HEALTH AND WELLBEING BOARD AGENDA

HARTLEPOOL BOROUGH COUNCIL

Monday 4th September 2017
At 10.00am
in the Council Chamber,
Civic Centre, Hartlepool.

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Clark and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Timlin and Alison Wilson
Interim Director of Public Health, Hartlepool Borough Council (1); - Dr Paul Edmondson-Jones
Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson
Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council (1**)** – Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden
Representative of the NHS England (1) – Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust (1) – Colin Martin
Representative of Cleveland Police, Jason.Harwin
Representative of GP Federation (1) – Fiona Adamson
Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Vacant

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 26th June 2017

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 2nd May 2017

4. **ITEMS FOR CONSIDERATION**

4.1 Healthwatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experiences of Local GP and Hospital Services – *HealthWatch Hartlepool and Hartlepool Deaf Centre*

4.2 Healthwatch Hartlepool Enter and View Reports – Wards 27 and 28 – *HealthWatch Hartlepool*

4.3 Director of Public Health Annual Report 2016/17 – *Interim Director of Public Health*

4.4 Health and Wellbeing Strategy (2018-2025) – *Interim Director of Public Health*

4.5 Care Quality Commission Appreciative Review – *Assistant Director – Adult Services*

5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – Monday 4th December at 10.00am at the Civic Centre, Hartlepool.

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

26 June 2017

The meeting commenced at 10 a.m. in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Buchan, Clark and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Lisa Tempest (as non –voting substitute for Alison Wilson)
Interim Director of Public Health, Hartlepool Borough Council – Dr Paul Edmondson-Jones
Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson
Representatives of Healthwatch – Margaret Wrenn

Other Members:
Representative of the NHS England – Dr Butler
Representative of Tees Esk and Wear Valley NHS Trust –David Brown
Representative of Cleveland Police – Jason Harwin
Representative of Headteachers – Julie Thomas

Also in attendance:-
Pam Lee, Senior Screening & Immunisations Manager, NHS England North (Cumbria and North East)
Judy Gray, Hartlepool Healthwatch
Mr Hobbs

Hartlepool Borough Council Officers:
Esther Mireku, Acting Consultant in Public Health
Joan Stevens, Statutory Scrutiny Officer
Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, the Chair welcomed new members to the Board and Board Members introduced themselves.

1. Apologies for Absence

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Representative of Healthwatch - Ruby Marshall
Chair of Audit and Governance Committee – Councillor Ray Martin-Wells (minute 4 refers)

2. Declarations of interest by Members

Councillors Christopher Akers-Belcher and Thomas reaffirmed their declaration of interests as employees of Hartlepool Healthwatch

3. Minutes

(i) The minutes of the meeting held on 13 March 2017 were confirmed.

There were no matters arising from the minutes

(ii) The minutes of the meeting of the Children's Strategic Partnership held on 14 March 2017 were received.

4. Health and Wellbeing Board Referral – Reporting Arrangements for Delayed Transfers of Care *(Chair of Audit and Governance Committee)*

In the absence of the Chair of the Audit and Governance Committee who had submitted his apologies for the meeting, the Statutory Scrutiny Officer reported back to the Health and Wellbeing Board the outcome of its referral to the Audit and Governance Committee.

The Board was advised that the Audit and Governance Committee at its meeting on the 23 March 2017, had welcomed indications that good progress had been made in relation to Delayed Transfers of Care, as outlined in the report. It was also noted that returns would continue to be reviewed on a monthly basis, with Hartlepool Borough Council monitoring all delays that were attributed to social care, to ensure that all possible actions were taken to facilitate timely and safe discharges from hospital. On this basis, it had been agreed that no further action was required by the Committee at this time.

The Chair of the Adults Services Committee updated the Board on the improving situation in terms of nursing bed provision in the town.

The Chair of the Board referred to the intended continuing review of delayed transfers of care and requested that the outcome of the monitoring be reported to the Board. The Statutory Scrutiny Officer agreed to report that

information to the Board.

Decision

The report was noted and the Statutory Scrutiny Manager agreed to submit further reports to the Board on the outcome of the Audit and Governance Committee's monitoring of delayed transfers of care.

5. Update of Screening and Immunisation Programmes across Hartlepool (*Interim Director of Public Health*)

The Interim Director of Public Health introduced a report which updated the Board on uptake of the Public Health screening and immunisation programme across Hartlepool, including responsibilities under the Health and Social Care Act 2012. Given the Board's previous decision to undertake a more in depth consideration of immunisation and screening, a representative from NHS England had been invited to the meeting of the Board, which had been held on 5th December, 2016, to provide a presentation in relation to immunisation in Hartlepool.

At this Board meeting, a detailed presentation was received by Pam Lee, Senior Screening & Immunisations Manager, NHS England North (Cumbria and North East). The presentation addressed the following issues:-

- Screening – what, why and how?
- Cancer – Breast, Bowel, Cervical
- Abdominal Aortic Aneurysm
- Diabetic Eye
- Ante Natal and New-born

It was noted that the National Screening Committee determined programmes to be delivered based on burden of disease and mortality and that there was a quality assurance process for all programmes. The presentation set the context in terms of cases of each of the above areas and advised the Board of what was being done in each identified area.

In terms of what Hartlepool Health & Well Being Board could do, the presentation highlighted the following areas with particular reference to the role of Partners in increasing the uptake of working age adults attending Diabetic eye screening:-

- Focus on prevention – smoking/alcohol/obesity
- Community development work – why don't people engage with the programmes?
- Work with CCG to reduce practice variation

The Interim Director of Public Health explained that one of his responsibilities was to provide assurance in terms of screening and referred to the roles of

other Partners. Following the presentation, Board Members debated issues arising from the presentation including the areas upon which to focus. The representative of Cleveland Police offered the services of the Police in terms of local community work and a debate took place regarding issues associated with child obesity.

Board Members appreciated the depth of information which had been collated by NHS England and recognised that although data was not patient identifiable, it could be helpful if data was provided according to locality of the three community hub areas. The Senior Screening & Immunisations Manager responded, to a request for information to be available on a ward basis, that she would work with the Interim Director of Public Health and to also share lessons learnt from Middlesbrough initiatives where there had been an increase in screening uptake.

Concern was expressed at the apparent downward trend in screening of individuals with learning disabilities. Views were sought from the Senior Screening and Immunisations Manager with reference to users mental health services and that possibly some work needed to be progressed addressing those concerns. The Board was advised that a lot of work had been done to flag people with learning disabilities and work was ongoing with Mental Health Trusts. The representative of the Tees Esk and Wear Valley NHS Trust assured the Board that his Trust was picking up that agenda.

Following a request for clarification from the Chair of the Board in relation to breast cancer screening, the Senior Screening and Immunisations Manager agreed to feedback to the Interim Director of Public Health in relation to the increased uptake in breast cancer screening in Stockton.

The Interim Director of Public Health highlighted that the Health and Wellbeing Strategy (2013 - 2018) Refresh was to be considered later in the meeting, which included a key priority area of ‘working well’.

Decision

(i) The Board noted the current uptake of the screening and immunisations programme for Hartlepool; and

(ii) Board Members agreed to provide local systems leadership advice to improve uptake of screening and immunisation programmes across Hartlepool.

(iii) That the issues raised at the meeting be addressed in the Health and Wellbeing Strategy (2013 - 2018) Refresh

6. Better Care Fund: 2016/17 Q3 and Q4 Returns *(Director of Child and Adult Services)*

The report provided the background to the National Conditions and performance measures associated with the Better Care Fund. Performance reports were submitted to NHS England on a quarterly basis. The deadline for submission of the Q3 return (covering the period October – December 2016) was 3 March 2017, and the deadline for the Q4 submission (covering January – March 2017) was 31 May 2017. The Q3 and Q4 returns had confirmed that all national conditions continued to be achieved, and provided analysis of performance data which was summarised in the report. Further detail was provided within the report on performance measures.

Decision

The Board noted the 2016/17 Q3 and Q4 returns, which were submitted on behalf of the Health and Wellbeing Board using delegated authority as agreed previously by the Board.

7. Pharmaceutical Needs Assessment (PNA) Review

(*Interim Director of Public Health*)

The Board had published its first PNA on the 25 March 2015, in accordance with statutory requirements. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for the updating of PNA's, including the duty of Health and Wellbeing Boards (HWB's) to 'publish a statement of its revised assessment within 3 years of its previous publication of a PNA'. The HWB is required to keep the PNA up to date by maintaining the map of pharmaceutical services, assessing any on-going changes which might impact pharmaceutical need or require publication of a Supplementary Statement, and by publishing a full revised assessment before the 25 March 2018. Details of actions required to maintain the current PNA and the planning process for the publication of a fully reviewed PNA were outlined in the report.

Decision

i) The Board acknowledged the content of the report including the outline plan and timetable towards the review of the PNA of the Hartlepool HWB, commencing immediately.

ii) The Board delegated authority to the current/or acting Director of Public Health (DPH), in conjunction with the Chair of the HWB, for approval of the draft PNA 2018 for release to formal 60 day consultation.

iii) The Board approved the continued delegation of authority to the current, or acting, Director of Public Health (DPH), in conjunction with the Chair of the Board, for elements of the maintenance and use of the PNA, and for the DPH to approve, as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor relocations of pharmacies, minor adjustments to opening hours and service contracts that do not impact on need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA; and

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

iv) In accordance with the NHS Pharmaceutical Services regulations, now that the Board is in the course of making its revised assessment for 2018, the Board will monitor any changes to availability for pharmaceutical services in its area in the intervening period. The Board will publish a Supplementary Statement on any changes (to availability) where (if) it is satisfied that immediate modification of its pharmaceutical Needs Assessment (2015) is essential in order to prevent significant detriment to the provision of pharmaceutical services in the town.

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

8. Health and Wellbeing Strategy (2013 - 2018) – Refresh

(*Interim Director of Public Health*)

The report sought approval of the Project Plan / Timetable for the refresh of the Health and Wellbeing Strategy (2013 – 2018) and the priorities identified for inclusion as the basis for the refreshed Strategy. The Health and Social Care Act 2012 required the Local Authority, with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy

(2013-2018) had been developed in 2012-2013 in order to comply with this statutory requirement. In complying with the requirements of the Health and Social Care Act 2012, and in order to ensure that the Strategy is fit for purpose and effectively reflects local priorities, the Board had approved the refresh of the Strategy at its meeting on the 13 March 2017. Approval was also given for the creation of a detailed Project Plan / Timetable to enable completion of the refresh process in line with the required deadline.

Board Members were advised that the Health and Wellbeing Strategy (2013-2018) was based upon the principles of the Marmot Report (2010) and focused on protecting and improving the health of the population through a range of evidence based interventions. In taking forward the development of the 2018 – 2023 Strategy, it was proposed that:-

i) The refreshed Strategy focus on the four key priority areas (as detailed below) and that these, alongside the identification of major issues in relation to each, form the basis for an extensive consultation process:

- Starting Well – maternal health, children and young people;
- Working Well – workplace health, getting into work, poverty;
- Ageing Well – isolation, dementia, long term conditions, older people;
- Living Well – lifestyle issues, mental health, prevention;

The Project Plan, to complete the refresh, was set out in the report. The Statutory Scrutiny Manager highlighted an additional public consultation on priorities, to inform the Strategy, on 14th July, commencing at 10 a.m. in West View Advice and Resource Centre.

The Chair of the Board referred to earlier discussions relating to uptake of the Public Health screening programme and that in terms of what is 'working well', engagement should include key contacts in schools, businesses and GPs.

The Interim Director of Public Health responded to concerns expressed by a member of the public at what was considered to be an escalating trend of children with learning disabilities which were alleged to be linked to immunisation. The Interim Director highlighted that Public Health England was responsible for the evidence base for all screening and immunisation programmes. It was reported that the overwhelming evidence supported vaccinations being safe. The Chair of the Board advised Members that the member of the public had written a letter, which was to be considered under Any Other Business.

Decision

(i) That the Board approved the:

- Priority areas identified as the focus for the refreshed Strategy and consultation process detailed in the report; and

- Updated Project Plan and Timetable for completion of the refresh as detailed in the report.

(ii) That the Board consider a final draft of the refreshed Health and Wellbeing Strategy 2018 – 2023 at its meeting on the 4 December 2017, prior to its submission to Full Council on 15th March 2018.

9. Overview and Scrutiny Work Programme - Verbal Update (*Scrutiny Manager)*

Further to the meeting of the Council's Audit and Governance Committee held on 21 June 2017, the Statutory Scrutiny Officer advised the Board that each year Overview and Scrutiny identified, implemented and completed an annual work programme as a means of fulfilling its statutory responsibilities. The Audit and Governance Committee had been asked to consider the development of the 2017/18 Work Programme, identifying potential topics for investigation and indicative timeframes covering both areas of statutory scrutiny.

The Committee considered a range of potential issues for scrutiny in the 2017/18 municipal year and in selecting a topic emphasis was placed on the potential future impact of the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan (STP), the Better Health Programme and the implementation of the 'Hartlepool Matters' Plan.

Following detailed consideration of the information provided, and potential topics, the Committee had agreed that it would undertake one investigation in 2017/18, focusing its attention on Elective Surgery on the UHH site (Hartlepool matters) and high quality Maternity Services (STP) as an issue of significant local concern. This enabling Members to be fully informed as they participate in regional scrutiny of the STP and allowing capacity for scrutiny of other STP realted issues, should the need arise.

It was noted that the Committee would be requesting information from Board Members and that a report would be submitted to the Board on the outcome of the investigation.

Decision

The update was noted.

10. Any Other Business

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.

11. Letter

As referenced earlier in the meeting, a letter had been tabled at the request of a member of the public which reiterated the concerns which had been expressed earlier in the meeting in relation to the implications of the immunisation programmes.

Meeting concluded at 11.20 p.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

2 MAY 2017

The meeting commenced at 10.00 am in the Centre for Independent Living, Hartlepool.

Present:

Councillor Alan Clark (In the Chair)

Present: Danielle Swainston, Assistant Director, Children's Services
Dr Paul Edmondson-Jones, Interim Director of Public Health
Lynne Brown, Service Manager, CAMHS, Tees, Esk and Wear Valleys NHS Trust
Dave Wise, Voluntary and Community Sector Representative
Kay Glew, Head of Housing, Thirteen Group
Dave Pickard, Independent Chair, Hartlepool Safeguarding Children Board
Susan Sweeney, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Graham Alton, Chief Executive, Changing Futures North East (Healthy Relationship Partnership)
Martin Todd, Project Lead, Health Relationship Partnership
Jayne Moules, Changing Futures North East

Officers: Esther Mireku, Public Health Specialist
David Cosgrove, Democratic Services Team

27. Apologies for Absence

Sally Robinson, Director of Child and Adult Services.
Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group.
Jonathan Fay, Job Centre Plus.

28. Declarations of Interest

None.

29. Minutes of the meeting held on 14 March, 2017

Confirmed.

The Principal Democratic Services Officer referred to the discussion at the

previous meeting on the frequency of meetings and indicated that following a conversation with the Chair that a schedule of meetings was proposed to ensure that all partners could guarantee a slot in their diaries. The dates of meetings proposed were agreed by the group –

Tuesday 18 July 2017 at 10.00 am
Tuesday 26 September 2017 at 10.00 am
Tuesday 28 November 2017 at 10.00 am
Tuesday 23 January 2018 at 10.00 am
Tuesday 27 March, 2018 at 10.00 am.

The Chair indicated that with day time meetings being proposed, some consideration would need to be given as to how the views of young people could be fed into the discussions of the Partnership. The Assistant Director, Children's Services commented that there were avenues such as the Youth Parliament and young inspectors that could provide that feedback.

30. Needs Analysis – Identification of Priorities (*Assistant Director, Children's Services*)

The Assistant Director, Children's Services referred to the discussions at the previous meeting and indicated that there was need to move on to the second stage of the process looking at three key questions: -

1. Why do we need this partnership / what is the purpose of the partnership?
2. How are you and your organisation contributing to the vision and the obsessions?
3. Who else on the partnership do you need to achieve our organisation's outcomes?

In examining the 'golden thread' of what each partner does and carrying that through the work the partnership the function of the partnership needed to be questioned so far as could each partner simply deliver their own 'silo' role and the same results be achieved.

In comparing the group with others, there were a number of other arrangements dealing with services to children and young people. The Hartlepool Safeguarding Children Board has a robust sub group structure that fed back to the main Board. There was also the Hartlepool Education Commission with its own substructure. Safer Hartlepool Partnership had the Youth Offending Service reporting through which also impacted upon this group. The new Hartlepool Matters Implementation Group would also have a cross cutting role on the integration of health and social care in the town.

This partnership had a both a substructure and a scrutiny role but there was little evidence of the substructure reporting through to this meeting. The partnership was required to have a SEND group which was to report through to these meetings. The landscape of schools with semi-

autonomous academies had an impact with any education sector representatives only being able to give a broad education view but not a schools view.

Mapping the world around the partnership showed that there was a very complicated position. The Partnership had to define its own role within this and ensure it had a definitive purpose or there would be no buy-in for what the group was trying to achieve.

The Interim Director of Public Health commented that it did appear that there was no 'top level' control ensuring system leadership and direction and holding partners to account for service delivery. The role of the partnership was to deliver a service greater than the sum of its parts through providing strategic direction and control where necessary.

The Partnership's MALAP (Multi Agency Looked After Partnership) role to be considered as well. The Chair of the Hartlepool Safeguarding Children Board commented that there was need to ensure 'clarity of purpose' for partners so that they were able to compliment each other's role rather than remain siloed or cross-cutting. The Safeguarding Board had changed the focus of their work from being perpetrator and victim to being family and child focussed.

There was a view that this role and these discussions were being held in other authorities and was there something we could learn from them. The Interim Director of Public Health commented that from his experience that while all authorities outside of London had a partnership, no two would look the same; the only focus needed to be on local working arrangements and making them work.

The Assistant Director indicated that the partnership was required to produce and over-arching plan by the end of the year. In the past there had been a very extensive Children and Young Peoples Plan. The new plan would need to show system leadership together with a performance management framework. A draft performance framework was circulated for the Partnership's information. Much of the information was already publically available but there was little benchmarking to be able to measure real performance which would provide a background for holding partners to account on delivery. The Council had its own targets for some areas through the Council Plan but there were none for the partnership. The meeting discussed how performance could be benchmarked and whether that could be against national, regional or local statistics. The Interim Director of Public Health commented that, for example, for all the national health indicators, Hartlepool was in the red. Being so far away from the target could itself become a disincentive.

The Assistant Director indicated that there may need to be some sub groups focussed on the development of the partnership's Plan as this work did need to be progressed in order to meet the required deadline. There was already a lot of work being undertaken that was delivering good

outcomes and the plan needed to bring all of those together. The meeting supported the need for some sub group working to progress the development of the plan with initial discussion being centred around key milestones and performance measures. The group accepted that a lot of the work may already be done it was just drawing that work together. There was also a need to ensure an ownership of the plan at the top level. The Partnership needed to pursue the aim of giving every child the best start in life by ensuring that wherever service delivery needed to be strengthened within a service area to deliver that, the Partnership would ensure that happened.

The Assistant Director highlighted that there would be other areas where work had already been undertaken or may need to be reviewed, where it involved partners, such as the CCG, who operated across wider areas than Hartlepool. It was commented that the Partnership reflected the complexity of a child growing up.

The group discussed how the delivery of the plan may be achieved and whether a planning day may be an alternative for pulling the key strands of the plan together. This would, however, require key partners in delivery to attend. The Chair agreed that this was key to moving the plan forward and would discuss the issue further with the Chair of the Health and Wellbeing Board to discuss if any measures could be taken to ensure greater attendance.

In relation to the input from young people, it was agreed that the Assistant Director commission some specific piece(s) of work from the young people that could drop directly into the plan.

31. SEND Improvement Plan (*Assistant Director, Children's Services*)

The Assistant Director, Children's Services outlined the Partnership's new statutory requirement to deliver a SEND Improvement Plan. There had been a recent inspection, one of the first in the country under the new regulations, which had found some weaknesses. The Council had been required to produce an action plan to address the concerns expressed from the inspection and this had been shared with the key partners.

The Partnership would be required to ensure delivery and commissioning, where appropriate. The Interim Director of Public Health commented that if the plan could be structured to show where we wished to be in two years time when the next inspection was due, would we be at a point now where we could pick up the weaknesses that had been highlighted through the recent inspection and where we could address them appropriately. The Assistant Director agreed that it would be worthwhile through the process of developing the new plan looking retrospectively at the weaknesses that had been highlighted as a way of developing an approach to picking such issues up in the wider plan.

32. Next Meeting

It was agreed that the next meeting would concentrate on the Children and Young Peoples Plan and performance measures.

The meeting concluded at 11.25 am

CHAIR

HEALTH AND WELLBEING BOARD

4th September 2017

Report of: HealthWatch Hartlepool and Hartlepool Deaf Centre

Subject: HealthWatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experiences of Local GP and Hospital Services

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1. PURPOSE OF REPORT

1.1 To inform the Health & Wellbeing Board of the outcomes of the recent investigation conducted by Healthwatch Hartlepool and the Hartlepool Deaf Centre into Deaf patient experience of local GP and Hospital Services.

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 an Executive committee, 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 investigation into the experiences of deaf patients using local GP and hospital services at North Tees and Hartlepool Hospitals was included in the 2016/17 work programme of Healthwatch Hartlepool as a result of concerns raised by Deaf patients who have recent experience of accessing these services.

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 local 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 will be made available to all partner organisations and will be 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

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board note the contents of the report **(Appendix A)** and consideration is given to recommendations contained within.

6. REASONS FOR RECOMMENDATIONS

6.1 The recommendations are based on findings from the consultation events and subsequent discussions.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

Stephen Thomas - HealthWatch Development Officer
Healthwatch Hartlepool
The ORCEL Centre
Wynyard Road
Hartlepool
TS25 3LB

Healthwatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experience of Local G.P and Hospital Services

Final Report

May 2017

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the Report

1. Background

1.1 Over several years Healthwatch Hartlepool and the Hartlepool Deaf Centre have received regular reports from members of the Deaf

community in Hartlepool regarding their experiences when using local GP and hospital services. This feedback indicates that their experiences of accessing these services have on occasions been problematic. Consequently, this has occasionally resulted in Deaf patients not receiving the same level of access to local health services as the wider community.

1.2 The Equality Act (2010) demonstrates a commitment to eliminate discrimination, reduce social exclusion and make services more accessible for all. The Disability Discrimination Act (2005) had already introduced the concept of "reasonable adjustment", which requires service providers to take "reasonable" steps to ensure groups such as deaf patients have proper unimpeded access to all health services.

1.3 Healthwatch Hartlepool and Hartlepool Deaf Centre both agree that it is good practice to include service users with disabilities in the process of designing accessible services. For Deaf service users such adjustments are absolutely vital in ensuring appropriate and accessible communication and support processes. There is also a real need to respect and understand the specific cultural and linguistic identity of Deaf patients.

1.4 Consequently, in 2016, it was agreed that Healthwatch Hartlepool and Hartlepool Deaf Centre would undertake a joint investigation of Deaf patient experience of accessing and using local GP and hospital services. This proved to be a very successful partnership, bringing together the statutory role and authority of Healthwatch Hartlepool and the insight and awareness of Hartlepool Deaf Centre.

1.5 The project also coincided with the introduction of the new Accessible Information Standard on July 31st 2016. This requires the NHS to provide information in a way that patients can understand, including providing a British Sign Language (BSL) Interpreter where needed. The Standard also requires health service providers to ensure that they have appropriate systems in place to ensure patients can contact them easily.

1.6 The report focuses predominantly on the experiences of people who have been deaf from birth or childhood and who use British Sign Language (BSL) as their first or preferred language. They are

referred to in this report as 'Deaf' with a capital D, as this is the term usually used to refer to people who have been deaf all their lives.. For most Deaf people English is their second language, and understanding complicated messages in English can be a problem. While some Deaf people may be able to lip read when necessary, it is estimated that lip readers only understand 30% of a conversation, so lip reading should not be relied upon as a satisfactory means of communication in a health care setting. A BSL interpreter should be provided to avoid misdiagnosis, wrong prescriptions and misunderstood instructions.

The report does not focus on adults who have age-related deafness or those who have become deaf during the course of their adult life after they have acquired a spoken language. They are usually referred to as 'deaf'. However, we believe many of our findings and recommendations will also be relevant to the provision of services to this patient group.

2. Methodology

2.1 The investigation focused on the experience of Deaf patients who have recently used GP services in Hartlepool and also hospital services provided at North Tees and Hartlepool Hospitals. Summaries of personal stories which were relayed to us over the course of the investigation can be found at Appendix 1 of the report.

2.2 Input was received directly from Deaf patients who attended a consultation event on July 11th which was hosted by Hartlepool Deaf Centre and also during regular Art and Crafts sessions. During the sessions a short survey was completed and some surveys were also returned by post.

2.3 This was done with the assistance of a BSL interpreter and surveys were worded in BSL English (using grammar and word order a Deaf person would use when using BSL).

2.4 In total, sixteen surveys were completed as well as six individual case studies which can be found at Appendix 1.

2.5 Current service provision methods were also examined. A questionnaire was sent to all GP practices in Hartlepool, and in total eight were returned. A copy of the questionnaire, and a summary of responses can be found at Appendix 2 of the report.

2.6 Visits to both North Tees and Hartlepool hospitals also took place and structured discussions were undertaken with the Managers of the following wards and service areas –

North Tees Hospital

- Lung Health/Respiratory
- Outpatient Department
- Outpatient and Inpatient Bookings
- Cardiology Day Unit
- Emergency Assessment Unit (EAU)
- Children's Ward (Ward 15)
- Rheumatology Day Unit
- Discharge Lounge
- Maternity Wards (Wards 18/19)
- Medicine/Respiratory (Ward 24)
- Women's Health Unit (Ward 30)

Hartlepool Hospital

- Endoscopy Clinic
- Holdforth Unit (Ward 3)
- Elective Care (Ward 4)
- Single Point of Access Team (SPA Team)

2.7 An outline questionnaire covering the areas which were addressed during the course of these discussions can be found at Appendix 3 of the report.

2.8 Finally, it was agreed that a short report would be produced jointly by Healthwatch Hartlepool and the Hartlepool Deaf Centre, which would outline key findings and make appropriate recommendations relating to the future development and delivery of services to Deaf patients.

3. Findings

A) Local G.P Surgeries – Patient Feedback

(i) Appointments

The main issues reported by Deaf patients were difficulties booking appointments and getting test results, receptionists failing to book interpreters and the resulting communication problems, missed

appointments due to GPs and receptionists calling out names rather than using a visual calling system and problems ordering repeat prescriptions.

(ii) Booking an Appointment

62% said they had to go to their GP surgery to book an appointment.
100% of respondent said they 'didn't know' whether their GP flagged up that they were Deaf in their patient records.
Only 12.5% of Deaf patients felt their GP surgeries were Deaf aware.
One respondent said her parent or representative went to her GP surgery to book an appointment for her.
37% asked someone to book an appointment for them by telephone.
Only one person booked their appointments online – despite several people attending HDC computer classes where they registered with online appointment/prescription services. This suggests some people aren't comfortable using an online system – while others may not be aware that their surgery offers one.
75% said communication problems put them off booking a GP appointment.

(iii) Getting test results

Deaf patients reported that communication barriers often made it difficult to find out their test results, as most GP surgeries expect patients to ring them to get this information.
56% said they went to their GP surgery to get test results.
12.5% said a family member rang the surgery to get their results.
25% received their test results by letter.

(iv) Booking appointments/getting test results – Deaf patients' preferences.

50% of respondents wanted to be able to book an appointment or get test results by text. –
"I would also like to choose which G.P I see"

(v) BSL interpreters

81% said their GP surgeries didn't automatically book an interpreter for them – they or their representative had to ask for one when they booked an appointment.

'I don't ask – I should ask. They never ask me.' This hi-lights the need for GP surgeries to flag up in a patient's records if they are Deaf

and to ask them what their communication needs are and record them, so that the patient doesn't have to keep on reminding staff.

56% reported problems with interpreter bookings - including having no information about the interpreter, the interpreter failing to turn up/arriving late, the interpreter being the wrong sex, or not being booked for long enough. 'Need make sure interpreter actually turn up for appointment on behalf of doctor or hospital. To make sure know (interpreter booked) then need even on appointment letter.'
'When interpreter wrong sex for appointment it embarrassing and not fair.' 37% took a family member /friend with them to communicate (not a paid BSL interpreter).
'I take my father with me in case there is no interpreter, so that he can communicate. But this is not right as there should be an interpreter.'
'Usually I am accompanied by my mam. An interpreter is normally requested where needed but GP surgery has to be reminded. When I had an operation no one booked interpreter'.
Patients also took a family member when they needed to see a GP quickly and there was a likelihood that the surgery wouldn't be able to book an interpreter in time. One respondent took her son's partner to communicate 'just once', as she had a 'massive need as I know there are no interpreter same day.'
Another respondent said they took a family member with them to appointments because it was for a 'last minute appointment, too short notice to book interpreter.'
However, when one respondent was asked if he would take a family member/friend with him to appointments for communication support he replied: 'Nope. Not their responsibility. And it's my privacy rights also.'
As well as issues around privacy there is a possibility that the relative or friend is not sufficiently skilled in BSL to be able to accurately translate what the GP is saying, or that they will withhold/change information for personal reasons. This could lead to misdiagnosis, or the patient not fully understanding, or being told, everything that is said.
Some GPs offer same day appointments which means there is insufficient time to book an interpreter.

(vi) Attending a GP appointment without an interpreter

The comments below highlight the difficulties Deaf patients experience when no interpreter has been booked for a GP appointment.

'When between me and GP not good explain to me. When with interpreter more explain to me'.

'I write note and I don't understand what they say - they don't write note.'

'I need someone with me that knows me very well and interpreter.' (Deaf gentleman with sight loss, due to Ushers, learning difficulties and a mental health problem).

'Don't understand when they talk, as need sign language interpreter'.

'I need someone with me while interpreter explain to me …' (Deaf gentleman with severe learning difficulties).

'When I go to GP short notice so no time to book BSL interpreter. I has to write down to communicate with doc. I find it awkward and more difficult as my English not standard enough.'

These comments give insight into how Deaf patients struggle to understand their GP without an interpreter and again hi-light the risks of poor communication.

These risks were confirmed by other responses which revealed that by the end of an appointment only 19% knew what their diagnosis was, how to use their medication and whether they needed further treatment.

(vii) BSL interpreters - other issues

On occasions, even when BSL interpreters were booked, patients weren't informed, or weren't always happy with the quality of the interpreting.

'I am not sure interpreter understands me never met her'.

'Sometimes bad interpreting. Not qualified enough'.

(viii) GP surgery waiting rooms

Patients reported problems knowing when it was their turn because GP surgery staff called their name rather than physically coming and alerting them, or using a visual system.

Only 37.5% said their GP surgery had a visual system to tell them when it was their turn.

'I would like my doctor at McKenzie (House) to provide visual display screen as notice other doctor's surgeries have them'.
50% said they had missed an appointment while sitting in their GP surgery's waiting room because they didn't know it was their turn.
'I always make sure to tell the receptionist to come and let me know when it my turn, and if time over I repeat go over make sure they don't forget.'

(ix) Repeat prescriptions
Most patients went to their GP surgery to order their repeat prescriptions because they couldn't use the telephone or were unaware of, or unable to use an online repeat prescription service.
56% of respondents said they went to their GP surgery to order repeat prescriptions.
19% said a representative ordered their prescriptions over the telephone on their behalf.
12.5% collected their prescriptions directly from their pharmacy via a pharmacy prescription collection service.
'I would like to order prescriptions by text message.'
This would be a much more accessible way of ordering repeat prescriptions, because as mentioned previously, very few Deaf people use their GP surgery's online services. While this could be due to a lack of awareness in some cases, in others it is down to a lack of confidence online. The majority of Deaf patients – both young and old – own and use a mobile phone.

B) Local GP Surgeries - Questionnaire
(i) GP surgeries play a key role in the day to day health care of us all. It is vital that everyone can access the full range of services they provide and that there are no barriers to prevent this from happening.

(ii) However, feedback received from Deaf patients indicated that this is not always the case and there have been occasions when Deaf patients have experienced difficulties making appointments and during the course of consultations and treatment.

(iii) We therefore focused our GP survey around key issues of communication, patient involvement and staff training/awareness. The questionnaire was sent to fourteen Practices across the town and

eight completed forms were returned. A copy of the questionnaire and summary of responses can be found in Appendix 2.

(iv) Overall, the impression gained from the responses we received was positive and there was a clear indication of a strong desire to provide effective and accessible services for Deaf patients. However, it was disappointing that despite several reminders, six Practices did not return the questionnaire.

(v) All eight of the Practices that returned questionnaires reported that they offered an online appointment booking service. Seven confirmed that they check the online system daily for BSL interpreter requests. However, only one Practice had a Short Message Service (SMS) facility which allows patients to book appointments using text. This is a favoured means of communication for many Deaf people. Five Practices went on to say that they would consider introducing such a service at some point.

(vi) Six of the Practices informed us that they routinely asked Deaf patients what their preferred method of communication is (for example with a BSL Interpreter) which demonstrated an understanding that Deaf patients will have differing preferences when it comes to communication methods.

(vii) All eight of the Practices confirmed that they routinely booked double-length appointments for Deaf patients to allow time for BSL interpretation. All of the Practices also confirmed that they always flag when a patient is Deaf on their medical record and also keep information on the individual's preferred communication method.

(ix) All eight of the Practices reported that reception staff know how to book BSL Interpreters but no reception staff at any of the sites had received any Deaf Awareness training. However, two Practices did however report that it was something they would look into. One Practice also reported that they had some staff members who were trained in BSL to Level 1.

(x) Of the eight Practices who responded, only two said they had visual indicators in surgery waiting areas to alert Deaf patients when it is their turn. However, some did confirm that a member of staff,

nurse or GP would come to meet the patient and take them through to their consultation.

(xi) Five Practices said that they offered accessible information about treatment options, to enable Deaf patients, their carers and families to be more involved in decisions about their healthcare.

(xii) Finally, all eight Practices confirmed that they provided an online repeat prescription ordering service in addition to a telephone based service. Four Practices also said that repeat prescriptions could be ordered by email but none of the Practices offered an SMS text messaging repeat prescription service.

4) Findings

A) North Tees & Hartlepool Hospitals – Patient Experience

(i) The key issue identified from the surveys and case studies was staff failing to book an interpreter, or having to be asked repeatedly to book one both for hospital appointments and during stays. This was often because a patient's Deafness wasn't flagged up in their notes.

Even when staff were aware of the need for an interpreter they frequently didn't appear to know whose responsibility it was to book an interpreter, or that an interpreter was only booked when Everyday Language Solutions (ELS – the interpreting service provider) confirmed the booking.

Some staff seemed to think it was acceptable to use family members to interpret (even when they themselves were Deaf) even during procedures like a colonoscopy. They didn't appear to be aware of the communication difficulties the patient would experience if an interpreter wasn't present.

Patients without an interpreter had problems knowing when it was their turn.

Patients reported feeling isolated while staying in hospital because no-one can communicate with them.

There was also a lack of communication support during the discharge process – which meant patients weren't sure what was happening, didn't understand what type of medication they were being given, or how and when to take it, or if they would need future treatment/care.

(ii) BSL Interpreters

19% of those who had attended a recent hospital appointment reported that no interpreter had been booked while a further 25% had to ask hospital staff (sometimes repeatedly) to book an interpreter. An additional 19% contacted ELS via text to ask if an interpreter was booked/to arrange a booking.

One patient in severe pain was rushed to hospital accompanied by his father, who asked for an interpreter on arrival at North Tees Hospital and several times afterwards:

'When I was in hospital no-one communicated with me. It felt like I was in prison. I felt stressed and frustrated because no-one gave me any information. I felt stressed, frustrated and depressed because I asked for interpreter many times over 4 days but no-one booked one.'

A female patient's 'urgent' endoscopy was delayed because hospital staff failed to book an interpreter, despite her having previous hospital appointments for which an interpreter had been requested. Later on, after a related hospital stay, she said 'Nurse Sister don't understand about interpreter – try explain her.'

'Poor lack of sign language. 50% lack of awareness. Need fully training. Good knowledge would be essential.'

'At York hospital they give Deaf patients a booklet with pictures in (e.g. drink, water, poo etc.) to help communicate with staff'.

A female patient complained that ELS cancelled two of her physiotherapy appointments without consulting with her first, because they couldn't provide an interpreter. She explained that if they'd texted and asked her she would have gone ahead with the appointments as she was in a lot of pain and felt she could have managed without an interpreter on these two occasions.

(iii) Hospital Waiting Rooms

Patients reported problems knowing when it was their turn when they didn't have an interpreter - because hospital staff called their name rather than physically coming and alerting them, or using a visual system.

'They come & tell me – or wave to get my attention – a bit daft what if I was looking down or reading a magazine?'

'Reception staff should know in hospitals to walk over to deaf patients and with a paper explain they are next and <u>not</u> shout to the room'.

'I have watch lip read for my names and also it hard read lip read.'
'(They) come and tell me. Sometimes orally/poor lack of BSL.'
'Easy with interpreter but difficult without interpreter.'

(iv) Complaints

81% felt it wasn't easy for them to make a complaint via the Patient Experience Team, consequently only 25% had made a complaint - 12.5% doing so with help from Wendy Harrison, Hartlepool Deaf Centre's Co-ordinator.

Other patients made complaints directly to Wendy who passed them on to Sue Leather, Quality Nurse at North Tees and Hartlepool hospitals and Wendy Lillie, Manager of Everyday Language Solutions, the interpreting service provider. Wendy also meets with Sue regularly to discuss Deaf patients' issues and how they could be addressed.

(v) Independent Complaints Advocacy (ICA)

Two patients had made complaints via ICA. One respondent said:
'I have made an official complaint to ICA with regards to the lack of explanation regarding treatment and procedure of an epidural. I did get a written response.'

B) North Tees and Hartlepool Hospitals - Ward Visits

(i) On March 28th we visited eleven wards and departments at North Tees Hospital. This was followed by visits to four wards and departments at Hartlepool Hospital on April 4th and April 20th. Details of the areas visited at both sites can be found at 2.4 of the Methodology section of this report.

(ii) We were warmly welcomed at each location and found all managers to be open, cooperative and committed to providing the best possible care and support possible to their patients.

(iii) The key messages from each of the fifteen meetings were consistent in most respects. Consequently findings are presented generically rather than on a ward by ward basis.

(iv) Ward Managers were generally pleased with the introduction of the TrakCare system. This is a unified healthcare information system that enables co-ordinated care within a hospital, thus facilitating a

seamless patient journey. However, it relies on GPs including sensory loss details on the Choose & Book Form or referral letter and there are
still occasions when this is not happening. It was also pointed out that in order to ascertain whether a patient was Deaf it was necessary to read through the full patient record and that there did not appear to be any symbol or icon on the system which could be used to indicate sensory loss.

v) All Ward Managers and other staff interviewed appeared knowledgeable of procedures for booking an Everyday Language Solutions interpreter. Several wards displayed posters outlining the procedure for booking interpreters on staff noticeboards.

vi) Several wards had a staff member with basic BSL skills. However, this had usually come about by chance rather than intent. One ward had a Deaf member of staff who used BSL and one member of staff on the Children's Ward was soon to attend a basic BSL course.

vii) During the course of our discussions it became apparent that training in Deaf Awareness is not routinely available to staff. However all of the Managers interviewed said that they would welcome the provision of Deaf Awareness training sessions for nurses and health care assistants. They said it would help greatly in raising awareness and understanding of Deafness and the needs of Deaf patients. Some Managers said they would prefer this to be done via e-learning whereas others said they would prefer more traditional face-to-face training provision.

viii) Several Ward Managers also said that they would welcome the introduction of Ward Sensory Loss Champions who would have a key role in cascading information and promoting good practice in their particular ward.

ix) All wards and departments said that BSL Interpreters were routinely booked for Deaf patients who attend for planned appointments/procedures. However, some reported that there are still occasions when they are not made aware of the patient's need for an interpreter, due to it not being flagged on the Choose & Book

form or GP referral letter. This can lead to appointments being cancelled at significant cost to the NHS.

x) Ward Managers in areas such as EAU said an emergency Interpreter could usually be accessed via the hospital procedure in reasonable time when needed, although occasionally this could be difficult.

xi) One ward that was visited had put together some old, basic BSL resources to assist in communication with Deaf patients. The Children's Ward had also developed a Makaton resource, which consisted of basic pictorial cards which could be used to assist in communicating with deaf children.

xii) All areas visited said that they would welcome the development of a sensory loss resource box containing Deaf Awareness information (as a reminder) and some basic visual BSL resources to enable basic communication with Deaf patients. It was suggested that this would be particularly helpful when a Deaf patient has a longer stay in hospital, as there will inevitably be periods when an interpreter or family member will not be present.

xiii) Some Ward Managers also felt that a Deaf version of the Health passport which would give some basic information about the patient would be useful.

xiv) In some areas we found confusion and conflicting messages around who is responsible for booking endoscopy appointments. The Hartlepool Endoscopy Unit Manager confirmed that due to the number and complexity of appointments, they make their own appointments and do not go through the Hospital Booking Office.

xv) Appointment letters do not confirm that an Interpreter has been booked which can cause anxiety among Deaf patients. Some Ward

Managers said that they would try to include this information in future, but suggested that due to the standardised way in which letters are sent out, this may prove difficult

xvi) During our meeting with the SPA Business Manager it emerged that a review of paperwork was ongoing and as a result of our discussions the Manager agreed to add an "Additional Needs Box" to referral forms to allow flagging of deafness and sensory loss.

xvii) Overall, feedback regarding Everyday Language Solutions Interpreters was very positive. Ward Managers said that they were not present at all times when a Deaf patient is in hospital, but are present when discussions are taking place with patients about their treatment, diagnosis and discharge. Interpreter presence at these stages was considered to be vital. Ward Managers also said that efforts were made to ensure that family members are also actively involved.

xviii) It was suggested that "easy read" versions of written information should be provided for Deaf patients, as for most English is a second language and understanding of written English is often limited. It is understood these can be provided on request, but obviously there would be a time delay.

4. Conclusions

4.1 Overall, the feedback received from both GP Practices and North Tees and Hartlepool Hospitals was positive and indicates that both primary and acute care providers are endeavouring to ensure that the care needs of Deaf patients are being met.

4.2 However, patient feedback indicates that communication flows with Deaf patients in both settings are on occasions still problematic, and this can result in less timely provision of care and increased stress and anxiety for the patient.

4.3 Effective communication and information flows between GPs and hospitals and community care settings are vital in order to ensure Interpreters have been booked and any other arrangements needed to ensure appropriate and inclusive care of Deaf patients are in place. However, inconsistencies in booking processes and communication methods with Deaf patients do appear to exist among the GP Practices in Hartlepool.

4.4 Discussions with patients also clearly illustrated that Deaf patients' experiences of care is occasionally being adversely effected

due to inadequate communication processes. This can impact upon the patient's understanding of their diagnosis, medication, discharge arrangements and ability to be fully included and involved in all aspects of ongoing care and treatment.

4.5 Overall the TrakCare system seems to be working reasonably well, but instances are still occurring when North Tees and Hartlepool Hospitals are not being made aware that a patient is Deaf and that an interpreter is required by GPs via the Choose and Book form or referral letter. This results in the cancellation of appointments and unnecessary stress and anxiety for the Deaf patient. The system also does not appear to have an icon or other feature to highlight Deafness. It is understood that the electronic sharing of patient information between GPs and hospitals is in the process of being implemented and is welcomed, as it should greatly improve Deaf patient experience.

4.6 Staff training opportunities in both primary and acute settings can at best be described as limited, despite a real willingness and desire on the part of many staff to improve their skills and awareness of the care needs of Deaf patients. Overall, there appears to be a low level of awareness of deafness, its impact upon communication and the preferred methods of communication among Deaf people.

4.7 Resources such as sensory loss boxes are not routinely available on hospital wards or in GP surgeries at present. Some hospital wards have developed their own materials for use in that location but ideally a corporate resource should be produced, the cost of which would be minimal.

4.8 Booking of Interpreters at North Tees and Hartlepool Hospitals generally works well, but there was some confusion about how Interpreters for Endoscopy appointments are booked.

4.9 Deaf patients are not routinely informed that an Interpreter has been booked when they receive appointment letters. This can be the cause of anxiety and distress for the patient in the run up to their hospital visit.

4.10 Feedback received regarding the input and performance of ELS Interpreters was consistently positive throughout our visits to North Tees Hospital and Hartlepool Hospital.

5. Recommendations

5.1 Every effort is made to ensure that patient records in primary and acute settings always record deafness and the patients preferred methods of communication.

5.2 All NHS providers should ensure all staff are aware of procedures and responsibilities for booking interpreters.
GP surgeries should ensure all Deaf patients are made aware of their online services and how to use them.

5.3 GP surgeries and other NHS providers should offer the option of booking appointments/receiving test results by text to those who are unable/do not wish to use online services.

5.4 GP surgeries should also offer option of ordering prescriptions by email or text.

5.5 All NHS providers should use a visual indicator in waiting rooms to alert patients when it is their turn.

5.6 Where the nature of the appointment means that the presence of an interpreter of the opposite sex to the patient may cause embarrassment, efforts should be made to book an interpreter of the same sex.

5.3 Efforts continue to be made to improve information flows between GPs and Acute Services via the Medical Interoperability Gateway (MIG), and other means available.

5.4 A symbol/icon is introduced to indicate sensory loss on the TrakCare system and other patient record systems to ensure that staff are alerted immediately when a patient is Deaf, or has other sensory loss.

5.5 GP practices and North Tees and Hartlepool Hospitals introduce both E-Learning and face-to-face training in Deaf Awareness for nurses, healthcare care assistants and reception staff. Opportunities

should also be made available for identified staff to receive basic BSL training.

5.6 GP practices and North Tees and Hartlepool Hospitals should explore the possibility of introducing practice and ward sensory loss champions.

5.7 North Tees and Hartlepool Hospitals should introduce a corporate "sensory loss resource box", for use across all wards containing basic Deaf awareness and BSL resources. These resources would provide reminders of Deaf patients' needs and assist in day-to-day communication on the ward. Hartlepool Deaf Centre would be happy to work with the Hospital Trust to produce such a resource.

5.8 Appointment letters sent to Deaf patients should always inform them when an Interpreter has been booked and Interpreters should be booked routinely when diagnosis, treatment and treatment outcomes are being discussed.

5.9 North Tees and Hartlepool Hospitals should ensure that an Interpreter is always present when discharge from hospital is not straightforward and that any letters and accompanying documentation are made available in accessible formats.

5.10 GP Practices and North Tees and Hartlepool Hospitals should investigate making more use of SMS text in communications with Deaf patients, particularly with regard to appointments and information sharing.

5.11 North Tees and Hartlepool Hospitals should consider using an online interpreting service (for example, Interpreter Now or Sign Live) on occasions when no interpreter is available, such as emergency situations.

5.12 Consideration should be given to introducing an optional Health Passport system for Deaf patients which outlines key personal and medical information and communication needs.

5.13 The booking process for Endoscopy appointments and Interpreters for Endoscopy appointments should be clarified across all ward and treatment areas of North Tees and Hartlepool Hospitals.

6. Acknowledgements

Healthwatch Hartlepool and Hartlepool Deaf Centre would like to thank all GP practices that returned questionnaires and all staff of North Tees and Hartlepool Hospitals who took part in discussions and helped by setting up and co-ordinating our visits. Your assistance was greatly appreciated.

Stephen Thomas – Healthwatch Hartlepool
Wendy Harrison – Hartlepool Deaf Centre

Appendix 1

Personal Stories

July 2015

1. Patient A

A Deaf gentleman aged 56 (Patient A) went to see Wendy Harrison (Hartlepool Deaf Centre) on Monday 20th July 2015 about his recent stay at North Tees Hospital.

He told Wendy he had taken ill on Monday June 1st and was rushed to North Tees Hospital with his father, who is hearing, but has sight loss. Patient A's father asked for a BSL interpreter and then waited at reception for two hours for one to arrive. His father then asked where the interpreter was and was told that one had definitely been booked. Again nothing happened and after another 2 hours (a total of 4 hours) Patient A was called in to see a doctor called Jessica – he says he doesn't know her surname, who asked a lot of questions about his health history. He says they had to manage by writing things down on paper, as his dad doesn't sign. He said this was difficult, as he didn't understand all of the questions. (Patient A has limited literacy skills due to his deafness).

Patient A was then sent to Ward 27, where he saw Dr. Wells. He was informed at some point that the source of his discomfort was his gall bladder. Patient A remained in hospital until June 4th and says he (and his father) asked for an interpreter a total several times, but none arrived. He says he was told on June 4th he'd be having an operation, but the surgeon didn't arrive. He eventually wrote down on a piece of paper 'Where surgeon?' and was later told (on paper) he could go home, but he might need an operation next year.

Patient A says he texted Everyday Language Solutions (ELS), the interpreting service provider, to ask why they hadn't sent an interpreter and was told that they had no knowledge of an interpreter being booked.

October 2015

2. Patient B

A Deaf lady (Patient B) aged 70 received a letter from NHS Choose & Book inviting her to book a hospital appointment either over the telephone or online. Obviously Patient B couldn't book by telephone and she wasn't confident enough to book online, so she went back to her GP on October 14th and asked the receptionist to book the appointment for her. She received a letter confirming an appointment for 2.30pm on Nov 17th at the Endoscopy Day Unit at Hartlepool Hospital She texted ELS on Friday 16th Oct to check that an interpreter had been booked. She received a reply shortly afterwards from Lauren at ELS saying they hadn't received a booking request and if nothing came through within a week she would follow it up.

Patient B went to see Wendy Harrison (Hartlepool Deaf Centre) on Monday 19th October because she wanted to make a complaint about the GP's receptionist, as she had displayed a terrible attitude towards her. As she'd heard nothing from ELS Wendy offered to ring her GP surgery to check they'd requested an interpreter for the hospital appointment. They confirmed they had.

Wendy then rang Endoscopy, but a member of staff said she had no idea whether an interpreter had been booked and that she should ring the NHS

Appointment Line. When Wendy got through to the Appointment Line she was told that they didn't know whether an interpreter had been booked and that she should ring the GP, as it was up to them to book one! Wendy had to explain that it was the hospital who should book the interpreter, as the GP had requested one on the e-referral form. Wendy rang ELS and they said they still hadn't received an interpreter booking request. Lauren at ELS promised to chase it up and let the patient know by Tuesday 20th October. Wendy rang ELS another couple of times to remind them to chase up the interpreter booking and on October 27th Lauren confirmed she had received the appointment details from the hospital and booked an interpreter for the appointment.

March 2016

3. Patient B

Unfortunately the same issue happened again when Patient B received a letter Thursday March 24th asking her to attend Hartlepool Hospital on April 1st for a colonoscopy. When she texted ELS to check whether an interpreter had been booked she was told there hadn't. Lauren from ELS kindly offered to follow it up with Hartlepool Hospital.

When Patient B went to see Wendy Harrison on Thursday March 31st to ask her to explain the information she'd been sent with the admission letter she told Wendy she'd heard nothing more. Wendy rang Lauren at ELS and she told her she had spent an hour on Tuesday ringing different departments at Hartlepool Hospital, as none of them seemed to know whose responsibility it was to book an interpreter. By the time she received the appointment details from the hospital it was too late for her to arrange an interpreter. However, the hospital said they would 'manage' by asking Patient B's husband to help them explain the procedure and findings.

Wendy asked Patient B if she was happy with this but (unsurprisingly) she wasn't, as her husband Denis is also Deaf and would struggle to understand and explain the information. So, with her consent, Wendy rang the endoscopy booking office to explain the situation and ask if Patient B could change her appointment, so that an interpreter could be booked.

Fortunately, Sarah from the endoscopy booking office was able to change the admission to Tues April 5th and she agreed to book an interpreter straight away. Wendy asked her why no-one had booked an interpreter when the appointment was first arranged and she couldn't offer an explanation. Wendy also asked her to check whether it was mentioned in Patient B's notes that she was Deaf and needed an interpreter; she confirmed that it was flagged up – so it wasn't the case that staff weren't aware of the situation. However, Wendy found out later from Lauren at ELS that the patient's deafness wasn't flagged up in her notes until she rang them to chase up the interpreter booking on Mar 29th. When Wendy rang ELS again Lauren confirmed they had received a booking request and an interpreter had been booked.

April 2016

4. Patient B

Unfortunately when Patient B attended her appointment on April 5th staff she waited for two and a half hours, only to be told there had been a mistake. Wendy contacted Lauren from ELS for further information. Lauren had learned from the interpreter that hospital staff realised that as the patient was having a colonoscopy she should have received a preparation called Picolax to take the day before (but hadn't), so they had to rearrange the appointment for Tuesday April 19th. The patient and her husband had to remind staff they needed to book an interpreter.

Bearing in mind that the appointment was deemed 'urgent', it was delayed 18 days because staff in endoscopy & the booking office don't appear to know whose responsibility it is to book an interpreter & because the patient wasn't given the medication she needed to prepare her for the procedure.

Oct 2016

5. Patient B

Patient B went to Hartlepool One Life with severe stomach pains on Mon 30th Sept. They advised her to go to North Tees Hospital where she was admitted to Ward 30. She said nursing staff were generally very good but she had to keep explaining she was Deaf – mainly to foreign nurses and didn't notice anything in her notes to say that she is Deaf.

On Wednesday 5th October patient B underwent a procedure to remove some gall stones. She says staff at the operating theatre didn't know anything about an interpreter being booked, but one eventually arrived.

Also, patient B was unhappy to find that one of the nurses had written that she had 'memory loss' due to her confusion about what was happening – which was actually down to her not understanding what was being said.

Another issue for her was that she didn't know anything about the medication she was prescribed at discharge; the doctor wrote down on a piece of paper that they were painkillers called codeine and paracetamol. However Susan didn't know what codeine was and so was worried about taking it. Wendy Harrison explained to patient B when she visited HDC on October 10th that they are strong pain killers and she could take them if she was in a lot of pain.

Patient B was also told at discharge that she was going on a waiting list to have her gall bladder removed sometime in November. She told Wendy that she had asked the hospital to contact her by text to let her know when her appointment would be, but she was concerned that they would forget and ring her instead. Also, she wanted to know if an interpreter would be booked for the operation. Wendy rang Ward 30 and a nurse informed her that Patient B was on the Hot Gall Bladder Clinic list – which meant she would be contacted the day before the operation. She confirmed that patient B would definitely be contacted by text as it was written on the paperwork. However the nurse agreed there may be a

problem getting an interpreter a short notice – though ELS always try to provide one in such situations.

Wendy explained the situation to Patient B and offered to liaise on her behalf if she experienced any problems.

The main issues from this case study are the lack of Deaf awareness among hospital staff and the lack of flagging up that a patient is Deaf. Another issue hi-lighted here is around the discharge process – especially around medication and the Deaf patient understanding what type of medication it is, what it does and when and how to take it.

June 2016

6. Patient C

A Deaf lady (Patient C) aged 44 went to see Wendy Harrison (Hartlepool Deaf Centre) on June 13th because her GP had given her a referral letter for an appointment at Gynaecology, Hartlepool Hospital - which meant that a hearing member of her family had to ring up and book the appointment. The family member requested an interpreter for Patient C, but was told that she would have to book one herself. Patient C came to see me to tell me she was worried as she didn't know how to go about arranging an interpreter. Wendy explained that it wasn't her responsibility and rang ELS, who confirmed that no interpreter had been booked for the appointment on July 28th at 2.45pm. Wendy then rang Patient C's GP surgery (Chadwick House at One Life) and they said they would request an interpreter. Wendy rang Lauren at ELS a few days later, only to find that an interpreter still hadn't been booked. On June 20th Wendy received a call from Andrea from ELS who explained that the hospital booking office had wrongly booked an interpreter for North Tees Hospital, but ELS had corrected the mistake. The obvious concerns are:

a) Why was Patient C told by the Gynaecology ward at Hartlepool hospital that it was her responsibility to book an interpreter? And b) Had Wendy Harrison and ELS not followed this up either no interpreter would have been booked, or the interpreter would have been sent to the wrong hospital, meaning Patient C would have probably had to cancel her appointment.

7. Patient D

A Deaf lady posted an angry comment on HDC's Facebook page on June 16th saying that she'd accompanied her Deaf partner aged 45 (Patient D) to an outpatients appointment at North Tees Hospital to see a Diabetes consultant at 11.15am - which had already been postponed a month earlier because the hospital couldn't get an interpreter - only to find that there wasn't one at the re-arranged appointment. She said Patient D ended up seeing the nurse because they couldn't even lip-read the doctor due to the fact he was foreign. Wendy Harrison rang ELS and they said they'd not received an interpreter booking request for the appointment.

8. Patient E

A Deaf lady aged 57 (Patient E) was having treatments at the Physiotherapy Department at the One Life Centre in Hartlepool. Just before her second appointment ELS texted to say they had cancelled it because the interpreter was ill and couldn't come. Patient E complained that they should have asked her first if she was willing to go ahead without an interpreter. She explained that if it had been a consultant appointment she wouldn't have wanted to attend without an interpreter, but as it was for physiotherapy she felt she could have managed without and would have liked to have been asked what she wanted to do.

On the day of her 4th appointment Patient E took ill and was rushed to hospital, so she texted ELS to ask them to cancel her physiotherapy appointment and interpreter, only to be told by ELS that they had already cancelled the appointment as they couldn't provide an interpreter. Again patient E felt they shouldn't have done this without asking her first. A few weeks later she went to her GP surgery for a blood test (on the instructions of her hospital consultant) and was furious to learn she was recorded as having 'failed to attend' the appointment.

Sept 2016

9. Patient F

A Deaf gentleman aged 87 (Patient F) had an appointment at the Dermatology Department at Hartlepool Hospital for 10.00am Mon 19th September. His granddaughter (who is hearing) rang Hartlepool hospital a week or so beforehand to check whether an interpreter had been booked and she was informed there had.

However, when Patient F's daughter-in-law (who is Deaf) texted ELS to confirm who the interpreter was she was told they were unable to provide one on that day and time and suggested changing the date of the appointment. Patient F's daughter-in-law replied that as her father-in-law had been quite ill he didn't want to postpone the appointment, so her son (Patient F's grandson) a fluent signer, would accompany him.

On Sept 22nd Wendy Harrison (Hartlepool Deaf Centre) spoke over the telephone to a member of staff at ELS who told her hospital staff quite often tell patients that an interpreter has been booked before they receive confirmation from ELS. This suggests that hospital staff aren't aware that they need confirmation from ELS before they can tell the patient that an interpreter has definitely been booked.

November 2016

10. Patient G

A Deaf gentleman (Patient G) complained to Wendy Harrison about an interpreter not turning up for an operation on his wisdom teeth at North Tees Hospital at 8.15 am on November 8th 2016. He told me he texted ELS one week

before to check whether an interpreter had been booked and received a reply stating ELS would call the hospital and book an interpreter for him. He didn't hear anything else, so assumed an interpreter had been booked, but when he attended the appointment, no interpreter showed up. He showed me the messages he had received just to confirm he hadn't missed any information. Obviously ELS should have got in touch with the patient to let him know whether or not they had managed to secure an interpreter for the appointment.

Appendix 2

Summary of GP Questionnaire and Responses

In total 8 questionnaires were returned by surgeries.

1. How many Deaf patients are registered with your practice?

Responses –

0 registered deaf patients x2,

1 registered deaf patient x1,

5 registered deaf patients x3,

7 registered deaf patients x1,

11 registered deaf patients x1 (29 use hearing aids)

2. Do you offer an online appointment booking service? YES/NO

Responses-

Yes 8

No 0

3. If you answered 'yes' to question 2, do you check your online booking system daily for BSL interpreter requests? YES/NO

Responses

Yes 7

No 1

4. Would you consider introducing an SMS appointment booking service? YES/NO

Responses

Yes 5

No 2

Already Have It 1

Comments

Not available due to SMS supplies currently in use but would like to if available in future.

5. Do you book double-length appointments for Deaf people to allow time for BSL interpretation? YES/NO

Responses

Yes 8

No 0

Comments

When Requested

6. Do you ask your Deaf patients what their preferred method of communication is, for example with a BSL Interpreter? YES/NO

Responses

Yes 6

No 2

7. Do you flag up on your system that a patient is Deaf and record their preferred communication method? YES/NO

Responses

Yes 8

No 0

8. Do all of your reception staff know how to book a BSL interpreter? YES/NO

Responses

Yes 8

No 0

9. Do you provide Deaf Awareness training for your staff? YES/NO

Responses

Yes 0

No 8

Comments

This is something we will look into x 2

10. Are any of your staff trained in basic British Sign Language? YES/NO

Responses

Yes 1

No 7

Comments

We have some people who are trained to Level 1

11. Do you have any visual indicators in your waiting areas to alert Deaf people that it is their turn? YES/NO

Responses

Yes 2

No 6

Comments

Staff alert patients

However, staff/GP/nurse comes to get patient and takes them down.

Staff would call/alert patient

Admin staff would alert the patient

12. Do you offer accessible information about treatment options, so that Deaf patients/their families/carers can be involved in making decisions about their healthcare? YES/NO

Responses

Yes 5

No 3

13. What options do you offer for ordering repeat prescriptions in addition to by telephone?

Online ordering system YES/NO Text messaging service YES/NO Email YES/NO

Other (please tell us)

Responses

Online Ordering System

Yes 8

No 0

Text Messaging Service

Yes 0

No 7

Email

Yes 4

No 3

Other

Use fax system x 2

Pharmacy, carers

Appendix 3

Deaf Access to GP & Hospital Services

Hospital Discussion Questions.

Reception Staff

1. What support is made available to Deaf patients when they need to contact Hartlepool or North Tees Hospital? Do you offer additional methods to the usual telephone/choose and book system? If 'yes' what other contact methods do you offer?
2. How do you ensure that Deaf people are aware of these support services and systems

3. Are all reception staff trained in Deaf Awareness? If yes what does the training include, and are there opportunities for staff to take additional/higher level training?
4. Are any reception staff able to use BSL?
5. Are all reception staff aware of the need to arrange a BSL interpreter for Deaf patients whose preferred method of communication is British Sign Language?

Wards, Emergency Care, Outpatients Clinics and Day Units

1) What support is made available to Deaf patients before and during their visit to your Clinic or Day Unit?

2) How do you alert deaf patients when it is their turn to be seen?

3) Are all staff trained in deaf awareness? If yes what does the training include, and are there opportunities for staff to take additional/higher level training?

4) Are any ward staff able to use BSL?

5) Are all staff aware of the need to arrange a BSL interpreter for Deaf patients whose preferred method of communication is British Sign Language?

6) Do ward staff know whose responsibility it is to book a BSL interpreter?

7) Emergency care – What arrangements are in place to ensure that a deaf patient requiring emergency is able to communicate with ward staff and is included in discussions and decisions about their treatment?

8) Are those responsible for booking BSL interpreters aware of the BSL interpreter booking procedure?

9) What is your step-by-step procedure for booking an interpreter – from receiving booking request (including how booking request is received) through to receiving confirmation an interpreter is booked?

10) At discharge do you arrange for an interpreter to be present, so that you can explain what will happen next/give details of any medication/future treatment. If you're unable to arrange an interpreter, how do you ensure the Deaf patient can understand you?

HEALTH AND WELLBEING BOARD

4th September 2017

Report of: HealthWatch Hartlepool

Subject: HealthWatch Hartlepool Enter and View Reports – Wards 27 and 28

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1. PURPOSE OF REPORT

1.1 To inform the Health & Wellbeing Board of the outcomes of two recent Enter and View visits to Wards 27 and 28 at North Tees Hospital conducted by Healthwatch Hartlepool in March 2017.

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 an Executive committee, 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 All Healthwatch organisations have powers to undertake Enter and View visits to health and social care settings which are funded by public monies. Enter and View activity is therefore a key element of the work programme of Healthwatch Hartlepool.

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 local 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 will be made available to all partner organisations and will be 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

5. RECOMMENDATIONS

5.1 That the Health and Wellbeing Board note the contents of the Enter and View Reports **(Appendices A and B)** and consideration is given to recommendations contained within.

6. REASONS FOR RECOMMENDATIONS

6.1 The recommendations are based on findings from the consultation events and subsequent discussions.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

Stephen Thomas - HealthWatch Development Officer
Healthwatch Hartlepool
The ORCEL Centre
Wynyard Road
Hartlepool
TS25 3LB

Healthwatch Hartlepool Enter & View investigation in to Ward 27 at North Tees & Hartlepool NHS Trust Hospital after a number of issues/concerns were raised.

June 2017

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard"

Contents of the Report

University Hospital of North Tees

Ward 27 Friday March 31st 1pm- 3pm

Team members.
Zoe Sherry, Bob Steel.

Acknowledgements
Hartlepool Healthwatch would like to thank the hospital management staff and patients for their assistance with the Enter and View programme .Particularly Hollie Lumley, Julie Clennell and team, also the ward manager. Jane Corby

Disclaimer
Please note that this report relates to findings observed on the specific date above. Our report is not a representative portrayal of the experiences of all patients and staff. Only an account of what was observed and contributed at the time when we were present.

Purpose of the visit
The purpose of the visit was to investigate concerns that were reported to us about nutrition, hydration and staff attitude.

Strategic Drivers.
Enter and View is a key part of the engagement role Healthwatch organisations perform with patients and care service users. It enables us to gather first-hand the experiences of patients, care services users, family members and carers and gives an insight into day to day service delivery.

Methodology
The hospital management team were given written notice of a planned visit to Ward 27 North Tees Hospital by a team from Hartlepool Healthwatch. This is in line with the Enter and View protocol which advised that the visit would occur between the 13th and 31st of March 2017. A one month framework. Exact dates and times would not be identified to hospital staff.

Hospital staff agreed to arrange parking facilities and to meet and greet and escort the team to the ward. The ward is a medical and gastrenterological ward.

A small room on the ward was available for the team to meet pre and post interviews. It was agreed that Healthwatch I D's would be acceptable and worn. Also the team would adhere to the infection control guidelines.
The team were escorted and introduced to the ward manager who advised the team which patients were well enough to be interviewed.
8 patients and 2 staff members were interviewed. Post interview the team met and discussed the outcomes with the ward manager to enable a free exchange of information

A copy of the questionnaire can be found in appendix 1.

Summary of findings – questionnaires
A total of 8 patients were interviewed by the visiting team
Concerns had been raised about nutrition and hydration and staff behaviour.

Nutrition
With regard to the nutrition there was a variety of responses. Half of the patients were happy with the choice quality and quantity of food ' Fish and chips choice o.k.' but there were some who were not happy 'Tasteless' 'Terrible' .
A Vegetarian patient was unhappy with her choice and said she chose cheese and water. This patient was on a food drip and wanted to know if it was vegetarian? Though this person was very unhappy about most of her care.
Most patients 6/8 were happy with the options and dietary needs. 2 had not yet used the service and in all 6 cases the correct food arrived with only one complaining the food was cold and another said she was 'a fussy eater' so hard to please.
The 2 partially sighted patients had both received assistance with their meal.
There were no obvious concerns around nutrition and the only problems arose through patient personal preferences rather than the quality of the food provided

Hydration
All patients had jugs and tumblers close to them which were regularly replenished. One using a drinking cup. Only 1 partially sighted patient had been unable to reach her drink. Several complained that the water was warm and 'tasteless'
One patient said she did not like water but tried to drink it as she had been told she must drink water. She had not told staff, so had not been offered an alternative.

Staff care. Dignity and Respect
Most patients 6/8 said that staff were friendly, other comments 'Some are –some not' 'most o.k. but 1or 2 seem unsocialble.'Seems to be agency staff'
Nearly all staff listened and answered-even when under pressure. There was concern that 2 members of staff were rude – not polite.
All patients were called by their given name, 'yes happy with it' but none remembered being asked their preference
Call buttons were close by and within reach though response was slower last night though normally there is a quick response
Patients were happy about their privacy and staff sensitivity 7/8 though only 4/8 needed personal support with washing and dressing the other 4 managed themselves. None of the patients had had a shower or bath just bed baths.
One patient felt that the privacy was not as good as should be but was not worried.
Overall care 7/8 patients were happy 'Excellent' 'so far so good'.

Cleanliness
All patients agreed that the ward, toilet and bathroom were clean and being cleaned several times a day. 'Floors and everywhere' 'always cleaning'
Staff hand hygiene was seen as very good, either with gloves or gel.

Those who had used the toilet and bathroom said they were clean 'one patient does not leave it clean' and 'at times I have to wait for the commode '
The bedding is changed at least once every day.

Rights and Fulfilment
One patient was clear about the complaint procedure. Some said they would speak to the manager, some 'had no need to' or would not complain. No one had any information about complaints etc..
Only 3 patients were aware of their treatment plan 1 said did not know and the rest did not answer.

Discharge planning appeared to be in progress for 6 patients, One was being discharged today .2 were waiting news about equipment needed at home 1 patient was terminally ill and no plan in place and only 2 patients had no discharge plans

Safety

Most patients 6/8 felt safe and well supported by staff. 7/8 had no concerns about their possessions. (One patient was consistently negative throughout the interview)
There had not been any falls and there were no hazards despite it being a busy ward

Staff

We interviewed 2 staff members both care assistants
The nurses explained the in depth training they and other staff receive, also their annual training day.
There is ongoing training on the ward. Including:- Infection control, Safeguarding, Clinical governance, and Pressure damage.
Care Assistant level 1 and level 2, Safe medicine, Associate Practitioner, Secondary nurse training, Palliative care, Dementia Care, Peg feed awareness.
Sensory awareness. Translation (use of picture cards) though a medical staff member has an app on his 'phone to manage until appropriate help can be found.)
L.D. Training, M.H. Training also anorexia, self-harm and alcohol abuse to name but a few of the many. With opportunities to progress depending on the post of the applicant.
The philosophy of care is in the manager's office.
Staff levels have recently been increased with the appointment of 3 new staff. This makes a full complement of staff. This makes for good morale and a happy team.
Concerns arise when there is short notice of unplanned leave that can not be covered.

Manager

The team talked through their finding with the manager.
They advised the manger that there were difficult patients on the ward who would not answer our questions or were just generally unhappy, not only with their care and treatment but with the world in general.
Staff - The manager was aware of the concerns about the comments that 1 or 2 staff were 'unsociable' or abrupt. The manager said that she had interviewed one staff member the day previously about their behaviour.
It was commented that culture and language difficulties can be interpreted as brusk but is never intended to offend.
The ward had been short staffed which had lowered morale but 3 recent appointments had rectified this.

The concerns about buzzer delay was caused last night as one night staff member had been seconded to another ward and not replaced (as promised) so the ward only had 5 night staff instead of 6.
Occasional shortages occur when sickness calls come too late to get replacement staff.
Water - The manager was aware of the 'warm' water. The ice machine is broken and the water cooler needs fixing. These have been reported.
The vegetarian patient has been interviewed by catering staff and offered a range of choices or to request her own options. The manager was not sure if this offer had been taken up. It was not known if the drip was vegetarian.

Environment

The ward was clean and tidy and had a happy feel about it. The staff were chatting to patients as they worked. It was light and airy and the manager made us welcome. The cleaners were busy but unobtrusive. The staff were happy to accommodate us and we were made to feel welcome.

Summary

The team were very happy with the standards of care. It was noted that this is an extremely busy ward with a variety of care needs. The patient lengths of stay varied greatly and the patient discharges were being managed–with most patients having an awareness of their discharge status or the reason why it had not yet being arranged.

It was possible that the staff 'rudeness' may have been a cultural and the staff did not intend to offend

Recommendations

To ensure that the water jug and glass is within reach for all patients**.**

Full night staff cover to enable all buzzers to be answered in a timely manner

To consider privacy when the discussion is very distressing

That the misunderstandings of staff manners can be addressed sensitively to assist staff and patients, or to talk to staff who are actually rude or insensitive

Hospital Enter and View Group
Visit to Ward 27 North Tees Hospital
Friday 31st March 2017

Patient Feedback Sheet

Please use the attached forms as a guide to help you with the issues and topics you will be discussing during your conversations with patients and family members and other visitors.

The areas listed are not exhaustive and there will often be other things which will come up that you will need to explore.

Also please use the forms to record your general observations and impressions of the ward based on what you see, hear and smell during the course of the visit.

	Issues	Discussions and Observations
1.	**<u>Feeding and Hydration</u>** **Quality of food-** • Choice, quality and quantity of food? • Options and special dietary needs? • Correct food arrives? • Hot on arrival? • Assistance given if/when required? **Hydration-** • Water jugs close by? • Regularly topped up? • Assistance given if/when needed? • Do you ever feel thirsty?	

2.	**<u>Dignity and Respect</u>** • Are staff friendly and polite? • Do staff take time to listen to you and answer your questions? • Are you called by your preferred name? • Is the call button close by and do you get a quick response? • If needed, is appropriate and sensitive assistance provided with washing and toileting? • Are you able to discuss your condition and treatment privately with staff? • Are you happy with your overall care and treatment?	

3.	**<u>Cleanliness and Hygiene</u>** • Do you think the ward is clean? • Staff hand hygiene? • Are toilet and bathroom facilities clean? • Is bedding changed quickly if necessary?	

4.	**<u>Rights and Fulfilments</u>** • Do you know how to make a complaint or compliment? • Regularly updated on your treatment and progress and aware of care plan? • Discussed discharge and ongoing care needs	
5.	**<u>Safety and Security</u>** • Always staff there to help and support me if I need them? • My personal possessions and money are safe? • Trips, slips, falls? • Any hazards observed during the course of the visit?	

6.	**<u>Staff/Manager Views</u>** Training opportunities? Philosophy of care plan? Adequate staff and resources? Staff morale?	

7.	**<u>General Comments and Observations</u>** Date of admission? How did you get here? Proposed discharge date? **Any other comments**	

North Tees and Hartlepool NHS
NHS Foundation Trust

SL

25th May 2017

University Hospital of North Tees
Hardwick
Stockton on Tees
TS19 8PE

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Fax: 01642 624089
www.nth.nhs.uk

PRIVATE & CONFIDENTIAL
Mr Stephen Thomas
Healthwatch Hartlepool
The Orcel Centre
Wynyard Road
HARTELPOOL
TS25 3LB

Dear Stephen,

Thank you for sharing the Healthwatch Hartlepool report.

" Enter and View – University Hospital of North Tees – Ward 27, March 2017 "

As agreed we have distributed the report amongst colleagues and wish to thank you for giving us the opportunity to comment on its findings. We would like Healthwatch to consider the following responses on behalf of the Trust:-

- The report is gratefully received and the comments are very balanced in sharing information on positive findings as well as highlighting areas where we can improve patient experiences, processes and the services we provide concerning nutrition, hydration and staff attitude.

- The comments do mirror some themes that we have picked up as part of the internal quality monitoring processes (SPEQS) and friends and family test themes.

- Staffing-In terms of staffing capacity on an evening, current senior clinical matrons meet every morning to ensure safe staffing of all wards. Where possible unfilled shifts are sent to NHSP (our provider of agency staff) to ensure the ward is staffed in accordance with the agreed establishment.

- Patient buzzers -Answering patient buzzers in a timely manner is taken very seriously, however there can be occasions where several patients buzz together; this situation is then managed in the most appropriate way at that time. Where there are delays in answering buzzers it is expected that staff provide explanations and apologies to patients. Where further assistance is required this can be escalated to the clinical site manager.

- Nutrition- Thank you for your comments concerning patient experiences and food preferences. We are currently working with the catering manager to improve hostess support on the ward which has helped with explaining what options and ranges of food are available to patients.

- Hydration-Water is provided and replenished throughout the day by domestics and ward hostess and we will raise awareness of being mindful of patients requirements

when accessing their water. We have an ice machine on the ward in addition to a water cooler both of which are actively used

- Dignity and respect – As part of daily communication we will remind staff that asking patients their preferred name is best practice.

- Cleanliness- Thank you for the positive feedback, we will continue to work hard to ensure the high standards of cleanliness and hygiene are maintained.

- Staff communication - Senior nurses are always present on the ward and will address issues in a timely manner should they occur. Additionally the ward have developed a process whereby families and patients are offered an opportunity to make an appointment with the medical or nursing team if they have any questions about their care.

We would like to thank the Healthwatch team for their time in completing the inspection and we have noted the recommendations. It is extremely useful to receive patient feedback to enable us to improve and enhance our service to ensure patients receive excellent care.

The report is being shared with all the staff on the ward.

Yours sincerely

Julie Clennell
Associate Director of Risk and Clinical Governance

cc Paul Caygill, Senior Clinical Matron, Ward 27
Jane Corbey, Ward Matron, Ward 27
Sue Leather, Quality Assurance Nurse

Healthwatch Hartlepool Enter & View investigation in to Ward 28 at North Tees & Hartlepool NHS Trust Hospital after a number of issues/concerns were raised.

June 2017

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard"

Contents of the Report

Appendix 1
Questionnaire

ENTER AND VIEW Healthwatch Hartlepool.
University Hospital of North Tees

Ward 28 Thursday March 23rd.

Team members.
Zoe Sherry, Carol Sherwood, Margaret Wrenn, Bob Steel.

Acknowledgements
Hartlepool Healthwatch would like to thank the hospital management staff and patients for their assistance with the Enter and View programme. Particularly Hollie Lumley, her team, and the ward manager.

Disclaimer
Please note that this report relates to findings observed on the specific date above. Our report is not a representative portrayal of the experiences of all patients and staff. Only an account of what was observed and contributed at the time when we were present.

Purpose of the visit
The purpose of the visit was to investigate concerns that were reported to us about nutrition, hydration and staff attitude.

Strategic Drivers.
Enter and View is a key part of the engagement role Healthwatch organsations perform with patients and care service users. It enables us to gather first-hand the experiences of patients, care service users, family members and carers and gives an insight into day to day service delivery.

Methodology
The hospital management team were given written notice of a planned visit to Ward 28 North Tees Hospital by a team from Hartlepool Healthwatch. This is in line with the Enter and View protocol which advised that the visit would occur between the 13th and 31st of March 2017. A one month framework. Exact dates and times would not be identified to hospital staff.

Hospital staff agreed to arrange parking facilities and to meet and greet and escort the team to the ward.

A small waiting area on the ward was available for the team to meet pre and post interviews. It was agreed that Healthwatch I D's would be acceptable and worn. Also the team would adhere to the infection control guidelines.
The team were escorted to the ward manager who advised them which patients were well enough to be interviewed. 10 patients and family members were interviewed and 2 staff. Post interview the team met and discussed the outcomes with the ward manager to enable a free exchange of information

A copy of the questionnaire can be found in appendix 1.

Summary of findings – questionnaires
A total of 10 patients and family members were interviewed by the visiting team
Concerns had been raised about nutrition and hydration.

Nutrition
With regard to the nutrition there was a variety of responses. The main concern being about the temperature of the food. 'Depends where you are in the delivery line'

‘the ice cream was warm’ Another patient was concerned about the size of the portion as she has a small appetite she felt the full plate put her off her food. She would have preferred a choice of portion size. There was concern that breakfast is served before there is an opportunity to wash hands. Most people thought that the options were good, and diabetic people had their own choice. Most patients received the food they had chosen. There was feeding assistance available for those who needed it.

Hydration
All patients had jugs and tumblers or drinking cups close to them which were regularly replenished. The only patient who felt thirsty was one who was a mouth breather and had a constant dry mouth.

Staff care
Most patients 7/10 said that staff were friendly and polite, listened and answered-even when under pressure. There was concern that some members of staff were rude – not polite.
All patients were called by their given name but none remembered being asked their preference
Call buttons were close by and within reach though one was faulty, (staff have reported it) All patients said there is a good response-except one lady who was upset she could not get help to reach it in the night to get her walker.
All patients were happy about their privacy but one patient said ‘curtains are not walls’ It was suggested that a room be available when difficult or very personal matters had to be discussed.
All patients felt that their care was good or very good.
One patient felt that his comments were not accurately recorded in his file.

Cleanliness
Patients agreed that the ward, toilet and bathroom were clean and being constantly cleaned.
There was concern that a toilet had been out of use for sometime and patients had to walk to another one. (see manager reply)
Staff hand hygiene was seen as very good, either with gloves or gel.

General
No one was clear about the complaint procedure. Some said they would manage, some would not complain but no one had any information.
Most patients were aware of their treatment plan
Discharge planning appeared difficult due to the constant changing of patients, transfers between wards and admissions. Lengths of stay varied from days to weeks, though most patients either knew or had an awareness of their progress towards discharge. Though one patient living alone had concerns about what would happen at home.

Safety
All patients felt safe and well supported by staff. No one had any concerns about their possessions.
There had not been any falls and there were no hazards despite it being a busy ward and appearing to be some what cluttered.

Staff

Staff have good training opportunities. They have all mandatory training including the annual training day. There is ongoing training on any topic relevant to their position and requirement. This also includes opportunity for career progression.
A busy ward who use Agency staff to maintain staffing levels.
There were no resource issues highlighted.
Staff morale is good as many staff have worked on the ward for a long time and feel 'like a family'

Manager
The problem with the toilet is ongoing due to the discovery of asbestos which need specialist attention to resolve. The manager has agreed to amend the notice so that patients are aware of the cause / delay.
The manger confirmed that the ward is very busy and have to use agency staff to maintain the nursing levels.
The manger was concerned when informed about the 'rude' staff
The manger informed us that the ward looked cluttered as there had been a delivery that day of supplies that had to be stored away

Environment
We were admitted through a locked door procedure. There was good hand wash and gel facilities.
The ward seemed remarkably quiet for such a busy ward. The initial corridor was quite dark but the wards were bright and clean. There was a happy bustle about the ward. The staff were friendly and polite though the ward appeared cluttered with so much happening,
It was noted that the walls of the corridors were marked by trolleys or wheelchairs which did not give a good impression as we walked in.

Summary
Allocated room was too far from the Ward. They team found a small one on the Ward which was used.
Overall the team were very happy with the standards of care. It was noted that this is an extremely busy ward with a big throughput of patients. Due to the pressures on other wards this ward also takes transfer patients to relieve the pressure. As result the lengths of stay varied greatly and discharges were managed well –with most patients having an awareness of their discharge status.
It was possible that the staff 'rudeness' may have been a cultural effect rather than an intended action.
A patient was concerned that there was a person suffering from dementia on the ward.
Several patients said that the ward was much better than their previous ward.
The team was told many times 'the staff are wonderful 'and how well looked after they are.

Recommendations
When dealing with nutrition to consider portion size**.**
To investigate a means of keeping the food hot for every patient.

When toilets or equipment are out of order, To ensure explanatory signs clearly tell the patient what is happening to prevent misunderstandings

To provide a consulting room for those patients who need more privacy when having difficult consultations or receiving personal distressing news.

Re decorate entrance corridor to give a brighter cleaner look.

Hospital Enter and View Group
Visit to Ward 28 North Tees Hospital
Thursday 23rd March 2017

Patient Feedback Sheet

Please use the attached forms as a guide to help you with the issues and topics you will be discussing during your conversations with patients and family members and other visitors.

The areas listed are not exhaustive and there will often be other things which will come up that you will need to explore.

Also please use the forms to record your general observations and impressions of the ward based on what you see, hear and smell during the course of the visit.

	Issues	Discussions and Observations
1.	**<u>Feeding and Hydration</u>** **Quality of food-** • Choice, quality and quantity of food? • Options and special dietary needs? • Correct food arrives? • Hot on arrival? • Assistance given if/when required? **Hydration-** • Water jugs close by? • Regularly topped up? • Assistance given if/when needed? • Do you ever feel thirsty?	

2.	**<u>Dignity and Respect</u>** • Are staff friendly and polite? • Do staff take time to listen to you and answer your questions? • Are you called by your preferred name? • Is the call button close by and do you get a quick response? • If needed, is appropriate and sensitive assistance provided with washing and toileting? • Are you able to discuss your condition and treatment privately with staff? • Are you happy with your overall care and treatment?	

3.	**<u>Cleanliness and Hygiene</u>** • Do you think the ward is clean? • Staff hand hygiene? • Are toilet and bathroom facilities clean? • Is bedding changed quickly if necessary?	

4.	**<u>Rights and Fulfilments</u>** • Do you know how to make a complaint or compliment? • Regularly updated on your treatment and progress and aware of care plan? • Discussed discharge and ongoing care needs	
5.	**<u>Safety and Security</u>** • Always staff there to help and support me if I need them? • My personal possessions and money are safe? • Trips, slips, falls? • Any hazards observed during the course of the visit?	

6.	**<u>Staff/Manager Views</u>** Training opportunities? Philosophy of care plan? Adequate staff and resources? Staff morale?	

7.	**<u>General Comments and Observations</u>** Date of admission? How did you get here? Proposed discharge date? **Any other comments**	

4.2 Appendix B1

North Tees and Hartlepool NHS
NHS Foundation Trust

SL

25th May 2017

University Hospital of North Tees
Hardwick
Stockton on Tees
TS19 8PE

Tel: 01642 617617
Fax: 01642 624089
www.nth.nhs.uk

PRIVATE & CONFIDENTIAL
Mr Stephen Thomas
Healthwatch Hartlepool
The Orcel Centre
Wynyard Road
HARTELPOOL
TS25 3LB

Dear Stephen

Thank you for sharing the Healthwatch Hartlepool report.

"Enter and View – University Hospital of North Tees – Ward 28, March 2017"

As agreed we have distributed the report amongst colleagues and wish to thank you for giving us the opportunity to comment on its findings. We would like Healthwatch to consider the following responses on behalf of the trust:-

- The report is gratefully received and the comments are very balanced in sharing information on positive findings as well as highlighting areas where we can improve patient experiences, processes and the services we provide concerning, nutrition, hydration and staff attitude.

- The comments do mirror some themes that we have picked up as part of internal quality monitoring processes (SPEQS) and friends and family test themes.

- Nutrition- Thank you for the comments concerning food temperatures and portion sizes. We are currently working with the catering manager to improve food delivery times to ward areas and improving the hostess support on the ward in terms of giving out patients their food.

- Toilet Facilities- The toilet is now back in use and we have noted the recommendation and intend to ensure there is clear sign posting when toilets are out of use.

- Communication- We have a consulting room on the ward for those patients who require more privacy or when sensitive information is being discussed. All nursing staff on the ward are aware and the room is used regularly. In situations where patients are unable to access this facility we will reinforce the requirement to maintain privacy and dignity within the constraints of the ward. When there are changes in ward personnel we will reinforce this as part of our local induction.

- Environment- A request has been submitted to our Estates Department to have the ward redecorated but due to other areas of developmental priorities in the Trust this has not yet been possible. As a result of your Enter and View visit a new request has been submitted and will be monitored in terms of expected time scales.

We would like to thank the Health watch team for their time in completing the inspection and we have noted the recommendations. It is extremely useful to receive feedback to enable us to improve and enhance our service to ensure patients receive excellent care.

The report is being shared with all staff on the ward.

Yours sincerely

Julie Clennell
Associate Director of Risk and Clinical Governance

cc Tess Moore, Senior Clinical Matron – Ward 28
Sharon Sanderson, Ward Matron – Ward 28
Sue Leather, Quality Assurance Nurse

Hospital Enter and View Group
Visit to Ward 28 North Tees Hospital
Thursday 23rd March 2017

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HEALTH AND WELLBEING BOARD

4th SEPTEMBER 2017

Report of: Interim Director of Public Health

Subject: DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17

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1. PURPOSE OF REPORT

1.1 The purpose of this report is to present for information to Health and Wellbeing Board the final version of the Director of Public Health Annual Report for 2016/17. The final report including updated ward profiles for elected members will be presented to full Council on 28th September 2017

2. BACKGROUND

2.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town and the Local Authority duty to publish it is specified in the Health and Social Care Act 2012.

2.2 Director of Public Health Annual Reports are not a new requirement, as prior to 2012, Directors of Public Health in the National Health Service (NHS) were expected to produce annual reports.

3.3 Historically, the equivalent of the Director of Public Health Annual Report was produced by the Local Authority Medical Officer of Health.

3. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - PROPOSALS

3.1 The 2016/17 Report focuses on 'ageing well' in Hartlepool, highlighting the excellent services, good practice and partnership working taking place across the Borough in order to sustain and improve the physical and mental wellbeing of older people.

3.2 Previous reports have focused on how public health priorities have changed over the past 40 years (2013/14 report), the importance of how work and employment influence health and wellbeing (2014/15) and 'understanding need' (2015/16), utilising info graphics around the themes of the Joint Strategic Needs Assessment (JSNA), so it was felt that a focus on older

people's wellbeing represents a logical progression and addresses an important gap by highlighting some of the excellent work in this area.

3.3 The 2016/17 report is split into four key themes relating to the services and projects that improve health and wellbeing and support the population of Hartlepool to 'age well':

1. Promoting social inclusion
2. Improving health and wellbeing
3. Promoting independence, and
4. Practical support services

3.4 The report also highlights some of the key public health indicators and statistics around the older people's agenda, demonstrating where good progress and improvements have been made, but also where further effort is required for Hartlepool to move closer to its neighbouring Authorities or the rest of England in order to reduce widening health inequalities.

3.5 The latter part of the report highlights some 'top tips' and useful contacts, which will be of interest and practical use to the target population, and to partners and stake holders and concludes with some next steps and future plans around this important agenda, linking to key projects such as the Better Care Fund and Community Hubs.

3.6 As in previous years, the final report to full Council will be accompanied by a revised set of 'Ward Profiles' for Elected Members, which will highlight the key public health issues in a given area with a specific focus on the theme of the report i.e. older people's health and wellbeing, and enable comparison of these statistics across each ward and help Elected Members to prioritise which issues to tackle in their local constituencies.

4. RISK IMPLICATIONS

4.1 It is a mandated responsibility for Directors of Public Health in Local Authorities to publish an annual report on the health of their population.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial issues associated with the development and publication of the report.

6. LEGAL CONSIDERATIONS

6.1 There are no legal implications arising from this report. It is a statutory requirement.

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

7.1 There are no equality and diversity issues arising from this report.

8. STAFF CONSIDERATIONS

8.1 There are no staffing implications arising from this report.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There is no impact on asset management.

10. RECOMMENDATIONS

10.1 Health and Wellbeing Board note the final report and agree it can be taken to the wider committees and full Council.

11. REASONS FOR RECOMMENDATIONS

11.1 Ensures compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it

12. BACKGROUND PAPERS

12.1 There are no background papers to this report.

13. CONTACT OFFICER

Dr Paul Edmondson-Jones MBE
Interim Director of Public Health
Hartlepool Borough Council
Level 4 Civic Centre
Hartlepool
TS24 8AY

This document is also available in other languages,
Braille, large print and audio format upon request.

Bengali

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

Cantonese

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Kurdish

ئەم بەلگەیە هەروەها بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەویت

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formacie audio.

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

HARTLEPOOL
BOROUGH COUNCIL

For further information please contact:
Dr Paul Edmonson-Jones MBE, Interim Director of Public Health (GMC Number 2549042)
Public Health Department, Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY.

Email: customer.service@hartlepool.gov.uk

Telephone: (01429) 266522

HARTLEPOOL
BOROUGH COUNCIL

Director of Public Health
Annual Report 2016/17

Ageing well in Hartlepool

Contents

Foreword

I am delighted to introduce my first Director of Public Health Report since joining Hartlepool Borough Council in January 2017. This will be the fourth Annual Report produced by the Borough Council since responsibility for Public Health transferred from the NHS in 2013. The first three Reports focused on how public health priorities have changed over the last half a century, the importance of work and employment in influencing health and well-being and finally how we might understand the changing needs of the population over a number of years.

However, I think the time is right to adopt a different approach so over the next few years the emphasis will be on 'Starting Well' (Children and Young People), 'Working Well' (Working Age Adults irrespective of their employment status) and 'Ageing Well' (Older People). This 2016/17 Annual Report - the first in that series - focuses on a key issue that is challenging local authorities, the NHS and other agencies across the country, which is about the demographic challenges of an ageing population. This Report therefore examines, through a series of case studies and reports, how well we are working with key stakeholders, partner organisations, communities and residents to promote better health and well-being of some of our older residents and I have called the Report "Ageing Well in Hartlepool".

There is a statutory responsibility on Hartlepool Borough Council and Hartlepool & Stockton Clinical Commissioning Group to understand the composition of the local population and assess its needs by producing a Joint Strategic Needs Assessment (JSNA). The JSNA is then used to develop the Health and Well-being Strategy for the Borough and to help shape the services we commission and provide. We know from the JSNA that the population aged 65 and older was 17,300 in 2015, will be 18,800 in 2020 and will have risen to 20,900 by 2025. Similarly, the population aged 85 and over will rise from 2,100 in 2015 to 2,700 in 2020 and then to 3,300 by 2025. Therefore, by 2025, over a quarter of the local population will be over 65 years of age.

The two key issues are to promote social inclusion and independence so as to reduce the risk of isolation, ill health and dependency so that older people remain a valuable and valued part of our communities. They have a wealth of experience, skills, knowledge and often time that need to be encouraged, fostered and utilised to keep them as fit and healthy as possible and to encourage and help others to do so too. The Report examines how older people are encouraged and supported to seek help, to help themselves and indeed to provide help to other people. It also looks at how practical support can be provided to older people as their needs and circumstances change.

I hope you enjoy reading this Report and hope that it may stimulate you to think of different ways in which we can champion the experience and wisdom of our older residents and how we can encourage and help them to play a major role in the day to day life of our Borough and enhance their own health and well-being by doing so.

Finally, I would like to acknowledge the enormous contribution my predecessor, Louise Wallace, made to Hartlepool as Director of Public Health from 2013-2017 and as part of the Tees Public Health Team for many years before that. She was hugely respected by all her colleagues and we wish her well in her new role in North Yorkshire.

Paul Edmondson-Jones
Director of Public Health Hartlepool Borough Council.

SECTION 1
Promoting Social Inclusion

KEY PROJECTS

3Fs Group (Fun, Food and Friendship)

The 3Fs luncheon club at Cafe 177, York Road provides residents with the opportunity to come along and meet new friends whilst enjoying a free, wholesome and healthy two course meal. We offer a warm welcome, relaxing activities and the chance to chat with our registered Nurse. Members are welcome to attend every week and forge new friendships that will hopefully last for many years to come. The group is aimed at adults aged 55 and over who:

- have been recently discharged from hospital
- have any form of memory loss or
- who are vulnerable due to loneliness

For further details visit www.hartlepoolfamiliesfirst.org.uk or tel 01429 867 016.

Hartlepool Men's Shed

What is Hartlepool Men's Shed? It's a place for males to make and mend things, a larger version of your typical garden shed! But they are much more than that. They are equally about reducing isolation, helping people to make friends and improving health and well-being. Sheds are fine places to share a problem – hence the suggestion men prefer to talk 'shoulder to shoulder'. Men's Sheds originated in the 1990's in Australia, where there are now over 500. Hartlepool Men's Shed is aimed at all males living in the Borough and features a workshop environment where men can `make and mend` things of their choosing, for themselves or the wider community. It is open, Tuesdays and Thursdays (10am – 3pm) on Osborne Road, TS26 9EW. For further details visit www.hartlepoolmensshed.co.uk

Hartlepool Armed Forces Covenant

In 2012, Hartlepool Borough Council welcomed the opportunity to sign the North East Armed Forces Community Charter, supporting partnership working between local Armed Forces and civilian communities across the North East to provide improved services for service personnel and their families.

Building on this Charter, 2012 also saw the establishment of Hartlepool's own Armed Forces Community Covenant with clear objectives and measures to encourage support from the Armed Forces Community in the town. One of these measures was the appointment of an Armed Forces Champion and as a result, significant progress has been made against the top five policy changes identified by the Royal British Legion:

5
servicemen or women and their families have been housed in Hartlepool through Government-sponsored affordable housing schemes since the introduction of the Armed Forces Covenant

85
children from armed forces families in school within Hartlepool

723
patients with veteran status or military history recorded within GP clinical records (Hartlepool and Stockton CCG)

Policy Change One

In line with The Housing Act 1996 (Additional Preference for Armed Forces) (England) Regulations 2012, the Council's Allocations Policy has been reviewed, with preference for Armed Forces Personnel. The Allocations Policy also awards the highest priority for people leaving HM Armed Forces.

Policy Change Two

Hartlepool Borough Council now fully disregards War Pensions Scheme and Armed Forces Compensation Scheme payments from calculations in relation to Housing Benefit and Local Council Tax Support Awards.

Policy Change Three

Disabled Facilities Grant (DFG) applications are prioritised where the disability is as a result of service in the Armed Forces.

Policy Change Four

The needs of the Armed Forces community are considered as part of the Council's Joint Strategic Needs Assessment and Equality Impact Assessments. 'Ex-forces Personnel' is now a key theme within our Joint Strategic Needs Assessment.

Policy Change Five

Service children are prioritised for in year admission, in accordance with the School Admissions Code 2012.

Hartlepool are also active participants in bi-monthly meetings of the Armed Forces Forum which facilitates partnership working, and information sharing, between the five Tees Valley Local Authorities, Army, Veterans Support Agency, Military Charity and organisations responsible for Housing, Health, Employment and Training. This has helped to improve working relationships and links with Armed Forces Associations across Hartlepool and the north east region, including the North East Reserve Army Cadets Association.

35.5%
of pensioners in Hartlepool live alone (compared to 31.5% nationally)

10.8%
of people provide over 1 hour of unpaid care per week (10.2% nationally)

3.3%
provide over 50 hours of unpaid care per week (2.4% nationally)

23
excess winter deaths across all ages from 2012-2015 (compared to 19.6 nationally)

Ricochet and Project 65 'Improving social inclusion through technology

Services are aimed at people aged over 65 in Hartlepool and provide a mobile device loan service to enable people to access Information, Advice and Guidance whilst reducing social isolation. 'In Your Dreams' is a separate project using digital technology to reignite memories with people living with Dementia. For further details visit www.incontrol-able.co.uk/ or tel 01429 401 742.

SECTION 2
Improving Health and Wellbeing

KEY PROJECTS

Food Hygiene and Health & Safety interventions in care settings

Environmental Health Officers (EHOs) and Food Technical Officers advise care providers on the management of food safety, including hygiene, kitchen design, pest control and waste disposal. Their duties include the inspection of food premises, as well as enforcing the provisions of the UK laws and the EU food hygiene legislation.

Every care home is given a hygiene rating when it is inspected and this considers:

- How hygienically the food is handled – how it is prepared, cooked, re-heated, cooled and stored
- The condition of the structure of the buildings – the cleanliness, layout, lighting, ventilation and other facilities
- How the business manages and records what it does to make sure food is safe

At the end of the inspection, the business is given one of the six ratings from 0-5. The top rating of '5' means that the business was found to have 'very good' hygiene standards. These ratings are published online at www.food.gov.uk/ratings. In addition, officers will ensure that the composition of the food and labelling meets legal requirements.

Officers also investigate complaints about food and collaborate with the local Public Health England Health Protection Unit in the investigation of outbreaks, particularly of food or water-borne illness. EHOs will provide advice and carry out interventions to ensure the health, safety and welfare of employees and liaise and collaborate with other enforcing authorities including the Health and Safety Executive and Care Quality Commission regarding matters affecting the health and safety of residents. Inspections have highlighted high levels of compliance with food and health & safety legislation within care settings.

Adult Services - Supporting Older People

Adult Services commission and provide support for older people who have eligible social care needs, with a focus on promoting independence and preventing unnecessary admissions to hospital and care homes. Adult Services support all people aged 65+ who have been assessed as having eligible social care needs. Public health funding contributes £149,000 annually towards a net budget of approximately £30m, £10m of which is spent on commissioning support for older people.

The key aim of services for older people is to ensure that eligible needs for care and support are met in line with the Care Act Legislation. This includes ensuring that people have access to appropriate information and advice and advocacy, as well as promoting individual wellbeing and preventing the need for care and support.

Services provided range from basic information and advice, advocacy and low level services such as befriending support and luncheon clubs to care at home, extra care and, at the most intense level of support, 24 hour residential care. Carers are also supported through Adult Services.

Maintaining independence and reducing dependence in services is a key objective throughout various strands of work with individuals in the community.

Promotion of self care and support for carers to maintain their caring role are key outcomes for the department and further successes have been as follows:

Increased uptake of information and advice: Hartlepool Now (www.hartlepoolnow.co.uk) had 17,853 users, 22,413 sessions and 72,999 hits in 2016/17. Hartlepool Now is also now available as an App and is used by frontline staff in people's homes as a tool for information, advice and signposting.

Low level support: Over 706 people used the handyperson service with 765 minor repairs/adaptations completed and a further 713 referrals to signposting service.

Tackling social isolation: Average attendance of 120 people per week at Social Inclusion service for older people (day time activities). Hartlepool Befriending Network commissioned. Project 65 developed by HBC and funded by Northgate Community Fund to support older people to access the internet.

Investment in reablement: 583 reablement packages started with 78.4% of people having no ongoing social care needs following

provision of a completed reablement package and 91.5% of reablement goals achieved at the end of a period of reablement.

Promoting independence / care at home: over 2,200 people supported using assistive technology / telecare and approximately 5,000 hours of domiciliary care provided per week to support people in their own homes.

Support for people living with dementia: The Dementia Advisory Service at The Bridge supported 269 people living with dementia and carers in 2016/17. The Dementia day service supports approximately 30 people per week. Over 4,000 hours of support are provided each year within people's own homes in addition to building based day service. Dementia Friendly accreditation secured. Continued awareness raising regarding dementia through the North of Tees Dementia Collaborative including 3729 Dementia Friends and 46 Dementia Champions trained in Hartlepool. The collaborative are presently engaging with 10 primary schools, 3 secondary schools and 2 colleges in the Borough.

Support for carers: over 150 carers received direct payments in 2016/17 and this is projected to increase further in 2017/18.

Hartlepool Exercise For Life/GP Referral Programme (H.E.L.P)

This is a town-wide service that delivers supervised specialist exercise from various community venues. Target audience is the adult population (18yrs+) who wish to benefit from a more active lifestyle to assist in the self management of a wide range of chronic health conditions. This in turn can reduce further health risks linked with an inactive sedentary lifestyle which is associated with the natural ageing process.

The service aims to improve quality of life with a holistic approach that is client-led and strives to meet the needs of the individual and encourage physical activity participation in the long term. This supports both improved physical and mental wellbeing, through the natural physiological responses to suitable graded exercise to address specific health problems and aims to motivate and educate the individual about the benefits of maintaining an active lifestyle in relation to improving all aspects of general health and wellbeing. The service offers a positive experience that instils confidence and empowers the individual to continue with an active lifestyle beyond their introductory 10-week course with the service, empowering the individual to make more choices and feel confident in their ability to do so.

In 2016/17, 591 referrals were received by the service, of which 494 were for clients aged 45 or over (302 female and 192 male).

In this period, 88 individuals have completed a 10 week introductory course. Evidence from 6 month post-completion questionnaires shows that 84% of clients have continued with regular structured activity.

11% have reduced their medication/prescription from the GP Surgery.

16% have indicated a reduction in their visits to their GP.

The service has successfully established a well attended weekly session to accommodate those with neurological issues such as M.S, Parkinson's and post-Stroke at Brierton Sports Centre.

"I was a carer for my husband at the time after his heart attack. I also joined the gym. The girls that looked after us were brilliant; they motivated us both and devised my own programme even though I wasn't the patient. We are both now members. We will return to the gym beginning of Sept. Excellent motivational course."

"I found this course was very good and motivating, because of this course I will return to Brierton gym, at the moment I work 5am-7pm so really is impossible. The course helped me get over the feeling of helplessness. The staff were extremely supportive & understanding".

"I have restarted Alexa's water fitness class on Wednesday afternoon. I enjoy this would like more of the same. Have started to swim once a week now that I have retired, with husband to encourage & motivate. Can't fault the help I've received from Lorraine's team & Steve Gaffney, Health Trainer."

"Professional advice & supervision doing exercises that were of benefit to me & my injury. Helped me to understand how I could improve my pain & maintain fitness. Thank you for your professional help. You provide a good service".

Escape Diabetes Act Now (E.D.A.N)

Lifestyle intervention project to support those at risk of developing Type 2 Diabetes - EDAN project (Escape Diabetes Act Now) preventative model. The project also supports those with Type 2 Diabetes to better self-manage their condition to deter further ill health, which is directly associated with this condition, namely increased risk of coronary heart disease, retinal eye damage, nerve damage and in the worst cases, amputation.

There are two components of support, supervised physical activity opportunities for up to 12 months to initiate clinical changes, plus access to either educational group 8 week workshops or 1:1 - 12 week Healthy Eating weight management courses. This input is delivered by the Health Trainer team who can explore with the client their existing eating patterns, identifying where change is needed. This can encourage long-term behaviour change which is realistic and achievable if the client is receptive and motivated to comply.

For EDAN referrals, this can reverse their situation and take them out of the pre-diabetic category, this can be clinically verified when repeat HbA1c blood tests are carried out at their GP surgery. For those referrals with existing Type 2 Diabetes, the service aims to educate and encourage a better understanding of how to live well with Type 2 Diabetes.

The project has seen increased support from local surgeries and Diabetes Specialist Nurse teams to encourage uptake to the EDAN project. In 2016-17, we have received 96 referrals over 45 years of age (57 Female & 39 male). In the Type 2 Diabetes patient group, we have received 33 referrals over 45 years (11 female & 22 male). Some clinical evidence has been received from surgeries where follow up appointments have been carried out - this work is ongoing. **For further information about HELP or EDAN/T2D contact 01429 284 363.**

Dementia Advisory Service – The Bridge

Drop in service supporting people of all ages in Hartlepool who may have memory impairment or have received a diagnosis of dementia. The service offers:

- Dementia advice, information and support to enable people to live well with dementia.
- Support to carers, families and friends.
- Signposting to other services.
- Practical and emotional support.
- IT access to services and advice.

Over 500 people have accessed The Bridge in the last 12 months with excellent feedback received from users of the service. **For further details contact 01429 279 005 or 01429 868 587.**

Dementia Friendly Hartlepool initiative

Dementia Friendly Hartlepool aims to develop Hartlepool as a nationally recognised dementia friendly community. We want to ensure that people living with dementia are able to remain active and involved in their communities. Our work will help the local community be aware of and understand more about dementia. People living with dementia and their carers will be able to live life well and able to seek the help and support they need. The collaborative aims to;

- Raise awareness about dementia in key organisations and businesses within Hartlepool that support people with dementia.
- Develop a strong voice for people with dementia living in Hartlepool.
- Raise the profile of Dementia Friendly Hartlepool to increase reach and awareness to different groups in the community.
- Support local groups, businesses and charities to be dementia friendly and more accessible to those living with dementia in Hartlepool.

Key successes in 2016/17

- Hartlepool has an active DEEP group which is a local branch of a national dementia empowerment and engagement network for people living with dementia. The group is supported by TEWV NHS Trust and The Bridge, Hospital of God.
- A multi-agency steering group are working together to promote dementia awareness in Hartlepool.
- A comprehensive programme of events is held throughout National Dementia Awareness Week and during the year to promote awareness and engage those living with dementia and care givers.
- 17 businesses and companies have become dementia friendly. This includes pharmacies, florists, cafes, shops, sports facilities and more. Others are being actively sought.
- Open dementia friends sessions are offered weekly and customised sessions are provided as required and tailored to the needs of a business.
- Partnership with public health has supported in reach to primary and secondary schools to work towards a dementia friendly generation.
- Since September 2016, 10 Primary schools have engaged with Dementia Friendly Hartlepool. Grange Primary, Holy Trinity, St Cuthberts. West View, St Teresa's, Dyke House, High Tunstall, Stranton, St Aidan's and Eldon Grove are engaged in ongoing work.

For further information visit www.hartlepoolnow.co.uk/DFHpool or tel 01429 803 660.

Male life expectancy at birth in Hartlepool
76.8
compared to 79.5 nationally

Female life expectancy at birth in Hartlepool
81.3
compared to 83.1 nationally

Healthy life expectancy in males (proportion of life spent in "good" health)
57.0
in Hartlepool (2nd lowest in region) compared to 63.4 nationally

Healthy life expectancy in females
55.2
in Hartlepool (lowest in region) compared to 64.1 nationally

Not only are there significant inequalities between Hartlepool and the rest of England, there are huge differences between wards within Hartlepool. Life expectancy varies by as much as 10 years from the most to the least affluent areas of the Borough:

	Male	Female
Life expectancy at birth in the most deprived quintile of Hartlepool, 2012-2014	**72.8**	**77.8**
Life expectancy at birth in the least deprived quintile of Hartlepool, 2012-2014	**83.0**	**87.2**
Absolute gap in life expectancy between most deprived and least deprived areas within Hartlepool	**-10.2**	**-9.4**

For males, 30% of this gap is explained by circulatory diseases and for females 23% of the gap is explained by cancer and 20% due to circulatory diseases. Circulatory disease is therefore is the single biggest contributor to inequalities in life expectancy within the Borough (50%).

Bowel cancer screening coverage in Hartlepool: 55.5% compared to 57.9% nationally

AAA (abdominal aortic aneurism) screening coverage in Hartlepool: 77.0% compared to 79.9% nationally

Health-related quality of life for older people is significantly lower in Hartlepool than the England average

Admission episodes for alcohol-related conditions in over 65s – 265.5 per 100,000 (7th highest rate in England for 2014/15) compared to 190.5 nationally

Emergency admissions for Coronary Heart Disease (CHD), stroke, heart attacks and Chronic Obstructive Pulmonary Disorder (COPD) all higher than the national average

Early (under 75) mortality from cancer and all causes considered preventable, and deaths from CVD and cancer in over 65s, are all higher than the regional and national averages:

	Hartlepool	North East	England
Under 75 mortality rate from cancer considered preventable	**110.4**	**98.9**	**81.1**
Mortality rate from all causes considered preventable (all ages)	**243.9**	**227.5**	**184.5**
Rate of deaths from cardiovascular disease (CVD) among people aged 65+	**1290.5**	**1263.6**	**1191.9**
Rate of deaths from cancer among people aged 65+	**1344.7**	**1294.3**	**1122.0**

Lung cancer incidence (165.7) is significantly higher than the England rate (100)
Dementia prevalence age 65+ = 4.9% compared to 4.3% nationally

SECTION 3
Promoting Independence

KEY PROJECTS

New build bungalows

Through the Hartlepool Housing Strategy 2015-2020, consultation identified a demand for older persons' accommodation, namely bungalows to meet the needs and aspirations of Hartlepool's ageing population. One of the long-term actions within the Housing Strategy is to "Work with partners to develop accommodation for older people".

As a result, 21 new build 2 bedroom bungalows were purchased by HBC during 2015 and 2016 at Alexandra Square, Dyke House – first let on an affordable rent from August 2015 and managed by the Council's Housing Service. Although not exclusively aimed at older people, these bungalows are available primarily to applicants with a medical need for 2 bedrooms and level access shower.

21 families and couples with medical needs have now been successfully re-housed into good quality new build accommodation with level access showers. These are let and managed by Hartlepool Borough Council on secure tenancies with an affordable rent.

Special needs housing service

Priority 4 within the Hartlepool Housing Strategy 2015-2020 is "Improving health and wellbeing; promoting sustainability by supporting people with specific housing needs"

This priority details how the Council works with partners to meet the specific housing needs of vulnerable people to support independent living. The challenges faced in achieving this priority include ensuring that there is a variety of housing options to meet different needs. There are particular pressures for finding suitable housing solutions for people with learning and other disabilities, as well as housing for a growing older population, and funding housing adaptations to enable independent living.

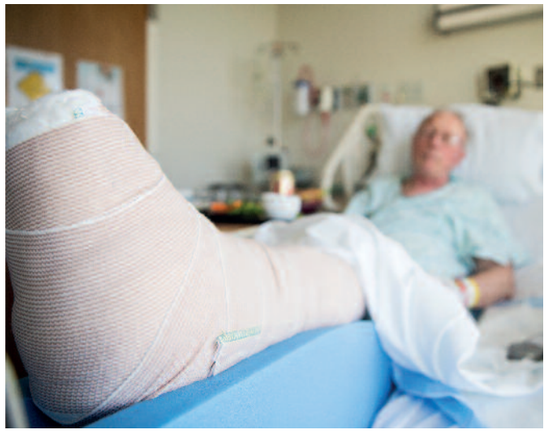
The adaptations service is delivered through minor adaptations (under £1000) and major adaptations (over £1000 funded via Disabled Facilities Grant) to assist and enable independent living.

During 2016/17, the following major adaptations have been undertaken:

DFGs completed Q1 – Q4 (cumulative)

Type of adaptatiom	Under 18	18 - 40 years	40 - 65 years	65 - 80 years	80+ years
Straight Stairlift	0	1	9	14	17
Curved Stairlift	0	1	2	8	13
Extension	4	0	2	1	0
Level Access Shower	0	3	40	51	41
Overbath Shower	2	2	7	1	1
Ramp	3	0	1	2	1
Other	2	2	2	2	0
Cost	£126,115.67	£43,494.68	£235,064.40	£273,557.42	£236,434.13

In addition, 1265 minor adaptations were carried out during 2016/17 and although data (within Housing Services) is not kept on age, the majority of these will be for older people.



Hartlepool Falls Prevention Service

The new service commenced in April 2016 after Hartlepool Borough Council Public Health commissioned Adult Social Care to deliver this contract. The team is made up of occupational therapy staff from a variety of backgrounds which brings a wide and varied skill set to the service. The primary aim of this service is to offer residents within Hartlepool the opportunity to have access to a falls prevention plan to reduce the risk of falls, either within the home, or the local community.

We are aware there are a number of reasons that people fall and that this can lead to people not being confident to be a part of their local community and may lead to social isolation or a decline in health and wellbeing. With this in mind, Public Health and Adult Social Care have worked closely together to develop a holistic service, that looks at the causes of falls, but also provides a vital link to a variety of low level intervention services, along with giving you the necessary tools to keep safe, keep active and reduce the risk of falls.

Starting the service from scratch has been challenging and the service continues to evolve as we understand more about the needs of the residents of Hartlepool in relation to falls prevention. To date, we have screened over 700 residents who live in their own homes and over 1400 people have been provided with their own Falls Prevention Plan as Care Management Teams now complete Falls Prevention Plans.

Further initiatives within the service include supporting all Hartlepool Care Homes to implement new Falls Prevention documentation and raised awareness of the risk of falls with a 'bottom up approach' (care staff through to management) with staff through a series of on-going training sessions.

Falls Prevention has also worked closely with the Fire Brigade across the region devising a Fall Prevention checklist and then delivery various training sessions to Fire Fighters before going live with their agenda for Falls in October 2016. **For further information tel 01429 523 755.**

Scam prevention

The Council's trading standards team in public health has been working to protect the elderly and vulnerable from mail order and telephone scams. Officers have dealt with a number of shocking examples in Hartlepool where victims have lost many thousands of pounds, and in one case over £50,000, to mass marketing frauds.

Beginning with the 'guarantee' of a prize for only a small claim fee, or a bargain that is 'too good to miss' consumers can find they are soon overwhelmed with similar offers of bargains that can ultimately cost thousands. The 'guaranteed' prizes never arise and the offers of cheap goods are never cheap. Consumers have been known to receive dozens of phone calls and letters each day. This can have a significant detrimental impact on a vulnerable person's health and wellbeing.

Trading standards officers have been working closely with the Council's social services team, Community Safety Team and local Banks and Post Offices to help protect those who may be at risk. In addition, public health grants and funding provided through the Council's community safety team has been used to supply and fit 'call blocking' devices to the phones of those most vulnerable. This has had a dramatic effect on the numbers of unwanted calls being received – finally giving people peace of mind. Work is ongoing with the Post Office to see whether obvious scam mail can be returned to the sender rather than delivered to its unsuspecting victims.

Hartlepool has been at the forefront of tackling scams and the North East of England is the first area outside London to be selected for the roll-out of the new banking protocol – a multi-agency approach involving the Police, Trading Standards and the Banks aimed at identifying customers who are in the process of being defrauded.

No Cold Call Zones

The trading standards team has been promoting, and has subsequently established, No Cold Call Zones (NCCZs) in 40 streets/neighbourhoods throughout the town. Once established, a NCCZ makes it an offence for doorstep traders to operate within that area. This protects the residents of that area from unwanted, unsolicited visitors such as cowboy builders and roofers. NCCZs have been introduced as a consequence of a number of complaints being received by trading standards – in some cases vulnerable people have lost several thousands of pounds to unscrupulous and criminal traders. All residents within the area are also provided with a free 'I don't deal with doorstep traders' sticker for them to place on their front door/window.

As a result, residents of these areas face fewer cold callers at their doors and many will feel empowered to say no to a cold caller who knocks on their door.

Fewer residents will face the risk of losing substantial sums of money to conmen and will not suffer the stress caused by having to deal with conmen – both in saying 'no' to them or having to deal with the consequences if they do get conned.

Protecting the vulnerable and elderly is a high priority for the trading standards team and public health grant funding has been used to fund an officer to focus on this area of work.

40%
of victims said it had resulted in them having **reduced confidence** generally

46%
said it had caused them **financial detriment**

(National Trading Standards National Tasking Group Doorstep Crime Report, March 2014)

28%
said it had left them feeling **down** or **depressed**

16%
had **not told anyone** about the crime, and 40 per cent of these said the reason was **embarrassment**

23.2%
of adults have a limiting long term illness or disability (compared to 17.6% nationally)

1,975
per 100,000 Injuries due to falls aged 65+ compared to 2,125 nationally

64.8%
PPV population vaccination coverage 65+ (pneumonia) (lowest in region) compared to 70.1% nationally

71%
Flu vaccination coverage 65+(equal to national average)

684
per 100,000 Hip fractures aged 65+compared to 571 nationally (Fewer injuries due to falls in Hartlepool BUT those injured are more serious i.e. fractures)

Certain sections of the community are more prone to scammers and fraud, as highlighted by Age UK in their 2015 report, 'Only the tip of the iceberg: Fraud against older people':

- Over half (53%) of people aged 65+ believe they have been targeted by fraudsters (Scams survey by Populus for Age UK, 2015)
- Age UK is particularly concerned that recent changes to private pensions allowing people aged 55+ to take all their pension savings in cash will encourage the scammers to target this age group even more
- While younger people may be more likely to be at risk of online fraud, increasing numbers of older people are likely to be at risk as the percentage online is expected to grow.
- Older people may be especially at risk of becoming a victim at particular times because of personal circumstances, such as social isolation, cognitive impairment, bereavement and financial pressures.
- A 2013 estimate by the former National Fraud Authority put total losses for individuals at over £9 billion per annum.

Fraud techniques

Research has identified a range of core techniques used by fraudsters:

- **Use of appropriate and latest technology,** particularly the use of the internet.
- **Professional** and **legitimate** appearance of information.
- **Illegitimate appearance**, where the involvement in an illegal activity, such as money laundering, makes it more difficult for the victim to report the fraud.
- **Small sums of money**, which make it less likely the victim will report the fraud.
- Clever **sales techniques**.
- **Selling a dream**, where the fraudster offers something someone wants at a low price or something that promises to make above average returns.
- **Operating in a legal hinterland**, where the tactics used make it difficult to unambiguously identify it as fraud.
- **Intimidation** and **threats** of violence.
- **Identity fraud techniques**, where the fraudster acquires either genuine identity documents, such as a passport or driver's licence, credit card or specific personal information.
- **Pretext calling**, where fraudsters pretend to be someone they are not to secure bank account and other personal data. It may be done in person, on the telephone or most commonly through email.

(Button et al, Fraud typologies and victims of fraud: Literature review, National Fraud Authority and the Centre for Counter Fraud Studies, 2009)

Doorstep crime appears to be targeted at older people

According to analyses of victim impact surveys in England and Wales:

85%
of victims were aged 65+, 59% were 75+, and 18% were aged 80 to 84.

63%
had a physical impairment, 43% a sensory impairment, 15% a mental health condition, 14% a cognitive impairment, and 35% had a long standing illness.

37%
missed having people around and 40% were lonely.

9%
were known to be repeat victims.

62%
lived alone.

24%
had concerns about their memory, or their family or carers had such concerns.

33%
had experienced bereavement in the past two years.

36%
had experienced depression in the past six months.

(National Trading Standards National Tasking Group Doorstep Crime Report, March 2014)

The negative impact of financial abuse, regardless of the source, can result in someone becoming in need of support from social services, having not previously required such help.

Analysis of the effects of doorstep crime found that:

40%
of victims said it had resulted in them having reduced confidence generally.

28%
said it had left them feeling down or depressed

(Research on impact of mass marketed scams: A summary of research into the impact of scams on UK consumers, OFT, 2006)

46%
said it had caused them financial detriment.

16%
had not told anyone about the crime, and 40 per cent of these said the reason was embarrassment.

SECTION 4
Practical Support Services

KEY PROJECTS

Tees Community Equipment Service (TCES)

Tees Community Equipment Services (TCES) is a Middlesbrough Council-led service and is commissioned by partner organisations including Hartlepool to deliver a Tees-wide Integrated Community Equipment Service. TCES is one of the largest and most complex equipment services in England and delivers, collects and services equipment for reissue in the community. This equipment plays an important part in helping people to develop their full potential and to maintain their health and independence.

The TCES customer base covers a range of clients of all ages and predominantly meets the needs of people in the community with physical disabilities and people who are suffering with long term conditions which impact on the quality of life.

2016 has seen the introduction of an online web ordering system for health and social care professionals and aims to streamline service provision by enabling professionals to order directly, avoiding the use of email and fax, to avoid duplication and improve governance, improve timeliness of delivery and collection of equipment, empower professionals to make decisions regarding the priority/urgency given to orders and to enable professionals to track client activity and plan follow-up assessment visits accordingly.

The service has resulted in increased ownership for professionals and ability to plan follow up assessments so that clients can commence using equipment, provided system accessibility 24hrs daily, introduced new scanners so system data is updated in real time and improved governance for partners, eliminating use of faxes and emails.

High standards of service delivery have been realised with 93.8% of equipment deliveries made within 7 days from assessment and a same day service delivery to prevent admission to hospital, to facilitate end of life issues and repair critical equipment without which respite or other care packages would be necessary.

High levels of customer satisfaction - customer engagement surveys (460 Teeswide) 2015-16 indicated that 74% of respondents felt that equipment provision helped them to maintain their independence, 70% felt it improved their quality of life and 57% felt safer for having the equipment. **For further details contact 01642 225 205.**

Hartlepool Now Equipment Finder

The Hartlepool Now website **www.hartlepoolnow.co.uk** helps people access a wide range of support and advice from across the town to help them live as independently as possible. The online equipment finder tool **www.hartlepoolnow.co.uk/equipmentfinder** helps residents and staff to assess needs and areas of the home in which people need assistance from products and mobility equipment that are available to purchase. The tool will take you through a series of questions concerning day to day life and will make some recommendations around aids and products that might make life in the home easier. There are also links to external websites where products can be purchased.

HBC have recently developed an App for 'Hartlepool Now' which is now available to download on mobile phones and tablets via Apple iStore and Google Play. Since the App went live the equipment finder has been one of the top visited sections on the App.

Connecting Communities Handyman and Signposting Service

The Service is available to any person who is a resident in the borough of Hartlepool aged 60+ or vulnerable people who are moving on from temporary supported accommodation and who need support to set up home. It is also available to Hartlepool adults aged under 60 who have a chronic illness, disability, sensory impairment or other problems which restrict their functioning on a day to day basis.

The service provides information, advice and signposting and a handyperson service to provide practical support to promote prevention and early intervention through the provision of minor repairs and adaptations to enable older people to continue to live in their own home.

The main objectives are to empower people to live independently in their own home, have more autonomy, choice and control in their lives and the services they receive, and will contribute to improving people's physical and mental health and overall wellbeing.

The service supports people to participate in their communities and contributes to the development and maintenance of social networks, preventing people from experiencing social isolation.

There were a total of 542 individuals worked with by the project in 2015, 374 of these worked with the handyperson service. 68% of service users who returned satisfaction questionnaires said that they felt they were able to move around their home more easily since the work was carried out. This led to 66% feeling more confident to remain in their own home. This demonstrates that the Handyperson scheme is empowering people to have more autonomy, choice and control around their ability to remain in their homes. **For further information contact 01429 269 303**

Home Fire Safety Visits / Stay Safe and Well

Cleveland Fire Brigade undertake Home Fire Safety Visits in households where vulnerable adults or families live in order to give free fire safety advice and information and supply and fit risk reduction equipment i.e. smoke alarms, free of charge. The project aims to reduce the risk of fire within the home and support vulnerable residents by signposting them to appropriate support agencies to assist in resolving their issues and vulnerabilities.

As a result, the Brigade has seen a reduction in accidental dwelling fires, increased fire safety awareness across Cleveland and over 4000 vulnerable residents are receiving home fire safety visits across Cleveland annually.

The Brigade also supports anyone within Tees Valley who is struggling to stay safe and warm within their own homes. The Stay Safe and Warm campaign aims to deliver emergency heating equipment in the form of portable heaters, thermal blankets, fleecy mattress toppers, electric blankets, wind up lighting units, torches etc. giving a holistic assessment of need and onward referrals to agencies for longer term support.

The Brigade has demonstrated an improvement in health and wellbeing both in the short and long term and contributes to the reduction of non-elective hospital admissions due to negative health impacts of living within cold and damp homes. Income maximisation is improved within vulnerable populations and the project is able to identify the more vulnerable residents and refer on for further support, contributing to the wider health and wellbeing agenda. **For further information contact 01429 874 054.**

Macmillan Advice Service / Keep Warm without the Worry (West View Advice and Resource Centre)

The Macmillan Advice Service is available to anyone in Hartlepool, whose life is affected by cancer, offering benefits advice to cancer patients, their carers and family, access to grants and services, priority appointments and home visits for the housebound. The project aims to offer maximisation of income via a benefit check and grants eligibility assessment so the clients are assured of receiving the maximum income and other benefits to which they are entitled.

West View Advice and Resource Centre also offer a Home Energy Advice Service for people affected by cancer, providing assistance to relieve clients of the further stress of increased costs of energy so they can fully concentrate on their recovery. The project offers advice on keeping warm; energy company & tariff switching; fuel debt support; energy discounts & insulation grants and emergency funding. **For further information about either scheme contact 01429 271 275.**

HomePlus grants

The scheme is aimed at owner-occupiers, aged over 60 and in receipt of a means-tested benefit (also includes under 60s where there is an additional qualifying disability related benefit). Assistance is not limited to a geographical location. Small grants up to a maximum of £4,000 in a three year period are available to remove serious hazards from the home which may have a detrimental impact on health.

10 grants have been awarded in a 12 month period; 9 of these related to the replacement of defective boilers or the provision of heating systems. In doing these works, hazards relating to excess cold, personal hygiene and food safety were removed. One grant was awarded to replace a leaking flat roof to a ground floor room which was occupied as a bedroom by a dementia sufferer who was bedridden; the result of this was to remove hazards relating to excess cold and damp & mould growth which could have lead to respiratory infections. Two other households were assisted in the form of a charge which was placed on the properties to be repaid on sale or transfer to carry out essential works to make them safe. These were exceptional cases as the owner-occupiers were considered vulnerable due to their age and other factors. **For further information contact 01429 523 324.**

11.8%
of households in Hartlepool living in fuel poverty compared with 10.6% nationally

(A household is said to be in fuel poverty if they have required fuel costs that are above the national median level and were they to spend that amount they would be left with a residual income below the official poverty line).

58.3%
of social care clients in Hartlepool aged 65+ receiving self directed support compared with 66.3% nationally, however

88.8%
of those receiving self directed support, also receive direct payments (similar rate to national average)

93%
of people aged 65+ receiving winter fuel payments compared with 96.7% nationally

In 2015/16, Hartlepool accounted for over 22% (n=68) of referrals to the Stay Safe and Warm campaign provided by Cleveland Fire Brigade. Despite a mild winter, the campaign saw the third highest number of referrals since its instigation in 2009.

Hartlepool saw a gradual increase in referrals from the previous two years with 57% of all food parcels distributed in the area.

Age demographics of main referrer

	16 - 24 Years	25 - 35 Years	36 - 45 Years	46 - 55 Years	55 - 65 Years	66+ Years	Unknown	Total
Hartlepool	7	8	11	8	9	14	11	**68**

There is no clear pattern in the proportion of households which are fuel poor in progressively older occupants. There is, however, a clear pattern of increasing depth of fuel poverty in older households. Those where the oldest occupant is aged under 34, for example, have a mean fuel poverty gap of approximately £260, whereas those aged over 60 have a gap of around £450. This may reflect the longer heating requirement for older households who are more likely to be at home for longer periods of time during the day.

Distribution of equipment

	Thermal Blankets	Electric Blankets	Electric Heaters	Fleecy Mattress Toppers	Childs Blanket	Foods Parcels	Home Fire Safety Visits	Smoke Detectors
Hartlepool	**56**	**8**	**82**	**7**	**6**	**39**	**68**	**45**

Case study

A neighbour of a Hartlepool resident was so concerned by the cold conditions within her neighbour's home that she contacted social services. She reported that not only was it terribly cold but there was a level of hoarding and general dilapidation within the property. It was suggested that the neighbour contact Cleveland Fire Brigade who would be able to assist with heating and hopefully gain the gentleman's confidence which could result in onward referrals for other support.

Fire crew were notified and attended the property with emergency heating. Heaters and blankets were accepted and the resident also agreed to a further visit to see what other assistance could be given.

Both the Advocate and the neighbour spoke with the resident who agreed to further help and onward referrals. A full Home Fire Safety Check was conducted and some electrics were found to be faulty. Hartlepool Borough Council Environmental Health dept was contacted and, following a home visit, agreed to look into funding that could allow central heating to be installed, and for the electrics within the property to be rewired. Social services agreed to look into arranging Telecare and other services. HBC also arranged for financial assessment to ensure income maximisation.

When the electrical work was completed, CFB issued fleecy mattress toppers and further heaters so that every room could be heated. A panic alarm was also installed and the resident has demonstrated that he knows how and when to use it. Following extensive partnership collaboration, a highly vulnerable resident has had his health, safety and wellbeing greatly improved.

Summary Indicators 2016/2017

The table below summarises the data presented within the report and highlights additional statistics related to ageing well in Hartlepool. The Hartlepool, North East and England rates and numbers have been included where possible:

Indicator	Description	Hartlepool	North East	England
Life expectancy at birth (male)	Based on contemporary mortality rates	76.8%	77.9%	79.5%
Life expectancy at birth (female)	Based on contemporary mortality rates	81.3%	81.6%	83.1%
Male healthy life expectancy (years)	Based on prevalence of self-reported good health	57.0%	59.6%	63.4%
Female healthy life expectancy (years)	Based on prevalence of self-reported good health	55.2%	60.1%	64.1%
Fuel poverty	Proportion of households in fuel poverty based on "low income, high cost" methodology	11.8%	12.2%	10.6%
Social isolation	% of adult social care users who have as much social contact as they would like	54.3%	49.9%	45.4%
Recorded diabetes	Recorded cases of diabetes by GP practices aged 17+	6.3%	6.7%	6.4%
Bowel cancer screening coverage	% of eligible people (aged 60-74) screened	55.5%	59.4%	57.9%
AAA screening coverage	% of men eligible who are tested	77.0%	77.6%	79.9%
Injuries due to falls	Aged 65+ per 100,000 population	1975	2167	2125
Hip fractures	Aged 65+ per 100,000 population	684	618	571
Flu vaccination coverage	% eligible population screened (aged 65+)	71.0%	72.1%	71.0%
Preventable sight loss due to age-related macular degeneration	Crude rate aged 65+ per 100,000 population	163.4	156.9	118.1
Health-related quality of life for older people	Average health status score for adults aged 65+	0.673	0.706	0.733
Excess winter deaths index	3 years, all ages	23.0	19.3	19.6
Dementia recorded prevalence	Aged 65+ as recorded on practice disease registers	4.9%	4.68%	4.31%
% deaths in usual place of residence	Aged 65+	42%	47.2%	47.5%
% social care clients aged 65+ receiving self directed support	Via direct payment or personal budget	58.3%	68.7%	66.3%
% social care clients who receive self directed support, and those receiving direct payments	As a percentage of all clients receiving community based services and all carers receiving carer specific services	88.8%	96.9%	88.6%
% of population receiving winter fuel payments	Aged 65+	93.0%	93.8%	96.7%

Indicator	Description	Hartlepool	North East	England
Population vaccination coverage - PPV	% eligible adults aged 65+ receiving PPV (pneumonia) vaccine	64.8%	72.2%	70.1%
Admission episodes for alcohol-related conditions aged 65+	Persons over 65 admitted to hospital for alcohol-specific conditions	265.5	233.6	190.5
Under 75 mortality rate from cancer considered preventable	Age standardised rate of mortality in those aged <75 per 100,000 population	110.4	98.9	81.1
Under 75 mortality rate from cardiovascular disease considered preventable	Age standardised rate of mortality in those aged <75 per 100,000 population	56.0	54.5	48.1
Under 75 mortality rate from respiratory disease considered preventable	Age standardised rate of mortality in those aged <75 per 100,000 population	27.5	25.4	18.1
Mortality rate from all causes considered preventable (all ages)	Age standardised rate of mortality from all causes considered preventable per 100,000 population	243.9	227.5	184.5
Pensioners living alone	Self reported, ONS Census	35.5%	-	31.5%
Cancer incidence (all)	Standardised incidence ratios estimated from MSOA level data	104.2	-	100
Cancer incidence (lung)	As above	165.7	-	100
Cancer incidence (bowel)	As above	98.0	-	100
Limiting long term illness/disability	Self reported, ONS Census	23.2%	-	17.6%
Provides 1+ hrs unpaid care per week	Self reported, ONS Census	10.8%	-	10.2%
Provides 50+ hrs unpaid care per week	Self reported, ONS Census	3.3%	-	2.4%
Elective admissions for hip replacement	Standardised admission ratios estimated from MSOA level data	104.4	-	100
Elective admissions for knee replacement	Standardised admission ratios estimated from MSOA level data	132.7	-	100
Emergency admissions for CHD	Standardised admission ratios estimated from MSOA level data	145.1	-	100
Emergency admissions for stroke	Standardised admission ratios estimated from MSOA level data	115.8	-	100
Emergency admissions for MI	Standardised admission ratios estimated from MSOA level data	173.8	-	100
Emergency admissions for COPD	Standardised admission ratios estimated from MSOA level data	191.0	-	100
Rate of deaths from cardiovascular disease among people aged 65+	Directly standardised rate per 100,000	1290.5	1263.6	1191.9
Rate of deaths from cancer among people aged 65+	Directly standardised rate per 100,000	1344.7	1294.3	1122.0
Rate of deaths from respiratory disease among people aged 65+	Directly standardised rate per 100,000	783.8	764.0	646.2

(Data correct as of April 2017)

Next Steps and Future Plans

I hope it is clear from the report that there is a fantastic range of projects and initiatives in place, through a wide range of partners and services, to support the ageing well agenda in Hartlepool.

It is vitally important that Public Health in Hartlepool continues to lead and support these services and initiatives and promote partnership working and shared leadership to help all residents of the Borough to grow old with the dignity, support and respect they deserve.

Joint Health and Wellbeing Strategy

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) for their area. The JHWS is a strategic document outlining how Hartlepool Borough Council, Hartlepool and Stockton Clinical Commissioning Group and other key organisations, through the Health and Wellbeing Board, will fulfil this mandate. The existing strategy was established in 2013 and is being reviewed in 2017/18 in order to develop a revised set of actions and priorities for 2018-25. The Strategy is underpinned by the JSNA and views of our communities and will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool.

Our vision

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

Our ambition

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

Community Hubs

Three innovative, new Community Hubs will be launching in 2017/18, which will offer a range of advice, guidance, health, learning, employment and community support and services for local people, all under one roof.

The Hubs will offer support and services from a range of different organisations to make it easier for residents to access the help and support they need. Every resident in Hartlepool will be within two miles of their nearest Hub site.

Whether you require information about welfare benefits, debt advice, library services, training and jobs, how to stop smoking or make other behaviour/lifestyle changes, specialists will be on hand to give you all the guidance and help you need.

HARTLEPOOL BOROUGH COUNCIL

Community Hub North

Location West View Advice and Resource Centre, Miers Avenue.

Open Mon-Fri 9am - 5pm

Contact 01429 271275

HARTLEPOOL BOROUGH COUNCIL

Community Hub Central

Location Hartlepool Central Library, Victoria Road.

Open Mon-Fri 10am-6pm and Sat 10am-2pm

Contact 01429 272905

HARTLEPOOL BOROUGH COUNCIL

Community Hub South

Location Owton Manor Community Centre, Wynyard Road.

Open Mon-Fri 8.30am-10.30pm (dependant on bookings) and Sat-Sun (dependant on bookings)

Contact 01429 272631

What do we want to achieve and why?

Starting well

All children and young people living in Hartlepool have the best start in life.

Children who grow up in loving and supportive families are most likely to be happy, healthy and safe. Life experiences involve critical transitions - emotional and physical changes in early childhood; moving from primary to secondary and tertiary education; starting work; leaving home and starting a family; and retirement. Each transition stage can affect health and wellbeing by pushing people into more or less disadvantaged paths. Children and Young people who have been disadvantaged in the past are at the greatest risk and their children are more likely to be also disadvantaged. We want to ensure access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children, young people and families who are in difficulties. We want to prevent children and young people from developing emotional problems; having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

Working well

Workplaces in Hartlepool Borough promote and support healthy living.

Access to fulfilling, paid work has long been a significant determinant of people's wellbeing. Economically, fulfilling work provides a secure income, while in social terms, such work can offer a sense of purpose, social connections and personal agency. People who are economically less well-off have substantially shorter life expectancy and more illnesses than those in meaningful employment. In addition, supporting those who work to be healthy and well means they are able to better support and care for their dependents (children and/or the elderly). We want workplaces in Hartlepool to be healthy places with supportive practices and environments that enable employees sustain healthy lifestyle choices. Also we want to work with our communities to support people into fulfilling employment for positive health and wellbeing gains.

Ageing well

Older people in Hartlepool live active and independent lives and are supported to manage their own health and wellbeing.

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. For instance the number of people who were aged 85 years or more in 2005 was 1,400, this increased to 2,100 by 2015 and will continue to increase to 3,330 by 2025 and to 4,700 by 2035. Although most people are living longer, the majority of their latter years (approximately 20years for males; and 26years for females) are lived with poor health and wellbeing. We want to support older people to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them from developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

Living well

Hartlepool is a Safe and Healthy place to live with strong communities.

Enabling those who live in Hartlepool to be healthy and well for a life time involves much more than good health and social care services. Many different things impact on health and wellbeing – housing, jobs, leisure, sport & access to open spaces, education, health services and transport. We want Hartlepool to be a healthy place with supportive neighbourhoods and communities which are strong and resourceful, making best use of their community assets.

The Health and Wellbeing Strategy will provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing.

Top Tips

Remember these 10 golden rules to help you beat the scammers:

1 Be suspicious of all 'To good to be true' offers and deals. There are no guaranteed get rich-quick schemes.

2 Do not agree to offers or deals straight away. Insist on time to obtain independent/legal advice before making a decision.

3 Do not hand over money or sign anything until you have checked the credentials of the company or individual that you are dealing with.

4 Never send money to anyone you do not know or trust. This includes sending money abroad and using methods of payment that you are not comfortable with.

5 Never give bank or personal details to anyone you do not know or trust. This information is valuable so make sure you protect it.

6 Always log on to a website directly rather than clicking on links provided in an email.

7 Do not rely on glowing testimonials: find solid independent evidence of a company's success.

8 Always get independent/legal advice if an offer involves money, time or commitment.

9 If you spot a scam or have been scammed, report it and get help. Contact ActionFraud on 0300 123 2040 or online at www.actionfraud.police.uk. Contact the Police if the suspect is known or still in the area.

10 Always remember: scammers are cunning and clever. They know how to manipulate you to produce the response they want. Do not be embarrassed to report a scam.

Adapted from 'Little Book of Scams, Metropolitan Police Service'

Useful Contacts

Age UK 01429 424002

Befriending Network (Lee) 07808 306184

Blue Badge Scheme 01429 523331

Carewatch 01429 857206

Citizens Advice 01429 408401

Community Hub Central (Central Library) 01429 272905

Community Hub North (West View ARC) 01429 271294

Community Hub South (Owton Manor Community Centre) 01429 272361

Council Waste Collection 01429 523333

Disabled Person Bus Pass 01429 523331

Fire Brigade 01429 872311

Hartlepool Police Station 01429 221151

Hartlepool Water 01429 858050

HBC Contact Centre 01429 266522

NHS non-emergency helpline 111

One Life 01429 890947

Police (non-emergencies) 101

Social Care Adults Team 01429 523390

The Bridge - Dementia Care and Advice 01429 868587

Thirteen Group 0800 0525399

Looking Ahead

For the last 40 years, not only has the North of England had persistently poorer health than the rest of England, but the gap has widened year on year. This is because poverty is more widespread in the North of England than elsewhere and its residents generally live in poorer quality housing, have poorer working conditions and greater unemployment as well as being more badly affected by the chronic disease and disability left by the historical legacy of heavy industry and its decline. To make matters worse, there are far more children growing up in poverty in the North with significantly reduced life chances than there are elsewhere in the country.

Hartlepool is the 18th most deprived local authority area in the country and the people of Hartlepool do experience, in many respects, poorer health than the average person in England. We know that men in Hartlepool have a life expectancy (76.8 years) nearly 3 years lower than the England average and for women it is nearly 2 years lower (81.3 years). We also know that the Healthy Life Expectancy, that is the proportion of life spent in "good health" and without disability, is the tenth worst in the country for men (57.0 years) and the second worst in the country for women (55.2 years).

That means that many older Hartlepool residents are carrying an enormous burden of ill health, disability and long term conditions (e.g. diabetes, high blood pressure, bronchitis) and, on average, women are only enjoying good health for two thirds of their life and men for just three quarters. There are many causes for this – some are societal in terms of poverty, deprivation and poor housing while others are lifestyle choices in terms of smoking, obesity and the harmful effects of too much alcohol, but a significant proportion are and due to poor access or uptake of health services such as cervical cancer and breast cancer screening services, or late diagnosis of lung cancer, strokes and heart conditions.

Hartlepool is one of the smallest local authorities in the country and has been disproportionately hit by the effects of austerity, by the impact of service reductions, by the lack of employment opportunity and by the long term legacy of heavy industry in terms of health and well-being. However, it has a proud heritage and a strong sense of identity and cohesion. We must build on that and provide more support to the Voluntary and Community Sector, to Community Champions and Community Groups to provide the leadership and sense of purpose that will improve health and wellbeing, reduce health inequalities and enable residents to make appropriate lifestyle choices.

To complement this Report, I will also be publishing updated versions of the Ward Profiles 2016-17, which summarise the key public health statistics and indicators for each ward within the Borough. The profiles aim to support councillors, officers, staff and residents to identify key issues, challenges and priorities for future action within their local area and Hartlepool as a whole.

Thank you for reading this Report and I very much hope that you will work together with us to improve health and wellbeing and reduce the impact of disease, ill health and disability on the lives of the people of Hartlepool.

Paul Edmondson-Jones
Director of Public Health Hartlepool Borough Council.

HEALTH AND WELLBEING BOARD

4 September 2017

Report of: Interim Director of Public Health

Subject: HEALTH AND WELLBEING STRATEGY (2018 - 2025)

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1. PURPOSE OF REPORT

1.1 The purpose of this report is to:-

i) Present to the Health and Wellbeing Board the final draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that are integral to the development of the strategy; and

ii) Seek approval of the final draft for consultation**.**

2. BACKGROUND

2.1 As previously indicated, the Health and Social Care Act 2012 requires the Local Authority, with partner agencies including the NHS, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The Health and Wellbeing Strategy (2013-2018) was developed in 2012-2013 in order to comply with this statutory requirement.

2.2 In complying with the requirements of the Health and Social Care Act 2012, and in order to ensure that the Strategy is fit for purpose and effectively reflects local priorities, the HWB at its meeting on the 13 March 2017, approved the refresh of the Strategy and the creation of a detailed Project Plan / Timetable to enable completion of the refresh process in line with the required deadline. A further meeting of the HWB, on the 26 June 2017, approved the following priority areas as the focus for the Strategy and consultation process:

- Starting Well – maternal health, children and young people;
- Working Well – workplace health, getting into work, poverty;
- Ageing Well – isolation, dementia, long term conditions, older people;
- Living Well – lifestyle issues, mental health, prevention;

2.3 Following the public consultation, a further priority area has been identified and included as ‘Dying well’.

2.4 The HWB, at its meeting on the 26 June 2017, also approved the Project Plan / Timetable outlined in Table 1 (over the page) for completion of the refresh.

Table 1 - Project Plan

June - July 2017	**Consult on priorities to inform development of 1st draft of Strategy.** Self Completion Survey: 27 June/12 July - Covering all themes:- • Starting Well • Working Well • Ageing Well • Living Well	**Complete**
WC 10 July 2017	**Public Consultation on priorities to inform development of 2nd draft of Strategy:-** Events in each Community Hub:- • West View – 14 July 2017 (10.00am) • Owton Manor – 11 July (1.30pm) • Central Library – 10 July (10.00am)	**Complete**
18 July 2017	**Member / Partner Consultation on priorities to inform development of 3rd draft of Strategy.**	**Complete**
Sept 2017	**Consult partners on final draft of Strategy and agree for consultation, including specifically:-** • Health and Wellbeing Board (4 Sept 2017) • Finance and Policy Committee (18 Sept 2017) • Audit & Governance Committee (20 Sept 2017) • Children's Strategic Partnership (26 Sept 2017) • Hartlepool and Stockton CCG (26 Sept 2017)	
	2nd Member / Partner Consultation (4 Sept 2017)	
Oct 2017	**Consult on final draft of Strategy:-** • Self Completion Questionnaire (paper and online throughout October 2017) • HBC Community Forums (18 October 2017)	
Dec 2017 - Jan 2018	**Agree final draft of Strategy*:-** • Health & Wellbeing Board (4 December 2017) • Audit & Governance Committee (6 December 2017) • Finance & Policy Committee (8 January 2018) • Hartlepool & Stockton CCG (30 January 2018) *Equality and poverty impact assessments to be undertaken for consideration alongside the Strategy.	
March 2018	**Formal approval of the Strategy:-** • HBC Full Council (15 March 2018) • Hartlepool and Stockton CCG (27 March 2018)	

3. CONSULTATION FEEDBACK

3.1 The initial phase of consultation commenced on the 26th June 2017 and closed on the 16 July 2017. The consultation was undertaken across a range of venues and an online survey, with participation promoted via:-

i) Press release.

ii) Social media:-

Facebook

Tuesday 27 June – 3,795 people reached
Tuesday 4 July – 858 people reached

Twitter

Tuesday 27 June – 1,322 people reached
Tuesday 4 July – 453 people reached

iii) Invitations to complete survey and attend events sent to:

- All Cllrs
- All HBC Staff
- All HWB members
- Local Pressure Groups (NEED & Fighting for UHH)
- Posters in all LA buildings, UHH and the One Life Centre
- Posters placed in GP surgeries through the GP Federation
- All HWB partners asked to publicise with their staff
- The Youth Council, all schools, existing adult forums (e.g. the Learning Disability partnership Board and the Mental Health Forum) and community groups (inc. minority groups)
- Advertised in the Civic Centre and each of the Community Hubs
- HOP Panel

iv) Consultation workshop held at the health watch annual general meeting in July – Key priorities identified were support for carers, transport, social isolation and dying well.

3.2 A copy of the survey is attached at **Appendix A**.

3.3 A total of 30 residents took part in 3 community workshops and 247 participants completed the survey (online and paper), with responses received from all Wards. A breakdown is provided in the Table 1 below.

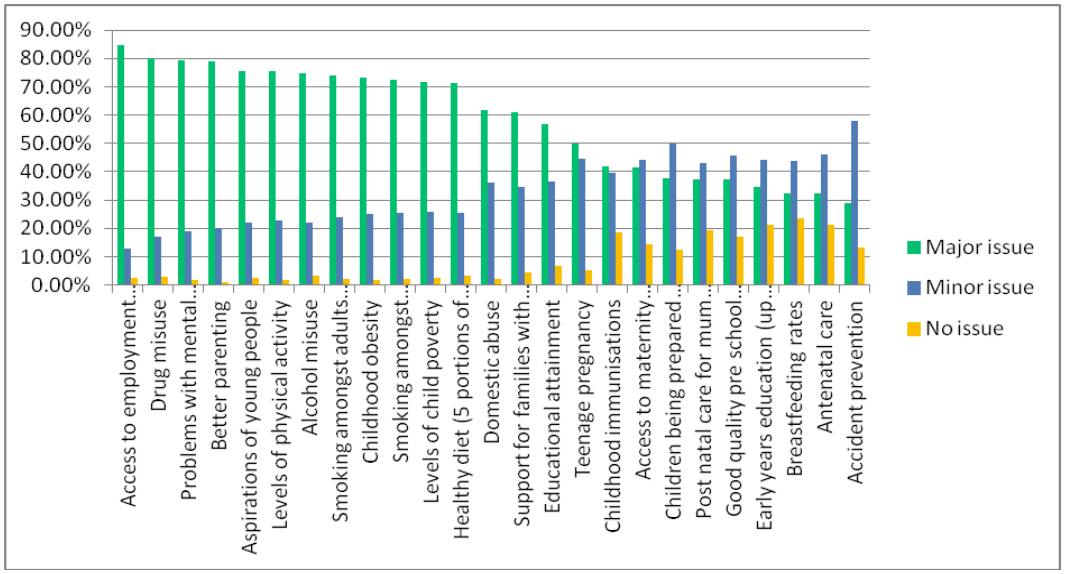
Table 1 – Ward Breakdown (44 people skipped this question)

Burn Valley Ward	14.78%	30
De Bruce Ward	9.85%	20
Fens and Rossmere Ward	7.39%	15
Foggy Furze Ward	3.45%	7
Hart Ward	12.32%	25
Headland and Harbour Ward	4.43%	9
Jesmond Ward	4.93%	10
Manor House Ward	2.96%	6
Rural West Ward	11.33%	23
Seaton Ward	9.85%	20
Victoria Ward	5.91%	12
I don't live in Hartlepool	12.81%	26

3.4 The survey focused on the four priority areas, agreed by the Health and Wellbeing Board in June 2017, and identified a number of key issues that could potentially impact / influence peoples chances of 'starting well', 'working well, 'ageing well' or 'living well' in Hartlepool. Those who completed the survey were asked to consider whether these are major / minor factor or no issue in Hartlepool.

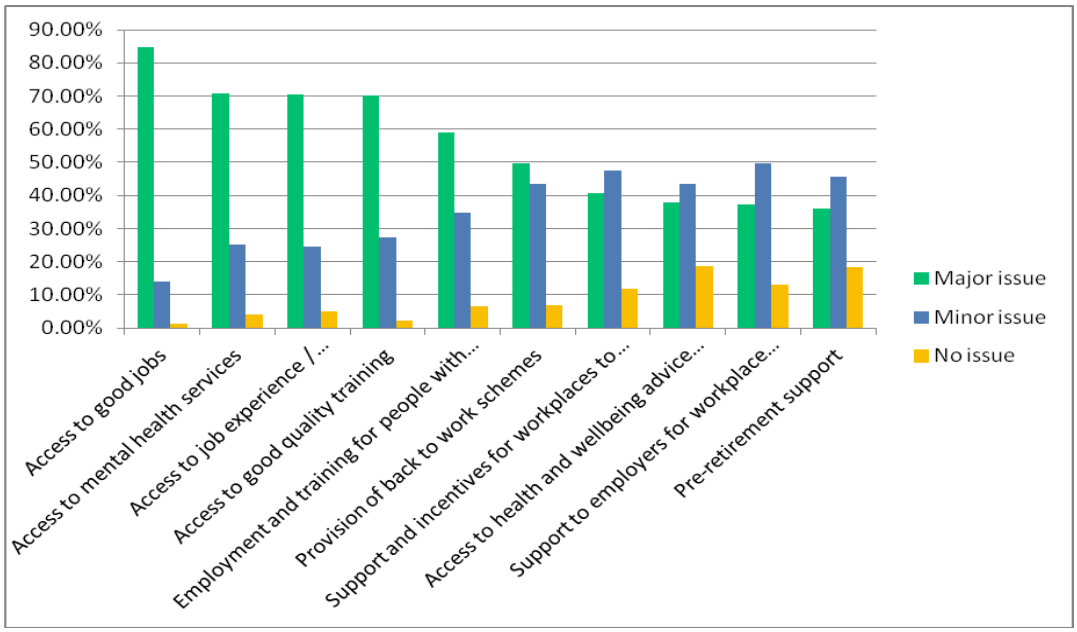
3.5 A detailed breakdown of the results of the consultation is attached at **Appendix B** and a summary of key findings outlined below.

Question 1 - Thinking about starting well in life, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue at all in Hartlepool.



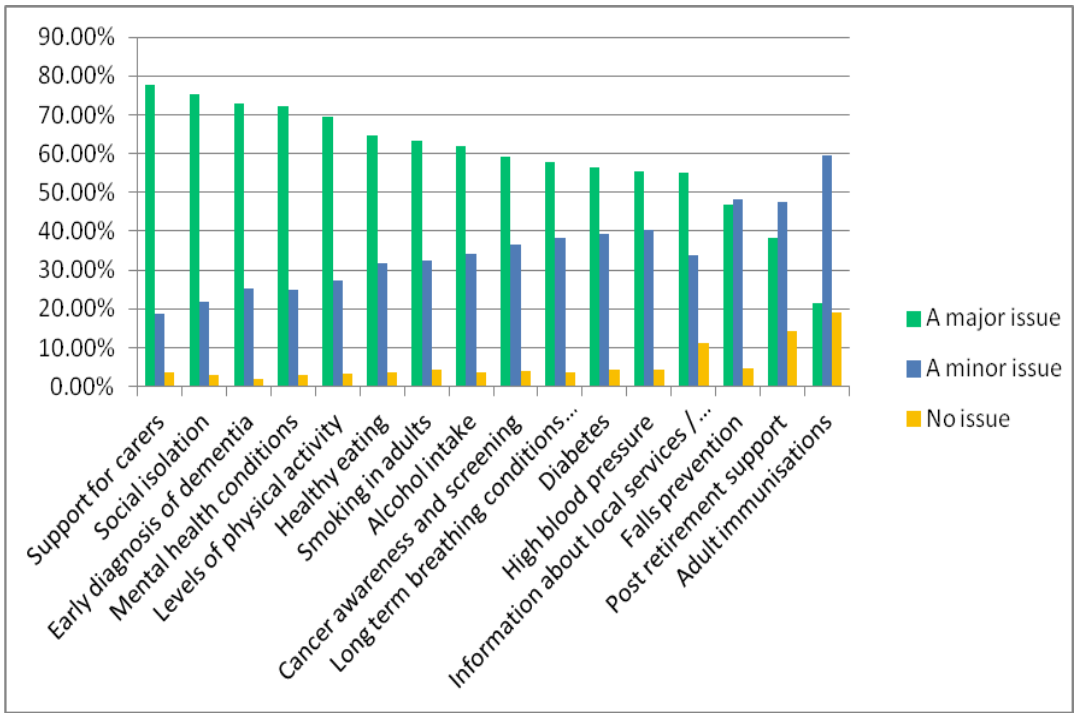
3.6 Respondents identified employment, parenting, drug misuse and mental health as the highest priority topics for action under starting well.

Question 2 - Thinking about working well, please consider each of the issues below and identify if you think they are a major issue, minor issue or no issue.



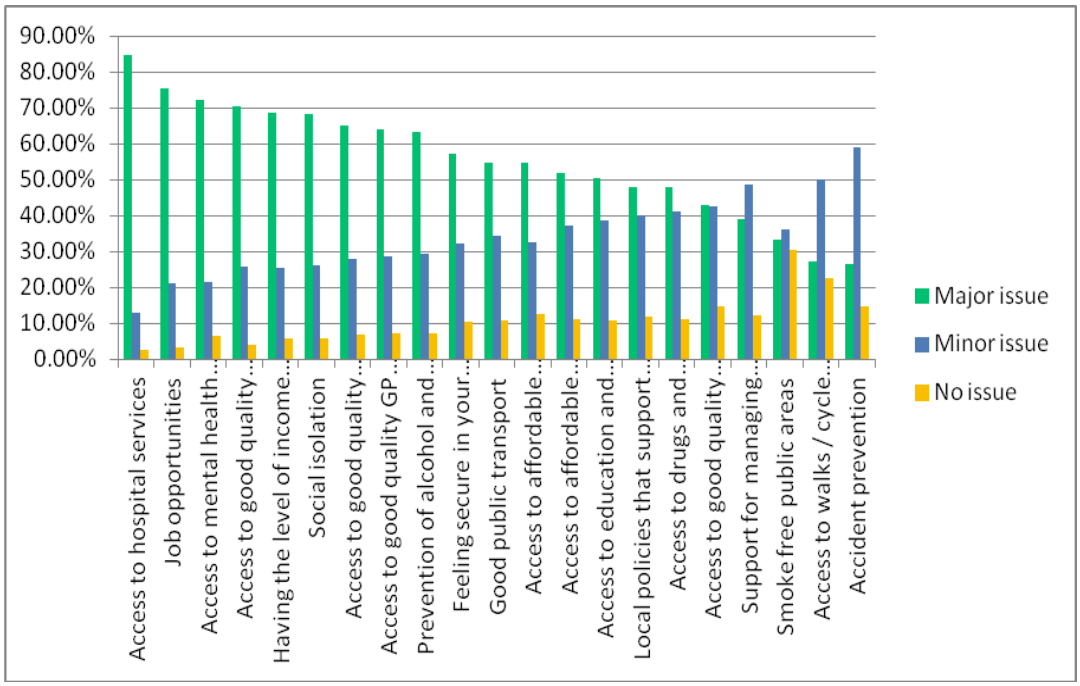
3.7 Respondents identified access to good jobs and mental health services as the highest priority topics for action under working well.

Question 3 - Thinking about ageing well, please consider the issues identified below and whether you think it's a major issue, a minor issue or no issue at all.



3.8 Respondents identified support for carers, social isolation, dementia and mental health as the highest priority topics for action under ageing well.

Question 4 - Thinking about living well, please consider the issues outlined below and identify whether you think they are a major issue, minor issue or no issue.



3.9 Respondents identified access to hospital services, jobs and mental health as the highest priority topics for action under living well.

3.10 The round table discussion with partners of the HWB also identified cross cutting themes that will ensure new ways of working.

These themes are:

- Build up the local workforce to 'make every contact count';
- Use local intelligence to target actions and reduce inequalities;
- Build the voluntary and community sector offer as an asset;
- Target media campaigns through the use of market segmentation; and
- Work with academic institutions to utilise action research and embed continuous improvement.

3.11 Further consultation sessions have been arranged with BME and children and young people groups and will be held in September.

4. PROPOSALS

4.1 All of the information obtained throughout the consultation process, has been utilised in the development of a final draft of the Joint Health and Wellbeing Strategy (2018-2025). A copy of the draft strategy is attached at **Appendix C** (to follow).

4.2 No options are submitted for considered other than the recommendations.

5. RISK IMPLICATIONS

5.1 Failure to meet the timetable necessary for the production of a refreshed Joint Health and Wellbeing Strategy, by March 2018, as required by statute.

6. FINANCIAL CONSIDERATIONS

6.1 None

7. CONSULTATION

7.1 See Section 3 above.

8. RECOMMENDATIONS

8.1 That the results of the recent consultation exercise be noted and clarification sought as and where required;

8.2 That the Health and Wellbeing Board approve the final draft of the Joint Health and Wellbeing Strategy (JHWS) for consultation in October 2017; and

8.3 That approval of any final additions / changes prior to consultation be delegated to the Chair, in conjunction Interim Director of Public Health.

9. REASONS FOR RECOMMENDATIONS

9.1 This draft strategy is a key requirement as part of the changes to NHS in the light of the Health and Social Care Act 2012.

10. BACKGROUND PAPERS

Report to Cabinet July 2012 regarding consultation process for Health and Wellbeing Strategy
Report to Cabinet October 2012 regarding first draft of Health and Well Being Strategy
Report to Cabinet January 2013 on second draft of Health and Wellbeing Strategy
Report to Cabinet March 2013 on final draft of Health and Wellbeing Strategy
Health and Wellbeing Board – 13 March 2017 and 26 June 2017 (reports and minutes)

11. CONTACT OFFICER

Dr Paul Edmondson-Jones MBE
Interim Director of Public Health
Hartlepool Borough Council
Email: paul.edmondson-jones@hartlepool.gov.uk

Hartlepool's Health and Wellbeing Board is a statutory partnership and a committee of the council with the responsibility to address the health and wellbeing needs of Hartlepool and help reduce health inequalities. The Board are currently reviewing and reshaping the Health and Wellbeing Strategy for Hartlepool and are keen that as may people as possible feed into this process. We would be most grateful if you could help us by taking the time to complete this survey, which will help us to develop our first draft for further consultation.

The survey will close on the 16th July 2017.

If you would like any further information on the Health and Wellbeing Strategy or would like to be kept informed of upcoming consultation events relating to the strategy then please contact Joan Stevens at Joan.stevens@hartlepool.gov.uk

Starting well – All Children and Young People living in Hartlepool have the best start in life.

Children who grow up in loving and supportive families are most likely to be happy, healthy and safe. Life experiences involve critical transitions - emotional and physical changes in early childhood; moving from primary to secondary and tertiary education; starting work; leaving home and starting a family; and retirement. Each transition stage can affect health and wellbeing by pushing people into more or less disadvantaged paths. Children and Young people who have been disadvantaged in the past are at the greatest risk and their children are more likely to be also disadvantaged.

We want to ensure access to high quality universal services such as health care and education; early intervention when needed, and targeted support for children, young people and families who are in difficulties. We want to prevent children and young people from developing emotional problems; having to live in poverty, or where they or their families are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

1. Thinking about starting well in life, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue at all in Hartlepool.

	Major issue	Minor issue	No issue
Levels of child poverty	○	○	○
Breastfeeding rates	○	○	○
Smoking amongst adults (Second hand smoke for children)	○	○	○
Smoking amongst pregnant women	○	○	○
Better parenting	○	○	○
Children being prepared for moving into school	○	○	○
Healthy diet (5 portions of fruit / veg a day)	○	○	○
Childhood obesity	○	○	○
Levels of physical activity	○	○	○
Support for families with complex needs	○	○	○
Good quality pre school childcare	○	○	○

	Major issue	Minor issue	No issue
Childhood immunisations	○	○	○
Access to maternity services	○	○	○
Early years education (up to age 5)	○	○	○
Antenatal care	○	○	○
Post natal care for mum and child	○	○	○
Educational attainment	○	○	○
Aspirations of young people	○	○	○
Access to employment and training	○	○	○
Teenage pregnancy	○	○	○
Alcohol misuse	○	○	○
Drug misuse	○	○	○
Problems with mental health	○	○	○
Domestic abuse	○	○	○
Accident prevention	○	○	○

Are there any other issues you would like to add?

Working well - Work Places in Hartlepool Borough promote and support healthy living.

Access to fulfilling, paid work has long been a significant determinant of people's wellbeing. Economically, fulfilling work provides a secure income, while in social terms, such work can offer a sense of purpose, social connections and personal agency. People who are economically less well-off have substantially shorter life expectancy and more illnesses than those in meaningful employment. In addition, supporting those who work to be healthy and well involves commitment by employers (public, private and voluntary) to promote a working environment and culture that will help employees embed decisions made for healthy lifestyle practices. We want workplaces in Hartlepool to be healthy places with supportive practices and environments that enable employees sustain healthy lifestyle choices. Also we want to work with our communities to support people into fulfilling employment for positive health and wellbeing gains.

2. Thinking about working well, please consider each of the issues below and identify if you think they are a major issue, minor issue or no issue.

	Major issue	Minor issue	No issue
Access to good jobs	○	○	○
Access to good quality training	○	○	○
Access to mental health services	○	○	○
Provision of back to work schemes	○	○	○
Employment and training for people with disabilities	○	○	○
Access to job experience / apprenticeships for young people	○	○	○
Support to employers for workplace healthy lifestyle schemes	○	○	○
Access to health and wellbeing advice and / or support in the workplace	○	○	○
Support and incentives for workplaces to adopt healthy working practices	○	○	○
Pre-retirement support	○	○	○

Are there any other issues you would like to add?

Ageing Well – Older People in Hartlepool live active and independent lives.

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. For instance the number of people who were aged 85 years or more in 2005 was 1,400, this increased to 2,100 by 2015 and will continue to increase to 3,330 by 2025 and to 4,700 by 2035. Although most people are living longer, the majority of their latter years (approximately 20years for males; and 26years for females) are lived with poor health and wellbeing. We want to support older people to develop and maintain health and independence as long as possible so that they can live life to the full. When people start to develop a long-term health problem, we want to focus on preventing them from developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

3. Thinking about ageing well, please consider the issues identified below and whether you think its a major issue, a minor issue or no issue at all.

	A major issue	A minor issue	No issue
Healthy eating	○	○	○
Alcohol intake	○	○	○
Levels of physical activity	○	○	○
Cancer awareness and screening	○	○	○
Mental health conditions	○	○	○
Social isolation	○	○	○
Diabetes	○	○	○
High blood pressure	○	○	○
Adult immunisations	○	○	○
Smoking in adults	○	○	○
Early diagnosis of dementia	○	○	○
Support for carers	○	○	○
Falls prevention	○	○	○
Long term breathing conditions such as bronchitis	○	○	○
Information about local services / support	○	○	○
Post retirement support	○	○	○

Are there any other issues you would like to add?

Living well –Hartlepool is a Safe and Healthy place to live with strong communities.

Enabling those who live in Hartlepool to be healthy and well for a life time involves much more than good health and social care services. Many different things impact on health and wellbeing – housing, jobs, leisure, sport & access to open spaces, education, health services and transport. We want Hartlepool to be a healthy place with supportive neighbourhoods and communities which are strong and resourceful, making best use of their community assets.

4. Thinking about living well, please consider the issues outlined below and identify whether you think they are a major issue, minor issue or no issue.

	Major issue	Minor issue	No issue
Access to good quality affordable housing	○	○	○
Access to good quality open spaces	○	○	○
Access to good quality GP services	○	○	○
Access to good quality primary care services	○	○	○
Access to hospital services	○	○	○
Access to drugs and alcohol services	○	○	○
Access to mental health services	○	○	○
Support for managing finances / accessing benefits	○	○	○
Good public transport	○	○	○
Social isolation	○	○	○
Feeling secure in your own home	○	○	○
Access to education and training opportunities	○	○	○
Having the level of income needed for leading a healthy life	○	○	○
Job opportunities	○	○	○

	Major issue	Minor issue	No issue
Local policies that support healthy living	○	○	○
Accident prevention	○	○	○
Prevention of alcohol and substance misuse	○	○	○
Access to walks / cycle paths	○	○	○
Access to affordable healthy food	○	○	○
Smoke free public areas	○	○	○
Access to affordable physical activity oportunities	○	○	○

Are there any other issues you would like to add?

About you.

The following questions are entirely optional, but it would help us to understand your answers a bit better if you complete them. If you don't want to answer a question, please feel free to miss it out and move onto the next one.

5. Are you....

- ◯ Male
- ◯ Female

6. Please indicate what age bracket you are in.....

- ◯ Under 18
- ◯ 18 - 24
- ◯ 25 - 34
- ◯ 35 - 44
- ◯ 45 - 54
- ◯ 55 - 64
- ◯ 65+

7. Do you consider yourself to have a disability?

- ◯ Yes
- ◯ No

8. What is your ethnic origin?

- ◯ White
- ◯ Mixed / multiple ethnic groups
- ◯ Asian or Asian British
- ◯ Black, African, Caribbean or Black British
- ◯ Other Ethnic Group

9. And finally.....could you please tell us which Ward you live in?

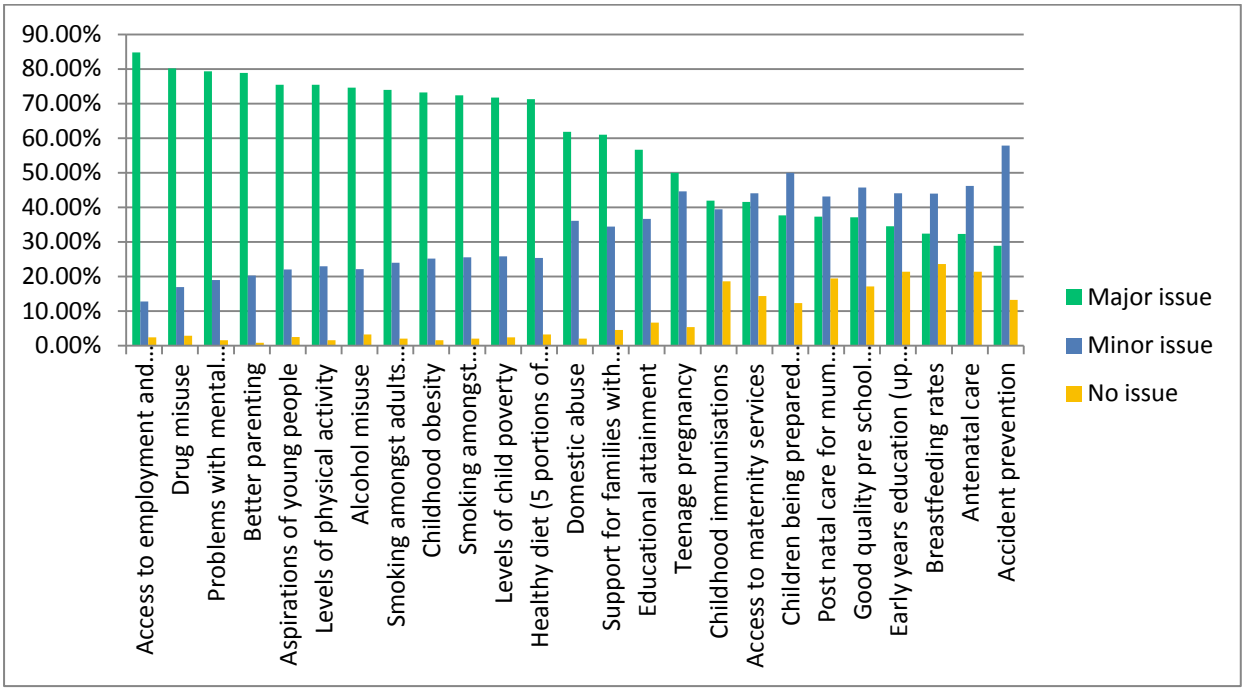
- ◯ Burn Valley Ward
- ◯ De Bruce Ward
- ◯ Fens and Rossmere Ward
- ◯ Foggy Furze Ward
- ◯ Hart Ward
- ◯ Headland and Harbour Ward
- ◯ Jesmond Ward
- ◯ Manor House Ward
- ◯ Rural West Ward
- ◯ Seaton Ward
- ◯ Victoria Ward
- ◯ I don't live in Hartlepool

Hartlepool Joint Health and Wellbeing Strategy 2018 – 2025
Summary of responses to online survey

Question1 - Thinking about starting well in life, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue at all in Hartlepool.

Rank	Issue	Major issue		Minor issue		No issue		Total
1	Access to employment and training	84.77%	206	12.76%	31	2.47%	6	243
2	Drug misuse	80.17%	194	16.94%	41	2.89%	7	242
3	Problems with mental health	79.34%	192	19.01%	46	1.65%	4	242
4	Better parenting	78.90%	187	20.25%	48	0.84%	2	237
5	Aspirations of young people	75.42%	181	22.08%	53	2.50%	6	240
6	Levels of physical activity	75.41%	184	22.95%	56	1.64%	4	244
7	Alcohol misuse	74.59%	182	22.13%	54	3.28%	8	244
8	Smoking amongst adults (Second hand smoke for children)	73.98%	182	23.98%	59	2.03%	5	246
9	Childhood obesity	73.17%	180	25.20%	62	1.63%	4	246
10	Smoking amongst pregnant women	72.36%	178	25.61%	63	2.03%	5	246
11	Levels of child poverty	71.72%	175	25.82%	63	2.46%	6	244
12	Healthy diet (5 portions of fruit / veg a day)	71.31%	174	25.41%	62	3.28%	8	244
13	Domestic abuse	61.83%	149	36.10%	87	2.07%	5	241
14	Support for families with complex needs	61.00%	147	34.44%	83	4.56%	11	241
15	Educational attainment	56.67%	136	36.67%	88	6.67%	16	240
16	Teenage pregnancy	50.00%	121	44.63%	108	5.37%	13	242
17	Childhood immunisations	41.91%	101	39.42%	95	18.67%	45	241
18	Access to maternity services	41.56%	101	44.03%	107	14.40%	35	243
19	Children being prepared for moving into school	37.70%	92	50.00%	122	12.30%	30	244
20	Post natal care for mum and child	37.34%	90	43.15%	104	19.50%	47	241
21	Good quality pre school childcare	37.14%	91	45.71%	112	17.14%	42	245
22	Early years education (up to age 5)	34.57%	84	44.03%	107	21.40%	52	243
23	Breastfeeding rates	32.37%	78	43.98%	106	23.65%	57	241
24	Antenatal care	32.35%	77	46.22%	110	21.43%	51	238
25	Accident prevention	28.93%	70	57.85%	140	13.22%	32	242
26	Are there any other issues you would like to add?							20
							Answered	**247**
							Skipped	**0**

Question 1 graph showing perceived bigger issues left to right.



Additional comments received:-

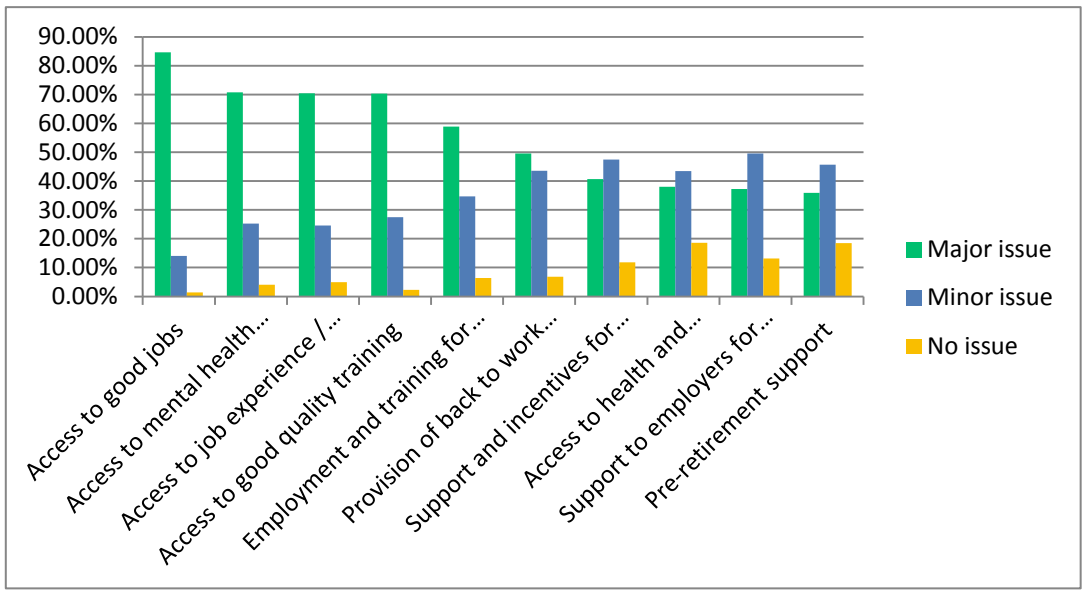
- Sex education in schools is poor
- The connections between these major issues and the crumbling infrastructure of the town need to be explored.
- isolation in the community
- Child mental health / emotional wellbeing as opposed to adult
- I feel as though there is little pride in peoples neighbourhood, far too many areas of the town that are neglected by both the Council and residents.
- General health and fitness including problem with obesity are very obvious. Lack of work ethic and opportunities, lack of support is also very obvious. The council are just intent on making themselves look good and are not looking at the root problems with the town. Drug and alcohol issues are also sky high.
- All of these issues need to be addressed but interventions should be sympathetic.
- Cannot say the above is for all families just ones who need help
- Internet grooming of children
- How to raise parents' awareness of major issues which may affect their children.
- yes get our GENERAL HOSPITAL all our services back
- Issues around school meals not been as healthy as they could be, not promoting healthy eating to the children.
- Local hospital with wider range of services needed
- smoking/vaping children is an issue
- All of the issues mentioned are relevant and to me, are either a minor or a major issue. I believe government cuts and austerity have major effects on Hartlepool and on the North East as a whole. I also believe anti-social behaviour to be an issue, along with hate crime and discrimination acts being committed against minority groups.
- I think speeding is a massive issue in our town. People speed all over the town. Areas I can think of is the round about near the main Tesco before it turns to 40! People do 40 anyway, the road to the headland people go 45-50. It's just ridiculous the amount of people that speed it's no wonder we have so many road accidents to be honest!
- Hartlepool Borough Council should butt out of trying to socially engineer life outcomes. We've already got a system in place for this called parenting.
- What is the council going to do to address the quality of secondary education in the town

Question 2 - Thinking about working well, please consider each of the issues below and identify if you think they are a major issue, minor issue or no issue.

Rank	Issue	Major issue		Minor issue		No issue		Total
1	Access to good jobs	84.62%	187	14.03%	31	1.36%	3	221
2	Access to mental health services	70.72%	157	25.23%	56	4.05%	9	222
3	Access to job experience / apprenticeships for young people	70.45%	155	24.55%	54	5.00%	11	220
4	Access to good quality training	70.27%	156	27.48%	61	2.25%	5	222
5	Employment and training for people with disabilities	58.90%	129	34.70%	76	6.39%	14	219
6	Provision of back to work schemes	49.54%	108	43.58%	95	6.88%	15	218
7	Support and incentives for workplaces to adopt healthy working practices	40.64%	89	47.49%	104	11.87%	26	219
8	Access to health and wellbeing advice and / or support in the workplace	38.01%	84	43.44%	96	18.55%	41	221
9	Support to employers for workplace healthy lifestyle schemes	37.27%	82	49.55%	109	13.18%	29	220
10	Pre-retirement support	35.94%	78	45.62%	99	18.43%	40	217
11	Are there any other issues you would like to add?							12

Answered 222
Skipped 25

Question 2 - Graph



Additional comments received:

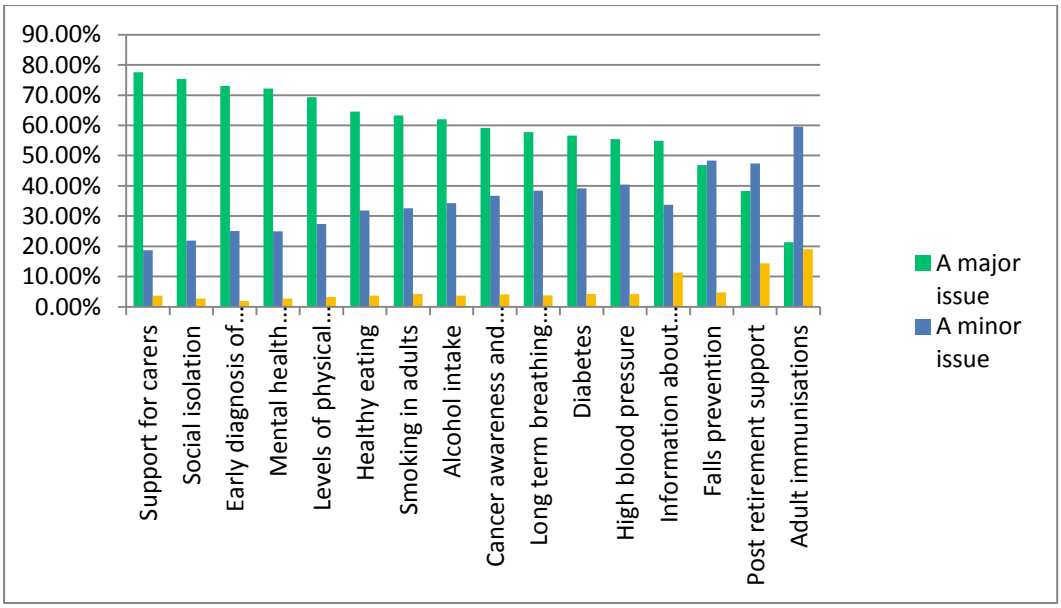
- Lack of support for Deaf people wanting to work. There is no BSL support provided by the job centre to help Deaf people apply for jobs.
- One of the keys to genuine regeneration in Hartlepool is having decent employment prospects
- Not enough work places for students completing courses
- Access to children's mental health services / support
- there is a fantastic workplace health scheme that employers don't see the importance or benefit to buy into. it is not seen as a priority
- Should be more incentives to get people to work as opposed to claiming benefits, far too easy to sit at home.
- It's a waste of time having work schemes when there a no jobs in the area. You could educate everyone to Professor level but if there are no jobs its pointless. We need schemes to attract potential employers.
- Transport barriers to access work/training
- Encouragement to schools to participate in work-experience programmes for year 11 pupils.
- Hartlepool Borough Council should butt out of trying to provide or even signpost these things. The free market has them covered.

Question 3 - Thinking about ageing well, please consider the issues identified below and whether you think it's a major issue, a minor issue or no issue at all.

Rank	Issue	A major issue		A minor issue		No issue		Total
1	Support for carers	77.57%	166	18.69%	40	3.74%	8	214
2	Social isolation	75.35%	162	21.86%	47	2.79%	6	215
3	Early diagnosis of dementia	73.02%	157	25.12%	54	1.86%	4	215
4	Mental health conditions	72.22%	156	25.00%	54	2.78%	6	216
5	Levels of physical activity	69.30%	149	27.44%	59	3.26%	7	215
6	Healthy eating	64.52%	140	31.80%	69	3.69%	8	217
7	Smoking in adults	63.26%	136	32.56%	70	4.19%	9	215
8	Alcohol intake	62.04%	134	34.26%	74	3.70%	8	216
9	Cancer awareness and screening	59.17%	129	36.70%	80	4.13%	9	218
10	Long term breathing conditions such as bronchitis	57.82%	122	38.39%	81	3.79%	8	211
11	Diabetes	56.60%	120	39.15%	83	4.25%	9	212
12	High blood pressure	55.40%	118	40.38%	86	4.23%	9	213
13	Information about local services / support	54.93%	117	33.80%	72	11.27%	24	213
14	Falls prevention	46.92%	99	48.34%	102	4.74%	10	211
15	Post retirement support	38.28%	80	47.37%	99	14.35%	30	209
16	Adult immunisations	21.40%	46	59.53%	128	19.07%	41	215
17	Are there any other issues you would like to add?							6

Answered 218
Skipped 29

Question 3 - Graph



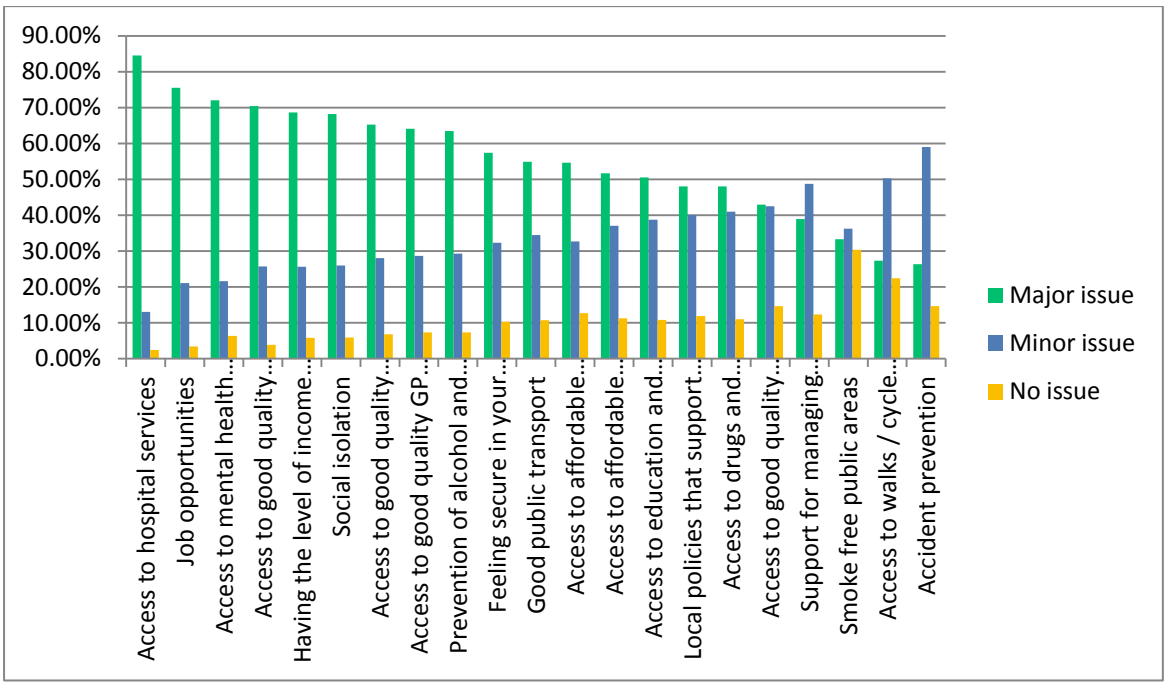
Additional comments received:

- All important issues but people need encouragement to eat well and stay active rather than being bombarded with information.
- Increase awareness/provision of/use of /access to lunch-clubs for the elderly to reduce isolation and encourage healthy eating.
- Over the past 2 years services and communication have got worse in Hartlepool. LA workers do not seem to be aware of services available to people. Local authority does not seem to know how to communicate with different departments or lack the knowledge to sign post to other departments or services. This impacts our community and fails vulnerable families and individuals.
- I think this questionnaire is misleading : major issue or minor issue or no issue? surely it depends which services I use or am likely to use?
- Hartlepool Borough Council should butt out of trying here. A market based health system, like in every EU country except the UK and Malta can deal with all of these.

Question 4 - Thinking about living well, please consider the issues outlined below and identify whether you think they are a major issue, minor issue or no issue.

Rank	Issue	Major issue		Minor issue		No issue		Total
1	Access to hospital services	84.54%	175	13.04%	27	2.42%	5	207
2	Job opportunities	75.49%	154	21.08%	43	3.43%	7	204
3	Access to mental health services	72.06%	147	21.57%	44	6.37%	13	204
4	Access to good quality primary care services	70.39%	145	25.73%	53	3.88%	8	206
5	Having the level of income needed for leading a healthy life	68.60%	142	25.60%	53	5.80%	12	207
6	Social isolation	68.14%	139	25.98%	53	5.88%	12	204
7	Access to good quality affordable housing	65.22%	135	28.02%	58	6.76%	14	207
8	Access to good quality GP services	64.08%	132	28.64%	59	7.28%	15	206
9	Prevention of alcohol and substance misuse	63.41%	130	29.27%	60	7.32%	15	205
10	Feeling secure in your own home	57.35%	117	32.35%	66	10.29%	21	204
11	Good public transport	54.85%	113	34.47%	71	10.68%	22	206
12	Access to affordable healthy food	54.63%	112	32.68%	67	12.68%	26	205
13	Access to affordable physical activity opportunities	51.71%	106	37.07%	76	11.22%	23	205
14	Access to education and training opportunities	50.49%	103	38.73%	79	10.78%	22	204
15	Local policies that support healthy living	48.02%	97	40.10%	81	11.88%	24	202
16	Access to drugs and alcohol services	48.00%	96	41.00%	82	11.00%	22	200
17	Access to good quality open spaces	42.93%	88	42.44%	87	14.63%	30	205
18	Support for managing finances / accessing benefits	38.92%	79	48.77%	99	12.32%	25	203
19	Smoke free public areas	33.33%	68	36.27%	74	30.39%	62	204
20	Access to walks / cycle paths	27.32%	56	50.24%	103	22.44%	46	205
21	Accident prevention	26.34%	54	59.02%	121	14.63%	30	205
	Are there any other issues you would like to add?							11
							Answered	**209**
							Skipped	**38**

Question 4 - Graph



Additional comments received:

- Time at work given each week for a keep fit session
- Deaf access to services due to communication difficulties.
- Obesity and inactivity rates are high. People should be encouraged to be active at every opportunity. Car parking costs are a real issue. I don't swim now as paying to park pushes the cost up. I don't walk at Seaton now as it costs to do this. It's counterproductive
- better education to eat well for less., teaching children to cook with fresh ingredients and freeze extra portions. I don't think there is an issue around accessing healthy food at affordable price it's the education
- access to affordable physical activity opportunities.... walking is free!!
- keyword is affordable
- Primary universal health services are an absolute disgrace. Children and young people with additional needs are being failed. Contracts are not fit for purpose to deliver Physiotherapy, OT, mental health services and other therapies in a person centred way. Contracts/processes do not fit individuals needs, our children and young people are individual and do not fit into boxes.
- We need a local hospital for all major issues located within Hartlepool
- Hartlepool Borough Council should butt out of trying here. This can be covered by the free market, including free market philanthropy like Sustrans and people bequeathing parks to the Town.

Question 5. Are you male or female?

Male	35.58%	74
Female	64.42%	134

39 People skipped this question

Question 6. What age bracket are you in?

Under 18	0.00%	0
18 - 24	1.92%	4
25 - 34	12.98%	27
35 - 44	17.31%	36
45 - 54	24.04%	50
55 - 64	26.92%	56
65+	16.83%	35

39 people skipped this question

Question 7. Do you consider yourself to have a disability?

Yes	18.93%	39
No	81.07%	167

41 people skipped this question

Question 8. What is your ethnic origin?

White	98.54%	202
Mixed / multiple ethnic groups	0.00%	0

Asian or Asian British	0.49%	1
Black, African, Caribbean or Black British	0.00%	0
Other Ethnic Group	0.98%	2

42 People skipped this question

Question 9. In what ward do you live?

Burn Valley Ward	14.78%	30
De Bruce Ward	9.85%	20
Fens and Rossmere Ward	7.39%	15
Foggy Furze Ward	3.45%	7
Hart Ward	12.32%	25
Headland and Harbour Ward	4.43%	9
Jesmond Ward	4.93%	10
Manor House Ward	2.96%	6
Rural West Ward	11.33%	23
Seaton Ward	9.85%	20
Victoria Ward	5.91%	12
I don't live in Hartlepool	12.81%	26

44 people skipped this question

HEALTH AND WELLBEING BOARD

4 September 2017

Report of: Director of Adult & Community Based Services

Subject: CARE QUALITY COMMISSION APPRECIATIVE REVIEW

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1. PURPOSE OF REPORT

1.1 To provide the Health & Wellbeing Board with information regarding the Care Quality Commission's programme of appreciative reviews in 2017/18, and Hartlepool's involvement in the programme

2. BACKGROUND

2.1 Following the announcement of additional funding for social care in the Spring 2017 budget, work has been undertaken nationally to develop performance measures associated with this allocation, which form part of the Improved Better Care Fund.

2.2 The measures, which include Delayed Transfers of Care, aim to assess patient flow and how the interface between health and social care services is managed.

2.3 Based on an assessment of these indicators, areas have been identified that are perceived to be experiencing particular challenges, where there has not been any other form of intensive support initiated. The Care Quality Commission (CQC) has been asked to undertake appreciative reviews in these areas.

2.4 A notification was received on 4 July 2017 advising that Hartlepool has been identified as one of the first twelve Local Authority areas to be reviewed.

2.5 The Councils that will be part of the first phase of reviews are:

- Birmingham
- Bracknell Forest
- Coventry
- East Sussex

- Halton
- Hartlepool
- Manchester
- Oxfordshire
- Plymouth
- Stoke
- Trafford
- York

2.6 Confirmation of the review was received on 31 July 2017 (letter attached as **Appendix 1**), and the date for the Hartlepool review was confirmed as Monday 9 October – Friday 13 October 2017.

3. PROPOSALS

3.1 The methodology for the review is set out in **Appendix 2**.

3.2 Key staff from health and social care are involved in data analysis and information gathering in readiness for the six week preparation phase where documents and information are shared with the CQC, prior to the five day site visit which will involve partners across health and social care. The Local System Overview Information Request is attached as **Appendix 3**.

3.3 During the site visit inspectors will meet with a range of people including commissioners, providers of services, frontline staff, people who use services and carers, local Healthwatch organisations and third sector organisations. Inspectors will also review cases and meet with senior leaders from across health and social care organisations within the locality. The review will focus on a range of Key Lines of Enquiry, which are set out in **Appendix 4**.

3.4 Following completion of the on site visit, feedback will be provided regarding the outcome of the review. This will be focused on identifying areas where improvements can be made and will be confirmed in a letter to the Chair of the Health & Wellbeing Board.

3.5 Following the completion of all twenty reviews, it is expected that a report will be published nationally that summarises the issues identified and shares the learning regarding improvements that can be made in local areas.

3.6 Key issues including background, scope, process and next steps will be covered in the accompanying presentation.

4. RISK IMPLICATIONS

4.1 There are no risk implications identified.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations associated with this issue.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations identified.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no identified child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations identified.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations identified.

11. RECOMMENDATION

11.1 It is recommended that members of the Heath & Wellbeing Board:

- note that the CQC will be undertaking a programme of appreciative reviews in 2017/18 and that Hartlepool has been identified as one of the first twelve Local Authority areas to be reviewed;
- note that key stakeholders and partners will be expected to participate in the review; and
- note that the outcome of the review will be reported to a future meeting of the Health & Wellbeing Board.

12. REASONS FOR RECOMMENDATIONS

12.1 The Health & Wellbeing Board has oversight of health and social care services that will be the subject of the review by the CQC.

13. CONTACT OFFICER

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Director of Adult & Community Based Services
Tel: 01429 523911
Email: jill.harrison@hartlepool.gov.uk

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 0300 061 6161
www.cqc.org.uk

Gill Alexander
Chief Executive
Hartlepool Borough Council

By email: gill.alexander@hartlepool.gov.uk

31 July 2017

Dear Gill,

CQC local system review of health and social care in Hartlepool

You will be aware from Jonathan Marron's email of 4 July 2017 that CQC has been commissioned by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of targeted system reviews in 12 local authority areas, and that Hartlepool has been selected as an area for a system review.

The purpose of this letter is to provide you and your strategic partners including NHS commissioners and providers with some more information about the range and nature of the local system reviews.

Please be aware that we have scheduled the site visit in Hartlepool to take place from Monday 9th October to Friday 13th October 2017.

We will contact you again at least six weeks before the scheduled site visit to confirm the dates and to ask you to complete a 'Local System Overview Information Request'. This will provide an opportunity for you to tell us, prior to our visit, how you and your partners work together to provide safe, timely and high quality services for older people living in Hartlepool.

While the system reviews will focus on the interface between health and social care, each system review is focused on a local authority area. Therefore, to ensure we have a consistent and coherent approach to our local engagement, we are asking the relevant local authority chief executive to coordinate the input of partners and leaders from across the health and social care system. We are writing separately to the leaders of other organisations in the Hartlepool health and social care system to ensure that they are aware of the upcoming system review and are engaged with the process.

The local system reviews will look at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

They will also include an assessment of commissioning across the interface of health and social care and of the governance systems and processes in place in respect of the management of resources.

The system reviews will not include mental health services or specialist commissioning, but we will look at the experiences of people living with dementia as they travel through the system through case tracking.

Our intention is that these system reviews will provide a useful reflection for each of the local areas highlighting what is working well and where there are opportunities for improving how the system works for people using services.

On completion of each system review our findings will be reported to the local authority area's health and wellbeing board, with copies to all relevant partners across health and social care. We will expect all system leaders to agree to a joint action plan to progress any recommendations we may make.

Once all of the system reviews have been completed we will also be publishing a national report of our key findings and recommendations.

If you have any queries or questions, please contact Ann Ford, our delivery lead for the system review programme, or Nicola Kemp (lead reviewer) who will be happy to speak with you. Ann and Nicola can be contacted by email on health&socialcarereviews@cqc.org.uk or alternatively by telephone on 03000 616161.

I hope you find this letter helpful. We look forward to working with you and your colleagues over the coming months.

Yours sincerely,

Sir David Behan CBE
Chief Executive

cc. Councillor Christopher Akers-Belcher, Chair, Hartlepool Health and Wellbeing Board

Local System Reviews

Version 16

2017/07/19 Board update

Introduction

- Introduction
- Scope
- Review methodology
- Review approach
- Data

Introduction: CQC Local System Reviews

- Following the budget announcement of additional funding for adult social care, the Department of Health has asked CQC to undertake a programme of targeted reviews in local authority areas.

- Each review will answer the question:

  How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?

- We want to answer:

  - What is currently happening and what are the outcomes for people who move through the system?
  - What is the maturity of the local area to manage the interface between health and social care moving forward?
  - What else needs to happen?

Review methodology

Methodology

- We have developed the methodology using::
- CQC tools:
    - Provider inspection findings and reports
    - Quality in a Place Framework (year 1)
    - Quality in a Place Frameworks (year 2 – Cornwall/Sutton)
    - Integrated Care for Older People
    - Tools from thematic reviews
- Wide range of external documents and tools developed
- Co-production across professionals and people who use services, their cares and families
- Walk through with Hertfordshire County Council which added a further focus on well-led, workforce, the relationship audit and the system overview document.

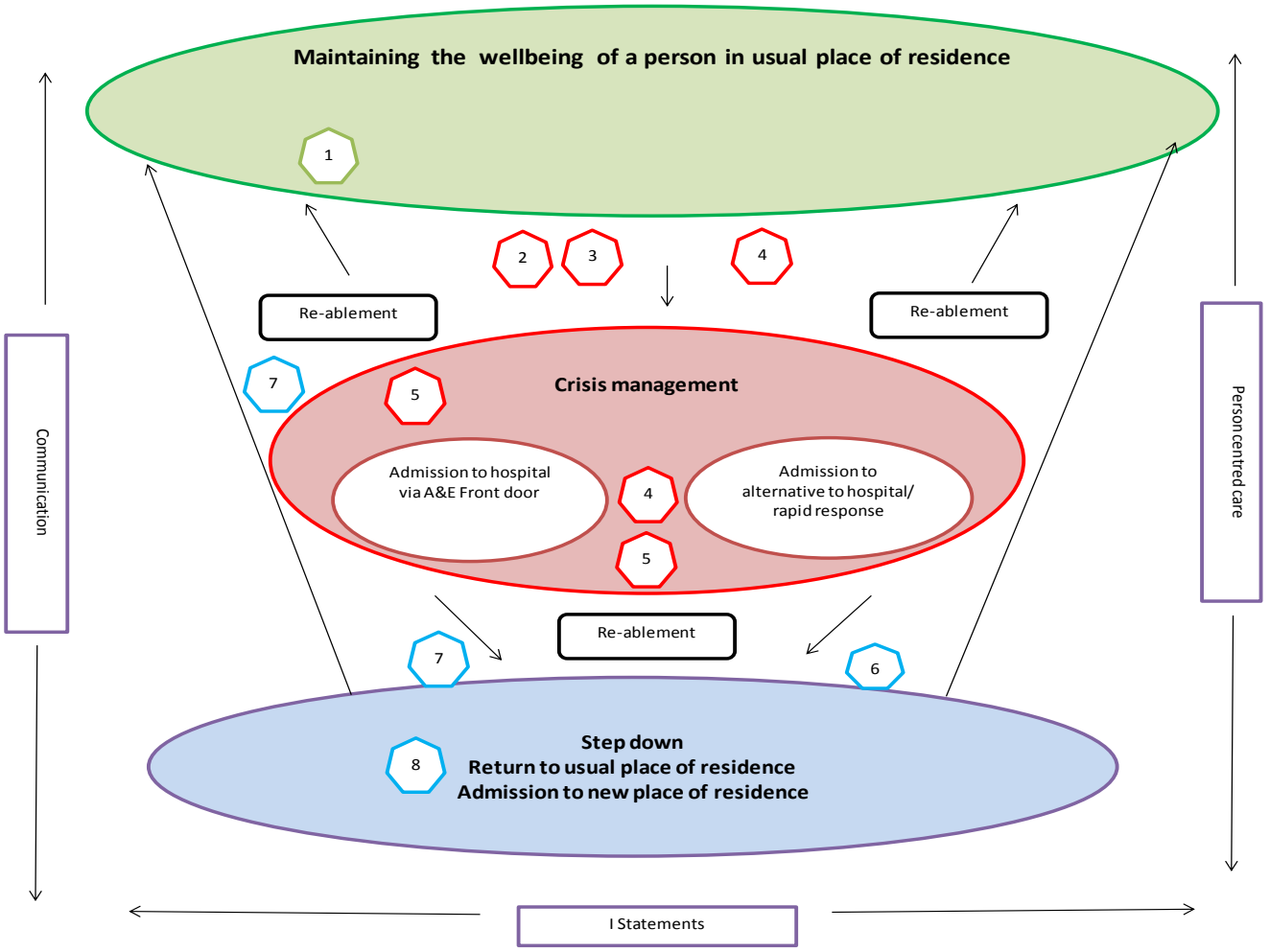
Areas of focus: KLOES

6

Pressure points

Pressure Points:

1. Maintenance of peoples health and well being in their usual place of residence
2. Multiple confusing points to navigate in the system
3. Varied access to GP/ Urgent Care centres/ Community care/ social care
4. Varied access to alternative hospital admission
5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-ablement
8. Transfer from re-ablement



Areas of Focus to underpin KLOEs : Key system pressure points

Pressure Points:

1. Maintenance of peoples health and well being in their usual place of residence
2. Multiple confusing points to navigate in the system
3. Varied access to GP/ Urgent Care centres/ Community care
4. Varied access to alternative hospital admission
5. Ambulance interface
6. Discharge planning delays and varied access to ongoing health and social care
7. Varied access to re-enablement
8. Transfer from re-enablement

- Maintaining wellbeing
- Crisis episode
- Discharge, step down, re-ablement

I statements - Person centred coordinated care

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

Methodology Key Lines of Enquiry

Overarching questions?

How well do people move through the health and social care system, with a particular focus on the interface and intraface, and what improvements could be made?

Safe

KLOE 1: Are people using services supported to move safely across health and social care to prevent avoidable harm?

Effective

KLOE1: How effectively are the services commissioned and delivered across the interface between health and social care in improving health and wellbeing and maximising independence?

Methodology

Caring

KLOE 1:Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?

Responsive

KLOE 1:To what extent are services across the interface between health and social care responsive to people's individual needs?

Methodology

Well led

KLOE 1:Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?

KLOE 2: What impact is governance of the health and social care interface having on quality of care across the system?

KLOE 3: Is commissioning of care across the health and social care interface well led, demonstrating a whole system approach and evidence based?

KLOE 4: To what extent is the system working together to develop its health and social care workforce to meet the needs of its population

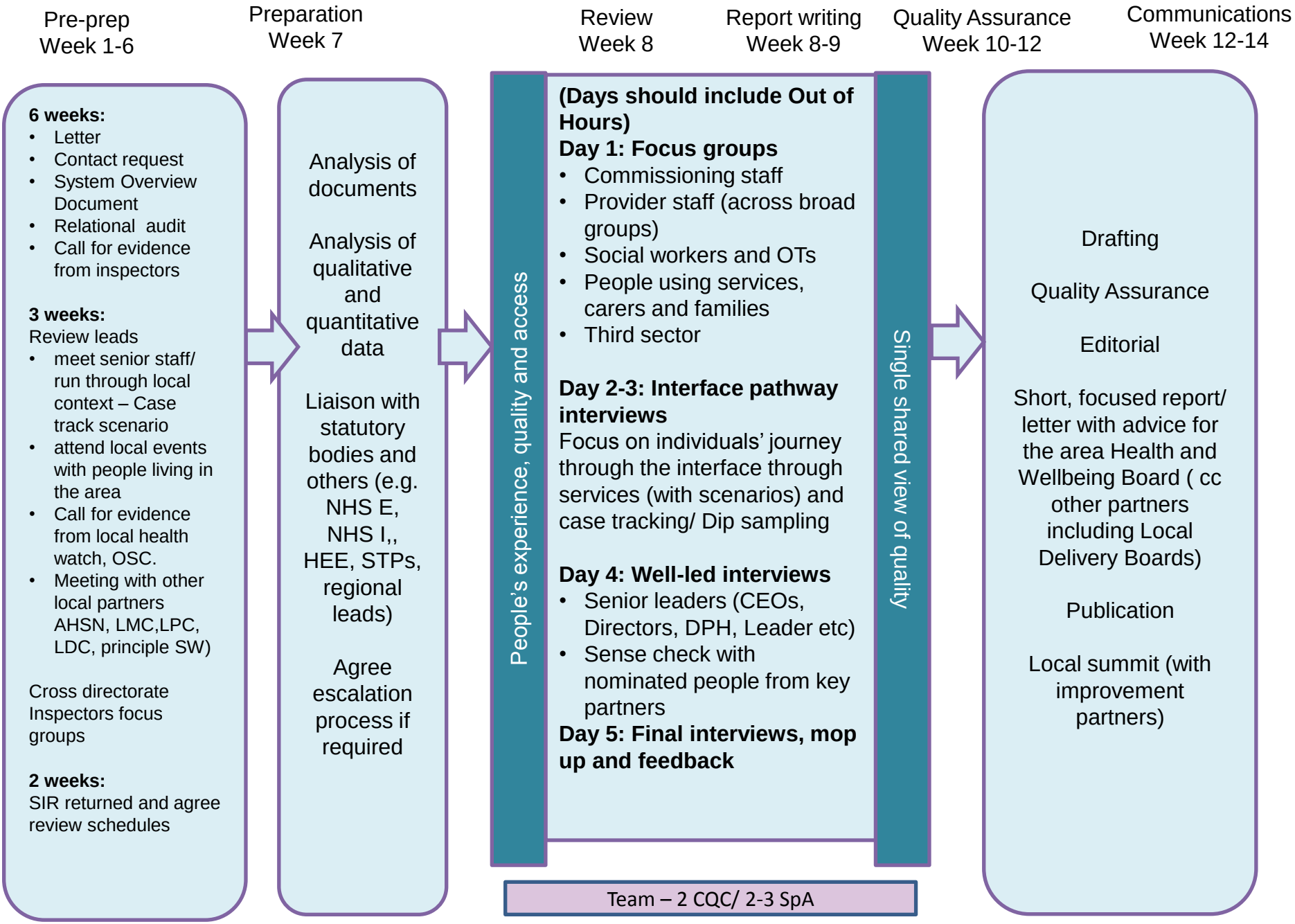
Resource Governance

KLOE1 : How is the system managing its resources to achieve sustainable high quality care and promoting peoples independence?

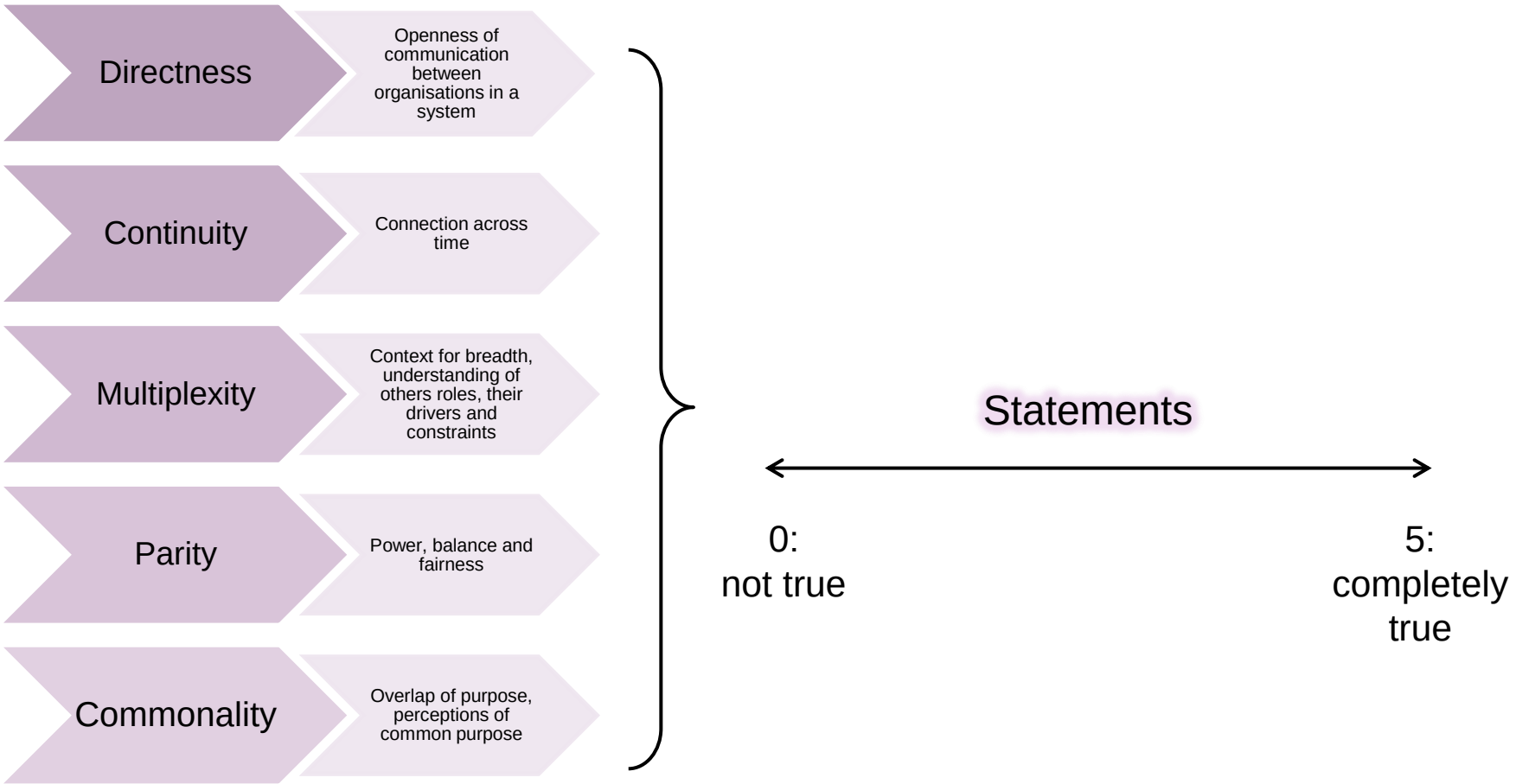
Review approach

- Review approach
- Relational Audit

Provisional review methodology



Relational Audit



Appendix

- Data

Data Profiles

- To support the review, (as well as longer-term ‘Place’-based fieldwork and BAU cross-sector working), Intelligence is developing area-level data profiles containing cross-sector analysis.

- Data profiles will feature analysis of a range of quantitative metrics. Qualitative information gathered via the System Information Return will be appended to the profiles.

- The analysis included with the profiles will reflect and build on the analysis DH undertakes to select the areas for the review. Our analytical approach will align with DH’s to ensure we reflect a consistent view of system performance. CQC has been involved in discussions with DH to advise on the measures and analytical approach. The final list of measures and detailed analytical methodology will be supplied by DH shortly.

- Data profiles will be developed iteratively, with profiles for the earlier local authorities focused around a list of high-priority measures. Profiles for later local authorities will include additional analysis

Data Profiles – High Priority Metrics

Demographic Context	Quality of Service	Activity/Flow through System
• % Population aged 65+ • % Population White British • IMD quintile	• CQC Area Ratings Score • Overall Provider Ratings by Sector • Change in ratings by Sector	• A&E 4 hour waits • Emergency admissions per 1000 18+ (*DH metric*) and 65+ and from care home postcodes • % admissions with LOS >7days (18+, 65+ and from care home postcodes) • Percentiles LOS for emergency admissions (*DH metric*) • Total DTOC days per 100,000 (*DH metric*) • DTOC days attributable to NHS/ASC/Both and DTOC by reason for delay • Emergency readmissions 65+ (*DH metric*) and from care home postcodes • Proportion of discharges which occur at the weekend vs weekday • Proportion of 65+ discharged from hospital into reablement/rehabilitation services, and those that were still at home 91 days after discharge (*DH metric*) • Key Ambulance System Performance Indicators

Data Profiles – High Priority Metrics

System Provision /Capacity

- Acute Hospital Bed Occupancy
- Capacity per 100,000 pop (aged 65+) of Residential, Nursing and Community (DCA) ASC Services
- ASC Entries and Exits (% increase/decrease in Residential and Nursing home beds and DCA services over last 2 years)
- Patients per FTE GP & Nurse
- NHSE Primary care access: Extended access to GP services on a weekend and evening (*DH metric*)

Staffing

- Services that are missing a registered manager
- Turnover of registered managers
- The professional and caring staff vacancy and turnover rate within ASC services

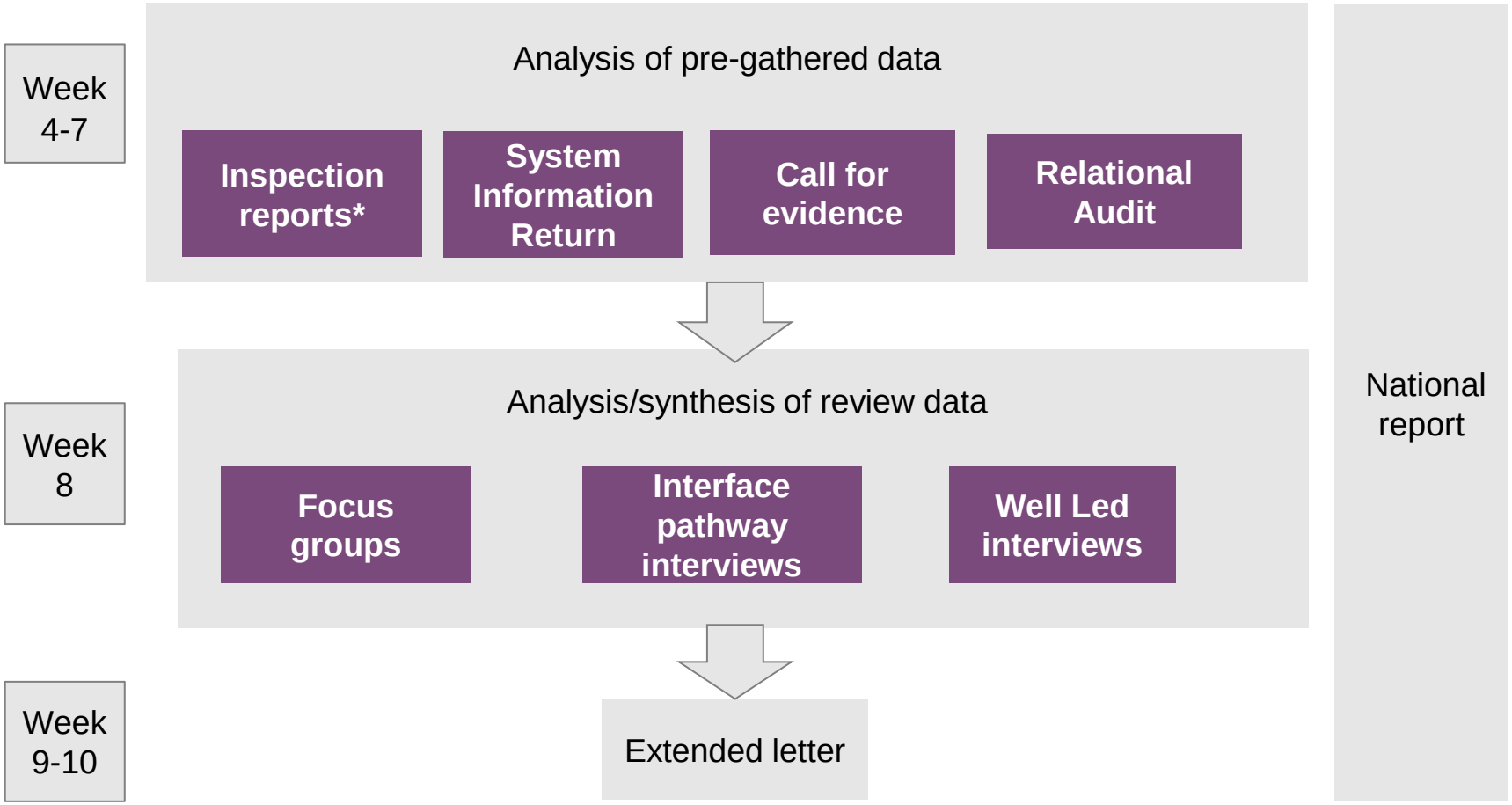
Funding

- % of ASC services that are fully self-funded vs % of services that are LA funded.
- Surplus /deficit by NHS hospital provider
- Average GP pounds per patient

Service User Experience

- Health-related quality of life for people with long-term conditions
- Proportion of people feeling supporting to manage their long-term condition (*DH metric*)
- Social care-related quality of life score (*DH metric*)

Qualitative data analysis



* The feasibility of analysing inspection reports as part of the preparation stage is currently being scoped

CQC Local System Reviews

Local System Overview

Information Request

Introduction

Following the budget announcement of additional funding for adult social care, CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focused on the interface of health and social care.

The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. The review will not include Mental Health Services or specialist commissioning but, through case tracking, will look at the experiences of people living with dementia as they move through the system.

The purpose of the reviews is to provide a bespoke response to support those areas facing the greatest challenges to secure improvement.

Our intention is that these reviews will provide a useful reflection for each of the local areas highlighting what is working well and where there are opportunities for improving how the system works for people using services.

Once we have completed all of the reviews, we will also be producing a national report of our findings, which will identify key themes and recommendations.

As outlined in the letter to the Chief Executive of Halton Borough Council of 10 July 2017, your area has been selected for a local system review, commencing on 21 August 2017.

Local System Overview Information Request

In preparation for your review we are asking for a representative in your area to complete this Local System Overview Information Request. It contains 15 questions and provides an opportunity for you to introduce your area to us, and tell us in your own words how Halton works as a system for older people moving between health and social care.

The aim is to help us understand:

- How health and social care is organised across your local authority area
- What you are trying to achieve as an integrated system and the impact this is having for people who use services
- The challenges and constraints you face

Accompanying the information request is a ‘System Contact Form’ document (see question 1 for details). This will need to be completed and returned ahead of the main document.

How the information will be used

The Local System Overview Information Request is a vital part of the review process. The information you provide will help the review team understand your local system, inform the planning and delivery of review activities, and help the team develop the findings of the review.

The Local System Overview Information Request will also be shared with the analytical team and will be used to inform the national report of our key findings and recommendations, which will be published after all of the reviews are completed.

The information you provide in response to this request will be treated in accordance with CQC's information governance policy. As a public body we are obliged to consider requests for disclosure of information under the Freedom for Information Act 2000. In the event of a request for any information you have provided we will consult with you before deciding whether to release or withhold the information.

Who should complete the Local System Overview Information Request?

We expect an individual to hold the responsibility for completing the Local System Overview Information Request on behalf of your area. It is up to each area to decide who takes on responsibility for this, but we recommend that it is a person with strong contacts across health and social care, as the questions will need to be answered from a whole-system perspective. You may wish to use your Health and Wellbeing Board as a forum for completing and/or signing off the document, however this is not mandatory.

How to compete the Local System Overview Information Request

We have a very limited timeframe to review submitted information before we visit your area. We want to ensure that we are able to make the best use of all the information you provide. To help us do this we ask that you follow these guiding principles when answering the questions:

- **Answer concisely** and within the question word limit. Prioritise the reporting of exceptions- what is going particularly well/ less well. We welcome the use of diagrams and charts where appropriate.
- **Answer candidly**; reflecting openly on the challenges you face as a system, as well as your successes. The review is intended to provide a useful reflection for your area highlighting what is working well, and where there are opportunities for improvement and this can only happen if your responses are accurate, honest and transparent.

- **Answer specifically**; directly address each question and avoid copying large chunks of more general text from existing documents. If you refer to supporting documents or data in your answer, include a page or tab reference and attach the document/file. We can only review attached documents/files where it is clearly explained how they address the question and where there is a page/tab reference.
- Be mindful of the scope of the local system review programme, described at the beginning of this introduction.

Deadline for completion

The Local System Overview Information Request is vital to our planning for your review. We therefore ask that you please send your completed document to health&socialcarereviews@cqc.org.uk no later than **Tuesday 8 August 2017**.

Please note that the accompanying 'System Contacts Form' document should be completed and returned ahead of the main document by **Friday 21 July**. See question 1 for more detail.

Further information

If you have any questions about completing the Local System Overview Information Request or would like further information about the local system reviews programme, please email health&socialcarereviews@cqc.org.uk and a member of the team will get back to you.

Thank you for your support in completing the Local System Overview – we look forward to working with you and colleagues in your area over the coming weeks.

Lead contact details

Please provide the contact details of the lead person completing the Local System Overview Information Return.

Name:

Role:

Organisation:

Email:

Telephone:

Section 1: Background to your local system

1. **In the accompanying document (System Contacts Form) please identify the key organisations and the system leaders within them that drive the commissioning, planning and delivery of services for older people at the interfaces of health and social care.**

   Please note the System Contacts Form needs to be completed and returned ahead of this main document, by Friday 21 July.

2. **How are health and social care services organised to serve the population within your local authority area, in particular for people aged 65 and over? [max 500 words]**

[Tip: This is an opportunity to articulate what the health and social care system(s) looks like in your local authority area. We recognise that there may be more than one system operating across your local authority boundary]

[Tip: You may wish to use a diagram or chart here to illustrate how your health and social care system(s) are organised]

3. **What key partnership, commissioning and governance arrangements are in place across the system(s) to support the planning and delivery of joined up care for older people at the interfaces of health and social care? [max 500 words]**

[For example, Better Care Fund plan; Local A&E Delivery Board; integrated care programme work streams; joint or aligned commissioning and provider arrangements]

4. **What is the history of NHS and local government collaboration in your local authority area? [max 500 words]**

[Tip: To what extent is there a track record of partners working together at the system level in your area? What are your successes and where have you historically faced difficulties in collaborating?]

5. **How effective are local relationships in delivering integrated health and social care for people in your area*? [max 500 words]**

[Tip: Please add any comments that would give further information to how different parts of the system work together to deliver health and social care to older people in your geographical area, focussing on quality of relationships in the system.]

* Please note we will ask system contacts (question 1) to complete a short anonymised survey that will form part of an audit on system relationships.

6. **What significant pressures and challenges are you currently facing as a system(s) that impact on the delivery of joined up care for older people? [max 500 words]**

[For example, financial; health and care workforce; provider market. Please provide any data or financial detail in support of your answer.]

[Tip: Are there any contextual factors that are specific to your area e.g. geography]

7. **How have you managed changes to your system spend for older people and/or changes in demand for services since 2010/11[max 500 words]**

[Tip: Describe how your system spend for older people has changed since 2010/11. This information may be collected by your STP or you may wish to draw on your Better Care Fund detail. Please provide data or financial detail in support of your answer.]

Section 2: People who use services, their families and carers

8. How does your system(s) engage with older people their families and carers in how it designs, commissions and delivers services at the interface of health and social care? [max 500 words]

[For example, co-production; consultation; service user and carer representation]

[Tip: Describe any gaps in your engagement activities and explain how engagement is evaluated]

9. How are you assured that older people are currently experiencing person-centred, coordinated and appropriate care as they move across different parts of the health and social care system(s)? [max 500 words]

[Tip: What feedback mechanisms are in place and how do you use this feedback to improve service user experience?]

[Tip: Describe where there are areas for improvement]

Section 3: Market shaping

10. How are you collectively working as a system(s) to shape a high quality, diverse and sustainable health and care provider market that will enable older people to get the right care, in the right place, and at the right time? [max 600 words]

[For example, collaborative working around provider fees; measures to avoid competition amongst commissioning bodies; adopting a consistent approach to quality assurance]

How do partners work together to ensure capacity is available to meet demand?

[Tip: What systems are in place to predict demand and how can existing capacity be flexed to meet spikes in demand?]

11. What is your approach to system-wide workforce planning to make sure you have the workforce you need so that older people receive the right care, in the right place at the right time? [max 500 words]

[For example, system-wide workforce analysis; succession planning; working with local education providers]

What progress have you made against these plans?

Section 4: Integrated service delivery

12. How does your system(s) enable person-centred, coordinated local service delivery that supports the safe and smooth movement of older people through the health and social care system? [max 1000 words]

[Tip: beneath each heading, provide examples of innovative/good practice, evidence of success and impact, and describe gaps and challenges]

Offering alternatives to/avoiding older people entering acute hospital care as a result of a changing need or crisis

Ensuring smooth discharge planning and access to ongoing health and social care for older people

Ensuring older people in reablement reach their maximum goals/ have a timely return to their normal place of residence or a new place of residence that meets their needs

Section 5: Monitoring performance and progress

13. What is the vision and strategic aims for the next five years to improve quality and outcomes for older people at the interface of health and social care? [max 500 words]

[Tip: This question is asking you to think beyond the day-to-day operational plans and to outline the bigger strategic shifts and new care models planned for your area]

What practical arrangements are in place to deliver this?

How do you assure yourselves that you have the capacity and resilience to achieve this?

14. Do you have a strategy for person-centred, coordinated care and support that all partners are signed up to? [max 1500 words]

[Tip: Please provide an overview to this strategy and attach any relevant strategic framework(s) referenced in this answer]

What operational planning framework(s) do you use that converts the strategic framework into deliverable and measurable objectives?

What shared measures are in place to monitor performance against these plans?

[Tip: Please tell us about any shared Key Performance Indicators (KPIs) that system partners have agreed. For example, KPIs from Urgent and Emergency Care plans and Better Care Fund plans.]

How are you currently performing against these plans? [Please provide a recent KPI performance report as an attachment]

15. What strategic and operational plans are in place to facilitate information sharing across the health and social care system(s)? [max 500 words]

What progress have you made against these plans?

KLOES: LA Place Reviews (Version 11)

Safe KLOE 1: How are people using services supported to move safely across health and social care to prevent avoidable harm?	
S1	How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm?
S2	How are risks to people assessed and mitigated, and their safety monitored and managed so they are supported to stay safe?
S3	What system is in place for providers to identify people who are frail, with complex needs or who are at high risk of deterioration in their health or social situation?
Effective KLOE 1: How effective are health and social care services in maintaining and improving health and wellbeing and independence?	
E1	To what extent are people's needs and choices assessed holistically to promote independence and communicated effectively across the system?
E2	To what extent are services designed to improve flow through the health and social care system evidence based?
E3	Does the workforce have the right skills to support the effective transition of people between health and social care services?
E4	How effectively does the workforce collaborate and share information to meet the needs of the local population?
Caring KLOE 1: Do people experience a compassionate, high quality and seamless service across the system which leaves them feeling supported and involved in maximising their wellbeing?	
C1	Are assessments of need and care co-ordinated effectively to ensure that the person is at the centre of their care and support planning when moving between health and social care services?
C2	How well are people supported to be actively involved in making decisions about their care, support and treatment when moving through the health and social care system?
C3	How well does the system inform and involve carers, families, advocates and their representatives to make informed choices about future plans?
Responsive KLOE 1: To what extent are services across the interface between health and social care responsive to people's individual needs?	
R1	How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person?
R2	How are services designed to meet the needs of the local population?
R3	How timely and effective is the process for reviewing people's support needs to ensure that these continue to remain appropriate as they move through the health and social care system?
R4	How do services ensure that people can make informed choices to access the support they want, in a way that promotes their independence?
Well led KLOE 1: Is there a shared clear vision and credible strategy which is understood across health and social care interface to deliver high quality care and support?	
WL 1	How well do partners involve service users, their carers and their families in the strategic approach to managing the quality of the interface between health and social care?
WL2	How do leaders ensure effective partnership and joint working across the system to plan and deliver services?
WL3	Interagency working: How do leaders ensure the respective agencies work together to enable people to move seamlessly across the health and social care system?
WL4	Multi- Disciplinary working: How do leaders ensure that professionals/ front line staff work together to plan and deliver services to people?
WL5	What is the strategic framework that brings the interagency and multidisciplinary work together across health and social care?

WL6	What is the operational planning framework that converts the strategic framework into deliverable plans and how do they shape what operational managers do?
WL7	To what extent is learning and improvement shared across the health and social care system when things go wrong?
Well Led KLOE 2: What impact is governance of the health and social care interface having on quality of care across the system?	
G1	Are governance arrangements across the system supporting partners to collaboratively drive and support quality of care across the health and care interface?
G2	Are effective information governance arrangements in place to enable information sharing to facilitate integration of health and social care?
G3	Are effective risk sharing arrangements in place between partner organisations that support the health and social care interface?
Well led KLOE 3: To what extent is the system working together to develop its health and social care workforce to meet the needs of its population	
W1	Is there a strategy for ensuring sufficient health and care skills across the health and care interface?
W2	How are system partners assured that workforce resource across the area is being used to maximise benefit?
Well Led KLOE 4: Is commissioning of care across the health and social care interface, demonstrating a whole system approach based on the needs of the local population?	
CM1	Is there a strategic approach to commissioning across health and social interface informed by the identified needs of local people (through the JSNA) and in line with the Outcome frameworks for NHS and Adult Social Care?
CM2	How is commissioning promoting a diverse and sustainable market to support the interface between health and care?
CM3	How well do commissioners procure services at the interface of health and social care, and work with the providers with whom they have contracts?
CM4	Do commissioners include standards in their contracts for services at the interface of health and social care, and what do they do if the standards are not met?
CM5	Do local commissioners have a programme to assure them that service reviews across the interface of health and social care are in place to ensure they are getting value from the resources used ?
Resource Governance KLOE 1: How do system partners assure themselves that resources are being used to achieve sustainable high quality care and promoting peoples' independence?	
RG1	How do system partners gain assurance that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface?
RG2	Are systems in place to gain assurance that integrated commissioning arrangements are being used to drive improvement across the health and social care interface?
RG3	How are local partners actively developing and managing the provider market to ensure the system has the capacity to ensure quality services and match demand?