children on existing waiting list for full assessment: Average wait	34 weeks	↓	56 weeks	53.2 weeks			
	1.8	% of children with learning disabilities attending GP annual checks	62%	↑	5%	TBC			This info is for Q1 only. 18/19 compliance was 62%

SEND BALANCED SCORECARD 2019/20					Provisional 2019/20			Comments
Objective	Number	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	
Children, young people and their families have a positive experience of the SEND system and get the right support at the right time	2.1.0	Number of EHCP reviews held and % within: 6 months of previous (early years)	4 (50%)	↑	1 (100%)			
	2.1.1	Number of EHCP reviews held and % within: 12 months of previous (5+)	498 (57%)	↑	173 (78%)			
	2.2.0	% reviewed EHCP issued within: 6 months of previous (early years)	0	↑	0			
	2.2.1	% reviewed EHCP issued within: 12 months of previous (5+)	15%	↑	15%			
	2.3.0	% children with EHCP have education/care needs met within in Hartlepool	89%	↑	84%			490 out of 585
	2.3.1	% children with EHCP have education/care needs met within 20 miles of Hartlepool (but outside of Hartlepool)	6%	↓	10%			61 out of 585
	2.3.2	% children with EHCP have education/care needs met > 20 miles from Hartlepool	5%	↓	6%			34 out of 585
	2.4	Number of families supported by SENDIASS	125		97			Data for Sept 2019 to Jan 2020
	2.5	Total number of local authority SEND complaints:	3					
		% fully upheld	0					
		% partially upheld	3					
		% not upheld	0					
	2.6	Number of SEND appeals involving mediation	2		1			
	2.7	Number of SEND tribunals	0		1			Tribunal re non assess decision from SEND Panel. 1 tribunal withdrawn.
	2.8	Number of multi agency audits of EHCPs completed	20					
	2.90	Number and % of audits where EHCP judged to be satisfactory and meeting minimum standards of CoP	55%	↑				
	2.10.0	Summary of parent survey information: % overall satisfaction	60%	↑				
	2.10.1	Summary of parent survey information: % satisfied with care and support for child and family	60%	↑				
	2.10.2	Summary of parent survey information: % satisfied wishes and views have been taken into account	65%	↑				
	2.10.3	Summary of parent survey information: % satisfied children are supported to meet needs	55%	↑				

SEND BALANCED SCORECARD 2019/20

					Provisional 2019/20			Comments
Objective		Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	
Children and young people with SEND are achieving good and improving outcomes	3.1.0	Attainment of children and young people with SEND: % EYFS - GLD	18.2	↑	Annual			
	3.1.1	Attainment of children and young people with SEND: Key stage 1 - % Average RWM combined at expected or above	22.6	↑	Annual			
	3.1.2	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Reading	-0.44	↑	Annual			
	3.1.3	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Writing	-1.39	↑	Annual			
	3.1.4	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Maths	-0.96	↑	Annual			
	3.1.5	Attainment of children and young people with SEND: Key stage 4 - Average Progress 8	-0.73	↑	Annual			
	3.1.6	Attainment of children and young people with SEND: Key stage 4 - Average Attainment 8	29.4	↑	Annual			
	3.2.0	Young people with EHCP who are NEET/not known: 16-18	3	↓	7 (November)			Data are from systems which have transitioned. Reported in Academic Year Groups.
	3.2.1	Young people with EHCP who are NEET/not known: 19-25	11	↓	58 (November)			Data are from systems which have transitioned. Reported in Academic Year Groups.
	3.3.0	% pupils at SEN support receiving: Fixed Term Exclusion - Primary	0.8	↓	Available after Jan Census			Exclusions collected from Jan/May Census for 2018 & 2019. % used is of all SEN support or EHCP cohort on January census for relevant year and relevant school category e.g. Primary.
	3.3.1	% pupils at SEN support receiving: Fixed Term Exclusion - Secondary	19.8	↓	Available after Jan Census			
	3.3.2	% pupils at SEN support receiving: Permanent Exclusion - Primary	0.1	↓	Available after Jan Census			
	3.3.3	% pupils at SEN support receiving: Permanent Exclusion - Secondary	0.6	↓	Available after Jan Census			
	3.4.0	% pupils with EHCP receiving Fixed Term Exclusion Primary	4.4	↓	Available after Jan Census			
	3.4.1	% pupils with EHCP receiving Fixed Term Exclusion Secondary	19.6	↓	Available after Jan Census			
	3.4.2	% pupils with EHCP receiving Fixed Term Exclusion Special	0.4	↓	Available after Jan Census			
	3.4.3	% pupils with EHCP receiving Permanent Exclusion Primary	0	↓	Available after Jan Census			
	3.4.4	% pupils with EHCP receiving Permanent Exclusion Secondary	0	↓	Available after Jan Census			
	3.4.5	% pupils with EHCP receiving Permanent Exclusion Special	0	↓	Available after Jan Census			
	3.4.6	% of Fixed Term Exclusions involving SEN Support Pupils	28.3	↓	Available after Jan Census			
	3.4.7	% of Fixed Term Exclusions involving pupils with an EHCP	4.4	↓	Available after Jan Census			
	3.4.8	% of Permanent Exclusions involving SEN Support Pupils	35.7	↓	Available after Jan Census			
	3.4.9	% of Permanent Exclusions involving pupils with an EHCP	0		Available after Jan Census			
	3.5.0	% pupils with SEN support electively home educated	0.8% (16)		0.7% (15)			
	3.6	% pupils with EHCP electively home educated	0.7% (3)		0.7% (3)			
	3.7.0	% pupils with SEN Support who moved school (managed move or in year transfer) Primary	18.7%		15.3%			Percentage used is of all pupils with SEN Support or EHCP by Primary or Secondary.
	3.7.1	% pupils with SEN Support who moved school (managed move or in year transfer) Secondary	11.8%		10.2%			
	3.8.0	% pupils with EHCP who moved school (managed move or in year transfer) Primary	48.8%		44.7%			
	3.8.1	% pupils with EHCP who moved school (managed move or in year transfer) Secondary	11.2%		9.7%			
	3.9.0	% outcomes stars showing improvement at review in: Education and employment	In Development					
	3.9.1	% outcomes stars showing improvement at review in: Health	In Development					
	3.9.2	% outcomes stars showing improvement at review in: Family/Community/Relationships	In Development					
	3.9.3	% outcomes stars showing improvement at review in: Independence	In Development					

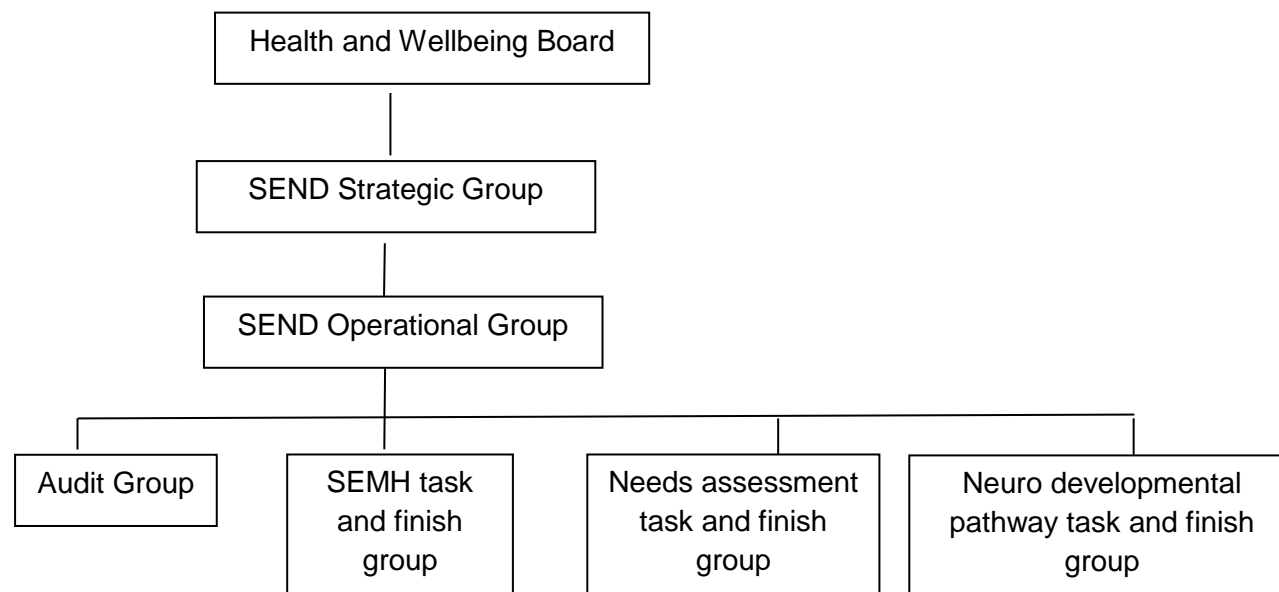
SEND BALANCED SCORECARD 2019/20					Provisional 2019/20			Comments
Objective		Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	
	3.10.0	% pupils SEN support attendance - Primary Persistent absence	14.2	↓	Available after Jan Census			2018/19 percentages from Autumn 18 & Spring 19 Attendances.
	3.10.1	% pupils SEN support attendance - Primary Overall absence	5.2	↓	Available after Jan Census			
	3.10.2	% pupils SEN support attendance - Secondary Persistent absence	28.1	↓	Available after Jan Census			
	3.10.3	% pupils SEN support attendance - Secondary Overall absence	9.1	↓	Available after Jan Census			
	3.10.4	% pupils EHCP attendance Primary Persistent absence	20.1	↓	Available after Jan Census			
	3.10.5	% pupils EHCP attendance Primary Overall absence	6.6	↓	Available after Jan Census			
	3.10.6	% pupils EHCP attendance Secondary Persistent absence	15.6	↓	Available after Jan Census			
	3.10.7	% pupils EHCP attendance Secondary Overall absence	6.1	↓	Available after Jan Census			

1. INTRODUCTION

This is the first SEND Annual Report which covers the period March 2019 – March 2020. It is intended that an annual report is presented to the Health and Wellbeing Board each year. The SEND Annual Report provides an up to date self-evaluation of the local area SEND arrangements and ensures that all organisations of the Board are sighted on the achievements and challenges related to SEND and are able to contribute to improving the lives of children with SEND.

2. Leadership and accountability

It was highlighted within Hartlepool's SEND revisit that "Governance of the local area's response to the significant weaknesses has not had the focus and urgency needed to keep the partnership's actions on track." In order to address this and ensure that there is accelerated progress in the delivery of the improvement plan, a governance structure has been established as below:



A SEND Strategic Group has been established to oversee the implementation of the improvement plan. The group is made up of Chair of Parent/Carer Forum (PCF), a nominated Headteacher representative from a mainstream school and special school, Director of Commissioning, Strategy and Delivery, Children and Young People, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Director of Children's and Joint Commissioning Services, Hartlepool Borough Council. The group meets bi-monthly to:

- To hold the operational group accountable for the implementation of the improvement plan
- Monitor the delivery of the SEND improvement plan against stipulated timescales and take remedial action where necessary
- To receive and scrutinise the balanced scorecard and evaluate the impact of services on improving outcomes across Hartlepool for children with SEND
- 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

Quarterly reports are presented to the Health and Wellbeing Board to allow local leaders to scrutinise progress and where needed challenge the timeliness and effectiveness of the improvement plan. The Board also allows the opportunity to understand whether all organisations are contributing to improving the outcomes of children with SEND.

A multi-agency balanced scorecard has been developed which reports termly to the Strategic Group. The timely provision of performance data enables the strategic group to understand local performance and take any remedial actions necessary to improve performance. The scorecard covers Education, Health and Care indicators to ensure that the Health and Wellbeing Board and strategic board can scrutinise the performance of agencies against the SEND code of practice. Further work is underway to capture more specific data in relation to community therapy services and CAMHS for children with SEND as currently the full cohort of children is captured.

In order to ensure that the health organisations in Hartlepool are meeting the requirements within the SEND Code of Practice the CCG have appointed a designated clinical officer (DCO). The DCO works closely with the local authority to further develop joint pathways; which improve the experiences of children with SEND and their families. Recently the DCO has led a mapping exercise across Tees to review the EHCP pathway to ensure it is legally compliant. The result is there is now a consistent approach across Tees with standardised letter templates, the health initial request and the health template. The next step is to complete another mapping exercise across Tees for the annual review process.

Areas for development

- Continue to refine the balance scorecard and ensure that processes are in place to populate the scorecard in a timely manner
- Review health KPIs to include more qualitative data
- Health and Wellbeing Board to give challenge and scrutiny to any barriers/ blockers in the system

- Further develop partnerships to enable joint commissioning of services in more service areas
- Further promote the role of DCO

3. The local offer/ SENDIASS

Local Offer

The local offer currently sits on the Hartlepool Borough Council website https://hartlepool.fsd.org.uk/kb5/hartlepool/fsd/local_offer.page . Feedback from parents and professionals has told us that this is not as accessible as needed and there is a need to review the information and the presentation of the information. In response, the decision has been taken to move the local offer to the Hartlepool Now alongside the Families Service Directory <https://www.hartlepoolnow.co.uk/> . Work is also underway to incorporate the Children's Disability Register within the local offer allowing this to be completed online. The new platform will offer more flexibility to add information and allow the presentation of the information to be updated and amended regularly. Work is underway to develop the new site and it is expected that the local offer will be available on Hartlepool Now from April 2020.

The Parent Carer Forum have been fully involved with the development of the new site for the local offer.

SENDIASS

Hartlepool Special Educational Needs and Disability (SEND) Information, Advice and Support (IAS) Service is a statutory service provided by Hartlepool Borough Council. Hartlepool SEND IASS currently provides an in-house service operating at "arms-length" of the Local Authority, 52 weeks of the year. The service consists of a full- time SEND Information, Advice and Support Officer. The service is not currently jointly commissioned and therefore funding is purely from the local authority Children's Services Department.

The service also employs a Young Persons Participation Worker (SEND) who works 22.5 hours per week. This post is fixed term until the end of November 2020, with the possibility of extending the term of the post, subject to securing further funding. The funding for this post was successfully secured from the National Children's Bureau (IAS Programme), to provide children and young people with impartial information, advice and support in terms of navigating the SEN reforms of 2014 and to build capacity in the service.

The Service provides accurate and unbiased information based on relevant SEND legislation and national guidance to build a parent, child or young person's confidence and to help them make informed decisions.

THE SERVICE HARTLEPOOL SEND IASS OFFER

The SEND IAS Service in Hartlepool provides:

- A telephone helpline service: 01429 284876 or 01429 284067
- A dedicated Mobile Answer Machine service: 07776491662 or 07971714962
- A dedicated email address: HARTLEPOOLIASS@hartlepool.gov.uk

- Impartial advice and support based on relevant SEND law and national guidance
- Support to work with the educational setting to help a child/young person's education
- Information about a range of educational support services
- Information about health and social care services
- Information and support about SEN Support Plans, Statutory Assessment procedures and Education, Health and Care Plans
- Information and support in resolving disagreements, including mediation and tribunals
- Information about local parent support groups and forums
- Information about local policy and practice including the Local Offer, Personal Budgets and law on SEN and Disability
- Information and signposting to local or national sources of advice, information and support
- Information sessions for parents/carers
- Advice about school admissions and the appeals process
- Advice and support about school exclusions

The service offers impartial information, advice and support to:

- Parents and carers of children and young people with Special Educational Needs (SEN) and/or disability
- Children (aged 0 – 16) with SEN and/or disability
- Young people (aged 16-25) with SEN and/or disability

Achievements to date

- Secured IASP (Information, Advice and Support Programme) funding to deliver a variety of initiatives to support the service to meet full service offer against the minimum standards
- Appointed a Young Persons worker for 22.5 hours per week on a fixed term contract to work primarily with post 16 young people and transition into adulthood
- Delivered fortnightly drop in sessions working collaboratively with Hartlepool Carers and the PCF, providing the opportunity for parents and carers to pop in and have a chat in an impartial setting, to ascertain how organisations could support parents and carers and to increase and raise awareness of the SENDIAS service
- Jointly funded and delivered workshops across the North East with the other North East SENDIAS Services on areas of support identified by parents and carers. In total 18 sessions were delivered, with 30 places available at each session. The areas covered: SEN Support, SEN Exclusion, Medical Needs and Children Missing Education and SEN Education Law (EHCP)
- Commenced development of a stand-alone website, to include a platform "Connecting You", for both parents, carers and young people as another way of communicating effectively
- Working with the local authority in relation to revamping the Local Offer of Services
- Delivered a number of briefing sessions to local authority staff to raise awareness of the service

- Co funded and attended four public information events to raise awareness of the service, which has included Parent Carer Forum networks
- Attended training to increase the knowledge and skills of the SENDIASS staff members
- Obtained some feedback from service users accessing the service during the 2018/19 academic year
- Links to Kooth & the Recovery College added to the Local Offer to promote self-help and awareness

Statistics

Data from April 2019 – March 2020 includes:

- Total number of referrals received 126, 38 up on the previous year
- 107 cases closed and 19 remained open going into 2019/2020 academic year
- During this current academic year and up to the end of January 2020, the service is working with 97 Parents and Carers and 4 young people independently with the Young People's Participation Worker.

Feedback 2018/2019

The service has carried out a feedback survey by contacting those who have used the SENDIASS service during the last academic year by telephone.

Six questions are asked of the service users and these are prescribed questions set by the National IASSN.

Below is listed some of the headlines:

- 50% of people said they found it very easy to get in touch with the service
- 68% of people said that the information, advice and support given was very helpful
- 86% of people felt that the service was always neutral, fair and unbiased
- 25% of people felt that the service made a great deal of difference for them by being involved and 19% felt it made a lot of difference
- 79% of people said that they were very satisfied with the service we gave
- 82% of people said it would be extremely likely to recommend the service to others
- 36% said they heard about the service from CAMHS or Social Care
- 25% said they heard about the service from either another parent or the Parent Carer Forum
- 11% said they found about the service by using the website
- 21% said they found about the service either directly from school or voluntary sector group

It seems that once people find the information the majority find it very helpful and they are very likely to recommend to a friend. They also feel it is fair. However it indicates that there is work to be carried out with agencies such as CAMHS, social care, community organisations and schools for them to be aware of this service and for them to share this with families.

Areas for development

- Further awareness raising with CAMHS, social care, community groups and schools of the service
- Individual agencies to take responsibility for updating the local offer in a timely manner.
- To seek feedback in relation to the new platform and make amendments as per the feedback
- Develop offer of training on the law relating to SEN and disability, as it applies to education, health and social care. Training to be developed for early year's settings, schools, and colleges, statutory and voluntary agencies.
- Work with children and young people to gain feedback
- Launch of the SENDIASS website, to include a young person's section and "Connecting You" platform
- Retention of the young person's role within the current establishment
- Re branding of the service to ensure it provides an arm's length service to the local authority
- To further promote and raise service awareness across all agencies, including schools and colleges
- Fulfil the obligation to meet the minimum standards for SEND information, Advice and Support Services
- Implement actions arising from the findings of the SENDIASS survey

4. Identification and assessment of need

There are currently (as at Jan census2020) 2110 children being supported with co-ordinated support plans and 612 children aged 0-25 (as at Feb 2020) with EHC plans.

There is a SEND panel that meets monthly to consider requests for EHC assessments. The panel is made up of reps from Health, Education and Social care. The DCO attends the SEND panel.

The number of requests for EHC assessments has nearly doubled when compared with the same period of time from 2018/19. This increase in demand has placed significant pressure across the system and led to a decline in the local areas performance in relation to the timeliness of assessment (our SEN2 report for 2019/2020) shows the percentage assessments completed within timescales was 41%). The local authority has increased the capacity of the SEN team in order to manage the increased volume of demand and are now an additional two officers within the team. It is hoped that that this increase in workforce capacity will improve performance in relation to the timeliness of assessments and this is being reviewed regularly. In order to understand the factors that were impacting upon the timeliness of assessments, further work has been carried out to understand the scale of problem in relation to meeting timescales. There were 41 children accepted for assessment from April 2019 until Sept 2019. Of these, 21 were issued within the 20 week timescale and 20 being outside timescales (51%). The table below shows the amount of time beyond the 20 weeks that plans were issued:

Time plan issued in excess of 20 weeks	Number of EHC assessments
One week	3 (one of these was 2 days)
Two weeks	8
Three weeks	2
Five weeks	2
Seven weeks	1
Eight weeks	3
Twelve weeks	1

The percentage of reviews being carried out within stipulated timescales has significantly improved with current performance (Dec 2019) showing that 78% of review meetings were held within the timescales required. However the issuing of plans following these reviews is not good enough with only 15% being issued within timescales (one year of the previous review or 6 months of previous review for child aged under five). The introduction of the Balanced Scorecard means that the timeliness of the production and review of EHC plans is being more rigorously tracked and remedial work is taking place to improve performance. This includes the increased capacity within the team and weekly reporting of timescales in relation to plans. A further review of the timeliness for EHC assessments and reviews will be carried out in April 2020 which will

cover the whole 2019/20 performance year to understand if the increase in staffing has made the impact needed or further remedial action is needed.

Early Years

There are pathways in place to identify needs early through the health visiting pathway. The health visiting service in Hartlepool is integrated with the Children's Centre offer. This promotes families having quick access to health visitors when they are concerned about their child's development. This model also allows for children's centre workers to observe children in group situations and identify any emerging needs early. There are clear pathways between children's centres, health visitors and specialist services (speech and language, audiology, OT) to ensure that timely referrals can be made as required.

Hartlepool recently received an Early Years Peer Review. This explored the offer for all children however there was a recommendation about early identification and referral for children with SEND which stated that none of the professionals they spoke to could articulate the process for Health to notify the Council under section 23 of the Children & Families Act, where children aged 0-4 have or are most likely have SEND. Pathways should be considered to formalise this so that all professionals understand the duty and can articulate the Hartlepool process.

Take up of the 2 year old free entitlement is high at 88% compared with 68% nationally which offers another opportunity for children with SEND to be identified as soon as possible. There are good relationships between Private, Voluntary and Independent settings, Education Psychology team, Early Help team and the SEN team.

Hartlepool has introduced the SEN Inclusion Grant and made the decision that requests for this grant funding need to be considered at the SEND Commissioned Placement Panel. This is a multi-agency panel (local authority SEN team, LA commissioners, health commissioners, CAMHS) and considers provision for children which includes education, social care and health needs. The consideration of the SEN Inclusion Grant requests within SEND CPP allows children's and health commissioners to understand potential emerging needs to inform future commissioning of services. The number of children that have been supported via the Inclusion Grant has been 28 (between April 2020 and March 2020)

The Small Steps team which sits within our Educational Psychology team offers advice and guidance to early years settings and to parents.

- Direct support for families and settings: January 2018- January 2020 (Support normally spans more than a year depending on needs – support may begin as weekly but could then reduce to 'on request' providing reassurance but not direct contact)
 - Number of settings worked with: 29 (dual support at home) – PVIs, School settings, childminders, home
 - Number of children worked with: 62

- Support is provided to both parents and settings (often a dual support role) to implement the recommendations of the Educational Psychologist involved, but working with the families to discuss their hopes and priorities for their child and their family. Support may include:
 - Visits to model play, interaction and communication.
 - Support transitions to new settings – advising and providing resources and modelling sue.
 - Parent support & advocacy
 - Contributing to multi agency meetings and EHCP
 - Liaising with multiagency teams
 - Specialist skills include – PECS, TEACCH, Makaton. Intensive interaction, Indenti-play, Portage style approach, Video Interaction Guidance
- Parents in the Park - Monthly (term time) parent support group within Ward Jackson Park, facilitated by the Small Steps Team. Opportunity to build peer relationships, gain advice, relax in a supportive and inclusive environment alongside your child.
- Early Bird plus (1 cohort per year for up to 6 families on the EP/Small Steps allocation) - National Autistic Society's EarlyBird *Plus* is a 10 week programme aimed at families of children aged 4 – 8 years with a diagnosis on the Autism Spectrum. Parents can bring up to 2 members of the child's family and a supporting professional (e.g. TA, direct payments worker).
- Parents in the pool – Family splash time at Mill House Swimming Pool - (weekly support) term time
- Workshops for schools/settings on supporting the development and progress of children – e.g. Autism Education Trust progression framework, Engagement profile, implementing TEACCH approaches, Implementing PECS.
- Little stars group – weekly for 2 terms - hosted by Small Steps at Springwell School – a group of children attend with either a family member or staff from their setting – access to specialist facilities including Rebound therapy, Hydrotherapy, Sensory Room, Soft Play, modelling of TEACCH approaches and PECS – aimed to support and model approaches and strategies and support the transition of children due to attend Springwell School.
- Additional role of Senior Specialist Educational Psychologist:
 - Managing the Small Steps team and providing supervision
 - Autism Cluster training
 - Bid for Autism EYs training
 - Introduction of AET materials including progression framework
 - Introduction of SCERTs to EP team

School aged children

Schools have responsibility to develop and review co-ordinated support plans with children, young people and their families. SENCO forums are in place that meet termly and offer an opportunity for peer to peer support and to discuss themes or emerging issues. The themes covered over the last year (April 2019 – March 2020) include:

- Overview of SEND in Hartlepool i.e. numbers of EHCPs, requests for assessments, those declined
- Overview of provision in the town and how to access Additionally Resourced Provisions (ARP) (specifically SEMH process and panel)
- Services that can be accessed through Daisy Chain – Daisy Chain attended
- Services available with Occupational Therapy (OT) Sunflower programme and how to access this. OT attended
- Updates on the Neurodevelopmental pathway delivered by CCG and TEWV
- Early identification of need and prioritising Y6 and Y5 if it is felt statutory assessment is required
- New template for EHCP was shared and discussed
- Secondary only - discussion re school inspections
- Successful Trailblazer bid to secure a Mental Health Support Team in clusters South and Central 2
- Roll out of Kooth
- Promotion of the Recovery College

A banding and ranges document was developed in 2017 with all schools and settings using this to map the level of need for their children. This document allows for a consistent approach to understanding and responding to need across all settings. Recent discussions with schools have highlighted that the document does not consider co-morbidity of needs and therefore needs reviewing.

Work was carried with schools for them to identify the number of children they felt may need EHC assessment in the future. This gave LA commissioners information about possible trends to inform commissioning intentions. However more recently further detailed information has been sought to enable to LA to map provision for specific children.

There are a number of panels that meet to discuss the needs of children and how these needs can be met: SEND panel (panel that considers requests for EHC assessments) Individual Support Funding (IPS), SEMH Panel, SEND Commissioned Placement Panel. Recent discussions across the partnership indicate that the number and purpose of the panels are confusing and there needs to be more clarity and streamlining.

Safeguarding

Recent audit activity through the Hartlepool and Stockton Safeguarding Children Partnership (HSSCP) showed that the vulnerabilities and safeguarding needs of children with SEND were being considered by workers and that the response was appropriate. Training is available through the HSSCP <https://www.hsscp.co.uk/>

Areas for development

- Review and update Banding and Ranges document and develop and agree an approach to co-morbidity.
- Working with early years settings – bandings document – understanding of need at each level
- Implement a pathway and process for the process for Health to notify the Council under section 23 of the Children & Families Act, where children aged 0-4 have or are most likely have SEND.
- Agree system wide approach to requesting an EHC plan (thresholds) where needs are currently being met but concerns for future provision to support children and young people with SEND to make good transition in an informed and timely way.
- Review of panel processes to reduce duplication and confusion
- Evaluation of the impact of the Trailblazer programme
- Review of those that have accessed the CYPIAPT (Children and Young People Improving Access to Psychological Therapies) programme and explore other organisations accessing this

5. Participation, voice of the children/ young people/parents and co-production

Drop in Session

Working in partnership with the PCF and Hartlepool Carers, there have been 22 SENDIASS drop in sessions from April 2019 to end of March 2020 for parents and carers to access with no appointment required. These sessions provided the opportunity for parents & carers to drop in on an informal basis into Hartlepool Carers to have a chat primarily about issues within school/college settings.

The sessions sometimes just provided advice and information, or a listening ear to setting up meetings with school to look at how to work together to best support the child/young person. These sessions also provided the opportunity to share information and sign post parents and carers to other services of support.

On average the drop-in sessions attracted 2 – 3 parents at each session and topics covered from how to get max card/short break to requesting a Statutory Assessment and SEN Support in schools.

During these sessions services were promoted in relation to other elements of SENDIASS such as training opportunities.

Information Days

Hartlepool Council have worked jointly with the PCF and Hartlepool Carers supporting three information day events during June, October and November 2019, with the last PCF drop in due to take place in March this year.

The information days held in June and November attracted around 20 market stalls at each event promoting services with a varied footfall from the public. These information days provided the opportunity for the service to raise awareness and to promote the local offer to families and other agencies. From both of these events a number of self-referrals were received from people who have accessed support going forward. Through the information days, services were also able to promote and sign post other services linked to the local authority and gather information from other providers to use in the future to support families. The next PCF session is due to take place in March focussing on Children's Social Care Disability Team.

Training for Parents and Carers

The North East SENDIAS Services attended the NE Parent Carer Annual Conference in March 2019 and asked the PCF to circulate a survey to find out what training parents felt they needed to support them. The feedback from the survey helped the SENDIAS Services to coordinate a training programme across the North East on the key priorities highlighted by them.

The 12 North East SENDIAS Services were successful in attracting funding to deliver a series of training and were able to offer 30 places on each of the sessions. The training took place between September and November 2019. In total 540 people accessed the training across the 18 sessions delivered.

The Training covered:

- Exclusions & Children Missing Education and Medical Conditions
- SEN Support
- SEND Law - Education, Health & Care Plans

In addition to the above the Hartlepool PCF and SENDIASS are jointly delivering Promoting Confident, Resilient Parents Workshops during February and March 2020, for 15 delegates on each session.

Areas for improvement

- Work with special schools to engage with children and young people for them to influence service design and development
- Increase the number of parents involved in the Parent Carer Forum
- Review training offer for parents with the Parent Carer Forum. This is just some of the areas parents and carers told us what they would like to see provided for future training:
 - Home schooling and the law around it
 - EHCP – Good examples where the content is woolly
 - Role of the Health Visitor or other help from the LA as every child's needs are different
 - Reasonable adjustments I can expect from my child's school
 - Workshop on Annual Reviews
 - Challenging Behaviour
 - Direct Payments and Personal Budgets

6. Meeting needs/ joint commissioning

Understanding of needs

A SEND JSNA has been developed and published. This can be found at:

https://www.hartlepool.gov.uk/info/20081/health_and_well_being/917/starting_well/4

The JSNA sets out the current needs of children with SEND and the future projected needs. This document has been used to inform the priorities in the SEND Strategy. The strategy sets out the vision of the development and delivery of SEND support and services for the forthcoming three years including those services that need to be commissioned and whether there are opportunities for these to be jointly commissioned.

A piece of work has been undertaken with schools for them to identify children who they feel may need an EHC assessment in the future. This information is currently being collated for Year 3, 4 and 5 to enable the commissioning team to understand whether current provision can meet future need for secondary provision.

The local authority and CCG commissioners have met with schools to explore opportunities for joint commissioning. The schools have highlighted speech and language and emotional health and wellbeing as their priorities for children in the future.

Social Emotional and Mental Health (SEMH)

Information collated over the last three years indicates that SEMH needs were increasing. An SEMH group was established to review the current approach to meeting these needs. It became evident that there needed to be additional specialist provision developed locally as the majority of children and young people accessing education outside of Hartlepool were identified as having SEMH needs. In response to this:

- Two primary SEMH ARPs have been commissioned (Rossmere Primary and Springwell Special School) with a total of 14 places
- One secondary SEMH ARP has been commissioned (High Tunstall) providing 6 places
- Successful application for an SEMH Free School (KS2- KS5). Interviews have taken place and awaiting Secretary of State announcement
- An SEMH panel has been established for requests for the ARP places or additional funding can be requested.

The SEMH ARPs have been commissioned differently to the other ARPs in the town with the places being short term in nature and the child staying on roll at their home school. The aim is to assess needs and offer an opportunity for the ARPs to implement strategies that can then be shared with home school. It is unclear at this early stage how successful this approach has been and the local authority have commissioned an independent review which will report in March 2020.

Hartlepool was successful with a joint bid (between CCG and LA) to be a Mental Health Trailblazer. Alliance Psychology has been commissioned to deliver the mental health support teams in schools. Alliance has met with all schools within the trailblazer footprint (South and Central 2 clusters) to review their self-assessments and identify ways that they can support the schools to meet low and moderate mental health needs. In addition IAPT training has been accessed with a local VCSE provider is utilising the CYIAPT programme to upskill staff to work in an evidenced based way.

The SEMH group highlighted the need to focus efforts on improving the graduated response for children across the system. In response, a number of pieces of work have taken place to support this including:

- Anna Freud Link Programme – two full day sessions took place with schools and CAMHS attending to look at ways of working together at the earliest opportunity to meet emerging SEMH need
- Educational Psychology work

A regional piece of work is underway with TEWV leading a “Whole Pathway Commissioning” with the aim to look for opportunities to jointly commission the emotional wellbeing and mental health pathway.

Hartlepool & Stockton have also been successful with their bid to be a Trailblazer site for the Mental Health Support Teams. Alliance Psychology have been commissioned to deliver the teams. The Hartlepool team is working with clusters South and Central 2. The service is aimed at working with children & young people who display low level mental health needs. Senior managers in Alliance have met with each school to establish a baseline of services and agree the offer. This baseline is being used to monitor the effectiveness of the service.

Neurodevelopmental pathway

A review of the ASD pathway was undertaken in 2018 with an agreement from all partners and parents to move to a neurodevelopmental pathway which would include Autism and ADHD with a consideration whether attachment could also be included at a later date. The pathway will be needs led and focus on the support children and families need rather than diagnosis being the only goal. Work has taken place within 2019 to:

- Review the services available to children with SEND and their families which are included within the Local Offer
- Review the training offer to the workforce re: neurodevelopmental issues – training offer now in place
- Joint commissioning of Daisy Chain to offer additional support to families without the need for a diagnosis and training to the workforce (6 sessions held each quarter with 36 places taken up)
- Commissioning of a Sensory Training Programme, Sunflower, to increase parental knowledge around their child’s needs. This training can also be accessed by schools in order to triangulate the knowledge across home and education.
- Working with Primary and Secondary SENCOs to look at referral form to the new pathway
- Four schools have trialled the new paperwork and referral process
- Implementation of multi-disciplinary triage process

A pilot has taken place across Hartlepool and Stockton to trial the multi-disciplinary triage process. Early indications are positive and a further roll out with 20 additional schools was due in January 2020. There has been delay in a further roll out of the pathway due to issues with TEWV pathways. Reassurance has been sought on the roll out of the pathway which has been received from CCG. It is expected that the further rollout will take place from April 2020.

In addition to locality work to improve the autism pathway, X number of schools have participated in the first wave of NHS England's Accelerator Programme. This programme focuses on upskilling the whole school on supporting pupils with an autism diagnosis and is aimed at reducing the number of inpatient days these pupils can unnecessarily experience if the correct support is not put in place and needs escalate.

Speech and language

The council and CCG have worked with schools to identify the services that they buy and look at opportunities to commission these jointly between LA, CCG and schools. The service that schools are spending the most funding on is speech and language and schools have agreed to these services being the first area to review and jointly commission. A task and finish group has been established which is made up of representatives from speech and language service, schools, educational psychology, early years, youth offending, commissioning, SEN team, CCG, schools. The group are working to jointly recommission a speech and language service for September 2021 taking into account:

- Review the current offer and findings from a recent CCG SALT review;
- Mapping with schools and subsequent 1:1 meetings with CCG;
- Baseline data from JSNA
- Deep dive into SALT to have a more developed data set and overview of the graduated offer for SALT.
- Exploring models for joint commissioning and best practice in other areas.

Post 16 provision

The council work with a number of providers offering provision into adulthood. This includes: Gainford House, Rose House, Families First NE.

Individual packages of support/ short breaks provision

The local authority and CCG commission a number (10) of jointly funded packages of care and support for children and young people. The SEND Commissioned Placements Panel reviews all cases and receives request for education/ health and care provision. Direct Payments are also agreed at this panel to ensure that there is a consistency of approach to provision.

The local authority published its refreshed Short Break Service Statement in Dec 2019 and this includes a range of provision which are all highly valued by families:

- Commissioned provision for out of school activities/ play scheme and specialist equipment loan scheme which is currently delivered by Families First NE;
- The local authority deliver an in house children's home for children with additional and challenging behaviours for short break and residential. Exmoor Grove was inspected in July 2019 and rated outstanding.
- Short break activities programme delivered by the council's sports team

The council has recently piloted a Shared Lives arrangement in partnership with Durham County Council with foster carers becoming shared lives carers allowing two young people to stay with their carers into adulthood. This has been very successful and the council are currently in the process of establishing a formal partnership with Durham Council to develop a Shared Lives approach in Hartlepool.

Workforce Development

Training has been available for workers throughout 2019/20 as detailed in this report, however this has not been set out in a programme linked to our strategy. A workshop took place in January 2020 to develop the programme. The implementation of this programme is a priority for the partnership to ensure that there is a graduated approach to support and that needs can be identified early.

Areas for improvement

- Joint commissioning arrangements to be established and agreed, to include a memorandum of understanding
- Delivery of an annual Workforce Development programme
- Establish experts/ specialists
- Improve the sharing of information at transition points to ensure those working with children with SEND full understand their needs
- Accelerate progress on the implementation of the neuro developmental pathway
- Develop and articulate the School Improvement offer for SEND to support schools to meet needs at the earliest opportunity

7. Improving Outcomes

The multi-agency partnership has worked to improve the outcomes for children and young people with SEND:

- EHC review meetings are taking place in a significantly more timely manner
- Children who have emerging SEMH needs are being supported within Hartlepool instead of being educated out of borough
- Audits are showing that children and young people's feeling and wishes are being considered
- An evaluation of the short break activities programme shows that children, young people and parents feel the provision is meeting their needs and the numbers accessing the activities has increased
- The Short Break Service Statement shows that parents feel that their short break needs are being met
- Exmoor Grove continues to offer outstanding care to children (rated Outstanding)
- The feedback from parents shows that the support they are receiving from the Small steps team are making a positive difference to their lives
- Safeguarding audits show that social workers are considering the vulnerabilities of children with SEND and acting as needed to safeguard children
- Audits are showing that EHC plans are more consistent with the majority being easily accessible and explains needs well.

The SEND operational group have developed the continuous improvement framework which sets out how the partnership understands whether its actions are improving the lives of our children and young people with SEND. It covers:

Audits – a multi agency audit group has been established to audit EHC plans. It has met on five occasions between September 2019 and February 2020. An audit tool has been developed and a total of 36 plans have been audited. Our DfE SEND adviser also carried out four audits to moderate our findings. Following this feedback we have reviewed the EHCP format and this new format has been shared with SENDCOs and is currently being implemented for new plans. An action plan has been developed to address the issues highlighted within the audit findings. An audit session is taking place in March 2020 to review the professional advice provided to the SEN team for inclusion in the plan to understand whether the quality of the information in the EHC plan is reflective of the advice given. An audit cycle has been established with quarterly sessions.

Tribunals

Hartlepool has historically very low SEND tribunals. Over the period of April 2019 to March 2020 there have been two face to face mediation sessions and two tribunals. It is important that the partnership understands learning from the tribunals and the local area has established a debrief process for agencies involved. A SEND tribunal process flow chart has been developed in partnership by the DCO with health partners and local authorities across Tees.

Parental feedback

A questionnaire has been developed to gain parental feedback on the EHC assessment process. This was circulated and completed in September 2019 and feedback was:

83% said they did get the info, advice and support during process

56% felt it was easy to understand with 17% strongly disagreeing

65% felt their wishes and opinions were included

26% felt their child's wishes and opinions were included

47% agreed that the EHCP included preparation for child's next move

60% felt that the EHCP led to their child getting support they needed

Parental feedback is also sought within the EHC process via the SEN officers. The information gathered from April 2019 – Feb 2020 shows:

	Yes	No
<i>1. Was the EHC Plan completed within 20 weeks?</i>	46	7
<i>2. Did you feel that the SEN Officer was helpful?</i>	53	0
<i>3. Was the process explained clearly by the SEN Officer and was it easy to follow?</i>	53	0
<i>4. Is there anything you feel needs to be done to improve our service to families?</i>	7	46

Some of the comments received include:

- "I found the whole process to be very assuring all of the things and concerns discussed at meetings where all put into her plan"
- "To be informed of delays in preparing plans etc"
- Thank you for being flexible with meeting timed and supportive of our working hours
- "I felt it should be mandatory that the officer meets the child concerned. I feel that everyone should meet up again once the draft is available so answers can be given regarding queries. Format is no good/who is responsible is not in depth enough or what steps are to be taken, very repetitive. I would like monitoring of professionals/schools more detailed. Funding should be explained/documentated in more detail."

Commissioned services

There is a Quality Assurance process in place for commissioned services with officers regularly visiting provision to review quality and whether they are meeting contract requirements. For those packages that are jointly commissioned, officers from the local authority and CCG visit the settings together.

There are contracts in place for the additionally resourced provision and officers visit regularly to review quality. On occasion officers may undertake unannounced visits if concerns have been raised. An independent review of the SEMH ARPs has been commissioned taking place in Feb 2020. The information from this review will be used to

Areas for improvement

- Amend the parental survey to include review process
- Work with children and young people to ensure that their voice is included within the planning and review process
- Implement the recommendations from the SEMH ARP review
- Improve quality of EHC plans
- Improve quality of co-ordinated support plans
- Articulate School improvement role
- SEND training for health colleagues for new health template and outcomes writing



SEND STRATEGY 2020 - 2024

SEND STRATEGY 2020 – 2024

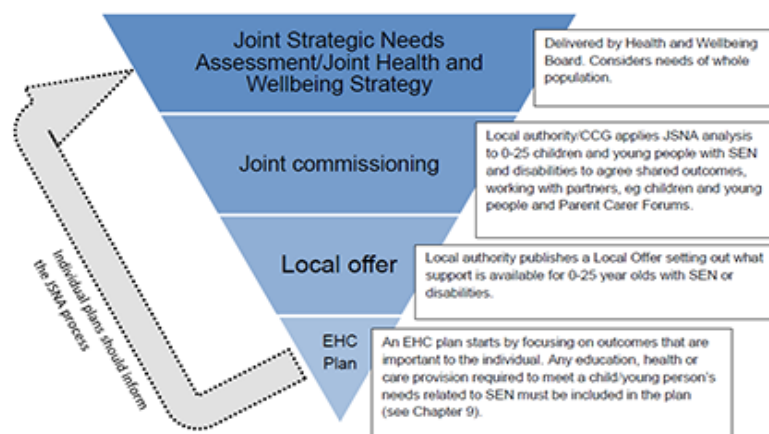
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1. Introduction

This strategy sets out the vision and shared ambition for Children with Special Educational Needs and/or Disabilities. Hartlepool Borough Council and Hartlepool Clinical Commissioning Group are the lead partners in delivering the SEND reforms and work in partnership with partners to ensure that children with additional needs are supported to reach their full potential. This includes parents, children, young people, schools, FE provision, voluntary and community organisations, Hartlepool and North Tees NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust.

The following strategy has been developed using the findings of Hartlepool's SEND Joint Strategic Needs Assessment which can be found at This strategy sets out the local areas priorities which includes those for jointly commissioned services. This fulfils the requirement for a joint commissioning strategy (meeting statutory responsibilities as set out in the Code of Practice 2014.)



(Special educational needs and disability code of practice: 0-25 years (2014))

2. National context

The Children and Families Act 2014 included Special Educational Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care for joint outcomes. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act).

Special Educational Needs is a term often used to describe children or young people with additional learning needs who require support from special educational provision. However, this term includes a wide spectrum of children and young people, ranging from those requiring minimal or temporary interventions to those with complex needs requiring long term multi-agency support. Within education, SEND are defined under the SEND code of practice and the Education Act 2001 as follows:

Definition of SEND (SEND Code of Practice 2014)

- (i) Children have SEND if they have a **learning difficulty or disability** which calls for **special educational provision** to be made for them.
- (ii) A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
 - has a significantly greater difficulty in learning than the majority of others of the same age, or
 - has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions
- (iii) For children aged two or more, special educational provision is educational or training provision that is additional to or different from that generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

- (iv) A child under compulsory school age has special educational needs of he or she is likely to fall within the definition in paragraph (ii) above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014)

Disability has been defined by a number of statutory organisations and no common definition has been agreed to be used across health and social care. The SEND Code of practice utilises the Equality Act 2010 definition which defines disability as follows:

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Main requirements of the SEND Code of Practice 2014:

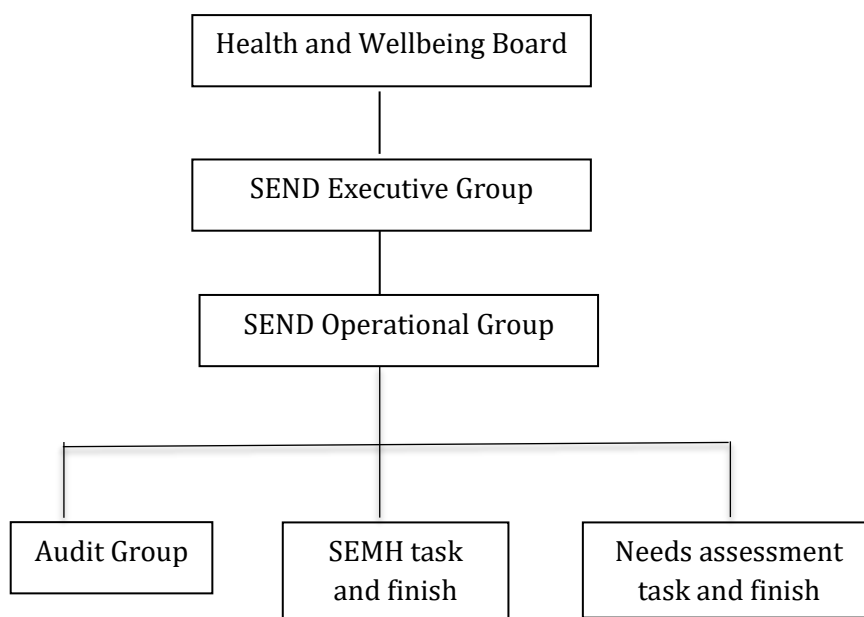
- To involve parents, families and carers, young people and children in shaping the provision of services for those with SEND, and to develop closer co-operation with partners, including schools, academies and colleges, health providers, social care services as well as other local authorities and the Voluntary and Community Sector.
- To produce, in accordance with the bullet above, a ‘Local Offer’ which details all the services to support children and young people with SEND and their families in a clear and transparent way so they can understand what is available.
- To undertake joint assessment, planning and commissioning of services for those children between education, health and social care to ensure more streamlined and integrated support through a streamlined assessment
- process and single plan (EHC Plan) covering a child and young person from birth to age 25.

- To undertake joint assessment, planning and commissioning of services for those children between education, health and social care to ensure more streamlined and integrated support through a streamlined assessment process and single plan (EHC Plan) covering a child and young person from birth to age 25.
- To introduce a duty for joint commissioning to ensure joint responsibility for providing services.
- To provide an entitlement for parents, families and carers and young people to have a personal budget to extend their choice and control over the education, health and social care services they receive.
- To ensure positive transitions at all key stages within a 0-25 age range, especially in preparing for adulthood. Providing greater powers for the Local Authority to continue services post 18 and introducing new protections for young people aged 16-25.
- School Action and School Action Plus abolished and replaced with a single school category SEN Support, posing the question of what the school offer should look like to achieve better outcomes.
- To extend the SEND legal obligations of maintained schools to Further Education Colleges and academies (including free schools).

3. Hartlepool context

Hartlepool's Health and Wellbeing Board is the lead partnership in the implementation of the SEND reforms. Members of the board are responsible for ensuring that the SEND reforms are implemented effectively within their organisations as per the Code of Practice and it is the role of the board to ensure that services are seamless for children and young people with SEND and their families.

Governance arrangements:



Hartlepool's Health and Wellbeing Board's vision and ambition is:

"Our vision is that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all."

"Our ambition is to improve health and wellbeing outcomes and reduce inequalities for our population."

(Hartlepool Health and Wellbeing Strategy 2019 -2025)

Values and Principles agreed by all partners (Health and Wellbeing Board):



1 Hart, 1 Parent 1 Future (Parent Led Forum)

Hartlepool has a vibrant parent led forum 1 Hart, 1 Parent, 1 Future. It meets regularly and works collaboratively with the council, CCG and partners to best meet the needs of children with additional needs and/or disabilities and their families.

The forum is instrumental in the development of the local offer which has been co-produced between the forum and council.

1 Hart, 1 Parent 1 Future has a facebook page that parents interact with to ensure that they know how they can access support at the earliest opportunity. The forum is highly valued by parents and carers.

Parents have worked together to say what they would like from services as follows:

- Treat our children as individuals
- Earn our respect
- Demonstrate that you care
- Show a genuine interest in **all** family members
- Negotiate with us practical suggestions that could work for us

- Support us emotionally
- Listen to us, be there so that we can sound off and explore issues and problems.
- Be approachable
- Do what you promise to do and respond to us when we contact you
- Take what we say seriously
- We need to feel that we have some control of what and how we access support to make changes
- As parents we need to be there to support each other
- We need to have some control around what happens in meetings about our children.
- We need to have acknowledgement of referral requests and timescales in which we can expect a response.
- As parents we need to have our expertise in relation to our children acknowledged.
- We need practitioners to see things from our perspective.
- We need practitioners to consider how their expectations impact on us as a family

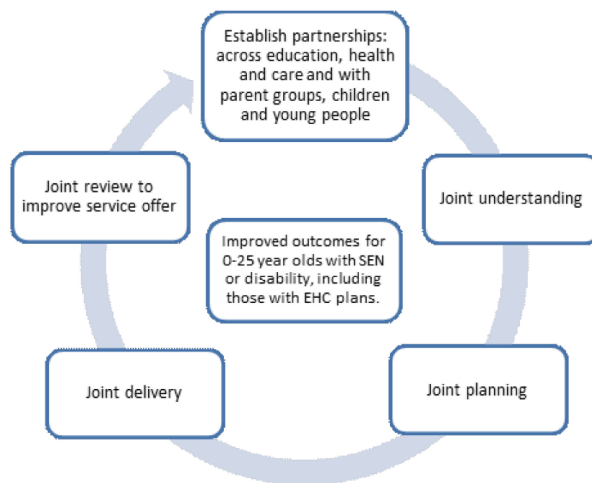
4. Joint commissioning

The Children and Families Act 2014 included Special Educational Needs and Disabilities (SEND) reforms, which place a duty on agencies to work together across education, health and care for joint outcomes. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Act). Both the Council and the CCG face financial challenges which mean it is increasingly important to work closely together to eliminate duplication and improve value, whilst striving to improve quality and improve outcomes for children and their families in Hartlepool.

What is joint commissioning?

Commissioning is the process of understanding the needs of a population or group, and using available resources to meet those needs through procurement and contracting processes. Joint commissioning is where this is done in partnership to increase efficiency and enable joined up services. Commissioning can be done on a strategic level, looking at the needs of a whole population, or on an individual level where a package of education or care is put into place.

Children and young people with special educational needs and disability (SEND) need services across health, social care and educational services to work together in order to achieve their full potential. Crucially, they need person-centred support to help them achieve their ambitions. The diagram below describes the stages of the commissioning process and provides more detail of the stages.

The joint commissioning cycle

Special education needs and disability code of practice: 0-25 years

Joint commissioning is a means to ensuring that the most appropriate, effective, evidenced based and value for money services can be designed and delivered.

Opportunities for jointly commissioning services will be explored within all the priorities set out in this strategy. However there are specific priorities that have been identified that need to be jointly commissioned in order for the needs of children with specific needs are met.

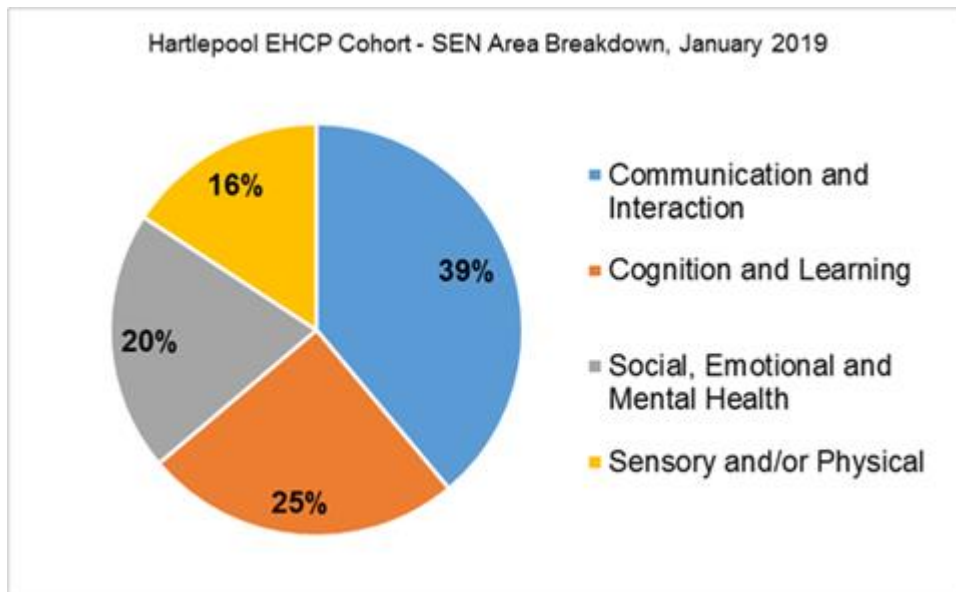
5. Needs assessment

The SEND JSNA is attached as appendix A. The objectives of the needs assessment are to determine:

- The number of children and young people requiring SEND services currently and project future need
- The current education, health and social care needs of children and young with SEND
- The current service provision available for children and young people with SEND
- Any identified gaps in service provision and develop recommendations on how these may be addressed.

The SEND JSNA is a document what will be regularly reviewed on a biannual basis. The main findings from the assessment includes:

- Hartlepool SEN population (EHC and SEN support) 16.8% compared to 14.9% nationally
- The proportion of EHC plans in Hartlepool within the domains are:



- In 2019, Hartlepool had a significantly higher prevalence of moderate learning difficulties (37.0 per 1,000) compared to England where the prevalence was 29.3 per 1,000. The prevalence of Moderate Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties have increased both in Hartlepool and nationally since 2015.
- In Hartlepool there is a rate of 39.4 per 1,000 school population classified as having speech, language and communication needs. This is in line with national averages. However prevalence of SLCN was found to be higher in most deprived areas of Hartlepool compared to less deprived areas.
- There are more boys than girls with EHC plans; however for SEN support there are significantly more girls than boys in Hartlepool receiving support, this does not reflect the national average. This could indicate that the SEN support needs of girls are being met within a mainstream provision whereas boys needs are not.

- Over the last 3 years there has been an increase in requests for statutory assessment for children with Autism and Social, Emotional and Mental Health needs. Requests for Autism assessment (need to check is this request for EHC plans or CAMHS info?) in Hartlepool are higher than the national average.
- Children and young people with SEMH needs form the largest percentage of out of area educational placements to meet needs identified in their EHCP. This could either indicate a gap in knowledge and expertise to meet these needs earlier in Hartlepool and/ or a gap in the current in Hartlepool offer of specialist provision.
- In Hartlepool in 2018/19 there were no permanent exclusions for children and young people with an EHCP, this is an outlier with regard to the national picture.
- The highest number of children and young people receiving fixed term exclusions were in year 7. Nearly half of the fixed term exclusions were children in Year 7.
- Year 10 children who were SEN (SEN support or EHC) had the highest number of exclusions (both fixed term and permanent exclusions) at 36% of the number of overall FTE and PEX
- In Hartlepool in 2018/19 the highest percentage of fixed term exclusions were for young people with an identified SEMH need. This indicates that the system is struggling to deal with SEMH issues. This indicates a need to further explore the reasons for the SEMH issues and the local areas response to this.
- In December 2018 Hartlepool had 95.3% of young people participating in learning, this is well above the national and North East average. In particular Hartlepool's Not Knowns have remained consistently low over the last 2 years. This indicates there is a broad and balanced offer at post 16 and a high proportion of young people continue with their studies.
- Information gathered from schools shows that the highest proportion of children identified (with what ?? with emerging needs???) where those in year 2 at 19% and year 4 at 17% in the academic year 2018/19. The highest area of need was identified as Communication and Interaction at 48% of the total.

- Hartlepool schools buy health based services to support children in their schools. A recent review of the services being bought showed that the largest amount of funding across schools in Hartlepool was for speech and language support. This indicates that schools do not feel that the current offer is meeting children's needs.
- Consultation with schools and the wider work force has shown there are gaps in skills and knowledge to support children and young people with SEMH at an early age. Schools also indicated that they had concerns about attachment issues being evident within their school cohort but did not always know how to deal with this. This indicates that there is a further need to explore the expertise available within Hartlepool in relation to attachment and the support offered.

6. PRIORITIES

“All children and young people with special educational needs and disabilities will enjoy a happy, safe and healthy childhood that prepares them for adult life and enables them to be the best they can be.”

The Joint Strategic Needs Assessment identified a number of recommendations which will be delivered as set out below:

A) Robust governance arrangements and partnerships are in place to ensure that services are working together to meet the needs of children and young people with SEND and their families

- A1) Improve integration of pathways, processes and governance between education, health and social care
- A2) Implement processes to improve the sharing of data across health and the local authority to allow more rigorous analysis to be undertaken

B) Identification of SEND

- B1) Work with health colleagues to identify children with significant needs at birth e.g. PMLD
- B2) Improve consistency of SEN support across the town to increase parents' confidence in this element of the system
- B3) Work with parents to improve the local offer
- B4) Develop workforce development plan to ensure that needs can be met at earliest opportunity

C) Meeting the needs of children and young people with SEND through jointly commissioning services

- C1) Children and young people's wishes and feelings are heard and responded to within their individual plans and to inform commissioning of services across the system

- C2) Review whether local area is meeting communication and interaction needs:
- Current education provision
 - Implement neuro developmental pathway
- C3) Review current education provision for MLD to consider if needs can be met within mainstream schools or Additionally Resourced Provision to ensure that special school provision are meeting specialist needs.
- C4) Implement recommendations from the emotional health and wellbeing transformation programme to meet the emotional and mental health needs of all children with SEND
- C5) Undertake whole system review of speech and language and communication needs, provision to meet these and impact of the provision on children and young people's outcomes
- C6) Undertake a gap analysis for provision to support children and young people presenting with attachment difficulties

D) Improve outcomes for children and young people with SEND

- D1) Improve the quality of EHC plans
- D2) Embed quality assurance activities to monitor the effectiveness of services for children with SEND.
- D3) School Improvement in Hartlepool will work alongside SEND, Educational Psychology and any other relevant services to ensure that mainstream schools receive appropriate and timely advice in delivering a curriculum, developing strategies and utilising pedagogy that support Quality First Teaching, which should always reflect the needs of the pupil population.
- D4) Undertake a review of transition processes to ensure that needs are being met appropriately.

7. Our success measures

- Timeliness of EHC assessments is in line or above national average
- Improved timeliness for EHC reviews
- Increase in the percentage of the SEN cohort that have their needs met at SEN support
- The number of requests for EHC assessments decreases
- Reduction in the number of children needing to access out of area placements
- Increase in Key Stage attainment of children SEN support and EHC plans
- Reduction in number of fixed term exclusions for children SEN support/ EHC
- More children identified at birth (how do we measure)
- Parents satisfaction improved
- More children and young people involved in their plans
- Increase in the number of children with EHC plan that are in Education, Employment and Training

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HEALTH AND WELLBEING BOARD

9 March 2020



Report of: Director of Adult & Community Based Services

Subject: BETTER CARE FUND UPDATE

1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on current performance against the indicators in the Hartlepool Better Care Fund Plan and planning requirements for 2020/21.

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 four national conditions associated with the BCF 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.
- 2.3 Additional funding for social care announced in the Spring Budget 2017 is also included within the BCF Pooled Budget along with the improved Better Care Fund resource. The focus of the pooled budget continues to be on integration of health and social care services for older people, delivering system wide improvements and better outcomes for local people.

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 2019) was submitted in late January 2020 and confirms that all national conditions continue to be achieved, as well as providing analysis of performance data, which is summarised below.

3.2. Permanent Admissions to Residential and Nursing Care Homes

The 2018/19 target for permanent admissions to care homes was met (with 130 admissions against the target of 148). This is a 12% reduction compared to the previous year and is a considerable achievement in the context of an ageing population and increased prevalence of dementia. This evidences that people are being supported in their own homes effectively for as long as possible.

Data for Q3 indicates that the target is on track to be achieved again in 2019/20.

3.3 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 85.8% in 2018/19, a significant improvement on performance in the previous year which meant that the target was comfortably achieved at the year end.

Data for Q3 indicates that the target is on track to be achieved again in 2019/20

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.

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

More challenging targets were introduced in 2018/19, but this coincided with a significant improvement in performance which meant that the target for the year was achieved.

The latest data for 2019/20 indicates that the target is on track to be achieved again with 296 days delay reported against a target of 828 at the end of Q2.

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 (CHC) assessments to be carried out in the community.

The pathway for CHC assessments to be undertaken in the community has been particularly successful in terms of reducing length of stay in hospital and ensuring that people are assessed in an appropriate setting. Prior to the pathway being introduced there were up to 70 people each quarter having a CHC assessment in an acute hospital setting. This number has fallen steadily each quarter since the changes were implemented and during Q3 of 2019/20 the number was 4.

3.5 Total non-elective (NEL) admissions

The 2018/19 target was taken directly from CCG Annual Plans and was only achieved in one of the four quarterly reporting periods meaning that the annual target was not achieved.

In the same period, the Hartlepool locality had 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) was only 6.1% reflecting the impact of a range of BCF funded services that support care homes, including enhanced pharmacy support and a training and education programme.

The latest data for 2019/20 indicates that the target is likely to be achieved in 2019/20 for the first time since the BCF plan was developed. At the end of Q2 there were 3,387 admissions against a target of 3,504, and a reduction of 3.7% in NEL compared to the previous year.

4. **RISK IMPLICATIONS**

- 4.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This has routinely been reviewed and updated as the plan has been revised.

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.
- 5.2 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.
- 5.3 NHS Operational Planning Guidance for 2020/21 was published at the end of January 2020 and includes the following information in relation to the BCF:

The CCG minimum contribution to the BCF and within that the minimum contribution to social care will grow by an average of 5.3% in cash terms, consistent with the cash growth in the NHS mandate funding overall. Since this is a real term increase, the expectation is that this will fund more social care packages than in 2019/20.

- 5.4 CCG minimum contributions to the BCF were published on 3 February 2020 and the allocation for Hartlepool for 2020/21 is shown below.

Funding	2020/21
CCG Minimum Contribution	£7,611,824
Disabled Facilities Grant	£1,076,870
IBCF Allocation	£5,200,685
TOTAL	£13,889,379

The 2020/21 allocation in relation to Disabled Facilities Grant is not yet confirmed so the 2019/20 allocation is shown for indicative purposes.

The 2020/21 IBCF allocation now includes the former Winter Pressures Grant.

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 Q3 return; and
 - notes the current position in relation to performance which is extremely positive, with all four key indicators on target to be achieved at the year end.

12. REASON FOR RECOMMENDATION

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

13. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

9 March 2020



Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA)
2018 - SUPPLEMENTARY STATEMENTS

1. PURPOSE OF REPORT

- 1.1 To seek ratification of Supplementary Statements issued since publication of the Pharmaceutical Needs Assessment 2018.

2. BACKGROUND

- 2.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment in March 2018 and on the 5 March 2018 approved the continued delegation of authority to the Director of Public Health (in conjunction with the Chair of the HWB) to approve as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor adjustments to opening hours and service contracts that do not impact on need);
- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;
- Any response behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;
- Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and

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

- 2.2 In accordance with the agreed process for the periodic ratification of Supplementary Statements by the HWB, the Board is advised that five Statements have been issued since publication of the PNA in March 2018. A copy of the Statements are attached at **Appendix A**.

3. RECOMMENDATIONS

- 3.1 It is recommended that the HWB notes and ratifies the Supplementary Statements issued since publication of the PNA 2018.

4. REASONS FOR RECOMMENDATIONS

- 4.1 Included in the body of the report.

5. BACKGROUND PAPERS

- 5.1 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349
- 5.2 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016

6. CONTACT OFFICER

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Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 09/04/2019



CHANGE TO OPENING HOURS:

Bestway National Chemists Ltd (ta Well)
107 York Road
Hartlepool
TS26 9DH

Please note that the following pharmacy will change its hours as indicated below:

Existing hours

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Tuesday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Wednesday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Thursday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Friday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Saturday	None	09:00-17:00,	09:00-17:00
Sunday	None	11:00-15:00,	11:00-15:00

Revised hours with effect from 18 April 2019

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Tuesday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Wednesday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Thursday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Friday	08:45-12:45; 13:30-17:30,	08:30-08:45; 12:45-13:30; 17:30-18:30,	08:30-18:30
Saturday	None	09:00-17:00,	09:00-17:00
Sunday	None	09:00-13:00	09:00-13:00

Please note that the total hours column represent the times that a pharmacist will be available to the public.

Dr Pat Riordan (MB BChir(Cambs); BA; MA; PhD; FFPH)
Director of Public Health

Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018



Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 16/04/2018

CHANGE TO OPENING HOURS:

M Whitfield Ltd
Birkdale,
30 Victoria Road,
Hartlepool,
Cleveland,
TS26 8DD

Existing hours

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Tuesday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Wednesday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Thursday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Friday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Saturday	Closed		Closed
Sunday	Closed		Closed

Revised hours with effect from 13th April 2018

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Tuesday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Wednesday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Thursday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Friday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Saturday	Closed		Closed
Sunday	Closed		Closed

Please note that the total hours column represent the times that a pharmacist will be available to the public.

Dr Paul Edmondson-Jones MBE
Interim Director of Public Health

Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 06/06/2019



CHANGE TO OPENING HOURS:

Lloyds Pharmacy Limited
84 Wiltshire Way, Hartlepool, Cleveland TS26 0TB

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Tuesday	9:00-12:30; 13:30-18:00	12:30-13:30; 18:00-20:00	9:00-20:00
Wednesday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Thursday	9:00-12:30; 13:30-18:00	12:30-13:30; 18:00-20:00	9:00-20:00
Friday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Saturday	9:00-12:30; 13:30-18:00	9:00-12:00	9:00-12:00
Sunday	9:00-12:30; 13:30-18:00	None	Closed

Revised hours with effect from 3 September 2019

Days	Contracted Hours	Supplementary hours	Total hours
Monday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Tuesday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Wednesday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Thursday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Friday	9:00-12:30; 13:30-18:00	12:30-13:30	9:00-18:00
Saturday	9:00-12:30; 13:30-18:00	9:00-12:00	9:00-12:00
Sunday	9:00-12:30; 13:30-18:00	None	Closed

Please note that the total hours column represent the times that a pharmacist will be available to the public.

Dr Pat Riordan (MB BChir(Cambs); BA; MA; PhD; FFPH)
Director of Public Health

Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 27/09/2019



CHANGE TO OPENING HOURS:

Lloyds Pharmacy Limited to Lloyds Pharmacy
The Arches, 79 Park Road, Hartlepool, TS24 7PW

Existing hours

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00 – 12:30 14:15 – 17:30	08:30-09:00; 12:30-14:15;	08:30 – 17:30
Tuesday	09:00 – 12:30 14:15 – 17:30	08:30-09:00; 12:30-14:15;	08:30 – 17:30
Wednesday	09:00 – 12:30 14:15 – 17:30	08:30-09:00; 12:30-14:15;	08:30 – 17:30
Thursday	09:00 – 12:30 14:15 – 17:30	08:30-09:00; 12:30-14:15;	08:30 – 17:30
Friday	09:00 – 12:30 14:15 – 17:30	08:30-09:00; 12:30-14:15;	08:30 – 17:30
Saturday	09:00 – 15:15	08:30–09:00; 15:15-17:30	08:30 – 17:30
Sunday	None	10:00 - 16:00	10:00 - 16:00

Revised hours with effect from 25 October 2019

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00 – 12:30 14:15 – 17:00	08:30-09:00; 12:30-14:15; 17:00-17:30	08:30 – 17:30
Tuesday	09:00 – 12:30 14:15 – 17:00	08:30-09:00; 12:30-14:15; 17:00-17:30	08:30 – 17:30
Wednesday	09:00 – 12:30 14:15 – 17:00	08:30-09:00; 12:30-14:15; 17:00-17:30	08:30 – 17:30
Thursday	09:00 – 12:30 14:15 – 17:00	08:30-09:00; 12:30-14:15; 17:00-17:30	08:30 – 17:30
Friday	09:00 – 12:30 14:15 – 17:00	08:30-09:00; 12:30-14:15; 17:00-17:30	08:30 – 17:30
Saturday	09:00 – 15:15	15:15 – 15:30	09:00 – 15:30
Sunday	None	10:00 - 16:00	10:00 - 16:00

Please note that the total hours column represent the times that a pharmacist will be available to the public.

Dr Pat Riordan (MB BChir(Cambs); BA; MA; PhD; FFPH)
Director of Public Health

Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 21 January 2020



CLOSURE OF PHARMACY

This supplementary statement has been prepared and issued by the Hartlepool Health and Wellbeing Board, in accordance with the requirements set out under the National Health Service England (pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (S1 2013 No. 349) and amended in 2014, 2015 and 2016 ("the Regulations").

The statement has been issued in accordance with Part 2: 6 (3) of the Regulations and updates the PNA published by the Hartlepool Health and Wellbeing Board in March 2018.

Type of Change	Description of Change	Date of Change
Pharmacy Closure	Lloyds Pharmacy Limited ta Lloyds Pharmacy The Arches, 79 Park Road, Hartlepool, TS24 7PW Located in Central Locality (Figure 11 page 78 and page 173 of the PNA)	18th December 2019

Dr Pat Riordan (MB BChir(Cambs); BA; MA; PhD; FFPH)
Director of Public Health

HEALTH AND WELLBEING BOARD

9 March 2020



Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT
REVIEW

1. PURPOSE OF REPORT

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

2. BACKGROUND

- 2.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ("the Regulations"), as amended, set out the minimum requirements for the Hartlepool Health and Wellbeing Board (HWB) PNA, produced under this duty, and these include such things as data on the health needs of the population, current provision of pharmaceutical services, and gaps in current provision. The PNA also considers the potential need for future provision of pharmaceutical services.
- 2.2 Hartlepool HWB published its second PNA on the 23rd March 2018, in accordance with statutory requirements. The 2013 Regulations also set out the legislative basis for the updating of PNA's, including the duty of Health and Wellbeing Boards (HWB's) to 'publish a statement of its revised assessment within 3 years of its previous publication of a PNA'¹.
- 2.3 Alongside current NHS Regulations for pharmaceutical services, the PNA is used by NHS England to guide the commissioning of pharmaceutical services in the area. For clarity, examples of 'commissioning' in this case include the consideration of applications for new pharmacies, changes to opening hours of existing pharmacies and arrangements for pharmacies to open on Bank Holidays.
- 2.4 The PNA may also be used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council and NHS Hartlepool and Stockton on Tees Clinical Commissioning Group. Examples of local authority commissioning in this case include services for the provision of Healthy Start

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

Vitamins for pregnant women and children and specialist pharmacy support services for substance misuse.

2.5 The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement, and by publishing a full revised assessment before the 2 March 2021. When changes take place, Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services. Initial determinations with respect to the potential for either a Supplementary Statement or need for full review are in Hartlepool delegated to the Director of Public Health, in conjunction with the Chair of the Health and Wellbeing Board, with ratification by the HWB annually (as carried out for 2019/20 in the report presented earlier in the meeting).

2.6 Supplementary Statements cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment and details of actions required to maintain the current PNA, and the planning process for the publication of a fully reviewed PNA, are outlined in Sections 3 and 4 respectively of this report.

3.0 ACTIONS REQUIRED TO MAINTAIN AND MONITOR THE CURRENT PNA

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

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

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

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

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

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours or locally commissioned services that would impact neither market entry nor pharmaceutical need);
- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;
- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Where required, any consequent Supplementary Statements to be ratified for publication by the HWB on a periodic basis, not less than annual; and
- Approval for publication of the Consultation Draft version of the PNA for Hartlepool 2021 (a new delegation).

3.5 Following a national reduction in funding for community pharmacies, it was anticipated that some pharmacies might close as a result and to encourage mergers or **consolidations** of closely located, “surplus” pharmacies, new amendments to the Regulations² were introduced in December 2016. This allowed pharmacies to make an application to merge and provide services from one of the two current premises, providing HWB’s with two new statutory duties:

- When NHS England notifies a HWB about an application to consolidate two pharmacies, the HWB must respond and make a statement or representation to NHS England within 45 days stating whether the consolidation would or would not create a gap in pharmaceutical services provision NHS England will then convene a panel to consider the application to consolidate the two pharmacies, taking into account the representation made by the HWB.
- Once NHS England has made a determination on the application to consolidate two pharmacies, it will inform the HWB. The HWB must then:
 - Publish a supplementary statement³ reporting that removal of the pharmacy which is to close from the Pharmaceutical List will not create a gap in pharmaceutical services; and then
 - Update the map of premises where pharmaceutical services are provided (Regulation 4(2)).

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

4. PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2021

4.1 Planning for publication of a full review of the PNA should be in good time ahead of the statutory due date, which is 3 years since the publication of the current PNA (i.e. by 23 March 2021). It is widely acknowledged that the process towards a revised assessment will usually take no less than 12 months to complete, not least because there are statutory requirements for extensive consultation on a draft assessment, at least once and for a minimum of 60 days.

4.2 It is therefore recommended that the HWB now acknowledge initiation of the process towards publication of its next revised assessment. As the PNA is used by providers and others (including NHS England), a Statement of Intent reporting this needs to be published on the Hartlepool Borough Council website as follows:

“Hartlepool Health and Wellbeing Board understands its statutory duties in relation to the Pharmaceutical Needs Assessment (PNA) and intends to publish its full review of the current PNA within the required timeframe. Notwithstanding any changes to pharmaceutical services and related NHS services that have taken place publication and without prejudice to the assessment of needs described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment for 2018 is under review. Hartlepool HWB has commenced its process leading to publication of a revised assessment / third PNA, with a publication date before 23 March 2021.”

4.3 A provisional plan for this substantial re-assessment is shown in Table 1 (over the page).

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

- Respond to any consultation request from NHS England for representations in respect of pharmacy applications;
- Undertake the decision-making required in relation to the publishing of any associated Supplementary Statement and maintain and publish an up to date map as required; and
- Respond, when consulted by a neighbouring Health and Wellbeing Board on a draft of their PNA. In doing this, the HWB is required to consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

Table 1 – Provisional Plan for Publication of PNA 2021

Date	Action
March - April 2020	<ul style="list-style-type: none"> i) Secure on-going pharmaceutical advice to support this process to be in a position to deliver a revised PNA by the statutory due date. ii) Publish Statement of Intent to complete revised PNA 2021. iii) Establish membership of PNA Steering Group and Working Group. iv) Begin updating information that does not require stakeholder engagement (e.g. from national datasets). v) Agree engagement plan and develop tools for engagement.
May – June 2017	Engage with and gather data and evidence from a wide range of stakeholders, including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment.
TBC (Subject to securing on-going pharmaceutical advice)	Produce a draft PNA 2021
TBC (Subject to securing on-going pharmaceutical advice)	Consultation including Statutory consultees for a minimum of 60 days.
TBC (Subject to securing on-going pharmaceutical advice)	Revise and update following consultation and submit to HWB for approval on the 19 March 2021.
TBC (Subject to securing on-going pharmaceutical advice)	Publication before the due date of the 23 March 2021.

5. RISK IMPLICATIONS / LEGAL CONSIDERATIONS

- 5.1 PNAs are used by NHS England for the purpose of determining applications for new premises. It is anticipated that many decisions made will continue to be appealed and it is therefore important that PNAs comply with the requirements of the regulations. That due process is followed in their development and that they are kept up-to-date.

6. RECOMMENDATIONS

6.1 That:-

- i) The HWB acknowledge the content of the Report including the outline plan and timetable towards the review of the PNA of the Hartlepool HWB, commencing immediately.
- ii) The HWB delegates authority to the current/or acting Director of Public Health (DPH), in conjunction with the Chair of the HWB, for approval of the draft PNA 2021 for release to formal 60 day consultation.
- iii) The HWB approves the continued delegation of authority to the current, or acting, Director of Public Health (DPH), in conjunction with the Chair of the HWB, for elements of the maintenance and use of the PNA, and for the DPH to approve, as required:
 - Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need);
 - Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA; and
 - Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g., annually) as required.
- iv) In accordance with the NHS Pharmaceutical Services regulations, now that the HWB is in the course of making its revised assessment for 2021, the HWB will monitor any changes to availability for pharmaceutical services in its area in the intervening period. The HWB will publish a Supplementary Statement on any changes (to availability) where (if) it is satisfied that immediate modification of its pharmaceutical Needs Assessment (2018) is essential in order to prevent significant detriment to the provision of pharmaceutical services in the town.

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

7. REASONS FOR RECOMMENDATIONS

Included in the body of the report

8. BACKGROUND PAPERS

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

The Hartlepool Pharmaceutical Needs Assessment published 23 March 2018

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

9. CONTACT OFFICER

Pat Riordan, Director of Public Health,
Hartlepool Borough Council
pat.riordan@hartlepool.gov.uk