

AUDIT AND GOVERNANCE COMMITTEE AGENDA



Friday 2 May 2014

at 10.00 am

**in Committee Room B,
Civic Centre, Hartlepool.**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

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 17 April 2014 (to follow)

4. AUDIT ITEMS

No items.

5. STANDARDS ITEMS

No items.



6. STATUTORY SCRUTINY ITEMS

Investigation into Chronic Obstructive Pulmonary Disease (COPD) – Service Provision

- 6.1 Third Evidence Gathering Session – Covering Report - *Scrutiny Support Officer*
- (a) Presentation from Hartlepool and Stockton-on-Tees Clinical Commissioning Group
 - (b) Presentation from North Tees and Hartlepool NHS Foundation Trust
 - (c) Families First Health Bus and COPD Screening – Presentation – *Representatives from Families First*
 - (d) Feedback from Community COPD exercise support group – *GP Referral Co-ordinator*
- 6.2 HealthWatch Hartlepool – Call to Action – Listening to the Seldom Heard – *Scrutiny Support Officer*

7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD

No items.

8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH

- 8.1 Extract from the minutes of the meeting held on 28 March 2014

9. MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

No items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

No items.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.



12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION:

Date of next meeting – 15 May 2014 at 9.30 am at the Civic Centre, Hartlepool.



Audit and Governance Committee

2 May 2014



Report of: Scrutiny Support Officer

Subject: COPD INVESTIGATION –THIRD EVIDENCE
GATHERING SESSION - COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To set the scene for the third evidence gathering session as part of the COPD investigation and introduce evidence from North Tees and Hartlepool NHS Trust (NTHFT), Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaSt CCG), Families First and feedback from the COPD Exercise Support Group.

2. BACKGROUND INFORMATION

- 2.1 The Committee at its meeting on the 22 August 2013 agreed the Scope and Terms of Reference for its investigation into COPD.
- 2.2 In line with the agreed process, the Committee, at its meeting on the 3 October 2013, received a very informative 'setting the scene' presentation which highlighted the causes, signs and symptoms and prevention and treatment of COPD. Following this, Members, at their meeting on the 20 February 2014, received evidence in relation to awareness of COPD and early detection.
- 2.3 As part of today's evidence gathering session, the Committee agreed that evidence / input would focus on COPD service provision.
- 2.4 To assist the Committee, and inform discussion at today's meeting, the following questions have been put forward to representatives from NTHFT and HaSt CCG:-
- (a) What service provision / pathways are available to people with COPD?
 - (b) Patients have reported difficulties in accessing / contacting respiratory nurses, due to the introduction of the 'Single Point of Contact' number, are you aware of these difficulties and if so, are there plans in place to try and resolve these difficulties?

- (c) How do you measure the quality of diagnosis and management / treatment of COPD amongst GP practices and NHS services in Hartlepool? And how do you ensure that the treatment and management of COPD is consistent throughout Hartlepool?
 - (d) What is the impact of unplanned emergency admissions on service provision? Do you think unplanned emergency admissions could be reduced if additional resource was allocated to the Community Respiratory Assessment and Management Service?
 - (e) What effective partnership working is in place to encourage / increase early diagnosis of COPD?
 - (f) What resources / funding arrangements are available for treatment of COPD?
 - (g) What are the challenges facing service providers?
 - (h) What, in your view, could be changed to further improve service provision / pathways?
- 2.5 The Committee, at its meeting on 20 February 2014 discussed the Families First 'Health Bus' and how it had previously screened people for COPD. Representatives from Families First will be in attendance at today's meeting to provide further information to the Committee.
- 2.6 The Council's GP Referral Co-ordinator will also be in attendance at today's meeting to provide feedback from the COPD Exercise Group (attached as Item 6.1(d) on today's agenda), which provides a weekly exercise support group for people who are referred.
- 2.7 An Invite for this meeting has also been extended to Tees, Esk and Wear Valleys NHS Foundation Trust to contribute to discussions.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and formulate views for either further consideration or inclusion in the Committee final report.

Contact Officer:- Laura Stones – Scrutiny Support Officer
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 Hartlepool Borough Council
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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Chronic Obstructive Pulmonary Disease (COPD) – Scoping report presented to the Audit and Governance Committee on 22 August 2013.
- (ii) Minutes of the Audit and Governance Committee held on 22 August 2013 and 20 February 2014.

COPD PATIENT GROUP EXERCISE FEEDBACK

12 Feedback forms distributed.
10 replies received.

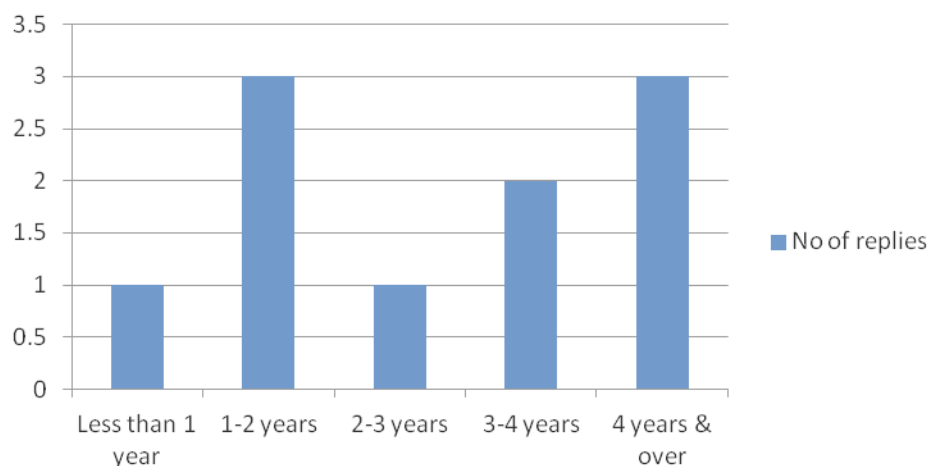
Q1. Gender

	Male	Female
No of replies	4	6

Q2. How long have you been attending this exercise support group?

	Less than 1 year	1-2 years	2-3 years	3-4 years	4 years & over
No of replies	1	3	1	2	3

No of replies



Q3. Have you had a reduction in the need to visit your GP or go to hospital?

	Yes	No
No. of replies	6	4

Please describe the main benefits for you attending the session:

Written verbatim comments received.

- “It gives you the motivation to continue to do the exercises and also helps to keep you mobile”.
- “I try to exercise a little every day and feel fitter”.
- “The exercise has great benefits, not only that but it lifts the spirits, as this can be a depressing illness. And also the camaraderie has a very good effect. We need more of these sessions please two or three a week and not just the one hour we have at the moment”.
- “Using all your muscles, breathing, no heavy lifting. Good instructors”.
- “ Physical – breathing is easier, do not use inhaler so frequently, can walk further,
- work easier e.g. lawn mowing with petrol mower on a good day can mow lawn in one run. Mental - greater knowledge and awareness of positive controlled breathing”.
- “I feel it helps me to be more mobile. I am also aware that other people benefit from the exercise. It a win for the participants also good use of the Mill House facilities. I would like to pass on how much I appreciate my weekly gym. It gives me more confidence in myself also very enjoyable. Thank you for this help”.
- “I can do more before getting breathless- both walking and doing housework. I cope better after exercise. Benefits are great both socially- meeting others with the same problems is a great help and health wise. I have missed some classes recently and feel the loss. It’s good that those of us with oxygen can attend the classes. I attend the respiratory rehabilitation classes when a place

6.1 (d)

is available- approx yearly and find the Exercise for Life class is a great follow on. Would suffer greatly if these classes were lost".

- "I have Arterial Fibrillation which was diagnosed approx 5 ½ years ago. Feel the exercise class benefits me in keeping me more active and with weight loss, which helps my heart problem".
- "Feel a lot better in my mobility; feel relaxed and more energetic after class. My balance has improved. Enjoy the class very much".

Audit and Governance Committee

2 May 2014



Report of: Scrutiny Support Officer

Subject: HEALTHWATCH HARTLEPOOL – CALL TO ACTION
– LISTENING TO THE SELDOM HEARD

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Audit and Governance Committee with Healthwatch Hartlepool's engagement activity report in relation to the Call to Action Questionnaire.

2. BACKGROUND INFORMATION

- 2.1 Nationally, NHS England launched a Call to Action in July 2013, which outlines the key challenges facing the NHS over the next 10 years. Clinical Commissioning Group's are responsible for undertaking local engagement activities alongside health and wellbeing boards, local authorities and other local partners such as charities and patients groups.
- 2.2 As well as undertaking public engagement, Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) actively sought the views of people with Hartlepool and Stockton, in particular hard to hear/reach groups. The CCG commissioned Catalyst (in partnership with Healthwatch Stockton) and Healthwatch Hartlepool to undertake a focussed exercise to consult with a number of key groups over an intensive period between November and January. The questions used were the same as those set out in the Call to Action questionnaire to gain an accurate measure and output; however both organisations were able to adapt the questions where necessary in terms of terminology and structure to ensure they are fit for purpose for the specific audience.
- 2.3 For this piece of work Healthwatch Hartlepool embarked on engaging with 20 under-represented groups who may previously failed to engage due to age, race, disability or sexual orientation. Unfortunately there was a barrier in respect of residents who suffer from a learning disability as the questionnaires were unavailable at the time of the work programme in an 'easy read' version. HealthWatch Hartlepool, upon request, was provided with a large print version of the questionnaire for some of our responders. Subsequently they were only able to consult with 18 out of 20 anticipated, identified groups within the

Voluntary and Community Sector. Healthwatch Hartlepool does feel the range of groups and level of responses is representative of the cohort we targeted for consultation purposes.

- 2.4 Staff within the Healthwatch Hartlepool team visited the wide range of Voluntary and Community sector groups over a six week period albeit they had initially expected to undertake the exercise within a four week period. Due to the holiday period and providing for responders to return their completed questionnaires after careful consideration they experienced a delay in concluding the exercise. This was to strike a balance of the time extension with the benefit of provided a robust report, greater responses and more meaningful/useful data.
- 2.5 Groups consulted – Diabetes Support Group, Voice for You (LD), Asylum Seekers Support Group, Wharton Annexe Young People, Stranton Seniors, Breathe with Ease, Millennium Surgery Patient's Panel, Harbour Women's Refuge, Deaf Awareness Support Group, Richard Court Sheltered Housing, Belle Vue Community Association, Laurel Gardens Extra Care, R2B LGBT support, L-Birds LGBT Support and the Transgender Support Group at Hart Gables.
- 2.6 As with the public meetings the standard questionnaire was utilised which is divided into 6 sections, each with 8 questions. Responders were advised that they could fill in the sections that were of interest to them rather than complete the entire questionnaire. A total of 112 completed questionnaires were returned from our 18 engagement events.
- 2.7 Whilst the consultation results were far reaching there was a common theme around communication and access to services. A concern that was repeated in most key sections of the questionnaire was one around transport and the need to travel outside of the borough. It will come of no surprise that respondents focused on the migration of services from Hartlepool to North Tees yet there was an overwhelming desire for more services to be provided locally complimented by a greater number of home visits.
- 2.8 Healthwatch Hartlepool anticipates from the results that there is a clear alignment between the expectations of respondents and the key actions embedded in the future implementation of the Better Care Fund. Whilst there was recognition of diminishing resources respondents did indicate there needs to be a shift in priorities and a greater focus on maintaining front-line services, invest in training and development and enhance communication for the hard to reach.
- 2.9 A full copy of the HealthWatch Hartlepool report is attached to this report at **Appendix 1**. Of significance to the Committee's investigation into COPD are pages 4 to 6, which detail people's views regarding long term conditions.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and formulate views for either further consideration or inclusion in the Committee final report.

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Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of the Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Healthwatch Hartlepool – Call to Action presented to the Health and Wellbeing Board on 26 March 2014



Report of HealthWatch Hartlepool – ‘Listening to the Seldom Heard’



Background

Nationally NHS England called upon the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21.

The publication, ‘**The NHS belongs to the people: a call to action**’ sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains static yet there are rising expectations of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.

Sir David Nicholson, Chief Executive of NHS England said

“The NHS was set up to provide high quality care for patients, free at the point of need. The NHS has stayed true to this aim and to do so in the future, we must embrace new ways of working. The NHS, like every other healthcare provider in the world, is facing these challenges. Too often, the answers are to reduce the offer to patients or charge for services. That is not the ethos of the NHS and I am clear that our future must be about changing, not charging. To do so we must make bold,

clinically-led changes to how NHS services are delivered over the next couple of years.”

“The focus needs to shift from buildings and onto patients and services. The NHS was 65 years old last week and throughout its history our services, staff and treatment has evolved as medicine, technology and evidence has changed. Our success in extending life means people living longer, but with more conditions and illnesses such as dementia that were not common twenty years ago. New technology means earlier diagnosis and better treatment, but this costs more and we are not reaching everyone we need to. The NHS can increasingly deliver care at home, yet too often patients have to travel around buildings.”

“We are facing demands, opportunities and investment unimaginable when the NHS was created in 1948. New data is available now to highlight where we get it right – and as importantly, where we get it wrong. We are setting all this out today – including the funding gap – to encourage the public and doctors and politicians to have an honest and realistic debate about how they want their local NHS to be shaped. With the new independence of NHS England and the establishment of GP-led commissioners, we can find local answers to meet these challenges.”

Commenting on NHS funding, Sir David continued:

“Our analysis shows that if we continue with the current model of care and expected funding levels, we could have a funding gap of £30bn between 2013/14 and 2020/21, which will continue to grow and grow quickly if action isn’t taken. This is on top of the £20bn of efficiency savings already being met. This gap cannot be solved from the public purse but by freeing up NHS services and staff from old style practices and buildings. ”

The document set out a number of the latest facts on the NHS, including demand, the changing demographics of the patients being treated and the growth in long term conditions. These include:

- The NHS treats around one million people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- The difference in life expectancy between the richest and poorest parts of the country is now 17 years
- Around 80 per cent of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and poor diet
- One quarter of the population (just over 15 million people) has a long term condition such as diabetes, depression, dementia and high blood

pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed

- Hospital treatment for over 75s has increased by 65 per cent over the past decade and someone over 85 is now 25 times for likely to spend a day in hospital that those under 65
- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030
- Around 800,000 people are now living with dementia and this is expected to rise to one million by 2021
- Since it was formed in 1948, the NHS has received around four per cent of national income
- Modelling shows that continuing with the current model of care will lead to a funding gap of around thirty billion between 2013/14 and 2020/21

Locally as part of the 'BIG CONVERSATION' NHS Stockton & Hartlepool Clinical Commissioning Group along with partner organisations held meetings to discuss these issues. These meetings provided a mechanism for patients and the public to have a genuine say in how the NHS of the future will look.

Following on from these events HealthWatch Hartlepool were tasked with building on this feedback by seeking a contribution to the debate from the 'seldom heard' via a range of Voluntary & Community Sector organisations and groups.

Consultation

HealthWatch Hartlepool is the independent voice on health and social care for people in Hartlepool. From April 2013 we emerged from what was the Local Involvement Network and accepted the increased powers and responsibilities for the 'public voice'. These included responsibility for information giving, working collaboratively with ICA as the advocacy service for people making complaints about the NHS and having a seat on both the new Health & Wellbeing Board and the Hartlepool locality group of the NHS Stockton and Hartlepool Clinical Commissioning Group. This work around the NHS 'Call to Action' has been included in this year's work programme published and promoted on our website www.healthwatchhartlepool.co.uk

For this piece of work Healthwatch Hartlepool embarked on engaging with 20 under-represented groups who may previously failed to engage due to age, race, disability or sexual orientation. Unfortunately we were presented with a barrier in respect of residents who suffer from a learning disability as the questionnaires were unavailable at the time of our work programme in an 'easy read' version. HealthWatch Hartlepool, upon request, was provided with a large print version of the questionnaire for some of our responders. Subsequently we were only able to consult with 18 out of 20 anticipated, identified groups within the Voluntary & Community Sector.

Healthwatch Hartlepool does feel the range of groups and level of responses is representative of the cohort we targeted for consultation purposes.

Staff within the Healthwatch Hartlepool team visited the wide range of Voluntary & Community sector groups over a six week period albeit we had initially expected to undertake the exercise within a four week period. Due to the holiday period and providing for responders to return their completed questionnaires after careful consideration we experienced a delay in concluding the exercise. We had to balance the time extension with the benefit of provided a robust report, greater responses and more meaningful/useful data.

Groups consulted – Diabetes Support Group, Voice for You (LD), Asylum Seekers Support Group, Wharton Annexe Young People, Stranton Seniors, Breathe with Ease, Millennium Surgery Patient's Panel, Harbour Women's Refuge, Deaf Awareness Support Group, Richard Court Sheltered Housing, Belle Vue Community Association, Laurel Gardens Extra Care, R2B LGBT support, L-Birds LGBT Support and the Transgender Support Group at Hart Gables.

Questionnaire responses:

As with the public meetings we utilised the standard questionnaire which is divided into 6 sections, each with 8 questions. Responders were advised that they could fill in the sections that were of interest to them rather than complete the entire questionnaire.

A total of 112 completed questionnaires were returned from our 18 engagement events.

Healthwatch Hartlepool is delighted with the level of responses and also the completeness of comments, which articulates the overall satisfaction levels across the borough from a cohort of residents who are historically considered hard to reach.

Numbers given relate to the number of people giving same/similar response. A number of questions permitted respondents to provide their own comments, these comments have been included. Where the same point was made by a number of respondents, this has been indicated by a number in brackets following the comment.

A. Long- term conditions

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for	19	31	11	2	4

patients with long-term conditions is high					
I have confidence and trust in the safety of local health services for patients with long-term conditions	12	34	14	6	2
The local NHS delivers safe, high quality care for patients with long-term conditions	13	34	11	4	5

2. How do you think services could be improved?

Better Care – People with long-term conditions together with their carers need to be made aware of local support groups (3) – Put the correct information into the computers – Faster referrals – Just do the job – By making services easier for those with learning disabilities (2) –Planned follow-up with continuity i.e. contact with same doctor – See older people at home (5) – More training and/or experienced staff needed on front-line (6) – Consistency of staff to sustain confidence - Bring back all hospital services to Hartlepool (10) – remove ‘Trust’ status and return to central government control – I am happy with the current service provision – Longer GP hours – All services in Hartlepool need improvement other than ‘Diabetes’ services – Talk to people & listen (3) – Repeat prescriptions should be signed for and available promptly – A better phone service – Bring back direct contact with respiratory unit – Staff politeness – Better communication required for those with overlapping conditions i.e. Mental Health/Gender Dysphoria (2)

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Employ qualified nurses and not ‘bank’ nurses who lack continuity of contact (2) – Get rid of Chief Executive and Directors and ‘hangers on’ – Less managers (6) – Misuse of NHS equipment, materials and transport (2) – Too many chiefs and not enough Indians – Get rid of call-centres (4)- Reduce the salary of higher management and stop the ‘Golden Hand Shakes’(2) – Open fully the University Hospital of Hartlepool – Stop paying for 1st class travel for senior staff – Undertake a medication review and stop unwanted repeat prescriptions – Increase the work tackling smoking and obesity

4. How can we help people with long-term conditions do more to keep healthy and well?

More information required on how to access services on health issues (6) I feel this country has lost its community spirit therefore any ideas of how to counteract this should be explored – Encourage activity where possible (3) – Partnership in community as well as health provision – people ‘live’ in community – Employ more doctors, surgical staff and nurses (4) – More education on conditions (3) – More

home visits (4) – More check-ups – More information on diets – Better communication including use of BSL interpreters (3) – A fully functioning hospital in town (3) – If people are able they should be encouraged to join support groups, Peer support (2) – Listen to people – Consider the needs of those with learning disabilities – Encourage independence – Advise on the importance of exercise- More mobility aids (3) – More support for carers

5. What stops people doing this and how could the local clinical commissioning group help?

Make information more accessible including easy read versions (6) – Lack of money (2) – Confidentiality –Information not always available or understood – Not sure of service availability – Additional funding for Deaf/hard of hearing groups - More local clinics to reduce travel (6) – GP's should be made aware of local support groups (3) – Get out and talk to people and listen to people/patients(2) – Look into the health checks and screening of those with learning disabilities – Try to make them more independent – Advise on the importance of exercise – Efficient medications – Invest in training more

6. What three things would make the biggest difference to patients living with a long-term condition?

Better help, being able to get the help and get the help at home (10) – Community support/Key worker (4) – Caring approach (2) – Communication including BSL interpreters (2) –Being treated as an individual – Knowing one can get help as soon as possible – Travel easier if needed (6) – Good GP – Feel as if wanted by being visited – Families encouraged to visit more – Home care if required (3) – Confirmation of help available & reassurance – Someone to talk to (2) – Regular health checks – Suitable accommodation and nourishment – Availability of help & information (4) –Rapid help to be available when needed (2) – Contact with helpful organisations (3) – More awareness of conditions (5) – Better looked after (2)

7. In relation to long-term conditions, which THREE of the following are most important to you? (Please tick only THREE)

*Services are easy to access (34)
Services are available at weekends (34)
There are good public transport links (32)
Parking is easy (11)
The service is close to where I live (27)
The quality and safety of the care provided (36)*

8. Is there anything else you would like to say about services for patients with long-term conditions?

More integrated services i.e. Health & Social care check-ups like it used to be - Knowledge of illness, medication and care provision in an easy to understand form (3) – Housing suitable to need – Care for diabetes is very good – Being able to see

your named nurse quicker and easier e.g. Respiratory (6) – Disabled parking to be near entrances not utilised by staff – Deaf awareness – Better transport – The service I receive is good but could be improved upon – Living with a Learning disability I am not sure how I would manage without the support of my care worker – Need diagnosis and medication quicker – More awareness training for reception staff re gender identity

B. Children and young people

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for children and young people is high	6	17	9	1	7
I have confidence and trust in the safety of local health services for children and young people	8	19	8	2	4
The local NHS delivers safe, high quality care for children and young people	10	15	7	2	7

2. How do you think services for children and young people could be improved?

Less waiting times, have more GP's (7) - Better liaison with groups caring for children – Stop bullying – Less BME doctors (2) – Hartlepool Hospital should re-open fully (2) – Listen to children in schools with greater needs – Greater training for staff re Learning Disability patients rather than sending them home too early – More mental health nurses – Priority care for children and young people with A & E

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

No TV screens just shout patients' names – Reduce senior executive salaries – Bring services back to Hartlepool

4. How can we help children and young people do more to keep healthy and well?

Free access to activities e.g. swimming – More activities & schemes that are interesting e.g. sports including basketball(5) – More healthy eating events as well as

trying to keep children and young people off alcohol and drugs, perhaps utilising schools (4) – Provide the same services as those for adults – More advice & information packs (6) – Stop smoking

5. What stops them doing this and how could the local clinical commissioning group help?

Lack of education – More advice (3) – More Youth clubs (3) – People won't listen – Advertised too much – Money invested in sports facilities (2) – More support around bullying – Greater CAHMS service (2) – Increase in use of technology e.g. Apps for phones and iPad

6. What three things would make the biggest difference to services for children and young people?

Quicker waiting times (2) – Friendlier service (3) – Make services more accessible (3) – More social activities – GP's more available – Free swimming classes – Food to tackle poverty – Medication – Clean accommodation (housing) – Provide more information, more support and more education (2) – Stopping smoking, alcohol abuse and drug abuse – Free car parking – Respect (3) – More attractive doctors

7. In relation to services for children and young people, which three of the following are most important to you? (Please tick only three)

*Services are easy to access (23)
Services are available at weekends and in the evenings (22)
There are good public transport links (13)
Parking is easy (1)
The service is close to where I live (10)
The quality and safety of the care provided (22)*

8. Is there anything else you would like to say about services for children and young people?

Young people need more support – Understand that young people are not in control of their health care all of the time – Services are OK but there is little regard for respect and simply being taken seriously

C. Urgent & Emergency Care

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local urgent and emergency care services is high	8	17	14	14	1
I have confidence and trust in the safety of urgent and emergency	10	14	19	9	2

care services					
The local NHS delivers safe, high quality urgent and emergency care	9	17	16	10	3

2. How do you think urgent and emergency care services could be improved?

Better access in Hartlepool(2) – Have a doctor at the One Life 24/7 – Keep service at the University Hospital of Hartlepool (19) – Too far away – No-one knows about it at the One Life – I think they are doing well – Waiting times too long (6) – Reduce time wasted on drunks and disorderly (2) – Take more care of the elderly – More information to be supplied on which services to access (4) – Fine time wasters – More doctors on weekend (7) – More specialist doctors – Better nursing at North Tees – Carry on as they are

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Quality of standards is not assured from a university degree – Better nursing was provided in the past – More staff on front-line not managers (8) – Nursing staff require practical training on patient care (2) – Cut down on paperwork – Get rid of One Life (2) – More funds to be put into NHS to protect services – The building of a new hospital (2) – Free access to NHS by patients without British Citizenship – Cost of drug rehab

4. How can we help people to use urgent and emergency care services in the right way?

Awareness raising/education (9) – Access 24/7 to doctors (4) - Immediate treatment –More local bus services to hospital – Use local doctors (2) – People should initially take advice from their GP (3) – Reduce waiting times – provide A & E in Hartlepool

5. What stops them doing this and how could the local clinical commissioning group help?

Phone services are complicated and confusing –Give more information on time (4) – Doctors hours are more like office hours unfortunately (4) – People with special needs to be afforded better understanding and help – Invest in staff and not management with consistency across Hartlepool and Stockton (2)

6. What three things would make the biggest difference to patient experience?

Clean surroundings – More friendly, caring, sympathetic, knowledgeable staff (14) – Doing their job properly – Accessing appropriate care(4) – No long waiting times (6) – Help to get home and adequate transport (6) – Home visits when needed (6) – Better communication/information (7) – Water to drink whilst waiting

7. In relation to urgent and emergency services, which three of the following are most important to you? (Please tick only three)

Services are easy to access (27)

Services are available at weekends and in the evenings (25)

There are good public transport links (14)

Parking is easy (6)

The service is close to where I live (18)

The quality and safety of the care provided (26)

8. Is there anything else you would like to say about urgent and emergency care services?

Continuing care in home as necessary to cope with the after-shock (delayed shock) and coping with domestic tasks – Prompt and efficient care with understanding of ‘trauma’ effect – difficulty coping with transport home and living possibly alone (2) – Hartlepool emergency care is terrible – It should not take 4 hours for an ambulance to arrive - See more doctors weekday and weekend (2) – From personal experience they offer a quick and efficient service – More ambulance drivers and social workers – They do very well

D. Maternity

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local maternity services is high	2	6			4
I have confidence and trust in the safety of local maternity services	3	5			4
The local NHS delivers safe, high quality maternity services	2	6			4

2. How do you think maternity services could be improved?

Not to let a pregnant lady sit down for 2 hours waiting to be seen – More midwives – regular updates on waiting times

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Why pay mothers to breastfeed babies when it should just be personal choice

4. How can we help pregnant women do more to keep healthy and well?

Health eating guides – More education to promote what is available including greater per-natal classes (3) – Exercise sessions

5. What stops them doing this and how could the local clinical commissioning group help?

Offer more home/individual support – More investment

6. What three things would make the biggest difference to maternity services?

Save money (Do not pay mothers to breastfeed) – Better transport to services – A fully functioning hospital in Hartlepool without the need to travel to North Tees – More midwives/maternity nursing

7. In relation to maternity services, which three of the following are most important to you? (Please tick only three)

Services are easy to access (4)

Services are available at weekends and in the evenings (3)

There are good public transport links (2)

Parking is easy (0)

The service is close to where I live (5)

The quality and safety of the care provided (3)

8. Is there anything else you would like to say about maternity services?

N/A

E. Frail Elderly (including End of Life)**1. Please indicate whether you agree or disagree with the following statements**

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local health services for elderly people is high	7	18	22	3	1
I have confidence and trust in the safety of local health services for elderly people	4	13	24	7	3
The local NHS delivers safe, high quality care for elderly people	5	16	20	9	1

2. How do you think services for the elderly and frail could be improved?

Home visits if required (9) – Fear there is a lack of training of care staff (8) – Elderly people are not burdens, imbeciles or neurotic, they are often slower in action, speech or understanding – Health reviews every 6 months – Better transport links (3) – Tackle ageism (2) – Listen to the elderly person's views and opinions – Lack of trust is the greatest barrier to improvement – Make decisions following meaningful consultation – Too many managers (2) – Ways to combat isolation – Treat with dignity(2) – More funding for more staff (4) – Stop closing services – Elderly care to be a Local Authority responsibility

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Fewer managers and more practical support/trained front-line staff (10) – Help for drug rehabilitation – Bring back matron (3) – Reprioritise monies to those areas of greatest need – Avoid privatisation

4. How can we help older people do more to keep healthy and well?

Free fitness classes (2) – Encourage more physical activity where possible and attention to diet, as well as more community contact (9) – More assistance with home care (7) – More information (5) – Citizens' Advocacy & one to one support (2) – Help with transport – Get well clinics- Good care by qualified staff(2) – Keep services open

5. What stops them doing this and how could the local clinical commissioning group help?

Payment of facilities when on a fixed income (2) – Apathy, pain, shyness, ignorance – Need motivation to get mind and body integrated(4) – More people to support moving about (4) – More money(4) – Better transport (2) – Stop closing local hospitals in favour of larger ones – Rapid response – Direct resources into patient care (3) – More communication with the elderly

6. What three things would make the biggest difference to health services for elderly people?

More Information on what is available (3) – Integrated services – A good GP who knows you and your case (4) – Free access (3) – Practical training of NHS personnel – Join a group – Help with motivation and confidence issues (3) – Development of long term plans – Flu and shingle injections (prevention) – Personal plans for long term complex conditions (2) – Attend and one-stop shop for health each year – More dementia care – More staff on wards(4) – Ensure water given to patients regularly – Local (easy access) to health care(4) – Easy Access to medication – Food to combat poverty (2) – Help with prescriptions – More funding (4) – More empathy (2) – Social workers for the elderly – More help for those living alone – Give out helpful literature with prescriptions

7. In relation to services for the elderly and frail, which three of the following are most important to you? (Please tick only three)

Services are easy to access (27)

Services are available at weekends and in the evenings (20)

There are good public transport links (14)

Parking is easy (7)

The service is close to where I live (12)

The quality and safety of the care provided (26)

8. Is there anything else you would like to say about services for the elderly and frail?

In a perfect world, keep well with prevention and in a place of safety not for emergencies – Help with travel costs or move services closer to patient – More home care (2) – Consult when reconfiguring services with pooled budgets

F. Mental Health & Learning disabilities

1. Please indicate whether you agree or disagree with the following statements

	Strongly agree	agree	disagree	Strongly disagree	Don't know
The quality of local mental health and learning disability services is high	5	14	8	8	1
I have confidence and trust in the safety of local mental health and learning disability services	4	14	7	8	1
The local NHS delivers safe, high quality care for people with mental health needs/learning disabilities	4	14	9	6	2

2. How do you think mental health and learning disability services could be improved?

Signpost to correct services – More support needed – Need more care and compassion – By services we need being in town (3) – Move away from more traditional services – More contact and less pills – More staff (3) – Better education (2) – More beds in town – School visits by health workers – 1 to 1 care– return of Victoria Road facility

3. The NHS has limited finances going forward but still has to maintain quality and safety standards, is there anything you think that could be discontinued?

Cannot be done in Hartlepool as we have nothing left – More support groups – Do not contract out – Provide services not high salaries

4. How can we help people do more to keep healthy and well?

Keep regular contact with patient for months after treatment (3) – Have our services stay in Hartlepool – People should be more aware of these problems (5) – Within groups encourage activities i.e. easy exercise, dance, trips out (4) – Person centred care (2) – Issue skipping ropes

5. What stops them doing this and how could the local clinical commissioning group help?

They want you out as soon as possible – Keep services in Hartlepool – Give them lots of care and confidence in themselves – More support to the Voluntary & Community Sector (3) – Too many cutbacks impacting on those with Learning Disability – Do not consider cost – There is no local transgender care

6. What three things would make the biggest difference to the experience of patients with mental health needs/learning disabilities?

Constant care – Help with confidence to help themselves (2) – Local care – Training (Health Providers) – To be treated with respect – More support, education and mentors (3) – More places to go with sustainable activities in a social setting (3)

7. In relation to mental health and learning disability services, which three of the following are most important to you? (Please tick only three)

*Services are easy to access (17)
Services are available at weekends and in the evenings (14)
There are good public transport links (11)
Parking is easy (3)
The service is close to where I live (9)
The quality and safety of the care provided (17)*

8. Is there anything else you would like to say about mental health or learning disability services?

Mental health is not shameful, people won't get help – Poor standards – invest in training more – Does anyone understand Gender Dysphoria or Transsexualism - Services are good but require greater staffing and funding – We need to improve services for those with Learning Disabilities in Hartlepool (2)

Summary

It was a very positive opportunity for HealthWatch Hartlepool to work with, what are considered to be, some of the more marginalised groups and individuals in the borough. The work ensured HealthWatch Hartlepool further promotes the need for effective public engagement at every stage and at every level. In essence it was another opportunity to demonstrate our commitment to ensuring that patient and public engagement is embedded in all new NHS structures. Furthermore local people should have a say in Healthwatch so that they may articulate what is important to them. They should feel a sense of ownership and feel part of this fundamental shift in public involvement. However, equally important is that engagement and involvement is not only done when required for statutory purposes. It must be a continuous dialogue with the people of Hartlepool and fundamental to all service commissioning and redesign. It is therefore envisaged the NHS Stockton & Tees Clinical Commissioning Group will embrace and recognise the results of this consultation to drive change and seek positive outcomes.

Whilst the consultation results are far reaching you can see that there is a common theme around communication and access to services. A concern that was repeated in most key sections of the questionnaire was one around transport and the need to travel outside of the borough. It will come of no surprise that respondents focused on the migration of services from Hartlepool to North Tees yet there was an overwhelming desire for more services to be provided locally complimented by a greater number of home visits.

I would anticipate from the results that there is a clear alignment between the expectations of respondents and the key actions embedded in the future implementation of the Better Care Fund. Whilst there was recognition of diminishing resources respondents did indicate there needs to be a shift in priorities and a greater focus on maintaining front-line services, invest in training & development and enhance communication for the hard to reach.

Respondent information

Most respondents freely provided information about their postcode/age/gender etc.

Not all respondents completed all information. Below is the information provided.

Postcode:

TS24 = 24

TS25 = 35

TS26 = 25

No postcode provided = 16

Gender:

Male = 36

Female = 56

Transgender = 2

Prefer not to say = 7

Sexual Orientation:

Heterosexual = 58

Gay man = 7

Lesbian = 3

Bisexual = 5

Other = 3

Prefer not to say = 9

Age:

Under 16 = 1 16-25 = 8 26-35 = 5 36-45 = 3

46-55 = 13 56-65 = 4 66-75 = 22 76-85 = 14

86+ = 4 Prefer not to say = Zero

Ethnic Background:

Prefer not to say = 2

Black African/Caribbean or Black British = 4

White British/European/Others = 91

Consider themselves to have a disability

Yes = 43 No = 43 Prefer not to say = 6

Extract from the minutes of the Finance and Policy Committee on 28 March 2014 relating to Public Health**243. Workplace Health** (*Director of Public Health*)**Type of decision**

For Information.

Purpose of report

To introduce a short presentation regarding the topic of workplace health and wellbeing, which was led by the Health Improvement Team within the Council's Public Health Department.

To inform the Committee of the approaches being taken by Hartlepool Borough Council in relation to improving workplace health and wellbeing, for the Council workforce and also partner organisations across the town. Key issues and outcomes were highlighted within the presentation and there will be an opportunity for questions and discussion following the presentation.

Issue(s) for consideration

The Director of Public Health provided a detailed and comprehensive presentation which highlighted that the direct costs of absence alone amounted to over £14 billion in 2012 – an average of £721 per employee per year in the public sector. It was noted that Hartlepool Borough Council was the only local authority to achieve Continuing Excellence level in The North East Better Health at Work Award. The presentation outlined the Council's approach to achieving this award including

- a number of sport and recreational activities;
- support for National No Smoking Day
- BHF Wear Red for Heart Health Day
- Movember – Male Cancer Awareness

The presentation highlighted that sickness absence was reducing and the average sickness absence was currently at 6.84 days per person per year. The Director of Public Health concluded by presenting the future proposals to continue improving workplace health for all Council employees.

Councillor Paul Thompson declared a personal interest in this item at this point in the meeting.

Members were encouraged by the reducing sickness absence levels and thanked the team for all their hard work and commitment to supporting the health and wellbeing of the Council's employees. It was suggested that as part of the Free Swim Initiative which was agreed subject to Council approval earlier in the meeting, that the adults who would be attending with the children are offered diabetes and other health screening whilst they were in attendance at the Leisure Centre.

In addition, the team were commended for their work tackling childhood obesity an important part of which was educating parents who would pass it onto their children. A Member questioned whether, as one of the largest employers in the town, there were any negotiated corporate rates offered at

the Council's fitness facilities to encourage a higher uptake of fitness activity. The Director of Public Health confirmed that there were discounts provided in the Council's facilities as well as some other facilities in the town for Council employees.

The Chief Executive added that Council employees were under tremendous amounts of pressure in view of the recent and forthcoming budgetary reductions and it was important to recognise that providing more assistance to assist workplace health was better for their health and wellbeing.

The Director of Public Health thanked Members for their leadership and for being supportive of the Workplace Health initiatives.

Decision

The presentation was noted