

HEALTH AND WELLBEING BOARD AGENDA



Monday 4th July 2022

at 2.00 pm

**in the Council Chamber,
Civic Centre,
Victoria Road, Hartlepool.**

Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523019 by midday on 1 July 2022 and name and address details will be taken.

You should not attend the meeting if you are displaying any COVID-19 symptoms (such as a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell), even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the [NHS guidance on testing](#).

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Allen, Cook, Moore and Young.
Representatives of NHS Tees Valley Clinical Commissioning Group (Integrated Care Board from 1 July 2022 - - 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 – Sylvia Ochuba and Christine Fewster

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 Marc Anderson

Representative of GP Federation - Fiona Adamson

Representative of Headteachers – Sonya Black

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council



1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 21 March 2022.

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 29 September 2021

4. ITEMS FOR CONSIDERATION

4.1 Children with SEND (Special Educational Needs and/or Disabilities) Annual Report April 2021-March 2022 (*Director, Children's and Joint Commissioning Services*)

4.2 HealthWatch Hartlepool Accessing GP Services Consultation Report (*HealthWatch*)

4.3 Pharmaceutical Needs Assessment 2022 (*Director of Public Health*)

4.4 Better Care Fund Update (*Director of Adult and Community Based Services*)

4.5 Integrated Care Board (ICB) - Verbal Update

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – 5 September 2022 at 10.00 a.m.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

21 MARCH 2022

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

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Cook and Tiplady
Representatives of NHS Tees Valley Clinical Commissioning Group

– Dr Nick 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 – Stephen Thomas (as substitute for
Christopher Akers-Belcher) and Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

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

Representative of Tees, Esk and Wear Valley NHS Trust – Sarah Gill (as substitute
for Brent Kilmurray)

Representative of North Tees and Hartlepool NHS Trust –Deepak
Dwarakanath

Representative of GP Federation – Fiona Adamson

Representative of Headteachers – Sonya Black

Also in attendance:-

Maxine Crutwell, Programme Manager, Community Transformation Tees
Valley

Tom Robson, LDN Clinical/Professional Chair for DDT

Stuart Youngman, Senior Primary Care Manager (Dental), NHS England and
NHS Improvement (North East & Yorkshire)

Carl Jorgeson, Hartlepool Voluntary and Community Sector

Officers: Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

31. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Howson
Representatives of Healthwatch – Christopher Akers-Belcher
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray
Representative of Hartlepool Voluntary and Community Sector – Sylvia Ochuba and Christine Fewster

32. Declarations of interest by Members

None

33. Minutes

The minutes of the meeting held on 29 November 2021 were confirmed.

34. Dentistry

1. Update on NHS General Dental Access – Presentation – NHS England and NHS Improvement

The Board received a joint presentation by Tom Robson, Clinical/Professional Chair and Stuart Youngman, Senior Primary Care Manager (Dental), NHS England and NHS Improvement which advised the Board on the background and context of NHS General Dental Access. The Presentation highlighted the NHS Dentistry pressures and challenges, including National dental covid constraints. Issues associated with safely restoring access were discussed including local measures/actions to date.

Board Members debated issues arising from the presentation. Mr Robson and Mr Youngman responded to clarification sought from Board members regarding workforce issues, national reforms and restoring access to dentists

2. Accessing Dentistry Consultation Report – Healthwatch Hartlepool

Stephen Thomas presented the Healthwatch report and highlighted the salient issues included in the document. It was noted that the context of the report had been addressed in the previous presentation. Whilst accessing dental services was recognised as a national issue, the high levels of health and financial inequalities in Hartlepool were highlighted. Accessing dental services continued to be an issue particularly if not previously registered with the dental practice.

Attention was drawn to the need to rebuild good habits around visiting dentists as a matter of routine and the need for this to be included in recovery strategies going forward. Emphasis was also placed on the need for an examination of dental contracts going forward.

The report concluded that ‘whilst services currently provided can be effective there is an overwhelming desire for dentistry services to return to some kind of normality as was prior to the covid19 pandemic and that equal access for all communities is paramount.’

With due regard to the issues raised during consideration of the NHS General Dental access presentation and Healthwatch consultation report, representatives from NHS England and NHS Improvement welcomed the opportunity to return in 12 months’ time to provide a further dental update.

Decision

The presentations were noted.

35. Community Mental Health Transformation Project – Presentation

The Board received a presentation by Maxine Crutwell, Programme Manager, Community Transformation Tees Valley outlining the background and the core aims of the community transformation programme. Board members were advised of the move from fragmented silo working to integrated, holistic, person-centred care model with services and care pathways co-produced with service users, carers and local communities. The presentation highlighted the findings of a HealthWatch report following a review of the services across the five borough council areas. The new staffing and carer led management structure was presented together with the new delivery model involving primary care networks and the community hubs. The location of one full time mental health practitioner in most Primary Care network settings was noted with practitioners providing 20 minute appointments to over 50 people each week.

Members welcomed the update and noted that positive feedback had been received also from the Adults and Community Based Services Committee. The Board debated issues arising from the presentation. Clarification on how learning would be replicated across children’s’ services and also the financial aspects of the Programme were noted together with the positive work already undertaken in relation to the social prescribing service.

Decision

The presentation was noted.

36. ICB Update - Presentation

A presentation was received by the Board by David Gallagher which updated Board Members on the operating model for NHS North East and North Cumbria Integrated Care Board. The presentation included the guiding principles, the operating model development and details of the Integration White Paper published on 9 February 2022.

In presenting the update, it was highlighted that there was an opportunity for Board Members to respond to some key questions highlighted during the presentation as follows:-

- Given the proposed split of system and place-based functions agreed by JMEG, what key functions need to be managed within the ICB's corporate services?
- Based on the proposed functions and their allocation at place and system do you foresee any major safety, reputational or delivery issues
- Do you feel the mapping covers all of the functions you would expect to see in the area you work in and if not what is missing
- Do you think the proposed ICB committee structure is logical, what areas do you feel we may need to consider using sub committees for e.g. Primary care delegated
- What opportunities are there to further strengthen our place-based working arrangements with our partners? For example, pooling budgets, or joint workforce planning.
- Given the expectation in the Integration White Paper for place-based leadership and governance, what place-based infrastructure would be required to support this and can this only be delivered at place or across places
- How can we build on existing lead commissioning arrangements within our ICS? And could certain commissioning functions be carried out within our ICS sub-regions, and if so what?

The presentation concluded with details of engagement with leadership groups and 'next steps'.

During the debate which followed the presentation, Mr Gallagher responded to clarification sought in relation to the reallocation of funding and advised there was an appetite to gradually move funding to areas of greatest need. Reassurance was also given in relation to concerns expressed regarding governance arrangements of the Shadow Board. Board members noted that scrutiny at a local level would continue and there were opportunities for the role of Health and Wellbeing Boards.

Decision

The presentation was noted.

37. Public Health Review *(Director of Public Health)*

The Director of Public Health reported that it was anticipated that the COVID-19 pandemic will require a decreasing proportion of the focus as we move into a new financial year (2022-23) and it was important that there was a clear direction of travel for the next five years.

The Director advised of the reasons for carrying out a review as set out in the report. The pandemic had also generated some positive opportunities and accelerated new ways of working, which had opened up new opportunities that needed to be taken advantage of. The aim of the programme of work is therefore to review current Public Health services and the structure of the team within Hartlepool Borough Council and make recommendations leading to the development of a strategy for Public Health. The objectives of the initial phase of the review, a stocktake of the existing work programme, was set out in the report.

Decision

The report was noted.

38. Face the Public Update

The Board received a verbal update by the Director of Public Health which advised Board members that the Constitution required a Face the Public event to be held annually. Previously a joint event had been held with the Safer Hartlepool Partnership. This year it had been decided that engagement would be held remotely. The Director shared statistics which showed there had been very limited engagement with the event and a disappointing result had, therefore, been received. It was, therefore, proposed that moving forward the format of the event would be reviewed.

Decision

The update was noted.

39. Children with SEND (Special Educational Needs and/or Disabilities) Annual Report April 2021-March 2022

The Assistant Director, Joint Commissioning suggested that in view of the significant responsibility of partners in this agenda item and the duration of this meeting, the item be deferred and considered as the first agenda item at the next scheduled meeting of the Board.

Prior to closing the meeting, the Chair reminded Board members that the Pharmaceutical Needs Assessment was currently being consulted on and encouraged Board members to share across their networks.

Meeting concluded at 11.40 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD

29th September 2021

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

Present:

Councillor Jim Lindridge (In the Chair)

Christine Fewster, Hartlepool Carers

James Graham, Tees, Esk and Wear Valleys NHS Trust

John Hardy, Headteacher, St John Vianney Primary School

Mark Haworth, Cleveland Police

Sally Robinson, HBC Director of Children's and Joint Commissioning Services

Danielle Swainston, HBC Assistant Director (Joint Commissioning)

Martin Todd, Changing Futures North East

Amanda Whitehead, HBC Assistant Director (Education)

Jane Young, HBC Assistant Director (Children and Families)

Officers: Jo Stubbs, Democratic Services Officer

1. Apologies for Absence

Apologies were submitted by Craig Blundred (HBC Director of Public Health) and Lindsey Robertson (Hartlepool and North Tees NHS Foundation Trust)

2. Declarations of Interest

None

3. Minutes of the meeting held on 11th February 2020

Minutes approved

4. Priorities for the Partnership *(Assistant Director (Joint Commissioning))*

The Assistant Director (Joint Commissioning) referred to discussions which had taken place pre-pandemic around future priorities for the Partnership. At that time there had been a consensus that members did not want to replicate work which was already being done by other groups and wished for the Partnership to be a place that considered the various strategies and

approved any outcomes. As part of this she had formulated a document detailing the aims of the Partnership and listing the work programmes and strategies she felt should be included. The aims of the Partnership were suggested as follows:

- To have an oversight of all strategies/work programmes to ensure that all organisations are contributing to their development;
- To promote collaboration across all partners to improve the outcomes of children and young people;
- To identify any opportunities for collaborative work based on needs of the children and young people in Hartlepool

The following work programmes/strategies were included for development:

- Domestic Abuse Strategy
- Early Years Strategy
- Children and Young People's emotional health and wellbeing transformation
- Child and Family Poverty
- SEND Inclusion review
- Development of Contextual Safeguarding Hub
- Hartlepool and Stockton Safeguarding Children Partnership
- Community Support Team (Victoria Ward)
- Education Improvement Strategy Plan

A member referred to the Partnership Terms of Reference which had been produced in January 2020 and asked whether those would be linked with these priorities. The Assistant Director (Joint Commissioning) confirmed that she would amend the aims of the Partnership to include the terms of reference and circulate the finalised document to members.

Going forward members suggested that the Partnership scrutinise the strategies included within the document as rolling agenda items in order to provide a more effective work programme. They highlighted however this should be in order to provide clarity and an understanding of the work being undertaken rather than replicating or criticising work already being done. The Assistant Director (Joint Commissioning) agreed it should be about finding solutions.

Members suggested that strategies around carers, child mental health, children in care and public health priorities for children and young people should also be included. They also suggested that a visual representation of the links between organisations be formulated. The Assistant Director (Joint Commissioning) advised she would prepare this in advance of the next meeting. She would also formulate a future work programme based on the established timescales for the various strategies. The Assistant Director (Education) noted that consultation was currently in progress for the Early Years Strategy and asked that the link to the consultation be sent out to members.

The Chair urged members to become involved in any future discussions and highlighted the need to listen to families and young people regarding these matters.

Decision

- a. That the document detailing the aims of the partnership be updated to include the terms of reference and member comments/suggestions and forwarded to members for their information.
- b. That a work programme be formulated for consideration at the next meeting.
- c. That a document detailing the links between strategies and organisations be formulated for consideration at the next meeting.
- d. That a link to the current Early Years Strategy consultation be forwarded to members.

5. Youth Justice Strategic Plan (*Director of Children's and Joint Commissioning Services*)

A copy of the draft Hartlepool Youth Justice Service Strategic Plan 2021/2023 was appended to the report. The report set out the process which would be followed prior to submission to Full Council on the 4 November to seek adoption of the Plan. The final Plan would also be sent to the National Youth Justice Board. The Assistant Director (Children and Families) further updated members that the Chair of the Management Board was now Jo Heaney from Tees Valley CCG.

Members were asked to make comments on the plan prior to it being considered by Children's Services Committee. The Vice-Chair praised officers for their success with the strategy and queried what they felt were the biggest obstacles to its successful delivery. The Assistant Director (Children and Families) felt that the aims were achievable so long as funding was maintained. The re-offending rate was currently below the national average but this could change at any moment particularly given the impact of covid on young people's mental health. The Vice-Chair queried whether more involvement from other partners would be beneficial. The Assistant Director (Children and Families) suggested there be involvement from the voluntary and community sector. Hartlepower was identified as a potential source and the chair asked that the Assistant Director and representative from Hartlepool Carers liase on this outside of the meeting.

Decision

That the report be noted.

The meeting concluded at 3:10pm

CHAIR

HEALTH AND WELLBEING BOARD

4 July 2022



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

Subject: CHILDREN WITH SEND (SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES) ANNUAL REPORT APRIL 2021 – MARCH 2022

1. PURPOSE OF REPORT

- 1.1 To share with members of the Health and Wellbeing Board the Children with SEND (Special Educational Needs and/ or Disabilities) Annual Report
- 1.2 For members of the Health and Wellbeing Board to understand their responsibilities in relation to SEND.

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 The Health and Wellbeing Board have responsibility for the implementation and monitoring of progress for the outcomes of children with SEND. The annual report which is attached (**Appendix A**) sets out progress against the requirements within the Code of Practice and areas of development. It is a partnership evaluation as the Code of Practice places statutory duties on all partners.

- 2.4 A national review for SEND is taking place with the following scope:
- Deliver proposals that improve outcomes for children and young people with SEND,
 - Improve the experiences of their parents and carers,
 - Deliver reforms that will bring financial sustainability to the SEND system.

The government stated in Autumn 2021 that they expect the proposals to be published by the end of March 2022. However there has been no further information since this notification.

- 2.5 In 2015 the government commissioned Ofsted and CQC to inspect SEND arrangements in local areas. This inspection framework continues to be in place however a review has been carried out and it is expected at the end of this cycle that significant changes will be made.
- 2.6 Hartlepool was inspected in October 2016 and found to have significant weakness in its SEND arrangements across the partnership. A written statement of action was produced and a revisit took place in January 2019. Following this a review meeting took place in February 2021 with DfE, NHS England 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.

3. ANNUAL REPORT APRIL 2021 – MARCH 2022

- 3.1 There is no requirement for areas to produce an annual report however the local area needs to show how it identifies how it is performing against the Code of Practice. The attached annual report has been completed with the SEND Operational group which consists of: parents, schools, social care, SEND team, commissioning, CCG (Clinical Commissioning Group), North Tees and Hartlepool NHS Foundation Trust, TEWV (Tees, Esk and Wear Valley NHS Foundation Trust), Local authority officers.
- 3.2 The annual report sets out progress and areas of development for the following:
- Leadership and governance
 - How effectively does the local area identify children and young people with send?
 - How effectively does the local area assess and meet the needs of children and young people with send?
 - Are we making a difference to children and young people's lives?

4. RISK IMPLICATIONS

- 4.1 The Health and Wellbeing Board are responsible for the implementation and monitoring of progress for the outcomes of children with SEND. It is important that all members of the Health and Wellbeing Board understand their duties to ensure that the outcomes of children with SEND improve. There is a risk that if members of the partnership do not closely track progress the outcomes of our children do not improve.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no specific financial considerations in relation to this report however it needs to be noted that SEND funding is being discussed at a national level due to ongoing budget pressures.

6. LEGAL CONSIDERATIONS

- 6.1 All partners needs to understand their duties under the SEND Code of Practice: 0 - 25.

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

- 7.1 All children with special educational needs and /or disabilities are supported as required.

8. STAFF CONSIDERATIONS

- 8.1 There are no staff considerations

9. ASSET MANAGEMENT CONSIDERATIONS

- 9.1 There are no asset management considerations.

10. RECOMMENDATIONS

- 10.1 For members of the board to note the SEND annual report and to ensure members understand their responsibilities in relation to SEND.

11. REASONS FOR RECOMMENDATIONS

- 11.1 To ensure the Health and Wellbeing Board are meeting the requirements of SEND arrangements across Hartlepool.

12. BACKGROUND PAPERS

SEND Code of Practice 0-25

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

13. CONTACT OFFICER

Danielle Swainston, Assistant Director, Joint Commissioning, Civic Centre,
Victoria Road, Hartlepool TS24 8AY 01429 523732

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SEND ANNUAL REPORT APRIL 2021 – MARCH 2022

1. INTRODUCTION

The Special Educational needs and disability code of practice: 0-25 years sets out how organisations should work together in a local area to improve outcomes for children with SEND. The following annual report has reviewed the requirements within the Code of Practice and sets out what is working well and what needs to be further improved across the system.

2. IMPACT OF COVID

The COVID pandemic has had a significant impact on children with additional needs. The government imposed a number of lockdowns which meant that children, young people and families could not access the support they would normally receive. In particular health services significantly reduced or in some cases ceased with the NHS focus being on the pandemic. Schools worked hard to keep in contact with families and a number of children if not shielding were able to access school provision.

The Parent Carer Forum and Hartlepool carers stepped up and supported families with phone line available, online sessions for people to keep in touch and activities online for children. (This took place from the beginning of the pandemic from March 2020 onwards).

The council prioritised special school staff / mainstream teaching staff working with vulnerable children for COVID vaccinations which reduced the risk for vulnerable children and supported parents/ carers to feel less anxious about their children attending school.

The long term impact on children with SEND is not yet known however it is now evident that in the short term it has resulted in:

- Some children and families continue to be anxious about attending school
- Longer waiting lists for support
- Needs haven't been identified e.g children aged 0-4 not having social interaction as would be normal.
- Heightened anxiety
- Increase in demand for support/ diagnosis – the length of time to be reviewed within the over 5 neuro developmental pathway has increased

- Hartlepool’s vulnerable pupils group has seen an increasing number of children with very low attendance or being electively home educated with a number being referred to the Home/hospital provision. It is felt by the group that COVID is not the main reason however vulnerabilities prior to the pandemic have increased and are now at crisis point.

3. LEADERSHIP AND GOVERNANCE

The number of children with SEND being supported in Hartlepool is as follows:

Number of children being supported as SEN Support (as identified by schools within school census)

Autumn 2020	Spring 2021	Summer 2021	Autumn 2021
1992	2112	2166	2155

Number of children and young people (0-25) being supported by EHC plans trend over last four years (as per SEND 2 return)

2018	2019	2020	2021
585	610	689	740

As can be seen above the numbers have steadily increased across the last year (noting that there is a slight decrease of SEN support in Autumn 2021 – this will be monitored for the next two years to see if this is a trend).

Hartlepool’s Health and Wellbeing Board has responsibility for the improvement of outcomes for children with SEND. A strategic SEND group consisting of health (CCG), Parent (Chair of Parent Carer Forum), Education (Mainstream and special) and Social Care (council) oversees the progress against the SEND implementation plan and monitors outcomes for children with SEND. This group is chaired by the Director of Children’s Services. A SEND operational group reports to the strategic group and consists of all partners. The SEND operational group has responsibility to implement the plan.

Parents in Hartlepool are true partners in the development of services for children and young people with SEND. Parents work with education, health and social care to shape service delivery and evaluate effectiveness and impact. It is evident in discussions with parents that their

confidence in the SEND system is not as we would like it to be. Parents are particularly highlighting a concern that mainstream schools are not adapting their provision to meet the needs of their children. Schools are also reporting that they feel needs are increasing and they cannot meet the needs of all SEND children. Over the last two years there has been a significant increase on the demand for specialist provision with capital work needing to be undertaken to increase capacity at Catcote Academy and also Springwell School to adapt the school to support children with more complex needs.

The information from parents and the demand for specialist provision indicates that inclusion is not consistent across partners in Hartlepool. The council is working with NDTi (National Development Team for Inclusion) and partners to develop an Inclusion Strategy (which incorporates SEND). Parents have developed an inclusion vision which is being further developed into a strategy for the whole system. Parents are driving this development.

A data scorecard is in place and is populated quarterly to monitor performance across the system. Throughout the pandemic a number of performance measures were not available due to the need to prioritise the impact of the pandemic e.g. health information was not captured. Data has now started to be collected again however this needs to be monitored to ensure that this is sustained and a new baseline position for Hartlepool is identified. Even though a scorecard is in place it is not working effectively therefore a review will take place to ensure we are capturing the most appropriate indicators. Improvements are however being driven by feedback from Parent Carers and specific data has been used to develop certain pathways e.g. neuro developmental pathway. Regional work is being undertaken to develop a dataset for inclusion. A draft has been circulated and will be finalised shortly.

Data EHC needs assessments and reviews are currently being captured through a data trawl of the information. This is not efficient and a system (EYES) has been put in place which enables reporting however this is not being used. Moving the EHCP process to an electronic model is a priority over the next 6 months.

Children with SEND who are active to either early help or social care are included within the children's social care quality assurance practice weeks and audits have shown that children with SEND are being effectively safeguarded.

There is a partnership approach with schools and settings to manage the High Needs funding. The council in partnership with schools has commissioned a review to ensure that resource allocation supports inclusion.

Children and Young People's voice

The SEND strategic group has highlighted as an area of priority the need to improve children and young people's voice within the SEND processes in Hartlepool. Audits of individual EHC plans indicate that children and young people's voice is evident in their own plans however there is a need to improve their voice in strategic planning. Work is underway to improve this as below:

- Hartlepool Youth Service SEND group facilitated by the Youth Service – building on this to develop a youth forum for young people with disabilities and autism (under 18). This will inform strategic planning and support further development of SENDIASS information.
- Autism group for 18s and over that will link in with the above and support the transition from children's services into adult services. Initial meeting took place in February with the group and working to deliver an event in the central hub during autism week – 3rd April.
- Young People's Health and Wellbeing Group
- General Youth Service consultation with a diverse range of young people accessing open sessions
- Parent Carer Forum/ SENDIASS working with Healthwatch board and CYP to improve access to GP surgeries/ also exploring sensory loss group for CYP
- Continuing to set up the "Connecting You" app for CYP accessing SENDIASS
- Working with Catcote 6th Form and Catcote Futures to ensure voices of CYP are heard
- The CCG have carried out consultation to determine gaps in support for young people with Autism between the ages of 16-25. This consultation will be utilised to pilot a support model for this age group during 22/23. This will be developed in partnership with the LA and Parent/ Carers.

Resources

Hartlepool council and schools have worked hard to manage the needs of our children within the budget allocated for High Needs (High needs Block) with no current deficit. This is contrast to the majority of councils in the country who are working within a deficit. Whilst this is positive it must be noted that this has come at a cost re: performance indicators. This has impacted on the numbers of EHC plans being issued within 20 weeks (50%) and the number of reviews held within timescales (less than 10%). A review of the High Needs Block has been commissioned to make recommendation to support inclusion and ensure that provision meets need. The findings are due at the beginning of April 2022. The Council has recognised the need to increase capacity within the SEN team in the context of the increase in the number of EHCPs over the last few years and will use the outcome of this review to inform planning and decision making around how this can be achieved.

Areas of strength

- Parents coproducing services and evaluating effectiveness– link parent officer post within PCF
- Strategic oversight has significantly improved
- All partners working together to improve outcomes
- Children with SEND are effectively safeguarded
- Identification of need through partnership working

Areas for development

- Review SEND scorecard to ensure that it is capturing appropriate measures which drives continuous improvement
- SEND Team to populate all information into EYES system – therefore allowing for timely reporting and performance management
- Need to embed children and young people’s voice in the development of the strategy and services
- Development of an Inclusion Strategy to support Quality First Teaching in mainstream and to support the development of more inclusive practice.

4. HOW EFFECTIVELY DOES THE LOCAL AREA IDENTIFY CHILDREN AND YOUNG PEOPLE WITH SEND?

The **SEND JSNA** has been produced and can be found at https://www.hartlepool.gov.uk/downloads/file/5753/send_jsna_2020

Requests for EHC assessments are presented at SEND panel (multi agency panel that considers all information against the Code of Practice criteria for assessment). Please note requests for assessment does not necessarily lead to the issuing of an EHC plan.

The number of requests for EHC needs assessments:

	Requested	Accepted	% accepted of those referred to SEND panel

Autumn 2020	69	48	70%
Spring 2021	52	32	61.5%
Summer 2021	84	52	62%
Autumn 2021	58	34	59%

If cases are accepted for an EHC assessment the Code of Practice stipulates that plans should be issued within 20 weeks. It is therefore important that all organisations respond to request for advice as quickly as possible. The performance for timeliness is:

	Number issued within 20 weeks	% that were issued within 20 weeks
Autumn 2020	15	45.5%
Spring 2021	34	26.5%
Summer 2021	41	53.7%
Autumn 2021	20	50%

*Timeliness of reviews cannot currently be captured via the system therefore this is a priority in 2022.

The performance shows a mixed picture in terms of timeliness which needs further exploration to understand what is impacting on performance and what action needs to be taken to improve this. The timescales for those plans that did not meet 20 weeks is unknown and again further work is needed to better understand length of delays to completion and impact on children as a consequence. .

The **early years** are critical to ensure that we meet needs at the earliest opportunity to reduce the need for crisis intervention and early years are a priority for the partnership with the Early Years Strategy identifying SEND as a priority. The integrated health visiting and early help services (which includes children's centres) ensures that needs can be identified early and interventions put in place e.g. health visitor and community nursery nurse brief interventions/ referral pathway in place for speech and language support.

Recently there have been a number of children with complex needs being identified just before they are due to access nursery provision – these children have significant needs that were evident at birth and in the months following birth and are known to individual agencies. However the system is not sharing this information to inform provision therefore a pathway needs establishing to instigate an EHCNA (EHC Needs Assessment) at the earliest possible opportunity which will ensure provision can be identified. A draft pathway being developed.

In addition to sharing information about children with complex needs an Early Years Panel has been established to identify emerging needs. In order to support this an early years dashboard has been developed to share and analyse the data from the 9 month ASQ (Ages and Stages Questionnaire) to identify emerging need as early as possible which will be shared with the Early Years panel. The SENIF (Early years inclusion funding) is supporting a part time Educational Psychologist to work with early years settings to identify need and implement strategies to reduce escalation.

The Early Years Strategy also highlights the importance of the 2 – 2 ½ year review to identify emerging needs and as a result health visiting and early years teams have developed an integrated review pathway which will bring together the 2 – 2 ½ year review and the education progress check to identify those children who have low level and emerging need, those who require targeted intervention and those who require SEND support. Consultation with the wider early years system is planned before the roll out the pathway which will be accompanied by practitioner guidance and training.

Two year old participation is 83% and three/four year old participation is 93% which is amongst the highest in the region. This allows children at an early stage to access high quality provision which supports their development. This also enables providers to highlight emerging needs.

There is an **established banding system** in place with schools (SEND COS) and early years providers. Band 1, 2 and 3 are being used by settings to support emerging needs and track progress. A termly tracking process is in place between schools and the council to understand need for primary age children which allows the council to project the likely provision needed in forthcoming years. This information has been used to understand future projections for places and plan provision to develop provision e.g. MLD (Moderate Learning Difficulties) Additional Resourced Provision.

TPPT (Transition pupil profile tool) has been developed with schools to improve transitions from primary school to secondary school. It covers the full range of vulnerabilities including SEND and sets out a process to share all information. This takes place alongside person centred planning to ensure each child is understood as an individual and transition can be supported to meet needs resulting in a more successful transition. Initial evaluation is indicating improving transitions through the introduction of person centred planning.

An IPS (Individual package of Support) panel is in place which allocates additional resource to schools/ settings where needs have not met the criteria for an EHCNA. Membership includes SEND COs who peer evaluate the need for resources. This additional resource enables schools/ settings to put in place extra support prior to statutory assessment.

A **SEND Commissioned Placement Panel** (multi agency panel) is in place that discusses the provision required for children and young people. Social care/ virtual headteacher/ CAMHS/ Children's Continuing Health Care/ SEND team are all represented. This panel allows for solution focused discussions to ensure that provision meets children and young people's needs.

There has been significant work undertaken across Tees to establish a **Dynamic Support Register** (DSR) for children and young people with Autism/ Learning Disabilities. This is a multi agency approach that allows areas to identify children and young people that may be at risk of needing a high level of intervention such as Tier 4 services or costly placements. CETRs (Care, Education and Treatment Reviews) have been established which are health lead with all partners involved to plan for those children identified. In addition to this the CCG have commissioned key workers to support this process and offer PBS training for parent carers that have been identified through the DSR process.

The Needs Led Neurodevelopmental Pathway for under 5's is now embedded in the Community Paediatrics Team within North Tees & Hartlepool Foundation Trust. In line with the over 5 pathway, there is a triage process in place with representatives from the 0-19 team and Early Years Team to ensure the needs of the child is captured across the system and needs are met at the earliest opportunity. Length of time to triage is 1 month, with time to diagnosis being 11 months.

The Needs Led Neuro developmental Pathway for over 5s – waiting times to triage is 4 months, with time to MAAT being 14 months. A 12 month review of the pathway has been undertaken and concerns have been raised over the lack of multi-agency attendance at the triage panels and there are some inconsistencies with the management of the panel process. TEWV are working on internal processes, the referral form is being reviewed, parent consultation is commencing and consultation with referring parties. There is an average of 45% of the referrals to triage that do not make it on to the pathway so work is needed with the wider children's workforce to determine what needs are being identified which present like autism and how we can meet them in the system. We do know that for those CYP who are accepted onto the specialist pathway via the triage there is a 95% conversion to diagnosis rate (on average)

Areas of strength

- JSNA in place
- Tracking process with schools to understand projections of future needs
- Banding benchmarking in place which allows everyone to understand level of needs

Areas of development

- Establish early years pathway for children with complex needs where an EHC is needed
- Implement priorities within the Early Years Strategy
- Children and young people's voice
- Pre DSR process
- Implement neuro developmental pathway review recommendations

5. HOW EFFECTIVELY DOES THE LOCAL AREA ASSESS AND MEET THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH SEND?

There is significant pressure in the system due to the increasing numbers of children being issued with EHC plans (this mirrors the national picture). This therefore places pressure on the provision available and due to Hartlepool being small, with only two special schools, the options available for children needing specialist provision is limited. However as can be seen below the SEND team work hard to provide provision locally.

	Autumn 2020	Spring 2021	Summer 2021	Autumn 2021
% children with EHCP have education/care needs met within in Hartlepool	85%	82.9%	81.7%	83%
% children with EHCP have education/care needs met within 20 miles of Hartlepool	97.5%	93.9%	95.4%	94.8%

An SEMH Free Schools is in development (in partnership with DfE) to offer specialist provision to those children needing SEMH support. The majority of children and young people accessing independent out of area provision is due to SEMH needs.

There has been no health data available for the last two years, due to the impact of the pandemic. Data collection has now been re-instated and the data is being reviewed to understand the current performance for all health services. The parent carer forum has recently undertaken

a deep dive into satisfaction of therapy services and there is specific concerns about the length of time children are waiting for Occupational Therapy (OT) support. It is unknown at this stage whether this is related to OT support for child or adaptations for housing. This is being clarified. Parents are also indicating a longer wait for Speech and Language services however they are happy with the service once being supported. These timescales need to be further explored.

The Parent Carer Forum have developed parent led sessions with invites to multi agency partners as determined by parents. The agenda is set by parents and allows parents to work together to identify their priorities and hold organisations to account. The information from these sessions are shared with the SEND ops group and then escalated to SEND Strategic Group as required.

Our Local Offer has been reviewed in partnership with parents and now sits on the local Hartlepool Now website. Briefings have taken place with staff teams across agencies to raise awareness of the local offer to ensure that parents know what support is available. As part of the development of the neurodevelopmental pathway, a 'Bubble of Support' has been established by parents for parents to access support whilst waiting to join the pathway (if appropriate). The 'Bubble of Support' is available on the local offer site. Integrated into this has been the development of a 'soft offer' from health, developed in collaboration with the Parent Carers which focuses on developmental milestones and signposting guidance https://www.hartlepoolnow.co.uk/local_offer

There is a highly effective **SENDIASS** service and parent feedback shows they value the service with information captured within a dedicated website <https://www.hartlepoolsendiass.co.uk/> 75 parents were supported in Autumn 2021. The council and health colleagues are working to establish a joint arrangement for SENDIASS across Tees, ensuring parents are supported re: health services and support.

Joint commissioning arrangements in place between local authority, CCG and education providers.

- Joint commissioning statement in place
- Parents are partners in commissioning arrangements – worked to developed service specifications, evaluate tenders and provide feedback on service effectiveness
- Neurodevelopmental pathway implemented – multi agency triage in place
- Jointly commissioned family support service
- Mental Health Support Teams (MHSTs) in place in 50% of schools with an additional “Getting help” offer for children and young people with emotional and mental health needs in schools not covered by the MHSTs
- Special schools physiotherapy contract

- Hearing/ audiology screening
- Integrated OT service for special school provision
- Integrated pathway work being undertaken for a Tees Valley Sleep Service, locality based Speech & language pathway and improved pathway for children and young people with Down Syndrome

Education and Social Care Provision

- Free School (SEMH being developed) due to open in Sept – Dec 2023
- Bespoke packages to meet children’s individual needs – examples of partnerships with schools/ settings
- Short Breaks – short break service statement in place with wide range of services available: Exmoor Grove, Families First commissioned short break service, Direct Payments, Sports activity programme
- Shared Lives has been developed in Hartlepool in 2021 with two young people with additional needs being supported into adulthood with Shared Lives carers. Further work is ongoing to recruit more Shared Lives carers to increase this offer.
- Development of MLD (Moderate Learning Difficulties) provision
- Two SEMH Primary ARPs (Additionally Resourced Provision) working well to provide short term placements for children needing additional support. Also implemented Secondary SEMH ARP.
- Small Steps team deliver Stay and Play sessions offering play opportunities to support children with communication and interaction difficulties and their families. The Small Steps team are on hand to support interactions, model, problem solve and connect with parents. A number of practitioners from settings also attend to play alongside parents. A number of dads also attend which is very positive. Attendance is around 8-9 families per session. The sensory room is also available for parents to access with their children. Small Steps Together Facebook page allows us to share information, resources and signposting. Lots of our parents are keen to share their own ideas and examples and therefore give permission for us to take photos of their resources or ideas. I hope this is supporting us to develop a Communities of Practice.
- The Supporting Transition - Enhanced Planning (STEP) Process for Young People on the Autism Spectrum/ Social Communication Needs was initially developed in 2020 and has now had the opportunity to be trialled by EPs and some schools as an ‘in-house’ tool to support an enhanced transition with the aim was to build on the Transition Planning Profile tool. Feedback from settings is positive. Some are using the framework independently to support their transition planning or using it alongside an EP when further info is needed. Assistant psychologists have been complementing this process by supporting pupils to develop ‘I am video’ which is based on the ‘I am

digital stories' idea. This provides children with the opportunity to actively participate in developing a pupil profile which can then be shared with their secondary setting. Videos are typically 2-3 minutes long and where possible narrated by the child. It has been found that it is a powerful and efficient way of schools getting to understand and appreciate the children before they arrive.

Health provision:

- Parents are highlighting concerns about length of time waiting for equipment where the impact of COVID has been significant. A Tees Valley community equipment steering group is established and action plan is in place to monitor waiting times. In addition, monitoring of the recovery of children's community services is taking place.
- Parent and Carers from both Hartlepool & Stockton have flagged the need for improvements to the **Down Syndrome Pathway**. This piece of work has focused on the health element of the pathway however this will be extended to education. There is a North Tees Steering group in place which is led by the CCG however is driven by the parents. There has been a recent workshop, led by parents, where they spoke to health representatives from a number of departments within North Tees and Hartlepool Foundation Trust and Hartlepool's 0-19 team to highlight concerns with the health pathway. Parents highlighted their concerns and presented a 'gold standard' pathway which we would like to work towards. 'Health' representatives are currently working on the feedback and will present back to the Steering Group what changes can occur in the short, medium and long term.
- **Sleep provision** has long been highlighted as a gap for children and young people with SEND. A Tees Valley sleep service is in the process of being developed. This is an integrated pathway with representative from the 0-19 team being trained in Sleep Scotland. A model is being developed with representative from each area and workshops will be delivered in partnership with local team and the Family Support Service provided by Daisy Chain.

Quality Assurance:

An **Audit** framework for EHCPs is in place that includes parents. There have been 25 audits carried out since Summer 2021 with the following findings:

Inadequate	2
Requires Improvement	10
Good	12
Outstanding	1

A moderation session has also taken place with the following representatives taking part: Mainstream and special schools, parents, CAMHS, Therapies, SEND team, Educational Psychology, commissioning, Designated Clinical Officer (DCO), social care, Virtual headteacher. The moderating group collectively audited a plan and found that the plan was difficult to understand from a parents, children and young people's point of view. Whilst it was acknowledged that the EHC plan needs to be legally compliant, it must be meaningful. The plan format is therefore to be reviewed.

A Health Quality Assurance template is in place with one audit completed. The DCO will ensure four newly completed plans and submitted advice is made available to allow health audits to be undertaken every month. This is an internal audit within health.

A Health advice template has been developed across Tees Valley however it was clear from the moderated audit that it is not being used consistently therefore the DCO is working with providers to ensure that this is used and use will be monitored.

Areas of strength

- Local offer co-produced with parents
- Jointly commissioned services
- Audit framework for EHCPs in place
- Family Support Service

Areas for development

- Review the format of the EHC plan
- Children and young people's local offer – enable CYP to access information easily
- EHCP reviews – need to capture timeliness effectively (data trawl at the moment is not robust)
- Speech and Language commissioning
- Improvement of access to health data
- Review of neurodevelopmental pathway due to increase in referrals
- Equipment pathway review
- Development of health SENDIASS provision

- Down Syndrome pathway
- Tees Valley Sleep Service
- Health QA process to be embedded

6. ARE WE MAKING A DIFFERENCE?

Tribunals

As stated previously the timeliness for the issuing of EHC plans and the annual reviews is not good enough. However the number of tribunals are very low.

Autumn 2020	0
Spring 2021	0
Summer 2021	3
Autumn 2021	1

Only one tribunal has been about the provision which indicates that families are satisfied with the provision their children are accessing. The SEND team work closely with parents to explore options for provision for their children. Families are supported with packages of support (direct payments) with the principle that children should stay with their families. It is difficult to quantify what has been prevented through the provision of packages of support however this continues to be priority for Hartlepool Council.

Outcome information has been difficult to collate this year due to a lack of a “normal” educational year. Educational outcome data has not been collected and health data has not been available.

Attendance data - SEN Support

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils SEN support attendance - Primary Overall absence	5.2	5.6	7.0	6.7
% pupils SEN support attendance - Secondary Overall absence	9.1	11.1	13.1	12.2

Attendance data - EHCP

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils EHCP attendance - Primary Overall absence	6.6	7.5	14.3	12.0
% pupils EHCP attendance - Secondary Overall absence	6.1	6.6	21.1	16.8

The attendance figures for SEN support and EHCP show an upward trend from the baseline with high levels in Spring 2021 and Summer 2021. This is concerning as children and young people need to be in school to learn and this will have a detrimental impact on their outcomes. We know that COVID has had a significant impact on our children and young people and it would appear this is effecting attendance however we will need to monitor this closely to see if this trend continues and what strategies need to be put in place to improve attendance if required.

Exclusions data - SEN Support

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils at SEN support receiving: Fixed Term Exclusion - Primary	0.8	0.1	0.1	0.6

% pupils at SEN support receiving: Fixed Term Exclusion - Secondary	19.8	14.2	14.4	8.4
% pupils at SEN support receiving: Permanent Exclusion - Primary	0.1	0	0	0
% pupils at SEN support receiving: Permanent Exclusion - Secondary	0.6	0	0.2	0

Exclusions data – EHCP

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils with EHCP receiving Fixed Term Exclusion Primary	4.4	0	0	0
% pupils with EHCP receiving Fixed Term Exclusion Secondary	19.6	11.9	15.4	8.4
% pupils with EHCP receiving Permanent Exclusion Primary	0	0	0	0
% pupils with EHCP receiving Permanent Exclusion Secondary	0	0	0	0

The figures above indicate a positive picture in relation to exclusions for children with additional needs however it is unknown whether COVID has masked any of this (with children not attending school in lockdown) therefore this will need to be monitored. Discussions across the system have highlighted a concern about managed moves (in order to prevent exclusions) which needs further exploration. It is important we understand this for this group of children as stability is particularly critical for children with additional needs.

Primary SEMH ARPs

Springwell Special School and Rossmere Primary are commissioned to provide **SEMH ARPs** with a model which is for short term placements with children staying on roll with their home school. Information gathered by the ARPs shows significant improvements in attendance challenging behaviour and wellbeing (averages across all children attended ARP)

	Pre ARP	At end of placement of ARP
Attendance	71%	99%
SEMH competencies	68/230	188/230
Wellbeing	30/56	44/56
Incidents	23	Less than 1

The ASD and physical/ medical ARPs in mainstream/ special schools work differently to the SEMH ARPs with children attending permanently therefore their outcomes are captured within the cohort of the whole school. The ARP agreements have been amended and include monitoring of children's outcomes. This will be implemented from April 2022.

A secondary SEMH ARP was commissioned from September 2020 based on the same model of delivery for the primary ARPs. A recent review of this indicates that this model is not effective for secondary aged pupils and options need to be explored. This will be a priority starting April 2022.

Support services

The **Family Support service** which has been jointly commissioned between the council and CCG supports families where their child has needs associated with a neurodevelopmental condition. The new service has been live since 1st December 2021 and to date the families accessing from Hartlepool are shown in the table below.

Hartlepool - Overview	
Total Number of Families Supported	61
Total number of CYP supported	3
Total number of multi-agency drop ins	4

Total number of peer support drop ins	1
Total number of 1:1 appointments	3
Total number of telephone appointments	32
Total number of C&YP sessions run	0
Total number of families signposted to other agencies	14

Early feedback from parents has been very positive – the service has only recently started therefore further outcome information will be presented in next year’s report.

Areas of strength

- Low levels of tribunals and complaints
- Primary SEMH ARPs have shown significant impact
- Low numbers of exclusions for children with additional needs

Areas of development

- Implement outcomes feedback at the end of each review for parents and CYP to complete
- Development of a performance framework that shows how we are making a difference to children and young people’s lives
- Referrals to the Family Support Service and attendance at drop in
- Referrals to Key Worker project
- Review of managed moves for children and young people SEN support and EHCP

HEALTH AND WELLBEING BOARD

4th July 2022



Report of: Healthwatch Hartlepool

Subject: Healthwatch Hartlepool Accessing GP Services
Consultation Report

1. PURPOSE OF REPORT

1.1 To inform the Health & Wellbeing Board of the findings of Healthwatch Hartlepool's recent investigation into patient experience of accessing GP services in Hartlepool.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work, we have appointed a member led Steering Group, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 The Accessing GP Services consultation was included in the 2021/22 work programme of Healthwatch Hartlepool because of significantly elevated levels of concern raised by patients in Hartlepool regarding difficulties experienced in accessing GP surgeries in order to book consultations. In 2020/21 62% of all issues raised by the public with Healthwatch Hartlepool related to GP appointments.

2.3 Patients have generally accepted that Covid restrictions which led to most GP consultations delivered either on-line or by telephone were necessary to safeguard patients and health professionals and limit infection. However, significant concerns were raised around the slow pace of the reintroduction of face-to-face consultations and continuing difficulties in accessing Practices, particularly by telephone to book appointments.

3. PROPOSALS

- 3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:
- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
 - Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of residents and service users.
 - Make reports and recommendations about how those services could or should be improved.
 - Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
 - Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
 - Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
 - Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).
 - This report has been made available to all partner organisations and is available to the wider public through the Healthwatch Hartlepool web site.

4. EQUALITY & DIVERSITY CONSIDERATIONS

- 4.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

- 4.2 Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 12 wards in Hartlepool amongst the 10% most deprived in the country.
- 4.3 Healthwatch Hartlepool recognises that many people in the town are affected by health inequalities and elevated levels of ill-health. The delivery of supportive and accessible GP services in the town is vitally important and the response to our survey (269 forms returned) demonstrates the level of feeling amongst patients about these issues.

5. RECOMMENDATIONS

- 5.1 That the Health and Wellbeing Board note the contents of the Report and that immediate consideration is given by partner organisations to addressing the concerns highlighted. Patient consultation and inclusion is fundamental to the success of this process and must be embedded throughout.
- 5.2 Improving patient experience in the areas highlighted in the report must be an early priority of the ICS as many of the issues raised are found throughout the region and significantly exacerbate underlying health inequalities.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The recommendations are based on extensive and long-standing patient feedback which identifies real need for change and developments in the ways by which appointments are currently accessed and made available to patients.

7. BACKGROUND PAPERS

- 7.1 None

8. CONTACT OFFICER

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Healthwatch Hartlepool

Accessing GP Services

Consultation Report

March 2022

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Executive summary

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 12 wards in Hartlepool amongst the 10% most deprived in the country.

Healthwatch Hartlepool recognises that many people in Hartlepool are significantly affected by health inequalities and high levels of ill-health. The delivery of supportive and accessible GP services in the town is vitally important and the response to our survey (269 forms returned) demonstrates the level of feeling amongst patients about these issues.

Our survey and consultations highlighted two key areas of concern:

- 1) Accessing GP practices by telephone to make an appointment is difficult, time consuming and for some patients poses significant barriers to accessing primary care services in a timely and appropriate manner.
- 2) Patients generally accept that Covid restrictions which saw most GP consultations delivered either on-line or by telephone were necessary to safeguard patients and health professionals and limit infection. However, the consultation showed significant concerns that the return of face to face appointments is too slow, and many patients feel that on-line or telephone consultations are a barrier to receiving the care, diagnostic rigour and reassurance that face to face consultations bring.

Overall findings from our survey and consultation activities are contained in the summary of findings section, and the feedback from individual practices can be found in Appendix 1.

Our consultation ran from 21st February until 18th March and has had a higher level of response than any other similar exercise conducted in the last 8 years.

“People’s views come first - especially those who find it hardest to be heard. We will champion what matters to the seldom heard and work with others to find solutions. We are independent and committed to making the biggest difference to residents.”

Background

Accessing GP Services Consultation Report

Throughout 2020 and 2021 Healthwatch Hartlepool was receiving feedback from the public on a wide range of health and care related services. By some considerable margin, the most regularly reported area of concern related to patient experience of contacting GP practices and accessing appointments.

During the latter half of 2020 and the early part of 2021 Healthwatch Hartlepool conducted our own #Because We Care Survey in line with Healthwatch England requirements. The results confirmed that over 50% of respondents viewed access to GP services to be a key area of concern. This was the highest individual area identified by residents who replied to our town wide survey. Since then, patients at GP practices in Hartlepool have continued to report difficulties contacting their surgery by telephone to book appointments.

The NHS Long Term Plan set out the ambition to offer “digital first primary care”, where patients use on-line tools to access primary care remotely. Whilst there has been general acceptance that a digital offer will have a part to play in future GP service provision, concerns have been raised about potential impact, particularly on patient privacy and safety and healthcare inequalities.

Prior to the first lockdown on March 23rd, 2020, the Royal College of GP’s estimated approximately 25% of appointments were carried out remotely. Covid 19 changed that dramatically, with the introduction nationally of a total triage process, and most appointments being delivered remotely

(online, by telephone or by video link) to protect patients and health professionals from the risk of infection.

Aim of Study

- To provide constructive patient feedback of recent experiences of accessing GP services in Hartlepool
 - To identify and highlight areas and locations in which patients have encountered problems and difficulties in accessing timely and suitable care service provision.
 - To recommend key actions and next steps.

Methodology

Despite the gradual easing of Covid restriction over recent months, GP access issues have continued to feature strongly in the feedback received from patients in Hartlepool. Consequently, a town wide consultation was launched to gather detailed patient experiences of accessing GP services.

269 completed surveys were returned, our biggest ever response, which demonstrates the strength of feeling amongst patients around this issue.

The town wide survey was made available via survey monkey (97 completed) and hard copies (172 completed) were made available for those digitally excluded. We utilised our network across Hartlepool to promote the survey including presentations to -

- Hartlepool 50+ Forum
- Hartlepool Carers Coffee morning
- Vision Support Lunch Club
- Cobden Area Resident Group
- Hartlepool Mothers Group
- Joint Healthwatch Hartlepool/Community Led Inclusion Partnership (CLIP) Have Your Say Event

All research was undertaken in the period from 21st February to 18th March 2022.

Particular attention was given to ensuring that the consultation reached carers and those with lived experience of providing care, lifelong conditions, and physical and sensory disabilities. Our activities with the groups and organisations listed above, and particularly the Have Your Say event, delivered jointly with CLIP proved invaluable in ensuring inclusivity.

Summary of findings:

Number of responses

Of the 269 surveys returned, the totals from each practice were as follows -

GP Practice	Surveys Returned
McKenzie House	49
Gladstone House	17
Victoria Road	13
Hartfields	4

Wiltshire Way/Throston	3
Wynyard Road	2
Bankhouse	28
Seaton	17
Havelock Grange	28
Chadwick House	35
Millenium Surgery	16
Hart Medical Practice	29
Headland Practice	16
Dr Koh and Trory	7
Total	264 +5 (surgery name not given)

How Do You Book an Appointment?

Method	Number	% Of total respondents using this method
Telephone	244	91%
In person	27	10%
On-line	18	7%
Text message	2	>1%
Via 111	2	>1%
A carer or family member	1	>1%
Other	7	3%

Most respondents (91%) from all practices use the telephone to book appointments. Some people identified more than one method (e.g., telephone and on-line) but the analysis clearly illustrates the predominant role of the telephone in contacting GP practices and the limited extent to which patients use on-line and other booking methods.

How Do You Rate Your Experience of Trying to Book an Appointment (1 very poor, 10 very good)

GP Practice	Surveys Returned	Average Rating
McKenzie House	49	1.8
Gladstone House	17	4.4
Victoria Road	13	3.0

Hartfields	4	2.5
Wiltshire Way/Throston	3	1.0
Wynyard Road	2	1.0
Bankhouse	28	5.2
Seaton	17	7.0
Havelock Grange	28	3.8
Chadwick House	35	4.1
Millenium Surgery	16	6.6
Hart Medical Practice	29	3.8
Headland Practice	16	5.8
Dr Koh and Trory	7	7.0
Total	264	4.2

Summary of Comments on Booking Appointments

Given the unprecedented circumstances we have lived through over the last two years and the impact that Covid 19 has had on all aspects of health care provision, it is not surprising that patients experienced difficulties accessing appointments and other services via their GP practice. However, it is noticeable that average ratings of the experience of booking appointments does vary from practice to practice and some noticeable trends are apparent in the feedback and comments provided. Key areas of concern which were consistently raised in the returned surveys are shown below, and a full summary by practice is contained in Appendix 1.

Patient comments across all practices confirm that Covid restrictions, have placed considerable strain on appointment system across all practices -

“Used to be very good, but the phones now take longer to answer” (Dr Koh and Trory)

“During Covid the system which is normally reliable suffered a little but is now returning to normal. (Chadwick House)

“Due to Covid 19 booking an appointment has become very difficult.” (McKenzie)

Many patients commented that to contact the surgery they needed to be on the phone as soon as lines opened (usually 8am or 8.30am,) and even then, it could take an hour or more to get through, by which time no appointments were available.

“You need to phone as soon as you can as by 8.30am all appointments have gone, and it is only telephone appointments.” (Hart Medical Practice)

“Told to ring at 8.30am but usually engaged, when you get through you are in a queue.” (Seaton Practice)

“Usually have to listen to recorded message over and over again or voice messages saying please try later as call handlers are busy.” (Bankhouse)

“Luck of the draw, sometimes impossible to get through.” (Havelock Grange)

“It is very difficult to actually get through to book an appointment and if you ring later than 9am there are no appointments available.” (McKenzie House)

“It’s nigh on impossible to get through. I attempted 186 times over 4 days to finally get through and be told there were no appointments and to call at 8.30am” (McKenzie House)

“Everyone has to ring at 8.30am which is stupid as that blocks the lines with everyone ringing at once!” (Hartfields)

Some patients who worked, and others with childcare and caring responsibilities said that the system and delays referred to above made it extremely difficult for them to book appointments.

“As I work full time it is a nightmare trying to get an appointment. Phone continually engaged and when you do get through appointments for that day have gone and the receptionist says ring again the following morning.” (Hart Medical Practice)

“Whenever I call before work, I can never get through.” (Chadwick House)

Can only book in early mornings, by the time you get through appointments are gone. Those with mental illness are not taken into consideration. (Hart Medical practice)

“There are no pre-bookable appointments available. You must call at 8.30am each morning, this is unfair for working people.” (Gladstone House)

Delays/lack of available appointments caused some patients additional pain, discomfort, and anxiety.

“It is virtually impossible to get an appointment within three weeks, very annoying when one is not an emergency but in considerable pain.” (Bankhouse)

“It’s a nightmare getting an appointment to get my medication.” (McKenzie)

“I can’t manage to get a face to face appointment regarding an ongoing health issue.” (Victoria)

Patients at some practices said that pre-bookable appointments were not available and for some walk -in and on-line booking had been suspended due to Covid.

“I don’t like that you can’t pre-book an appointment and have to wait until the next day at 8.30 till 9.00am. surely if you need an appointment, you need an appointment!” (Gladstone House)

Pre-Covid it was walk-in service, now struggle to get appointment as you must ring at 8am with the risk of not getting one.” (Headland)

Takes forever to answer the phone then when they do, are no appointments available. Prior to Covid you could go on-line and book appointments or e consult, but neither now available.” (Bankhouse)

“We cannot pre-book appointments at all. We must phone on a morning and try to book.” ((Havelock)

“Please bring back on-line appointment booking.” (Bankhouse)

Patients with some health condition reported that the process of booking an appointment was sometimes too demanding to undertake.

“Having difficulty booking an appointment - My last two attempts took 5 hours 40 minutes and 4 hours 30 minutes. With my dementia and other chronic health problems it is rare to be well enough to do this.” (Havelock Grange)

Some patients reported having to wait two weeks or more for an appointment.

“Must phone at 8am, phone always engaged, can try 100 times, may get an appointment 2 or 3 weeks away. (Wynyard)

“The receptionists take a long time to answer you call, then you have to wait two weeks for an appointment.” (Victoria)

“I prefer the option of booking an appointment in advance. I rang my surgery today to book an appointment, first available is in 10 days”. (Millenium)

“Must phone at 8am, phone always engaged, try 100 times. Can look on website. May get an appointment two or three weeks away.” (Wynyard)

Patients reported being offered nurse practitioner consultations when they wanted to see a GP.

“Difficult getting to see a doctor, they pass you to a Nurse Practitioner.” (Chadwick)

“Told no GP appointments available at all. Nurse appointments available in 2 weeks!” (Millenium)

“Your often not given an appointment with a doctor but with a nurse, which often means having to make another appointment with a doctor after a wasted appointment with a nurse who can’t deal with the problem.” (McKenzie)

Patients expressed concerns about triage procedures.

“Can’t get through, and when you do you have to talk to the receptionist for her to decide if you need an appointment.” (Hart)

“Can’t get past the front desk, they ask why you need to see doctor and what is wrong with you.” (Bankhouse)

“Difficult getting to see a doctor, they try to pass you to a nurse practitioner.” (Chadwick)

“I am almost angry writing this at how difficult it is to get an appointment to see a doctor! I don’t want to speak to a nurse to then be told I need to speak to a doctor!” (McKenzie)

Some Patients were complimentary about staff and the support they received.

“Great service, cannot complain with Gladstone House.” (Gladstone House)

“Reception staff are excellent.” (Seaton)

“Receptionist very good, once you eventually get through.” (Victoria)

“The staff are always lovely and helpful.” (Millenium)

Are there any times when it is difficult to get through to your surgery by phone?

Yes	No	Don’t Know
205	19	14
86%	8%	6%

101 patients specified mornings as being particularly difficult to get through to the surgery by phone, 86 patients said it was difficult getting through at any time and 15 said that it was most difficult on Monday’s.

How long after initially contacting your surgery did you wait for your appointment?

Same day	Next day	2-3 days	4-5 days	7+ days
65	28	43	22	69
29%	12%	19%	10%	30%

29% of patients were able to speak to either a doctor or practice nurse on the day they contacted the surgery. However, after initial triage, 30% of patients waited over 7 days before having a consultation with a doctor or practice nurse.

Was your appointment on-line or face to face?

As has already been mentioned, national restrictions brought in during the Covid 19 pandemic to protect patients and healthcare workers brought about some significant changes in the way in which services are delivered. In January 2019 the NHS Long Term Plan committed that every patient would have the right to digital-first primary care by 2023/24. The Healthwatch England report -Locked Out: Digitally Excluded People's Experiences of Remote GP Appointments (June 2021) found that people can be digitally excluded for various reasons and those who experience multiple barriers to accessing care particularly so.

Until the pandemic struck in March 2020 most patients still accessed their GP appointments in the traditional face to face manner. Some appointments were conducted over the telephone but very few appointments took place remotely. Consequently, the change to predominantly on-line or telephone appointments was a significant change in the experience of care for many patients.

On-Line and telephone appointments	Face To face appointments
148 (66%)	74 (34%)

As can be seen from the figures shown above, since the outbreak of the pandemic in March 2020 the predominant patient experience of primary care has been through on-line or telephone consultation. This is particularly so for GP consultations and many of the face to consultations which have taken place have been with Practice Nurses and other health care providers rather than GP's. For many patients, this has proved difficult, and a barrier to effective care provision. The average score awarded by patients who had experienced on-line, or telephone conversations was 4 (on a scale of 1 being very poor and 10 very good). Most patients who responded said that telephone consultations were preferable to virtual ones. Feedback from focus groups also indicated that some groups of patients found both on-line and telephone consultations particularly difficult (in some instances impossible) and their ability to access care was adversely affected.

"I find telephone appointments ok for some results, i.e., bloods, urine ok but more complicated results need to see in person." (Chadwick)

"Antibiotics have been prescribed after telephone conversation appointment, then another stronger prescription. Perhaps initial face to face appointment/examination would have resulted in shorter illness/recovery." (Chadwick)

"Much prefer face to face appointments, though all recently telephone." (Seaton)

"Phone appointments are not a substitute for face to face, where have all the doctors gone??" (Hartfields)

"I have a child with Down syndrome, and I often feel being seen face to face is better. Also helps my child build confidence with the GP practice." (Havelock)

"Telephone appointments mean you have to be available all day to wait for an appointment. You don't always have the privacy to talk about personal problems." (Throston)

"Go back to face to face appointments!" (Wynyard)

"On-line appointments are no good, you need a face to face appointment." (Victoria)

“On-line appointments can take twice as long for the GP to get back to you and can make you feel like you have been forgotten.” (Bankhouse)

“I require wheelchair access so don’t mind telephone appointments.” (Millenium)

“I am a carer for someone with additional needs and we were able to decline online and telephone in favour of face to face no problem during Covid restrictions. Surgery was happy to work with us to make sure my relative got the care they needed.” (Gladstone)

“More appointments face to face.” (Koh and Trory)

“I don’t like telephone appointments; I would rather do face to face in the surgery.” (Headland)

“Having Chemotherapy, there are times when I need a face to face appointment, other times given my condition I’m happy with telephone or on-line.” (Hart)

“Face to face visits for more patients, priority access for elderly or less computer literate or those without internet access.” (McKenzie)

Patients generally understood and appreciated why face to face appointments had been curtailed, but there was also a feeling that the re-introduction of face to face consultations was too slow. Many who completed the survey were concerned that they had been unable to see a GP face to face since the start of the pandemic. Some patients reported that it was now easier to get face to face appointments with a GP whilst others said that it was still mainly telephone or on-line consultation at their practice.

“I have never been able to see a GP face to face since first lock down” (Chadwick)

“I hope it gets back to normal soon and I can see a doctor.” (Victoria)

“I don’t know what GPs are doing, they need to pull their fingers out and stop hiding behind Covid. The rest of us have to get on with our work and can’t use that as an excuse!” (Havelock)

“I am very disappointed in my GP surgery. I feel they do not offer the service they used to and should. You rarely see a doctor. Covid has changed the GP role. Now they are always behind the scenes.” (Chadwick)

How Satisfied are you with the time it took to provide your prescription and/or any other services you required?

Very satisfied	Satisfied	Ok	Dissatisfied	Very dissatisfied
70 (31%)	102 (45%)	20 (9%)	11 (5%)	24 (10%)

Of the 227 responses to the question, 76% were either very satisfied or satisfied with the time it took to receive prescriptions and 15% were either very dissatisfied or dissatisfied. Issues leading to dissatisfaction were often related to changes that had been to prescription processes to accommodate covid restrictions.

“Me and my partner were isolated, and I couldn’t get to the surgery to put in my prescription. I phoned and they weren’t happy that I asked if they could put it through this once as I was stuck.” (Hart)

“Should be able to phone in prescriptions.” (Koh and Trory)

“Prescription service is a bit of a challenge, if you have been told to reapply for prescriptions and you email for said medication and the clerk refuses, doesn’t speak to the doctor and doesn’t let

you know, so you are expecting your medication to be at your allocated pharmacy in three days and it isn't there." (Havelock)

"Prescriptions are now slower by 1 day than before which I find a little frustrating, but the service is great!" (Bankhouse)

Are you invited for an annual health check?

As part of the NHS preventative programme and "staying well" longer activities, all adults in the age range 40-74 should be invited for a health check at least every 5 years. The check involves a simple blood test, looks at lifestyle and focuses on minimising risk of heart disease, stroke, and diabetes. Adults with a learning disability should be invited for a health check annually.

Yes	No
65	155

The ability to provide routine health checks has been affected by the pandemic, but patient comments clearly indicate they are valued and seen as a valuable aspect of a practices patient care package.

"I receive yearly bloods and pressure checks." (Chadwick)

"Being invited for a health care check has been a great positive."

How could access to your GP surgery be improved?

Comments in this section largely reiterate frustrations and concern that have been covered in previous sections around difficulties contact practices by telephone and the provision of telephone/on-line rather than face to face consultations with a GP. Suggestions were also made around how GP surgeries could be made more accessible both in terms of appointment systems and opening hours.

Some patients expressed appreciation of the service and care they had received in difficult circumstances, but many also raised concerns about poor communication, inappropriate staff attitude, a decline in overall standards and accessibility and a desire to return as quickly as possible to face to face GP appointments

A sample of comments that appeared regularly across various practices is shown below -

"All staff at the practice work very hard, but there is a definite decline in service" (Chadwick)

"I think my GP surgery is not how it should be, especially the appointment system." (Victoria)

"Go back to face to face appointments." (Wynyard)

"We need more GP's." (Throston)

"By going to face to face." (Seaton)

"Perhaps Saturday appointments or after hours for people who work as it is difficult to get time off." (Millenium)

"We need more GP's." (Bankhouse)

"Bring back on-line booking, for people who work it is better." (Hart)

"More appointments face to face." (Dr Koh and Trory)

"Varied opening times, ability to book in advance when not urgent" (Gladstone)

“Put it back how it was.” (Hartfields)

“Return to walk-in surgery.” (Headland)

Better availability of appointments without 8.30am nightmare call. Return of pre covid face to face appointments as majority rather than minority.” (Havelock)

“More phone lines, more staff to operate phone lines and the option to book an appointment for other days and not having to ring back daily until an appointment becomes available.” (McKenzie)

Healthwatch Hartlepool/CLIP GP Access Consultation Event

During the consultation period a discussion event was organised and delivered by Healthwatch Hartlepool and the Community Led Inclusion Partnership. The session took place at the South Area Hub on Thursday 10th March and was attended by 16 people, many of whom had lived experience of caring and a range of disabilities and health conditions. As with other feedback received, participants said that even before the recent pandemic struck, accessing GP appointments, particularly by telephone had often been problematic.

The process by which most practices allocate the majority appointments between 8am and 10am was viewed as a significant hurdle for those with caring responsibilities, parents with children, people who work and people with a variety of conditions, disabilities, and sensory impairment. Virtual and telephone appointments also posed significant difficulties for many of those present and relatives for whom they cared.

The session was attended by the Millenium Surgery Practice Manager who gave a perspective from his surgery and provided information on appointment and consultation processes and the impact of Covid restrictions. He also highlighted the importance of regular and accessible patient information and the benefits of patient involvement in the practice Patient Participation Group.

A summary of participant comments is shown below:



What The Group Said -

“Have times later in the day to book appointments, I am too busy between 8 and 10 to spend time on the phone”

“Turn one day a week over to walk in appointments”

“As a Deaf person I can’t make appointments by telephone, I must go to the surgery. On-line and telephone appointments no good. Why don’t all surgeries offer a text service?”

“Information isn’t always available in accessible formats, so there’s things we could do that we don’t know about...so frustrating!!”

“Why do I always have to ask for an interpreter and explain I am Deaf, surely its on my notes and this should just happen?”

“I only get to see a nurse practitioner, not seen GP since lockdown started!”

“I have learnt a lot today; I wasn’t aware of out of hours appointments!”

“Because of the changes during Covid ordering repeat prescriptions is really difficult.”

“Staff need more training, particularly around understanding sensory loss and disability awareness.”

“Surgeries need to communicate better with patients and in ways which are accessible and easy to understand.”

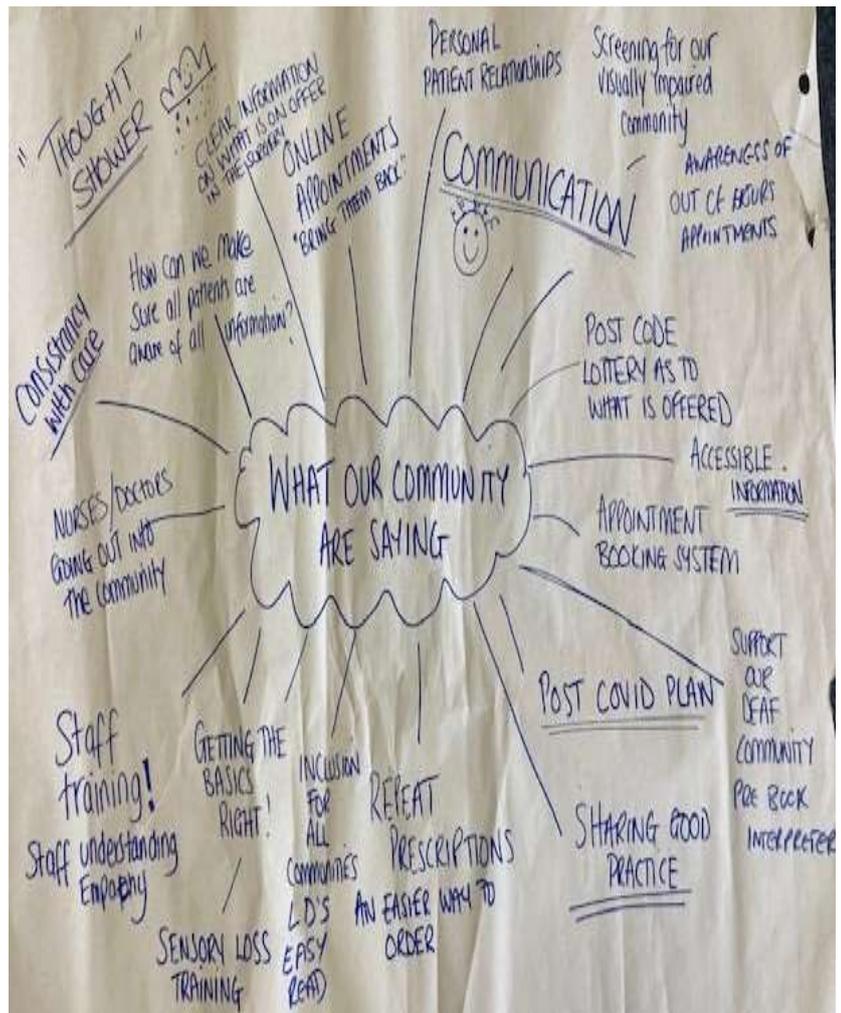
“It is like a postcode lottery, what is offered and how appointments work varies from one practice to another.”

“There are lots of different communities with different communication needs, the way things are working at the moment means some are missing out.”

“The appointment booking systems need to be looked at, and patients must be involved”!

“One size doesn’t fit all; patients are very different and what works for one won’t always work for another.”

“I am partially sighted, accessing technology is impossible. I want to talk to a doctor in person.”



Final Comments and Recommendations

The findings from the consultation highlight significant difficulties and areas in which improvements are urgently required in the systems by which patients contact GP practices to make appointments. Problems have been exacerbated by Covid restrictions, but it is also clear that many issues with appointment systems pre-date the pandemic. It is evident that the extent of the difficulties experienced by patients at different practices varies considerably, with patients at the McKenzie Group reporting the greatest level of difficulty in accessing surgeries and obtaining timely appointments.

Feedback from the surveys and focus group highlights that a “one size fits all” approach to GP appointments is fundamentally flawed. Patients who work full-time, parents with school age children, patients with caring responsibilities, patients with certain lifelong conditions and disabilities all reported difficulties making phone calls between 8am and 9.30am when most appointments are allocated. On-line booking was a viable alternative for some, but for others who did not have access to the internet or who had a disability that prevented them doing so, this was not an option.

Feedback from patients with disabilities and sensory impairments demonstrates clearly that telephone and internet are not viable forms of communication for some. Practices have a legal and moral obligation to make information and services fully available and inclusive to all.

Information dissemination and communication with patients has been detrimentally affected by covid restrictions and levels of awareness of out of hours and walk-in services are lacking in some areas.

Findings overwhelmingly demonstrate a desire from most patients for a return to pre-pandemic routine face to face consultations with GP's. Patients expressed anger, frustration, and concern at the slow rate of the reintroduction of face to face appointments and for some, on-line or telephone appointments are simply not viable.

Patients' generally recognise that on-line appointments and consultations will have a part to play in future service provision, and in some instances may be the patients preferred method. However, the overwhelming view of patients is that first and foremost, when patient choice is for a face to face appointment, then a face to face consultation should happen.

Recommendations

- All GP practices in Hartlepool should review current appointment processes and in particular their effectiveness in enabling patients to access appointments/consultations quickly. Hartlepool and Stockton Health (HASH) should provide support as appropriate.
- Practices should make extended times available for patients to phone and book appointments, the introduction/re-introduction of on-line bookings and evening/weekend arrangements.
- Patients must be involved in the review process and be consulted about proposed changes to appointment processes.
- All practices should introduce texting services for Deaf patients to use to book appointments and general communication.
- All key practice information must be available in accessible formats appropriate to the needs of patients with sensory impairments and other conditions and disabilities.

- The availability of face to face appointments should be reinstated as quickly as possible in line with government guidelines and safety considerations.
- Practices introduce/re-visit staff training to increase awareness of the communication needs and preferences of different patient groups (Deaf, visually impaired, people living with dementia, learning disability etc).
- Practices ensure that information dissemination systems are as effective as possible, and that patients are fully informed of all appointment (including out of hours) and prescription services and arrangements.

Acknowledgements

Thank you to everyone that has helped us with our consultation including:

Members of the public who completed our survey and shared their views and experiences with us

People who attended and contributed at the consultation event at the South Area Hub

Hartlepool 50+ Forum

Cobden Area Residents group

Hartlepool Mothers Group

Hartlepool Carers

Hartlepool Vision Support Lunch Club

Community Led Inclusion Partnership (CLIP)

Wharton Annex Youth Group

Hartlepool Borough Council and in particular staff at South Area Hub

All our amazing staff and dedicated volunteers

HEALTH AND WELLBEING BOARD

4th July 2022



Report of: Director of Public Health

Subject: PHARMACEUTICAL NEEDS ASSESSMENT 2022

1. PURPOSE OF REPORT

- 1.1 To seek approval of the final draft of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2022 towards publication before the statutory deadline of 1st September 2022.

Copies of the PNA can be accessed via the link below and will be available at the meeting. In addition to this, should a paper copy of the Draft PNA 2022 be required, please contact Joan Stevens (email: joan.stevens@hartlepool.gov.uk or telephone: 01429 284142).

Link to PNA:

https://www.hartlepool.gov.uk/downloads/download/2222/pharmaceutical_needs_assessment_2022_-_final_draft

2. BACKGROUND

- 2.1 The National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”), define what is meant by ‘pharmaceutical services’ and set out the minimum information requirements that must be included in the Hartlepool Health and Wellbeing Board (HWB) PNA. These Regulations also outline the process that must be followed, including statutory consultation, timeframe and specific matters that the HWB must consider when drafting the PNA and any subsequent re-assessment. The HWB must have regard to:

- the different needs for pharmaceutical services (both now and in the near future) of the different localities identified as part of the PNA process
- current provision of pharmaceutical services and related services

The PNA is required to identify whether or not these needs are met, or if there is scope for improvement or better access. If there are any gaps in current or near future provision, the PNA will identify how these might be addressed.

2.2 The PNA has very specific applications:-

- i) NHS England and NHS Improvement (NHSE&I) must use it to guide the commissioning of pharmaceutical services in the area e.g., when responding to applications either to join the ‘Pharmaceutical List’ or to amend conditions or characteristics of being included in it (such as location or opening hours). NHSE&I currently also make arrangements for pharmacies to open on Bank Holidays, for example, as part iii below;
- ii) Additionally, in 2016, regulations were introduced to allow two pharmacies to apply (to NHSE&I) to merge or ‘consolidate’ rather than simply to close. NHS England must seek the opinion of the HWB on whether or not a gap in service provision would be created by the consolidation. The PNA will therefore also now be used by the HWB to inform this decision; and
- iii) The PNA may also be used to inform the commissioning (either directly or under sub-contracted arrangements) of some local services from pharmacies by Hartlepool Borough Council, (previously by) the NHS Tees Valley Clinical Commissioning Group and in future at the level of the Integrated Care System (ICS).

2.3 The 2013 Regulations also outline the requirement to maintain the 2022 PNA once it is published, including the duty of the HWB to publish a statement of its next full assessment within 3 years of publication of a previous PNA. The HWB must keep the PNA up to date in the intervening period by:

- Maintaining the map of pharmaceutical services;
- Assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement;
- Considering ‘Supplementary Statements’ when changes take place to provide updates to the Pharmaceutical Needs Assessment (only in relation to changes in the availability of pharmaceutical services;
- Reviewing the Pharmaceutical Needs Assessment where there are updates in pharmaceutical need; and
- Publishing a full revised assessment before the 1st October 2025.

2.4 An illustration of actions taken to maintain the current (2018) PNA and the planning process for publication of a new PNA in 2022 are outlined in **Appendix B** of this report.

2.5 In June 2021, the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) still required the next pharmaceutical needs assessment to be published by 1 April 2022. However, new guidance was anticipated from the Department of Health and Social Care in the ‘summer of 2021’. Mindful of this, the Health and Wellbeing Board (HWB) on the 28th June 2021 approved its initial timeline with the publication of the 2022 PNA.

2.6 As a result of the ongoing response to the Covid-19 pandemic, guidance published on the 15th October 2021 confirmed the amendment of the 2013 regulations to allow the latest publication date to change to the 1st October

2022. The timetable for approval of first draft of the PNA for consultation, and final approval, was subsequently approved by the HWB on the 29th November 2021.

3. HARTLEPOOL PNA 2022

- 3.1 Hartlepool HWB published its first PNA on the 25th March 2015, followed by publication of its second PNA on the 23rd February 2018.
- 3.2 In accordance with the requirements of the Regulations, as detailed in Section 2 above, a full review has now been completed and a summary of the timetable for this review is outlined in **Appendix C**.
- 3.3 The revision of the PNA was informed by a two stage engagement / consultation process, involving statutory consultees¹, residents, patients and a wide range of stakeholders at both stages.
- 3.4 The Engagement Exercise (Stage 1)
- 3.4.1 The engagement exercise, undertaken between the 29th November 2021 and the 11th January 2022, helped gain an understanding of current patient experiences, pharmacy contractor views and wider public / stakeholder views of pharmaceutical services, particular the provision from community pharmacy in the area. The number of responses received were as follows:
- 236 patients/members of the public completed the survey (55 completed the short survey, 176 completed the main survey (9 of which were under 25 years old) and 5 completed the separate survey for those aged 16-24. This compared to 273 surveys completed in 2014 and 338 in 2017;
 - 14 wider stakeholders including pharmacy contractors participated in their engagement survey; and
 - 18 of the 19 existing pharmacy contractors responded to a specific survey and data collation exercise directed at them.
- 3.4.2 The results of the surveys have been used alongside other data to inform the draft PNA 2022, subsequently circulated for formal consultation. Results related to engagement from previous PNA processes and continued to show positive responses for being able to access pharmaceutical services by virtue of where they are located e.g., near home, work or where people may shop. This is supported with data analysis using the SHAPE© mapping tool which illustrates that 97% of the population in Hartlepool can reach a pharmacy in Hartlepool within a 5 minute drive or a 20 minute walk – for many this is much less. Most people in the patient engagement survey used a vehicle to get to their pharmacy. The great majority of those who responded to the survey (95%) also did visit their pharmacy in person even in the challenging (pandemic) times still present at the time of the

¹ Statutory consultees - Local Pharmaceutical Committee, Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors list for its area; LPS chemist, Healthwatch, NHS trust or NHS foundation trust, NHSCB and neighbouring HWB (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 - Part 2, Regulation 8)

engagement. The great majority found pharmacies easy to access and that the number of pharmacies and opening times in the town are ‘about right’.

3.4.3 There were themes in the responses reflecting concern for level of service, workload and capacity of pharmacy (though mitigated by examples of choice). As well as an appreciation of valued pharmaceutical services, there was a noted concern at how busy pharmacies were and the perspective that new services (e.g., vaccination, advice) whilst recognised and appreciated might mean there would not be enough time for the dispensing function.

3.4.4 It has indeed been an extremely busy time for pharmacies throughout the pandemic and workforce pressures have been, and continue to be, significant. Capacity and efficiency may in future be managed with staff and skill mix, rather than another pharmacy, especially if people want to use the pharmacies they already do.

3.4.5 There is some evidence from both engagement and consultation, that for the reliant population in Hartlepool, patient access to a pharmacy and use of pharmaceutical services may be constrained by incomplete, or outdated knowledge of:

- service availability, particularly outside of 9-5 Monday to Friday;
- how pharmacies may help; and
- their own (patients’) empowerment to act e.g., how to change nomination on electronic prescription service, access to pharmacy via NHS11, request to be considered for repeat dispensing or to challenge constraints that impact medicines safety.

3.5 Formal Consultation (Stage 2)

3.5.1 The 60 day statutory consultation was undertaken between the 16th March 2022 and the 15th May 2022. A combined total 14 patients/members of the public OR organizational level stakeholders (e.g., neighboring HWB/CCG) took part in the consultation process, compared to 121 in 2018. Overall responses indicated that:-

- i) The PNA:
 - Explains its purpose;
 - Accurately outlines pharmacy need, and the range of pharmaceutical services available in Hartlepool (in accordance with the Regulations); and
 - Covers all relevant pharmacy services, with nothing to add.
- ii) The process followed in developing the PNA was appropriate;
- iii) They agreed with the conclusions of the PNA that:-
 - a) There is no gap in availability of pharmacy contractor or appliance contractor premises or outlets or their general location;
 - b) The range of pharmaceutical services provided and access to them is good and the whole of the Borough can access at least one

pharmacy within a 10 minute drive and public transport is good across the town;

- c) There are essential pharmaceutical services (from pharmacies) seven days a week offering services before 9 am and late on weekday evenings;
- d) The number of current providers of pharmaceutical services, the general location in which the services are provided, and the range of hours of availability of those services combine to meet the need for the provision of the necessary essential service;
- e) Providers and services meet the current and likely future pharmaceutical needs for essential pharmaceutical services in all localities of the Hartlepool HWB area; and
- f) There is no awareness of unmet future need (within the next 3 years).

- 3.5.2 It was noted that, despite completion of a robust consultation exercise, the level of response was substantially lower than in 2018, (11 compared to 121). It is important to recognise the small number of responses to consultation but acknowledge that some of these represent organisational-level responses. Healthwatch Hartlepool indicated larger response has been received to health-related consultations happening at a similar time where there is evidence of public concern,
- 3.5.3 A full description and response to the results of the consultation is attached at **Appendix D** for reference.
- 3.5.4 In any event, issues raised made by a very low number of individuals may not be reflective of the views / needs of the wider population. However, there was a greater response to engagement and where specific concerns were expressed in consultation, these did generally reflect those already identified in that previous process or factual changes that have taken place since the draft was prepared.
- 3.5.5 The size and complexity of the PNA is acknowledged and the need for an easy read companion document to the PNA is recognised. Consideration for the development of an infographic to promote what is available and how it can be accessed is suggested. The general public, and some health and social care professionals may not be aware of these substantial NHS contractual standards for services provided by pharmacies nor the fact that compliance with these CPCF specifications are monitored by NHSE&I using the Community Pharmacy Assurance Framework (CPAF).
- 3.5.6 The issue of potential digital exclusion across the primary care system and beyond is also acknowledged, to support patients to access services.
- 3.6 The formal response from NHS England (Cumbria and North East) as a statutory consultee, is also attached at **Appendix E**. It is noted that NHS England has no further comments to make on the draft report we would like to advise that in respect of the reference to the extant grant for a distance selling pharmacy (Table 15 on page 75), a Notice of Commencement has been received for the pharmacy to open as of 1 June 2022.

- 3.7 The PNA is first and foremost a statutory, formal requirement of the Health and Wellbeing Board. The final version remains substantively unchanged from the draft document. However, changes have been made to account for updates, errors or omissions identified since the draft was published. The majority of those who responded to the consultation and could be sure, indicated that due process has been followed.

4. WAY FORWARD

- 4.1 Under current arrangements responsibility for the following is delegated to the Director of Public Health (in conjunction with the Chair of the HWB):-
- i) 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);
 - ii) 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;
 - iii) 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;
 - iv) 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));
 - v) 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; and
 - vi) To make initial assessments with respect to potential Supplementary Statements or need for full review.
- 4.2 This arrangement has been on place for a number of years. However, it is proposed that existing arrangements be reviewed to provide a more proactive assessment in response given the current status of health and social care in transition, particularly in the context of changes under the ICS and recovery from the pandemic.

5. PROPOSALS

- 5.1 Full details of the conclusions of the PNA 2022 can be found in Section 11, the Statement of Need and Section 12 (page 174 of the finalised PNA), available via the link provided in Section 1 of this report.

6. RISK IMPLICATIONS / LEGAL CONSIDERATIONS

- 6.1 PNA's are used by NHS England and NHS Innovation (NHSE&I) for the purpose of determining applications for new pharmacy contracts or changes to existing contractor's Terms. Such decisions are regularly subject to appeal to NHS Resolution in a quasi-judicial process. Ultimately, decisions and PNAs could be subject to judicial review, so it is important these Assessments comply with the requirements of the Regulations, due process is followed in their development and that they are kept up-to-date.
- 6.2 The HWB have a statutory duty to publish their next full PNA by 1st October 2022, following a robust development process that includes similarly robust plans for maintenance in accordance with the Regulations.

7. RECOMMENDATIONS

- 7.1 That the Health and Wellbeing Board:-
- i) Approve the final version of the PNA for publication on the Council's website before 1st October 2022, subject to minor errata, amendments or updates identified before the publication date.
 - ii) Undertake a review of the process in relation to Supplementary Statements and in the intervening period continue to delegate 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 E&I invitation to (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 pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;
 - Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and
 - Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of

Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g. annually) as required.

- iii) Acknowledge the responsibility of the HWB for maintenance of the PNA including the need to assess on-going changes which might impact on pharmaceutical need and the assessment thereof and respond by initiating early review or publishing a Supplementary Statement to the 2022 PNA as required.
- iv) To continue delegation of authority to Director of Public Health (in conjunction with the Chair of the HWB) as above, to make initial assessments with respect to potential Supplementary Statements or need for full review.

7.2 That the Health and Wellbeing Board:

- i) Progress the production of an easy read companion document to the PNA; and
- ii) Explore the use of infographic(s) to promote pharmacies, their services (where they are, what is available and how it can be accessed) and how this links into wider primary care and public health provision.

7.3 That Healthwatch be asked to explore as part of its work programme for 2022 improved mechanisms to promote understanding / awareness of pharmacy services.

8. REASONS FOR RECOMMENDATIONS

8.1 Statutory duty to publish a PNA by 1st October 2022.
Assurance that on-going processes for PNA maintenance, including communication from PCSA/ NHSE&I, continue to be assured.
To respond to engagement and consultation activity suggestive that residents and others reliant on pharmaceutical services in Hartlepool might benefit from improved awareness of pharmaceutical services.

9. BACKGROUND PAPERS

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

The Hartlepool Pharmaceutical Needs Assessment published 25 March 2015

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

Reports and agendas:

- i) Health and Wellbeing Board
- ii) Audit and Governance Committee

10. CONTACT OFFICER

Craig Blundred, Director of Public Health,
Hartlepool Borough Council
craig.blundred@hartlepool.gov.uk

Joan Stevens, Statutory Scrutiny Manager
Chief Executive's Department – Legal Services
Joan.Stevens@hartlepool.gov.uk

Dr Philippa Walters BSc, PhD, FHEA, MRPharmS

Appendix A**ACTIONS REQUIRED TO MAINTAIN AND MONITOR THE CURRENT PNA**

The requirement to assess any change which might impact on pharmaceutical need and the assessment thereof is acknowledged. If the Hartlepool HWB 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.

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.

Under delegated authority, the DPH in conjunction with the Chair, authorised publication of a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA by 1st October 2022.

In accordance with the Regulations, as the HWB is now in the course of making its revised assessment for 2022, it 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 PNA is essential in order to prevent significant detriment to the pharmaceutical services in its area.

In support of on-going maintenance and use of the PNA, it is noted that authority should continue to be delegated 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 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 2022 (a new delegation).

National funding for community pharmacy was recently reduced by 6% and it is anticipated that some pharmacies might close as a result. To encourage mergers or **consolidations** of closely located, “surplus” pharmacies, some new amendments to the Regulations were introduced in December 2016. This would allow two pharmacies to make an application to merge and provide services from one of the two current premises.

HWB’s have now been given 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 statement² 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)).

Appendix B**PLANNING FOR THE PUBLICATION OF A FULL REVISED PNA IN 2022**

Planning for publication of a full review of the PNA should be in good time ahead of the statutory due date, which is 3 years since the publication of the current PNA (i.e. by 1st October 2022). 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.

The HWB at its meeting on the 9 March 2021 acknowledged 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 assessment of needs described in the existing PNA, the HWB for Hartlepool formally reports that the Pharmaceutical Needs Assessment for 2022 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.”

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 HWB 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.

RISK IMPLICATIONS / LEGAL CONSIDERATIONS.

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 that eventually there will be judicial reviews of decisions made by the NHS Litigation Authority’s Family Health Services Appeal Unit. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

Appendix C

Date	Action
26 th July 2021	Published a statement to confirm that the Hartlepool HWB had commenced the process towards publication of its next PNA.
29 th November 2021	Health and Wellbeing Board.
29 th November 2021 - 11 th January 2022	Engagement (Stage 1) - Engaged with and gathered data and evidence from a wide range of stakeholders, including (but not limited to) those included in the required Statutory Consultation, patients and the public, commissioners, providers and their representatives to contribute to the revised Needs Assessment.
January – February 2022	Draft PNA 2022 produced.
1 st March 2022 - 16 th May 2022	Consultation (Stage 2) (including statutory consultees - NHS England, HAST CCG, Local Pharmaceutical Committee, Local Medical Committee, NHS Trusts and Healthwatch) for a minimum of 60 days*
May – June 2022	Revise and update following consultation.
4 July 2022	HWB - Final approval.
26 July 2022	Finance and Policy Committee
Publication before the due date of the 1 st October 2022.	

Appendix E



North East and North Cumbria

Waterfront 4,
Goldcrest Way,
Newburn,
Newcastle Upon Tyne
NE15 8NY

15 May 2022

Private and Confidential

FAO: Joan Stevens, Statutory Scrutiny Officer
Statutory Scrutiny Officer
Hartlepool Borough Council,
Civic Centre,
Victoria Road,
Hartlepool
TS24 8AY

Dear Joan

Ref: Feedback on Hartlepool Health and Wellbeing Board's PNA

Thank you for inviting NHS England (North East and North Cumbria) to comment on Hartlepool's Pharmaceutical Needs Assessment (PNA), we recognise the work undertaken by Hartlepool's Health and Wellbeing Board in producing the draft PNA.

We note the information used by the Health and Wellbeing Board in producing the report, and the conclusions and recommendations of the Board. Whilst NHS England has no further comments to make on the draft report we would like to advise that in respect of the reference to the extant grant for a distance selling pharmacy (Table 15 on page 75), a Notice of Commencement has been received for the pharmacy to open as of 1 June 2022.

NHS England (North East and North Cumbria) looks forward to working closely with all other commissioners of local services in Hartlepool to ensure that community pharmacies continue to play their part in delivering high quality services and advice to all patients.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Denise Dodgson'.

pp

**Ms Denise Dodgson
Head of Primary Care**

Pharmaceutical Needs Assessment Consultation 2022

SURVEY RESPONSE REPORT

01 March 2022 - 16 May 2022

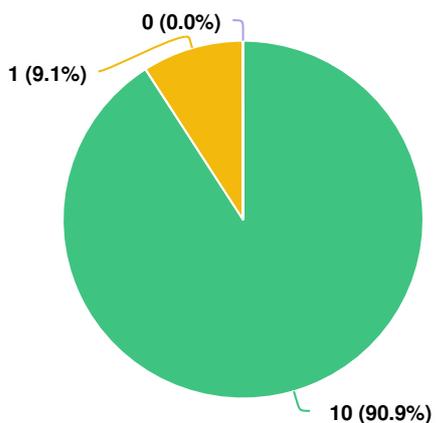
PROJECT NAME:

Pharmaceutical Needs Assessment -



SURVEY QUESTIONS

Q1 Do you think that the purpose of the PNA has been explained?



Question options

- Yes
- No
- I'm not sure

*Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question*

Q2 | If you wish to provide a comment on your understanding of the purpose of the PNA please do that here...

Anonymous

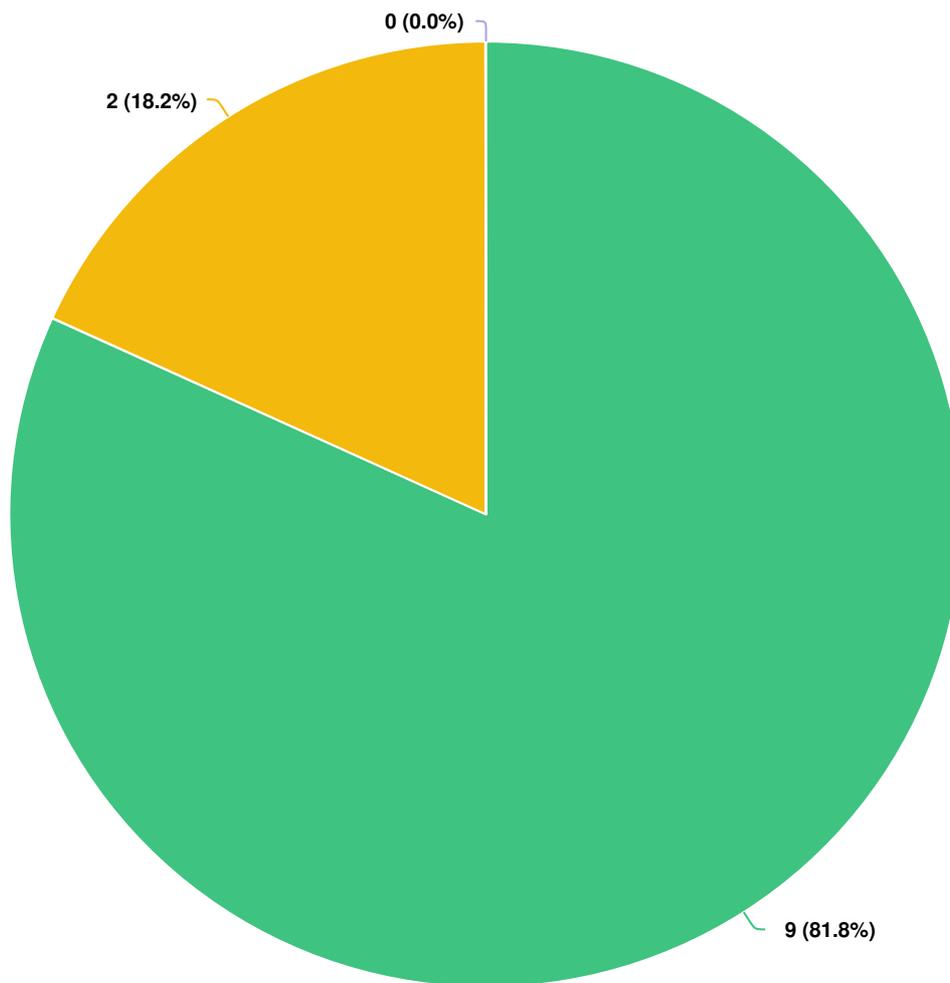
5/04/2022 08:56 AM

This document is very technical and not easy to read for the lay person. Even the Exec Sum is technical. Is it not possible to add a key point section for easy reading (Plain English).

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q3 Do you think that the draft PNA accurately describes the current pharmaceutical services available in Hartlepool?



Question options

- Yes
- Not sure
- No

Optional question (11 response(s), 1 skipped)

Question type: Radio Button Question

Q4 | If no or not sure, please use this space to tell us of any discrepancies or inaccuracies (providing evidence where possible)

Anonymous

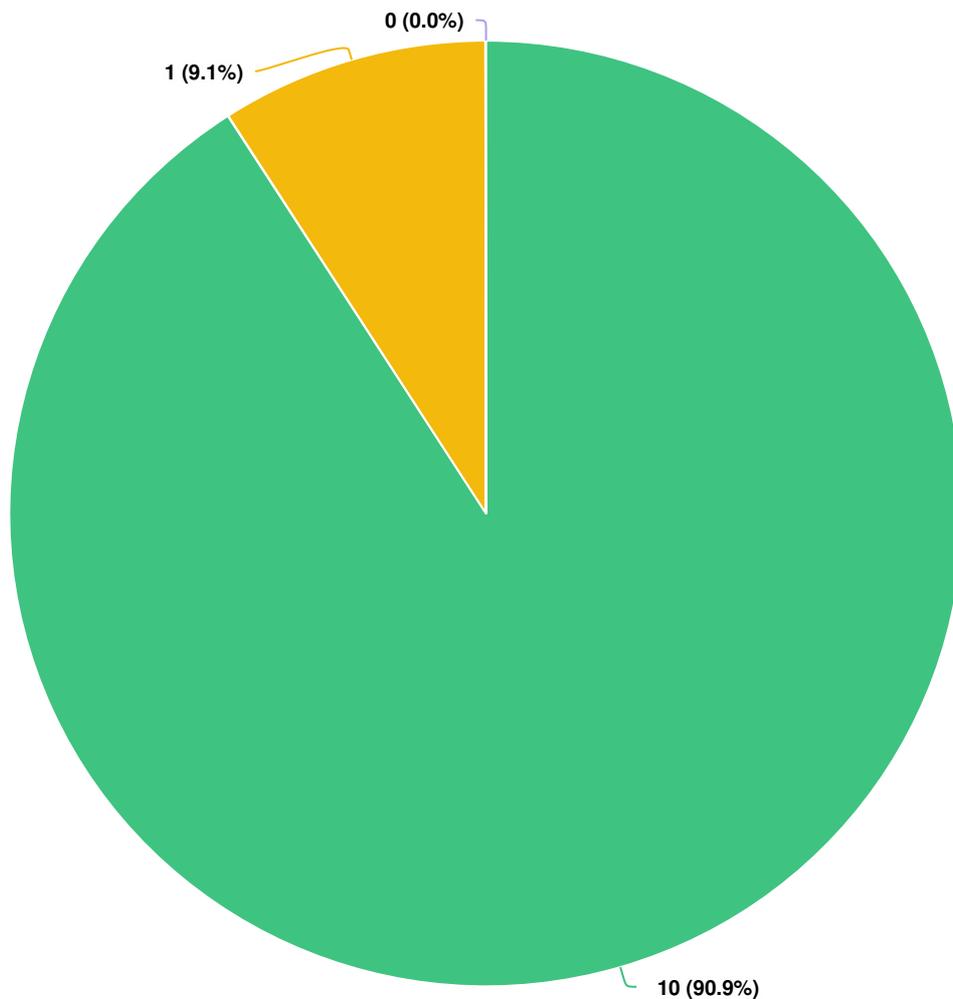
5/04/2022 08:56 AM

Sorry question 3 doesn't make sense. How do you know what you don't know if you don't know?

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q5 Do you think that the draft PNA reflects local pharmaceutical needs?

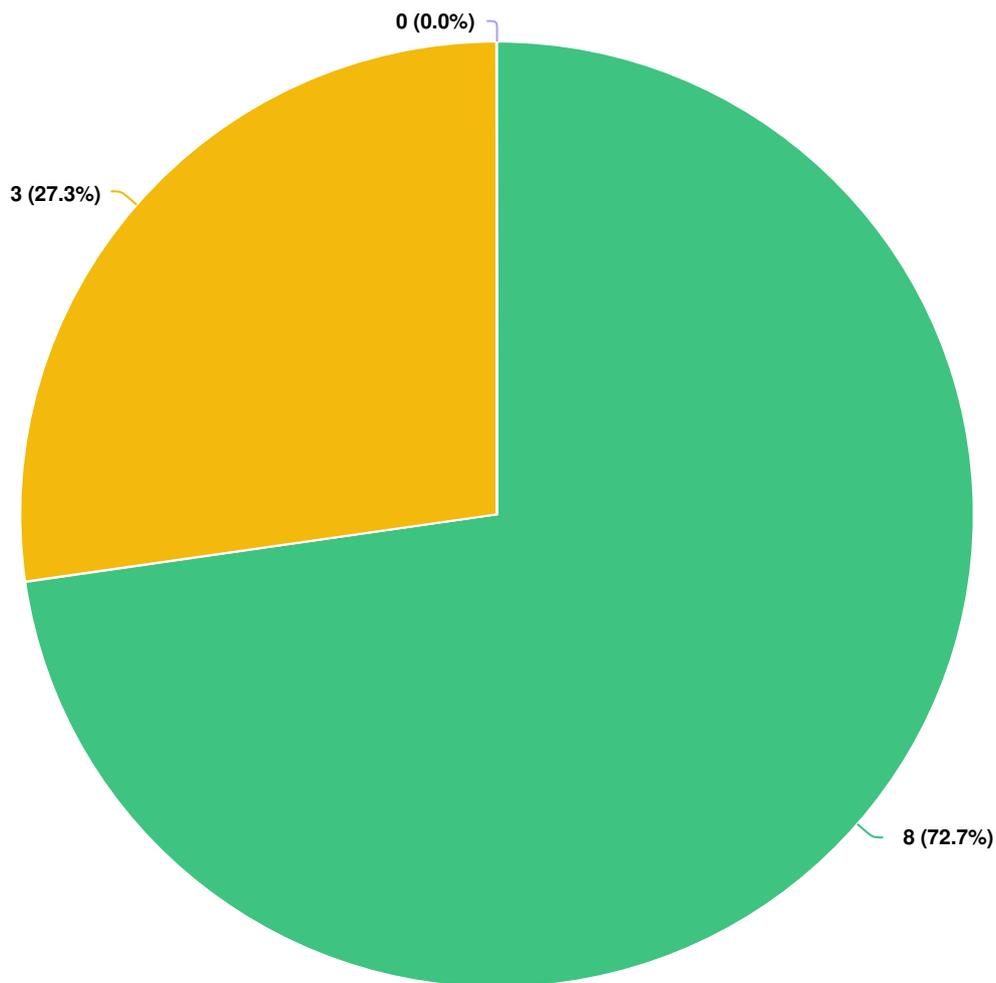


Question options

- Yes
- Not sure
- No

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q7 Are you aware of any pharmaceutical services currently provided in Hartlepool that are not included in the draft PNA?



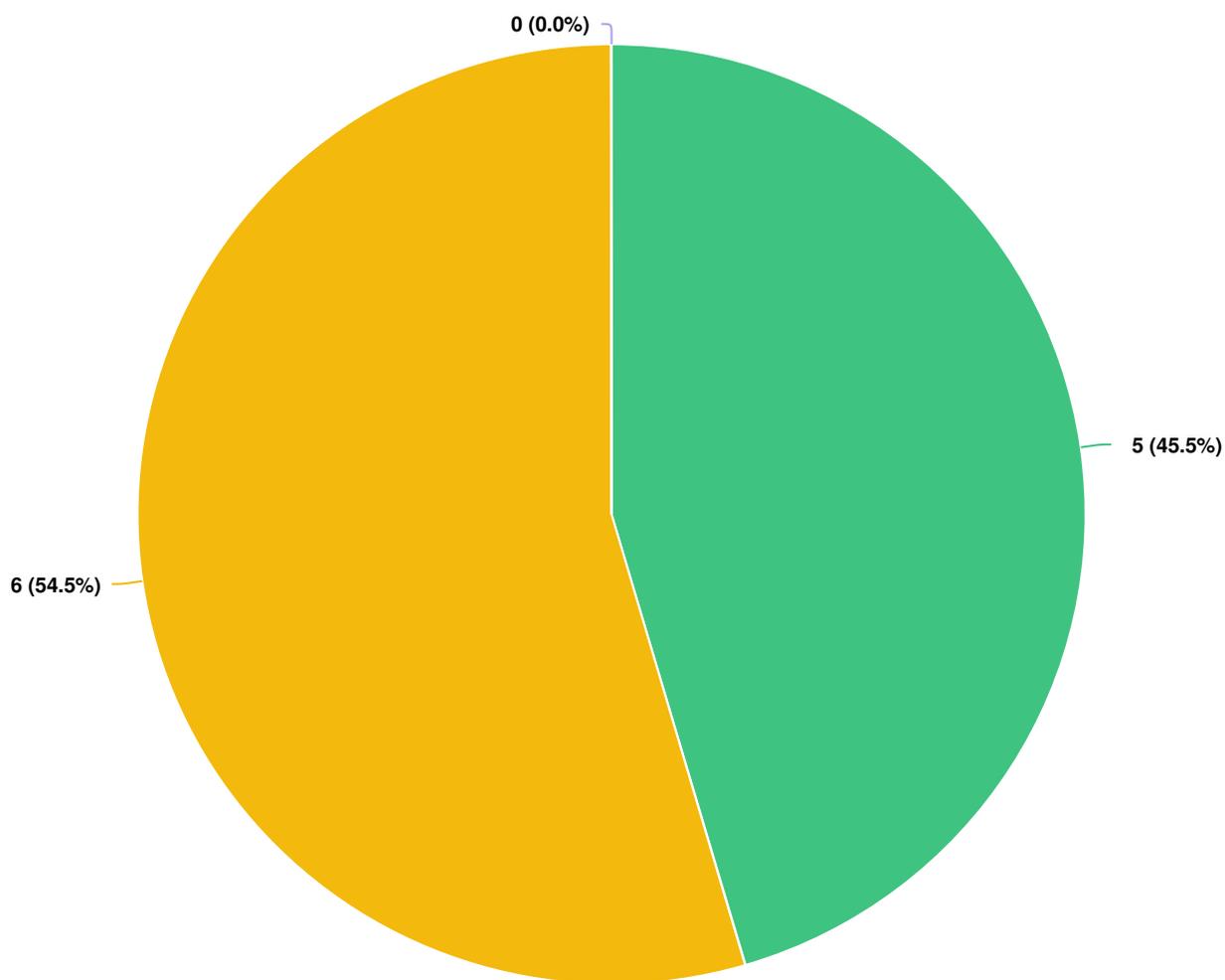
Question options

- No
- Not sure
- Yes

Optional question (11 response(s), 1 skipped)

Question type: Radio Button Question

Q9 Does the PNA include information to inform decisions on applications for new pharmacies that may be submitted?

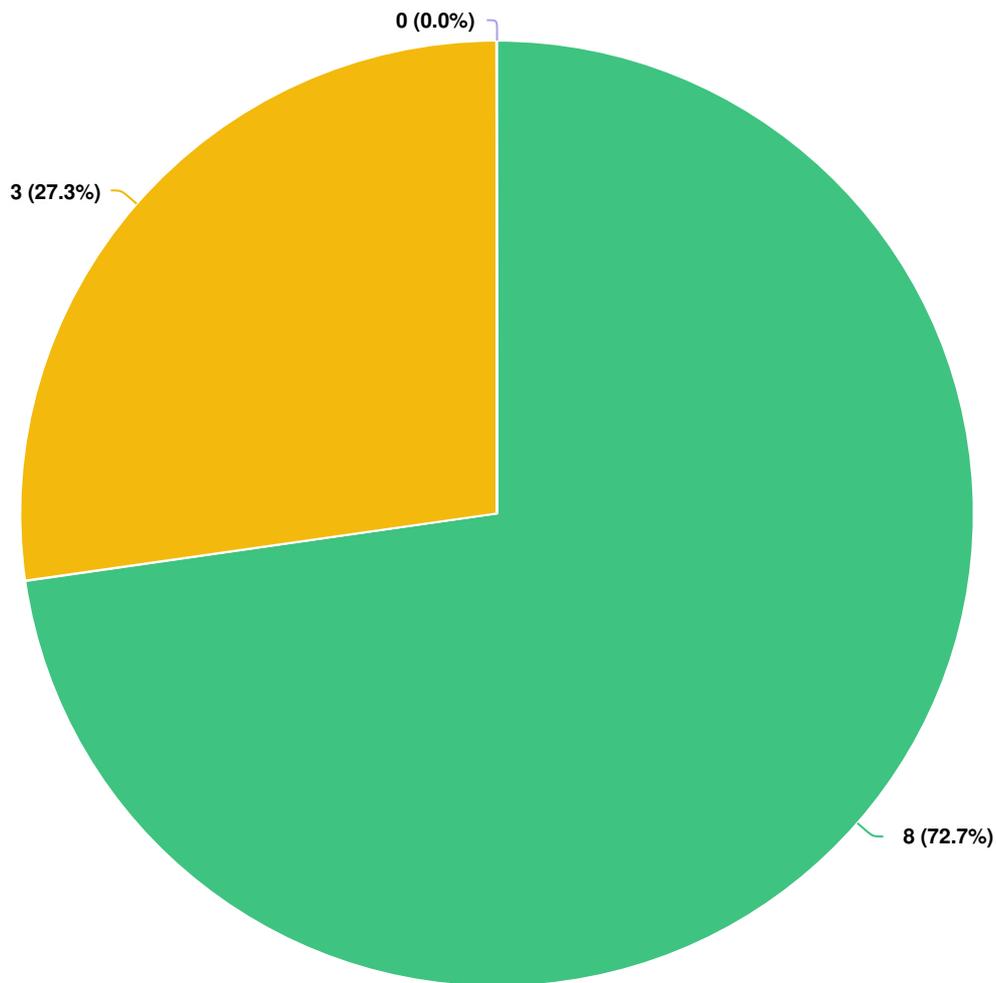


Question options

- Yes
- Not sure
- No

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q10 | Is there any other information you think should be included in the PNA?

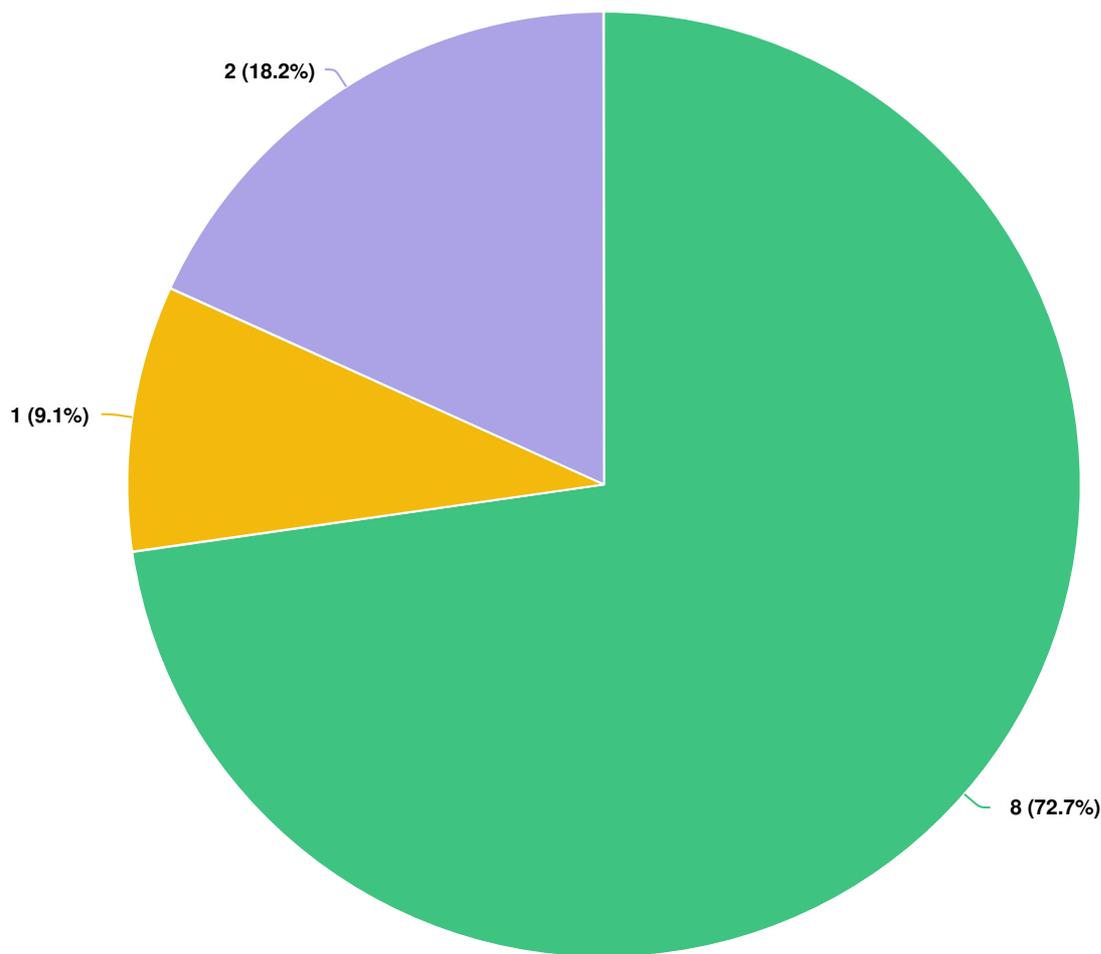


Question options

- No
- Not sure
- Yes

*Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question*

Q12 | Do you think that the process followed in developing the PNA was appropriate?



Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q13 | **If you have any comments on the process please add them here...**

Anonymous

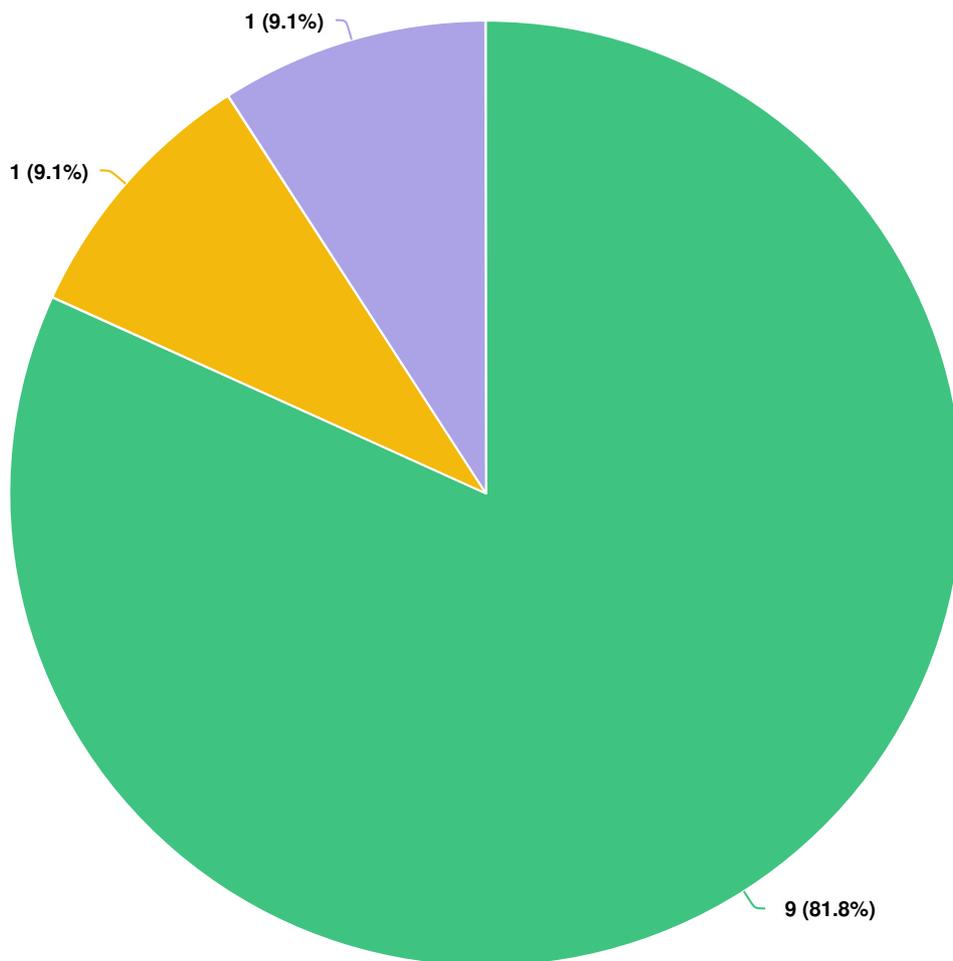
5/04/2022 08:56 AM

This survey appears to be for pharmacists and other technical people, not the general public as the Tweet stated. I doubt anyone not 100% dedicated to pharmacy will read the 259 page document to be able to answer these questions. This is not a public consultation, but a consultation for professionals.

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q14 | Do you agree with the conclusions of the pharmaceutical needs assessment?



Question options

- Yes
- No
- Don't have a view

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q15 | **If you have any comments on the conclusions please add them here...**

Anonymous

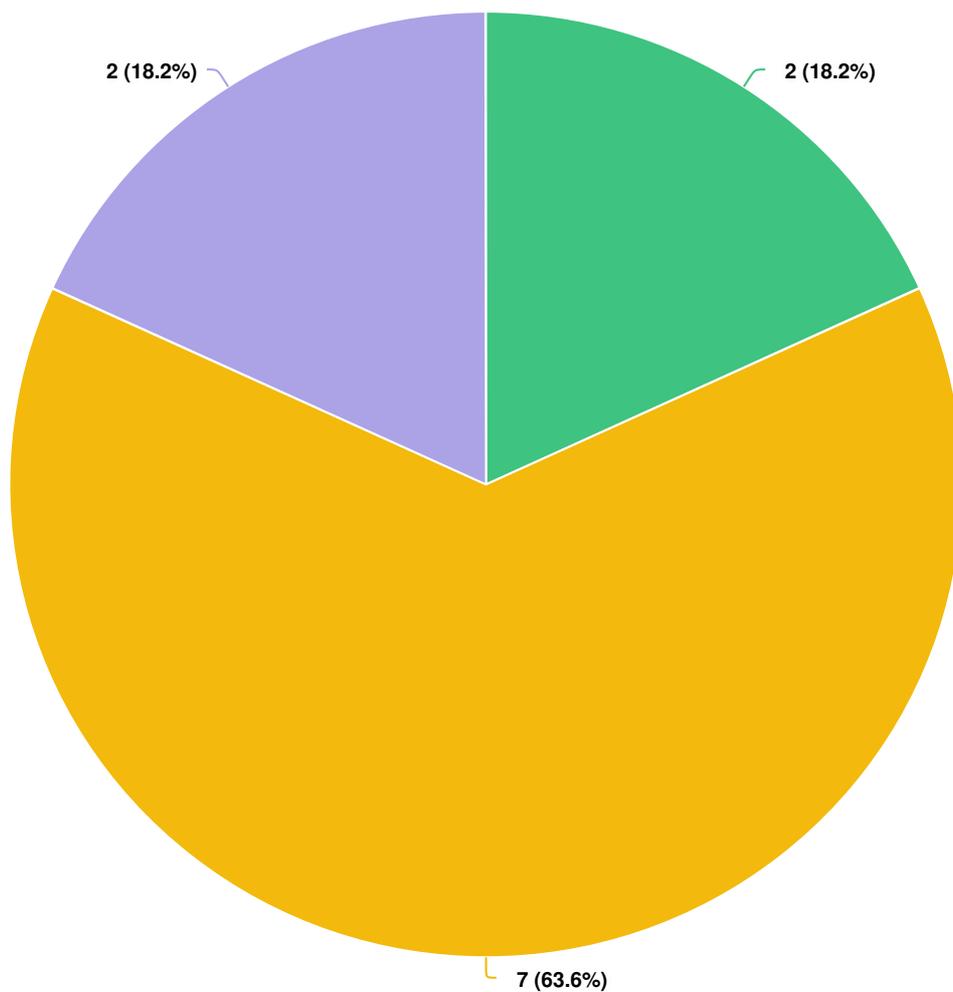
5/04/2022 08:56 AM

Whilst the document concludes that there is no gaps in provision, we have personal experience where the pharmacy was open at night for emergency medicine, however it did not have the medication urgently needed, so needed to go to Stockton to get the medication. This is not an option for many residents who may not have access to personal transport. There is also a question about speed and efficiency of service. This is especially true when the pharmacy only has one dispensing chemist and he/she are also engaged in wider public health (needed) services such as vaccinations, smoking cessation consultations, etc. Our experiences are that pharmacies are understaffed and over worked.

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q16 Are there any current needs for pharmaceutical services you consider to be unmet?

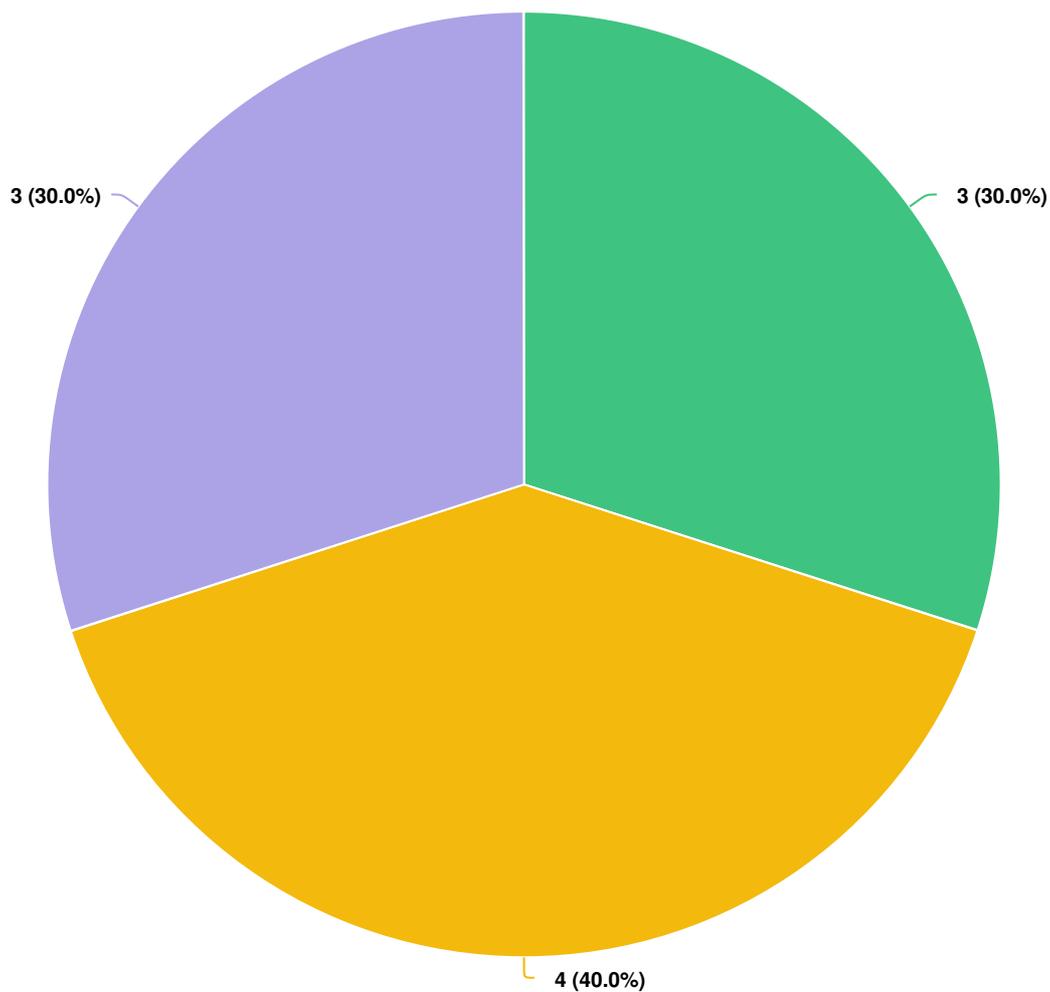


Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q17 Are these current unmet needs for pharmaceutical services identified in the PNA?



Question options

- Yes
- No
- Not sure

Optional question (10 response(s), 2 skipped)
Question type: Radio Button Question

Q18 Please add any comments you may have on current unmet pharmaceutical needs.

Anonymous

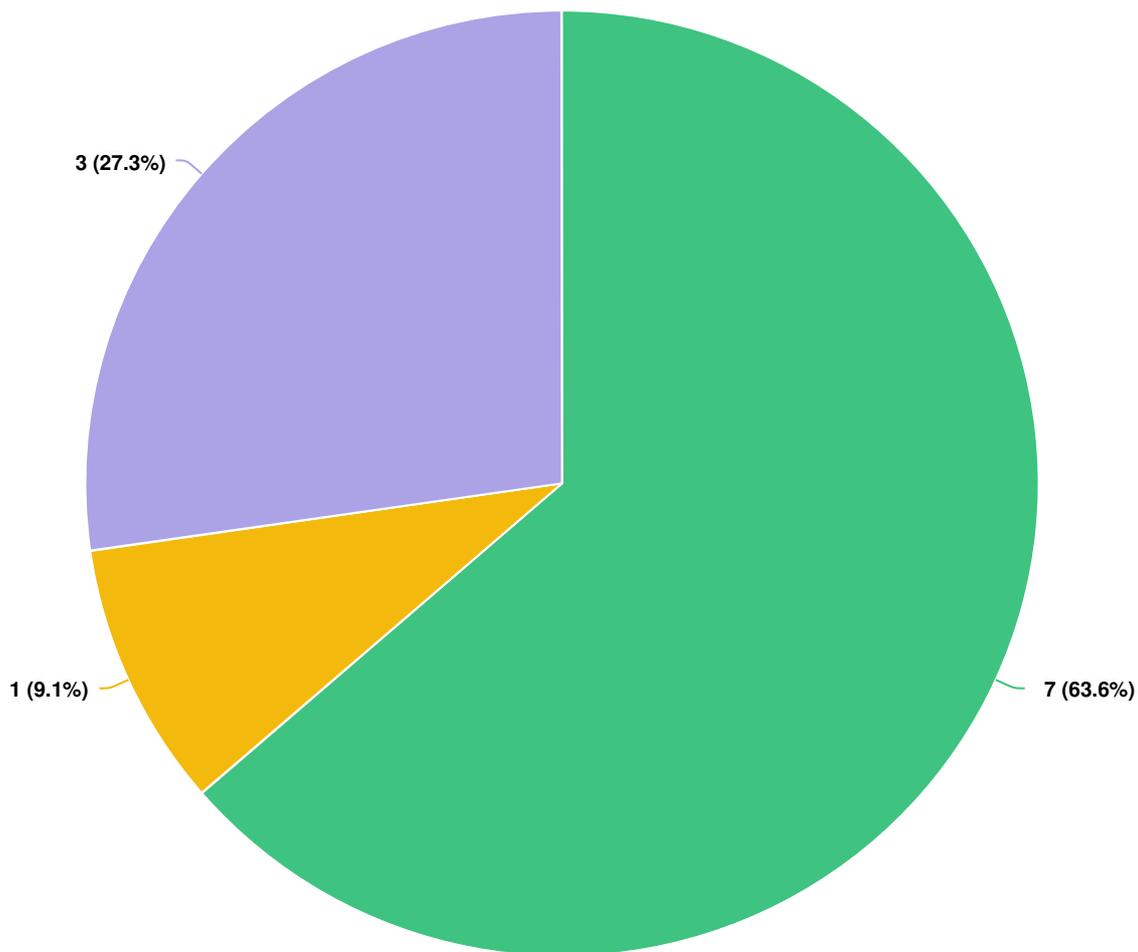
5/04/2022 08:56 AM

See previous expanded answer re- understaffing, lack of availability of medication at emergency pharmacies

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q19 Has the pharmaceutical needs assessment provided enough information to inform 'near future' pharmaceutical services provision and plans for pharmacies?

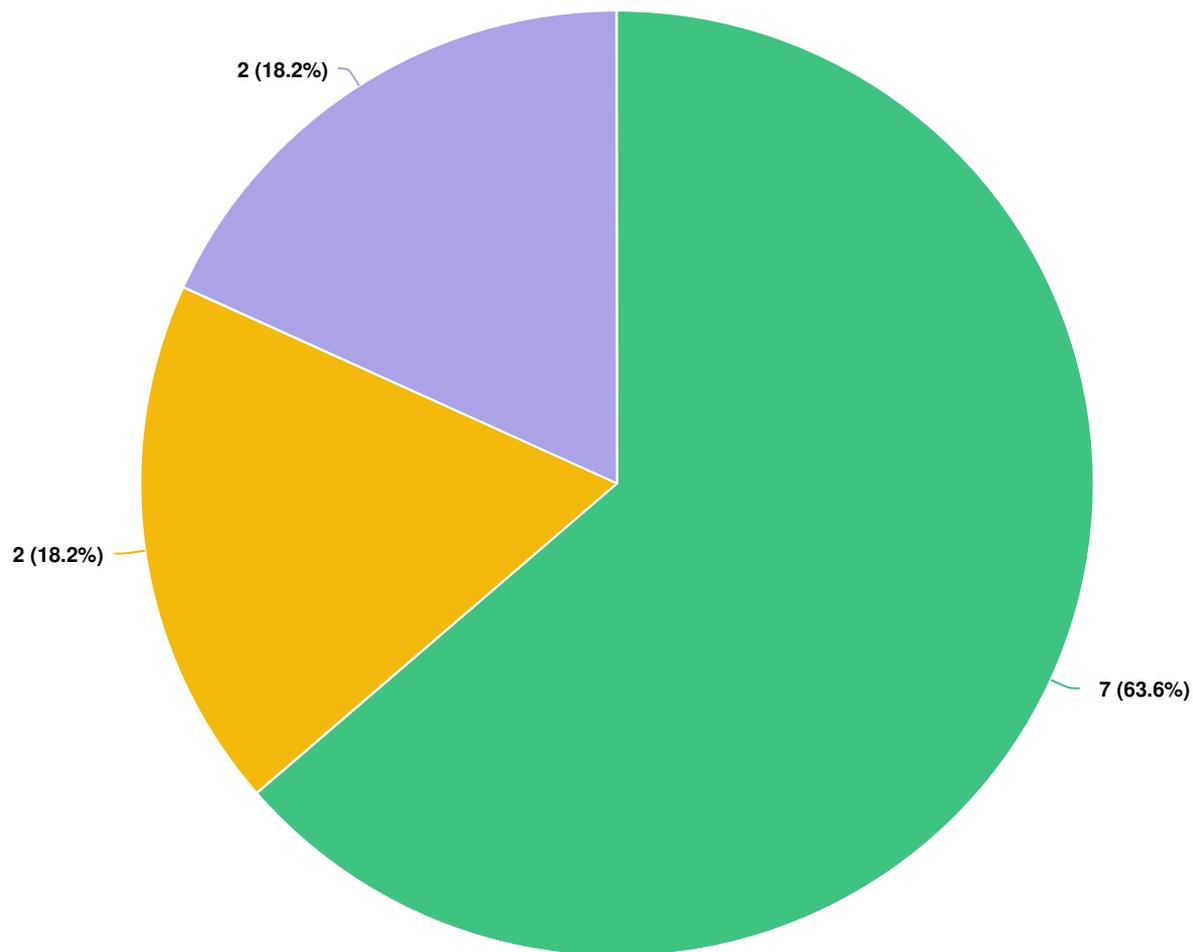


Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q20 Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?



Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q21 Please add any comments you may have on future services or plans here...

Anonymous

5/04/2022 08:56 AM

We haven't read the whole document as it is too long and complicated. Please have a version for lay people without specialist knowledge. We have 5 degrees between us but not in medical field so very hard to understand the PNA. We almost abandoned this survey when we saw the draft PNA. We commend you for carrying out a consultation, but this is not very consultative if intention is to consult the general public, but not make it easy to read.

Anonymous

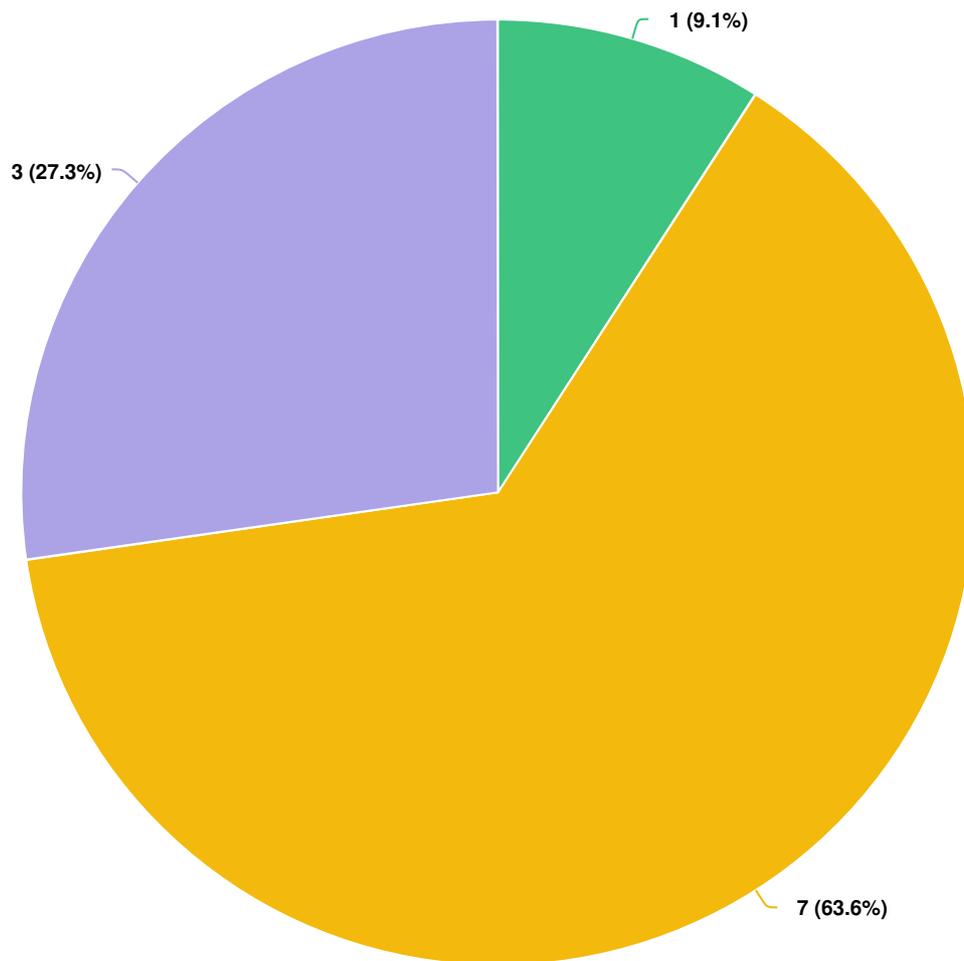
5/16/2022 08:56 AM

. The HWB have quite clearly expressed that there is no current or known future need for any new pharmacy contractor or appliance contractor provider of pharmaceutical services in Hartlepool and that there is no gap in service that could not be met from pharmacies located within the HWB area. Therefore, when articulating needs, particularly with regards to those identified in the PNA as offering or providing improvements or better access, we strongly urge the HWB to make sure that the intention of any such statement is clear to ensure that it does not lead to unnecessary applications being submitted or new contracts being granted as an unintended consequence.

Optional question (2 response(s), 10 skipped)

Question type: Essay Question

Q22 Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?



Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)
Question type: Radio Button Question

Q23 Please add any comments you may have on services that could be provided that have not been highlighted.

Anonymous

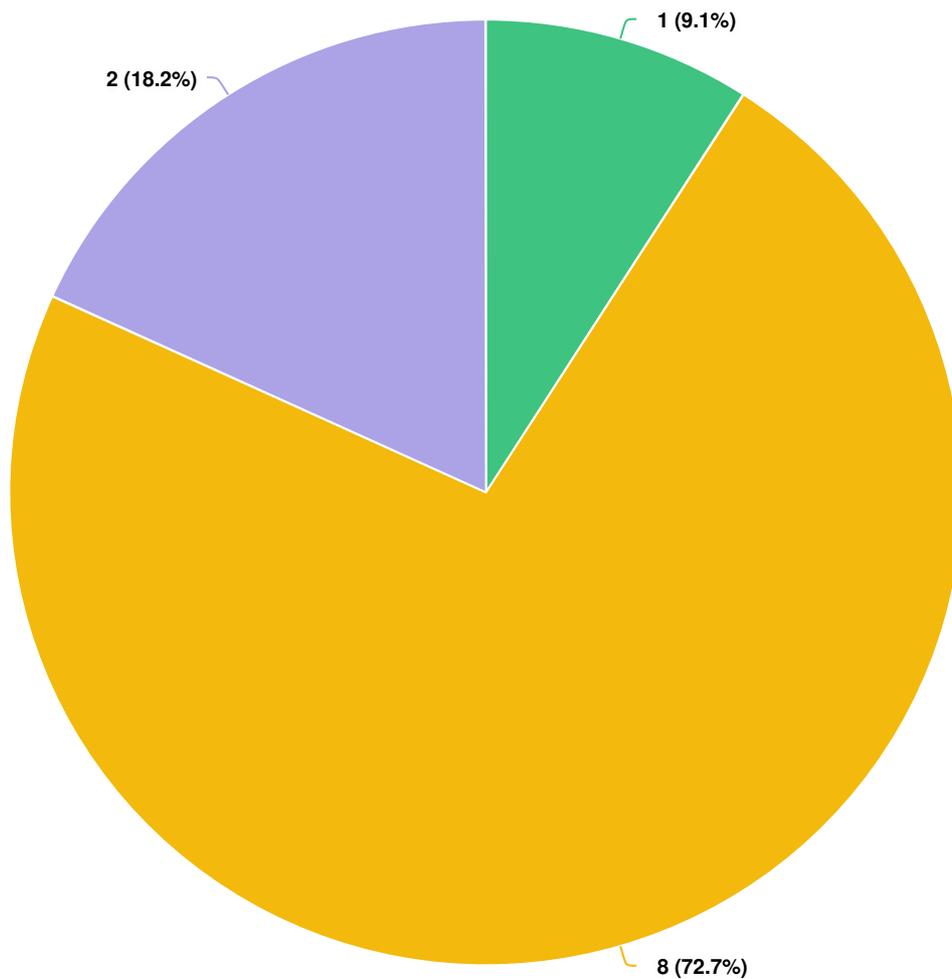
5/04/2022 08:56 AM

You keep adding services to pharmacies, but they are overworked and understaffed. Waiting to get medication becomes such a lengthy process of waiting and waiting for a prescription to be filled. We have seen people just walk out giving up with the length of wait. Pharmacies are intended to dispense medicine and checking medication is correct, not as a substitution for GP services that are also overworked and understaffed. Please consider adding more to GP practices than just focusing on adding more to pharmacies. They should not be considered a cheap/easy replacement.

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q24 Are there any 'near future' needs for pharmaceutical services you consider to be unmet?



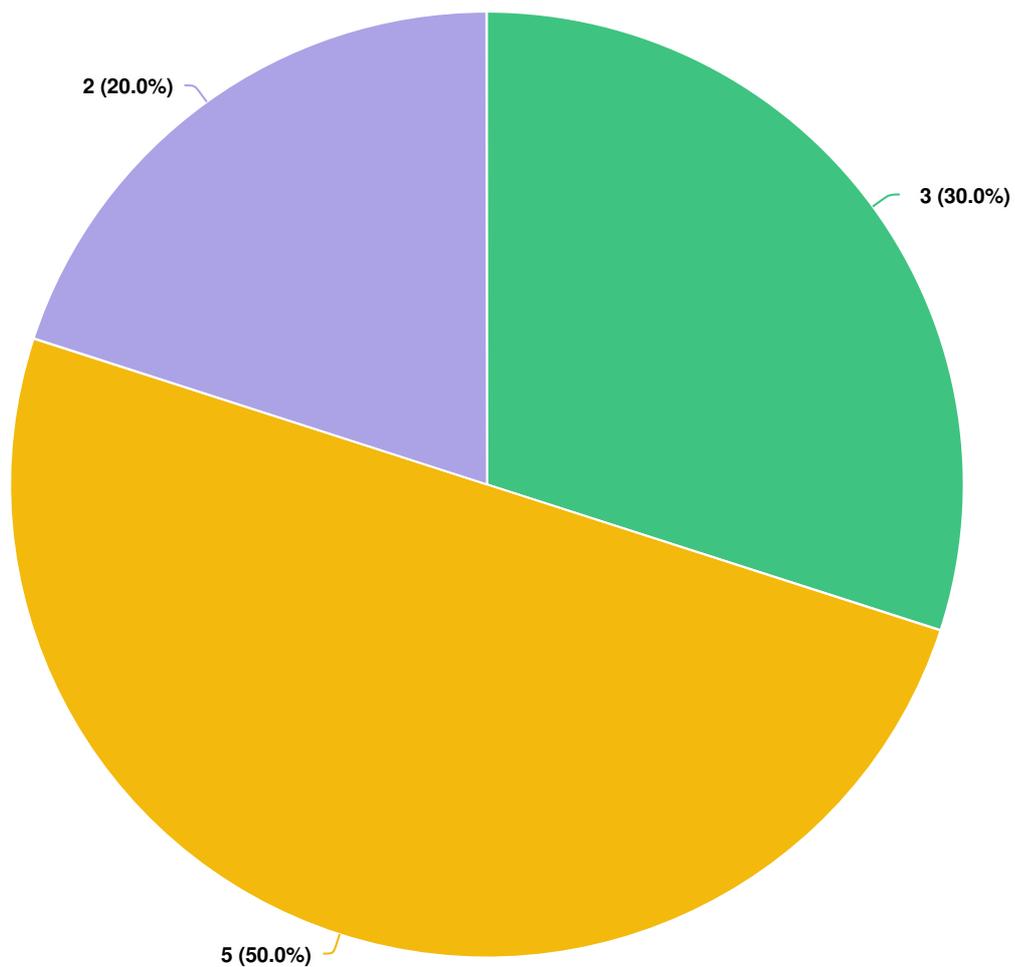
Question options

- Yes
- No
- Not sure

Optional question (11 response(s), 1 skipped)

Question type: Radio Button Question

Q25 Are these 'near future' unmet needs for pharmaceutical services identified in the PNA?



Question options

- Yes
- No
- Not sure

Optional question (10 response(s), 2 skipped)
Question type: Radio Button Question

Q26 Please add any comments you may have on 'near future' unmet pharmaceutical needs here.

Anonymous

5/04/2022 08:56 AM

Dispensing medicine in the near future will be less about physical space/buildings as companies such as Amazon and others will be posting medicine to your home. What considerations are being made for people who are tech poor who cannot access computers or skills to order prescriptions online? This is an issue for our elderly parents who still insist on going to GP to hand in prescription?

Optional question (1 response(s), 11 skipped)

Question type: Essay Question

Q27 Do you have any other comments about the Hartlepool Health and Wellbeing Board draft PNA 2022?

Anonymous

5/04/2022 08:56 AM

As stated in previous questions, the PNA is not easy to read for the lay person! We are educated, but not medically trained, and have still found this doc impenetrable as is this survey asking about a doc which we couldn't read or have the extended amount of time to do so. The PNA is a technical doc for pharmacy professionals, not the general public, so couldn't answer many of the questions. Please create a lay version and consult again.

Anonymous

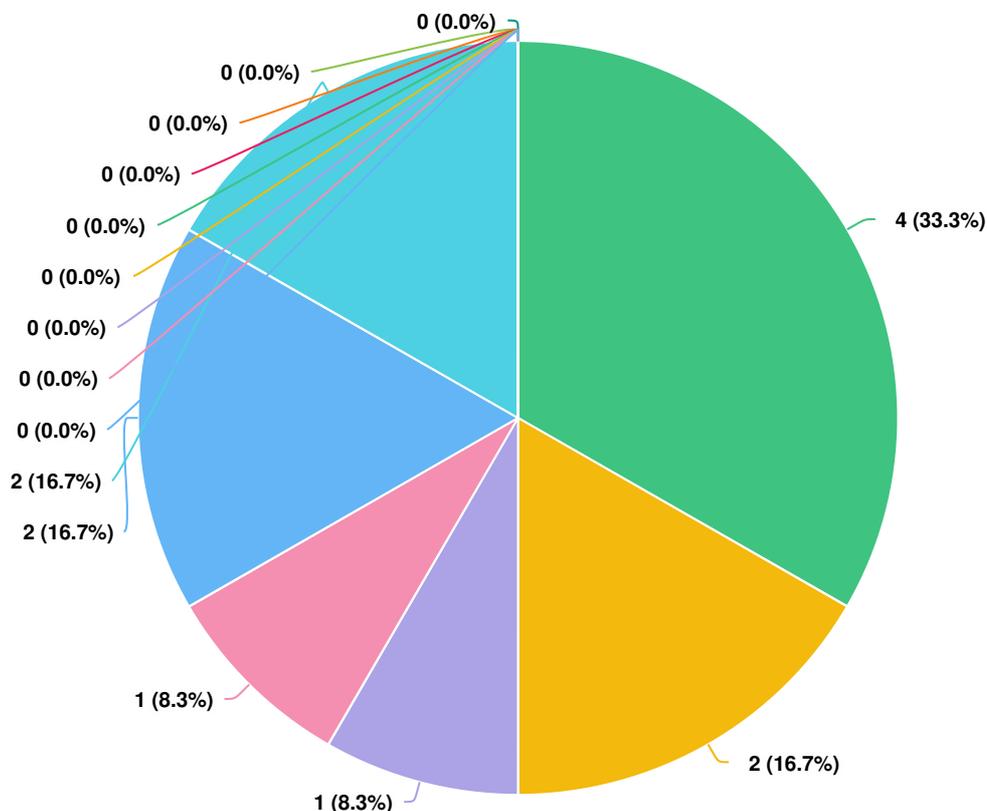
5/16/2022 08:56 AM

. It appears that possibly due to the timing of production of this draft, the recent changes to the opening hours of the of Boots pharmacies at Middleton Grange Shopping Centre and Anchor Retail Park have not been reflected in the draft PNA. The current opening hours of these pharmacies are: o Boots, Middleton Grange – 9am – 5.30pm Monday to Friday, 10am – 5.30pm Saturday and 10am – 3pm Sunday. o Boots, Anchor Retail Park - 7.30am until Midnight Monday to Saturday and 10.30am – 4pm on Sunday. It is our understanding that these changes to our opening hours will not affect overall access in the localities in which they serve as other pharmacies that located only a short distance away are open over and above the opening hours of the Boots pharmacies affected. . Boots withdrew from the Healthy Vitamin Service 1st April 2022. This will affect the information presented within table 26 on page 113.

Optional question (2 response(s), 10 skipped)

Question type: Essay Question

Q28 Please read all the options below and choose the one option that best represents you. I am answering these questions as:

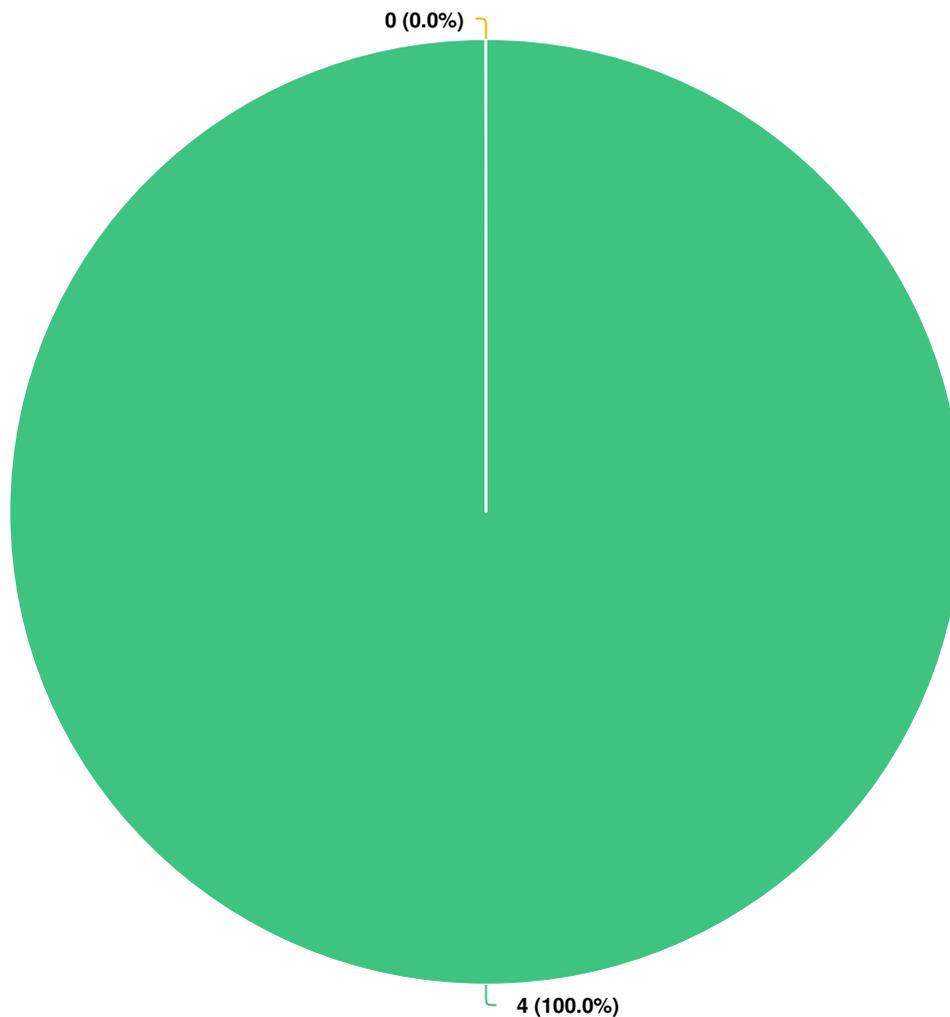


Question options

- A 'pharmacy user' – a patient, carer, or member of the public living or using pharmaceutical services in this (Hartlepool) area
- A pharmacy contractor or representative of a pharmacy contractor in Hartlepool
- An individual pharmacist or other pharmacy professional (but not a representative of a pharmacy contractor in Hartlepool)
- An individual general practitioner or other primary care professional ie not a representative of a General Practice in Hartlepool
- CCG representative ● Any other health or social care professional
- A representative of a General Practice or Primary Care Network in this area ● A local councillor in this Hartlepool HWB area
- Local Pharmaceutical Committee ● Local Medical Committee ● Healthwatch representative for this HWB area
- NHSE&I England/or NHS Integrated Commissioning System/ Board ● NHS Trust/NHS Foundation Trust representative
- Neighbouring Health and Well Being Board representative
- Any other health & or social care professional or a group or /organisation or any 3rd /voluntary sector organisation not listed above – please state – please name here

Optional question (12 response(s), 0 skipped)
 Question type: Radio Button Question

Q29 | The next section is for our diversity monitoring. You do not need to answer these questions, but it would be helpful if you could tell us a bit about yourself so that we can understand how different groups of people might view the PNA and needs fo...

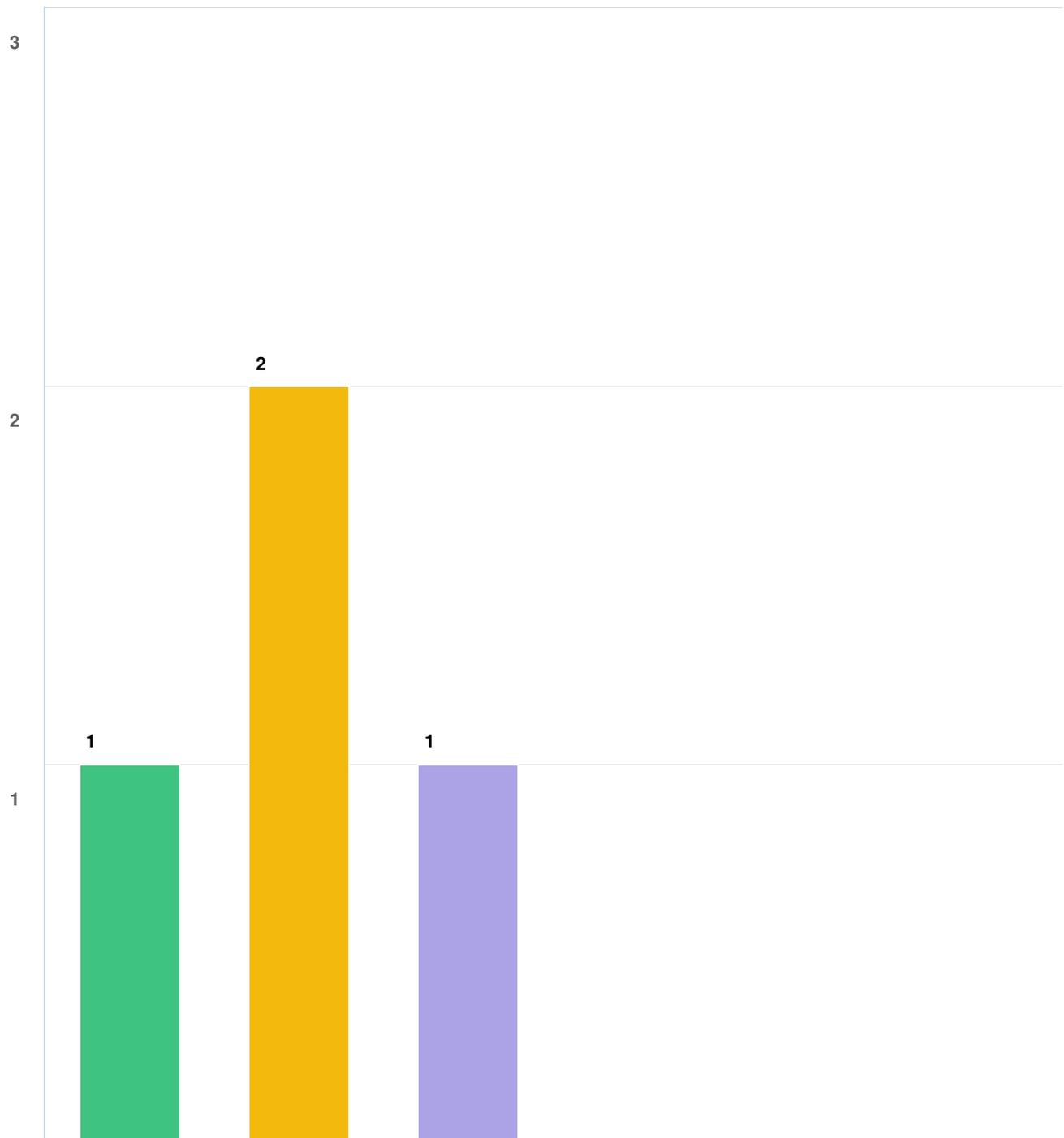


Question options

- Yes, I am a patient, pharmacy user or a member of the public,
- No, I am completing this survey as a representative of an organisation

Optional question (4 response(s), 8 skipped)
Question type: Radio Button Question

Q31 Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one:

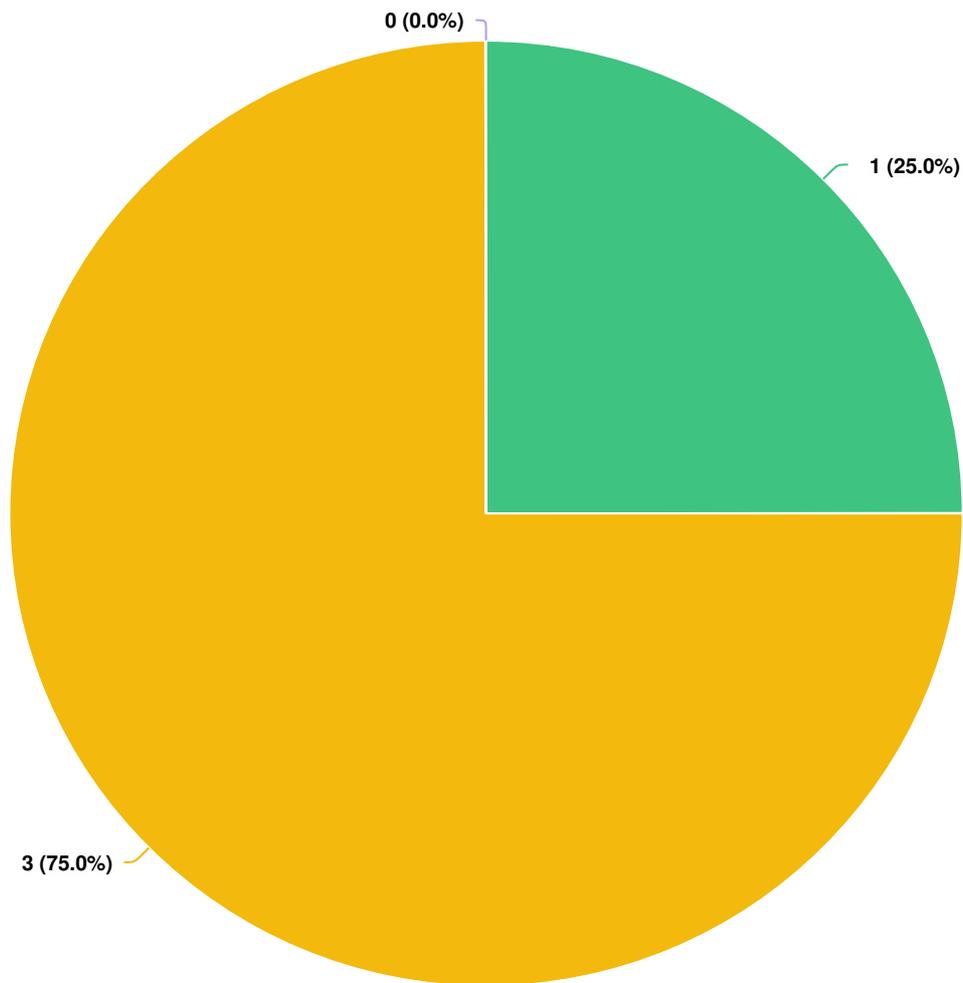


Question options

- Physical Impairment
- Longstanding illness
- Mental Health Problem
- Learning Disability/difficulty
- Sensory Impairment
- Other

Optional question (2 response(s), 10 skipped)
Question type: Checkbox Question

Q32 Do you have caring responsibilities for a friend, relative or neighbour?

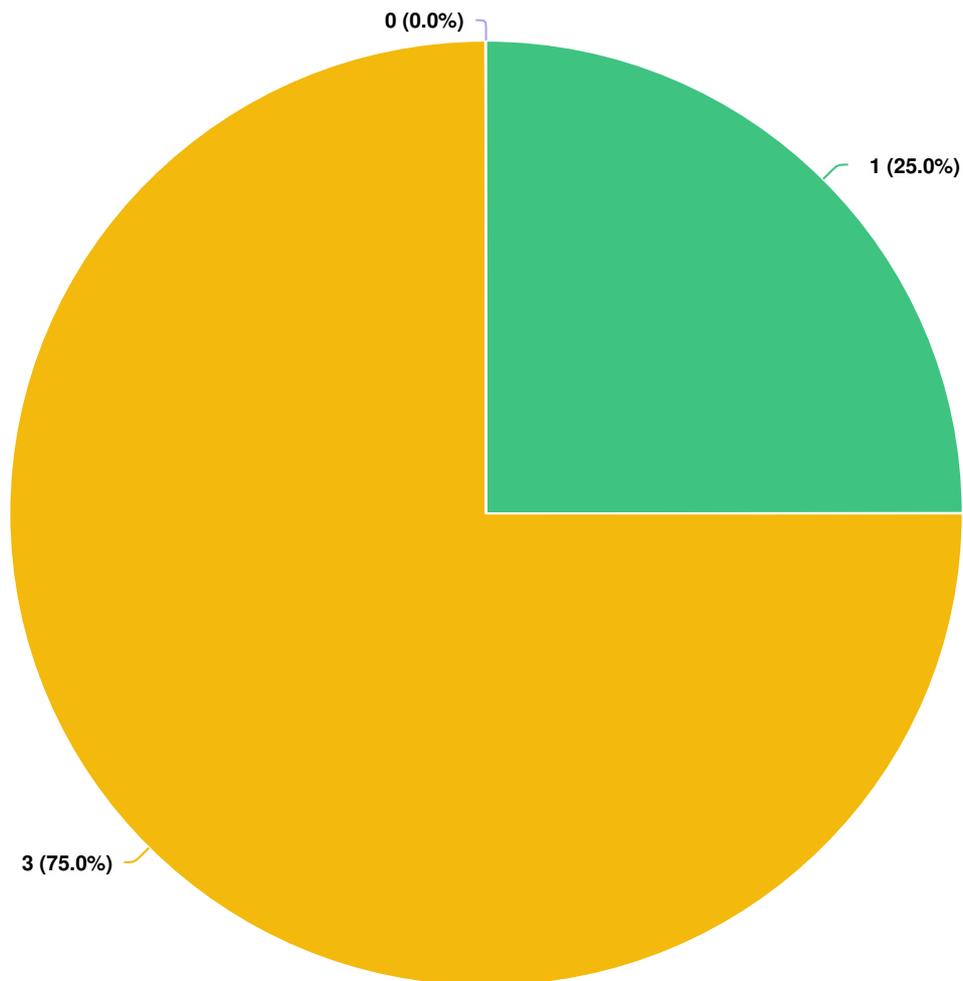


Question options

- Yes
- No
- Prefer not to say

*Optional question (4 response(s), 8 skipped)
Question type: Radio Button Question*

Q33 Are you a registered carer?

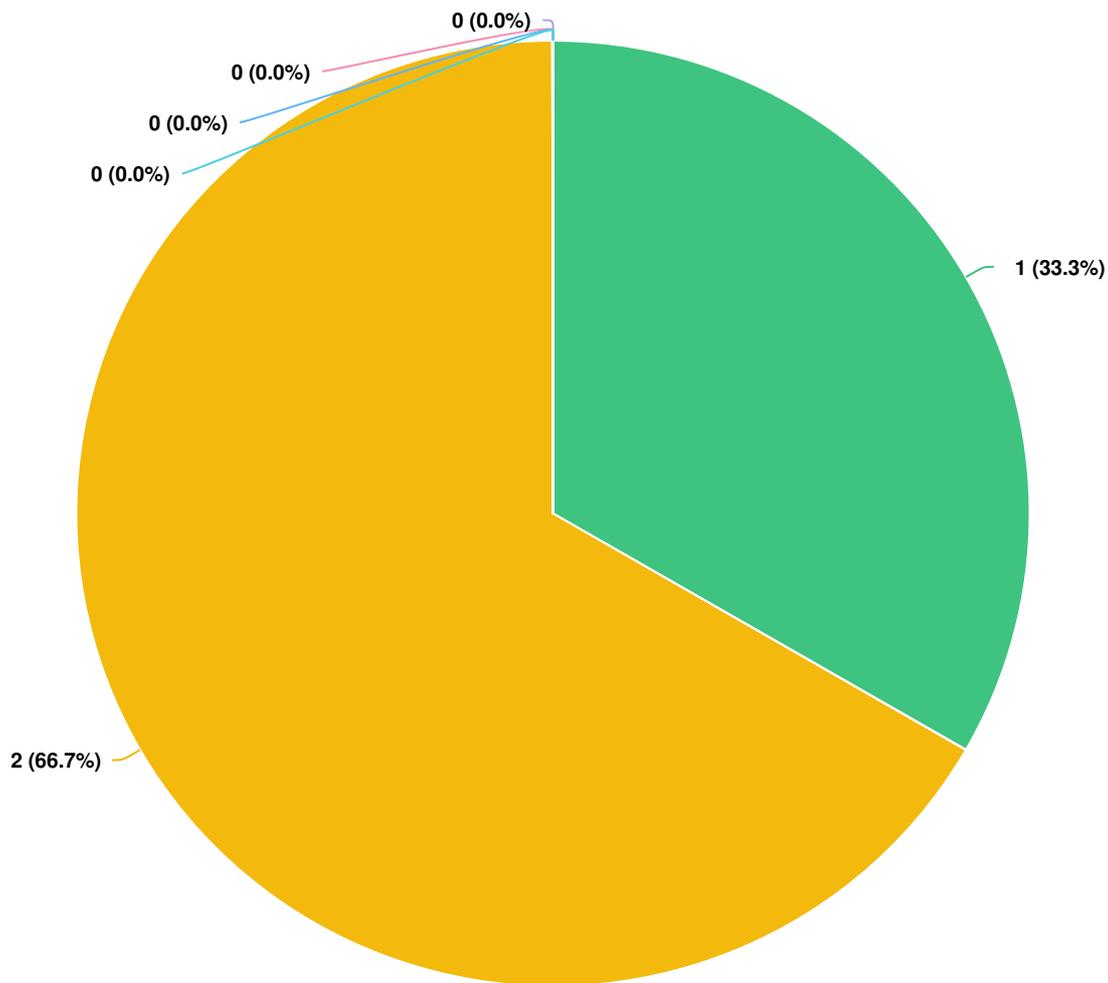


Question options

- Yes
- No
- Prefer not to say

Optional question (4 response(s), 8 skipped)
Question type: Radio Button Question

Q34 Please tell us your age group

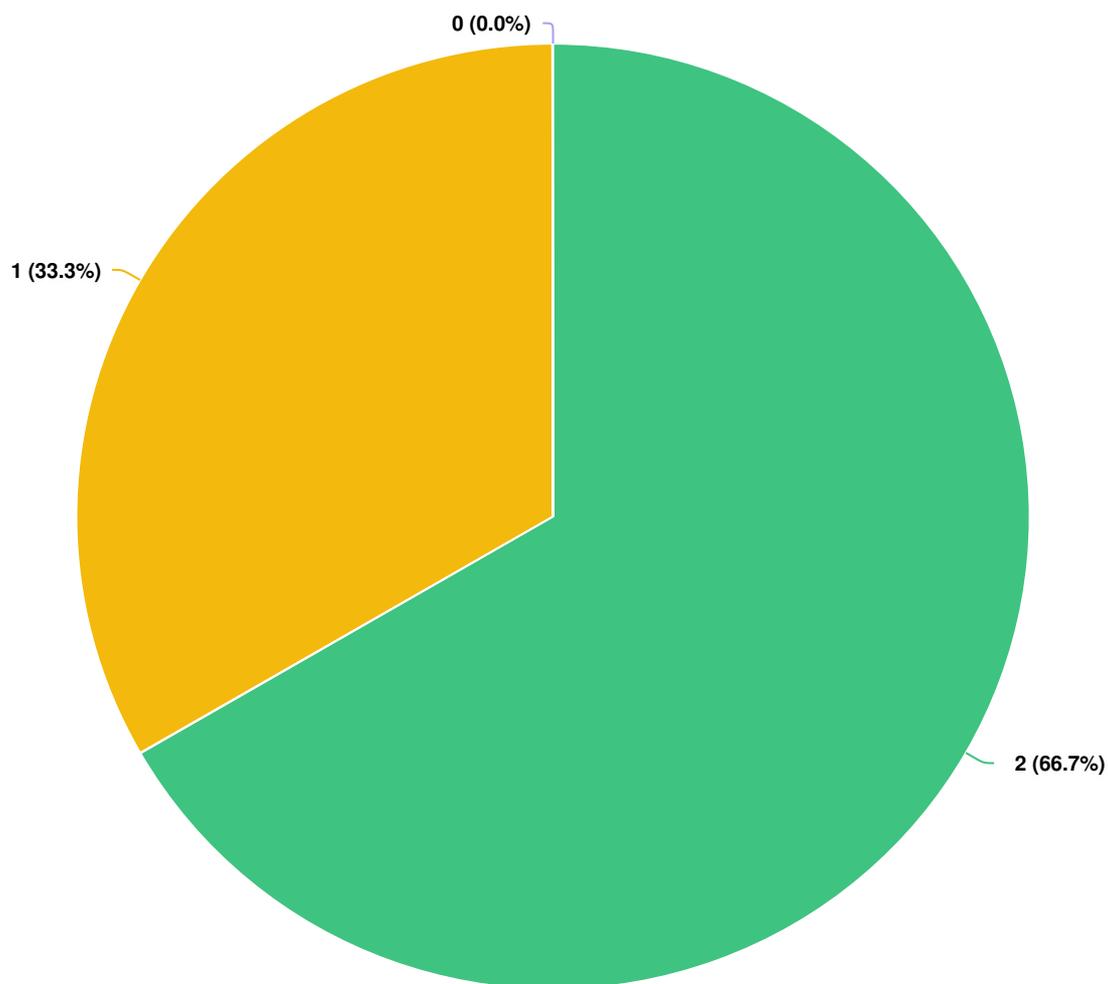


Question options

- 35-44
- 65+
- 16-24
- 25-34
- 45-54
- 55-64

Optional question (3 response(s), 9 skipped)
Question type: Radio Button Question

Q35 What sex are you?

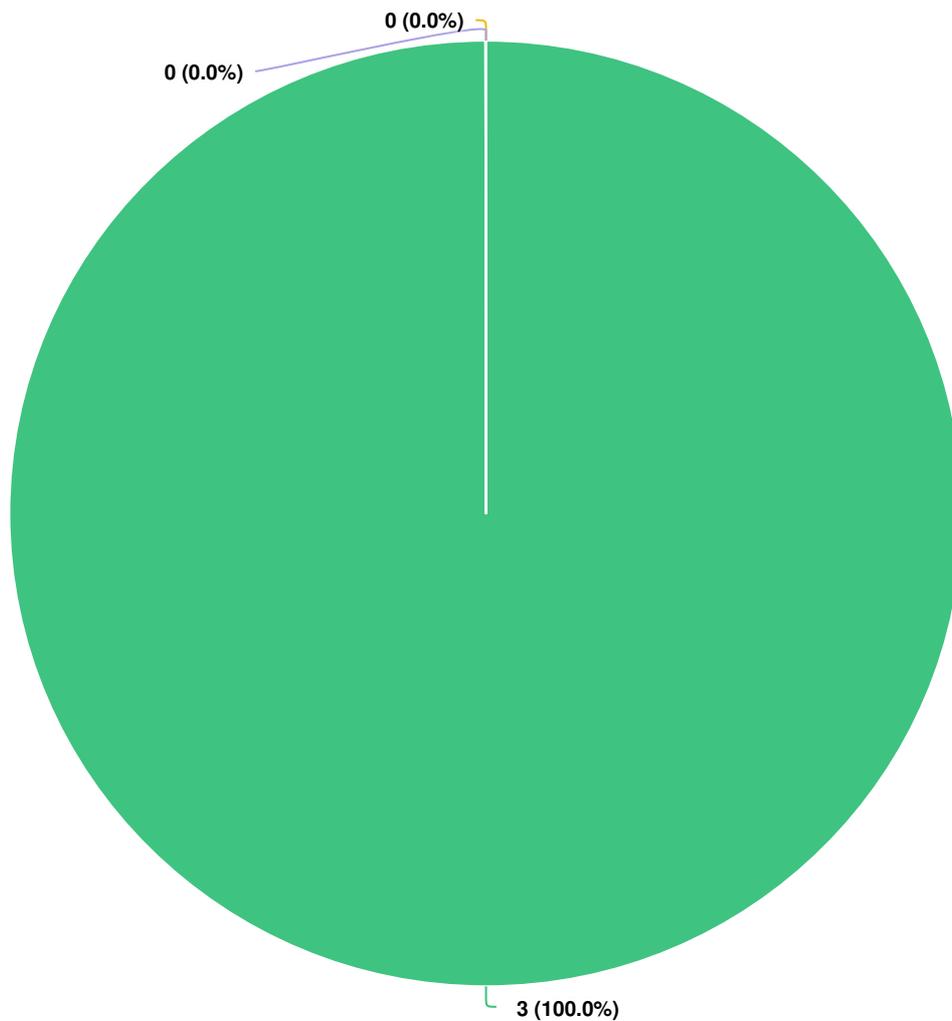


Question options

- Male
- Female
- Prefer not to say

Optional question (3 response(s), 9 skipped)
Question type: Radio Button Question

Q36 Is the gender you identify with the same as your sex registered at birth?

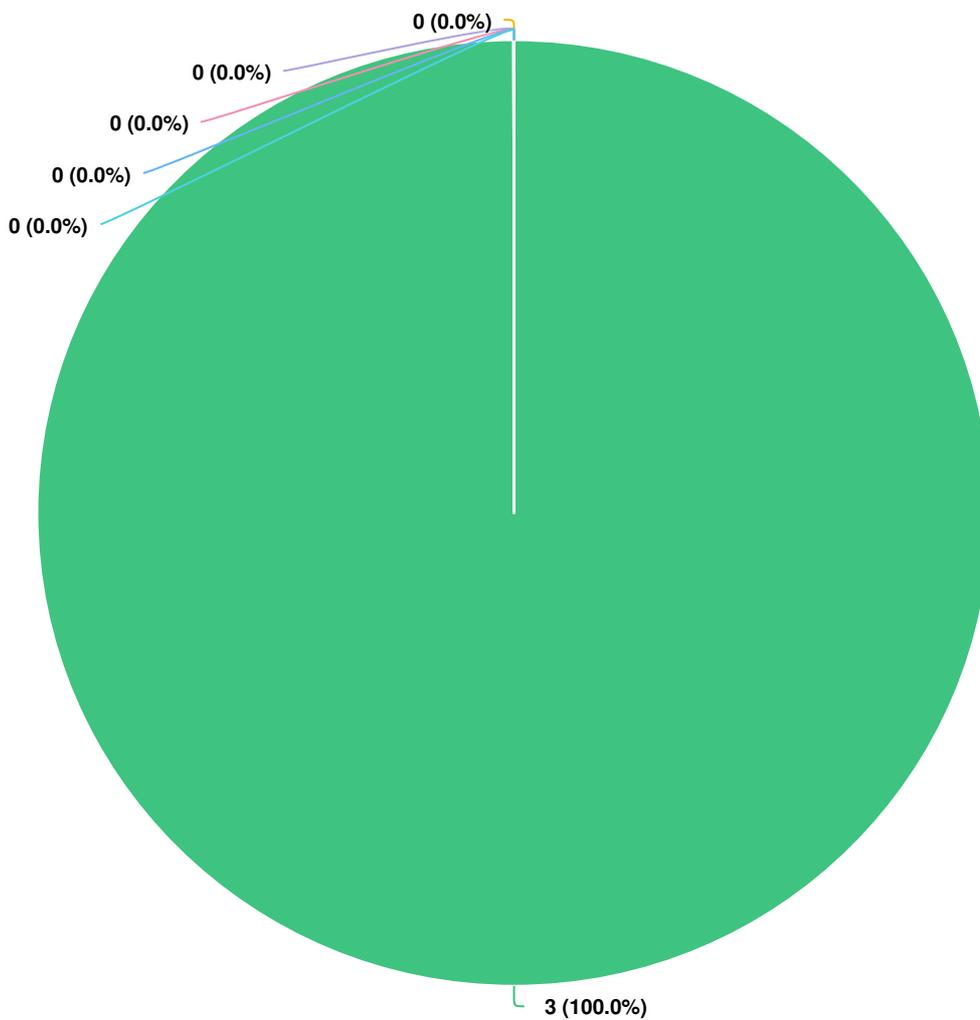


Question options

- Yes
- No
- Prefer not to say

Optional question (3 response(s), 9 skipped)
Question type: Radio Button Question

Q37 I would describe my ethnic origin as:

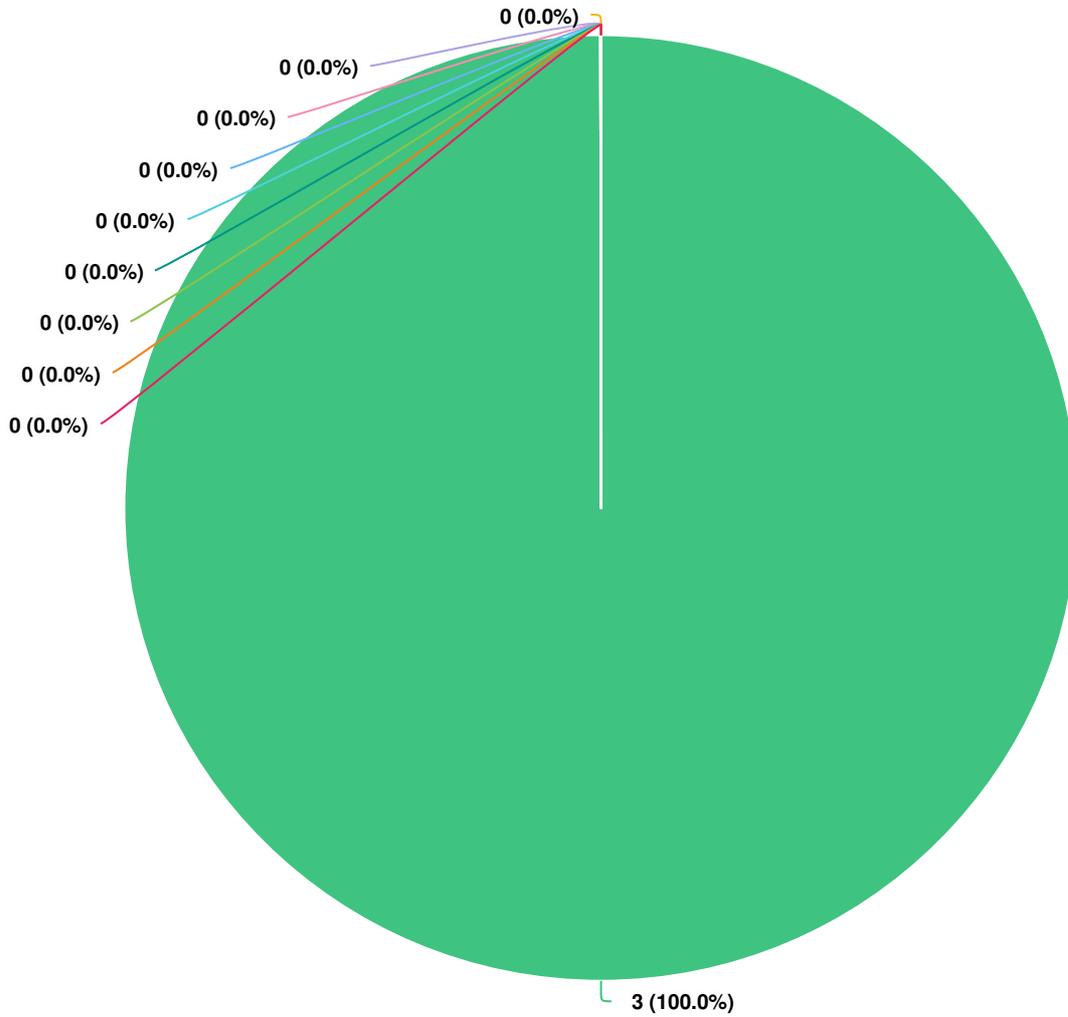


Question options

- White British
- Mixed/Multiple Ethnic Group
- Asian or Asian British
- Black African, Caribbean or Black British
- Other ethnic group
- I do not wish to disclose

Optional question (3 response(s), 9 skipped)
Question type: Radio Button Question

Q38 Please indicate your religion or belief



Question options

- Christianity
- Atheism
- Buddhism
- Hinduism
- Islam
- Jainism
- Judaism
- Sikhism
- Other
- I do not wish to disclose

Optional question (3 response(s), 9 skipped)
Question type: Radio Button Question

HEALTH AND WELLBEING BOARD

4 July 2022



Report of: Director of Adult and 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 The focus of the pooled budget continues is 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 routine reporting has been suspended over the past two years due to COVID19 and a single year end return was required which followed a different format to previous returns. The year end return for 2021/22 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 over a number of years were:
- 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 from hospital per 100,000 population.
 - Total non-elective admissions.
- 3.3 The 2021/22 return required local systems to submit performance data against a revised set of metrics as follows:
- Avoidable Admissions (Unplanned hospitalisation for chronic ambulatory care sensitive conditions).
 - Length of Stay (Proportion of inpatients resident for 14 days or more and 21 days or more).
 - Discharge to Normal Place of Residence (Percentage of people discharged to their normal place of residence).
 - Residential Admissions (Rate of permanent admissions to residential care per 100,000 population for people aged 65 and over).
 - Reablement (Proportion of older people who were still at home 91 days after discharge into reablement / rehabilitation services)
- 3.4 The year-end return indicates that performance in Hartlepool was as follows:

Indicator	Performance	Comment
Avoidable Admissions	Not on track	Though currently slightly above target, the main increases have been in the 0-17 and the 18-64 population. Avoidable admissions have reduced for people aged 65 and over, indicating that BCF schemes continue to support this metric for the older population.
Length of Stay	On track	Performance against this metric remains strong when compared regionally and nationally. As a system we have been asked to document the key factors in

		attaining this performance which will include the contribution of BCF.
Discharge	Not on track	Q4 performance was 93.3% against a target of 93.4%. Developments including the Home First service should help to increase discharges to normal place of residence.
Residential Admissions	On track	12 month position to March 2022 shows performance rate of 587.9 against a target of 599.8 and therefore the target has been achieved (lower is better).
Reablement	Not on track	Year-end position shows performance of 80.1% against a target of 82.9%. This is slightly under target but still very good performance.

3.5 Local areas were also asked for their views regarding a number of statements. 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 has 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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- 3.6 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	Strong, system-wide governance and systems leadership	Hartlepool BCF has continued to support further integration and partnership working that delivers improved outcomes for older people. Funded services have continued to build and develop joint working of health and social care and VCSE sectors (including out of hours arrangements and support for 2 hour response). Joint commissioning infrastructure has helped to focus on hospital discharge, supporting care market, workforce development, building community assets, development of VCSE sectors and maximising the use of technology to support older people to sustain their roles and reduce the likelihood of crisis.
Success 2	Joint commissioning of health and social care.	To fulfil the requirements of the national Hospital Discharge and Community Support Policy health and social care professionals at a commissioning and operational level have worked closely to agree new ways of working and have commissioned additional pathway 1 'Home First' services and pathway 2 bed-based capacity to expedite discharges. Partners have also 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

		<p>respect, including actively listening to each other's challenges and aspirations.</p> <p>This approach has now been embedded and despite the national hospital discharge funding not being available partners continue to work collaboratively to plan and deliver hospital discharge and recovery services that are affordable within existing budgets available to NHS commissioners and local authorities, including utilising BCF funding.</p>
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	Enabler	Comments
Challenge 1	Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors).	Issues with workforce including staff absence during COVID Pandemic and recruitment while making changes to practice to focus on hospital discharge.
Challenge 2	Other	Delayed publication of the BCF and Hospital Discharge and Community Support guidance impacted on decision making on funding of services.

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 2022/23 are shown below.

Funding	2022/23
BCF (CCG Minimum Contribution)	£8,493,113
Disabled Facilities Grant	£1,221,874
iBCF Allocation (Paid directly to HBC)	£5,358,232
TOTAL	£15,073,219

5.4 The CCG made an additional, unbudgeted and non-recurrent contribution to the BCF Pooled Budget in 2021/22 of £418,253. This was in addition to the £418,253 one-off unbudgeted CCG contribution in 2020/21. These amounts, alongside the 2021/22 underspend of £131,006 and the 2020/21 underspend of £25,669, have been carried forward into 2022/23 to support Discharge to Assess and other BCF-related initiatives.

5.5 The Disabled Facilities Grant was also underspent at year end by £354,391, mainly relating to the 2020/21 grant carry forward which was the result of the impact of COVID and the inability to access some properties to undertake required works. This underspend has been carried forward into 2022/23 to fund these required works.

6. LEGAL CONSIDERATIONS

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

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 None identified.

8. STAFF CONSIDERATIONS

8.1 No staff considerations have been identified.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 No asset management considerations have been identified.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 None identified.

11. RECOMMENDATION

- 11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund 2021/22 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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