

Healthwatch South Tees (HWST) Partnership Board
Wednesday 28 November 2018, 10am-12noon
at The Palace Hub, Esplanade, Redcar, TS10 3AE

AGENDA

1.	Apologies <i>(to note)</i>	
2.	Declaration of interests <i>(to note)</i>	
3.	Minutes of the last meeting held on 11 October 2018 <i>(for accuracy/approval)</i>	<i>Attached</i>
4.	Review of action log with matters arising from the last meeting <i>(to note/for discussion by exception)</i>	<i>Attached</i>
5.	Healthwatch South Tees Governance 5.1. Final Terms of Reference <i>(to note)</i> 5.2. Final Code of Conduct <i>(to note)</i> 5.3. Final Communications strategy <i>(to note)</i>	<i>Attached</i>
6.	HWST Partnership Board Development Session <i>(for discussion)</i> <i>Lisa Brett, Organisational Development Consultant to attend</i>	<i>To be tabled</i>
7.	Programme Management Report <i>(for information and discussion)</i> <i>Natasha Judge, Development and Delivery Manager, HWST</i>	<i>Attached</i>
8.	Feedback from the Live Well South Tees (Joint Health and Wellbeing Board) meetings <i>(for information)</i>	<i>Verbal</i>
9.	HWST Future Priorities/Work Plan Requests <i>(for discussion)</i> <i>Sarah Corrigan and Jake Graham, Strategic Development and Communications Officers, HWST to attend</i>	<i>To be tabled</i>
10.	Eye Clinic Liaison Officer (ECLO) Service <i>(for discussion and decision)</i> <i>Natasha Judge, Development and Delivery Manager</i>	<i>Attached</i>
11.	Any Other Business	
12.	Date and time of next meeting: Friday 8 February 2019 (central Middlesbrough)	

Healthwatch South Tees Partnership Board Meeting

Minutes of the meeting held on Thursday 11 October 2018 in the
MVDA Board Room at St. Mary's Centre, Middlesbrough

<p>Partnership Board Members Present: Harsh Argawal (HA) Paul Crawshaw (PC) Ian Holtby (IH) Andrea Latheron-Cassule (AL) Mel Metcalfe (MMe) <i>(part-only)</i> Mike Milen (MMi) Lesley Spaven (LS) Wade Tovey (WT) Orianna Wilcock (OW)</p> <p>In attendance: Natasha Judge (NJ), Dev't & Delivery Manager</p>	<p>Apologies: Lisa Brett (LB), Organisational Dev't. Consultant</p>
	Action
<p>1. Welcome and introductions PC welcomed everyone to the first meeting of the Healthwatch South Tees Partnership Board.</p> <p>An overview of the way local Healthwatch structures have evolved since established in 2013/14 was provided. Introductions were made.</p>	
<p>2. Declarations of interest None declared.</p>	
<p>3. Governance HW South Tees Partnership Board - Terms of Reference (ToR) The draft terms of reference were presented for approval, which outlined the HWST vision, purpose, approach, tactics, roles and responsibilities and governance. It described the role of the Partnership Board, values, membership, meetings, reports and reference to the Code of Conduct (which was also circulated for comment).</p> <p>It was agreed that all members of the Partnership Board will review the ToR and Code of Conduct, providing comments to NJ by 19.10.2018.</p> <p><i>Further discussion took place with regards to the wider governance arrangements associated with Healthwatch South Tees:</i></p> <p>A question was raised as to who decides who has a seat on the Leadership and Delivery group, who is the Chair of HWST and who is the representative attending the Live Well South Tees Board? It was noted that the constitutional arrangements were determined</p>	ALL

	<p>through the contractual arrangements that govern Healthwatch South Tees, which included the transitional arrangements from the previous model to the current one. As part of this, a Leadership and Delivery Group was established to ensure consistency and to ensure alignment between the different aspects of the HWST operating model. Membership of the Leadership and Delivery is the former chairs of Healthwatch Middlesbrough (PC) and Healthwatch Redcar & Cleveland (IH) together with the CEOs of MVDA (Mark Davis) and RCVDA (MMi) and the HWST Development and Delivery Manager (NJ). Through the Leadership and Delivery Group, it was determined that PC chair the HWST Partnership Board and IH will represent local Healthwatch on the Joint Health and Wellbeing Board and Executive for South Tees.</p> <p>It was noted that PC is currently a member of the Council of Governors at South Tees Hospitals NHS Foundation Trust and NJ attended the last meeting on his behalf. PC reported that local Healthwatch has an appointed seat and although the time commitment is significant, sees this as a key representative role. PC has discussed HWST representation at the Council of Governors when he is unavailable and proposed that a representative from HWST be identified to attend when required. It was agreed that Mark Davis and MMi to discuss in the first instance.</p> <p>It was noted that a review of the current interim decision-making policy will be undertaken imminently.</p> <p>It was suggested that a summary of who the representatives are and their roles would be useful, together with establishing links between the Partnership Board and other strategic forums.</p> <p>The discussion continued with regards to the process to determine HWST priorities and associated issues:</p> <p>It was recognised that HWST has a role in ‘leading the way’ with regards to engagement and gathering meaningful information. It was proposed that a suite of questionnaires be compiled to encompass varying demographic areas and for these to be developed in collaboration with partners and stakeholders.</p> <p>It was reiterated that HWST needs to ensure independence and impartiality, while supporting collaborative working.</p> <p>NJ informed the Partnership Board that in terms of local people and their engagement with HWST, feedback is provided in a variety of ways - including through summary reports, social media and Healthwatch websites etc.</p>	<p>MD/MMi</p> <p>NJ</p> <p>NJ</p>
<p>4.</p>	<p>Programme Management Report</p> <p>NJ talked through the Programme Management Report, focusing on several key areas:</p> <p>4.1. Staffing Following the recent changes in the team, Sarah Corrigan and Jake Graham have joined us over the last few weeks.</p> <p>4.2. Current work plan and engagement activities:</p>	

<p>4.2.1. Dementia We have produced a report about people’s experiences of living with dementia in Redcar & Cleveland. HWST (staff and two volunteers) are now trained Dementia Champions and have delivered three sessions across the South Tees area.</p> <p>A discussion followed about the way in which information is collated, which includes: engagement with local community groups, the provision of drop-in sessions, the production and circulation of information and signposting, representation at local multi-agency partnership and forum meetings.</p> <p>It was noted that a challenge for HWST is the breadth of health and social care priorities and services, together with the associated demands and expectations of external stakeholders on local Healthwatch, which significantly outweighs the reality based on the funding provided.</p> <p>It was agreed that this work plan item would be reviewed on an ongoing basis.</p>	<p>NJ/ALL</p>
<p>4.2.2. Care Homes We have worked with Middlesbrough Council to conduct Enter & Views at local care homes to determine the suitability of the environment for people living with dementia. This is based on a tool that is being implemented locally from Sterling University. The first Enter & View visit is complete, and the findings will be published after a 20-day response is received.</p> <p>This area of work was identified as being an opportunity for HWST volunteers to take this work forward with care homes across the South Tees. It would provide service users with the opportunity to speak to someone independently, raise awareness of local Healthwatch, identify other groups to capture further feedback from local people/service users, family and friends etc.</p> <p>A discussion followed about the additionality that could be achieved by HWST undertaking this work. It was agreed, based on the above points, that HWST would continue with the rollout of this work and review as required.</p>	<p>NJ/ALL</p>
<p>4.2.3. Mental Health A HWST engagement survey in late 2017 identified mental health as a priority for local people. Subsequent information has been received regarding people’s experiences of mental health, including for example: issues in accessing services, waiting times and crisis intervention. Other local work has reinforced these issues, such as the Middlesbrough Community Conversations.</p>	

<p>Mental health is currently a national priority, though it was suggested it might be worth waiting for the publication of the NHS 10-year plan before determining next steps for HWST.</p> <p>It was agreed that questions around mental health will be embedded into future consultation activities.</p>	<p>NJ</p>
<p>4.2.4. HWST Roadshow</p> <p>It is proposed that we will focus on the rollout of a HWST roadshow with a presence in generic places, for example shopping centres, to engage with a wider audience. This will provide an opportunity to reach people who may not engage directly with services and to help us determine barriers. Agreed to progress.</p>	<p>NJ</p> <p>JG</p>
<p>4.2.5. Young people’s panel</p> <p>It was noted that Jake Graham (HWST Strategic Development and Communications Officer) is to progress this area of work, which will result in proposals being considered by the Partnership Board in the future and establishing mechanisms to link with young people in a variety of ways. We will also capture learning from other similar models.</p>	
<p>4.2.6. Communication and Intelligence Group</p> <p>It is recognised that there is a need to continually gather information from various organisations and representatives and one way of addressing this has been the proposal to introduce a Communication and Intelligence Group, however existing capacity does not allow for the intensive contact required to continually visit groups and organisations. It was therefore agreed by the Partnership Board to postpone this approach in favour of other priorities.</p>	
<p>4.2.7. Hearing loss</p> <p>We have conducted a piece of work with Middlesbrough Deaf Centre, gathering feedback on issues raised by those living with hearing loss and the impact of accessing health and social care services. Issues as we understand it based on feedback:</p> <ul style="list-style-type: none"> • Accessibility standards not being rolled out • Interpreters not being available at GP practices • Patients names being shouted in the waiting areas of James Cook University Hospital for their appointments and interpreters not being available. 	<p>NJ</p>
<p>It was agreed that an Enter & View be carried out at the James Cook University Hospital Audiology Department to gather additional feedback from service users and staff at the point of service delivery.</p>	

	<p>In addition, it was suggested that Healthwatch visit local funded providers in terms of hearing aids to see what is happening and capture people’s views.</p> <p>4.2.8. Life experiences of people with learning disabilities We have been undertaking a piece of work to look at people’s experiences of people with learning disabilities in the context of reduced funding, changes to services and indication of gaps in service provision. Craig Duerden (MVDA) has been undertaking this work on behalf of HWST and the report is currently being finalised.</p> <p>4.2.9. Other:</p> <ul style="list-style-type: none"> • Carole Marshall, HWST Community Engagement and Development Officer is leading on volunteer engagement strategy, working with other stakeholders. • HWST is working with other local Healthwatch programmes in terms of the Sustainability and Transformation Partnership (STP). It was agreed that Alan Foster, STP Lead, be invited to attend a future meeting of the Partnership Board. • HWST is working closely with the Independent Complaints and Advocacy (ICA) Service to ensure any issues and trends are identified. An agreement is in place to share data. • Regular meetings take place with various other local stakeholders, including South Tees Hospitals NHS Foundation Trust, NHS South Tees Clinical Commissioning Group, Tees Esk and Wear Valleys NHS Foundation Trust and various groups associated with local government Overview and Scrutiny. Discussion from these meetings support HWST with collaborative working. • It has been agreed that the South Tees Health and Wellbeing Executive will receive HWST reports going forward, which will include an overview of what has happened to date, planned next steps, any actions that need to be addressed and/or escalated to the Health and Wellbeing Board. 	<p>CD</p> <p>NJ</p>
<p>5.</p>	<p>Partnership Board Development Session: draft notes and development plan Lisa Brett, Organisational Development Consultant, facilitated the Partnership Development session and produced the notes that were previously circulated. Following discussion, it was agreed NJ arrange for Lisa Brett to attend the next meeting of the Partnership Board to allow for a detailed discussion on this item to take place.</p> <p>WT to email NJ with his thoughts on what is missing from the report shared at today’s meeting.</p>	<p>NJ</p> <p>WT</p>
<p>6.</p>	<p>Healthwatch South tees Future Priorities - overview of intelligence and current health and social care priorities</p>	

	<p>A briefing note providing an overview of the current local and national priorities of the local health and social care landscape was shared with the intention of this providing the context for discussion in determining HWST priorities.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> A) NJ will develop and circulate a draft Communications Strategy to the Partnership Board; and B) The Healthwatch South Tees Staff Team will propose items for consideration as part of the workplan going forward, based on intelligence gathered to date, including discussions from today’s meeting. 	<p>NJ</p> <p>NJ</p>
<p>7.</p>	<p>Any Other Business</p> <p>7.1. The Partnership Board were introduced to Sarah Corrigan and Jake Graham and welcomed to the team.</p> <p>7.2. It was agreed that all Partnership Board members would send their biographies to NJ by 18.10.2018 for inclusion on the websites. Photographs were taken at the meeting.</p>	
<p>8.</p>	<p>Forward planning</p> <p>It was noted that the following items would be included on the Forward Work Plan for the Partnership Board:</p> <ul style="list-style-type: none"> • A revised decision-making policy to reflect the establishment of the HWST Partnership Board • Partnership Board Skills Audit • Stakeholder mapping • SWOT analysis • Enter & View Strategy and training session • Volunteer strategy and associated workplan • Annual event 	
<p>9.</p>	<p>Date of next meeting Wednesday 28 November 2018, 10am-12noon at The Palace Hub, Esplanade, TS10 3AE</p>	

Healthwatch South Tees Partnership Board Action Log

Date of meeting	Agenda item No.	Action	Action owner	Current status	Comments
11.10.2018	3	It was agreed that all members of the Partnership Board will review the ToR and Code of Conduct, providing comments to NJ by 19.10.2018	All	Complete	Comments were received from a small number of Partnership Board member. The final versions are on the agenda for today's meeting to note as they are now live.
11.10.2018	3	To discuss HWST representative at the STHFT Council of Governors when Paul Crawshaw is unable to attend	Mark Davis/ Mike Milen	Ongoing	Paul Crawshad, Chair, HWST Partnership Board proposes that the HWST Development and Delivery Manager deputises as the representative at the Council of Governors meeting.
11.10.2018	3	It was noted that a review of the current interim decision-making policy will be undertaken imminently	Natasha Judge	Not yet started	To be developed and circulated for initial comment in December, with the intention that a final will be agreed in February.
11.10.2018	3	A summary of who represents HWST and their roles to be produced together with establishing links between Partnership Board members and other strategic forums	Natasha Judge / All	Not yet started	A summary of who currently represents HWST will be produced over the coming weeks and shared with the Partnership Board. An agenda item at the next Partnership Board meeting will include mapping of other forums and links etc.
11.10.2018	4.2.1.	Dementia champions: it was agreed the work plan item would be reviewed on an ongoing basis	Natasha Judge/All	Ongoing	A progress report is provided in the Programme Management Report on this work plan item; P'ship Board members to review at each meeting.
11.20.2018	4.2.2.	Rollout of work with Care Homes	Natasha Judge/All	Ongoing	We are waiting for the response from the first Enter & View (expected on 14.12.2018) before progressing further, though plans are in place.
11.10.2018	4.2.3.	A focus on mental health to be embedded into future engagement activity	Natasha Judge	Ongoing	A focus on mental health will be incorporated into all HWST priorities.
11.10.2018	4.2.4	HWST Roadshow to be developed and implemented	Natasha Judge	Ongoing	An eight week engagement exercise is being planned. See Programme Managers Report for full details.
11.10.2018	4.2.5.	HWST Young People's Panel to be progressed	Jake Graham	Ongoing	Progress is being made on 'YouthWatch' through a series of local stakeholder discussions, capturing good practice.
11.10.2018	4.2.7	Enter & View to be carried out at James Cook University Hospital Audiology Department	Natasha Judge	Outstanding	We have been liaising with the Audiology Department to agree a date for the Enter & View to take place. We have raised at the Health and Wellbeing Board in the hope this will progress things.
11.10.2018	4.2.8	Report focusing on people with learning disabilities to be produced	Craig Duerden	Ongoing	This work has now been complete with three reports being produced (1. Individuals and their needs; 2. Requirements of VCOs; 3. System and procedure drivers). Reports to be circulated.
11.10.2018	4.2.9	Alan Foster, STP Lead, to be invited to attend a future meeting of the HWST Partnership Board	Natasha Judge	Outstanding	
11.10.2018	5	Partnership Board development Session to be deferred to the next meeting	Agenda	Complete	On agenda for today's meeting and confirmation that Lisa Brett will attend.
11.10.2018	6	A Communications Strategy to be developed and shared with members of the Partnership Board	Natasha Judge	Complete	Draft strategy previously to Partnership Board members with a request for comments.
11.10.2018	6	The Healthwatch South Tees staff team to propose items for consideration as part of the workplan going forward	Natasha Judge	Complete	Proposals to be presented at today's meeting for discussion and consideration.



Healthwatch South Tees Partnership Board Terms of Reference

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Healthwatch South Tees Partnership Board -Terms of Reference

This Terms of Reference has been produced focusing on the Healthwatch South Tees (HWST) Partnership Board. Reference is also made to other elements of the governance arrangements of local Healthwatch to ensure a clear understanding about the roles and responsibilities of the lead agency and the HWST Leadership and Delivery Group.

This Terms of Reference refers to a range of HWST policies and protocols, supporting working arrangements, detailed in appropriate HWST policies and frameworks. In the event of any inconsistency, contradiction or disagreement on the Governance arrangements for HWST, the information provided in this Terms of Reference will prevail.

1. Vision and purpose

1.1. Our Vision

Ensuring that health and social care services are provided across Middlesbrough and Redcar & Cleveland in ways that work for citizens and communities - both adults and children.

1.2. Our Purpose

Making sure we find out what matters to local people living in Middlesbrough and Redcar & Cleveland and make sure their views shape the support they need from health and social care services.

We will achieve this through the following aims:

- ***Supporting local people to have their say*** - by providing information that they need to take control of their health and social care, make informed decisions and help to shape the services that support them.
- ***Providing a quality service to the public*** - ensuring that local people who share their experiences or seek advice from Healthwatch South Tees get a high-quality service and understand the difference they have made.
- ***Ensuring views gathered help improve health and social care services in Middlesbrough and Redcar & Cleveland*** - by providing local people with a strong voice to shape the health and care support they need today and in the future.

2. Our Approach and tactics

2.1. Our Approach

Our key approach will be to make sure that the views of local people living in Middlesbrough and Redcar & Cleveland, especially those who find it hardest to be heard, are captured, amplified and acted upon by health and social care services. We will be an independent champion for local people, by:

- putting local people's views forward to health and social care service providers and commissioners.
- making the biggest difference to local people, through making their voices matter.
- working with others to find ways to improve health and social care.

We will take a planned and structured approach to achieve our vision and aims, including:

- Identifying who is not being heard.
- Provide the information people need to act.
- Use partnerships to reach more people.
- Establish common quality standards.
- Focus on effectiveness.
- Invest more in staff and volunteer skills.
- Produce strong evidence which those who make decisions about health and social care can use
- Demonstrate how people's voices make a difference.

3. Governance, Roles, and Responsibilities

3.1. Governance

The governance of Healthwatch South Tees is at three levels:

- I. The **lead agency** with overall responsibility for the service in line with the service contract with Middlesbrough Council and Redcar & Cleveland Council. This includes all legal and financial responsibilities, including all issues related to staff recruitment, supervision and management.

- II. The Healthwatch South Tees **Partnership Board**, which has been established to take forward specific functions of the programme, including statutory responsibilities. The Partnership Board determines work priorities, providing oversight and assurance of the HWST Programme meeting statutory responsibilities and local priorities. The Partnership Board is not statutory, however the powers discharge through it (*HWST Governance Handbook, Section 3*), include:
 - The rights to:
 - ask (certain) providers for information, which they must make available
 - a seat on the South Tees Health Live Well Board (known formally as the Health and Wellbeing Board)

The power to:

- refer matters relating to social care services to the overview and scrutiny committee of a local authority, which must have regard to that information
 - Enter and View (certain) providers, to observe matters relating to health and care services.
 - escalate issues directly to Healthwatch England and the Care Quality Commission
- III. The **Leadership and Delivery Group**, which provides a forum to bring together the two elements above and ensure progress is being made on agreed actions.

3.2. Role

The Healthwatch South Tees Partnership board plays an important role in determining Healthwatch South Tees' strategic direction, monitoring the progress of Healthwatch South Tees against its work plans.

Information will be supplied to the Partnership Board by the HWST Development and Delivery Manager.

The HWST Partnership Board Role Description details the key role and responsibilities of Partnership Board Members.

Partnership Board members should not engage with the press or politicians unless such activity is requested of them by Middlesbrough Voluntary Development Agency Chief Executive or the Chair of Middlesbrough Voluntary Development Agency Board of Trustees.

4. Values

The HWST Partnership Board will adopt the following core values:

- Empowering local communities
- Championing underrepresented groups
- Challenging inequality
- Celebrating diversity
- Campaigning for social justice

5. Membership, Meetings and Reports

5.1. Membership

The HWST Partnership Board will be made up of a maximum of 12 representatives. This will include:

- A place for each of MVDA and RCVDA;
- A place for the former chairs of the Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland Executive Boards;
- Eight places subject to recruitment through: A) an open process; and B) a further process based on a skills audit of the members appointed through the above and part A of this clause.

The recruitment and selection process and decision to appoint to the HWST Chair position, will be led by MVDA and RCVDA.

Current Partnership Board Membership 2018-2019

Name	Role
Professor Paul Crawshaw	Chair
Dr Ian Holtby	Partnership Member
Mike Milen (RCVDA Representative)	Partnership Member
Lesley Spaven (MVDA Representative)	Partnership Member
Andrea Latheron-Cassule	Partnership Member
Wade Tovey MBE TD	Partnership Member
Harsh Agarwal	Partnership Member
Mel Metcalf	Partnership Member
Oriana Wilcock	Partnership Member

5.2. Meetings

The Healthwatch South Tees Partnership Board will meet in public at various times throughout the year. Dates and items for meetings will be made available via the Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland websites.

Operations:

- Meetings will be called and organised by the HWST Development and Delivery Manager with the agenda being agreed in advance with the Chair. The agenda and associated papers will be published one week prior to the meeting.
- Items for consideration at the next meeting should be submitted to the Chair at least two weeks before the meeting.
- The Partnership Board meetings will be supported by the HWST Delivery Manager, who will produce the notes for action.

5.3. Reports

The following reports will be made available to members at each meeting:

- Minutes of the previous meeting and/or actions from it
- Agenda - including standard items, information, and items requiring consideration and action
- Reports on activity against identified work plan and project outcomes

- Any additional reports for presentation to the board, when required.

6. Code of Conduct

All those who attend Healthwatch South Tees Partnership Board Meetings are bound by HWST's Code of Conduct and required to adhere to its policies on health and safety, equalities, safeguarding and confidentiality.

7. Amendments/revisions

Any changes to the Terms of Reference will be subject to the approval of MVDA and RCVDA in line with their collective responsibility for Healthwatch South Tees. Any issues arising from the governance of Healthwatch South Tees that can not be resolved through the Partnership Board and Leadership and Delivery Group will be referred to the lead agency for a resolution.



Healthwatch South Tees

Partnership Board

Code of Conduct

2018-2020

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INTRODUCTION

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

As of 1 April 2017 Healthwatch, Middlesbrough and Healthwatch Redcar & Cleveland are working together to deliver Healthwatch activities across South Tees.

This Code of Conduct provides guidance on the responsibilities and conduct expected from HWST Partnership Board Members.

1. Key Responsibilities of Individual Partnership Board Members

- 1.1 The key principles upon which the HWST Code of Conduct is based are the Seven Principles of Public Life (the Nolan Principles) and the Nine Principles of Public Service Delivery. Appendices A and B.
- 1.2 The actions and decisions of HWST Partnership Board members should be informed by these principles. HWST Partnership Board members are expected to:
 - Act in good faith and in the best interests of HWST.
 - Maintain their independence and objectivity by, among other actions, avoiding conflicts of interest, refusing any gift that could reasonably be expected to compromise their personal judgement or place them under an improper obligation.
 - Deal fairly, objectively, and impartially with all members of the public, stakeholders, and HWST staff.
 - Make decisions that are consistent with the established purpose of HWST within the resources available.
 - Regularly review the efficiency and effectiveness of HWST success in meeting aims and objectives, including assessing own performance and actions as a Partnership Board member.
 - Always maintain confidentiality, subject to applicable safeguarding laws.
 - Treat staff employed to deliver HWST with courtesy and respect and not ask or encourage employees to act in any way which would conflict with their own Code of Conduct.

2. Media and Public Speaking Engagements

- 2.1 HWST Partnership Board members should inform the HWST Development and Delivery Manager if they have any public engagements which are likely to involve matters related to HWST. Members should always be explicit whether they are speaking as a representative of HWST or expressing their own personal views. A member should not claim to speak or give the impression that they speak on behalf of HWST unless there is a collective agreement by the HWST Partnership Board.
- 2.2 The Chair of HWST will be the official spokesperson for HWST. Partnership Board members should not commit to media interviews as representatives of HWST without first consulting and gaining the approval of the HWST Partnership Board.
- 2.3 HWST Partnership Board members should be, and be seen to be, politically impartial in their public role. They should not make political statements with regard to HWST.

3. Behaviour expected in HWST meetings

- 3.1 HWST Partnership Board members are accountable to the public for their actions and the way they carry out their responsibilities. They should always behave in a manner which does not bring HWST into disrepute or damage the relationship between Local Healthwatch, the public, service providers and other stakeholders.
- 3.2 HWST Partnership Board members are expected to understand and respect the principle of collective decision-making. This means that, once the HWST Partnership Board has made a decision, all members are bound by that decision and should publicly support it.
- 3.3 The following guidance will assist HWST meetings to be well conducted, with informed and well-considered decisions being made. HWST Partnership Board members should:
 - Take account of the views of others but should reach their own conclusions on any issues presented and act appropriately.
 - Be as open as possible about their actions and decisions, being prepared to give reasons for their actions and willing for their decisions and actions to be scrutinised and challenged in a constructive way.
 - Allow everyone to take part without interruption or intimidation, respecting the contribution of other members and not interrupt when someone is speaking.
 - Respect the impartiality and integrity of all the HWST Partnership Board members, never being derogatory in their speech or manner. Members should not use language which could be construed as discriminatory or offensive to others and avoid using heated, emotional and value loaded language and behaviour.
 - Allow the conversation to move forward, not looking back at past discussion and staying with the point under discussion.
 - Not attempt to dominate the meetings for their own purpose or the purpose of a group or organisation they are representing.

- Ensure mobile phones are set to silent or vibrate during Partnership Board meetings and notify the Chair if they are expecting an urgent call and are likely to have to leave the meeting;
- 3.4 Any member who does not comply with the Code of Conduct during a meeting may be asked to leave the meeting by the Chair. Any person excluded from an individual meeting because of their behaviour will only be allowed to return to future meetings if they agree to abide by the Code of Conduct.

General Conduct Expected of HWST Partnership Board Members

4. Confidentiality

- 4.1 Members of the Partnership Board may occasionally receive information which is not in the public domain, often relating to individuals, organisations or in-confidence matters. It is the responsibility of each individual member to ensure that this information remains confidential to the meeting, unless prior authorisation has been given by the Chair for this to be discussed elsewhere. This duty of confidentiality continues to apply after members have left the Partnership Board meeting.
- 4.2 Individuals must never use confidential information for their personal advantage or the advantage or disadvantage of anyone known to them or to disadvantage or discredit the Partnership Board.

5. Duty to Promote Equality

- 5.1 All HWST Partnership Board Members are under a duty to promote equality and not discriminate unlawfully against any person, treating all people with respect, regardless of their race, age, religion, gender, sexual orientation or disability.

6. Partnership Board Member Expenses

- 6.1 HWST Partnership Board members must comply with the rules set by MVDA in its Travel and Subsistence Policy regarding remuneration, allowances and expenses.
- 6.2 It is a Partnership Board members personal responsibility to ensure compliance with all relevant HM Revenue and Customs' requirements concerning payments, including expenses.

7. Duty to Declare Interests

- 7.1 HWST Partnership Board Members must ensure that conflicts do not arise, or appear to arise, between their public duties and their private interests, whether these are financial or not. It is the personal responsibility of all Partnership Board members to declare any personal or business interests which may conflict with their responsibilities.

8. Failure to Comply - Sanctions

8.1 Breaches of this Code of Conduct by members of the HWST Partnership Board will be addressed by the HWST Leadership and Delivery Group with support where required by MVDA in partnership with RCVDA

8.2 Sanctions available

- Informal warning
- Formal warning
- Suspension from some or all Healthwatch South Tees activities
- Termination of Healthwatch South Tees membership, including the position of Partnership Board member

APPENDIX A

The Seven Principles of Public Life

The Code of Conduct is based on the 'Seven Principles of Public Life', which apply to all in the public service.

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Appendix B

The Nine Principles of Public Service Delivery

1. Set standards of service

Set clear standards of service that people who use services can expect; monitor and review performance; and publish the results, following independent validation wherever possible.

2. Be open and provide full information

Be open and communicate clearly and effectively in plain language, to help people using public services; and provide full information about services, their cost and how well they perform. Where practical and appropriate, hold open meetings and release summary reports of meetings.

3. Consult and involve

Consult and involve present and potential people who use public services, as well as those who work in them; and use their views to improve the service provided.

4. Encourage access and the promotion of choice

Make services easily available to everyone who needs them, including using technology to the full and offering choice wherever possible.

5. Treat all fairly

Treat all fairly; respect their privacy and dignity; be helpful and courteous; and pay particular attention to those with special needs.

6. Put things right when they go wrong

Put things right quickly and effectively; learn from complaints; and have a clear, well publicised and easy-to-use complaints procedure, with independent review wherever possible.

7. Use resources effectively

Use resources effectively to provide best value for taxpayers and people who use services.

8. Innovate and improve

Always look for ways to improve the services and facilities offered.

9. Work with other providers

Work with other providers to ensure that services are simple to use, effective and coordinated, and deliver a better service to the user.



Healthwatch South Tees Communication Strategy 2018-2019

Join today, freephone
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healthwatch
Middlesbrough

healthwatch
Redcar and Cleveland

INTRODUCTION

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

As of 1 April 2017 Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland are working together to deliver Healthwatch activities across South Tees.

The Healthwatch South Tees Communication Strategy outlines how we will engage and communicate effectively with our stakeholders and communities. The strategy will ensure people understand what we do and the mechanisms we use to gather public views and opinions on health and social care services across South Tees.

We will use this Communication Strategy to ensure we understand the needs, concerns and experiences of the residents of South Tees, giving local people a trusted method to have their voices heard and helping to design and improve health and social care services for themselves and their families.

Aims and Objectives of Healthwatch South Tees

Our aim is to be a strong, independent, trusted and effective voice and champion for people across South Tees, influencing health and social care delivery and supporting people to access health and social care services.

Our main objectives are:

- To increase awareness of Healthwatch South Tees and our role in improving health and social care services.
- Develop continuous and meaningful engagement with the public, patients and carers to influence the delivery of health and social care services in South Tees.

- Develop key relationships with stakeholders and partners to ensure the public voice influences decisions made by health and social care commissioners.
- Ensure we gain evidence-based views that are representative of the community rather than personal or single-issue views of active members of the community.
- Champion the voices of seldom heard groups, including children, young people and those with protected characteristics.
- Represent the collective voice of patients, service users, carers and the public on statutory health and wellbeing boards.
- Escalate any concerns regarding health and social care services that are notified to us appropriately to Healthwatch England and the Care Quality Commission (CQC).
- Provide information and signposting support to the public about health and social care services.

PRINCIPLES

We will follow the principles of good communication by;

- Ensuring that the information we provide is clear, in plain language and available in the most appropriate format.
- Being inclusive and accessible to all members of the community, considering diversity ensuring groups are not disadvantaged, including translated or alternative format information.
- Using effective methods to communicate that are consistently 'fit for purpose'.
- Being honest, open and impartial, ensuring that an outcome is never pre-determined.
- Planning communication in advance to enable full participation.
- Ensuring the information we provide is accurate and timely.
- We will always actively look to target the correct audience and review processes as required.
- Upholding and promoting the Nolan Principles of Public Life and ensure honesty and integrity in all our work.

COMMUNICATION MECHANISMS

Effective communication is to ensure we are getting the right message to the right people through the most appropriate mechanism at the right time. By using the following mechanisms to engage with the public, carers, stakeholders and partners we will;

- Actively promote our work, provide information and gather feedback via the Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland website, ensuring coverage across both locality areas.

- Use social media such as **Twitter** and **Facebook** for information sharing, event promotion, and to engage with specific audiences as part of our work plan process and promote the work that we are doing.
- Provide regular **e-bulletins** and circulate throughout our networks. We will supply health and social care services with posters and leaflets that provide our contact details and that offer ways in which individuals can share their views and experiences.
- Work with **partner** agencies to ensure our messages are circulated through their **networks**, **newsletters** and via their **websites**.
- Work with stakeholders and partners to develop a **Healthwatch forum** that provides an effective, consistent mechanism to gather intelligence.
- Support the promotion of **campaigns** and **events** throughout our networks regarding health and social care topics.
- Attend **meetings** both statutory and non-statutory to raise awareness, gather information and ensure that service user voices are included in the decision-making process of health and social care services.
- Attend **community groups** to promote our work, gather intelligence and provide information.
- Provide a **drop-in** service at various venues throughout the South Tees locality.
- Provide an **Information and Signposting** service to support service users to access appropriate health and social care services.
- Work effectively with other local Healthwatch to ensure a joined-up approach to National initiatives and agendas.
- Provide regular information to Healthwatch England and partners about our work to support service improvement and raise awareness.
- All the information we gather will be made available via our websites and updates will be provided throughout our social media channels.

COMMUNICATION WORKPLAN 2018-2019

Workshops:

To support the development and delivery of our work plan priorities we will host various workshops whereby our stakeholders will be invited to share their current priorities, challenges and intelligence from service users and the public.

Information gathered will be used to support Healthwatch South Tees Partnership Board in determining our future workplan priorities, feed in to specific work plan items and shared as appropriate to help improve and shape the delivery of health and social care services.

The information provided will be used in addition to national and local policy to provide the basis of developing focused questionnaires, providing an opportunity to gather targeted intelligence.

Focused Questionnaires:

We will develop a series of questionnaires that will explore four categorical themes including older people, young people, those living with a diagnosed long-term health condition and challenges facing BAME groups. We will ensure that themes such as mental health, obesity and the wider determinants of health are featured throughout our work plan areas, to identify trends and look for innovative ways to improve service delivery and prevention.

We will gather both quantitative and qualitative service user data, such as waiting times, accessibility and service usage. Any intelligence that we receive will be shared appropriately to support the priorities of our partners and their identified workplans.

Respondents will be given the opportunity to give their own undirected opinions of health and social care services, highlighting key issues within specified demographics and detailing what is important to individuals about their health and wellbeing and care needs.

Healthwatch South Tees Young Peoples Shadow Board

We want to ensure that we capture the voice of young people throughout all our work plan priorities. To progress this area of work we will work with other local Healthwatch, professionals and stakeholders to research and identify best practice in establishing a young person's shadow board.

Research and insights gained will be used to establish the most effective method of developing this work plan priority, collaborating with local organisations throughout South Tees to build on existing work with young people, to avoid the duplication of existing workstreams and provide an opportunity to integrate people who would like to be involved.

We will integrate the Young Persons Shadow Board into the development of the overarching Healthwatch South Tees workplan, identifying outcomes that support young people to have their voices heard and improve the commissioning and delivery of local health and social care services.

Healthwatch South Tees Roadshow and Focus Groups

We want to ensure that we are visible throughout our communities, to accomplish this we will identify key locations throughout South Tees to hold information stalls, raise awareness of Healthwatch, provide Information and Signposting and gather service user feedback.

To support us in the gathering of targeted qualitative intelligence, we will use developed questionnaires that have been influenced by national and local policy and

feedback from our partners. We will conduct a series of focus groups throughout various demographic areas to ensure the voice of those underrepresented are heard. All of our findings will be made publicly available to inform future commissioning and the improvement of service provision.

Healthwatch South Tees: Management Report

1. Purpose and context

This management report provides the Healthwatch South Tees Partnership Board with a general update of the current work plan of Healthwatch South Tees (HWST), including an overview of the Healthwatch staff team and volunteers.

The context - in terms of the operating environment can be summarised as:

- HWST team continue to operate from both locality areas, with an office base both in MVDA and RCVDA.
- We have conducted outreach engagement at various locations across South Tees.
- Commissioning meetings have taken place with both Local Authority Areas (via Chris Walker and Michelle Graham) to update on the progress of Healthwatch South Tees.
- The Healthwatch South Tees Partnership Board is now fully operational, providing independent steer and oversight to the Healthwatch South Tees work plan.

2. Current Work Plan and Engagement Activities

- **Dementia:** Following the closure of the Guisborough Memory Clinic and relocation to Redcar Primary Care Hospital, we were made aware of issues with access and lack of provision. This resulted in our report '*Peoples experiences of living with Dementia in Redcar & Cleveland*'. This piece of work has continued with the HWST staff team and HWST volunteers becoming Dementia Friends Champions. They continue to deliver training sessions in the community, in conjunction with the Ageing Well Alliance.
- **Care Homes:** Intelligence has been shared by Middlesbrough Local Authority regarding a Dementia Environmental Tool that has been developed by Sterling University. The tool aims to highlight improvements that can be made within care home settings to improve the quality and care of those living with Dementia. An Enter and View has taken place at The Gables Care Home Middlesbrough and a report containing recommendations has been circulated to the provider for a 20-day response. The expected date for HWST to receive the response is Friday 14 December 2018. The HWST Partnership Board has confirmed this work will continue throughout South Tees with regular review. Additional benefits of this work are; highlight and support service

improvement, raise awareness of Healthwatch South Tees, give service users, carers and staff the opportunity to share their views about health and social care services and identify ways feedback is gathered by the home to inform improvements or highlight good practice.

- **HWST Roadshow:** It is planned that we conduct an intense engagement exercise over an eight-week period throughout South Tees. We are in the process of developing a series of questionnaires that will explore four categorical themes including older people, young people, those living with a diagnosed long-term health condition and challenges facing BAME groups. This will enable us to gather both quantitative and qualitative service user data, such as waiting times, accessibility and service usage. We will ensure that themes such as mental health, obesity and the wider determinants of health are featured throughout our work plan areas, to identify trends and look for innovative ways to improve service delivery and prevention and provide opportunities for respondents to give their own undirected opinions of health and social care services, highlighting key issues within specified demographics. Intelligence gathered will be used to inform the future Healthwatch South Tees workplan.
- **Priority Planning Workshop:** Two workshops are being developed that provides an opportunity for key stakeholders to share their views, expertise and experience to support the planning of the HWST priorities. One will be held in Middlesbrough and one in Redcar & Cleveland. A summary of the findings will be shared with The Partnership Board and used to support the development of the HWST workplan. The workshops will provide stakeholders with the opportunity to evaluate their involvement in the development of the HWST workplan.
- **HWST Young People's Panel:** This work is currently in the early stages; Research is currently underway of other local Healthwatch organisations implementation of 'Youthwatch' to identify best practice. Meetings are diarised with various young people and professionals to support the planning and next steps, to ensure we develop a robust sustainable mechanism for gathering the views of young people across South Tees.
- **Development of Social Media Strategy**
A full review of the current social media platforms is underway, there will be considerable expansion and use of our networks for community engagement purposes. Both Healthwatch websites have been updated to ensure consistency

and details of the HWST Partnership Board have been added. This will be an ongoing process as governance documents are reviewed and approved by the HWST Partnership Board.

- **Hearing loss:** HWST carried out a piece of work at the Middlesbrough Deaf Centre to gather feedback on issues raised by those living with hearing loss and access to health and social care services. Issues raised included: access to primary care services; implementation of Accessibility Standards; provision of translating services across both primary and secondary care; and ensuring interpreters are appropriately qualified and with the right levels of insurance. Following this we have now received further intelligence that service users are being referred to private providers for hearing devices that are unsatisfactory and are then being rereferred to Audiology, resulting in a double costing. There has been difficulty in the coordination of the Enter and View at the Audiology department due to a change in Service Manager. I. Holtby has raised the issue with The Live Well South Tees Board and it is hoped that this can now be progressed.
- **Life experiences of people with learning disabilities:** Research has now been completed by Craig Duerden into the needs and experiences of people with learning disabilities and whether they are being appropriately supported. The findings will form three reports based on three elements;
 1. Individuals & their needs
 2. Requirements of VCOs
 3. System & procedure driversThe first report '*Individuals and their needs*' has been circulated to partners for a 20 day response.

Healthwatch South Tees Team Update:

- **New Appointments:** Jake and Sarah are settling well into their new roles; regular supervisions have been positive and ensure progress on targets.
- **Work Plan:** Currently each member of the HWST team leads on key areas of work, Jake is pivotal in the development and review of the social media platforms and will lead in developing a Young Person's Shadow Board. (Youthwatch)
Sarah is leading on research and questionnaires to ensure that Healthwatch are aligned to national and local priorities and able to gather robust intelligence. Carole leads on the coordination of volunteers and public engagement.

Work with our partners:

- **Sustainability and Transformation Partnerships (STPs):** Local Healthwatch within the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby footprint, have commenced collaborative meetings to ensure a joint response to the significant and planned transformation of health services. There have been significant delays with the STP process due to the reorganisation of CCG's. We are currently waiting to coordinate next steps when further information is released by Alan Foster who is leading on our footprint area.
- **ICA:** We are working closely with ICA to ensure any trends identified are captured at an early stage, currently we are paying particular attention to issues with the NHS complaints process. An agreement is in place to share data and assess the complexities of making a complaint.
- **Other Partners:** Meetings have been held with Senior leaders and representatives from both local authority areas, South Tees Foundation Trust, South Tees Clinical Commissioning Group, Overview and Scrutiny and TEWW to identify future ways of working collaboratively. The discussions from these meetings will lead to informed collaborative working.

2 Next steps

HWST future work plan

A detailed analysis will be taking place (through our community engagement activities, surveys and to local strategies and plans) to identify new potential priorities in going forward. An early priority of the new HWST Partnership Board will be to agree the 'big ticket' items to take forward.

3 Process for Live Well Board to receive HWST reports

Discussions have taken place with Kathryn Warnock to determine a streamlined process of presenting future HWST reports. It has been agreed that all HWST reports will be presented to the South Tees HWB Executive Board in the first instance with a summary of findings, recommendations, responses received to date, planned next steps and any actions needing to be addressed and/or escalated to the Live Well South Tees Board if required.

Update on the current position of the Eye Clinic Liaison Service

1. Purpose and context

The purpose of this briefing note is to provide an update to the Healthwatch South Tees Partnership Board on the current funding position of the Eye Clinic Liaison Officer Service, based in James Cook University Hospital.

2. Background

During 2016 it was brought to our attention through our engagement, that there were gaps in the service provided for individuals with sight loss. We looked at the pathway that a person with sight loss may follow to identify how they are referred to services and where they receive support. It was identified that the Eye Clinic Liaison Officer (ECLO) Service at James Cook University Hospital (JCUH) in Middlesbrough is an integral support for those with a diagnosis of sight loss as it not only helps patients come to terms with this, but it also offers practical support and signposting to appropriate agencies that can improve their quality of life.

The service was under threat due to a lack of funding and at a possible risk of being reduced from a four day a week provision. The aim of this work was to gather the views of service users and stakeholders to evaluate the benefits and the impact of the ECLO service. We also wanted to understand how the ECLO service at JCUH compares regionally and highlight how a reduction in funding will affect the access and support given to patients locally.

3. Findings

The ECLO service based within the Eye Outpatients Department at JCUH is provided by RNIB (previously known as Action for Blind People) and has been running for over 16 years. Demand for the service has increased over the years which has been further enhanced by an increase in services within the Ophthalmology department and is now within the top 20 busiest eye services in England. The service has been historically funded by South Tees NHS Foundation Trust and RNIB for 1.5 days per week provision. During 2016 additional funding was awarded by Middlesbrough Borough Council through the Better Care Fund for a one-year pilot which saw an increase in service provision to four days a week.

We identified that patients from throughout the region are accessing the service, however the service is only funded locally through Middlesbrough Borough Council and South Tees NHS Foundation Trust.

We carried out telephone consultations with 30 patients and our findings were as follows.

- 75% of respondents felt that they had received support from the ECLO at the right time.
- 81% of respondents felt that before speaking to the ECLO they were either not well informed or not informed at all about the support available.
- 75% of respondents felt that after speaking to the ECLO they were very well informed
- 100% said they had a better understanding of their eye condition after speaking to the ECLO.
- 82% felt that they had been given all or most of the emotional support they needed and 100% felt they were coping better after speaking to the ECLO.
- 88% of respondents had been referred to other services.

4. Outcome

Our report was completed in July 2017, with a 20-day response requested from Middlesbrough Council, NHS South Tees CCG, Redcar & Cleveland Council and South Tees Hospitals NHS Foundation Trust. Discussions also took place with Healthwatch Stockton-on-Tees and as a result the report was shared with NHS Hartlepool and Stockton CCG and Stockton Council. A meeting took place on 24 January 2017 to bring together commissioners and key stakeholders to discuss the possibility of a future joint commissioning of the service. It was confirmed that RNIB would receive additional funding for a further six months, providing an opportunity for RNIB to work with commissioners and ensure the reporting of the service and impact was in line with BCF funding requirements.

Due to the high level of positive feedback we received from service users, Angela Bedingfield received the first Healthwatch South Tees Award of Recognition (STAR award) for continued care and support to those with sight loss.

5. Update

We have now reviewed the current position of the ECLO service and been informed that Suzanne Hodge (Middlesbrough Council) has informed RNIB that the service is not deemed as meeting the parameters of BCF and confirmed that funding will continue to 31.03.2019 and cease at that point. The letter provided by Suzanne indicated that this would give sufficient time to identify alternative funding.

Additionally, a recent document published by the UK Ophthalmology Patient Standards, has made clear the importance of patient support and states that ECLO services should be available in all eye clinics. This does not define how many days a

week the service provision should be made available, without additional funding the service will revert to 1½ days per week.

6. Next Steps

I would like to seek a decision from the Partnership Board on the future position/action of Healthwatch South Tees, given that the ECLo service has previously been a workplan priority of Healthwatch South Tees and in terms of the HWST objective to influence local commissioning.