

HEALTH AND WELLBEING BOARD AGENDA



Monday 26 July 2021

at 10.00 a.m.

**in the Borough Hall, Middlegate,
The Headland, Hartlepool.**

PLEASE NOTE CHANGE OF VENUE

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523019 by midday on Friday 23 July 2021 and name and address details will be taken for NHS Test and Trace purposes.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Cook, Howson, Moore and Tiplady.
Representatives of NHS Tees Valley Clinical Commissioning Group- Dr Timlin and David Gallagher

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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 – Christopher Akers-Belcher and Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

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 - Vacancy

Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray

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 – Sonya Black

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Feeney

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 1 March 2021

4. ITEMS FOR CONSIDERATION

- 4.1 ICS Update (Presentation)
- 4.2 Covid Update (Presentation)
- 4.3 Update on Care Quality Commission (CQC) Action Plan (*Tees, Esk and Wear Valley NHS Foundation Trust*) (*attached*)
- 4.4 Covid Champion Update (Presentation)
- 4.5 Update - Reviewed Health and Wellbeing Strategy (HWS) Priorities and Development of a 'Place Based' Plan (*Director of Public Health*) (*attached*)
- 4.6 Health and Wellbeing Board Terms of Reference - Review (*Director of Public Health*) (*attached*)
- 4.7 Pharmaceutical Needs Assessment (PNA) (*Director of Public Health*) (*attached*)
- 4.8 SEND (Special Educational Needs and Disabilities) Improvement Plan Progress (*Director of Children's and Joint Commissioning Services*) (*attached*)
- 4.9 Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*) (*attached*)
- 4.10 Better Care Fund Update (*Director of Adult and Community Based Services*) (*attached*)

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

1 March 2021

The meeting commenced at 11.00 a.m. and was an online remote meeting in compliance with the Council Procedure Rules Relating to the holding of Remote Meetings and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

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

Representatives of NHS Tees Valley Clinical Commissioning Group

– Dr Nick Timlin and Karen Hawkins (as substitute for David Gallagher)

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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 - Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

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

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

Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Sandra Britton (as substitute for Tracy Woodall)

Representative of GP Federation – Fiona Adamson

Representative of Headteachers – Sonya Black

Also in attendance:-

Elected Members, Hartlepool Borough Council – Councillors Brenda Harrison and Tony Richardson

Chair Hartlepool Mental Health Forum – Zoe Sherry

Representative of Tees, Esk and Wear Valley NHS Trust – Sharon Pickering

Representative of Healthwatch – Christopher Akers-Belcher.

Officers: Dean Langstaff, Public Health Intelligence Analyst
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

26. Apologies for Absence

Representative of Cleveland Police – Chief Inspector Peter Graham

Representatives of NHS Tees Valley - David Gallagher

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall

27. Declarations of interest by Members

Declarations of interest were declared as follows:-

Councillor Thomas – employee of Healthwatch Hartlepool.

Councillor Ward – employee of Alice House Hospice.

28. Minutes

The minutes of the meeting held on 7 December 2020 were confirmed

The minutes of the meeting of the Outbreak Control Engagement Working Group held on 10 November 2020 and 11 December 2020 were received.

29. Face the Public Event 2021 *(Director of Public Health)*

The report set out initial proposals for the Board's Face the Public Event in 2021 as required by Hartlepool Borough Council's Constitution. Whilst the response to the pandemic is still ongoing and restrictions remain in place, the Board was asked to approve initial proposals for a Face the Public Event. It was proposed that the Event be held in September 2021 and be conducted remotely with the potential to incorporate socially distanced activities (should the Covid position change).

In terms of the proposed structure / purpose of the event, the re-examination of the JHWS priorities, undertaken in 2019, had resulted in approval by the Health and Wellbeing Board on the 9th March 2020 of the following priority areas:-

- i) Impact of violence (Inc. domestic violence) and drugs and alcohol;
- ii) Maintenance of a universal offer for the whole population; and

- iii) Development of a targeted 'place based' approach, widening the work being undertaken by the Council's Children's Services Department around 85 streets in the Victoria Ward.

Progression of the identified priorities, and development of the 'place based' approach, had been intended for 2020/21, however, this has been interrupted by the Covid-19 pandemic. The Face the Public Event provided an opportunity to restart the process for the implementation of the priorities, whilst also fulfilling the requirements of the Constitution.

During the debate following presentation of the report, Board Members expressed support for the proposals. It was highlighted that consideration needed to be given also to the long term effects of Covid-19 with particular reference to the long term mental health implications for individuals and communities. It was proposed that the Mental Health Forum would be appropriate to consider the issues highlighted and for the Forum to provide regular updates to meetings of this Board.

Decision

The Board approved:

- i) Initial arrangements for the 2021 Face the Public Event, as outlined in the report.
- ii) Delegation of approval of finalised arrangements for the event to the Director of Public Health in conjunction with the Chair of the Health and Wellbeing Board.

30. Covid-19 Updates

- (i) Director of Public Health – *Presentation*

The Director of Public Health provided an updated presentation on the ongoing coronavirus position in Hartlepool. The presentation focussed on the following:-

- Hartlepool and UK Covid 19 case rates per 100,000 population
- Weekly Covid cases as a comparator with the England average
- Hartlepool and England Covid 19 related death rates per 100,000 population
- Geographical locations of Covid cases in Hartlepool

In the discussion that followed, the Director of Public Health responded to issues raised arising from the presentation. Concerns were expressed regarding anti-vaccine stickers which had appeared in the town which the Director of Neighbourhoods and Regulatory Services undertook to continue to remove when reports were received. It was considered also that social media should continue to highlight the benefits of the vaccine.

(ii) GP Federation – Verbal Update

The Board received an update by Fiona Adamson which detailed the following that were being focused on:-

- Designing and running new services:
- Ensuring existing services are fit for purpose:
- Pausing and reintroducing services:
- Supporting Primary Care Networks

The update addressed also the successes and the challenges.

Following the update appreciation was expressed for the support and collaborative work which had been undertaken by the Federation. It was recognised that support for residents would continue to be required and it was agreed to circulate updates to Board Members in due course. Board Members were further assured by the Director of Adult and Community Based Services that the support hub model would continue to operate and the Department would continue to work with social prescribers.

(iii) NHS Tees Valley Clinical Commissioning Group

Karen Hawkins highlighted the salient issues included in a report which had been circulated including some key messages as the Clinical Commissioning Group reflected on actions and learning during Phases 1 and 2 of the Covid-19 response. Changes to governance arrangements were highlighted to ensure the CCG was able to adapt and respond appropriately and effectively. New ways of working within primary care had been detailed. Key priorities had been identified as follows:-

- Continuing to respond to the Covid-19 pandemic
- Progressing the Covid-19 vaccination programme
- Maximising capacity in all settings to treat non-covid 19 patients
- Responding to other emergency demand and managing winter pressures
- Supporting the health and wellbeing of workforce

Board members expressed their appreciation with regard to the progress of the vaccination programme and requested that their appreciation be conveyed to all those involved in the programme. During the debate, the Board recognised issues associated with the programme in terms of some anxieties by residents and reassurances were provided from a number of Board members.

(iv) North Tees and Hartlepool NHS Foundation Trust

Deepak Dwarakanath highlighted the salient issues included in a report which had been circulated. Key messages included the multiple challenges which the Trust had dealt with during the current Covid-19 pandemic, some of which had brought with them many challenges and clinical and operational unknowns. The

report provided an overview of the impact of Covid on resources, the clinical and operational challenges, the impact on staff health and wellbeing, however also outlining the innovative practices implemented to both absorb the emergency pressures and recover business as usual.

Board Members joined the Chair in expressing their appreciation to the Trust. The Trust representative responded to a number of questions arising from the report including the reintroduction of elective surgery, support for long covid patients and also support for Trust staff who had experienced the most pressured time in their careers.

Decision

The updates were noted.

31. Ongoing Consultations

(i) 'Big Conversation' - Tees, Esk and Wear Valley NHS Trust – Presentation

The Board received a presentation by Sharon Pickering on the review of the Trust's Strategic Framework and provided a summary of the 'Big Conversation' journey to date. It was noted that the Trust was confident that a representative spread of colleagues, service users, carers and families had 'joined the conversation'. A consensus had been reached on many subjects and analysis had revealed seven core narratives had been identified which were detailed in the presentation.

The following 5 key areas had been agreed to focus on and work had started on the milestones for each of the areas:

- Co creation at core
- Having a Clear Clinical Approach
- Being a Great Place to Work
- Playing a leading role in systems
- Having an Empowering Infrastructure

Following the presentation, it was confirmed that progress would be reported to the Mental Health Forum. It was agreed that any additional comments/feedback from Board Members should be communicated directly to Dominic Gardner or Sharon Pickering with contact details forwarded to Members.

(ii) ICS proposals - NHS Tees Valley Clinical Commissioning Group

A report had been circulated to update Board members in relation to the Integrated Care System Consultation and CCG approach. The Board was advised that a corporate CCG response had been submitted by the deadline of 8 January 2021. A White Paper and Bill had subsequently been published.

The Board noted that David Gallagher had undertaken to provide update reports to the Board.

Following presentation of the report, Karen Hawkins responded to concerns expressed by the Chair. Assurances were given in relation to local autonomy. In relation to greater engagement in the future, it was noted that David Gallagher would be requested to present details of future changes to the Board.

Meeting concluded at 1.20 p.m.

CHAIR

Hartlepool Health and Wellbeing Board

RE: An Update on our Care Quality Commission (CQC) Action Plan

Following an unannounced Care Quality Commission (CQC) inspection on some of our adult inpatient wards in January, the CQC published a report from those inspections on Friday 26th March 2021. You can read the full report here <https://www.cqc.org.uk/provider/RX3>

In January the CQC visited three wards at Roseberry Park in Middlesbrough, one ward at Cross Lane Hospital in Scarborough and one ward at West Park Hospital, Darlington. Following the inspections we received correspondence from the CQC relating to concerns about our risk management processes, which they felt were complex and difficult to follow. This is detailed in the report.

Due to these concerns, and subsequent enforcement action, the CQC has rated our acute wards for adults of working age and psychiatric intensive care units 'inadequate' for both safe and well-led. This rating is an individual service rating and does not affect our overall trust CQC rating which remains 'requires improvement'.

I wanted to share with you some of the significant steps we have taken over the last few months.

Whilst work to address a number of these concerns was already underway, making rapid progress has been a priority for us and we have made improvements across both inpatient and community services in all of our localities.

Embedding such large-scale change quickly – and in the midst of a pandemic - is clearly a challenge and I am hugely grateful to our staff for their hard work and to our partners for your ongoing support.

I thought it would be helpful to summarise just some of the work that we have been doing as part of our action plan, which is overseen and reviewed by an external quality assurance board including representatives from NHS England and Improvement, commissioners and the CQC.

We have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings. We've also reviewed safety summaries and plans for approximately 56,000 patients who are currently under our care.
- Ongoing assurance schedules and more regular ward safety audits, which are carried out by different groups of staff – both senior management and staff peers – to ensure the new procedures are being fully implemented.
- Introduced masterclasses about the simpler processes, with over 1,500 frontline staff attending sessions. We have also developed a new mandatory and statutory training package, which will be delivered via e-learning and we are delivering suicide prevention training.

- Extended the use of Oxehealth Digital Care Assistant, which provides sensory monitoring of patients in their rooms, from three wards to a further 12 wards.
- Launched a recruitment programme. We have committed £5.4 million for extra staffing for our inpatient wards and these posts are currently being advertised.
- Established a practice development team, a new clinical supervision working group and additional leadership development.

We have provided the CQC with evidence of our improvements. As with all enforcement action, the notice will remain in place until the CQC is able to re-inspect and review the particular areas of concern. However, we have already made great progress and we are committed to making continued improvements across our services.

We were also already well underway developing Our Journey to Change, our new strategic direction, which has now launched. This has improving the experience for people who use our services, families, carers, staff and partners at the heart of everything we do and will help us to embed this work. Ultimately our focus is to work collaboratively, to promote and uphold a culture of compassion, respect and responsibility and importantly, to ensure we deliver safe and personalised care, which means a great experience for the people who use our services, their families and carers.

We'll continue to keep you updated but please do get in touch if you'd like to talk about this in more detail with me or a member of the team.

Many thanks

Brent Kilmurray
Chief executive
Tees, Esk and Wear Valleys NHS Foundation Trust

HEALTH AND WELLBEING BOARD

26th July 2021



Report of: Director of Public Health

Subject: UPDATE – REVIEWED HEALTH AND WELLBEING STRATEGY (HWS) PRIORITIES AND DEVELOPMENT OF A ‘PLACE BASED’ PLAN

1. PURPOSE OF REPORT

- 1.1 To provide an update following the Health and Wellbeing Board’s approval of reviewed HWS priorities and a ‘place based’ plan.

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 Following consideration of an update on the outcome of the recent Working Groups / Partner sessions, the Health and Wellbeing Board at its meeting on the 9th March 2020 approved:
- The reviewed priorities (as outlined in Section 2.2(i) of this report);
 - 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. Emphasis to be placed on the importance of achieving clear outcomes in the identified areas; and
 - The establishment of a Partnership Group of senior leaders to oversee the implementation of 'Hartlepool 85 Streets'.
- 2.6 An extract from the minutes of the meeting are attached at **Appendix A**.
- 2.7 Further to the decision of the Health and Wellbeing Board on the 9th March 2020, it is noted that the development of the 'place based' plan had not progressed as far, or at the pace, intended. The co-ordination of the Covid-19 response requiring the focusing of resources across all Health and Wellbeing Board partners.

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 note the update as provided.

10. REASONS FOR RECOMMENDATIONS

- 10.1 To update the Board on:
- The course of action agreed at the meeting on the 9th March 2020; and
 - Progress made to date on the development of a 'place based' plan (widening the work currently being undertaken by the Council's Children's Services Department with a focus on 85 streets in the Victoria Ward).

11. BACKGROUND PAPERS

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

12. CONTACT OFFICER

Craig Blundred, Director of Public Health,
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HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

9 March 2020

Extract

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan and Thomas

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick 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 - Margaret Wrenn and Ruby Marshall

Other Members:

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

Representative of Cleveland Police – Superintendent Sharon Cooney

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

Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Karen Gibson (as substitute for Tracy Woodall)

Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Hall

Also in attendance:-

Lynn Allison, Healthwatch

Hilton Heslop, North Tees and Hartlepool NHS Trust

Michael Houghton, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Alex Sinclair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Officers:

Craig Blundred, Deputy Director of Public Health

Catherine Grimwood, Performance and Partnerships Manager

Joan Stevens, Statutory Scrutiny Manager

Denise Wimpenny, Democratic Services Team

Prior to the commencement of the meeting, the Chair welcomed new representatives to the Board and apologised that it had been necessary to change the time of the meeting.

32. Update following the Health and Wellbeing Board Workshop on 6 November 2019 – *Director of Public Health*

The report provided the Health and Wellbeing Board with a progress update following the Health and Wellbeing Board Workshop held on the 6th November 2019 and advice was sought on the way forward. Discussions at the workshop had resulted in the identification of a number of proposals for reviewed priorities and two potential options for their delivery going forward. Of the options presented, those present at the workshop had expressed a clear preference for a targeted (place based) approach. Based on this, a further meeting had been held on the 23rd January 2020 with partner organisations from across the membership of the Health and Wellbeing Board. 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. As a starting point for the development of the 'place based' plan, a data gathering exercise had been initiated with all partners, based on the 85 streets identified as part of the Children's Services piece of work. A deadline of 13th February 2020 had been set for the provision of this initial data. The Board was requested to discuss the proposed priorities and make recommendations for the immediate development of a 'place based' plan.

Board Members expressed support for the proposals and commented on the benefits of this approach. The Chair placed emphasis upon the importance of partner organisations providing the necessary data in accordance with prescribed timescales.

Decision

The Board discussed and agreed the proposed priorities and made 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'

HEALTH AND WELLBEING BOARD

26 July 2021



Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD TERMS OF REFERENCE - REVIEW

1. PURPOSE OF REPORT

1.1 To seek:-

- i) Approval for the incorporation of the role and responsibilities of the Outbreak Control Engagement Working Group in to the remit of the Health and Wellbeing Board (HWB);
- ii) Consideration of a request from Hartlepower for an increase in the number of VCS representatives on the Board (as non-prescribed / non-voting members) to two; and
- iii) Approval for the development of a Communications / Engagement Strategy for the HWB (as referenced in the Board's Terms of Reference).

2. OUTBREAK CONTROL ENGAGEMENT WORKING GROUP

- 2.1 On the 26th June 2020, the Health and Wellbeing Board received a detailed and comprehensive presentation in relation to the requirement for the creation of a Local Outbreak Engagement Board as part of the local authority's coronavirus response.
- 2.2 The HWB approved the creation of a Local Outbreak Control Engagement Working Group to act as Hartlepool's Outbreak Engagement Board and it was agreed that an addendum would be added to the Board's ToR to reflect the creation of the role and responsibilities of the Working Group.
- 2.3 During the 12 month period since its creation the Outbreak Control Engagement Working Group met on a total of five occasions, focusing on coronavirus updates in relation to:
 - Hartlepool Data
 - Local / National Restrictions)

- Prevention Communications / Reset Health Campaign
- Support Hub activities (Inc. support for the CEV Population)
- The Outbreak Control Plan
- Covid-19 Community Champion updates (Implementation of the scheme and activities)

- 2.4 In reviewing the activities of the Working Group, a level of duplication has come to light in terms of reports presented to the HWB itself. On this basis, in order to more effectively use partner, Member and officer resources, it is suggested that the responsibilities of the Outbreak Control Engagement Working Group be subsumed directly into the terms of reference of the HWB and the Working Group addendum removed.
- 2.5 This proposal would continue to meet the requirement for the creation of a Local Outbreak Engagement Board as part of the local authority's coronavirus response and in terms of good practice mirrored arrangements put in place by other local authorities.
- 2.6 The Board is requested to approve the refreshed Terms of Reference to, a copy of which is attached at **Appendix A**.

3. REQUEST FOR AN INCREASE IN THE NUMBER OF VOLUNTARY AND COMMUNITY SECTOR (VCS) REPRESENTATIVES ON THE MEMBERSHIP OF THE BOARD

- 3.1 The membership of the Health and Wellbeing Board currently includes one representative from the Voluntary and Community Sector (VCS), as a non-prescribed / non-voting member.
- 3.2 Following the decision of the longstanding VCS representative on the Board to stand down, Hartlepool were asked to assist in the identification of a suitable individual / body to take up the vacant position. As part of the process for the identification the required representative, discussions were coordinated by Hartlepool via their VCS Sector Connector meeting resulting in a request for the number of VCS representatives on the Board to be increased. The basis for the request being that 'Given the impact and extent of VCS activity in Hartlepool, there should be more than one VCS representative on the Health and Wellbeing Board.'
- 3.3 In response to this request the Board is asked to consider the Hartlepool request for an increase in the number of VCS representatives on its membership from one to two.

4. COMMUNICATIONS AND ENGAGEMENT STRATEGY

- 4.1 Contained within Section 7 of the Board's Terms of Reference (attached at Appendix A) is the indication that *'the Board will also develop and*

deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board’.

- 4.2 Further work on this strategy is required and the Board is asked to approve the development of a draft for consideration at the next meeting.

5. RECOMMENDATIONS

- 5.1 That the Health and Wellbeing Board:-

- i) Consider a request from Hartlepool for an increase in the number of VCS representatives on the Board (as non-prescribed / non-voting members) to two.
- ii) Approve the refreshed Terms of Reference (as provide in Appendix A); and
- iii) Approve the development of a Communication and Engagement Strategy.

5. REASONS FOR RECOMMENDATIONS

- 5.1 To obtain formal approval for the Health and Wellbeing Board’s refreshed Terms of Reference.

6. BACKGROUND PAPERS

None.

7. CONTACT OFFICER

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Director of Public Health
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01429 284104

4.6

Appendix A

HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

VERSION 3.1

July 202~~1~~⁰

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1.0 Purpose and functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

2.0 Roles and Responsibility of Board Members

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

2.1 Standards of behaviour

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

Accountability: to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.

Commitment: to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

High Quality Debate: to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

Honesty and Integrity: to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

Objectivity: to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

Representative: to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

Respect for others: to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

3.0 Membership

The Health and Social Care Bill Act 2012 mandates a minimum membership for Health and Wellbeing Boards. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out over the page:

Prescribed Members
<ul style="list-style-type: none"> • Elected Members, Hartlepool Borough Council, including the Leader of the Council (4) • Representatives of NHS Tees Valley Clinical Commissioning Group (2) • Director of Public Health, Hartlepool Borough Council (1) • Director of Children's and Joint Commissioning Services, Hartlepool Borough Council (1) • Director of Adult and Community Based Services, Hartlepool Borough Council (1) • Representatives of Healthwatch (2)
Other Members
<ul style="list-style-type: none"> • Managing Director, Hartlepool Borough Council (1) • Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council (1) • Representative of NHS England (1) • Representative of Hartlepool Voluntary and Community Sector (1) • Representative of Tees Esk and Wear Valley NHS Trust (1) • Representative from Cleveland Police (1) • Representative of North Tees & Hartlepool NHS Foundation Trust (1) • Representative of GP Federation (1) • Schools' Representative (1) • Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Probation and other providers etc.

3.1 Chairing of the Health and Wellbeing Board

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

4.0 Principles

All members of the Health and Wellbeing Board will strive to apply the following nine principles:

- Effective decision-making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

5.0 Performance Management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub-groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly affect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Engage with residents and promote the key strategies and plans for the Borough;
- iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the [Community Engagement and Cohesion Strategy](#). The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

8.0 Operation of the Health and Wellbeing Board

8.1 Attendance at meetings

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary.

Substitutes should be suitable senior representatives who are able to speak on

behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

8.2 Appointment of Substitutes

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

8.3 Declaration of Interests

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision-making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

8.4 Meeting Procedures

The Board will meet on a quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

8.5 Decision-making and voting

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision-making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

8.6 Risk management

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

8.7 Freedom of Information Act

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

8.8 Public access to the Health and Wellbeing Board

All meetings of the Council's committees, sub-groups and working groups are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters

being considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

8.9 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

8.10 Sub-Groups, Working Groups and Task and Finish Groups

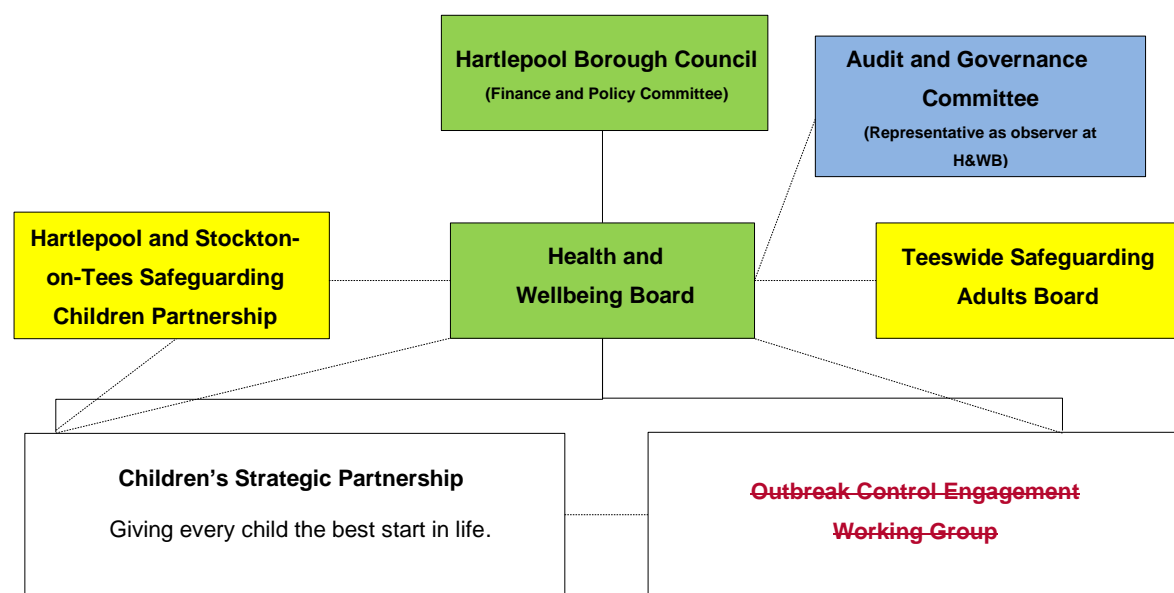
The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub-groups are in place to support and feed into the Board. The minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups / working groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The

membership of these task and finish groups would be decided by the Board, or sub-group. A Task and Finish Group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

9.0 Engaging with other bodies

9.1 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership

The Hartlepool and Stockton on Tees Safeguarding Children Partnership is made up of the three statutory partners, local authorities, chief officers of police, and clinical commissioning groups who must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The relationship between the Health and Wellbeing Board and the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) is one of mutual support, challenge and scrutiny. HSSCP should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

9.3 Teeswide Safeguarding Adults Board

The Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Teeswide Safeguarding Adults Board (TSAB) is one of mutual support, challenge and scrutiny.

TSAB should be instrumental in determining the requirements of the JSNA in terms of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

9.4 Outbreak Control Engagement ~~Working Group~~Board

~~As part of local Covid-19 outbreak control arrangements the Health and Wellbeing Board will also act as Hartlepool's Local Outbreak Control Engagement Board. These responsibilities are delegated to the Outbreak Control Engagement Working Group (as a working group of the Health and Wellbeing Board) which will operate as outlined in Addendum A.~~

1. Purpose and functions of the Local Outbreak Control Engagement Working Group

An integrated national and local nationwide Covid-19 test and trace programme is being implemented to control the virus and as part of this local Covid-19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that- need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by a working group of the Health and Wellbeing Board with the following responsibilities:-

- i) Political ownership and public-facing engagement and communication for the outbreak response.
- ii) Provide partnership oversight of health protection regarding Covid-19 in Hartlepool.
- iii) Support local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives.
- iv) Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and appropriately tailored response.

- v) Support the effective communication of the Outbreak Control Plan for Hartlepool.
- vi) Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively.
- vii) Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.
- viii) Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.
- ix) Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.
- x) Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.

2. Membership -

The membership of the Outbreak Control Engagement Working Group Board includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.

Over and above the ~~The core membership of the Working Group~~ Health and Wellbeing Board when considering items under the remit of the Outbreak Control Engagement Board invitations will also be extended to ~~is set out the~~ below:

Chair of the Health and Wellbeing Board (Leader of Hartlepool Borough Council)

- Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions

Managing Director, Hartlepool Borough Council

Representative from NHS England

Representative of NHS Tees Valley Clinical Commissioning Group

Representative of North Tees and Hartlepool NHS Trust

Representative of the GP Federation/Primary Care Networks

Representative of Cleveland Police

Director of Public Health, Hartlepool Borough Council

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

Director of Adult and Community Based Services, Hartlepool Borough Council

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council

- Communications and Marketing Manager, Hartlepool Borough Council

Representative of Healthwatch

Representative of Hartlepool Voluntary and Community Sector

- Representative of Faith Community

Tees, Esk and Wear Valley NHS Trust

Each organisation listed above will be required to nominate an appropriate senior representative who can speak on behalf of their organisation and has the right skills, knowledge and experience to play an effective part in delivering the purpose and functions of the Working Group.

The co-option of additional participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of potential co-optees are as follows with the addition of others as and when required:

- Ward Councillors
- Parish Councillors

- North East Ambulance NHS Trust
- Fire Brigade
- Probation
- Schools
- Care Home providers
- Hospice providers
- Housing providers
- Representatives from specialist organisations
- Representatives from business community

3. Frequency and Status of Meetings

The Outbreak Control Engagement Working Group will meet on a monthly basis initially to fulfil its responsibilities as Hartlepool's Local Outbreak Control Engagement Board. Although the chair has the ability to make recommendations to change the frequency and hold additional meetings where required.

Meeting of the Working Group will be open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. Details of the Working Group's activities will be presented to the Health and Wellbeing Board on a quarterly basis.

4. Attendance at meetings and Appointment of Substitutes

Members of the Working Group will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility, consistency and continuity are essential to outbreak management, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The named substitute will be the only person to attend in the absence of the Working Group member.

5. Quorum

The quorum for the Working Group will be 5 members.

OUTBREAK CONTROL ENGAGEMENT WORKING GROUP

1. Purpose and functions of the Local Outbreak Control Engagement Working Group

An integrated national and local nationwide Covid 19 test and trace programme is being implemented to control the virus and as part of this local Covid 19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by a working group of the Health and Wellbeing Board with the following responsibilities:-

- i) Political ownership and public facing engagement and communication for the outbreak response.
- ii)i) Provide partnership oversight of health protection regarding Covid 19 in Hartlepool.
- iii)i) Support local delivery of the primary objectives of the Government's strategy to control the Covid 19 reproduction number (R), reduce the spread of infection and save lives.
- iv)i) Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and appropriately tailored response.
- v)i) Support the effective communication of the Outbreak Control Plan for Hartlepool.
- vi)i) Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic,

~~helping to make sure that all communities and sectors are communicated with effectively.~~

~~vii)i) Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.~~

~~viii)i) Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.~~

~~ix)i) Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.~~

~~x)i) Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.~~

~~2. Membership~~

~~The membership of the Outbreak Control Engagement Working Group includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.~~

~~The core membership of the Working Group is set out below:~~

- ~~● Chair of the Health and Wellbeing Board (Leader of Hartlepool Borough Council)~~
- ~~● Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions~~
- ~~● Managing Director, Hartlepool Borough Council~~
- ~~● Representative from NHS England~~
- ~~● Representative of NHS Tees Valley Clinical Commissioning Group~~

- ~~Representative of North Tees and Hartlepool NHS Trust~~
- ~~Representative of the GP Federation/Primary Care Networks~~
- ~~Representative of Cleveland Police~~
- ~~Director of Public Health, Hartlepool Borough Council~~
- ~~Director of Children's and Joint Commissioning Services, Hartlepool Borough Council~~
- ~~Director of Adult and Community Based Services, Hartlepool Borough Council~~
- ~~Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council~~
- ~~Communications and Marketing Manager, Hartlepool Borough Council~~
- ~~Representative of Healthwatch~~
- ~~Representative of Hartlepool Voluntary and Community Sector~~
- ~~Representative of Faith Community~~
- ~~Tees, Esk and Wear Valley NHS Trust~~

~~Each organisation listed above will be required to nominate an appropriate senior representative who can speak on behalf of their organisation and has the right skills, knowledge and experience to play an effective part in delivering the purpose and functions of the Working Group.~~

~~The co-option of additional participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of potential co-optees are as follows with the addition of others as and when required:~~

- ~~Ward Councillors~~
- ~~Parish Councillors~~
- ~~North East Ambulance NHS Trust~~
- ~~Fire Brigade~~
- ~~Probation~~
- ~~Schools~~
- ~~Care Home providers~~
- ~~Hospice providers~~

- ~~Housing providers~~
- ~~Representatives from specialist organisations~~
- ~~Representatives from business community~~

~~3. Frequency and Status of Meetings~~

~~The Outbreak Control Engagement Working Group will meet on a monthly basis initially to fulfil its responsibilities as Hartlepool's Local Outbreak Control Engagement Board. Although the chair has the ability to make recommendations to change the frequency and hold additional meetings where required.~~

~~Meeting of the Working Group will be open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. Details of the Working Group's activities will be presented to the Health and Wellbeing Board on a quarterly basis.~~

~~4. Attendance at meetings and Appointment of Substitutes~~

~~Members of the Working Group will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.~~

~~As flexibility, consistency and continuity are essential to outbreak management, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The named substitute will be the only person to attend in the absence of the Working Group member.~~

~~5. Quorum~~

~~The quorum for the Working Group will be 5 members.~~

HEALTH AND WELLBEING BOARD

26 July 2021



Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

1. PURPOSE OF REPORT

- 1.1 Following extensions to the statutory publication deadline for the revised PNA, to:
- i) Update the Board of its responsibilities, and required actions, in relation to the operation and revision of Hartlepool's Pharmaceutical Needs Assessment (PNA) 2018;
 - ii) Seek approval for the:
 - Revised timetable, process and continuation of delegations required to facilitate the completion the required revision of the PNA; and
 - Revised Statement of Intent to be published on the Hartlepool Borough Council website.
- 1.2 To seek ratification of Supplementary Statements issues during 2020/21.

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:
- Considers the potential need for future provision of pharmaceutical services;
 - Is used by NHS England, alongside current NHS Regulations for pharmaceutical services, 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; and

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

- 2.2 The HWB has a number of required actions in order to maintain and monitor the current PNA and details of these are outlined in **Appendix A**. This includes the requirement to revise the PNA (as detailed in Section 4) and keep the PNA up to date by maintaining the map of pharmaceutical services, assessing on-going changes which might impact pharmaceutical need or require publication of Supplementary Statements¹.

3. RATIFICATION OF SUPPLEMENTARY STATEMENTS

- 3.1 The Health and Wellbeing Board (HWB) published its second 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

¹ Supplementary statements:

- Can provide updates to the Pharmaceutical Needs Assessment, but only in relation to changes in the availability of pharmaceutical services.
- Cannot be used to provide updates on pharmaceutical need. This can only be achieved through a review of the Pharmaceutical Needs Assessment.

- 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.

- 3.2 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. In accordance with the agreed process for the periodic ratification of Supplementary Statements by the HWB, the Board is advised that between publication of the PNA in March 2018 and January 2020 five Statements were issue and ratified by the HWB in March 2020.
- 3.3 A further six Statements in relation to changes to pharmacy services in Hartlepool have been issued since February 2020 and ratification of these Statements is sought from the HWB today. A copy of the each Statement is attached at **Appendix B** for consideration by the HWB.

4. PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2022

- 4.1 As already indicated the 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'².
- 4.2 In accordance with this duty, Hartlepool's revised PNA was required to be published by March 2021 with the process and timetable for its review approved by the HWB at its meeting on the 9th March 2020. The deadline for revision, and publication, of the PNA was however now been extended twice over the duration of the Covid-19 pandemic. The first being to March 2022, with a further extension to October 2022.
- 4.3 The HWB at its meeting on the 9 March 2021 acknowledge initiation of the process towards publication of its next revised assessment (in accordance with the original statutory publication date) and approved a statement of intent to be published on the Hartlepool Borough Council website. In light of the change in deadline, and as the PNA is used by providers and others (including NHS England), it is proposed that a further Statement of Intent 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

² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Regulation 6(1))

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 October 2022.”

- 4.4 In working towards the new October 2022 publication date, planning for the full review of the PNA is being undertaken in good time ahead of the statutory due date. 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.
- 4.5 A provisional plan for this substantial re-assessment is attached at **Appendix C**. 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.

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 In relation to ratification of Supplementary statements, it is recommended that the HWB notes and ratifies the Supplementary Statements detailed in **Appendix B**.
- 6.2 In relation to the revision of the PNA, it is recommended 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 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, 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.
- vi) Approve the:
 - Revised Statement of Intent to been published on the Hartlepool Borough Council website (as detailed in Section 4.3 of the report); and
 - Timetable for the revision and publication of the PNA (as detailed in **Appendix C**).

7. REASONS FOR RECOMMENDATIONS

- 7.1 Included in the body of the report.

8. BACKGROUND PAPERS

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

9. CONTACT OFFICER

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Hartlepool Borough Council
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Appendix A

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 Regulations³ 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 statement⁴ 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)).

³ The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

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

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 01/05/2021



CHANGE TO OPENING HOURS:

Ascent Healthcare Limited to Winterbottom Pharmacy
Surgery Lane, Winterbottom Avenue, Hartlepool, TS24 9DN

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00	08:00-17:30
Tuesday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Wednesday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Thursday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Friday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Saturday	None	09:00-12:00	09:00-12:00
Sunday	None	12:00-15:00	12:00-15:00
Total Hours per week	40 hours	13.5	53.5

Revised hours with effect from 1st May 2021

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00	08:00-17:30
Tuesday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Wednesday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Thursday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Friday	09:00-12:30; 13:00-17:30,	08:00-09:00; 12:30-13:00,	08:00-17:30
Saturday	None	09:00-12:00	09:00-12:00
Sunday	None	None	Closed
Total Hours per week	40 hours	10.5	50.5

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

Craig Blundred
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: 14/12/2020



CHANGE TO OPENING HOURS:

P.S. Pendergood Limited ta Clayfields Pharmacy
76-78 Oxford Road, Hartlepool, Cleveland, TS25 5SA

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Tuesday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Wednesday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Thursday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Friday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Saturday	Closed	9.00 am to 1.00 pm	9.00 am to 1.00 pm
Sunday	Closed	10:00 am to 1:00 pm	10:00 am to 1:00 pm
Total Hours per week	40 hours	9.5 hours	49.5 hours

Revised hours effective 12 December 2020

Days	Contracted Hours	Supplementary hours	Total hours
Monday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Tuesday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Wednesday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Thursday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Friday	9.00 am to 5.00 pm	5.00 pm to 5.30 pm	9.00 am to 5.30 pm
Saturday	Closed	9.00 am to 5.00 pm	9.00 am to 5.00 pm
Sunday	Closed	None	Closed
Total Hours per week	40 hours	10.5 hours	50.5 hours

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

Craig Blundred
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: 03/09/2020



CHANGE TO OPENING HOURS:

Lloyds Pharmacy Limited t/a Lloyds Pharmacy
29 Wynyard Road, Hartlepool, Cleveland, TS25 3LB

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Tuesday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Wednesday	09:00-13:00; 14:15-17:30,	13:00-14:15,	09:00-17:30
Thursday	09:00-13:00; 14:15-17:30,	13:00-14:15,	09:00-17:30
Friday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Saturday	09:45-12:00,	09:00-09:45,	09:00-12:00
Sunday	None	08:30-11:30	08:30-11:30
Total Hours per week	40 hours	10 Hours	50 hours

Revised hours with effect from 3 September 2020

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Tuesday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Wednesday	09:00-13:00; 14:15-17:30,	13:00-14:15,	09:00-17:30
Thursday	09:00-13:00; 14:15-17:30,	13:00-14:15,	09:00-17:30
Friday	09:00-13:00; 14:15-18:00,	13:00-14:15,	09:00-18:00
Saturday	09:45-12:00,	09:00-09:45,	09:00-12:00
Sunday	None	None	Closed
Total Hours per week	40 hours	7 Hours	47 hours

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

Craig Blundred
Acting 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: 02/09/2020



CHANGE TO OPENING HOURS:

Lloyds Pharmacy Limited t/a Lloyds Pharmacy
15 Kendal Road, Hartlepool, Cleveland, TS25 1QU

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30 13:30-18:00	08:30-09:00; 12:30-13:30; 18:00-18:15	08:30-18:15
Tuesday	09:00-12:30 13:30-18:00	08:30-09:00; 12:30-13:30; 18:00-18:15	08:30-18:15
Wednesday	09:00-12:30 13:30-18:00	08:30-09:00; 12:30-13:30; 18:00-18:15	08:30-18:15
Thursday	09:00-12:30 13:30-18:00	08:30-09:00; 12:30-13:30; 18:00-18:15	08:30-18:15
Friday	09:00-12:30 13:30-18:00	08:30-09:00; 12:30-13:30; 18:00-18:15	08:30-18:15
Saturday	None	None	Closed
Sunday	None	None	Closed
Total Hours per week	40 Hours	8.75 Hours	48.75 Hours

Revised hours with effect from 2 September 2020

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30 13:30-18:00	12:30-13:30	09:00-18:00
Tuesday	09:00-12:30 13:30-18:00	12:30-13:30	09:00-18:00
Wednesday	09:00-12:30 13:30-18:00	12:30-13:30	09:00-18:00
Thursday	09:00-12:30 13:30-18:00	12:30-13:30	09:00-18:00
Friday	09:00-12:30 13:30-18:00	12:30-13:30	09:00-18:00
Saturday	None	None	Closed
Sunday	None	None	Closed
Total Hours per week	40 Hours	5 Hours	45 Hours

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

Craig Blundred
Acting 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: 03/09/2020



CHANGE TO OPENING HOURS:

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

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Tuesday	09:00-12:30; 13:30-18:00,	12:30-13:30;	09:00-18:00
Wednesday	09:00-12:30; 13:30-18:00,	12:30-13:30,	09:00-18:00
Thursday	09:00-12:30; 13:30-18:00,	12:30-13:30;	09:00-18:00
Friday	09:00-12:30; 13:30-18:00,	12:30-13:30,	09:00-18:00
Saturday	None	09:00-12:00,	09:00-12:00
Sunday	None	None	Closed
Total Hours per week	40 hours	8 hours	48 hours

Revised hours with effect from 3 September 2020

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 13:30-18:00,	12:30-13:30	09:00-18:00
Tuesday	09:00-12:30; 13:30-18:00,	12:30-13:30;	09:00-18:00
Wednesday	09:00-12:30; 13:30-18:00,	12:30-13:30,	09:00-18:00
Thursday	09:00-12:30; 13:30-18:00,	12:30-13:30;	09:00-18:00
Friday	09:00-12:30; 13:30-18:00,	12:30-13:30,	09:00-18:00
Saturday	None	None	Closed
Sunday	None	None	Closed
Total Hours per week	40 hours	5 hours	45 hours

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

Craig Blundred
Acting 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: 02/07/2020



CHANGE TO OPENING HOURS:

Bestway National Chemists Limited
416 Catcote Road,
Fens Shopping Centre,
Hartlepool,
TS25 2LS

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

Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 14:00-17:30,	08:30-09:00; 12:30-14:00; 17:30-18:30,	08:30-18:30
Tuesday	09:00-12:30; 14:00-17:30,	08:30-09:00; 12:30-14:00; 17:30-18:30,	08:30-18:30
Wednesday	09:00-12:30; 14:00-17:30,	08:30-09:00; 12:30-14:00; 17:30-18:30,	08:30-18:30
Thursday	09:00-12:30; 14:00-17:30,	08:30-09:00; 12:30-14:00; 17:30-18:30,	08:30-18:30
Friday	09:00-12:30; 14:00-17:30,	08:30-09:00; 12:30-14:00; 17:30-18:30,	08:30-18:30
Saturday	09:00-14:00,	None	09:00-14:00
Sunday	None	None	Closed
Total Hours per week	40 hours	15 hours	55 hours

Revised hours with effect from 29 June 2020

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-12:30; 14:00-17:30,	12:30-14:00; 17:30-18:00,	09:00-18:00
Tuesday	09:00-12:30; 14:00-17:30,	12:30-14:00; 17:30-18:00,	09:00-18:00
Wednesday	09:00-12:30; 14:00-17:30,	12:30-14:00; 17:30-18:00,	09:00-18:00
Thursday	09:00-12:30; 14:00-17:30,	12:30-14:00; 17:30-18:00,	09:00-18:00
Friday	09:00-12:30; 14:00-17:30,	12:30-14:00; 17:30-18:00,	09:00-18:00
Saturday	09:00-14:00,	None	09:00-14:00
Sunday	None	None	Closed
Total Hours per week	40 hours	10 hours	50 hours

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

Craig Blundred
Acting Director of Public Health

Appendix C

Date	Task
April - June 2021	<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 new PNA 2022. iii) Secure the up to date maintenance of the PNA 2018; check the map and confirm publication of any required Supplementary Statements based on notifications for NHS England. iv) Establish a PNA Steering Group/ Working Group. v) Begin updating information that does not require stakeholder engagement (e.g. from national datasets) and plan to maintain. vi) Forward Plan entry.
June – July 2021	<ul style="list-style-type: none"> i) Agree engagement plan and develop tools for engagement. ii) Begin review of need and background.
September 2021	Undertake Engagement Exercise (Stage 1) - 4 weeks with patients / members of the public, stakeholders and pharmacy contractors.
October - December 2021	<ul style="list-style-type: none"> i) Produce a draft PNA 2022. ii) Approval required by the HWB for release to formal consultation. Approval by the HWB.
January - February 2022	Formal Consultation (Stage 2) - 60 Days
March - June 2022	<ul style="list-style-type: none"> i) Revise and update draft PNA following consultation (allowing time for another 60 days if necessary). ii) Submit PNA to the HWB for approval (June 2022).
September 2022 (at the latest)	Publication before the due date of the October 2022.

HEALTH AND WELLBEING BOARD

26 July 2021



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

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

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.

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 SEND.
- 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

2.5 A review meeting with DfE and NHS England was held in February with council, CCG, schools and parent representatives. The meeting reviewed progress against the SEND Accelerated Progress Plan. DfE felt that the area had made significant progress and said that formal monitoring was no longer needed and there is no further need for an Accelerated Progress Plan. The letter received from the DfE can be found at *Appendix A*.

3. PROGRESS 2020/2021

3.1 Quality of Education, Health and Care Plans (EHCP)

Implemented

- Audit framework in place with multi agency partners undertaking audits
- Audit system procured to support analysis to understand themes
- Designated Clinical Officer (CCG) has developed and implemented a QA process to evaluate and improve quality of health advice into EHCP process
- Designated Clinical Officer providing regular training to NHS provider trusts

Impact

- DfE SEND adviser undertaken dip sample of EHC plans and seen improvements from previous sample. Significantly more consistent and legally compliant
- QA processes are supporting stakeholders to understand what good looks like
- Audits undertaken show: that advice is more consistent leading to higher quality EHCP, all plans audited had voice of child, 75% of the plans indicated everyone's views, needs were described in detail in every plan and outcomes were set out in all plans

Further Development

- Need to ensure that only needs are discussed in section C of the EHCP
- Social care needs – need to ensure that information is included to show that social care needs have been explored
- Increase number of EHC plans being audited to ensure that the sample is large enough to understand any themes
- Work with system provider to include reviews within audits

3.2 Governance

Implemented

- Governance arrangements are in place
- SEND operational group includes all stakeholders
- Balance scorecard in place and reviewed by the SEND Strategic Group
- Processes in place to facilitate data flow at whole service and EHC cohort between NHS trusts, CCG and council.
- Operational group in place with implementation plan

Impact

- Local leaders know the impact of actions
- Improved knowledge to be able to deliver services on a day to day basis in a responsive way
- Improved systems knowledge to be able to commission services effectively

Further development

- Balance scorecard lacking information due to COVID pandemic and data not being captured e.g NHS trusts and school data. Work is underway to capture data that has not been available during 2020/2021
- Implementation plan 2021/22 to be completed

3.3 Understanding Needs/ Joint Commissioning

Implemented

- In partnership with schools undertook a collection of information of SEND cohort to understand projected needs to understand need for provision
- Review of those needing specialist support indicated SEMH as main need. Commissioned SEMH secondary additionally resourced provision (High Tunstall Secondary School) to offer support to 6 children from Sept 2020
- Undertaken review of speech and language needs and provision
- Reviewed ASD pathways and implemented Neuro developmental pathway – multi agency triage in place from Sept 2020
- Jointly commissioned family support service as part of the neuro developmental pathway with parents co-producing the specification
- Reviewed Sunflower Service

Impact

- Four children have accessed the SEMH ARP at High Tunstall. Three of the children have significant improvement in their attendance since schools have reopened to all students
- Neurodevelopmental pathway – feedback from PCF ‘families are pleased with the progress’; ‘It’s really positive that we moving forward’
- Speech & language joint commissioning options are being designed with LA, schools and health colleagues
- OT - a joint contract between HBC and CCG in place from April 2021

- Review of Family Support Service – positive engagement from PCF in the ongoing monitoring and review of the service, contribution to service specification, regional PCF representation on the evaluation panel. (see next slide)
- Review of Sunflower service has led to PCF key worker attending Sunflower sessions to engage with parents to offer peer support (“Many of the families who access are families who are new to us as a parent forum and within Carers. The response we have had has been excellent, in fact we have not had anything negative which is great.” Chair of PCF)
- Families are becoming confident in local area leaders in relation to partnership working
- Mechanisms are in place to allow families to be able to influence developments

Further development

- Explore wider joint commissioning opportunities with schools
- Continue to collate information from schools to project needs informing development of provision

3.4 Access to advice, guidance and support

Implemented

- Reviewed local offer and moved to the Hartlepool Now platform to make it more accessible [Hartlepool Now :: Local Offer](#)
- Regular Parent Carer Forum drop in sessions
- Parent Carer Forum has supported a significant number of families during the pandemic and continue to offer support advice and guidance – additional worker has been recruited to support the Parent Carer Forum
- Work has commenced to develop joint arrangements in relation to SENDIASS and agreement to have shared arrangements to offer advice and guidance to parents
- SENDIASS worker continues to offer support to families that request impartial advice and guidance

Impact

- Local offer available for parents and professionals – able to access all information about services available
- Parents reported that easier to navigate than previous site

Further development

- Work with parents to further improve the local offer ensuring it is up to date
- Finalise the SENDIASS joint arrangements between CCG and council and review arrangements to understand if they are supporting families appropriately

3.5 Workforce development

Due to the pandemic the majority of workforce sessions were cancelled between March 2020 and Dec 2021. However funding was secured via Health Education England to deliver Autism training programme and support to early years settings:

- Developed and disseminated a virtual workshop for parents and education staff 'A positive and calm transition to school: Supporting children with Autism and SCC needs return to school following Covid-19' – July 2020.
- Pre-recorded version of Making Sense of Autism (AET – Tier 1) developed and distributed to all private day care providers (17 settings) and childminders (52).
- Access to session is being monitored via 'login tracker' and by AET online evaluation. Currently the session has been viewed 83 times with a total of 28.5hours of content watched.
- Additionally all 31 school nurseries have been contacted and offered a 'live' virtual session or their early years team for Making Sense of Autism. Currently 16 settings have secured a date for delivery.
- Bespoke consultation and support – as practical workshops were not possible due to current restrictions therefore Specialist Practitioners from the Small Steps team have been supporting parents and settings through regular consultation linked to sleep, communication and play.
- 'Attention Autism' style sessions modelled to a small number of Early Year ARP settings to promote engagement and inclusion in a 2 year provision and Nursery setting with a high proportion of children with additional needs.
- Autism Education Trust 'Progression Framework' (Tracker and planning tool) introduced to Early Years settings through direct consultation and ongoing support to implement.

Further Development

- SEND Briefings taking place week beginning 22nd June – briefings to raise awareness of the requirements in the Code of Practice

4. CURRENT AREAS OF WORK

4.1 In addition to the work being undertaken above there are two reviews taking place:

- High Needs Block Review. The funding for SEND provision and support for schools and the council is through the High Needs Block. This funding is received from the DfE on an annual basis. There has been significant overspend on this block of funding from 2014 -2019 and the review is being undertaken to ensure that the provision needed is sustainable in the longer term. This review is being overseen by Schools Forum due to the funding implications.
- NDTi (National Development Team for Inclusion) are undertaking a review to explore options to develop an inclusion model across the system. NDTi are undertaking consultation with schools and

stakeholders and will be reporting their findings at the beginning of July 2021.

- 4.2 As previously reported to Health and Wellbeing Board a peer review was planned for April 2020 however due to the pandemic this has not been possible. The SEND Strategic Group have agreed an area review would be beneficial in the New Year (2022) once the above pieces of work have been completed.
- 4.3 Sub regional work is being carried out to review the Dynamic risk register. This register highlights children and young people that may be at risk of hospital admission due to Autism and/ or complex disabilities and undertakes CETR (Care Education and Treatment Review) to ensure the appropriate provision in the community is available. A project officer has been recruited and is employed by Stockton on behalf of the Tees Valley. Officers in Hartlepool are taking part in this piece of work.

5. RISK IMPLICATIONS

- 5.1 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.
- 5.2 It is critical that organisations work together to provide the highest quality services for children with SEND and their families. There is a risk that if leaders do not hold each other to account services will not provide the right services to meet needs.

6. FINANCIAL CONSIDERATIONS

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

7. LEGAL CONSIDERATIONS

- 7.1 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.

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

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

9. STAFF CONSIDERATIONS

- 9.1 There are no staff considerations within this report.

10. ASSET MANAGEMENT CONSIDERATIONS

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

11. RECOMMENDATIONS

- 11.1 That members of the Health and Wellbeing Board note the progress in relation to support for children with SEND.
- 11.2 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.

12. REASONS FOR RECOMMENDATIONS

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

13. BACKGROUND PAPERS

SEND Code of Practice

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

14. CONTACT OFFICER

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Department
for Education

Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

Tel: 0370 0012345

Sally Robinson – Director of Children’s Services
Louise Allen – Head of SEND
David Gallagher – Chief Accountable Officer (CCG)
Danielle Swainston – Local Area Nominated Officer

22 February 2021

Dear Sally, Louise, David and Danielle

ACTIONS FOLLOWING YOUR 12-MONTH PROGRESS REVIEW MEETING FOR SEND WITH THE DEPARTMENT FOR EDUCATION AND NHS ENGLAND ON 3 FEBRUARY 2021

Thank you to you and your colleagues for meeting with senior Department for Education (DfE) and NHS England (NHSE) advisers and officials on 3 February to review the progress you have made against your SEND Accelerated Progress Plan (APP) over the past six months. I am particularly grateful to Leanne Yates, Zoe Westley and Christine Fewster for their time, and for sharing their perspectives. Please do pass on my thanks to them.

I was pleased to hear that you have made clear and sustained progress against the activity in your APP, and that your work is having a positive impact on SEND service delivery in Hartlepool.

In your APP, there were two key areas of focus, based on the issues highlighted in your Ofsted and Care Quality Commission revisit report. These were:

- To tackle 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:
- To strengthen your approach to the joint commissioning of services for children and young people who have special educational needs and/or disabilities.

Both in your paperwork and during your progress review, you have demonstrated that:

- The timeliness and quality of Education Health and Care Plans (EHCP) has improved. Timeliness is now in line with- or exceeds- national targets. The implementation of a robust auditing process has led to an improvement in the content of plans, which are now more specific and succinct. The involvement of parent-carers in creating plans has also increased, as confirmed by the parent-carer and schools’ representatives at the meeting.

- The relationship between the council, the CCG and parent-carers has been strengthened. Parents spoke about the six weekly meetings that they have with the local authority and the CCG. They spoke about being partners in the production of the JSNA and the commissioning decisions which have followed. They gave examples of providing feedback on parental experience during discussions on service development and could identify newly commissioned services which reflected the views of the support needed by families. Parents recognised that the newly created pathways were 'needs led' and could identify the support now made available at any stage of a diagnostic pathway.

Based on the evidence provided, we now expect you to undertake the following actions:

- Include the post-16 sector in the EHCP audit process.
- Consider how to increase the richness of responses captured by parent-carer feedback mechanisms.
- Continue to build on the improved relationships between the council, the CCG and parent-carers, maintaining a strong focus on the specific needs of children and young people across Hartlepool.

In view of the progress you have made, it is the opinion of the Department and NHS England that formal monitoring via the 6 monthly-progress reviews is no longer necessary.

I know that this result comes as the result of a great deal of commitment and hard work on the part of the local authority, the Clinical Commissioning Group, families and front-line staff across education, health, and social care.

As with all local areas that were required to produce a Written Statement of Action, you will continue to receive support and challenge from Cath Hitchen and Christine Brown, your DfE and NHSE Advisers, who will wish to assure themselves on an ongoing basis that you are managing to sustain the progress you have made. The Department will also keep your situation under review and retains the right to request updates on strands of activity in the APP or to reinstate more regular and formal reviews should the need arise.

I am also aware that local authorities are facing unprecedented pressures arising from the Covid-19 crisis, and that these improvements have been made against an extremely challenging backdrop. I would like to thank you for all that you are doing to support some of the most vulnerable children and young people in society, and to congratulate you on the progress you have made. Please do continue with these efforts and build on the successes you have already achieved.

Please contact Sophie Jones, Cath Hitchen or Christine Brown, if you have any questions or would like to discuss this matter further. I am copying this letter to Denise McGuckin, Councillor Shane Moore, Councillor Leisa Smith, Christine Fewster, local MP Mike Hill and your DfE and NHS England advisers and case lead.

Yours sincerely,



Fiona Nzegwu

Department for Education

Deputy Director, SEND Improvement and Intervention Unit

Special Educational Needs and Disability

Department for Education

HEALTH AND WELLBEING BOARD

26 July 2021



Report of: Healthwatch Hartlepool CIO

Subject: HEALTHWATCH HARTLEPOOL ANNUAL REPORT

1. PURPOSE OF REPORT

- 1.1 Present and provide the Health & Wellbeing Board with a copy of Healthwatch Hartlepool's published Annual Report for 2019 – 20.

2. BACKGROUND

- 2.1 There is a local Healthwatch in every area of England. We are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen. Healthwatch also help people find the information they need about services in their area, and we help make sure their views shape the support they need.
- 2.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. This is underpinned by many other regulations, which give more detail about how activities should be undertaken.

3. PROPOSALS

- 3.1 Each and every year Healthwatch Hartlepool must publish an Annual Report by 30th June. This is a requirement under the Health & Social Care Act 2012. We articulate how we have been able to champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we publish our report as the voice of people. We aim to show we are committed to making the biggest difference to our communities. People's views always come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As

well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.

4. RECOMMENDATIONS

- 4.1 Members of the Health & Wellbeing Board are asked to comment on and note the Healthwatch Hartlepool Annual Report 2019 – 2020 (Attached).

5. REASONS FOR RECOMMENDATIONS

- 5.1 Local authorities must make provision for the following statutory activities and ensure their Local Healthwatch publish an Annual report:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- Providing advice and information about access to local care services, so choices can be made about local care services
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

6. BACKGROUND PAPERS

6.1 None

7. CONTACT OFFICER

Mr Christopher Akers-Belcher
Chief Executive
HealthWatch Hartlepool
The ORCEL Centre
Wynyard Road
Hartlepool

On equal terms

Then and now

Healthwatch Hartlepool Annual Report 2020-21



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Message from our Chairman



Hello everyone,

It is hard to believe another year has gone by since I last wrote about Healthwatch Hartlepool.

To be honest it has been an extremely challenging year for us all, but I firmly believe we have successfully delivered our statutory duties by learning to adapt our work when faced with the Covid19 pandemic.

On a positive note, we have continued to engage with residents and our volunteer steering group digitally. Learning throughout the year has confirmed our belief that isolation needs to be highlighted as a priority as is engaging with those who are digitally excluded. We even managed to fit in a regional consultation to gauge public opinion regarding NHS Clinical research.

We were still able to celebrate 'World Mental Health' day by collaborating with a host of partners through a very successful drop-in event and this enabled us to engage with residents we previously may not have reached. This work was complemented by a refresh of our dedicated 'Mental Health' leaflet in partnership with service providers across the town.

The Volunteer Steering Group remained active utilising weekly on-line meetings to carry out prodigious amounts of work and increase their own learning by welcoming guest speakers across the spectrum of Health & Social Care. I can absolutely confirm that apart from living within a pandemic, our work continues exactly as before.

I can report we are very healthy financially speaking. We are able to make economies of scale by judicious buying and prudent money management. Long may it continue.

I must thank all the Board members who give their time unstintingly and are always there to help when needed. A special thank you to our newest recruit to the Board Carol Sherwood who is carrying out the dual role of also being a member of the Volunteer Steering Group and, of course, has double responsibilities and work.

My sincere thanks go to our Chief Executive Christopher and staff team whose roles have had to adapt to a very new way of working but they have certainly risen to the challenge.

Healthwatch Hartlepool would be nothing without our volunteers. We couldn't carry out the much-needed work without them, thank you. Their task over the next year will be to monitor our very different work programme.

I am hoping it will be onwards and upwards in the next year and look forward to seeing you all at our next AGM.

Jane Tilly - Chairman

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Hartlepool. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares their experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



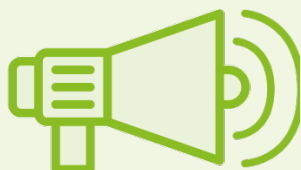
"Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone's views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people's lives."

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

226 people

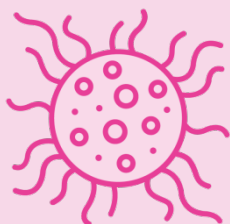
this year about their experiences of health and social care.

We provided advice and information to

721 people

this year.

Responding to the pandemic



We engaged with and supported

6530

people during the COVID-19 pandemic this year.

Making a difference to care



We published

5 reports

about the improvements people would like to see to health and social care services. From this, we made **8 recommendations** for improvement.

Health and care that works for you



Over 30 volunteers

helped us to carry out our work. **In total, they contributed over 1500 hours.**

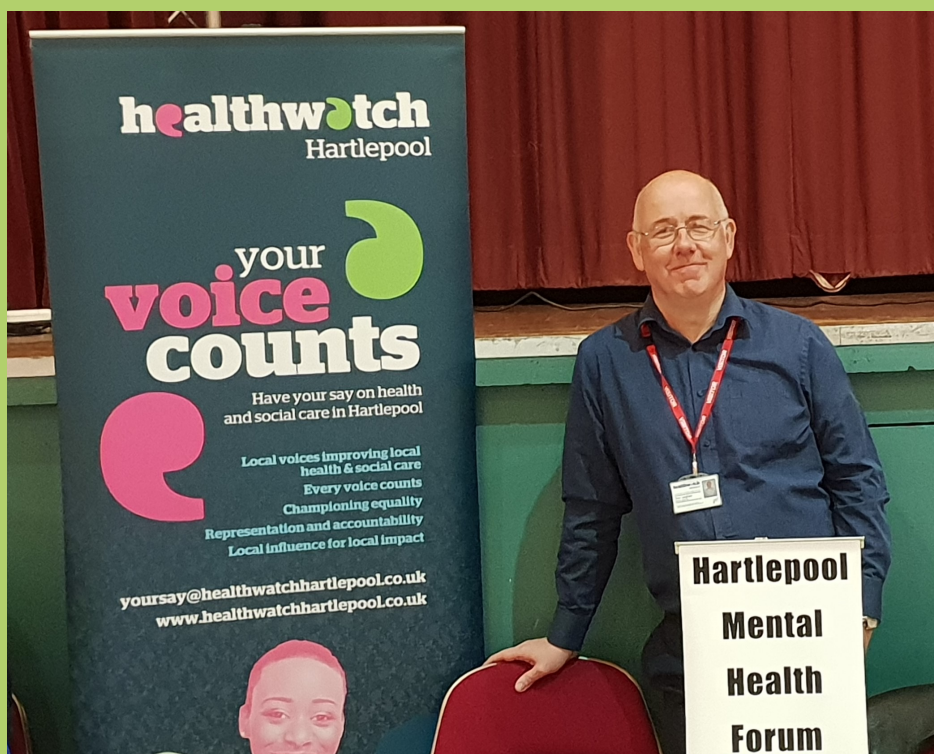
We employ 4 staff

none of whom are full-time, which is exactly the same as last year.

We received

£116,500 in funding

from Hartlepool Borough Council, which is exactly the same as the previous two years.



Mental Health: Then and now



Then: Mental Health & the Mental Health Forum

Healthwatch Hartlepool has always played an active role in the arena of Mental Health, with our Mental Health lead volunteer, Zoe Sherry, being the Chairman of Hartlepool's Mental Health Forum. We also have a dedicated Mental Health support leaflet articulating all support organisations available to those in need.

The terms of reference state that the purpose of the Forum is to provide a forum for people who use / have an interest in, mental health services and people who deliver services to meet and promote partnership work across the Borough of Hartlepool. The aim is to promote collaborative working across statutory, private and third sector organisations in partnership with people who use services, their carers and families.

The forum met on a quarterly basis. Each meeting was used to update information, legislation and local activities, each attendee having time to speak about their own services and present activities. This has always been a good forum to gain and exchange knowledge and information. The number of attendees varied between 15 and 30 people.

Though the forum promotes and communicates information around mental health issues it also holds an annual event. 10th October 2019 saw the fourth "Strictly Mental Health" event once again held on World Mental Health Day. Our annual event was always used to promote good mental health and provide a welcoming atmosphere for all people. We hosted a variety of activities, entertainment and refreshments as well as a range of stalls promoting services and offering advice and support. The 2019 event was very well attended and supported by local companies, agencies and local people including Healthwatch volunteers. This enabled the event to be free to all and attracted over 250 participants.



Now: Ongoing Mental Health Support & the Mental Health Forum

The Mental Health Forum continued to be well supported by Hartlepool Healthwatch and Hartlepool Borough Council. We had to adapt to the challenges and difficulties presented through the Covid19 pandemic.

The following narrative, provided by our Mental Health lead, Zoe Sherry, explains how our work has continued to champion the patient voice in respect of Mental Health support whilst continuing to act in a consultative role for the Teesside Crisis Concordat as well as Hartlepool Borough Council.



"The last year has been a very difficult year in that our usual ways of communication and information have been disrupted by the Covid 19 pandemic. We have had to refine and change to meet the challenge. The changes that have been forced upon us have surprisingly been very positive. We have been able to have closer collaboration with other organisations some of which were new to us. The Mental Health Forum, which Healthwatch Hartlepool at present holds the Chair, has changed and grown with many new members. It is the public forum for many and is very useful to update information about changes within the mental health arena. Members act as a catalyst to other organisations not normally within easy reach.

Sadly, we were unable to hold our usual annual World Mental Health Day event last year. Despite this set back we were determined to continue with meaningful communication, so we had to be innovative. We secured a unit in our local shopping centre and utilised the shop window with a display of information from many mental health support organisations & networks. This we plan to expand upon this year. In addition, Hartlepool Healthwatch and The Mental Health Forum collaborated and produced customised shopping bags. Healthwatch revised their Mental Health Leaflet and many organisations contributed such as Hartlepool MIND, The Bridge, Hartlepool Carers, The Local Authority plus many more. We distributed these through many local organisations and local Pharmacies. The Pharmacies contacted people who we would probably not have had any contact with before. The use of greater communication formats has given access to a wider audience with information about what is available and how to access services and other information.

Healthwatch became very aware of the impact of Covid 19 on all age groups and how the pandemic highlighted the degree of isolation in the communities across the town.

Consequently, Healthwatch Hartlepool is to include this in their proposed work programme for 2021/22 to ensure that future needs are considered.

So overall the world has changed but we hope that we changed with it. We have proved our resilience and that our plans are flexible. Keep watching and listening and we hope to see you again soon."

Zoe Sherry – Mental Health lead

Throughout the year Healthwatch Hartlepool has listened to the outcomes of the Mental Health Forum and monitored their work. This led to a review of our Equality & Diversity Policy. This review highlighted the need to collate much more robust data and our recommendation to monitor this data, as we embedded in our surveys regarding work programme & Covid19 impact, has been welcomed by Hartlepool Borough Council for their future work in respect of community led support.

Loneliness and Isolation : Then and now



Then: Loneliness and Isolation

Tackling loneliness and isolation has been a priority of Healthwatch Hartlepool since we were first established. Given our concerns we launched the 'Together' Project in 2019. Led by our Older Person's lead member Carol Sherwood we wanted to reach out to residents across the town who may have:

- Just moved to Hartlepool
- Have children that have flown the nest
- Recently retired
- Taken maternity leave or career break
- Simply felt alone or isolated

We were aware that it was not just the elderly that can feel alone and isolated. We launched the project initially by inviting residents to an 'afternoon tea' in the community and promoted, informally the wide range of activities that are available across Hartlepool. We sourced all the materials through closer working with the Hartlepool Community Hubs. We then promoted the official launch of the new creative hub in Hartlepool 'The BIS' that offers workshops, classes, coffee mornings and so much more.

Finally, we promoted a drop-in event at Hartlepool's Central Community Hub and offered free transport to attendees. Unfortunately, we were slightly disappointed with the number of respondents but in our reporting back to the Council and CCG we were reassured that any interaction was a positive one for the individuals concerned. For this reason, we partnered with the Community Hubs in Hartlepool and over following year we intended to schedule a series of events that we could jointly promote and hopefully reach even more residents who feel isolated.



Now: Loneliness and Isolation

2020 brought under the spotlight the huge problem of loneliness and isolation that both Healthwatch Hartlepool and the Local Authority had highlighted as a concern for several years. The following testimonial from Hartlepool Borough Council articulates how our plans had to grow and adapt to meet the increased challenges we faced.



"Following the first lockdown Healthwatch representatives participated in a panel of voluntary and community sector representatives who came together to support the work of Hartlepool Support Hub, with particular emphasis on providing a community led support approach drawing on existing local assets.

The panel is made up of trusted partners and meets weekly to discuss how organisations can work together to ensure the best possible outcomes for people without duplicating efforts or simply signposting or referring people on. The representation from Healthwatch has provided facilitation and an independent overview, and has also acted as a voice to remind partners of the importance of ensuring that the mental health and wellbeing of the individuals being discussed remains at the forefront of this work."

Leigh Keeble, Head of Community Hubs & Wellbeing



The Hartlepool support hub was set up to provide person centred support to those identified as clinically extremely vulnerable, self-isolating or critically vulnerable to ensure they have access to food and medication, reduce isolation, promote connectivity (socially and digitally) and provide access to other opportunities that make a difference to keep people well throughout COVID and beyond.

The Local Authority complemented this work with the recruitment of Community Street Ambassadors - To be the 'eyes and ears' of the Council and work with the community to prevent breaches of legislation, actively promote key messages and guidance (hands, face, space) provide confidence and reassurance specifically to vulnerable groups, support the communication of key information (testing, isolation, vaccines) to residents who do not access traditional methods and refer/escalate issues and challenges to public protection, enforcement and the police as relevant.

Healthwatch Hartlepool subsequently joined the initiative of 'Community Covid Champions' too. Our own Chief Executive duly completed the training and we disseminated all the latest bulletins, guidance and advice throughout our network across Hartlepool.

- Community COVID Champions are local residents, employees and students who are empowered to support communities, colleagues, friends and family to stay up to date with the latest advice about Covid-19.
- The Local Authority will train and support champions to make sense of the latest advice and information about Covid-19 to be shared and promoted, to help ensure we all stay safe and alert to the risks of the virus.
- Champions receive regular updates on Covid-19 by a variety of communication methods including zoom conferences, social media, instant messaging systems and web-based platforms.
- Champions will enable the Local Authority to get to some of the hardest to reach communities and share very specific messages responding to local insight.

More recently Healthwatch Hartlepool has agreed a data sharing arrangement with the Local Authority so we may continue our work with all those people identified as 'shielding' under the pandemic. This will give a greater reach to our function in respect of advice & guidance but also address our commitment within our revised Equality & Diversity policy agreed by our Board of Directors.



"Prior to the pandemic I was heavily involved in a project to identify people trying to cope with loneliness and isolation before Covid 19 invaded our lives and the subsequent lockdowns. I am extremely aware, through the regular updates supplied by Healthwatch Hartlepool, throughout this period, on the progress of this virus and its effect on the community. There has been devastation to lives and the effect of the sudden bereavements it has caused, has vastly increased our workload for future months. I hope I can help other members to work on this more and try to help identify people in our communities with these problems to seek advice and help to direct them to professionals in the NHS and care in the community to sign post them to the support they need.

I have also been involved in distributing and collecting information to monitor people who have used all areas of the NHS during the lockdown rules. This has allowed residents to express their experiences of obtaining appointments and the services supplied. This highlighted lots of positives and some negatives. The results of which, will help us to identify any improvements which can be made when things are back to our new normal. I am sure when our Enter and View work resumes, we will be extremely busy once again."

Carol Sherwood – Director & Older Persons lead member

Healthwatch Hartlepool has also continued with their collaboration with HiVis UK regarding online/digital communication/consultation with people who may have a sensory loss. The final draft of our guide was produced just before the November lockdown so we were unable to get it into a final polished format which could be shared with other Healthwatch organisations and placed on our website until after year end. Once published we will have a Checklist for Healthwatch Hartlepool regarding online/digital consultation with people who may have a sensory loss.

The guide will be extremely useful where consultation involves someone with a sensory loss or impairment because there are important considerations to bear in mind for safe and effective communication. The key to a productive conversation is preparation and planning ahead e.g. to enable sourcing a communication support professional if required. We will always check that the communication is working before we begin the formal interview and during the interview process/conversation.

The guide is in three parts: a 10-point checklist covering all sensory loss; advice specific to each of the four groups of sensory loss; further information. You will use part one together with the page from part two that matches the service user’s type of sensory loss / impairment.

Each group requires a different range and combination of considerations, approaches and resources and a particular type of Communication Support Professional (CSP).

Groups covered by the guide are:

- British Sign Language (BSL) user (Deaf)
- Deafened/hard of hearing (deaf)
- Visually Impaired (ranging from people with low vision to severe sight impairment)
- Dual sensory impairment (DSI)

CSP’s relating to Deaf, Deaf and Deafblind groups include:

- BSL – English interpreter*
- Lipspeaker
- Speech to Text Reporter
- Deafblind Manual Interpreter
- Notetaker

*When hiring a BSL interpreter it is important that there is a good match between the BSL service user and the interpreter in terms of gender, ethnicity and age. If the Deaf service user’s second language is not English, seek further advice for that language (see last page).

Using someone other than a qualified and registered BSL interpreter for formal consultation interviews is to be avoided. While qualified interpreters are bound by a code of ethics including impartiality and confidentiality, friends and relatives are not.

Responding to COVID-19



Healthwatch Hartlepool plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped over **6000** people by:

- **Providing up to date advice on the COVID-19 response locally.**
- **Supporting the Health & Wellbeing Board's Covid Outbreak committee.**
- **Linking people to reliable up-to-date information.**
- **Supporting the Covid Champions initiative**
- **Helping people to access the service they need**



"On behalf of the Audit and Governance Committee, I would once again like to thank Hartlepool Healthwatch for its commitment to the work of the Committee.

2020/21 has been a very challenging time for all areas of service provision and Healthwatch has continued to be an essential source of local views, comments and concerns for the Audit and Governance Committee during very uncertain times.

Healthwatch representatives have adapted to the virtual format of meetings during this period and have been fully involved in the Committee's activities in not only scrutinising ongoing provision across a breadth of health services areas, as detailed below, but also organisational change within the NHS and the impact of Covid-19 on services and communities across the town:

- Quality Accounts across provider Trusts;
- Orthodontic/Dentistry Provision;
- Progress updates in relation to the provision of Assisted Reproduction Services and the Midwife Led Birthing Unit in Hartlepool;
- Covid-19 response and recovery planning; and
- Integrated Care Strategy (ICS) / Integrated Care Partnership (ICP) organisation change.
- Complaints (via the Independent Complaints Advocacy Service);

As we move into the new municipal, the knowledge and experience of Healthwatch members will be essential in supporting the activities of the Audit and Governance Committee in effectively scrutinising the challenges facing health service provision in the ongoing and eventual post Covid-19 environment."

COUNCILLOR GERARD HALL
CHAIR OF THE AUDIT AND GOVERNANCE (2020/21)

Top four areas that people have contacted us about:



62% on GP services



11% on Dentistry



19% on Hospital Care



8% on Pharmacies

Case Study



Early in the pandemic during the month of March 2020 we had a surge in people accessing our website (95 visitors) and our Facebook page (220 viewers). We quickly realised we needed to move to a new way of working because we needed to ensure residents had clear and accurate information.

Our role became much more focused on providing people with clear, consistent and concise advice and information via social media and our network of contacts.

What we didn't want to do was lose the key people who have actively engaged with Healthwatch Hartlepool since our inception. Our volunteers have always played an important role in the work of Healthwatch Hartlepool. At the start of the first lockdown we decided to look at different ways of working and keeping in touch with our volunteers and so in April 2020 we introduced virtual weekly coffee mornings which enabled us to:

- Engage regularly with our volunteers and hear their stories.
- Update and inform volunteers on developments around Covid and other health and social issues.
- Enable volunteers to access social and emotional support from one another at an incredibly difficult and distressing time.

Our Virtual Coffee Mornings opened with a guest speaker update which covered developments and activities in key local services and speakers included:

- Mark Johns (North East Ambulance Service)
- Gill Alexander (Former Chief Executive Officer, Hartlepool Borough Council)
- Christine Fewster (Chief Executive Officer, Hartlepool Carers)
- Dr Nick Timlin (Practicing Hartlepool GP and Tees Valley CCG)
- Craig Blundred (Director of Public Health, Hartlepool Borough Council)



Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



www.healthwatchhartlepool.co.uk



01429 288146



yoursay@healthwatchhartlepool.co.uk



Volunteers

At **Healthwatch Hartlepool** we are supported by over **30** active volunteers to help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Helped people have their say from home, carrying out surveys including our regional survey in respect of NHS Clinical Research.
- Attended a Covid safe, socially distanced meeting to prepare the information packs for World Mental Health Day
- Provided up to date news that could be disseminated across our network of contacts e.g. News from the Patients Association.
- Carried out reviews of our policies in respect of Health & Safety, Equality & Diversity and Safeguarding.
- Provided meaningful patient stories to be included in our regular updates for our Lay Member for Patient and Public Involvement who presents them at the Governing Body of the Tees Valley Clinical Commissioning Group.

"Just wanted to say a huge thank you again for the information you provide for the TVCCG Lay Member PPI report. I'm in the meeting now and the Chief Officer and a number of Exec Directors have said how useful your 'word on the street' and patient stories are. They said not only do they use the information in national and regional meetings, but they use within the CCG to improve communications to patients as well as using the info as a reality check for commissioned services. Sometimes they think they have got it right, but patient and carer lived experience may tell a different story. Very much appreciated by all."

Michelle Thompson BEM (she/her)

Lay Member for Patient and Public Involvement



Life-long Conditions lead volunteer - Evelyn

"I have always been a huge supporter of Healthwatch Hartlepool. During lockdown I wanted to remain involved so was determined to keep in touch. I spoke with the office regularly as I see part of my volunteer role as gathering people's experiences of NHS and social care services.

On one occasion I shared my own experience of the marvellous service provided at the Town Hall Vaccination Centre. The NHS staff and Council staff were wonderful and they should be commended."



Board member - Margaret

"I am one of several Board members and volunteers who have been kept updated with zoom meetings, phone calls and emails with any available information relevant to Healthwatch Hartlepool and the ongoing pandemic. The weekly zoom meetings, chaired and arranged by our Development Officer Stephen were attended by a number of guest speakers from various specialisms.

These zoom meetings have been extremely helpful in keeping us up-to-date with events as the pandemic unfolded, but also to keep us in contact with our colleagues, and staff members, which in turn helped to keep us occupied, lessening the risk of mental health problems arising, especially among those members who live alone, may have felt isolated or may have been shielding during the long months of lockdown."



Helping with surveys - Carol

"In previous years I have helped Healthwatch Hartlepool as part of the Volunteer Steering Group. This last year I also became a board member and have really enjoyed learning more about my new role. During this difficult last year, I was determined to help collect people's views on local services for our surveys and work programme, which I did by speaking with many friends and family. I had excellent results and I ensured all information was returned to the staff in the office."



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at **Healthwatch Hartlepool**.



www.healthwatchhartlepool.co.uk



01429 288146

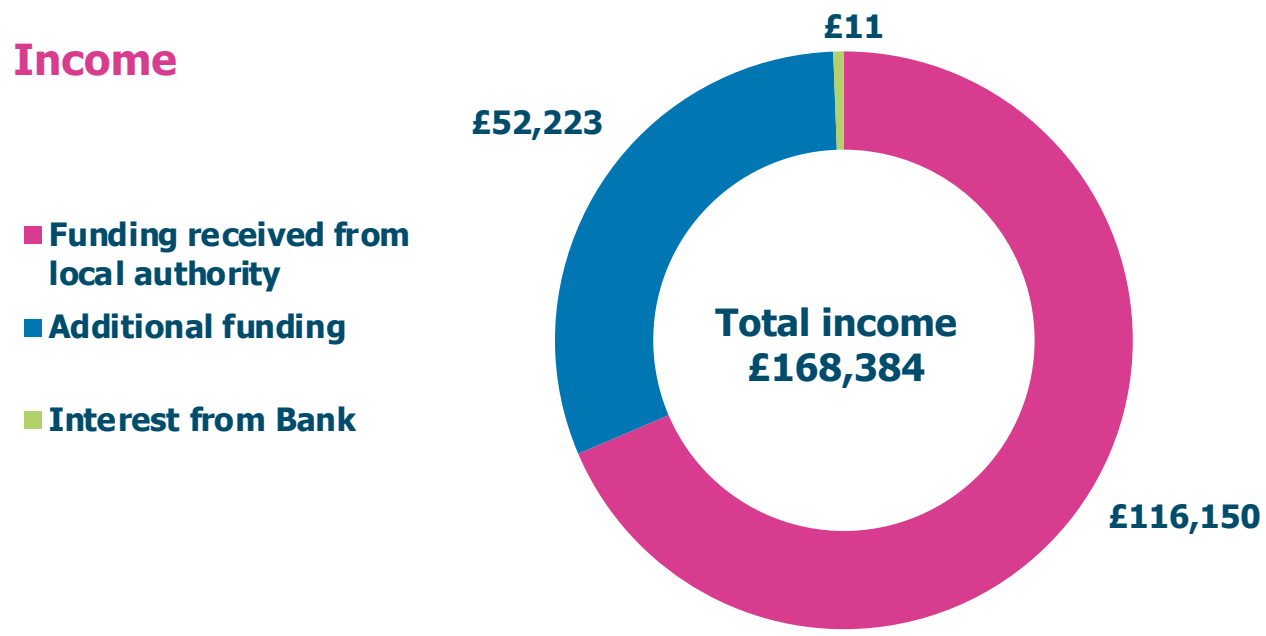


yoursay@healthwatchhartlepool.co.uk

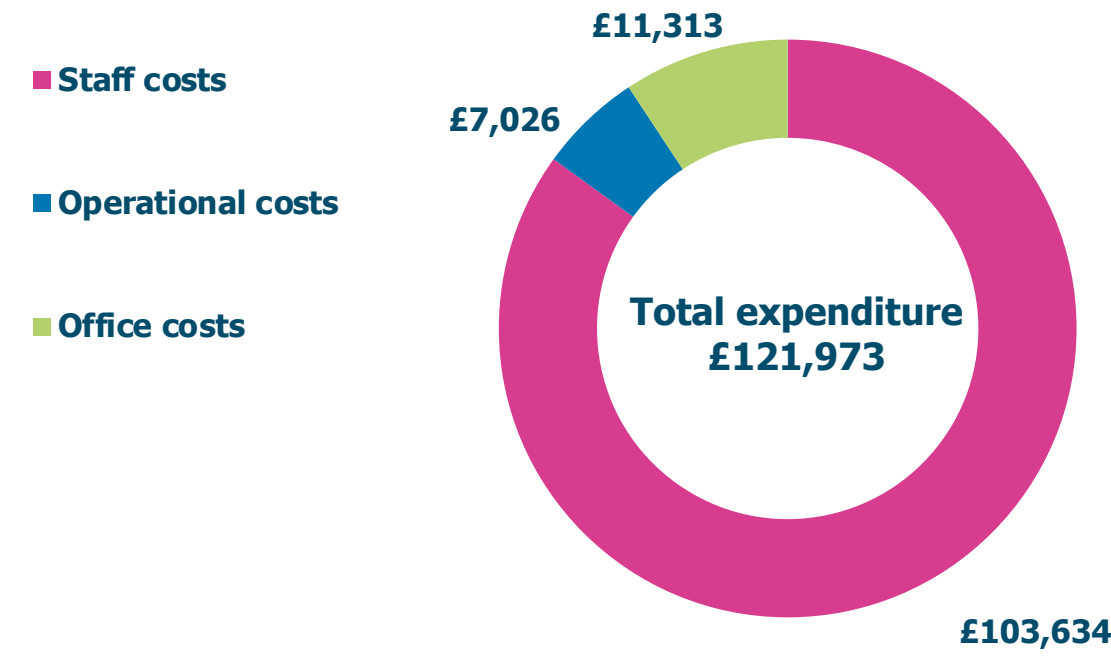
Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income



Expenditure



The 2020/21 final balance includes Healthwatch liabilities in respect of notional redundancy costs. The balance does not include a grant payable in respect of regional consultation for NHS Clinical Research.

Next steps & thank you

Top three priorities for 2021-22

- Examine the quality and timeliness of Midwifery led service provision at the University Hospital of Hartlepool. Focus on pre-natal and post-natal care with a meaningful consultation of expectant mothers, their families and other key stakeholders. Look at interventions and associated impact of maternal wellbeing checks undertaken in the community and in hospital setting.
- Continue to work with the Hartlepool Mental Health Forum in closely monitoring the impact of the ongoing reconfiguration of Tees, Esk & Wear Valley (TEWV) NHS Mental Health Trust. Examine service areas such as crisis and community-based services to ensure patient care and experience is maintained and improved.
- Examine GP access post Covid-19. Examine patient experience of accessing appointments, repeat prescription requests and access to regular treatment/medication. Monitor re-introduction of face-to-face appointments and patient pathways for deaf, blind, dual sensory loss, refugees, asylum seekers and those with a Learning Disability (annual health checks).

Next steps

- Publish our new work programme for 21/22 – July 2021 including presentation at the Council's Audit & Governance committee to avoid duplication with statutory Health Scrutiny.
- Follow up on our previous years' reports and recommendations in respect of Hospital Discharge, LD Health Screening and the Integrated Urgent Care Service at the University Hospital of Hartlepool.
- Embed our revised policy in respect of Equality and Diversity / seldom heard communities in our monitoring & collaborative work regarding community led support.



"Tackling unfair health differences will need those in power to listen. To hear the experiences of those facing inequality and understand the steps that could improve people's lives, and then to act on what has been learned."

Christopher Akers-Belcher
Chief Executive – Healthwatch Hartlepool

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care in Hartlepool, including:

Members of the public who shared their views and experience with us

All our amazing staff and dedicated volunteers

The many voluntary organisations that have contributed to our work

The Mental Health Forum

The ORCEL Centre

Hartlepool Carers

Wharton Annexe

Hartlepool Deaf Centre, Hartlepool Vision Support and Hi Vis UK

Hartlepool 50+ Forum

Healthwatch Darlington

Hartlepool Borough Council

Hartlepool's Audit & Governance Committee

Hartlepool's Health & Wellbeing Board

The Independent Complaints Advocacy service (ICA) North East

North Tees & Hartlepool NHS Foundation Trust

Tees, Esk & Wear Valley NHS Mental Health Foundation Trust

NHS Tees Valley Clinical Commissioning Group

Hartlepool & Stockton Health (HASH)

Statutory statements



About us

Healthwatch Hartlepool, The ORCEL Centre, Wynyard Road, Hartlepool, TS25 3LB

Charity Number: 1165402

Healthwatch Hartlepool uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

If you need any of our publications in an alternative format please contact us.

Contact number: 01429 288146

Email address: yoursay@healthwatchhartlepool.co.uk

Facebook: facebook.com/HealthwatchHartlepool

Website: www.healthwatchhartlepool.co.uk

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 5 Directors who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 5 times and made decisions on matters such as approving their statutory submission to the Charities Commission and approve the working arrangements under the Covid19 pandemic.

We ensure wider public involvement in deciding our work priorities. During the last year we have promoted national & regional consultations and reported our involvement to Healthwatch England. We have utilised this intelligence and our own town-wide survey to help shape our future work programme. Our lead member for Mental Health is Chairman of Hartlepool's Mental Health Forum and we also utilise our patient & public involvement officer to facilitate contact with the Independent Complaints Advocacy Service (ICA).

"North East NHS ICA value the relationship with Healthwatch Hartlepool. During the last 12 months the challenge of Covid 19 has meant new ways of engaging and this has been through the virtual platform. The support from Healthwatch Hartlepool team has ensured we have been able to sustain our advocacy work in Hartlepool and are looking forward to more partnership work in the future"

Philip Kerr
ICA Contracts Manager

Methods and systems used across the year’s work to obtain people’s views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, promoted our website, provided a comments facility on our social media, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through both postal bulletins & Facebook.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, engaging with Hartlepool Carers and the Mental Health Forum.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website www.healthwatchhartlepool.co.uk and circulate to all our key partners.

2020-21 priorities	
Project / activity area	Changes made to services
University Hospital of North Tees Emergency Assessment Unit	<ul style="list-style-type: none">• New road map type display, which will inform patients of their proposed patient journey• Move of initial assessment area• Review of literature for accident prevention, safeguarding, smoking and other areas of health promotion
University Hospital of North Tees Ward 29	Appointment of Qualified SRN & Nursing Assistant Review of wheelchair accessible toileting & showering facilities
Tackling Loneliness and Isolation	Forged a greater working together protocol with Hartlepool Borough Council around Community Led Support & greater data sharing
Closer working with Tees Valley CCG	Introduced a Patient & Public Involvement communication template to inform TV CCG Governing Body of 'word on street' e.g. diabetes, paediatrics
Follow-up on collaborative work with Audit & Governance re a Midwifery Maternity Unit at the University Hospital of Hartlepool	Re-introduction of birthing suite and home births in Hartlepool plus associated revised Midwifery pathway

Responses to recommendations and requests

This last year we had no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers albeit we published two of our reports that were ratified after March 2020. Consequently, we followed up on the recommendations & other actions resulting from this area of activity from the previous year. This remains a priority for Healthwatch Hartlepool and we are currently exploring virtual visits in-line with the national guidance.

There were no issues or recommendations escalated by us to Healthwatch England Committee and so no resulting special reviews or investigations. We have ensured we have maintained a monthly dialogue with Healthwatch England to help shape the future of an integrated Health & Social care system.

Health and Wellbeing Board

Healthwatch Hartlepool is represented on the Hartlepool Health and Wellbeing Board by Margaret Wrenn & supported by our staff. During 2020/21 our representative has effectively carried out their role.

"There have been significant challenges during 2020/21 in the provision of primary, community and acute services and health and care services that continue to not only effectively meet the needs of Hartlepool's residents but also respond to the Covid-19 pandemic. Throughout this year, Healthwatch has continued to be an active member of the Health and Wellbeing Board, ensuring that the experience of those who access services are used to enrich the work of the local partnership.

Over and above its activities in previous years, Healthwatch participation, as part of the Covid-19 response and recovery, has also been welcomed via its:

- Involvement as a member of the Health and Wellbeing Board's Outbreak Control Engagement Working Group; and*
- Acceptance of a Health and Wellbeing Board referral to explore the long-term mental health implications of the Covid-19 pandemic for individuals and communities. The piece of work to be undertaken through the Mental Health Forum.*

The Health and Wellbeing Board thanks Healthwatch for its input and support over the last 12 months and looks forward to working together to help the people of Hartlepool in the response to, and recovery from, the COVID-19 pandemic in 2021/22 and beyond."

CRAIG BLUNDRED

DIRECTOR OF PUBLIC HEALTH



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HEALTH AND WELLBEING BOARD

26 July 2021



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 Hartlepool Better Care Fund Plan.

2. BACKGROUND

- 2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.
- 2.2 The 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 routinely submitted to NHS England on a quarterly basis however reporting has been suspended over the past year due to COVID19 and a single year end return was required which followed a different format to previous returns. The year end return for 2020/21 was submitted in May 2021 and confirms that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance.

3.2 The performance measures routinely reported in relation to the BCF are:

- Permanent Admissions to Residential and Nursing Care Homes
- Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) from hospital per 100,000 population (days delayed)
- Total non-elective (NEL) admissions

Local areas have not been required to report against these measures in 2020/21 due to the unprecedented impact of COVID19, however it should be noted that in 2019/20 challenging targets for all four performance measures were achieved.

3.3 The 2020/21 return required local systems to record their views regarding a number of statements and the responses provided for Hartlepool were as follows:

Statement	Response	Comments
The overall delivery of the BCF has improved joint working between health and social care in our locality.	Strongly Agree	Collaboration between the Foundation Trust and HBC linked to continued development of the Integrated Single Point of Access and the Integrated Discharge Team has continued to enhance joint working arrangements across health and social care as both parties have worked through dilemmas and challenges, and subsequently have a better understanding of pressures in each organisation.
Our BCF schemes were implemented as planned in 2020/21.	Strongly Agree	Despite the impact of the national COVID pandemic, the dedication of staff across health and social care has ensured that schemes were implemented as planned.

The delivery of our BCF Plan in 2020/21 had a positive impact on the integration of health and social care in our locality.	Strongly Agree	The BCF plan enabled us to have shared goals and provided us with greater opportunities to work together. Also, by having a better understanding of each organisation's objectives and pressures, we were in a better position to understand how best to collaborate to deliver services.
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- 3.4 The return also asked local systems to highlight two key successes and two key challenges in relation to the 'enablers' identified nationally via the Social Care Institute for Excellence (SCIE). The responses provided for Hartlepool were as follows:

	Enabler	Comments
Success 1	Good quality and sustainable provider market that can meet demand.	Health and social care professionals at a commissioning and operational level have worked extremely hard to develop positive and sustainable working relationships with providers of domiciliary and residential / nursing care and there has been constructive dialogue based on mutual respect, including actively listening to one another's challenges and aspirations.
Success 2	Joint commissioning of health and social care.	The BCF Plan and its objectives have enabled us to have shared ambitions and the joint commissioning arrangements have been strengthened as a result.

	Enabler	Comments
Challenge 1	Integrated electronic records and sharing across the system with service users.	Working closely with health colleagues to provide access to information at a local level for health workers to access social care systems and vice versa, as well as participating in the Great North Care Record (GNCR) development at a regional level, including access to viewing information via the portal. The GNCR is a significant project for HBC, along with upgrading existing care management systems and IT devices.

Challenge 2	Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors).	Demographic predictions for (particularly) older people in Hartlepool show a large increase over the next 5-10 years and this will have an enormous impact on the way we plan and deliver services.
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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 Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.
- 5.3 The allocations for Hartlepool for 2021/22 are shown below.

Funding	2021/22
BCF (CCG Minimum Contribution)	£8,015,436
Disabled Facilities Grant	£1,221,874
iBCF Allocation (Paid directly to HBC)	£5,200,685
TOTAL	£14,437,995

- 5.4 The CCG made an additional, unbudgeted and non-recurrent contribution to the BCF Pooled Budget in 2020/21 of £418,253. This amount, alongside a small underspend against the main BCF budget of £25,769, have been carried forward to support BCF-related initiatives in 2021/22.
- 5.5 The Disabled Facilities Grant allocation was also underspent at year end by £398,401, mainly as a result of the impact of COVID and the inability to access some properties to undertake required works. This underspend has been carried forward into 2021/22 to fund these required works.

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 2020/21 return.

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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