

# HEALTH AND WELLBEING BOARD AGENDA



**16<sup>th</sup> October 2017  
at 5 p.m.  
in 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 – Dr Timlin and Alison Wilson

Interim Director of Public Health, Hartlepool Borough Council - Dr Paul Edmondson-Jones

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

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

**Other Members:**

Chief Executive, Hartlepool Borough Council – Gill Alexander

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

Representative of the NHS England – Dr Tim Butler

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

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

Representative of Cleveland Police, Jason Harwin

Representative of GP Federation – 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 4 September 2017

4. **ITEMS FOR CONSIDERATION**

4.1 Young Future's Project Update (*Director of Children's and Joint Commissioning Services*)

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

Date of next meeting – 4 December 2017 at 10.00 a.m. at the Civic Centre, Hartlepool.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

4 September 2017

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

### **Present:**

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin (In the Chair)

### **Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillor Clark, Councillor Springer (as substitute for Councillor Buchan) and Councillor Barclay (as non-voting substitute for Councillor Thomas)

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

### **Other Members:**

Representative of the NHS England – Dr Butler

Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner (as non-voting substitute for Colin Martin)

Representative of Cleveland Police – Jason Harwin

Representative of Headteachers – Julie Thomas

Also in attendance:-

Judy Gray, Hartlepool Healthwatch

Councillor Brenda Harrison, Hartlepool Borough Council

Wendy Harrison, Coordinator, Hartlepool Deaf Centre

Dr Andrea Jones, Designate Clinical Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Steve Thomas, Healthwatch

Hartlepool Borough Council Officers:

Dr Esther Mireku, Acting Consultant in Public Health

Alexe Gunn, Public Relations Officer

Joan Stevens, Statutory Scrutiny Officer

Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, Dr Timlin introduced Dr Jones who would commence a job sharing arrangement, with Ali Wilson, with effect from October 2017.

## 12. Apologies for Absence

Leader of Hartlepool Borough Council, Councillor C Akers-Belcher (Chair)  
Elected Member, Hartlepool Borough Council Councillors Buchan  
Representative of GP Federation – Fiona Adamson

## 13. Declarations of interest by Members

Dr Timlin highlighted that agenda item 4.1 included references to his GP surgery, McKenzie house.

## 14. Minutes

- (i) The minutes of the meeting held on 26<sup>th</sup> June 2017 were confirmed.

Ali Wilson referred to discussion at the previous meeting regarding winter pressures and gave a verbal update with a more detailed report to be presented to the December meeting. The Board was assured that a significant amount of preparation had been undertaken for the winter pressures.

- (ii) The minutes of the meeting of the Children's Strategic Partnership held on 2<sup>nd</sup> May 2017 were received.

It was noted that the representative of the Clinical Commissioning Group, present at the meeting, was Jo Heaney and not Sue Sweeney as stated in the minutes of the meeting.

## 15. Healthwatch Hartlepool and Hartlepool Deaf Centre Investigation into Deaf Patient Experiences of Local GP and Hospital Services *(HealthWatch Hartlepool and Hartlepool Deaf Centre)*

The report informed 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. Wendy Harrison, Coordinator, Hartlepool Deaf Centre and Steve Thomas, Healthwatch presented the background and findings of the report in terms of local GP surgeries and Hartlepool and North Tees Hospitals. The report recommended as follows:-

- Every effort is made to ensure that patient records in primary and acute settings always record deafness and the patients preferred methods of communication.
- 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.
- 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.
- GP surgeries should also offer option of ordering prescriptions by email or text.
- All NHS providers should use a visual indicator in waiting rooms to alert patients when it is their turn.
- 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.
- Efforts continue to be made to improve information flows between GPs and Acute Services via the Medical Interoperability Gateway (MIG), and other means available.
- 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.
- 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.
- GP practices and North Tees and Hartlepool Hospitals should explore the possibility of introducing practice and ward sensory loss champions.
- 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.
- 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.
- 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.
- 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.

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

Board Members expressed appreciation of the report and discussed the issues highlighted therein. The Clinical Commissioning Group's Chief Officer undertook to ensure that GPs and Hospital Trusts were aware of the recommendations set out in the report. The Interim Director of Public Health highlighted that one of the roles of the Board is to tackle health inequalities. It was highlighted that every deaf patient should have same right of access to services as other patients. However it was accepted that equal access did not always mean having equal benefit. The importance of introducing support mechanisms was, therefore, recognised including the use of technology.

Concerns were expressed that out of 14 GP surgeries, 6 surgeries had not completed the survey which had been circulated by Healthwatch. Whilst recognising that there was no statutory responsibility on GPs to complete surveys, the Board agreed that the concerns of the Board should be communicated to those GPs that had not returned surveys.

In response to clarification sought regarding mental health issues, language barriers were discussed and it was highlighted that the dementia test was not appropriate for deaf patients.

Views were expressed relating to the importance of delivering the recommendations set out in the report. The Board agreed with a suggestion made by Steve Thomas that an update on the recommendations, be provided to the Board, following a period of 12 months.

### **Decision**

- (i) The Board considered the report's recommendations and agreed that GPs in the town and Hospital Trusts should be made aware of the recommendations set out in the report
- (ii) Appreciation was expressed to the authors of the report.
- (iii) It was agreed that an update on the implementation of the recommendations be made to the Board following a period of 12 months.

## 16. Healthwatch Hartlepool Enter and View Reports – Wards 27 and 28 *(HealthWatch Hartlepool)*

The Board was informed of the findings of two recent Enter and View visits to Wards 27 and 28 at North Tees Hospital conducted by Healthwatch Hartlepool in March 2017. The report recommended as follows:-

- 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

Steve Thomas advised the Board that in relation to the Enter and View Reports and the report considered at the previous agenda item, Healthwatch had been extremely pleased to receive prompt feedback from the Foundation Trust and requested that appreciation be noted.

### Decision

The Board noted the contents of the Enter and View reports and the recommendations contained therein.

## 17. Director of Public Health Annual Report 2016/17 *(Interim Director of Public Health)*

The Director of Public Health Annual Report for 2016/17 had been circulated. The report would be presented to full Council on 28th September 2017. The 2016/17 Report focused 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.

The Board was advised that previous reports had focused on how public health priorities had 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 information graphics around the themes of the Joint Strategic Needs Assessment (JSNA). It was considered that a focus on older people's wellbeing represented a logical

progression and addressed an important gap by highlighting some of the excellent work in this area. The report also highlighted some of the key public health indicators and statistics around the older people's agenda, demonstrating where good progress and improvements had been made, but also where further effort was required for Hartlepool to move closer to its neighbouring Authorities or the rest of England in order to reduce widening health inequalities. The latter part of the report highlighted some 'top tips' and useful contacts of interest and practical use to the target population, and to partners and stake holders. It concluded with some next steps and future plans around this important agenda, linking to key projects such as the Better Care Fund and Community Hubs.

It was noted that as in previous years, the final report to full Council would be accompanied by a revised set of 'Ward Profiles' for Elected Members, which would highlight the key public health issues in a given area with a specific focus on the theme of the report.

In response to an observation that it would be useful for all GPs and clinicians to receive a copy of the Annual Report, the interim Director of Public Health advised that copies would be available on various partner websites and could be sent out to GP surgeries. The Director highlighted also that ward profiles would be distributed to all Elected Members.

### **Decision**

The Board noted the final report for submission to Committees and full Council.

## **18. Health and Wellbeing Strategy (2018-2025)** (*Interim Director of Public Health*)

The report presented the final draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that were integral to the development of the strategy and sought approval of the final draft for consultation.

The Board was reminded that 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 was fit for purpose and effectively reflected local priorities. The Board, at its meeting on the 13 March 2017, had 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 Board, on the 26 June 2017, had approved the 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;

Following the public consultation, a further priority area had been identified and included as 'Dying well'.

The Board, at its meeting on the 26 June 2017, also had approved the Project Plan / Timetable set out in the report, for completion of the refresh. The initial phase of consultation had commenced on the 26<sup>th</sup> June 2017 and had closed on the 16 July 2017. The consultation had been undertaken across a range of venues and an online survey, with participation promoted as detailed in the report. Detailed breakdown of the results of the consultation had been appended to the report and a summary of key findings was outlined in the report. All of the information obtained throughout the consultation process, had been utilised in the development of a final draft of the Joint Health and Wellbeing Strategy (2018-2025). A copy of the draft strategy had been circulated.

### Decision

- (i) The results of the recent consultation exercise were noted;
- (ii) The Board approved the final draft of the Joint Health and Wellbeing Strategy (JHWS) for consultation in October 2017; and
- (iii) The Board gave approval of any final additions / changes prior to consultation being delegated to the Chair, in conjunction with the Interim Director of Public Health.

## 19. **Care Quality Commission Appreciative Review** (*Assistant Director – Adult Services*)

The Board was provided with information regarding the Care Quality Commission's programme of appreciative reviews in 2017/18, and Hartlepool's involvement in the programme. Following the announcement of additional funding for social care in the Spring 2017 budget, work had been undertaken nationally to develop performance measures associated with this allocation, which formed part of the Improved Better Care Fund. The measures, which included Delayed Transfers of Care, aimed to assess patient

flow and how the interface between health and social care services is managed. Based on an assessment of these indicators, areas had been identified that were perceived to be experiencing particular challenges, where there had not been any other form of intensive support initiated. The Care Quality Commission (CQC) had been asked to undertake appreciative reviews in these areas. A notification had been received on 4 July 2017 advising that Hartlepool had been identified as one of the first twelve Local Authority areas to be reviewed. Confirmation of the review was received on 31 July 2017 and the date for the five day 'on-site' element of the Hartlepool review had been confirmed as Monday 9 October – Friday 13 October 2017.

The methodology for the review was appended to the report. Key staff from health and social care would be involved in data analysis and information gathering in readiness for the six week preparation phase where documents and information were shared with the CQC, prior to the five day site visit which would involve partners across health and social care. The Local System Overview Information Request was appended to the report also. During the site visit inspectors would 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 would also review cases and meet with senior leaders from across health and social care organisations within the locality. The review would focus on a range of Key Lines of Enquiry, which were detailed by way of appendix. Following completion of the on site visit, feedback would be provided regarding the outcome of the review. This would be focused on identifying good practice and areas where improvements could be made and would be confirmed in a letter to the Chair of the Board.

The Board was advised that following the completion of all twenty reviews, it was expected that a report would be published nationally that summarised the issues identified and shared the learning regarding improvements that could be made in local areas. Key issues including background, scope, process and next steps would be covered in the accompanying presentation.

## **Decision**

The Board noted 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;
- this is a review of the local health and social care system and key stakeholders and partners will be expected to participate in the review; and
- the outcome of the review will be reported to a future meeting of the Health & Wellbeing Board.

## **20. Any Other Items which the Chairman Considers are Urgent**

It was 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.

## **21. Health and Wellbeing Board - Representation**

A letter which the Council's Chief Executive had received from the Chief Executive of North Tees and Hartlepool NHS Foundation Trust had been tabled at the meeting. The letter referred to discussion at a recent Board of Directors meeting in respect of health and wellbeing arrangements. The Chief Executive of the Trust had requested that the representation of the Trust on the Board be reconsidered. Board Members expressed their strong support for a Trust representative on the Board, with particular emphasis on the importance of partnership working in relation to the Sustainability and Transformation Partnership, Better Health Programme and Hartlepool Matters.

### **Decision**

That Board supported the request for a representative from the North Tees and Hartlepool NHS Foundation Trust to be re-appointed to the Health and Wellbeing Board.

## **22. Financial Resources**

A Member of the public commented that expenditure across organisations should be co-ordinated to ensure that financial resources are effectively used across all partners / bodies, and that funding decisions do not impact negatively on, the delivery of shared outcomes required to improve the health and wellbeing of Hartlepool.

Meeting concluded at 11.35 a.m.

CHAIR

# HEALTH AND WELLBEING BOARD

16 October 2017



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

**Subject:** YOUNG FUTURE'S PROJECT UPDATE

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## 1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide the Health and Wellbeing Board an update of the Young Future's project and present their findings through art work.

## 2. BACKGROUND

- 2.1 Healthwatch has a responsibility to promote the voice of children and young people in addition to providing information, advice and support to children and young people about local services.
- 2.2 Due to this responsibility, it was decided following work of the Dudley Youth Health Research group who presented at Healthwatch England Conference, June 2016 that Hartlepool would develop a similar model. The model focused on engaging with young people around their experiences of health and social care and understanding their experiences and expectations for ongoing development of services.
- 2.3 Dudley Healthwatch had an identified priority to champion the voice of children and young people with decision makers in health and social care. Building on the cornerstones of youth work: empowering young people to understand and act on the personal, social and political issues which affect lives, the lives of others and the communities of which they are a part, Dudley Healthwatch and youth services came together with the aim of listening to young people's views about their health and wellbeing experiences, and to enable young people to have an influential say.

- 2.4 Dudley Youth Health Researchers are drawn from a wide range of backgrounds and experiences and have gathered data from a range of sources. The researchers aim to create a Youth Health project guide. They work to have the voice of young people heard and have presented their findings to the Health and Wellbeing Board and Clinical Commissioning Group Board.
- 2.5 Based on the Dudley model, Hartlepool decided to use a similar approach and train young people to research the health and social care issues for young people. To allow this approach, Healthwatch, Hartlepool Borough Council and York University compiled a proposal of Young Future's project and were successful in their bid.

### 3. PROPOSALS

- 3.1 Recruitment and involvement of young people commenced using a variety of techniques, providing young people with information around aims, commitment and involvement of the project. Young people who were recruited come from a wide range of backgrounds and experiences.
- 3.2 Twenty young people attended a two day residential at York University in August. The residential provided an opportunity for the young people to understand the aims of the project in more depth. Throughout the residential the young people learned more about research methods and their importance. They used this time to explore themes around health and social care and determine what they feel are important to young people. Once themes had been decided they planned an outline of their project following their return to Hartlepool.
- 3.3 The residential allowed the twenty young people to be split into three groups. Each group picked an area they would like to work on and explored ways in which information can be gathered, developed and presented.
- 3.4 Since returning to Hartlepool the groups have sustained their commitment and met a number of times to continue with their research and development of their project area. An online survey was developed which all three groups contributed to, covering all three group's area of work. The aim of the survey is to increase involvement of young people, allowing them to participate in the consultation and impact on findings.
- 3.5 Group one has focused on generic themes of young people's experience of mental health problems. The group have developed postcards that have been handed out at strategic locations across Hartlepool. The postcards look to capture information around how young people cope with mental health and their emotional wellbeing, how people around them affect their mental health and how do they know if their concerns are taken seriously. The postcards also look to identify what makes young people smile and affect their emotional wellbeing in a positive way.

- 3.6 Group two has focused on mental health and social care provision within the town and the surrounding areas. The group also developed postcards to collect impression data. The data covered areas including identifying if young people have struggled with their mental health, if they would know where to access help and how they would rate mental health and social care services. The group aim to interview a General Practitioner, manager of Urgent Care services, head teachers and Council Committee Chairs to complement their data.
- 3.7 Group three has explored the theme of activities that make young people feel good about themselves and contribute to emotional wellbeing. They have mapped spaces and places in the local area for leisure and a sense of wellbeing. The group have explored their own feelings as young people that make them happy and their feelings on local services that impact on young people's emotional wellbeing.
- 3.8 Following the data collection, the three groups are developing art work that will represent their findings. Group one will develop a mural, group two will develop two ceramic pots and group three will develop visual images and video. This art work and findings will be presented to Health & Wellbeing Board.

#### **4. RISK IMPLICATIONS**

No implications.

#### **5. FINANCIAL CONSIDERATIONS**

No financial implications.

#### **6. LEGAL CONSIDERATIONS**

No legal considerations.

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

No Equality & Diversity considerations.

#### **8. STAFF CONSIDERATIONS**

No staff considerations.

## **9. ASSET MANAGEMENT CONSIDERATIONS**

No asset management considerations

## **10. RECOMMENDATIONS**

- 10.1 It is recommended that members note the report and discuss the findings of the project including how the data collected can be used to improve services for young people.
- 10.2 It is recommended that the implications of the research findings is to be reflected in the ongoing refresh of the Hartlepool Health and Wellbeing Strategy.

## **11. REASONS FOR RECOMMENDATIONS**

- 11.1 To update members of Health & Wellbeing Board with the findings of Young Future's project working with Healthwatch and York University.
- 11.2 To present the art work of young people involved in the project.
- 11.3 To identify any further developments and next steps of the project.

## **12. BACKGROUND PAPERS**

None

## **13. CONTACT OFFICER**

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