

HEALTH AND WELLBEING BOARD AGENDA



Monday 5th September 2022

at 10.00 am

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

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council - Councillors Allen, Buchan, Cook and Moore
Representatives of North East and North Cumbria Integrated Care Board- Dr Timlin and David Gallagher

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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

Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:

Managing Director, Hartlepool Borough Council – Denise McGuckin

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston
Representative of the NHS England - Dr Tim Butler

Representative of Hartlepool Voluntary and Community Sector – Carl Jorgeson and Christine Fewster

Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray

Representative of North Tees and Hartlepool NHS Trust - Deepak Dwarakanath / Julie Gillon

Representative of Cleveland Police – Superintendent Marc Anderson

Representative of GP Federation - Fiona Adamson

Representative of Headteachers – Sonya Black

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Hall

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 July 2022
- 3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 8 December, 2021

4. ITEMS FOR CONSIDERATION

- 4.1 HealthWatch Hartlepool Annual Report (*HealthWatch Hartlepool CIO*)
- 4.2 Quarterly update - Pharmaceutical Needs Assessment 2022 - Supplementary Statements – Verbal Update (*Director of Public Health*)
- 4.3 Joint Health and Wellbeing Strategy Review (*Director of Public Health*)
- 4.4 Update on Hospital Discharge Arrangements (*Director of Adult and Community Based Services*)
- 4.5 Adult Social Care Assurance (*Director of Adult and Community Based Services*)
- 4.6 Covid and Monkey Pox – Verbal Update (*Director of Public Health*)

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

4 JULY 2022

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

Present:

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Allen and Cook.
Councillor Buchan as substitute for Councillor Young.
Councillor Moore appointed Councillor Cook as his substitute and therefore, in accordance with the Constitution, Councillor Cook chaired the meeting.
Representative of NHS Integrated Care Board – Director of Governance and Partnerships, Dan Jackson
Director of Public Health, Hartlepool Borough Council – Craig Blundred
Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
Representatives of Healthwatch – Christopher Akers-Belcher and Margaret Wrenn

Other Members:

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of the NHS England – Dr Tim Butler
Representative of North Tees and Hartlepool NHS Trust – Stuart Irvine
Representative of Hartlepool Voluntary and Community Sector – Christine Fewster

Also in attendance:-

Stephen Thomas, Hartlepool Healthwatch

Officers: Dr Philippa Walters, Pharmacist Lead, Public Health
Joan Stevens, Statutory Scrutiny Manager
David Cosgrove, Democratic Services Team

Councillor Cook in the Chair.

1. Apologies for Absence

Councillor Moore, Leader of Council. Councillor Young.

Dr Nick Timlin and David Gallagher, Representatives of NHS Tees Valley Clinical Commissioning Group.
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Managing Director, Hartlepool Borough Council – Denise McGuckin
Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson
Representative of GP Federation – Fiona Adamson
Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath / Julie Gillon.
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray

2. Declarations of interest by Members

None.

3. Minutes of the meeting of the Board held on 21 March 2022

Confirmed.

4. Minutes of the meeting of the Children's Strategic Partnership held on 29 September 2021

Received.

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

The Assistant Director, Joint Commissioning submitted for the Board's consideration, the Children with SEND (Special Educational Needs and/or Disabilities) Annual Report April 2021-March 2022. The Health and Wellbeing Board has responsibility for the implementation and monitoring of progress for the outcomes of children with SEND. The annual report sets out progress against the requirements within the Code of Practice and areas of development and was a partnership evaluation as the Code of Practice places statutory duties on all partners.

The Assistant Director reported that the Government had instigated a national review for SEND and had stated that proposals would be published in March 2022, though this had not yet happened. In 2015 the Government had commissioned Ofsted and the CQC to inspect SEND arrangement in local areas. Hartlepool had been inspected in October 2016 and found to have significant weakness in its SEND arrangements across the partnership. A written statement of action was produced and a revisit took place in January

2019. Following this a review meeting took place in February 2021 with DfE, NHS England council, CCG, schools and parent representatives. The meeting reviewed progress against the SEND Accelerated Progress Plan. DfE felt that the area had made significant progress and said that formal monitoring was no longer needed and there is no further need for an Accelerated Progress Plan.

The annual report had been completed with the SEND Operational group which consists of: parents, schools, social care, SEND team, commissioning, CCG (Clinical Commissioning Group), North Tees and Hartlepool NHS Foundation Trust, TEWV (Tees, Esk and Wear Valley NHS Foundation Trust), Local authority officers.

Decision

That the SEND annual report be noted and that members understand their responsibilities in relation to SEND.

6. HealthWatch Hartlepool Accessing GP Services Consultation Report (*Hartlepool HealthWatch*)

Hartlepool HealthWatch representatives presented their report on Accessing GP Services in Hartlepool. The report highlighted two key areas of concern: -

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

It was acknowledged that these problems were not unique to Hartlepool but it was noted that some patients reported more issues at certain surgeries. The move towards more online services during the Covid-19 pandemic did not work for all patients, particularly older people. There also seemed to be a rather slow return to face-to-face appointments despite the lifting of restrictions.

Many people reported difficulty in being able to access appointments 'on the day', often finding that despite phoning at the times requested by surgeries, all appointments had been taken by the time they got to speak to someone. This difficulty in accessing timely medical advice was affecting people and in some instances putting people off seeking early medical advice thus allowing some conditions to get worse. This was a particularly concerning impact. There

was also concern for frontline staff in GP surgeries who were often taking the brunt of patient's frustrations.

The HealthWatch representative highlighted the recommendation set out in the report and commended them to the Board.

During the debate it was highlighted that all the recommendations had been shared with GP surgeries. The Chair suggested that the Board may wish to review the actions from the recommendations to ensure that improvements were being made and suggested an initial review after six months. It was acknowledged that there was a shortage of GPs both locally and nationally but it was clear from the report that the patient experience was not wholly positive. It was suggested that there would need to be follow up surveys in 6 to 12 months' time to assess what improvements had been made and the HealthWatch representative stated that they would wish to do this in collaboration with Health colleagues. A representative also highlighted that there were other means of gaining advice, such as community pharmacists that could assist people and alleviate some of the pressure on GPs.

Decision

1. That the following recommendations from the HealthWatch Hartlepool Accessing GP Services Consultation Report be adopted: -
 - All GP practices in Hartlepool should review current appointment processes and in particular their effectiveness in enabling patients to access appointments/consultations quickly. Hartlepool and Stockton Health (HASH) should provide support as appropriate.
 - Practices should make extended times available for patients to phone and book appointments, the introduction/re-introduction of on-line bookings and evening/weekend arrangements.
 - Patients must be involved in the review process and be consulted about proposed changes to appointment processes.
 - All practices should introduce texting services for Deaf patients to use to book appointments and general communication.
 - All key practice information must be available in accessible formats appropriate to the needs of patients with sensory impairments and other conditions and disabilities.
 - The availability of face to face appointments should be reinstated as quickly as possible in line with government guidelines and safety considerations.
 - Practices introduce/re-visit staff training to increase awareness of the communication needs and preferences of different patient groups (Deaf, visually impaired, people living with dementia, learning disability etc.).
 - Practices ensure that information dissemination systems are as effective as possible, and that patients are fully informed of all appointment (including out of hours) and prescription services and arrangements.

2. That an action plan be developed including a further consultation exercise after 6 months to assess the levels of improvement.

7. Pharmaceutical Needs Assessment 2022 *(Director of Public Health)*

The Director of Public Health submitted the final draft of the Hartlepool Pharmaceutical Needs Assessment (PNA) 2022 for approval prior to its publication before the statutory deadline of 1st September 2022.

The Pharmacist Lead commented that the document was an important tool that would be used in the shaping of local service delivery. It was highlighted that wider service delivery would be changing with the introduction of the new Integrated Care Board across the North East and North Cumbria. The PNA had not identified the need for any new pharmacy in Hartlepool.

There was some discussion around the opening hours of some pharmacies and the Pharmacist Lead stated that there were national contracts based on either 40 hours opening per week, or 100 hours opening per week. Pharmacies were not, however, paid per hour. Some did have additional hours within their contracts.

Decision

1. That the Health and Wellbeing Board approves the final version of the PNA for publication on the Council's website before 1st October 2022, subject to minor errata, amendments or updates identified before the publication date.
2. That the Health and Wellbeing Board undertakes a review of the process in relation to Supplementary Statements and in the intervening period continue to delegate authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, to approve as required:
 - Publication of minor errata / service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor adjustments to opening hours and service contracts that do not impact on need);
 - Any response on behalf of the Hartlepool Health and Wellbeing Board to NHS E&I invitation to (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;
 - Any response behalf of the Hartlepool HWB in relation to an application to consolidate pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;

- Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and
 - Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g. annually) as required.
3. That the Health and Wellbeing Board including the need to assess ongoing changes which might impact on pharmaceutical need and the assessment thereof and respond by initiating early review or publishing a Supplementary Statement to the 2022 PNA as required.
 4. That the Health and Wellbeing Board continue delegation of authority to Director of Public Health (in conjunction with the Chair of the HWB) as above, to make initial assessments with respect to potential Supplementary Statements or need for full review.
 6. That the Health and Wellbeing Board progress the production of an easy read companion document to the PNA; and
 7. That the Health and Wellbeing Board explores the use of infographic(s) to promote pharmacies, their services (where they are, what is available and how it can be accessed) and how this links into wider primary care and public health provision.
 8. That HealthWatch be asked to explore as part of its work programme for 2022 improved mechanisms to promote understanding / awareness of pharmacy services.

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

The Director of Adult and Community Based Services submitted an update the Health and Wellbeing Board on current performance against the Hartlepool Better Care Fund Plan. BCF performance reports were routinely submitted to NHS England on a quarterly basis, however, routine reporting had been suspended over the past two years due to COVID19 and a single year end return was required which followed a different format to previous returns. The year-end return for 2021/22 was submitted in May 2021 and confirmed that all national conditions continued to be achieved, as well as confirming that BCF contributions were in line with national guidance.

Decision

That the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund 2021/22 return.

9. Integrated Care Board (ICB) – Update

The NHS Integrated Care Board Director of Governance and Partnerships gave a presentation to the Board setting out the background to the Integrated Care Boards (ICB), the ICB operating model and the ICB for the North East and North Cumbria, the ICB strategic aims, key functions and Governance. Details of the leadership team and the Board and Committee structure were also set out. The structure of the Integrated Care Partnerships that operated below the ICB structure were also detailed with four ICPs covering North Cumbria; Durham, South Tyneside and Sunderland; North of Tyne and Gateshead; and Tees Valley.

HealthWatch representatives indicated that there were some concerns around decision making and how local that would be and how HealthWatch Groups would integrate with the ICP structure. It was indicated that each ICP would be place based. There was also concern around the voice of voluntary sector organisations through the structure. It was indicated that there was a VCS representative on the ICB and it was acknowledged that there needed to be a clear voice and route for VCS organisation.

Decision

That the presentation be noted and shared with Board Members.

10. Any Other Items which the Chairman Considers are Urgent

The Chair requested that an update be provided at the next meeting on the current situation with Covid-19 and the emerging issue of Monkey pox.

The Board noted that the date of next meeting was Monday 5 September 2022 commencing at 10.00 a.m. in the Civic Centre, Hartlepool.

Meeting concluded at 4.20 pm.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD

8 December 2021

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

Present:

Councillor Jim Lindridge (In the Chair)
Craig Blundred, HBC, Director of Public Health
Councillor Brenda Harrison, HBC
John Hardy, Headteacher, St John Vianney Primary School
Jo Heaney, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group
Danielle Swainston, HBC Assistant Director (Joint Commissioning)
Martin Todd, Changing Futures North East
Amanda Whitehead, HBC Assistant Director (Education)
Jane Young, HBC Assistant Director (Children and Families)

Also Present: Leanne Boyd Smith was in attendance as substitute for Lindsey Robertson (Hartlepool and North Tees NHS Foundation Trust)
Kim Kyle, Regional Integration Lead

Officers: Denise Wimpenny, Principal Democratic Services Officer
Lisa Adams, Head of Service Early Help
Tracy Richardson, Early Help Team Manager

6. Apologies for Absence

Apologies for absence were submitted on behalf of Sally Robinson, (Hartlepool Borough Council), Christine Fewster (Hartlepool Carers), James Graham (Tees Esk and Wear Valleys, NHS Foundation Trust), Lindsey Robertson (Hartlepool and North Tees NHS Foundation Trust).

7. Declarations of Interest

None

8. Minutes of the meeting held on 29 September 2021

Confirmed.

9. **Presentation – Reducing Parental Conflict Programme - Hartlepool Planning Tool Workshop** (Assistant Director, Joint Commissioning)

The Assistant Director (Joint Commissioning) introduced the presentation and provided background information in relation to the initiative Reducing Parental Conflict Programme and the work that had been done to date. Members were advised that the Planning Tool, which had been submitted in 2019, now required a refresh and required input and discussions from the Partnership. A representative from the DWP (RPC programme) who was in attendance at the meeting, would provide an overview of Hartlepool's Planning Tool at today's meeting and further discussions would be held following today's meeting to enable the refresh to be completed in January.

Kim (DWP, RPC programme) provided a detailed presentation on the Department for Work and Pensions Initiative Reducing Parental Conflict Programme, the requirements in Hartlepool and what was already being undertaken. The presentation focussed on the following issues:-

- 1 in 5 relationships are classified as “distressed”- impact on children as a result
- Working with parents in conflict is distinct from Domestic Abuse
- Reducing Parent Conflict Programme Vision, Purpose and Aims
- A fresh approach to family outcomes – support families programme
- Looking Forward – opportunity to build on what we're learning
- Training arrangements for staff – train the trainer
- Planning Tool proposals to reducing parent conflict and how Planning Tool works – scoring arrangements
- Relationships matters programme due to end in March 2022
- Current position - £22k allocated to develop Toolkit – supported by Changing Futures North East
- Multi-agency approach required to developing Toolkit
- Funding availability - sustainability grant criteria
- Importance of organisations working collaboratively using common systems and processes, details of which were provided.
- Next steps as multi-agency partnership

The representative outlined the process in terms of the requirements to develop and complete the toolkit and requested a nominations from the Partnership to work with the Early Years Manager and Changing Futures North East in this regard. The Assistant Director, Joint Commissioning commented on the current review of the Domestic Abuse Strategy and the links to parental conflict as well as the options around how this could be included in the Council's governance arrangements. It was suggested that this issue be included on the agenda for the next meeting of the Domestic Abuse Group.

Further discussion ensued in relation to the importance of governance and accountability and the benefits of developing a Sub-Group were highlighted including the need to include representation from the CCG.

Partnership Members commented on issues arising from the presentation which included suggestions around considering relationship champions, the importance of sustainability, training as well as listening to service users to ensure their needs were met.

Decision

That the contents of the presentation and comments of Members be noted and actioned as appropriate.

10. Terms of Reference/System Architecture *(Assistant Director, Joint Commissioning)*

The Assistant Director, Joint Commissioning advised that following a request at the last meeting that the Terms of Reference be reviewed, a copy of the proposed Terms of Reference were tabled at the meeting. The Terms of Reference included the purpose and functions of the Partnership, roles and responsibilities of Partnership Members, membership details, frequency of meetings, chairing arrangements, performance and review arrangements, quorum information, strategies and plans to be reviewed in 2021-22, governance structure in terms of multi-agency partnership working as well as details of the Council's governance processes.

In the discussion that followed Members debated issues arising from the Terms of Reference. Some concerns were raised in relation to the number of meetings which did not have any decision making powers and the benefits and purpose of such meetings were questioned. Emphasis was placed on the need to avoid duplication of work and ensure beneficial outcomes. The Assistant Director, Joint Commissioning agreed to consider the decision making processes as well as the comments of Members at a future Director's Management Team meeting and provide further proposals to Partnership Members for comments in advance of the next meeting in March.

The links between Council and Children's Services Committee were discussed as well as the impact of the CSP not possessing any decision making powers. Queries/comments were raised as to why the SEND box was a dotted line as opposed to a solid line and whether the timescales for review of SEND/Inclusion Review should be moved from March 2022 to June 2022. It was also suggested that review of the Education Improvement Plan be moved from June 2022 to March 2022, that joint commissioning should be included within the governance structure, that the timescales for review of the Statement of Intent be reviewed. In response, the Assistant Director, Joint Commissioning requested Members to review

the strategies and plans as well as governance structures and processes and provide feedback in advance of the next meeting.

Decision

- (i) That the proposed Terms of Reference and the comments of Members be noted and actioned as appropriate.
- (ii) That Partnership Members review the proposed Terms of Reference including the strategies and plans, governance structures and processes and provide feedback in advance of the next meeting.

11. Early Years Strategy (*Assistant Director, Joint Commissioning*)

The Assistant Director, Education referred Members to a copy of the draft Hartlepool Strategy for Early Years, a copy of which had been circulated with the agenda documentation. The background and an overview in relation to the development of the draft strategy was provided which reflected the outcome of a recent consultation, details of which were outlined.

Members were advised that the draft strategy would be submitted to a future meeting of Children's Services Committee and the next steps in terms of monitoring and review of the priorities by way of an action plan were provided. Further amendments to the draft strategy would be made to reflect comments from Partnership Members and the Director of Public Health. The CCG representative advised that breastfeeding information would be provided for inclusion in the strategy and requested that Nicola Childs from NHS Hartlepool and Stockton on Tees Clinical Commissioning Group be invited to attend future meetings of the Early Years FS Partnership Group and that Leanne Boyd Smith of North Tees and Hartlepool NHS Foundation Trust be invited to future meetings of the Early Years FS Partnership Group

Members welcomed the strategy and the hard work that had been done in terms of developing the strategy.

Decision

- (i) That the contents of the strategy and comments of Members be noted and actioned as appropriate.
- (ii) That Nicola Childs and Leanne Boyd Smith be invited to future meetings of the Early Years FS Partnership Group.

12. Domestic Abuse Consultation (*Assistant Director, Joint Commissioning*)

The Assistant Director, Joint Commissioning Services provided background information in relation to the new Domestic Abuse Bill and the requirement upon the Council to produce a revised local area Domestic Abuse Strategy. Reference was made to the role of the Domestic Abuse Local Area Partnership which feeds into the Safer Hartlepool Partnership, who had overall responsibility. A needs assessment and executive summary had been undertaken along with statutory consultation, the links to which would be provided by the Assistant Director of Commissioning following the meeting. Partnership Members were encouraged to contribute to the strategy and provide feedback to the consultation.

The Assistant Director responded to queries raised arising from the update. Concerns were raised regarding the perceptions around violence and the importance of educating children and young people that violent behaviour was not acceptable. Members discussed social normality issues and the drivers to behaviour and how best to reflect issues of this type in the strategy. Emphasis upon the value of recent Corporate Parent training and the responsibilities of all Councillors as a Corporate Parent and it was suggested that training should be mandatory for all Councillors. The Chair took the opportunity to place on record personal thanks to officers involved in delivery the training.

Decision

That the update and comments of Members be noted.

The meeting concluded at 11.20 am.

CHAIR

HEALTH AND WELLBEING BOARD

5 September 2022



Report of: Healthwatch Hartlepool CIO

Subject: Healthwatch Hartlepool Annual Report

1. PURPOSE OF REPORT

- 1.1 Present and provide the Health & Wellbeing Board with a copy of Healthwatch Hartlepool's published Annual Report for 2021 – 22.

2. BACKGROUND

- 2.1 There is a local Healthwatch in every area of England. We are the independent champion for people who use health and care services. We find out what people like about services, and what could be improved, and we share these views with those with the authority to make change happen. Healthwatch also help people find the information they need about services in their area, and we help make sure their views shape the support they need.
- 2.1 The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch. This is underpinned by many other regulations, which give more detail about how activities should be undertaken.

3. PROPOSALS

- 3.1 Each and every year Healthwatch Hartlepool must publish an Annual Report by 30th June. This is a requirement under the Health & Social Care Act 2012. We articulate how we have been able to champion what matters to people and work with others to find ideas that work. We are independent and we do not represent ourselves, we publish our report as the voice of people. We aim to show we are committed to making the biggest difference to our communities. People's views always come first - especially those who find it hardest to be heard. As the only non-statutory body to have statutory responsibilities both nationally and locally, we have the power to make sure that those in charge of health and care services hear people's voices. As

well as seeking the public's views ourselves, we also encourage health and care services to involve people in decisions that affect them.

4. RECOMMENDATIONS

- 4.1 Members of the Health & Wellbeing Board are asked to comment on and note the Healthwatch Hartlepool Annual Report 2021 – 2022 (**Appendix A**).

5. REASONS FOR RECOMMENDATIONS

- 5.1 Local authorities must make provision for the following statutory activities and ensure their local Healthwatch publish an annual report:
- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
 - Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
 - Obtaining the views of local people regarding their need for, and experiences of, local care services and, importantly, to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England
 - Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
 - Providing advice and information about access to local care services, so choices can be made about local care services
 - Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
 - Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
 - Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

6. BACKGROUND PAPERS

- 6.1 None

7. CONTACT OFFICER

Mr Christopher Akers-Belcher
Chief Executive - Healthwatch Hartlepool

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Championing what matters to you

Healthwatch Hartlepool
Annual Report 2021-22



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Message from our Chairman



Hello everyone,

Here we are again, and another year passed since I last wrote about Healthwatch Hartlepool. It has been an extremely challenging year for us all, but I firmly believe we have successfully delivered our statutory duties by learning to adapt our work when faced with the ongoing Covid19 pandemic.

On a positive note, we have continued to engage with residents and our volunteer steering group digitally. Learning throughout the year has confirmed our belief that tackling loneliness & isolation needs to be highlighted as a priority as it is also engaging with those who are digitally excluded. We conducted a huge piece of work, which turned out to be our most successful engagement exercise to date focusing on residents’ concerns around GP Access. We even managed to fit in 2 regional consultations to gauge public opinion regarding both Community Mental Health Services & Dentistry.

We again actively celebrated ‘World Mental Health’ day by collaborating with the Mental Health Forum and a host of partners through some very successful engagements. These included Hartlepool Radio as a major supporter, inviting guests from organisations who have a link to mental health. Also, the Hartlepool Life local paper included a full-page article and Healthwatch dedicated space in their newsletter and on their social media site, as did Hartlepool Borough council. This site also included access for small organisations to use pod casts.

The Volunteer Steering Group remained active utilising weekly on-line meetings to carry out prodigious amounts of work and increase their own learning by welcoming guest speakers across the spectrum of Health & Social Care. I can absolutely confirm that apart from living within a pandemic, our work continues exactly as before.

I can report we are very healthy financially speaking. We are able to make economies of scale by judicious buying and prudent money management. Long may it continue.

I must thank all the Board members who give their time unstintingly and are always there to help when needed. We have all had to prepare for the new way of working that will come under the Health & Care Act 2022. My sincere thanks also go to our Chief Executive Christopher and staff team whose roles have had to adapt to a very new way of working but they have certainly risen to the challenge.

Healthwatch Hartlepool would be nothing without our volunteers. We couldn’t carry out the much-needed work without them, thank you. Their task over the next year will be to monitor our new work programme.

I am hoping it will be onwards and upwards in the next year and look forward to seeing you all at our next AGM.

Jane Tilly

Healthwatch Hartlepool Chairman



“The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities.”

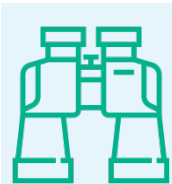
Sir Robert Francis QC, Chair of Healthwatch England



About us

Your health and social care champion

Healthwatch Hartlepool is your local health and social care champion. From the centre of town to the rural areas of the Borough and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.



Our mission

To make sure people's experiences help make health and care better.



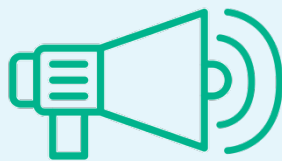
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



587 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

248 people

came to us for clear advice and information about topics such as mental health and access to primary care.

Making a difference to care



We published

4 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Accessing GP Services

which highlighted the struggles people have in accessing GP Practices by telephone to make an appointment in a timely and appropriate manner.

Health and care that works for you



We're lucky to have

Over 30

Outstanding volunteers, who gave up **over 200 days** to make care better for our community.

We're funded by Hartlepool Borough Council. In 2021-22 we received:

£116,500

Which is exactly the same as the previous 3 years.









We also currently employ

4 staff

None of whom are full-time, who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring	 <p>As a key participant in the work of Covid Champions we shared the most up to date information with our volunteers and across our network helping to combat COVID-19 & promote vaccinations.</p>	 <p>We alerted North Tees & Hartlepool NHS Foundation Hospital Trust It is quite alarming that there has been a reduction over the last year for diagnosis of dementia/delirium given the previous upward trend.</p> <p>The last year has brought into the public domain a greater need to address isolation as this can lead to the early onset of dementia and we felt we should flag this within our Quality Account response. It is hoped there is to be collaboration of health & social care partners to increase diagnosis going forward but also provide the much needed support patients require.</p>
Summer	 <p>We collaborated with all Tees Valley Healthwatch organisations to work with Tees, Esk & Wear Valley Mental Health Trust, which included an online survey, aimed at reshaping community based mental health services.</p>	 <p>We supported the national #BecauseWeAllCare campaign which saw 54,000 people come forward to tell us about issues they faced with services.</p>
Autumn	 <p>Teaming up with North Tees & Hartlepool NHS Foundation Hospital Trust we organised an event to promote the 'Active Hospital' work.</p>	 <p>We worked with all North East Healthwatch organisations urging the Government to act after reporting a 452% increase in people struggling to see an NHS dentist.</p>
Winter	 <p>With people struggling to see their GP face-to-face we launched our largest consultation exercise to date in order to scrutinise the population's ability to access a GP in a timely manner.</p>	 <p>To support the COVID-19 vaccination programme we worked with Public Health to promote vaccination clinics and circulated weekly messages across our contacts to help communities better understand the latest information around long covid.</p>

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve



Transforming Community Mental Health Services

Healthwatch Hartlepool embarked on a collaborative piece of work with their Tees Valley LHW neighbours to help Tees, Esk & Wear Valley Mental Health Trust transform the offer around Community Mental Health services. Our report provided an insight into what matters most to the people of the Tees Valley in terms of mental health support in the community.

The Tees Valley Healthwatch Network engaged over 900 people, including seldom heard groups, who all have a vested interest in an effective mental health offering. Many of the respondents in our engagement exercise had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms.



61% of people

we heard from told us the support they had been offered did help them.

The demographics of those sharing their experiences through our survey and attention to those areas of our communities which are often 'seldom heard' through our focus groups, created a well-rounded and diverse foundation for the report. Throughout the published report on <http://www.healthwatchhartlepool.co.uk/> you will find common themes, with the following areas cited by members of the public within the Tees Valley region as the most important factors for an enhanced mental health community-based offer:

- Better communication to the public of what is available in terms of wellbeing support.
- Awareness raising in communities to reduce the stigma of mental health.
- Easier access through local community venues or supporting transport needs.
- Greater accessibility for those who face physical and mental health challenges.
- Provision of more creative activity, exercise, and social activity groups.
- Shorter waiting lists.
- Longer therapy pathways – for example more than 6 sessions.
- Greater exploration of therapies rather than medication.
- More empathy, understanding, respect and awareness of mental health conditions.
- Supporting those who have caring responsibilities, to attend wellbeing sessions themselves: care for the carer.

The focus and desire to improve services and create a mental health offering effective for all was very much welcomed by those we engaged with. The survey upon which our report was built, was co-designed with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), and the report was shared and discussed with them to provide an insight into those areas listed above that would benefit from more attention. As your independent health and care champion, we continued our offer to work with TEWV, Hartlepool Borough Council, the Mental Health Forum and the Tees Valley Mental Health Alliance as they developed their new mental health offering, to ensure the voice of local people is listened to when designing health and care services.

What difference did this make

Our report was presented to the Tees Valley Mental Health Alliance and they said:



"We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services. Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the Alliance meeting held on the 15th October 2021 the partnership discussed the report and acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.*
- We will accept each other's assessments, so the individual does not have to repeat their story.*
- There will be no discharge - patients are able to access services in future if needed without having to be re-referred into services.*
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time*

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley."

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance



Additionally our report was presented to Hartlepool Borough Council and utilised in developing a Community Hub model for the delivery of future Community Mental Health Services.



"The Council's Adult & Community Based Services Committee received a presentation in March 2022 regarding Community Mental Health Transformation and recent developments within Hartlepool. This work had been informed by an extensive community consultation undertaken by Healthwatch organisations across the Tees Valley, which had received over 900 responses. The responses received had played a fundamental role in how services were being developed, and Elected Members welcomed the report and noted the positive feedback that was being received regarding the service changes. This is an excellent example of collaborative working that delivered real improved outcomes for local people, and the contribution from Healthwatch Hartlepool was much appreciated."

Jill Harrison: Director of Adults and Community Based Services



Experiences of Dental Care Services

Thanks to people sharing their experience of accessing NHS Dentistry with us over the last year, we've helped inform the Chief Dental Officer of the problems encountered and had our voice heard in Westminster.

The COVID-19 crisis has affected many areas of the NHS. One significant issue that local people raised was about access to dental care. Data from the Department of Health, highlighted that almost 1,000 dentists working in 2,500 roles across England and Wales left the NHS last year (source: BBC News, January 2022 <https://www.bbc.co.uk/news/uk-59874320>). This was having an adverse impact on members of the public being able to see a local dentist for both regular check-ups and where emergency treatment was needed. Not only had this been frustrating, but many people had been left in pain or discomfort as a result. Some individuals had been offered the option of having private treatment, but this was not affordable for many. Without improved access to NHS dental care, not only do people risk facing greater dental problems in the future, but it also puts pressure on overstretched hospitals and GPs.

Untreated dental problems can lead to pain, infection and the exacerbation of other health conditions such as heart and lung disease and stroke. This national picture was echoed in the North East of England, and Healthwatch Hartlepool had seen a significant increase in people's concerns around seeing a dentist. Throughout 2021 eight local Healthwatch (LHW) organisations in the North East reported that accessing NHS dental services was very difficult, whether registering with an NHS dentist, getting treatment or even getting treatment at a dental hospital. It also appeared that, even prior to Covid, NHS dentists were only funded to cover 50% of the population. With the need to now have lull time in the consulting room between patients due to Covid safe guidelines there was no longer the capacity within the system to meet this target, let alone deal with the backlog of appointments that didn't go ahead due to the lockdown. Eight LHW teams from the North East and North Cumbria Healthwatch Network agreed to undertake a joint project to understand the concerns of their respective local communities. Participating across the North East and North Cumbria Network were the Healthwatch Teams of Darlington, Gateshead, Hartlepool, Newcastle, North Tyneside, Northumberland, South Tees & Stockton.



74% of people

We heard from found it difficult to find an NHS Dentist.

The aim of our study was to determine whether accessing NHS dental services was being raised by a small number of people having a problem or whether it is a more widespread issue. A total of 795 people took part in our surveys so we knew it was a widespread issue. We then used our findings to:

- Influence the North East and North Cumbria Integrated Care System (NE&NC ICS), local service providers, and NHS England to improve access to NHS dentistry.
- Inform the national picture through sharing our findings with Healthwatch England who are calling for reform of the NHS dental contract alongside the British Dental Association (BDA).
- Support improved information for patients regarding NHS dentistry.

What difference did this make

The following testimonials were provided to Healthwatch Hartlepool following publication of our report:



"At Healthwatch England, since we were set up we have seen that some areas of England experienced severe problems with access to NHS dentistry. We heard from Healthwatch Hartlepool about how few practices were accepting NHS patients and the impact that this was having on patients, particularly parents with young children.

The information we received was shared with the Chief Dental Officer and used as the basis of our reports about the problems people faced with the accessibility and affordability of NHS dentistry. Our research was mentioned in a Westminster Hall debate, and we can only achieve that level of prominence.

Healthwatch Hartlepool's Mythbuster, also produced with other Healthwatch in the region, provided practical support to patients trying to access NHS dental treatment. The joint report on Experiences of Dental Care Services produced earlier this year set out clearly how dentistry was facing both longer-term structural issues as well as shorter-term problems caused by the pandemic, leading to many people being unable to access the services they desperately need.

We have seen some progress in the reform of the dental contract and, more recently, saw an additional £50 million made available to improve access to NHS dentistry. The insight from Healthwatch Hartlepool and the wider network has been a vital part of making that happen. We can be very certain that Healthwatch Hartlepool will make sure that dentistry is kept high on the agenda, and will ensure that local people's voices are heard."

NHS England and NHS Improvement stated:

'I can confirm that from an NHS England, local Dental Commissioning Team perspective the North East Healthwatch 'myth busting' leaflet has been extremely useful in helping to improve patient, public and local politicians understanding around the most common myths and mis-understandings relating to NHS dentistry.

It is clear and easy to read and as such we have used it to supplement responses we have made as an organization to enquiries we have received.'



Making it easier to get access to GPs

Thanks to people sharing their experiences accessing GP's, we have helped the Tees Valley Clinical Commissioning Group (TVCCG) identify the problems patients constantly experience and pushed for improvements.

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

Healthwatch Hartlepool recognises that many people in Hartlepool are significantly affected by health inequalities and high levels of ill-health. The delivery of supportive and accessible GP services in the town is vitally import and we wanted to drill down into up-to-date experiences of the population across Hartlepool. The response to our consultation (269) demonstrated the strength of feeling amongst patients about these issues.

Our survey and consultations highlighted two key areas of concern:

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

Overall findings from our survey and consultation activities are contained in the published report at <http://www.healthwatchhartlepool.co.uk/> Here you will find our summary of findings and the feedback from individual practices across the town.

Our consultation ran from 21st February until 18th March and had the highest level of response than any other consultation/engagement undertaken conducted in the last 9 years.



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

Christopher Akers-Belcher – Chief Executive Healthwatch Hartlepool



What difference did this make

Due to our call for change, Tees Valley Clinical Commissioning Group are in the early stages of working with us to implement the following recommendations:

- All GP practices in Hartlepool should review current appointment processes and in particular their effectiveness in enabling patients to access appointments/consultations quickly. Hartlepool and Stockton Health (HASH) should provide support as appropriate.
- Practices should make extended times available for patients to phone and book appointments, the introduction/re-introduction of on-line bookings and evening/weekend arrangements.
- Patients must be involved in the review process and be consulted about proposed changes to appointment processes.
- All practices should introduce texting services for Deaf patients to use to book appointments and general communication.
- All key practice information must be available in accessible formats appropriate to the needs of patients with sensory impairments and other conditions and disabilities.
- The availability of face-to-face appointments should be reinstated as quickly as possible in line with government guidelines and safety considerations.
- Practices introduce/re-visit staff training to increase awareness of the communication needs and preferences of different patient groups (Deaf, visually impaired, people living with dementia, learning disability etc).
- Practices ensure that information dissemination systems are as effective as possible, and that patients are fully informed of all appointment (including out of hours) and prescription services and arrangements.

These changes will have a significant impact for people who rely on reliable and equitable access to their GP. It's a great example of the positive changes that can happen when people speak up, and services listen.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

As part of our consultation to reshape the future of Community Mental Health services we commissioned a special video utilising British Sign Language (BSL). This highlighted our ambitions and invited our Deaf/Hard of hearing to their own focus group so they could actively be involved in our research. We also collated 'lived experiences' from service users at other seldom heard focus groups to help shape our recommendations.



Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

We have worked alongside the North East Commissioning Support unit & Hartlepool Borough Council's Audit & Governance committee to give meaningful advice to a local GP practice to shape the additional patient & public engagement required when it was proposed to close a GP Practice located at Hartfields extra-care retirement village. At the time of writing this report we were actively involved in supporting this further engagement with patient groups, which should enable them to collect the views of local people directly and make recommendations for the future service based on rich data.

"On behalf of the Audit and Governance Committee, I would once again like to thank Hartlepool Healthwatch for its commitment to the work of the Committee.

2021/22 has been a very challenging time for all areas of service provision as we continue to deal with the ongoing impact of the Covid-19 pandemic. Healthwatch has been an essential source of local views, comments and concerns for the Committee in fulfilling its statutory responsibility to scrutinise service provision for residents of Hartlepool and proposals for service change.

Healthwatch input this year has been especially important in informing scrutiny of the proposed closure of the Hartfield's Medical Practice. In addition to this, representatives from Healthwatch have also been actively involved in the Committee's activities to scrutinise provision across a breadth of other health services areas, as detailed below.



- *Accessibility of Council Services to People with Disabilities and Lifelong Conditions;*
- *Pharmaceutical Needs Assessment Review;*
- *Quality Accounts across provider Trusts;*
- *Progress updates in relation to the provision of Assisted Reproduction Services and the Midwife Led Birthing Unit in Hartlepool; and*
- *Complaints (via the Independent Complaints Advocacy Service).*

As we move into the new municipal, the knowledge and experience of Healthwatch members will continue to be essential in supporting the activities of the Audit and Governance Committee in effectively scrutinising the challenges facing health service provision.

We look forward to working together over the coming year."

Councillor Rob Cook
Chair of the Audit and Governance Committee



Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

For several years there has been the overwhelming desire from the public for Hartlepool children to be born safely at Hartlepool Hospital. Working alongside the Council's Audit and Governance Committee & North Tees and Hartlepool NHS Foundation Trust we championed this cause and eventually the Hospital Trust launched the Rowan unit in Hartlepool as a Midwifery Led Birthing Unit.

"North Tees and Hartlepool NHS Foundation Trust has subsequently been shortlisted for a major award. The Trust's Rowan Team has been shortlisted for the 2022 Parliamentary Award in the Nursing and Midwifery category. The University Hospital of Hartlepool's Rowan suite opened during the height of the pandemic and brought births back to Hartlepool. The state-of-the-art birthing suite which includes a water pool, active birthing room and individual rooms with a 'home from home' feel, has welcomed 50 babies since opening in 2021.



The Rowan Team - Hartlepool Hospital

Beating more than 700 competitors to be named the regional winner in the Nursing and Midwifery category, the Rowan Team are excited to be in the final national shortlist."

Advice and information

If you feel lost and don't know where to turn, Healthwatch Hartlepool is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need



Signposting people who need an advocate

Healthwatch Hartlepool has a successful and long-standing agreement with the North East NHS Independent Complaints Advocacy (ICA). We have helped many people access an advocate across the full spectrum of Health Services when they felt they had nowhere else to turn for help & guidance. With the arrival of the pandemic, we quickly realised that patients could be left without support and we made sure this didn't happen.

"The relationship North East NHS ICA has with Healthwatch Hartlepool has gone from strength to strength over the many years we have worked together. The last 12 months have been challenging for us all and we have had to find and develop new ways of working, which have proven to work well and will be here to stay for many of us. The continued support from the Healthwatch Team has enabled our advocacy service to be present, accessible and available to the residents of Hartlepool, whatever their situation or circumstance. We look forward to the year ahead and continued partnership work"

Sue Ewington – Advocate North East NHS ICA

Hartlepool Hospital – Vision for the future

In February 2022 Healthwatch Hartlepool collaborated with North Tees & Hartlepool NHS Foundation Hospital Trust and hosted a very successful event to showcase the Hartlepool Locality Provision. Key senior staff from the Trust gave an overview of current services and their vision for the future of our hospital.



The presentations covered Maternal Health/Birthing Unit, the Children's Hub, Outpatients, Urgent Care, the Community Diagnostic Hub, the Holdforth Community Hub and gave key examples around Hartlepool being a Centre of excellence for Elective Surgery.

The Trust further explained their vision is to enable people and communities to look after themselves and remain well, independent and healthy, but when needed offer care and support at or close to their homes, in a way that identifies issues early, resolves them quickly and prevents or supports people going into hospital on a planned or emergency basis.

This event followed a previous successful event (October 2021) with the Hospital Trust focusing on their work around 'Active Hospital'. Detailed information was provided to promote the benefits of physical activity. This is a collaborative system approach across health, social care & the voluntary sector.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Hartlepool. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped drive our patient and public engagement agenda by promoting our surveys with family, friends and other Voluntary & Community Sector groups that they attend.
- Worked with our Development Officer Stephen Thomas in developing virtual Enter & View activity.
- Provided leadership by Chairing Hartlepool's Mental Health Forum.
- Represented Healthwatch Hartlepool at the Health & Wellbeing Board and the Council's Audit & Governance Committee.
- Continued to help with the relaunch of the town's 'Chatty Café's' in the Central Hub as part of work to tackle loneliness & isolation.



Margaret Wrenn – Chair Volunteer Steering Group

“The past year has been challenging yet again. Although we have managed to keep up with our training and refresher training, usually via zoom meetings, we have been restricted in carrying out our usual Care Home visits, visits to GP surgeries, Pharmacies or Dentists. We have carried out one visit this past year, to a Care Home, which was a virtual one.

Another problem has been signposted to us recently, and that is the difficulty patients are having to be able to access ear syringing/microsuction, because a number of GP surgeries no longer offer this service within their practices.

Specsavers in Hartlepool, who have the contract to supply and fit hearing aids, have advised a six-month waiting list for the procedure to be carried out in their stores. This is difficult to understand because the isolation that can be felt whilst deaf due to the presence of wax in the ears, can cause untold distress to those so afflicted, and hearing aids cannot be fitted whilst there is wax in the ears”

Zoe Sherry – Lead member for Mental Health

“The last year has been a very difficult year, in that our usual ways of communication have been disrupted by the covid19 pandemic. We have had to refine and change to meet the challenge. Some of the changes that were forced upon us have been surprisingly positive. We have been able to widen our field of contacts and were able to have some meaningful collaboration with more organisations than ever before, some of which were new to us.

The Mental Health Forum in collaboration with Healthwatch Hartlepool was able to use their public forum to update information about changes within the mental health arena, and about activities that had been introduced to manage and combat covid19. Members acted as a catalyst to other organisations not normally within easy reach.

Sadly, we were unable to hold our annual World Mental Health Day event. Despite this setback we were determined to continue with meaningful communication, so we had to be innovative.

Hartlepool Radio was a major supporter, inviting guests from organisations who have a link to mental health. These people were allocated slots on the morning show during mental health week. This was very successful.

The Hartlepool life local paper included a full-page article and Healthwatch Hartlepool dedicated space in their newsletter and on their social media site, as did Hartlepool Borough Council. This site also included access for small organisations to use pod casts.

We were able to have multimedia mental health information in a cartoon format, in easy read, and various other formats accessible to many people.

This year we again produced customised shopping bags, a joint production from Healthwatch Hartlepool and the Mental Health Forum containing useful information from several organisations, also a customised trolley key, these were distributed via Pharmacies, many going to a new audience.

We have refreshed the Healthwatch mental health leaflet to try to include as much information and access to services as we can.

Once again, we were offered a unit in the shopping centre. This year it displayed artwork. The artwork was from a competition, using a project by a local primary school. Their subject being “how their local environment affects their mental health” The pictures were judged, and prizes awarded. The standard was high and there were several winners. The outright winner is to be our poster next year

An outcome of the art competition is that it had led to closer working with the Mental Health Forum. It was possible to support the school with information and access to various services and people in relation to the various forms of disability

The Forum was also asked to have a representative on the covid resilience panel that allocated funding to organisations responding to the covid challenge

So overall the world has changed, and keeps changing, but we hope that we are changing with it. We have proved our resilience and that our plans are flexible. We are planning for next year and hope to bring even more opportunities to promote and support mental health. Keep watching and listening and we hope to see you again soon.”



"It has been a very difficult but productive year, special thanks once again to the staff and volunteers at Healthwatch Hartlepool for their continued support, professional challenge and curiosity. The service has been instrumental in its involvement with the development of the Hartlepool mental health plan and support to the Tees Valley Mental Health Alliance in shaping future services. Healthwatch Hartlepool continue to support the actions following a review of the joint sensory loss plan and their contribution has helped shape the work of the Teeswide safeguarding Adults Board."

Neil Harrison – Head of Safeguarding and Specialist Services



Carol Sherwood – Director of Board

"I have been a member of Healthwatch Hartlepool & formerly Hartlepool Local Involvement Network (LINK) since 2008. I have been in the Volunteer Steering Group for many years and Director of the Board for the last two years. I have been involved in many pieces of work within Healthwatch Hartlepool's work programmes over the years. It's wonderful that after Covid restrictions we are now able to resume our work to a higher degree and progress with our Enter and View. Also, our work on Isolation and loneliness, a problem which has increased throughout the pandemic throughout this time. We have been busy collecting information regarding dentistry and GP Access specifically appointments. I have been attending the Dementia forum meetings regularly and I'm looking forward to the Dementia awareness week which is held in May of every year. Lots of events are planned to take place across the town and I'm sure will be enjoyed by all. We have a planned face to face Enter and View again very soon too. Then we are to look at the Hospital discharge problems reported to Healthwatch Hartlepool over our next year of work."

Bob Steel – Volunteer

During the first year of the Covid pandemic Healthwatch Hartlepool worked hard to ensure that we kept in touch with our volunteers. An important part of this process was the introduction of weekly virtual coffee mornings which allowed us to –

- Engage regularly with volunteers and hear their stories.
- Update and inform volunteers on developments around Covid and other health and care issues.
- Enable volunteers to access social and emotional support from one another.

As Covid restrictions started to ease from April 2021 we consulted with volunteers who told us they no longer felt there was a need for weekly Coffee Mornings. However, they did see real value in continuing with events on a monthly basis. This was particularly so for those volunteers who were in a high-risk category, for whom there was still an imperative to minimise social contact. Also, from an operational perspective, continuing to run virtual Coffee Mornings has allowed us to enhance the ways through which we communicate and engage with our volunteers and wider partners.

During the year we have continued to invite guest speakers to our virtual Coffee Mornings. They have continued to provide our volunteers with valuable updates on a wide variety of health and care issues from local, regional and national perspectives.

This year our guest speakers included –

Neil Harrison (Head of Safeguarding and Specialist Services, Hartlepool Borough Council)

Karen Hawkins (Associate Director, Tees Valley NHS CCG)

Jane Harvey (Service Implementation and Peer Support Manager, Tees Local Pharmacy Committee)

Emilee De Bruijn (Chair, Hartlepool Baby Bank)

Delana Lawson (Quality Assurance and Regional Manager, Healthwatch England)

"The virtual Coffee Mornings help me keep in touch with what is going on at Healthwatch Hartlepool as well as providing useful insights into what is happening in the health and care sector in the town"



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



www.healthwatchhartlepool.co.uk



01429 288146



yoursay@healthwatchhartlepool.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding from Council	£116,150	Staff costs	£118,136
Additional funding	£15,390	Premises	£12,755
		Operational Costs	£10,762
Total income	£131,540	Total expenditure	£141,653

Surplus expenditure relates to contingent liability in respect of year 20/21

Top three priorities for 2022–23

1. Review the implementation of the National Policy & Operating Model in respect of Hospital Discharge & Community Support.
2. Undertake a series of ‘Enter & View’ visits across a number of Nursing/Care homes in Hartlepool.
3. Continue to work with Tees, Esk & Wear Valley NHS Mental Health Trust, the Mental Health Forum and Hartlepool Borough Council to closely monitor the impact of the ongoing reconfiguration of Community Based Mental Health Services.

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our goal is to help reduce these inequalities by making sure your voice is heard, and decision makers reduce the barriers you face, regardless of whether that’s because of where you live, income or race.

Statutory statements

About us

Healthwatch Hartlepool, 1st Floor 'Greenbank', Waldon Street, Hartlepool, TS24 7QS

Charity Number: 1165402

Healthwatch Hartlepool uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

If you need any of our publications in an alternative format please contact us.

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Website: www.healthwatchhartlepool.co.uk



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Hartlepool board consists of 5 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 7 times and made decisions on matters such as their Annual Report to the Charities Commission and a comprehensive review of our Finances.

We ensure wider public involvement in deciding our work priorities. During the last year we have promoted national & regional consultations and reported our involvement to Healthwatch England. We have utilised this intelligence and our own town-wide surveys to help shape our future work programme. Our lead member for Mental Health is Chairman of Hartlepool's Mental Health Forum and we also utilise our patient & public involvement officer to facilitate contact with the Independent Complaints Advocacy Service (ICA).

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, and in person. We can be accessed too via our website. We have attended some of our meetings virtually but also attend a vast array of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, by hosting specific Focus Groups with the Deaf & Blind Community, LGBT Community and the 50+ Forum.

We always ensure that this annual report is made available to as many members of the public and partner organisations as possible. We also publish it on our website www.healthwatchhartlepool.co.uk.

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we made only limited use of our Enter and View powers. Consequently, we only were able to undertake one virtual visit to a care home and the single recommendation was simply to be commended for the way it has maintained a high standard of care for residents during an extremely difficult and distressing time.

There were no issues or recommendations escalated by Healthwatch Hartlepool to Healthwatch England Committee and so no resulting special reviews or investigations but there was one single case that had to be referred to the Care Quality Commission (CQC). This was subsequently investigated locally by the Local Authority.

Health and Wellbeing Board

Healthwatch Hartlepool is represented on the Hartlepool Health and Wellbeing Board by both Christopher Akers-Belcher our Chief Executive and Margaret Wrenn who is both a Director of Healthwatch Hartlepool and the Chair of our Volunteer Steering Group. During 2021/22 our representatives have effectively carried out this role by attending the Board and actively participating in the scrutiny, probity and challenge of reports presented:

Project / Activity Area	Changes made to services
Organisational Change	
ICS Updates	
Partner	
Healthwatch Hartlepool Annual Report (Healthwatch Hartlepool CIO)	
Clinical Commissioning Group Annual Report 2020/21	
Mental Health Update – Hartlepool Mental Health Forum	
Community Mental Health Transformation Project – <i>Programme Manager, Community Transformation Tees Valley</i>	
Dentistry: – Update on NHS General Dental Access – Presentation – <i>NHS England and NHS Improvement; and</i> – Accessing Dentistry Consultation Report – <i>Healthwatch Hartlepool</i>	
Covid-19	
Covid-19 Update	
Heath and Wellbeing Board Terms of Reference – Review	Implementation of local Covid-19 outbreak control arrangements via: – Incorporation of the role and duties of the Outbreak Control Engagement Board in to the activities of the Health and Wellbeing Board; and – Establishment of the Health Protection Board.
Care Quality Commission (CQC) Inspectional and Review (TEWV)	
Covid Champion Scheme	Covid Champion Network established as part of the Covid-19 response. The network of Covid Champions (across all sectors, residents and businesses) supported and informed the Council's Covid -19 response.

Operational Items	
Pharmaceutical Needs Assessment (PNA)	<p>Fulfilling the HWB responsibilities in line with the requirements of the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, specifically:</p> <ul style="list-style-type: none"> - Review and approval of the 2022 PNA. Fulfilled the HWB's statutory role in relation to the of the HWB to review Hartlepool's PNA; and - Publication of Supplementary Statement to the PNA as required.
SEND (Special Educational Needs and Disabilities) Improvement Plan Progress and Annual Report	
Better Care Fund Update	
Director of Public Annual Report	
Communications and Engagement Strategy	Approved strategy as referenced in the HWB terms of reference.
Hartlepool and Stockton-on-Tees Safeguarding Children Partnership Annual Report 2020-21	
Teeswide Safeguarding Adults Board Annual Report 2020-21 – <i>Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board</i>	
Better Care Fund Plan 21/22 – <i>Director of Adult and Community Based Services</i>	
Public Health Review	
Face the Public	Identification of requirement for process review.
Update Reviewed Health and Wellbeing Strategy (HWS) Priorities and Development of a 'Place Based Plan'	

"In February 2022 Healthwatch Hartlepool and key stakeholders presented a report to the Hartlepool Health and Wellbeing Board, its findings were based on the views of local people and have helped to shape the future direction of travel for Community Mental Health. Healthwatch Hartlepool engaged locally with a number of people in one of its largest consultation exercises, a testament to its continued support in particular to the 4 seldom heard groups; Older People, the Deaf community, the Blind & Visually Impaired community and the LGBT community. Without their insight it would have not been possible to provide the evidence required to affirm change."

Councillor Shane Moore – Chairman Hartlepool Health & Wellbeing Board



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HEALTH AND WELLBEING BOARD

5th September 2022



Report of: Director of Public Health

Subject: JOINT HEALTH AND WELLBEING STRATEGY
REVIEW

1. PURPOSE OF REPORT

- 1.1 To seek the Health and Wellbeing Board's (HWB) approval for a review of the:-
- i) Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS); and
 - ii) Operation of the HWB and make recommendations for any changes to how the board operates.

2. BACKGROUND

- 2.1 The Health and Wellbeing Strategy outlines how the partners in the Health and Wellbeing Board aim to improve the health of and reduce inequalities in the population of Hartlepool. The Health and Social Care Act (2012) established Health and Wellbeing Boards as statutory bodies and with responsibility for developing a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS) for their area.

- 2.2 The current HWS was published in 2018 and runs until 2025. It is included in Appendix One. It has an overarching vision and ambition:

***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.*

- 2.3 The priorities are:

Starting Well – All Children and young people living in Hartlepool have the best start in life.

Working Well - Workplaces in Hartlepool promote and support healthy living.

Ageing Well – Older People in Hartlepool live active and independent lives and are supported to manage their own health and wellbeing.

Living Well – Hartlepool is a safe and healthy place to live with strong communities.

Dying Well – People in Hartlepool are supported for a good death.

2.4 The principles and values are outlined in figure one below.



Figure One: Health and Wellbeing Strategy Values and Principles

2.5 The main aims of the strategy are to:

- Tackle complicated problems which cannot be solved by any single agency.
- Commit a wide range of partners to working together to explore local issues and challenges, agree priorities to respond collaboratively, using collective resources.
- Be informed by the JSNA that uses data, intelligence and evidence to identify the current and future health and social care needs of the population in Hartlepool.

3. PROPOSALS

- 3.1 The Joint Health and Wellbeing Strategy has within it, a provision for review after 3 years. This was due in 2021 but could not be reviewed due to the COVID pandemic. It is therefore an opportune time to review the strategy.

Drivers for Change

- 3.2 The COVID-19 pandemic has had an impact on not only the health of our population but also the health inequalities. The pandemic has driven changes in the way people use services, in the health issues people are challenged by and we have seen an increase in conditions related to, for example, mental health. It is for this reason it is appropriate to review the strategy.
- 3.3 The development of the Integrated Care Boards (ICB) has also led to a need to review local Health and Wellbeing strategies. It makes sense to ensure that the strategy is aligned with the strategic aims of the ICB. These are listed in Figure Two.



Figure Two: ICB Strategic Aims

Joint Strategic Needs Assessment

- 3.4 The Joint Strategic Needs Assessment (JSNA) informs the Joint Health and Wellbeing Strategy and uses local knowledge and evidence alongside national and local statistics to enable the Health and Wellbeing Board to understand the needs of the population. The Hartlepool JSNA was last refreshed in 2019/20. The changes in government policy and the post-pandemic challenges mean that there is merit in considering a refresh of the JSNA. Early discussions have been held with the Tees Valley local authorities to develop a coordinated structure for the JSNAs which will then be presented at a local level. The intention is then to refresh the JSNA on an ongoing basis so that it remains up to date and relevant.

Health and Wellbeing Board

- 3.5 The Health and Wellbeing Board has a collective responsibility for improving the health of the local population. At the same time as reviewing the Joint Health and Wellbeing Strategy, it would be appropriate to review how the Health and Wellbeing Board operates to ensure it is still fit for purpose in the changed system. This will need to be discussed by the board, however suggestions for review include the performance management of the Joint Health and Wellbeing Strategy and ensuring that collaborative working is fit for the changing system.

4. RISK IMPLICATIONS

There are no risk considerations.

5. FINANCIAL CONSIDERATIONS

There are no financial considerations.

6. LEGAL CONSIDERATIONS

There are no legal considerations.

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

There are no equality and diversity considerations.

8. STAFF CONSIDERATIONS

There are no staff considerations.

9. ASSET MANAGEMENT CONSIDERATIONS

There are no asset management considerations.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 10.1 There are no environment, sustainability and climate change considerations

11. RECOMMENDATIONS

- 11.1 That the Health and Wellbeing Board approve a review of:-

- i) The Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy; and
- ii) The operation of the HWB and make recommendations for any changes to how the board operates and its Terms of Reference.

12. REASONS FOR RECOMMENDATIONS

- 12.1 The COVID-19 pandemic has driven changes in the way people use services, in the health issues people are challenged by and an increase in conditions related to, for example, mental health. It is for this reason it is appropriate to review the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment. It was also, at this time, appropriate to review how the Health and Wellbeing Board operates to ensure it is still fit for purpose in the changed system.

13. BACKGROUND PAPERS

Hartlepool Health and Wellbeing Board – Terms of Reference

Joint Strategic Needs Assessment

The Health and Social Care Act (2012) -

<https://www.legislation.gov.uk/ukpga/2012/7/contents>

Joint Health and Wellbeing Strategy -

https://www.hartlepool.gov.uk/info/20015/social_care_and_health/685/joint_health_and_wellbeing_strategy

Guidance - Joint Strategic Needs Assessment and joint health and wellbeing strategies explained (Department of Health - 2011)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

14. CONTACT OFFICERS

Craig Blundred, Director of Public Health,
Hartlepool Borough Council

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Hartlepool Joint Health and Wellbeing Strategy

2018 - 2025

Our vision and ambition

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.

Our Purpose - why do we need a 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.

Hartlepool Health and Wellbeing Board (HWB) is a committee of the Council with the mandate to address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The JHWS is a strategic document outlining how Hartlepool Borough Council (HBC), NHS Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) and other partners, through the HWB, will fulfil this mandate.

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.



About Hartlepool

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 17 wards in Hartlepool amongst the 10% most deprived in the country.

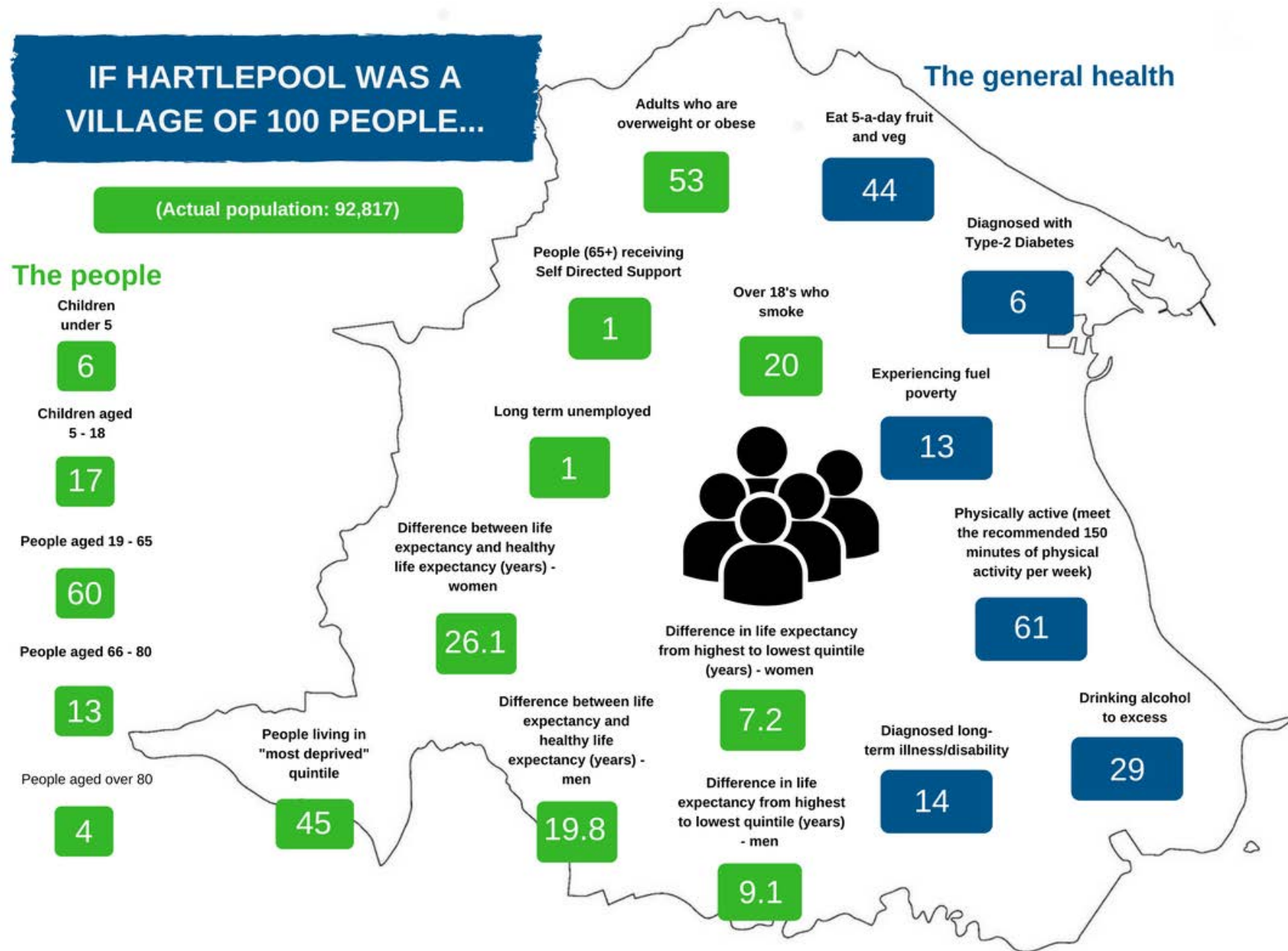
Hartlepool HWB is committed to working together with the people of Hartlepool to improve health and wellbeing of residents. At a time of increasing demand on services and pressures on funding, it is even more important to make sure we are a healthy Borough by supporting people to take responsibility for their health, and that services are delivered efficiently, targeting them towards those who need the most help. In Hartlepool, the areas where the most vulnerable members of our population live reflect the areas with the highest deprivation.

The HWB has previously had a JHWS that was jointly implemented by the partners and runs to an end in March 2018. The previous strategy was based upon the principles of the Marmot Review (2010) and focused on protecting and improving the health of the population through a range of evidence based interventions. In order to ensure that the strategy is fit for purpose and effectively reflects local priorities, the Board took the decision to revise the strategy. The Board intends to focus on a few key priorities that will make a difference to the lives of the people who live and work in the Borough, over the next seven years, in order to get it right for our population.

Hartlepool also has other key ongoing programmes such as 'Hartlepool Matters' and the 'Sustainability and Transformation Partnership (STP)' that are concurrently shaping the future of health and wellbeing in our Borough. The implementation of this revised strategy, together with these ongoing programmes and other projects that are led by the Voluntary and Community Sector (VCS) will contribute to achieve the priorities outlined in this strategy. However, we are mindful that our residents are our greatest assets and we will work in collaboration with our communities to make maximum use of our community assets and to help shape our local policies and planning levers to achieve improved health outcomes in the Borough.



Key facts



What our residents say

In developing this strategy, steps were taken to ensure that the strategy focuses on the issues that residents consider to be of importance to them. Findings from an online survey together with face to face workshops held in community venues and with bespoke groups were used to determine the actions that will be delivered through the strategy. We were keen to include the voice of marginal groups in our population. Separate workshops were therefore held with Asylum seekers, VCS organisations and members of the youth council to seek their views. In addition consideration was given to findings from various other pieces of work across the local authority and its partners. Examples of this work include:

- The Young Future's Project, undertaken by the Youth Parliament and Hartlepool Healthwatch in partnership with York University, that engaged with young people around their experiences of health and social care and to understand their experiences and expectations for ongoing development of services. The project focused on mental health and emotional wellbeing;
- Healthwatch Hartlepool survey (2017) on access to services for people with impaired hearing;
- A Consultation Workshop on 'Future in Mind', led by the Children's Strategic Partnership. The aim of the workshop was to develop an integrated mental health offer for children and young people that incorporate the five ways to wellbeing; and
- Asylum seeker and refugee consultation undertaken by Healthwatch Hartlepool (2015).



Get involved - help shape health and wellbeing in Hartlepool!



People who live and/or work in Hartlepool are invited to air their views to help shape the health and wellbeing of the town.

The strategy (2018-2025) will set priorities to inform 'what' and 'how' our health and wellbeing could be improved to best meet Hartlepool's needs.

There was an acknowledgement by residents of the need to ensure that longer term and sustained prevention programmes are put in place and that collective action by residents, voluntary and community, private and public sector organisations should be promoted to implement the strategy. They also highlighted the importance to identify and target vulnerable and at risk groups in order to reduce inequalities and to use our current community assets for health, care and wellbeing to facilitate implementation.

Our priorities

The HWB considered our achievements from the previous strategy, findings from the JSNA and local intelligence from partners and agreed four main priority areas to focus on during the lifetime of this strategy – **Starting, Working, Ageing and Living Well**. After our consultation with the general public we have added an additional priority – **Dying Well**.

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 those who are in difficulties. We want to prevent children and young people from developing emotional problems; having to live in poverty, or 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 promote and support healthy living.

Access to fulfilling work has an impact on people's wellbeing. Economically, fulfilling work provides a secure income and can offer a sense of purpose and social connection. 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 to sustain healthy lifestyle choices. Hartlepool has a higher than average number of people with learning disabilities in employment. We want to sustain this achievement and we also want to work with our communities to support young people and people with limiting ill-health 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 20 years for males; and 26 years for females) are lived with poor health and wellbeing. We want to support people to develop and maintain health and independence as long as possible. 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 lifetime 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. We want to support people in Hartlepool to take steps to avoid premature deaths.

Dying Well – People in Hartlepool are supported for a good death.

Despite the fact that all of us will die one day, some of us will experience death suddenly or prematurely; others will die after a period of illness or frailty, which can sometimes be protracted over time. We want to engage our communities so that people from Hartlepool are supported to die with dignity, compassion and that relevant support is available to carers to deal with dying and death.

OUR STORY: WHAT DO WE NEED TO BE MINDFUL OF?

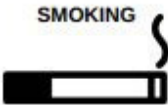
Green = progressing in the right direction | Blue = requires improvement

Living well



1 out of every 2 mothers initiate breastfeeding - up 6%

44 out of every 100 people eat five portions of fruit and veg a day - lower than the national average



1,922 per 100,000 successful quitters at 4 weeks in Hartlepool

1 out of every 5 adults over 18 smoke - higher than the national average



30 per 100,000 children killed or seriously injured in road traffic accidents



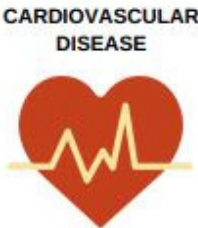
In 2015/16, 61 out of every 100 adults completed 150+ minutes of exercise per week

27 out of every 100 adults is physically inactive



6 out of every 100 adults in Hartlepool has diabetes

1,700 Hartlepool people estimated to be living with diabetes, but remain undiagnosed



8,411 eligible people aged 40 - 74 received an NHS Health Check in 2013-16

An average of 221 people in Hartlepool aged under 75 die each year due to cardiovascular disease

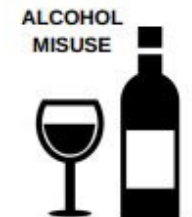


Just 1 person per 1,000 homeless



1,900 successful lung health checks completed

1,250 people estimated to be living with COPD without knowing



36 per 100,000 under 18s admitted to hospital for alcohol specific conditions

62 per 100,000 alcohol-related mortality amongst Hartlepool residents

Starting well

SCHOOL READINESS



7 out of every 10 children achieve a good level of development by the end of reception

97 out of 200 pupils achieve 5 A* - C at GCSE - lower than the national average

SEXUAL HEALTH



The number of teenage conceptions has reduced significantly since 2010

The rate of under 16 conceptions in Hartlepool is 5.9 per 100,000 - above the national average

Working well

EMPLOYMENT



32 out of every 200 adults with learning disabilities are in employment

5 out of every 100 of Hartlepool's 16-18 year olds not in education, employment or training - above the national average

INCOME



8,700 households do not have a working adult

24 out of every 100 adults in Hartlepool experiencing income deprivation

Ageing well

VACCINATIONS



7 out of 10 adults over 65 receive the flu vaccination annually

6 out of 10 eligible people receive the pneumonia vaccination annually

INJURIES



321 emergency hospital admissions due to falls in people aged 65 and over - below the national average

Dying well

DEATHS



Excess winter deaths index = 25.9 compared to 24.6 in England

4 out of 10 deaths occur at home - lower than the national average

DEATHS FROM CANCER



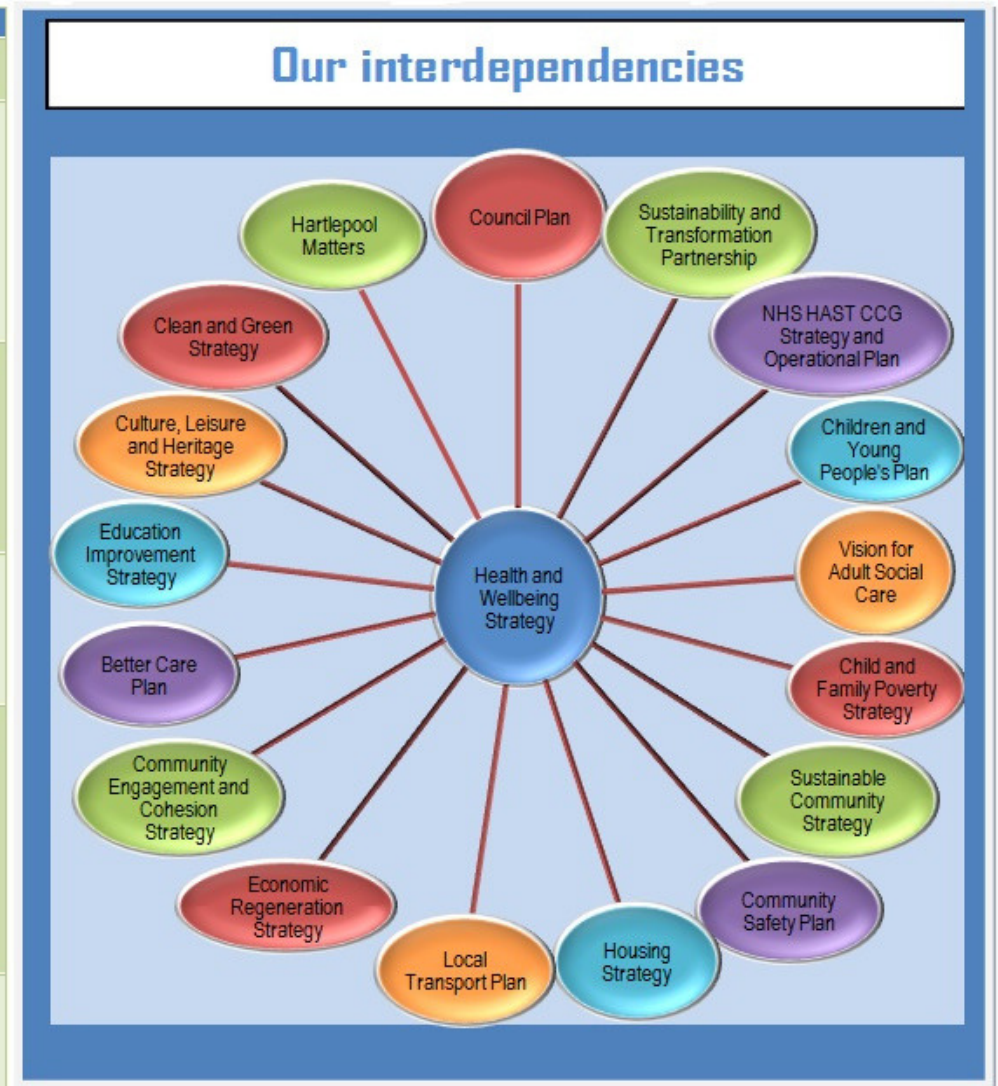
1345 per 100,000 rate of deaths from cancer aged 65+

784 per 100,000 rate of deaths from respiratory disease aged 65+

Our plan for delivery – current and ongoing

Majority of the priority actions identified by our residents are already being worked on by partners and is inter-dependent on the delivery of a number of town wide/Tees/regional strategies, policies and plans. We will continue to align our business with implementation of these strategies, policies and action plans.

Priority Outcomes	Actions already in Progress		
	Improving Health and Care Services	Improving Health & Wellbeing	Protecting Health
Starting Well	<ul style="list-style-type: none"> *Improve access for emotional wellbeing and Child and Adolescent Mental Health Services (CAMHS) 	<ul style="list-style-type: none"> *Implement programmes that promote emotional wellbeing and resilience *Improve school readiness, educational attainment and aspirations for children and young people *Implement parenting programmes 	<ul style="list-style-type: none"> *Promote healthy relationships through education, early help and support *Promote uptake of childhood immunisations in deprived wards
Working Well	<ul style="list-style-type: none"> *Implement workplace based screening programmes to improve health and wellbeing and improve access to health services *Implement workplace wellbeing accreditation and charter schemes for businesses and organisations 	<ul style="list-style-type: none"> *Improve training and employment for people with disability/mental health/long-term conditions *Provide training and employment for young people *Implement programmes to reduce poverty 	<ul style="list-style-type: none"> *Promote uptake of vaccinations for at risk professional groups e.g. health and social care *Promote uptake of vaccinations for people with long-term conditions
Ageing Well	<ul style="list-style-type: none"> *Provide integrated health, care and wellbeing packages *Improve access to health, care, mental health and wellbeing services 	<ul style="list-style-type: none"> *Implement networking initiatives to reduce social isolation and loneliness *Implement and strengthen programmes that provide support for carers 	<ul style="list-style-type: none"> *Promote safer neighbourhoods and reduce crime and anti-social behaviour
Living Well	<ul style="list-style-type: none"> *Provide integrated care packages and to include prevention *Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers including Housing and VCS organisations 	<ul style="list-style-type: none"> *Implement programmes to reduce drugs and alcohol harm *Implement programmes to reduce tobacco harm *Implement programmes to promote physical activity, improve diets and reduce excess weight *Implement programmes to improve emotional wellbeing and mental health 	<ul style="list-style-type: none"> *Implement programmes to reduce impact of drugs and alcohol misuse on children and young people *Implement programmes to reduce tobacco harm in children and young people
Dying Well	<ul style="list-style-type: none"> *Implement evidence based end of life care packages in appropriate settings 	<ul style="list-style-type: none"> *Implement bereavement and counselling services 	<ul style="list-style-type: none"> *Promote uptake of 65+ flu vaccinations *Promote screening and early identification for preventable ill-health



Our plan for delivery – looking ahead

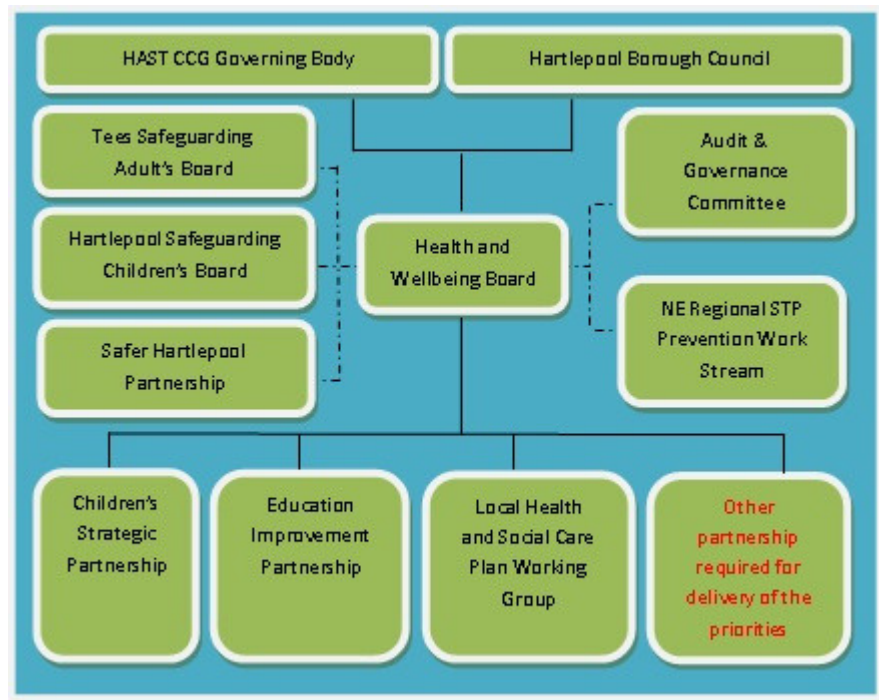
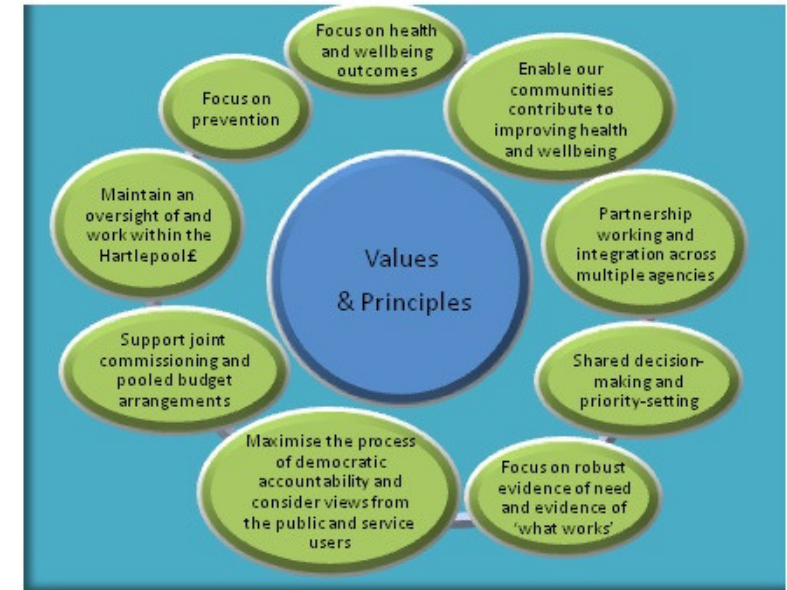
In addition, we want to do some things very differently from the way we have previously operated. This means that we will invest in the health and wellbeing assets in our communities to enable our residents to facilitate the desired cultural changes that will improve the health and wellbeing of our local area. The Board will also focus on a few deep dive projects across the life course and ensure that together with our wider community partners, we collectively deliver over the lifespan of this strategy to get it right for our population.



The detailed implementation plan for the deep dive projects is attached as appendix 1 of this strategy.

Our principles and values

The Health and Wellbeing Board operates within a set of principles and values. The Joint Health and Wellbeing Strategy implementation provides 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 outcomes.



Who will hold us accountable? This Strategy is owned by the Health and Wellbeing Board and will be reviewed by the Board every 3 years to ensure that it remains relevant and continues to reflect local priorities. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will set out agreed timescales for delivery and clear ownership for the actions. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The key risks for implementing the Strategy will also be identified. The Audit and Governance Committee of the Council will hold the Board accountable for implementing the Strategy. In addition there will be other Council/Borough-wide/regional partnerships whose work will help to deliver the Strategy.

Monitoring and evaluation

How will we know we have been successful?

In order to measure success, the Board will monitor progress through quarterly performance reports and seek to maximise resources and secure external resources into the Borough. We will embed a culture of evaluation by working better with the academic institutions to utilise an action research approach that will help test new models of delivery and embed a continuous improvement ethos. Below are the outline indicators that will be monitored for each priority theme.

Priority	Measures	
	What we hope to achieve (outcome of interest)	How we will know we are on the right path (process/output indicators)
Overarching	VCS is driving prevention programmes in communities.	<ul style="list-style-type: none"> ✓ MECC training offer that includes brief intervention skills is produced with library service and delivered to staff of local agencies ✓ Comprehensive local directory of community assets and services is produced ✓ Hartlepool multi-agency health, care and wellbeing prevention model is developed and implemented
Starting Well	Number of children affected by inter-generational cycle of vulnerability e.g. poverty, domestic abuse, drugs and alcohol is decreasing.	<ul style="list-style-type: none"> ✓ Reducing trend in LAC/child protection cases that result from domestic abuse/substance misuse is observed ✓ Increasing proportion of children on FSM achieving 5+ GCSEs (including Maths and English) is observed ✓ Increasing proportion of 11-16 year olds are offered opportunities for work experience or apprenticeship
Working Well	Number of people from Hartlepool with a disability/long-term illness in employment is increasing. Number of young people from Hartlepool in employment is increasing.	<ul style="list-style-type: none"> ✓ Increasing trend in % of people aged 16-64 in employment is observed ✓ Health-led employment initiative is piloted, evaluated and fully implemented ✓ Reducing trend in gap in employment rate between those with a long-term health condition/learning disability/mental health and the overall employment rate is observed
Ageing Well	Majority of older people in Hartlepool are independent and not socially isolated.	<ul style="list-style-type: none"> ✓ Community peer support and networking model is developed and implemented ✓ Increasing trend in the % of adult carers who have as much social contact as they would like is observed ✓ Increasing trend in the % of adult social care users who have as much social contact as they would like is observed
Living Well	Hartlepool Borough provides an enabling environment that supports residents to take up and sustain a healthy lifestyle.	<ul style="list-style-type: none"> ✓ Healthy Borough status is achieved ✓ Social value charter is developed and adopted for the Borough ✓ Increasing trend in % of people utilising outdoor space for exercise/health reasons is observed
Dying Well	Residents of Hartlepool and their carers/families are provided with appropriate support to deal with dying and death.	<ul style="list-style-type: none"> ✓ Compassionate Borough status is achieved ✓ Dying Well community charter is developed and adopted by the Borough ✓ Integrated multi-agency support pathway for dying well is developed and implemented

Appendix 1

Joint Health and Wellbeing Strategy (2018 - 2025) Delivery plan											
What	Lead	Timescale							Outcome/Output measures	RAG	Risks/Barriers to delivery
		Year									
		1	2	3	4	5	6	7			
1. Voluntary Sector & Community Assets											
VCS sector improvement <ul style="list-style-type: none"> Develop virtual network of local VCS organisations with appropriate coordination to avoid duplication and coordinate provision Utilise VCS organisations to facilitate targeted consultations/strategy and service development to relevant groups – place and person; and to secure insight into community specific issues Work in partnership to secure inward investment through external bids. Communicate information on grants through newsletter /support to smaller organisations on bid writing. 	Safer Hartlepool Partnership (SHP) - Community engagement lead, HBC	√	√	√					<ul style="list-style-type: none"> Virtual network of VCS organisations developed VCS leading community development and engagement activities 		
Community development and Directory of community activities <ul style="list-style-type: none"> Maximise opportunities for people to access information and support and participate within their local communities through promoting and continuing to further develop resources such as 'Hartlepool Now' and 'Family Services Directory' – provide group specific segments e.g. CYP, Family, free activities, place specific Provide information and support to elected members to advocate for and champion bespoke health improvement initiatives in their wards 	Hartlepool Matters working group Public health lead	√	√	√					<ul style="list-style-type: none"> Directory of multi-agency services in the community refreshed, marketed and kept up to date Annual ward profiles produced for elected members Elected members leading on ward specific health improvement initiatives 		

2. Improve Mental Health & Emotional Wellbeing

Access to mental health services <ul style="list-style-type: none"> Redesign care pathways to improve access to interventions for those people who fall below the specialist services threshold but require interventions other than universal programmes 	Hartlepool Matters working group	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> Improved public perception on accessibility of mental health services 		
Children and Young People's health <ul style="list-style-type: none"> Develop local CYP workforce (to help make every contact count) to identify emotional health issues and intervene early Continue to develop and implement a multi-agency intervention model that incorporates the five ways to wellbeing and aligned with CAMHS and Future in Mind Continue to develop intervention to address the needs of young carers with a focus on social isolation 	Children's Strategic Partnership (CSP)	√	√	√						<ul style="list-style-type: none"> CYP workforce development plan Five ways to wellbeing model developed and implemented 		
Employee health <ul style="list-style-type: none"> Utilise the North East Better Health at Work Award to facilitate improved employer support for emotional wellbeing of employees 	Public Health lead	√	√	√	√	√	√	√	√	<ul style="list-style-type: none"> Checklist for promoting EWB in the workplace is adopted and shared with local employers Mental health and wellbeing is addressed at each stage of the regional award scheme 		
Older people's health <ul style="list-style-type: none"> Continue to strengthen ongoing multi-agency work (e.g. Befriending Network, Project 65 etc) to tackle social isolation for older people. To include peer networks to facilitate improved access to community based activities. 	Adult services committee	√	√	√	√	√				<ul style="list-style-type: none"> Reported improvement in social isolation by residents 		
Promoting emotional wellbeing <ul style="list-style-type: none"> Implement community cohesion programmes to facilitate mutual acceptance and tolerance of people from different backgrounds Improve access to ESOL classes to help reduce 	(SHP) – Safer neighbourhoods group Adult	√	√	√						<ul style="list-style-type: none"> Community cohesion strategy fully implemented Observed increasing trend in number of people who use outdoor space for physical activity 		

<ul style="list-style-type: none"> communication barriers and therefore help with better networking and engagement by asylum seekers Raise awareness of and implement multiple interventions to improve access and facilitate increased uptake of physical activity to improve emotional wellbeing Design and implement a social marketing campaign to help improve awareness and reduce stigma on mental health 	<p>learning and skills lead</p> <p>Healthy weight healthy lives strategy group</p> <p>Public Health/Community lead (s)</p>	✓	✓	✓								<ul style="list-style-type: none"> EWB social marketing campaign launched 		
3. Reduce Drug and Alcohol harm														
<p>Understanding needs and demand</p> <ul style="list-style-type: none"> Utilise multi-agency data, information and demographics across Hartlepool to provide a better overview of need to help redirect action through the JSNA. Map current activity to help re-direct action to areas of most need through the development and implementation of a multi-agency Drug & Alcohol Harm Reduction delivery framework and to improve access to interventions – to include a focus on CYP misuse and parental impact. 	<p>SHP- Drugs & Alcohol Harm Reduction group</p>	✓										<ul style="list-style-type: none"> Multi-agency Drugs and Alcohol Harm Reduction delivery framework developed and implemented 		
<p>Targeted awareness and social marketing</p> <ul style="list-style-type: none"> Design and launch a 'Hartlepool big conversation' programme that will support multi-agency and town wide social marketing on drugs and alcohol harm (to include medicines waste) – use sport as an engagement tool for prevention and recovery 	<p>SHP- Drugs & Alcohol Harm Reduction group</p>	✓	✓	✓	✓	✓	✓	✓				<ul style="list-style-type: none"> Drugs and alcohol marketing campaign launched 		
<p>Promoting behaviour change</p> <ul style="list-style-type: none"> Pilot a behaviour insight project to help understand behavioural barriers to assessing interventions and implement appropriate ethnographic interventions in response in order to improve uptake of services 	<p>SHP- Drugs & Alcohol Harm Reduction group</p>	✓	✓	✓	✓	✓	✓	✓				<ul style="list-style-type: none"> Increasing trend in uptake of support by community based services 		
<p>Children and Young People's health</p> <ul style="list-style-type: none"> Develop local CYP workforce (to help make every 	<p>Children's Strategic</p>											<ul style="list-style-type: none"> CYP workforce development plan Hidden harm identification 		

<p>contact count) to provide parental and CYP education and to identify Drug and Alcohol misuse issues and intervene early; and to support schools and colleges to play a lead role.</p> <ul style="list-style-type: none"> Design and implement a multi-agency model that will support early identification of 'hidden harm' and intervention in order to minimise the impact of drugs and alcohol on children and young people Build and provide multi-agency integrated early help services for 'hidden harm'. 	<p>Partnership (CSP)</p> <p>Hartlepool Safeguarding Children's Board (HSCB)</p>	✓	✓	✓	✓	✓	✓	✓	<p>framework developed and implemented</p> <ul style="list-style-type: none"> Integrated early help services support pathway for 'hidden harm' commissioned 		
4. Reduce Health Inequalities											
<p>Asylum seeker incl BME communities' health</p> <ul style="list-style-type: none"> Implement peer educator training for asylum seekers to raise awareness of education/information on health care systems/services/childhood communicable diseases and other community health and care services and how to access them Provide health and care leaflets with different translations in order to reduce language barrier Provide presentations on health, care and wellbeing initiatives to bespoke BME groups e.g. Chinese association in order to improve awareness. 	<p>SHP - Public Health lead/CCG lead/HBC Community engagement lead</p>	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Peer educator programme for asylum seekers implemented 		
<p>Interpreter service</p> <ul style="list-style-type: none"> Implement the recommendations from the Health watch (2017) survey in order to help reduce barriers to accessing health and care services for vulnerable groups e.g. deaf, asylum seekers 	<p>GP Federation/TEWV/NTHF T</p>	✓	✓						<ul style="list-style-type: none"> Improved access to healthcare for those who require interpreter services 		
<p>Children and Young People's health</p> <ul style="list-style-type: none"> Provide awareness sessions to young people on their rights to access health care services independently e.g. contraception, alcohol etc; and interventions available in the Borough Design and implement a multi-agency support model to improve the achievement of children 	<p>Children's Strategic Partnership (CSP)</p>	✓	✓	✓					<ul style="list-style-type: none"> Improved awareness among young people on their rights to access services independently Tobacco harm social marking campaign in schools launched Reducing trend in number of CYP who are excluded from school 		

and young people in school			✓	✓	✓	✓	✓	✓			
• Design and facilitate an awareness and social marketing approach on tobacco harm to be implemented by schools and colleges			✓	✓	✓	✓	✓	✓			
Health of the Armed Forces Community		✓	✓	✓	✓	✓	✓	✓			
• Continue to implement actions to address the health and care needs of service and ex-service personnel as outlined in the Armed Forces Community Covenant	Hartlepool Armed Forces liaison group								• Health and Care needs of the Armed Forces community is considered in service design and implementation		
Financial improvement		✓	✓	✓	✓	✓	✓	✓			
• Build on the work of the financial inclusion partnership and the Hartlepool action lab to improve income for disadvantaged groups	Financial inclusion partnership/ Hartlepool action lab								• Increasing trend in rate of people with LTC/disability and Young People who are in employment		
• Pilot a health-led employment initiative for people with LTCs/disability	NTHFT lead										
Using policy and intelligence to drive change		✓	✓	✓	✓	✓	✓	✓			
• Develop and adopt a multi-agency charter for Health in all policies (HiAP)									• Hartlepool charter for <u>HiAP</u> developed and signed up by all partners of the HWB		
• Utilise multi-agency data and intelligence to help redirect action through the JSNA to areas of most need by development and implementation of a tobacco harm reduction framework	Public Health lead/CCG lead								• Multi-agency tobacco harm reduction framework developed and implemented		
Domestic Abuse		✓	✓	✓							
• Develop and implement a programme of action to achieve a White Ribbon Town status in Hartlepool											
• Continue to implement social marketing campaigns to help reduce incidence of Domestic Abuse	SHP – Domestic violence and abuse group	✓	✓	✓	✓	✓	✓	✓	• White Ribbon Accreditation achieved		
Make every contact count		✓	✓	✓	✓	✓	✓	✓			
• Develop local workforce to identify health, care and wellbeing issues and intervene early	STP regional prevention group – PH lead								• MECC model implemented in Hartlepool		

Access to local health and care services <ul style="list-style-type: none"> Continue to implement current actions to ensure appropriate health and care services are provided closer to home Continue to implement the Better Care Fund Plan 	Hartlepool Matters working group	√	√	√	√	√	√	√	<ul style="list-style-type: none"> Better Care Fund Plan fully implemented 		
Autism and Learning Disabilities <ul style="list-style-type: none"> Continue to further develop and implement local strategies and programmes to address access to health and care services for people with Autism and Learning Disabilities 	CCG lead/CSP								<ul style="list-style-type: none"> Local strategy to improve access for people with Autism and Learning Disabilities implemented. 		
Ex-Offender Health <ul style="list-style-type: none"> Provide leaflets and education on local health and care services to ex-offenders to help improve access to services and integration 	SHP - Public Health lead/CCG lead/HBC Community engagement lead/Probation service lead	√	√	√	√	√	√	√	<ul style="list-style-type: none"> Community health and care services introductory pack for ex-offenders developed Local pathway for community re-integration for ex-offenders agreed and implemented 		
5. Dying well											
Bereavement/palliative care support <ul style="list-style-type: none"> Map current access to bereavement/palliative care support in Hartlepool and implement interventions to ensure easy access for those who require them Develop and implement a model for advanced care planning for end of life that addresses preferred place of death– to include implications for carers and a focus on vulnerable groups e.g. young carers, people with learning disabilities Adapt local policies to help achieve a compassionate Borough status 	Health watch/CCG lead/NTHFT lead	√	√	√	√				<ul style="list-style-type: none"> Directory of bereavement/palliative care support produced and marketed Multi-agency advanced care planning toolkit developed and implemented Compassionate Borough status achieved 		

Key (RAG rating): **Red** = Not started; **Amber** = In progress; **Green** = Completed



NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group



NHS
North Tees and Hartlepool
NHS Foundation Trust

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

NHS
England

H&SH
Hartlepool & Stockton Health

healthwatch
Hartlepool

HEALTH AND WELLBEING BOARD

5 September 2022



Report of: Director of Adult & Community Based Services

Subject: Update on Hospital Discharge Arrangements

1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on hospital discharge arrangements, including changes to legislation as a result of the Covid pandemic and the ongoing transformational work that the health and social care system is collaborating on to address current and future challenges.

2. BACKGROUND

2.1 Pre-Covid Pandemic

For many years the NHS and Local Authorities have worked collaboratively to develop systems and processes to reduce a person's time in hospital based on evidence that the longer a person is in hospital the more detrimental it is to their recovery.

Delayed transfers of care, (also referred to as DTOCs or sometimes in the media, described as 'bed-blocking') were a considerable challenge and all hospital trusts were required to collect delayed transfer data for adults and provide it to NHS England, together with the reasons for the delays.

This was considered to be important because where a patient is clinically ready to leave a hospital but is still occupying a bed, delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or awaiting transfer to a hospice and packages are not readily available to support this move.

Any unnecessary delay can lead to poor patient experience and longer stays in hospital were associated with an increased risk of infection, low mood and reduced motivation. Moreover unnecessary delays resulted in problems with the availability of hospital beds for people acutely unwell and there was an

associated negative impact on the health and social care performance and financial modelling.

Unfortunately there were some limitations to the national data on delayed transfers of care because it was not always absolutely clear whether all providers were using the same definition of delayed transfers of care or recording reasons for the delay in the same way; small differences in interpretations could lead to large changes in reported numbers, causing tension in the system as both the NHS and Local Authorities views differed about whose responsibility it was to facilitate the discharge.

This had the potential to distract from a collaborative approach to discharge and collectively working to identify, minimise or remove barriers to effective patient flow.

2.2 The Covid Pandemic

In response to unparalleled pressures on services during the pandemic, the Government introduced a Hospital Discharge Service: Policy and Operating Model. As an integral part of this development the Government stopped the Delayed Transfers of Care reporting system and implemented a national discharge fund, to ensure that funding arrangements would not be a barrier to facilitating hospital discharges at a time of national crisis.

The additional funding accessed via the NHS, alongside the use of existing Local Authority and Clinical Commissioning Group (CCG) budgets were introduced to cover the cost of post-discharge recovery and support in addition to what was provided prior to the hospital admission, for up to a maximum of six weeks following discharge from hospital.

In addition, arrangements for hospital discharge were changed so more people were assessed outside of the acute setting and the concept of Discharge to Assess was fully established. The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care was also amended to this effect.

With regard to Discharge to Assess, the principles which underpin this method of working are as follows: -

- Integrated, timely, personalised care
- Maximising independence
- Strengths based approach
- Flexible multidisciplinary working
- Preparation for discharge begins at the point of admission
- Communication and information sharing
- Positive collaboration, system leadership
- Home is best for 95% of older people leaving hospital

2.3 In relation to the funding of services that support discharge from acute care the NHS 2022/23 Priorities and Operational Planning Guidance confirmed that

the National Discharge Fund came to an end on 31 March 2022, and no additional NHS ring fenced funding for post-discharge support is available.

This guidance sets out how NHS bodies (including commissioning bodies, NHS Trusts and NHS Foundation Trusts) and Local Authorities can plan and deliver hospital discharge and recovery services from acute hospital settings that are affordable within existing budgets available to NHS commissioners and Local Authorities. It applies to NHS bodies and Local Authorities exercising health and adult social care functions in England and it's to be used to inform local service planning and delivery.

The guidance encourages local systems to continue to embed discharge to assess approaches, where affordable within core local funding, with the national Hospital Discharge Programme continuing to provide guidance and implementation support to systems.

3. CURRENT POSITION

3.1 Transformational Work

Representatives from Adult Services and North Tees & Hartlepool NHS Foundation Trust will provide a presentation regarding the current discharge arrangements and the transformational work that is being undertaken in partnership to reduce hospital admissions and to facilitate safe and timely discharges from hospital.

4. RISK IMPLICATIONS

- 4.1 There are significant risks associated with hospital discharge arrangements as unnecessary delays or a poor discharge experience has an impact across the whole health and social care system, including the health and well-being of people who are recovering from illness and their family carers.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are a number of funding streams that support hospital discharge arrangements, including the Better Care Fund, the Improved Better Care Fund, Ageing Well Funding, the Council's Adult Social Care budget and, potentially through negotiation with NHS colleagues, Winter Planning Funds.
- 5.2 The cessation of the National Discharge Fund from 31 March 2022 has created a significant financial pressure for the health and care system in Hartlepool as the ongoing costs of the current Discharge to Assess arrangements are estimated as between £1.3m and £1.5m per year. Short term funding from the Better Care Fund Pooled Budget and North Tees & Hartlepool NHS Foundation Trust has been identified which will enable the current arrangements to be extended until March 2023. All partners continue

to work together to explore potential longer term solutions, which will inevitably involve a significant reduction in service capacity if funding cannot be secured.

6. LEGAL CONSIDERATIONS

- 6.1 The framework for hospital discharge arrangements is outlined in the Department of Health & Social Care Hospital Discharge and Community Support Guidance, published 31 March 2022.

7. CONSULTATION

- 7.1 Healthwatch Hartlepool is undertaking a targeted piece of work in relation to hospital discharge arrangements and to support this, as part of the scoping exercise, a number of volunteers were recently supported to visit the University Hospital of Hartlepool and the Integrated Single Point of Access.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 There are no equality and diversity considerations identified at the present time. The majority of people that would be affected by any change to hospital discharge arrangements would be those aged 65 and over, and their family carers.

9. STAFF CONSIDERATIONS

- 9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations have been identified.

11. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 11.1 None identified.

12. RECOMMENDATION

- 12.1 It is recommended that the Health and Wellbeing Board notes the update.

13. REASON FOR RECOMMENDATION

- 13.1 Hospital discharge arrangements affect a range of partners on the Health and Wellbeing Board.

14. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

5 September 2022



Report of: Director of Adult and Community Based Services

Subject: Adult Social Care Assurance

1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on the implementation of an assurance framework for adult social care, as part of the wider social care reform agenda.

2. BACKGROUND

- 2.1 Over many years, social care has faced a range of challenges, most notably the rising demand for care. By 2040, the number of adults aged 85 and over is projected to increase by a further 77% and among younger age groups better diagnosis of conditions, longer life expectancies and higher rates of survival of premature babies all result in increased demand for services.
- 2.2 In response to increasing pressure on successive governments to address the challenges in social care, plans were announced in September 2021 for wide-ranging reforms of adult social care. The government made clear that these reforms were part of a longer journey of a change to achieve the national vision of social care that:
- offers people choice and control over the care they receive;
 - promotes independence and enables people to live well as part of a community;
 - properly values the exemplary and committed social care workforce, enabling them to deliver the outstanding quality care that they want to provide; and
 - recognises unpaid carers for their contribution and treats them fairly.

3. WHITE PAPER: PEOPLE AT THE HEART OF CARE

- 3.1 The White Paper sets out a ten-year vision based on three objectives:

- People have choice, control and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

3.2 The White Paper also sets out five key areas of reform:

- To provide £3.6 billion nationally over three years to reform the social care charging system, enabling all local authorities to move towards paying providers a fair rate for care, and prepare local care markets for implementing reform.
- To provide £1.7 billion nationally to support reform in further integrating housing functions in local health and care plans, improvements in the use of technology, national investment in workforce development, and strengthening local authorities' market-shaping and commissioning capabilities.
- To introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in respect of its discharge of duties under the Care Act.
- To grant new powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings.
- To establish an adult social care data framework by spring 2022, and improve the quality and availability of data nationally, regionally and locally.

4. ADULT SOCIAL CARE ASSURANCE

4.1 The assurance framework for adult social care will be introduced from April 2023 and it is anticipated that all Local Authorities will be assessed by March 2025. Further detail regarding the assurance framework is expected to be published in October 2022 and work is already underway locally and regionally to prepare for assurance based on the information that has been made public to date. It is expected that the framework will have a strong emphasis on the experience of people who use services.

4.2 The White Paper makes clear that the focus is on supporting local authorities' activities in meeting individuals' care needs, through:

- maintaining oversight of the whole social care workforce in their local area, across public and provider organisations, though supporting staff retention and professional development;
- managing transitions between services – for example, between health and social care, and the transition from children's to adults' services;

- preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement;
- carrying out their safeguarding duties;
- ensuring good outcomes for people through effective leadership;
- managing their commissioning and contracting responsibilities;
- shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence;
- meeting the needs of unpaid carers; and
- assessing the needs of people who may be eligible for care and supporting them to access what they need, whether or not they receive local authority support or will fund their own care.

- 4.3 The Director of Adult & Community Based Services will give a brief presentation outlining the proposed assurance framework to ensure that partners are aware of the approach and can consider any implications for their organisations.

5. RISK IMPLICATIONS

- 5.1 The risks associated with assurance range from reputational damage and impact on staff morale if the outcome achieved is not as positive as expected, to Secretary of State for Health and Social Care intervention if a local authority is identified as having significant failings.
- 5.2 In the short term there is a risk that local authorities have insufficient capacity to fully prepare for adult social care assurance alongside implementing the range of other adult social care reforms that are being introduced.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations directly associated with adult social care assurance, but there is significant concern nationally, regionally and locally that the cost of adult social care reform will far exceed the funding available.
- 6.2 Further work will be undertaken to assess the potential financial implications as guidance is made available. In the interim, the Council's Adult & Community Based Services Committee has written to the Secretary of State identifying a range of concerns associated with the implementation of the White Paper.

7. LEGAL CONSIDERATIONS

- 7.1 The White Paper forms the basis of primary legislation to reform adult social care and the current legal framework for adult social care provided by the Care Act 2014, is being amended by the Health and Social Care Bill.

8. CHILD AND FAMILY POVERTY

- 8.1 There are no child and family poverty considerations specifically associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 A national equalities impact assessment has been completed in respect of the White Paper. More detailed equality and diversity implications for Hartlepool will be assessed as implementation of the reforms progresses.

10. STAFF CONSIDERATIONS

- 10.1 The White Paper and the Government's Autumn Spending Review refer to the additional £500m on workforce development being spent on training, mental health support, continuing professional development (CPD) and a digital hub for support and advice. The White Paper does not address the immediate recruitment and retention challenges within the social care sector and the reforms will create additional demand and workload for Councils.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 12.1 There are no environment, sustainability and climate change considerations.

13. RECOMMENDATIONS

- 13.1 It is recommended that the Health & Wellbeing Board notes the report.

14. REASON FOR RECOMMENDATION

- 14.1 The White Paper sets out a wide range of proposals to reform adult social care which will have a significant impact on Councils and on people who need adult social care support. The assurance framework for adult social care will potentially impact on and involve other Health & Wellbeing Board members.

15. BACKGROUND PAPERS

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

16. CONTACT OFFICER

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