

PLEASE NOTE TIME OF MEETING

HEALTH AND WELLBEING BOARD AGENDA



**11 August 2014
at 2.00 p.m.
in Committee Room 'B'
Civic Centre, Hartlepool.**

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Brash, Richardson and Simmons

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Schock and Alison Wilson

Director of Public Health, Hartlepool Borough Council - Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander

Representatives of Healthwatch – Margaret Wrenn and Ruby Marshall

Other Members:

Chief Executive, Hartlepool Borough Council – Dave Stubbs

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden

Representative of the NHS England – Caroline Thurlbeck

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Representative of Tees, Esk and Wear Valley NHS Trust – Martin Barkley

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council

- 1. APPOINTMENT OF VICE CHAIR**
- 2. APOLOGIES FOR ABSENCE**
- 3. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**



PLEASE NOTE TIME OF MEETING

4. MINUTES

To confirm the minutes of the meeting held on 29 April 2014 (*attached*)

5. ITEMS FOR INFORMATION

- 5.1 Strategic Context Presentation by Director Child and Adult Services , Director of Public Health and Chief Officer, NHS Hartlepool and Stockton on Tees CCG

6. ITEM FOR DECISION

- 6.1 Health and Wellbeing Board – Annual Review 2013/14 and Work Programming 2014/15
 - a. Covering Report – Report of Director of Public Health
 - b. Presentation – Director of Public Health
 - c. Breakout Sessions
- 6.2 Communications and Engagement Strategy – Presentation by Hartlepool Borough Council's Public Relations Manager

ITEMS FOR INFORMATION

Date of next meeting – 10 September 2014 at 2.00 p.m at the Civic Centre, Hartlepool – PLEASE NOTE CHANGE OF DATE (Previously scheduled for 8th September 2014 at 9.30 a.m.)



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

29 April 2014

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

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Ged Hall, Geoff Lilley and Chris Simmons
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group - Alison Wilson
Director of Public Health, Hartlepool Borough Council - Louise Wallace
Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander
Representatives of Healthwatch - Margaret Wrenn and Stephen Thomas.

Other Members:

Representative of the NHS England – Caroline Thurlbeck
Representative of Tees Esk and Wear Valley NHS Trust – David Brown
Representative of North East Ambulance NHS Trust – Nichola Thackeray

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council – Councillor Keith Fisher

Also in attendance:-

Philippa Walters, Tees Valley Public Health Shared Service

Officers: Sylvia Pinkney, Public Protection Manager
Sharon Robson, Health Improvement Practitioner (Drugs and Alcohol)
Patrick Crowe, Senior Environmental Health Officer
Lesley Huitson, Technical Officer (H&S)
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

78. Apologies for Absence

Apologies for absence were received from:
Hartlepool and Stockton on Tees Clinical Commissioning Group – Dr Paul Pagni
Chief Executive, Hartlepool Borough Council – Dave Stubbs
Director of Regeneration and Neighbourhoods – Denise Ogden

Hartlepool Voluntary and Community Sector – Tracy Woodhall
Tees, Esk and Wear Valley NHS Trust – Martin Barkley
North Tees and Hartlepool NHS Foundation Trust – Alan Foster
North East Ambulance NHS Trust – Nichola Fairless

79. Declarations of interest by Members

None.

80. Minutes of the meeting held on 26 March 2014

Confirmed with the following amendment:

That Councillor Keith Fisher's apologies be noted.

With reference to minute 74 the Director of Public Health confirmed that a small Working Group had met to consider the proposal to hold a Health and Wellbeing Face the Public Event on Monday 23 June 2014. The representative from HealthWatch confirmed that during the discussions at the Working Group it was suggested that the event be held on a week day early on an evening. It was highlighted that the HVDA and HealthWatch network had an extensive list of contacts that could be utilised to publicise the event. Furthermore, it was noted that it would be beneficial to produce an agenda to include an introductory session, workshops and a final session with a two hour duration for the event being suggested.

It was therefore proposed to hold the Event on Monday 23 June 2014 5.00-7.00 pm with information stands being available to promote and raise awareness of issues affecting health and wellbeing from 4.30-5.00 pm.

81. Drug Presentation (*Director of Public Health*)

The Director of Public Health introduced the Health Improvement Practitioner (Drugs and Alcohol) who was the Local Authority lead on the Substance Misuse Strategy Group for the Safer Hartlepool Partnership. The Health Improvement Practitioner provided a detailed and comprehensive presentation which included an outline of the responsibilities of the Substance Misuse Strategy Group (SMSG) and highlighted the current drug situation which showed that the problem with substance misuse in Hartlepool was twice the national average, the resulting trends in Hartlepool, the number of people currently undergoing treatment and the current services available.

During the discussions that followed it was noted that one of the key issues in reducing substance misuse was the provision of adequate housing. In addition, a number of campaigns for treatment services were being undertaken and it was highlighted that it was key to encourage people to take up those treatment services on a monthly basis. The Director of Public Health indicated that there were links to the criminal justice system and reducing reoffending and links with local prisons were actively being encouraged

through engagement with people as they leave prison.

In relation to a question from a Member, the Health Improvement Practitioner confirmed that out of 38 opiate users, 4 of them re-presented within six months, with people who re-present being targeted for additional support. One of the key aims to the success of the opiate dependency programme was reintegration into communities and rebuilding relationships with the community and the whole family. The Director of Public Health indicated that the success rates of this programme would be circulated to the Board. A Member raised some concern with the way in which people were treated when they present themselves for treatment within allocated Drug Treatment Centres. The Director of Public Health confirmed that anyone presenting themselves at the Drug Treatment Centres should be treated with the greatest respect as all patients and customers should be. The representative from the Clinical Commissioning Group confirmed that the opiate dependency programme achieved a 33% success rate where people attending the programme did not re-present within six months.

There was some concern at the term 'transition from children's services to adult services' as many people were shocked to learn the number of children affected by substance misuse. The Health Improvement Practitioner confirmed that HYPED was a young person drug treatment service that worked with young people during their transition from children to adult services to ensure this transition was as smooth as possible. The Director of Child and Adult Services confirmed that substance misuse within Looked After Children resulted in an enormous cost and the recommissioning of services was currently being explored to extend the age range of young people's services to up to 25 years old.

The importance of managing the problem through preventative measures was highlighted through a proactive approach to encourage people to think about their actions and raise awareness of the consequences and dangers of those actions. A Member referred to recent statistics which had indicated that 80% of all crime was carried out to finance substance misuse habits.

In response to a question from a member of the Board, the Director of Public Health indicated that a key priority for the Board should be to strengthen further the integration of support across all services to ensure pathways of care were smooth. The Director of Child and Adult Services informed the Board that a further report would be submitted to the Board identifying how the Child and Adult Services and Public Health Department can strengthen the partnership working with the Clinical Commissioning Group to provide a targeted approach for families in a joined up way. This would include looking at how information was shared across all agencies, using community intelligence and working with other agencies such as the Police, Schools and Health Agencies.

A Member sought clarification on the numbers of people who had received successful treatment for substance misuse and made a full recovery. The Director of Public Health confirmed that there was a robust monitoring system

in place through Public Health England and further data and trends could be provided to the Board for all treatment services.

Decision

- (i) That the drug situation in Hartlepool and the efforts being made to address this were noted.
- (ii) That data on the success rates of all treatment services, including the opiate dependent programme and trends compared to a national basis be provided to the Board at a future meeting.

82. Tattoo Hygiene Rating Scheme *(Director of Public Health)*

The Director of Public Health introduced the Senior Environmental Health Officer who provided a detailed and comprehensive presentation regarding the introduction of a Tattoo Hygiene Rating Scheme (THRS) in Hartlepool at the beginning of April 2014. The key aims of the THRS were to raise awareness of hygiene standards, drive up standards and adopt best practice and reduce the risk of incidents of infection and the transmission of infectious disease from tattooing procedures. It was highlighted that Hartlepool was the first local authority in England to implement such a scheme and a number of other local authorities had been in touch to ascertain how the scheme had been implemented and operated with a view to introducing a similar scheme,

The Senior Environmental Health Officer informed the Board of the work carried out by growing number of 'Scratchers' who carry out tattoos often from their home, were unregistered, unregulated and pose a public health risk. Work was ongoing to raise awareness of this unregulated practice including through partnership working with local colleges and sixth forms and members of the public were encouraged to provide information on the operation of 'scratchers' to enable action to be taken. A Member suggested that local schools should be approached to explore the possibility of including information on this within the schools' curriculum as part of their pupils personal development programme.

However, it was noted that there were six registered tattoo studios that had all been visited prior to the introduction of the scheme with the majority welcoming the scheme. Further details of how the scheme operated were outlined in the presentation with inspections carried out on an annual basis which provided a rating scheme from 1-4.

In response to a question from a Member, the Senior Environmental Health Officer confirmed that the presentations used in awareness raising sessions included some quite graphic pictures which highlighted the dangers of unregulated 'scratchers'.

Decision

- (i) That the report was noted.
- (ii) That further exploration be undertaken of the inclusion of raising awareness of 'scratchers' and the potential consequences within local schools' curriculums as part of a pupils personal development programme.

83. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

84. Any Other Business - The delivery of the Substitute Prescribing Service for Opiate Dependent Patients Through Pharmacies in Hartlepool (*HealthWatch Hartlepool*)

The representatives from HealthWatch Hartlepool presented the report which outlined the findings from the recent examination of the provision of substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool which was undertaken by HealthWatch and made recommendations regarding future service delivery. The contribution of all HealthWatch volunteers was acknowledged and welcomed.

It was highlighted that this had been a very complex area and a clear issue which had been identified was the stigma attached to receiving this treatment. The importance of ensuring all patients receive their treatment in a compassionate and with dignified manner. It was noted by the HealthWatch members that the managers of the pharmacies visited were impressed with the lengths pharmacy staff went to, to provide a difficult service in a very compassionate and dignified way.

One of the issues generated through this piece of work was the use of private consultation rooms within pharmacies for the provision of this service. Both mainstream patients and substance misuse patients associated a stigma with the use of the private room which highlighted that there were issues around patient choice and how the patient wished to receive their individual treatment. There were a number of issues that arose in relation to safety precautions for pharmacy staff and the measures in place to deal with such situations were inconsistent across different pharmacies.

A number of patients who receive regular treatment or support sessions completed questionnaires and the key findings from these questionnaires were outlined in the report. As a result of the recent examination of the

delivery of the substitute prescribing service for opiate dependent patients through pharmacies in Hartlepool, HealthWatch had formulated the following recommendations:

- (i) Overall, pharmacy managers and staff should be commended for the manner in which the substitute prescribing service was delivered with patient dignity and choice being central. Any future changes or developments with regard to service deliver should enhance and build upon these core principles.
- (ii) Consideration should be given to developing an introductory information pack for new patients in all pharmacies which would provide details of opening hours, expected standards of conduct and health, wellbeing and other general services available at the pharmacy.
- (iii) The delivery of the service at different pharmacy outlets should continue to take account of local factors such as size of the pharmacy, number of patients, internal layout etc but always have at its heart patient dignity and choice.
- (iv) Consideration should be given to arrangements regarding staff safety and in particular the absence of panic buttons in some private consultation rooms.
- (v) Consideration must be given to issues highlighted regarding the lack of out of hours services and arrangements put in place to ensure that prescribing arrangements were always in place for released prisoners who were on substitute prescribing programmes.
- (vi) In light of comments from both substance misuse patients and other pharmacy users regarding a perceived stigma relating to the use of private consultation rooms, attention should be given to developing ways of dispelling this myth and promoting the use of these facilities to enhance dignity in the treatment and care of all pharmacy users.
- (vii) The current payment arrangements for the delivery of the service by pharmacy outlets

In conclusion, the HealthWatch representatives confirmed that the main issues raised throughout this investigation had been the dignity and choice of patients and it was suggested that an information pack be developed for all new patients to inform them how the programme and pharmacy operated.

In response to a question from a Member, the representative from the Tees Valley Public Health Shared Service confirmed the arrangements for payments to pharmacies who implemented the delivery of the substitute prescribing service for opiate dependent patients.

A Member enquired what the procedure was for patients who wished to complain or comment on the service provided within pharmacies. The representative from Tees Valley Public Health Shared Service indicated that there was a standard NHS complaint procedure that all pharmacies followed along with the additional process as part of the new public health contract for clients to complain through the Council or HealthWatch.

The representative from the Clinical Commissioning Group (CCG) suggested

that it may be useful for the Board to have sight of information around national contracts as this may provide background knowledge to how different contracts operated.

The representatives from HealthWatch were thanked for all their hard work and commitment in undertaking this investigation and for producing such detailed and comprehensive findings.

Decision

That the recommendations and findings from HealthWatch's investigation into the delivery of Substitute Prescribing Service for Opiate Dependent Patients through Pharmacies in Hartlepool were noted.

Meeting concluded at 11.37 am

CHAIR

HEALTH AND WELLBEING BOARD

11 August 2014



Report of: Director of Public Health

Subject: HEALTH AND WELLBEING BOARD – ANNUAL REVIEW 2013/14 AND WORK PROGRAMMING 2014/15

1. PURPOSE OF REPORT

1.1 To fulfill the statutory requirement for an annual review of the activities of the Health and Wellbeing Board during 2013/14, reflecting on:-

- i) Progress against the Boards three areas of statutory responsibility; and
- ii) The challenges facing by the Board.

1.2 To:-

- i) Seek approval for the establishment of a defined work programme for the Health and Wellbeing Board during 2014/15; and
- ii) Identify a defined area of work, which the Board will focus on during the course of the year.

2. BACKGROUND

2.1 The Health and Wellbeing Board operated in its shadow form during 2012/13, completing its first formal year of operation as committee of the Council in 2013/14. Today's meeting is the first of the 2014/15 municipal year, and the Board is being asked to:

- Fulfill the statutory requirement for an Annual Review of its activities in 2013/14; and
- Consider the establishment of a defined Work Programme for 2014/15.

2.2 Annual Review 2013/14

2.21 To assist the Board in completing its 2013/14 Annual Review, a presentation will be given by the Director of Public Health to inform and promote discussion in relation to:-

- 1) Progress during 2013/14 against each of the Boards key duties (outlined below) and priority outcomes (as outlined in **Appendix A**):-

- i) The preparation and implementation of a Health and Wellbeing Strategy for the Borough;
 - ii) The development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool; and
 - iii) To ensure consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA.
- 2) The challenges facing Health and Wellbeing Board in the provision of effective health services for Hartlepool residents including:
 - i) Financial pressure / restrictions
 - ii) Service reconfiguration
 - iii) Changing Need / Demand (Population demographics/ health inequalities/ deprivation / lifestyle)

2.3 2014/15 Work Programme

2.3.1 In developing the operation of the Board, in addition to undertaking statutorily required activities, the Board is asked to also consider the establishment of a defined work programme for 2014/15, with the identification of a single item upon which it can focus its activities for the year. The potential benefits of the identification of such a piece of work being the:

- Ability to undertake an innovative piece of cross-cutting work that will focus resources and identify clear aims and desired outcomes.
- Allow the impact of the identified aims and desired outcomes to be monitored by the Board.
- Ability to draw in partners, and the Board's sub groups, to participate in the piece of work, drawing on the wealth of experience and expertise available.

3.2.2 To assist the Board in its discussions, details are to be presented to the Board of the outcome of the Face the Public Event, held on the 23 June 2014, with views and comments compiled in response to the following questions:-

Q1. What health priorities / issues do you think should be prioritised by the H&WBB that would most improve people's health in the long term?

Q2. Thinking about your priorities, what initiatives would you like to the Board implement to address these issues?

2.3.2 In order to facilitate discussions, the Board will also be asked to 'break out' into three groups to:-

Break Out Session 1

- Discuss and agree the wider determinants of health in Hartlepool
- Identify one determinant to be focused on in 2014/15

Break Out Session 2

- Discuss the selected determinant and identify linkages across all partner activities
- Agree how the piece of work is to be undertaken

5. RECOMMENDATIONS

- 5.1 The outcome of the Boards 'Annual Review' of activities during 2013/14 be noted.
- 5.2 That the Board approve the establishment of a defined work programme for 2014/15; and
- 5.3 That the Board identifies a clear topic area of work, upon which to focus its activities during 2014/15, and agrees the process for its completion.

6. REASONS FOR RECOMMENDATIONS

- 6.1 To meet the Boards statutory responsibilities in relation to the completion of an Annual Review and inform the activities of the Boards during 2014/15.

7. BACKGROUND PAPERS

- 7.1 No background papers were used in the preparation of this report.

8. CONTACT OFFICER

Joan Stevens – Scrutiny Manager
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APPENDIX A

Key Duties

- The preparation and implementation of a Health and Wellbeing Strategy for the Borough;
- The development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool; and
- To ensure consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA.

Priority Outcomes**1) Give every child the best start in life**

Objective A - Reduce child poverty.

Objective B - Deliver early intervention strategy.

3) Enable all children and young people to maximise their capabilities and have control over their lives

Objective A - Children and young people are empowered to make positive choices about their lives.

Objective B - Develop and deliver new approaches to children and young people with special educational needs and disabilities.

4) Enable all adults to maximise their capabilities and have control over their lives

Objective A - Adults with health and social care needs are supported to maintain maximum independence.

Objective B - Vulnerable adults are safeguarded and supported while having choice and control about how their outcomes are achieved.

Objective C - Meet Specific Housing Needs.

5) Create fair employment and good work for all

Objective A - To improve business growth and business infrastructure and enhance a culture of entrepreneurship

Objective B - To increase employment and skills levels and develop a competitive workforce that meets the demands of employers and the economy

6) Ensure healthy standard of living for all

Objective A - Address the implications of Welfare Reform.

Objective B - Mitigate against the impact of poverty and unemployment in the town.

7) Create and develop healthy and sustainable places and communities

- Objective A - Deliver new homes and improve existing homes, contributing to Sustainable Communities
- Objective B - Create confident, cohesive and safe communities
- Objective C - Local people have a greater influence over local decision making and delivery of services
- Objective D - Prepare for the impacts of climate change and takes action to mitigate the effects
- Objective E - Ensure safer and healthier travel

8) Strengthen the role and impact of ill health prevention

- Objective A - Reduce the numbers of people living with preventable ill health and people dying prematurely
- Objective B - Narrow the gap of health inequalities between communities in Hartlepool