

HEALTH AND WELLBEING BOARD AGENDA



**Monday 5 October 2015
at 10.00 am
in Committee Room 'B'
Civic Centre, Hartlepool.**

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

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

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson

Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council (1) – Sally Robinson

Representatives of Healthwatch (2); - Margaret Wrenn and Ruby Marshall

Other Members:

Chief Executive, Hartlepool Borough Council (1) – Gill Alexander

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden

Representative of the NHS England (1) – Vacancy

Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall

Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley

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

Representative of Cleveland Police, ACC Simon Nickless.

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor S Akers-Belcher

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 11 September 2015

4. ITEMS FOR DECISION

- 4.1 CAMHS Transformation Locality Plan – *Director of Child and Adult Services*

5. ITEMS FOR INFORMATION

- 5.1 Introduction Independent Chair Teeswide Safeguarding Adults Board/
Teeswide Safeguarding Adults Board: Annual Report 2014/15 and Strategic
Business Plan 2015/16 – *Director of Child and Adult Services and
Independent Chair of Teeswide Safeguarding Adults Board*
- 5.2 Respiratory Disease Presentation – *Director of Public Health*
- 5.3 Screening presentation – *Director of Public Health*
- 5.4 Community Based Urgent Care – Verbal Update - *Chief Officer, Clinical
Commissioning Group*
- 5.5 Better Care Fund: Update and 2015/16 Q1 Return – *Director of Child and
Adult Services*

6. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – 30 November 2015 at 10.00 a.m. at the Civic Centre,
Hartlepool.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

11 September 2015

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

Present:

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

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Carl Richardson and Chris Simmons

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Graeme Niven (as substitute for Alison Wilson)

Director of Public Health, Hartlepool Borough Council - Louise Wallace

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

Other Members:

Representative of Tees Esk and Wear Valley NHS Trust – David Brown (as substitute for Martin Barkley)

Representative of Cleveland Police – Assistant Chief Constable Simon Nickless

Also in attendance:- Julia Waller, Screening and Immunisation Manager, NHS England

Dr Simon Howard, Public Health Registrar

L Fletcher J Gray, G and S Johnson and S Thomas

Officers: Steven Carter, Health Improvement Practitioner (Workplace, Obesity, Physical Activity)

Deborah Clark, Health Improvement Practitioner

Amanda Whitaker, Democratic Services Team

19. Apologies for Absence

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

Director of Child and Adult Services, Hartlepool Borough Council – Sally Robinson

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

20. Declarations of interest by Members

Councillor Christopher Akers-Belcher reiterated the declaration he had made at a previous meeting of the Board that in accordance with the Council's Code of Conduct, he declared a personal interest as Manager for the Local HealthWatch, as a body exercising functions of a public nature, including responsibility for engaging in consultation exercises that could come before the Health and Wellbeing Board. He had advised that where such consultation takes place (or where there is any connection with his employer), as a matter of good corporate governance, he would ensure that he left the meeting for the consideration of such an item to ensure there was no assertion of any conflict of interest.

Councillor Christopher Akers-Belcher informed the Board that he would, therefore, vacate the Chair during consideration of the item relating to HealthWatch Hartlepool investigation of good practice examples in the care and support of residents with dementia in Hartlepool care homes. The Board agreed that Graeme Niven, representative of the Clinical Commissioning Group, Chair the meeting during consideration of that item.

21. Minutes

The minutes of the meeting held on 3 August 2015 were confirmed.

22. Draft Healthy Weight Strategy for Hartlepool (*Director of Public Health*)

The Director of Public Health presented a proposed 10-year Healthy Weight Strategy for Hartlepool, a copy of which was appended to the report. together with the associated Action Plan to support its implementation.

Board Members were reminded that at the meeting of the Board held on 11 August 2014, it had been requested that a Childhood Obesity Strategy for the town be developed, to set out an approach to tackling rising levels of overweight and obesity among young people in Hartlepool. A town-wide obesity conference had been held in February 2015, in order to bring together key stakeholders and services that had a significant role to play in the obesity agenda, including Elected Members and the wider community. The aim of the conference was to highlight areas of good practice, identify gaps in provision, establish what more key partners can do around the agenda, and highlight key actions and areas for strategic focus. Following the conference, a steering group had been established from members of the Hartlepool Healthy Weight Healthy Lives Strategic Group, to analyse the findings from the conference, consider the existing evidence and good practice, and develop a proposed healthy weight strategy and action plan for the town.

It was proposed that the healthy weight strategy take a longer-term view of the obesity issue and three key strategic themes were detailed covering primary, secondary and tertiary prevention, each with specific objectives to be

tackled over a 10-year period. It was also proposed that the strategy take a whole-systems approach to the issue across the full life course, and as such, also addressed obesity in adults and the wider family unit.

Board Members debated issues arising from the report. The Chair of the Children's Strategic Partnership advised the Board of observations which had been highlighted at a recent meeting of the Partnership. It had been suggested that children should be guided towards making healthier choices of school meals.

A Healthwatch representative referred to recent attendance at a health consultation meeting with refugee and asylum seekers when discussions had highlighted diet awareness issues and consequences arising from change in diets.

It was agreed that the issues raised at the Board meeting should be referred to the Hartlepool Healthy Weight Healthy Lives Strategic Group. Interest expressed by the representative of Cleveland Police, to be involved in the campaign, was noted for inclusion in the action plan.

Decision

The Health and Wellbeing Board:

- i) Considered the draft Healthy Weight Strategy 2015-2025 and Action Plan;
- ii) Agreed the content of the draft Healthy Weight Strategy and Action Plan subject to the comments made by Board Members being reflected in the Action Plan;
- iii) Agreed that the Strategy and Action Plan be referred to partner governing bodies, with a view to seeking support for its adoption and implementation
- iv) Agreed that responsibility for the implementation of the Strategy be referred to the Hartlepool Healthy Weight Healthy Lives Strategic Group;
- v) Agreed that the membership of the Hartlepool Healthy Weight Healthy Lives Strategic Group be reviewed/extended to ensure that those involved are in a position to take forward all required actions within their respective organisations / bodies; and
- vi) Agreed that the Hartlepool Healthy Weight Healthy Lives Strategic Group report progress against implementation of the Strategy to the Health and Wellbeing Board on a 6 monthly basis and the feedback from partner governing bodies be included in the subsequent report to the Board.

23. Immunisation Presentation *(Director of Public Health)*

The Board received a presentation by the Director of Public Health and the Immunisation and Screening Manager from NHS England. The presentation provided the Board with the following:-

- assurance that appropriate governance arrangements are in place within NHS England in relation to immunisations for the population, in order to protect the health of people in Hartlepool.
- an update on the local picture of Immunisations in Hartlepool and;
- NHS England's plans to improve uptake and local actions being undertaken to address these.

The Immunisation and Screening Manager highlighted at the meeting that although there had been a significant improvement in the uptake of immunisations in Hartlepool, immunisation rates continued to be below the rate for the North East overall. Board Members discussed ethnicity issues, including the involvement of international centres, and were advised of information which was available nationally. It was recognised that there needed to be more intelligence to address issues which existed locally in particular wards and links to social workers were discussed. In response to concerns expressed regarding issues of communication, it was suggested that the Council's communication team should liaise with the Director of Public Health and the Immunisation and Screening Manager with a view to inclusion of information in Hartbeat community magazine. It was suggested also that ward information be forwarded to ward councillors for dissemination in ward bulletins.

Activities to improve immunisation uptake were included in the presentation. It was intended that visits would be arranged to General Practice's with lowest uptake to discuss seasonal flu uptake for 'at risk' groups, to all practices to discuss routine childhood programme and seasonal flu programme and to work with practices to ensure robust data collection via Child Health Information System (CHIS). There had been also engagement with children and parents to design a bespoke leaflet. A Healthwatch representative requested copies of the leaflet for distribution although the benefit of face to face interaction was recognised including the role of health visitors and nursery nurses through children's centres in the promotion of immunisation.

The Chair thanked the Director of Public Health and the Immunisation and Screening Manager for their informative presentation.

Decision

The Board noted the content of the presentation.

24. Scrutiny Investigation into Cardiovascular Disease (CVD) – Action Plan *(Director of Public Health)*

The report sought agreement of the Action Plan in response to the findings and subsequent recommendations of Council's investigation into Cardiovascular Disease (CVD). As a result of the Scrutiny investigation into CVD, a series of recommendations had been made. To assist the Health and Wellbeing Board in its determination of either approving or rejecting the proposed recommendations an action plan had been produced, appended to the report, and was detailed along with the Final Report and recommendations of Council also appended to the report.

The Director of Public Health assured the Board that the recommendations, arising from the investigation, were being progressed. The Board was advised of a report which had been submitted to the Finance and Policy Committee on options for the future commissioning and delivery of, feasible and appropriate, NHS Health Checks, in the context of the Cardiovascular Disease (CVD) review and Council's provision of wider public health services to address ill health, inequalities and premature mortality caused by CVD.

During the discussion following presentation of the report, the Director of Public Health responded to clarification sought from Board Members. It was noted that dialogue was ongoing with GP practices to increase awareness of patients eligible for NHS Health Checks.

Decision

The Board approved the proposed recommendations and approved the action plan in response to the recommendations of Council's investigation into CVD.

Councillor C Akers-Belcher vacated the Chair.

Graeme Niven, representative of the Clinical Commissioning Group, chaired the meeting during consideration of the following item.

25. Healthwatch Hartlepool Investigation of Good Practice Examples in the Care and Support of Residents with Dementia in Hartlepool Care Homes *(Healthwatch Hartlepool)*

The report informed the Health & Wellbeing Board of the outcomes of the Healthwatch Hartlepool investigation of good practice examples in the care and support of residents with dementia in Hartlepool Care Homes. Healthwatch representatives explained that the Care Home Dementia Project had been included in the 2014/15 work programme of Healthwatch Hartlepool as a result of some concerns which had been raised about inconsistencies in the quality of care and support received by residents with varying levels of

dementia in residential care homes in Hartlepool.

Appreciation was expressed to Healthwatch Members who had contributed to the report. Board Members highlighted issues arising from the report including examples of good practice and management and staff continuity and training. The Chair of the Council's Adult Services Committee complimented Healthwatch on the report. Assurances were sought that the issues which had been raised would be acted upon. A Healthwatch representative advised that the report would be shared with all Care Homes and the Care Quality Commission. The context of the report in terms of commissioning arrangements was highlighted. The Chair of Adult Services Committee advised that he would welcome the submission of the report to the Adult Services Committee.

Arising from the debate, the Director of Public Health undertook to determine how many disabled access taxis there were in Hartlepool and to update Board Members at a subsequent meeting.

Decision

- (i) The Board noted the contents of the report and considered the recommendations contained therein.
- (ii) The Healthwatch report was referred to the Council's Adult Services Committee.

Meeting concluded at 11.30 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

5th October 2015



Report of: Director of Child and Adult Services

Subject: CAMHS TRANSFORMATION LOCALITY PLAN

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (ii)) Forward Plan Reference No. C&AS40/15.

2. PURPOSE OF REPORT

- 2.1 To present to Health and Wellbeing Board the CAMHS Transformation Locality Plan and provide the Board with the opportunity to feed comments to Children's Services Committee on 6th October 2015.

3. BACKGROUND

- 3.1 The Tees CAMHS Transformation Group was established in 2012/13, and is made up of representatives from each local authority area, the Clinical Commissioning Group TEWV and the voluntary and community sector.
- 3.2 The key focus of the group was to develop a Tees CAMHS Transformation Strategy in response to the national 'No Health Without Mental Health' strategy. Over the last 12 months, each area in the Tees Valley has been working on the joint strategy and local plans to develop provision and support to improve the emotional wellbeing and mental health for children and young people in the area.
- 3.3 Earlier this year, a report was published by the Children and Young People's Mental Health Taskforce entitled 'Future in Mind'. This report identifies a number of proposals the government wishes to see in place by 2020 and establishes a clear direction and key principles about how to make it easier for children and young people to access high quality mental health care when they need it. The key drive is to establish a whole system approach focusing on prevention of mental ill health, early intervention and recovery.

- 3.4 Additional funding has been identified to support the aims set out in 'Future in Mind'. In order for CCGs and local areas to access these monies, localities are required to develop and submit their Transformation Plans to NHS England by 16th October 2015. Therefore, during the summer, Hartlepool has been working closely with the CCG and partners to build upon the Tees CAMHS Transformation Strategy and associated Transformation Locality Plan to ensure that all actions and targets are aligned with the requirements as set out in 'Future in Mind'. The plan will then go through the assurance process at a regional level before any funds are released.

4. PROPOSALS

- 4.1 It is vital that all key stakeholders who work with and support our children and young people have an opportunity to feed into and review the Hartlepool Transformation Plan. In order to achieve this ambition in the short time scale available, the plan will be taken to the following forums for discussion and information;
- Adults Mental Health Forum – 3rd September 2015
 - Hartlepool Health and Wellbeing Board - 5th October 2015
 - Children's Strategic Partnership – 17th November 2015
- 4.2 Approval for the plan will be sought from Children's Services Committee on 6th October 2015. It is proposed that feedback and comments from the Health and Wellbeing Board are reported to Children's Services Committee via a verbal update.
- 4.3 The Principal Educational Psychologist attended the Children and Young People's Council in July to discuss and gather their views about emotional wellbeing and mental health. This information has been threaded through the plan and further work will take place involving children and young people in the coming months to ensure that their opinions and viewpoint is shared with all stakeholders and feeds into the delivery model.
- 4.4 The plan has been developed to ensure full co-ordination with the Better Childhood Programme, Healthy Relationships Project and the Education Commission's recommendations. Key overarching strands from each of the programmes have been clearly identified in the plan and existing resource will be directed to meet the planned outcomes. Where additional and new investment is required, this has been highlighted and costed as part of the submission.
- 4.5 Over the coming year, work is planned with schools, academies, colleges, children and young people and voluntary sector organisations to ensure that as a town there is robust baseline information, identifying the current requirements and need in this area. This will provide a clear steer for future improvement and the opportunity to assess progress towards local targets.

5. RISK IMPLICATIONS

- 5.1 It is essential that all key stakeholders and partners are involved in the further development and delivery of the action plan to ensure that the key projects and actions are fully adopted and achieved. The future success of improving the emotional wellbeing and mental health for Hartlepool children and young people relies on a co-ordinated and partnership approach.

6. FINANCIAL CONSIDERATIONS

- 6.1 The assurance process that must be undertaken by NHS England to approve locality plans is a rigorous and robust procedure. Every effort has been taken in the short time available to ensure that the Hartlepool plan meets all the requirements set out in the guidance and assurance checklist.
- 6.2 In the event that the plan fails to meet the key conditions as set out in the guidance, further funding will not be released until the plan is deemed satisfactory. This will require a review and revision of the plan to ensure all obligations are achieved.

7. LEGAL CONSIDERATIONS

- 7.1 There are no implications.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no implications.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 The locality plan relates to every child and young person in Hartlepool regardless of background, faith or ethnicity. The focus is to ensure that the plan and associated actions improve the emotional wellbeing and mental health of any Hartlepool child or young person who is identified as requiring support and intervention.
- 9.2 The future development and delivery of the plan will take into consideration the views of parents/carers, children and young people to ensure that provision is meeting the needs of the individual child, young person and/or family.

10. STAFF CONSIDERATIONS

- 10.1 The children's workforce will be involved in ensuring that the delivery of the action plan and the adoption of the recommendations pervades all work streams and planning for future work with children and young people.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no implications.

12. RECOMMENDATIONS

- 12.1 It is recommended that Health and Wellbeing Board;
- Endorse the Hartlepool CAMHS Transformation Locality Plan;
 - Offer comments to be raised and shared at Children's Services Committee on 6th October 2015;
 - Periodic updates will be brought to the Health and Wellbeing Board in line with the Health and Wellbeing Strategy.

13. BACKGROUND PAPERS

- Hartlepool and Stockton-on-Tees Transformation Plan 2015-2020 – Appendix 1
- Future in Mind – NHS England

14. CONTACT OFFICER

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Children & Young People's Mental Health and Wellbeing

*Hartlepool and Stockton-on-Tees
Transformation Plan
2015- 2020*

Final copy to be signed off by the CCG Board on 30th September 2015. Final version of the plan will be available for the meeting of the Health & Wellbeing Board on 5th October 2015 and Children's Services Committee on 6th October 2015.

*Version 1.5
10-Sept-15*

**Children & Young People's Mental Health and Wellbeing
Hartlepool and Stockton-on-Tees Transformation Plan**

Contents

Foreword

WORKING DRAFT

Children & Young People's Mental Health and Wellbeing Hartlepool and Stockton-on-Tees Transformation Plan

1. Introduction

- 1.1 This document sets out the Five-year Children and Young Peoples Mental Health and Wellbeing Plan for Hartlepool and Stockton-on-Tees, in line with the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*¹.
- 1.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.
- 1.3 In response, the Hartlepool and Stockton-on-Tees Children and Young People's Mental Health and Wellbeing Transformation Plan 2015-20 has been developed; building on the foundations of the previous Tees wide CAMHS transformation work.
- 1.4 As this document incorporates Child and Adolescent Mental Health Services (CAMHS); it should be seen as the local 'CAMHS strategy'.

2. What is the Children and Young People's Mental Health and Wellbeing Transformation Plan?

- 2.1 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Hartlepool and Stockton-on-Tees. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.
- 2.2 The plan sets out a shared vision, high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.
- 2.3 Successful implementation of the plan will result in:
 - An improvement in the emotional well-being and mental health of all children and young people.
 - Multi-agency approaches to working in partnership, promoting the mental health of all children and young people, providing early intervention and also meeting the needs of children and young people with established or complex problems.

¹ Department of Health NHS England (2015) *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

4.1 APPENDIX 1

- All children, young people and their families will have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.
- 2.4 This plan has been developed by a multi-agency group and builds on the Tees-wide CAMHS work. Stakeholders involved in the development of the plan are listed in **appendix 1**.
- 2.5 Action plans have been informed by health needs assessments within each local authority area.

3. National policy context

- 3.1 National policy over recent years has focused on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.
- 3.2 In regard to improving outcomes for children and families, *No Health without Mental Health*² published in 2011, emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning needs to take a whole pathway approach, including prevention, health promotion and early intervention.
- 3.3 *Future in Mind – Promoting, protecting and improving our children and young people’s mental health and wellbeing*³, responds to the national concerns around provision and supply of system wide services and support for children and young people. It largely draws together direction of travel from preceding reports, engages directly with children young people and families to inform direction and the evidence base about what works.
- 3.4 The report introduction includes a statement from Simon Stevens CEO of NHS England, he stated ‘Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked’. The report emphasises the need for a whole system approach to ensure that the offer to children, young people and families is comprehensive, clear and utilises all available resources.
- 3.5 The joint report of the Department of Health and NHS England sets out the national ambitions that the Government wish to see realised by 2020. These are:
- i. People thinking and feeling differently about mental health issues for children and young people, with less fear and discrimination.
 - ii. Services built around the needs of children, young people and their families so they get the right support from the right service at the right time. This would include better experience of moving from children’s services to adult services.
 - iii. More use of therapies based on evidence of what works.
 - iv. Different ways of offering services to children and young people. With more funding, this would include ‘one-stop-shops’ and other services where lots of what young people need is there under one roof.

² Ref NHwMH 2011

³ Ref: Future in Mind (2015)

- v. Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible. For example no young person under the age of 18 being detained in a police cell as a 'place of safety'.
 - vi. Improving support for parents to make the bonding between parent and child as strong as possible to avoid problems with mental health and behaviour later on.
 - vii. A better kind of service for the most needy children and young people, including those who have been sexually abused and/or exploited making sure they get specialist mental health support if they need it.
 - viii. More openness and responsibility, making public numbers on waiting times, results and value for money.
 - ix. A national survey for children and young people's mental health and wellbeing that is repeated every five years.
 - x. Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.
- 2.6 *Future in Mind* identifies key themes fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people. The themes are:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 2.7 The report further sets out 49 recommendations that, if implemented, would facilitate greater access and standards for Children and Adolescent Mental Health Services (CAMHS), promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 2.8 Also of relevance to this plan is the *Crisis Care Concordat*⁴ – an agreement between police, mental health trusts and paramedics to drive up standards of care for people, including children and young people experiencing crisis such as suicidal thoughts or significant anxiety.

4. Local policy context

- 4.1 This transformation plan contributes to the delivery of local priorities detailed within Joint Health and Wellbeing Strategies.

⁴ HM Government Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

4.1 APPENDIX 1

- 4.2 The Hartlepool Joint Health and Wellbeing Strategy aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. This will be achieved by empowering children and young people to make positive choices about their lives and developing and delivering new approaches to children and young people with special educational needs and disabilities.
- 4.3 The Stockton-on Tees Joint Health and Wellbeing Strategy also aims to give every child the best start in life and children and young people the opportunity to maximise their capabilities to have control of their lives. There is specific acknowledgement to improve the mental health and wellbeing of children and young people.
- 4.4 The Hartlepool and Stockton-on-Tees CCG Clear and Credible Plan Refresh 2014/15-2018/19 cites the development of a strategy to ensure that primary mental health services can meet the needs of children and young people with early stage mental health difficulties; through early intervention and quality longer term services for those children with more complex mental illness.

5 Children and young people's mental health: national profile of need

- 5.1 Mental health problems cause distress to individuals and all those who care for them⁵. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.
- 5.2 Information in key policy documents suggests:
- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder
 - Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
 - More than half of all adults with mental health problems were diagnosed in childhood - less than half were treated appropriately at the time
 - Number of young people aged 15-16 with depression nearly doubled between 1980s and 2000s
 - Proportion of young people aged 15-16 with a conduct disorder more than doubled between 1974 and 1999
 - 72% of children in care have behavioural or emotional problems
 - About 60% looked after children in England have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care
 - 95% of imprisoned young offenders have a mental health disorder

⁵ Ref: Future in Mind

5.3 Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others⁶. These include those children who have one or a number of risk factors:

- who are part of the Looked after system
- from low income households and where parents have low educational attainment
- with disabilities including learning disabilities
- from BME groups including GRT
- who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- who experience homelessness
- who are engaged within the Criminal Justice System
- whose parent (s) may have a mental health problem
- who are young carers
- who misuse substances
- who are refugees and asylum seekers
- who have been abused, physical and/or emotionally

6 Children and young people's mental health: local profile of need

6.1 The following data is taken from the Child and Maternal Health Intelligence Network Service⁷ (CHIMAT) Local Authority Service Snapshots - CAMHS reports (2014). The reports bring together key data and information to support understanding key local demand and risk factors to inform planning.

6.2 Tabled below is the 0 to 19 years population for both Hartlepool and Stockton-on-Tees.

	Male population aged 0-4 years (2014)	Male population aged 5-9 years (2014)	Male population aged 10-14 years (2014)	Male population aged 15-19 years (2014)
Hartlepool	2,904	2,892	2,706	2,940
Stockton-on-Tees	6,389	6,113	5,636	6,136

	Female population aged 0-4 years (2014)	Female population aged 5-9 years (2014)	Female population aged 10-14 years (2014)	Female population aged 15-19 years (2014)
Hartlepool	2,753	2,790	2,482	2,850
Stockton-on-Tees	6,060	6,049	5,229	5,601

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics.
CCG population estimates aggregated from GP registered populations (Oct 2014).

⁶ Better Mental Health Outcomes for Children and Young People A RESOURCE DIRECTORY FOR COMMISSIONERS
www.CHIMAT.ORG.UK/CAMHS/COMMISSIONING

⁷ National Child and Maternal Health Intelligence Network (2015)

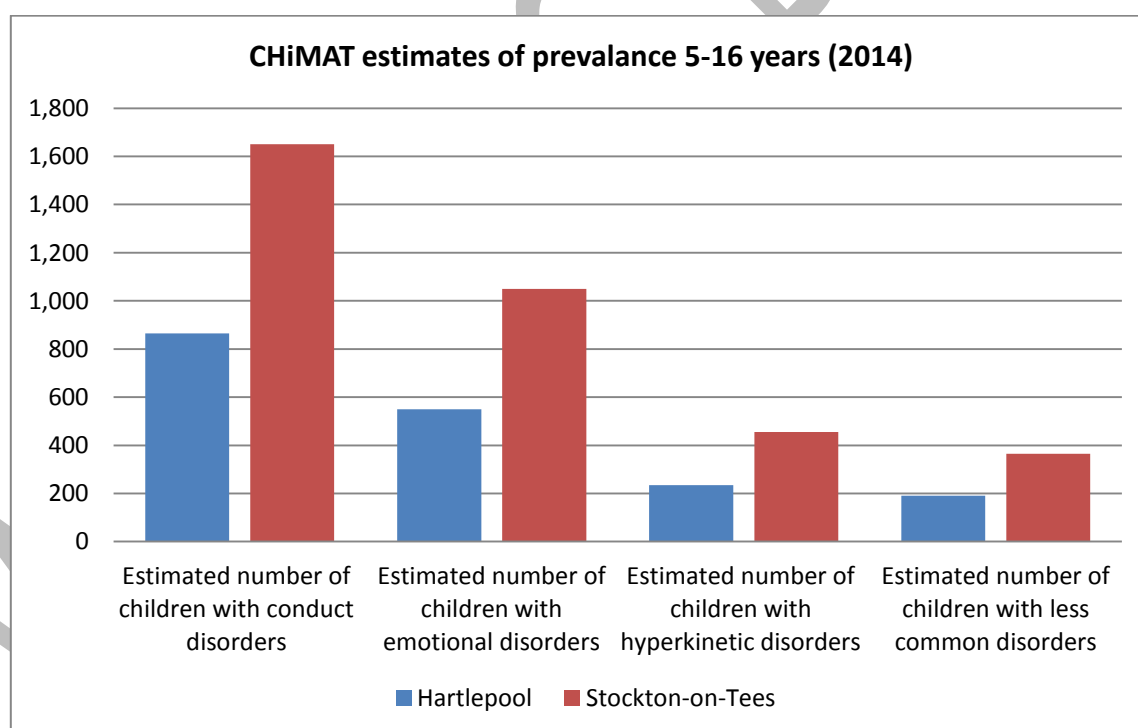
4.1 APPENDIX 1

- 6.3 CHIMAT estimate that within Hartlepool there were 1,390 children and young people of school age who had a mental health condition during 2014; in Stockton-on-Tees this figure is 2,700. Table 1 shows estimated number of children with a mental health disorder by Group between ages of 5 and 10 year and 11 to 16 years old during 2014.

	Estimated number of children aged 5-10 years with mental health disorder	Estimated number of children aged 11-16 years with mental health disorder	Total
Hartlepool	575	815	1,390
Stockton-on-Tees	1,130	1,570	2,700

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

- 6.4 Estimated prevalence of children and young people with mental health disorders could include conduct, emotional, hyperkinetic and less common disorders⁸. The graph below shows the estimated prevalence of children with conduct, emotional, hyperkinetic and less common disorders by locality. It should be noted that some children and young people may be diagnosed with more than one mental health disorder.



Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

- 6.5 The most common mental health disorders in children and young people in both localities are conduct disorders. Each of the areas have specific challenges that are not causal of

⁸ National Child and Maternal Health Intelligence Network (2015)

4.1 APPENDIX 1

mental health difficulty but can be described as increasing an individual's risk of mental or emotional health problems.

- 6.6 Many parts of Hartlepool and Stockton-on-Tees are affected by deprivation which has a direct impact on child poverty figures. The level of child poverty can vary from ward to ward within a local authority area. Mid-2012 estimates of the number of children in poverty show:

Hartlepool

- 32.6% in poverty
- 60.0% in Stranton
- 10.7% in Elwick

Stockton

- 25.6% in poverty
- 52.4% in Stockton Town Centre
- 7.0% in Northern Parishes

- 6.7 In Teesside, about 2,000 young people aged 16-18 years are estimated to be not in education, employment or training (NEET). All Teesside local authorities have rates above the England average. Hartlepool is the only Teesside local authority with a rate below the North East average.
- 6.8 Key messages from the Hartlepool Children and Young Peoples Mental Health and Wellbeing Profile are:
- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average.
- 6.9 Key messages from the Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Profiles are:
- Young people hospital admissions for self-harm (rate per 100,000 aged 10-12) are above the England average.

7 What children and young people have told us

- 7.1 From the national engagement exercise, children and young people have told us how they want things to change. They want:
- to grow up to be confident and resilient, supported to fulfil their goals and ambitions;
 - to know where to find help easily if they need it and when they do to be able to trust it;
 - choice about where to get advice and support from a welcoming place. It might be somewhere familiar such as school or the local GP, it might be a drop-in centre or access to help on line. But wherever they go, the advice and support should be based on the best evidence about what works;
 - as experts in their own care, to have the opportunity to shape the services they receive;

4.1 APPENDIX 1

- to only tell their story once rather than have to repeat it to lots of different people. All the services in their area should work together to deliver the right support at the right time and in the right place;
- if in difficulty, not having to wait until they are really unwell to get help. Asking for help shouldn't be embarrassing or difficult and they should know what to do and where to go; and if they do need to go to hospital, it should be on a ward with people around their age and near to home. And while children and young people are in hospital, we should ensure they can keep up with their education as much as possible.

7.2 Feedback from young people in Hartlepool, about what they want to see:

- Raised awareness about mental health and wellbeing
- Better access – via community based, young people friendly buildings
- Anti-bullying campaign – to cover different types of bullying, what people think it is, ways of overcoming it
- The voice of children and young people heard and opinions valued.
- Support available at key transition points.
- Improvement in emotional and physical wellbeing of young people through a revised curriculum for life.

7.3 In Stockton-on-Tees young people (aged 9-19) told us:

- Help for children and young people should be more immediate and delivered in their own homes, if necessary
- More services should be community based to make them more accessible
- Once engaged, a young person should be provided with a resilient and consistent worker-young person relationship
- There should be more awareness amongst professionals around the social and cultural context of difficulties
- Some issues go undetected or undiagnosed – for example autism and drug and alcohol abuse
- Mental health problems should be de-stigmatised amongst children and young people in particular
- Overall, children and young people need to be less isolated from services, so that they do not turn to negative coping strategies like crime, drugs and alcohol

8 Commissioned services

4.1 APPENDIX 1

- 8.1 Although not an exhaustive list, the table below details some of the services commissioned for children and young people with emotional and mental health difficulties. Services are divided into tiers, reflecting level of specialist intervention (low at tier 1 and highest at tier 4).

Universal (Tier 1)	<ul style="list-style-type: none">➤ Midwifery➤ Health Visiting➤ Children's Services➤ School Nursing➤ Some Voluntary Services
Targeted (Tier 2)	<ul style="list-style-type: none">➤ Targeted Mental Health in Schools (TaMHS)
Specialist – community (Tier 3)	<ul style="list-style-type: none">➤ CAMHS and LD – Community Services➤ CAMHS – Crisis and Liaison➤ CAMHS – Community Forensics➤ CAMHS – Community Eating Disorder Service➤ CAMHS – Looked After Children➤ Learning Disability Challenging Behaviour➤ Intermediate Care/Respite➤ Early Intervention in Psychosis (NB age range 14-35)
Special in-patient (Tier 4)	<ul style="list-style-type: none">➤ Assessment and Treatment – Mental Health inpatient➤ Assessment and Treatment – Learning Disability inpatient➤ Eating disorders in-patient➤ Psychiatric intensive care units➤ Medium Secure➤ Low Secure

9 Analysis of Need/Gaps and Issues

- 9.1 Hartlepool Public Health have identified the need to:

- Have a better co-ordination of all emotional health and wellbeing programmes
- Improve early intervention/prevention programmes which impact on children and young people's emotional health and wellbeing
- Improve the mental health of the following groups of children and young people:
 - Looked after Children
 - Children and young people with a learning disability
 - Young offenders
- Reduce the numbers of young people who self-harm

9.2 Public Health Stockton-on-Tees has undertaken a mental health needs assessment for children and young people living in Stockton-on-Tees. A separate report is available (dated May 2015). Key findings include:

- 1 in 10 children aged 1 to 15 have a mental health problem, the problems during childhood and adolescents costs between £11,030- £59,130 annually.
- There are several key protective factors such as breast feeding, education and positive relationships that can support children and young people to have good mental health. There are also a number of risk factors associated with poor mental health including but not limited to parents with mental health problems, deprivation and family breakdown.
- In Stockton-on-Tees, according to publically available data the numbers of children who are supported by protective factors are low and those affected by risk factors are on the increase. Also growing is the number of children who are at higher risk of poor mental health including those who are looked after and children with special educational needs.
- The rates of suicide and self-harm in Stockton-on-Tees and child admissions for mental health related conditions is also statistically higher than the national average. Services have described more incidents of poor mental health in children and young people and also described the increased complexity of the child's lifestyles. Data was not sufficient enough to demonstrate this however it was a theme described by services and service users alike.
- Nationally and locally there is a drive to take an early intervention approach to children and young people by aiming to give all children the best start in life. There are huge social and economic benefits to this as well as the positive outcomes for the individuals. The health needs assessment finds key areas of improvement and opportunities for early intervention and mental health promotion.

9.3 In regard to the 49 recommendations within *Future in Mind* the following areas have been identified as requiring further exploration:

- Early years provision
- Perinatal mental health
- Early intervention/enhanced training for schools
- Named contacts in schools/CAMHS
- Self-care / peer support for children and young people and parents
- Community Eating Disorder Service
- Integrated LAC pathway
- Emerging personality/ challenging behaviour – multi-agency pathway

- Transition care for vulnerable groups – e.g. Learning Disabilities

10 Our vision

10.1 The World Health Organisation definition of mental health is ‘a state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

10.2 This definition supports our overarching vision:

‘Children and young people across Hartlepool and Stockton-on-Tees will be supported to reach their potential and when faced with difficulties will have access to quality evidence based services’.

11 Shared values and principles

11.1 The plan is underpinned by the following set of principles which have been developed in partnership;

- Children, young people, their family/carers will be involved in future design of services.
- Building of capacity across the system to deliver evidence-based outcomes and focused pathways is needed.
- Resilience will be built across the whole system.
- Resources should to be re-focused towards prevention and earlier intervention (whilst including consideration of, and adequate provision for, children and young people with identified mental health problems that require access currently to specialist mental health services).
- Reducing unmet need and increasing choice of, and access to, services for targeted and high risk groups.
- High quality, cost effective services, based in community settings (except for highly specialist clinical provision) and offering flexible provision to a wide range of needs and to the broad diversity of the population.
- Clear service pathways between and within services will be developed in partnership and be communicated widely.
- Services will adopt holistic, family centred approaches including the active participation of children and young people in developing solutions to their own needs, and in decisions around service planning and development.

- Support for parents and carers from pre-birth onwards to better support their child's emotional development in the early years of life will be prioritised within family and adult services
- Vulnerable groups, such as Looked After Children, neuro-behavioural issues, learning disability or victims of abuse, will have access to the support they need.
- 'No door is the wrong door'; and aspire towards 'one child, one assessment, one plan'.

12 How are we going to achieve our vision?

- 12.1 The Hartlepool and Stockton-on-Tees Transformation Plan has been developed to bring about a clear coordinated change across the whole system pathway to enable better support for children and young people; realising the local vision.
- 12.2 A *whole system* approach to improvement has been adopted. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.
- 12.3 Fundamental to the plan, is partnership working and aligned commissioning processes, to foster integrated and timely services from prevention through to intensive specialist care. Also through investing in prevention and intervening early in problems before they become harder and more costly to address.
- 12.4 The initial plan is based on local interpretation of the themes and principles within *Future in Mind*. Specific objectives are detailed below. Numbers in brackets refer to specific recommendations with the report.

Resilience, prevention and early intervention

Objective 1: Improved public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.

This will include anti-stigma campaign which raises awareness and promotes improved attitudes to children and young people affected by mental health difficulties. This would build on the success of the existing Time to Change campaign (3).

Objective 2: Prevention of mental ill-health.

This links with the following recommendation:

- Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots (1).

Objective 3: Improving access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.

4.1 APPENDIX 1

This includes enhancing existing maternal, perinatal and early years health services and parenting programmes (4).

Objective 4: Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.

WORKING DRAFT

This covers the following recommendations:

- Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools (2).
- Self-care through increased availability of new quality assured apps and digital tools (5).

Effective care and support

Objective 5: Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together. This includes transition between children and adult services.

This covers a number of recommendations including:

- Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice (6).
- Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector (7).
- Improving communications and referrals, for example, local mental health commissioners and providers assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues (8).
- Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools (9).
- Strengthening links between children's mental health and learning disabilities services for children and young people with special educational needs and disabilities (SEND) (10).
- Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how (11).
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour (14).
- Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age (15).

Objective 6: Crisis support to be available whatever the time of day or night and be in a safe place suitable to a child or young person needs and as close to home as possible.

This supports a number of recommendations including:

- Support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented (12).
- Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care (13).
- No young person under the age of 18 being detained in a police cell as a place of safety (19).

Care for the most vulnerable

Objective 7: Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

Examples of recommendations covered include:

- Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage (20).
- Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services (24).
- Specialist services for children and young people mental health services should be represented at Multi-agency Safeguarding Hubs (25).

Accountability and transparency

Objective 8: Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

This supports a number of recommendations including having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services, supported by a strong Joint Strategic Needs Assessment (30).

Objective 9: Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

This specifically aligns to:

- Development of a robust set of metrics covering access, waiting times and outcomes to allow benchmarking of local services at national level (36).
- Ensure clearer information about the levels of investment made by those who commission children and young people's mental health services (38).

Developing the workforce

Objective 10: Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.

This will include targeting and training of health and social care professionals (40) and continued investment in commissioning capability and development (41).

13 Engagement and partnership working

- 13.1 A communication and engagement strategy will be developed to support the implementation of this plan, which will include children and young people.
- 13.2 A *whole system* approach will be needed to achieve the best outcomes in an efficient and sustainable way. This means health organisations, local councils, schools, youth justice and the voluntary sector working together with children, young people and their families.

14 National Evidence of Effective Interventions

- 14.1 There is evidence for the benefits of improving mental health and wellbeing for children, young people and their families and the cost effectiveness of interventions which can:
 - promote wellbeing and resilience with resulting improvements in physical health, life expectancy, educational outcomes, economic productivity, social functioning, and healthier lifestyles
 - prevent mental illness, health risk behaviours and associated physical illness, inequalities, discrimination and stigma, violence and abuse, and prevent suicide
 - deliver improved outcomes for people with mental illness as a result of early intervention and evidence based mental health care and recovery approaches.
- 14.2 The Hartlepool and Stockton-on-Tees Children and Young People Mental Health and Wellbeing Transformation Plan will embed evidence based practice and 'best value' interventions to ensure the outcomes for our children, young people and families.

15 Towards a Model of Transformation

- 15.1 In line with the principles within Future in Mind, the Hartlepool and Stockton-on-Tees Children and Young Peoples Mental Health and Wellbeing Transformation Plan support the principle of developing a system to work for children, young people and their families. This means placing the children and their family 'at the centre' of what we do; regardless of the current tiered service model. The Thrive model may offer an alternative service model.

15.2 Re-design will be co-produced with children, young people and families as well as stakeholders. We will also build on previous partnership working between the statutory and voluntary sector and mental health services to support the transformation process.

16 Investment

16.1 The level of investment by all local partners commissioning children and young people's mental health services for the period April 2014 to March 2015 is shown below.

Partner organisation	Description	2014/15 Spend (£)	Additional information
NHS England	Specialist in-patient care for children and young people		Unable to disaggregate regional budget; as proxy, bed days for CCG used (191 in total)
NHS Hartlepool and Stockton-on-Tees CCG	CAMHS		These estimate costs are based on work undertaken by Mental Health Trust to disaggregate the total contract value (CYP, Adults, Older People) by service line for CYP MH & LD for 2014/15; all recurrent
	CAMHS – LD		
Hartlepool Borough Council			Note: There are a number of services commissioned that will contribute to children and young people's emotional wellbeing, however, it is not possible to disaggregate
Stockton-on-Tees Education		Not available	Individual settings invest where children identified for SEND ; additional services commissioned by individual settings e.g. counselling unknown
Criminal Justice			
Police & Crime Commissioner			

16.2 New investment is being made available to support implementation of this plan. The CCG funding allocation in 2015-16 is shown below.

Total weighted populations with SMR<75 adjustment and uplifted by ONS population growth to 2015	Shares of weighted populations	Initial allocation of funding for eating disorders and planning in 2015/16	Additional funding available for 2015/16 when Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured
326,125	0.57%	£170,847	£427,648	£598,496

17 Our priorities over the next 12 months

17.1 A phased approach to implementation of this plan will be adopted.

17.2 Priorities within the first year include:

:

- **Building capacity and capability across the system** so that we can work towards closing the health and wellbeing gap and make sustainable improvements in children and young people's mental health outcomes by 2020.

Locally we want to:

- Develop and implement a coordinated, evidence based mental health and wellbeing resilience project in schools.
- Develop and pilot a model of primary prevention in schools/community capacity building. This model would equip school nursing teams, family support workers, and school staff to have the skills and confidence to work with young people on mental health issues and reduce the number of unnecessary CAMHS referrals made. This could link with the resilience project above.
- Pilot and evaluate a CAMHS Crisis and Liaison Service (CCG commissioning intention 2015/16).
- Build in Primary Care and other service settings via development and implementation of a targeted training programme.
- Continuing to support the **Children and Young People's Improving Access to Psychological Therapies** programmes (CYP IAPT), so that CAMHS deliver a choice of evidence based interventions, adopt routine outcome monitoring and feedback to guide treatment and service design, working collaboratively with children and young people.
- Enhancing evidence based **community Eating Disorder services** for children and young.
- Improving **perinatal care**, as there is a strong link between parental (particularly maternal) mental health and children's mental health. Maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one year cohort of births in the UK – nearly three quarters of this cost relates to adverse impacts on the child rather than the mother.

18 Collaborative commissioning approach

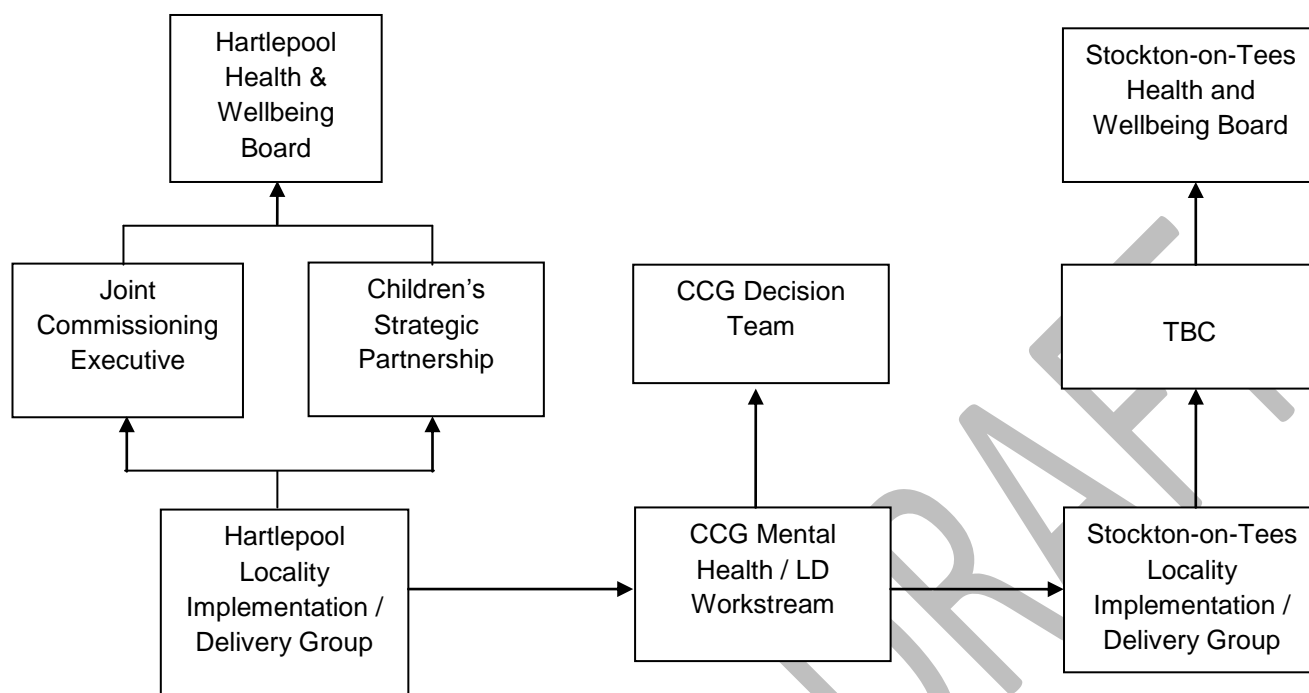
18.1 It is the aspiration, over the duration of this plan, to develop a collaborative commissioning model for children and young people's mental health and wellbeing. This will support local joining up services between the CCG, local authorities and other partners, enabling all areas to accelerate service transformation.

19 Governance (including monitoring of progress and risks)

19.1 Accountability for delivery of locality integrated action plans lie with the respective multi-agency Health and Wellbeing Board.

WORKING DRAFT

19.2 A governance framework is provided below.



20 Performance

20.1 A performance framework will be developed to support implementation of this transformation plan.

20.2 Measurable key performance indicators will be agreed to enable monitoring of progress and demonstrate improved outcomes. This will form part of the assurance process required by NHS England.

20.3 Feedback from children and young people and their families on experience of services will be crucial.

21 Equality and Health inequalities

21.1 Promoting equality and addressing health inequalities is central to this transformation plan.

22 Action plan

22.1 Locality specific action plans are detailed in **appendix 2 and 3**. These will be refreshed on an annual basis. The health element is consistent within both plans.

Appendix 1 Stakeholders involved in the development of this plan

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group	
NHS England	
Hartlepool Borough Council	
Public Health – Hartlepool	
Education – Hartlepool	
Healthwatch – Hartlepool	
Hartlepool Children and Young People's Council	
Stockton-on-Tees Borough Council	
Public Health – Stockton-on-Tees	
Education – Stockton-on-Tees	
Healthwatch – Stockton-on-Tees	
CYP group/ forum	
Tees, Esk & Wear Valleys NHS Foundation Trust	
North Tees and Hartlepool NHS Foundation Trust	
Youth Justice	
Voluntary sector	

WORKING DRAFT

Resilience, prevention and early intervention

Objective 1: <i>Improve public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
1.1	Raising awareness about mental health and reducing stigma and discrimination by involving Hartlepool Children and Young People's Council	Existing and new investment	<p>Implementation of a programme of awareness raising through schools via PSHE programmes to reduce stigma and discrimination around mental health difficulties.</p> <p>Support national, regional, local campaigns that challenge mental health stigma and discrimination e.g. World Mental Health Day 10 Oct 2015; Healthwatch – Mental Health Celebration June 2016.</p>	2	Children and young people feel more able to discuss and share their feelings and mental health issues more openly	<p>More children will have a greater understanding of mental health issues and how to support themselves and others</p> <p>More children and young people will access services without fear of stigma or discrimination</p>	The Multi Agency Implementation Group (MAIG)	CCG LA TEWV Schools VCS Service users CYP North Tees & Hartlepool Foundation Trust GPs with special interest Multi Agency Partners (MAP)	Develop baseline and engage partners in Year-1, implement Year-2

Objective 2: <i>Prevention of mental ill-health</i>									
No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
2.1	Building resilience in schools and colleges	New investment	Engage schools and colleges in developing and implementing programmes to increase resilience and wellbeing at the universal level	2	Increased confidence and competence of school staff in delivering resilience building programmes	Increased off of targeted interventions in schools and colleges and reduced referral to specialist services	MAIG	MAP	Engage and develop Year-1, implement in Year-2

Objective 3: <i>Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
3.1	Development of a community perinatal service model to enable improvement in perinatal mental health, in line with published guidance	Funded 2015/16 as CCG CI	To improve mental health pathway for perinatal care in light of new NICE guidance to improve patient experience and ensure access is improved to services through reviewing existing commissioned services.				CCG		

Objective 3:

Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			<p>~ Increased identification of patients requiring support</p> <p>~ Increased accuracy of coding in primary care re diagnosis and outcomes.</p> <p>~ Review impact of perinatal maternal mental health pathways on primary care and specialist services to establish potential need for a community perinatal mental health service</p> <p>~ <i>Develop commissioning intention</i> NR funding to support development of a community perinatal mental health service in 2015/16.</p>						
3.2	Delivery of Early Intervention Strategy to provide integrated family support and early intervention programmes	Existing	Universal Plus Pathway including parenting programmes to ensure an integrated family support and early intervention programme to stimulate early child development.	1,2,3,6	Improved child's emotional wellbeing through improved parenting and improved parental mental health	Fewer parents accessing mental health services	MAIG	MAP	Develop baseline data in Year-1, monitor and review in Year-2

4.1 APPENDIX 1

Objective 4: Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
4.1	Development and coordination of emotional health and wellbeing local offer(s)	New and existing investment	<p>Provide a clear and robust 'offer' to children and young people and their family, schools and other stakeholders</p> <p>Communication re support available for mental health and wellbeing – including referral pathways, to be published alongside Special Education Needs and Disability Local Offer(s)</p> <p>Local promotion of Youth Wellbeing Directory website</p> <p>Update the Beautiful Minds directory</p> <p>Digital technology (including apps) in supporting self-care</p>	1,2,6	<p>Graduated service offer to users who know where and how to access those services</p> <p>Service providers know where to signpost clients</p>	Improved access to information and guidance	MAI G	MAP	Engage and develop Year-1, implement in Year-2
4.2	Early identification in schools; improving the interface with schools and CAMHS	Existing resource	<p>Establish named points of contact between schools and commissioned mental health services (PMHWs) to improve communication</p> <p>Develop schools ability to identify children and young people at risk of mental ill-health requiring intervention</p>					LA Education CCG	

4.1 APPENDIX 1

Objective 4: Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
4.3	Scoping exercise re Voluntary Community Services (VCS) contribution to pathways across the 'emotional health and wellbeing offer'	New investment	Development of Voluntary Community Services (VCS) capacity to improve pathways across the emotional health and wellbeing offer; provision of early intervention support; marketing plans; having a more co-ordinated and 'joined-up' approach	7,8	Increased and more co-ordinated wellbeing offer	Increased number of young people accessing intervention through the VCS	MAIG	MAP	Engage and develop Year-1, implement in Year-2
4.4	Through Curriculum for Life promote healthier lifestyle choices in children and young people with mental health problems	New investment	Improve emotional and physical wellbeing of children and young people	2, 6, 25	Children and young people feel more able to discuss and share their feelings and mental health issues more openly	Fewer children and young people accessing mental health services	MAIG	MAP	Engage and develop Year-1, implement in Year-2

Effective care and support

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
5.1	Following engagement with children, young people and families on mental health services, recommendations will be implemented.						CCG		
5.2	Explore alternative service model e.g. Thrive								
5.3	Enable single point of access								
5.4	Reinforce named point of contact in CAMHS for schools and Practices								
5.5	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs						Ongoing
5.6	Enhanced Community Eating	Investment	Develop commissioning intention				CCG	South	Mar-16

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Disorder Service to be commissioned according to national evidence-based guidance (Tees-wide)	required	<p>Gap analysis against Access and Waiting Time standard</p> <p>Service specification to be developed; informed by NHS England specialist eating disorder needs assessment; building capacity and resilience within existing service</p> <p>Enhanced service to include open access, increased medical support (Psy & Paed); flexible hours to improve access times</p>					Tees CCG	
5.7	Continued implementation and monitoring of programme to ensure children and young people in need of specialist in-patient care are able to access services timely and near to home as possible	Existing resource	Standardise process & information flows regarding referral, admission & discharge to and from inpatient services				NHSE		
5.8	Regional Assertive Outreach Pilot					<p>Reduced LOS</p> <p>Reduced inappropriate admissions</p>	NHSE		Ongoing
5.9	Improve integrated response		Link to condition specific pathway						

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	to co- and multi-morbidity mental health and physical problems including long term conditions		reviews; IAPT; Parity of Esteem' plans						
5.10	Ensuring children, young people and families has access to effective care and support for those with dual needs including mental health issues, substance misuse and learning difficulties								
5.11	Implement best practice in regard to transition from children's mental health services to adult mental health services		<p>Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries.</p> <p>Improved coordination between services supported by transition protocol/pathway and SEND processes</p> <p>Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers</p>						

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
5.12	Peer support networks for young people	New investment	Extend the use of peer support networks for young people, particularly for vulnerable groups Promote long term recovery and empowerment of the individual.	2, 11			MAI G	MAP	

Objective 6:

Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
6.1	Children and young people crisis and liaison service based on local need	Existing resource 2-year Non-Recurrent Funding 2015/16-2016/17	Service specification for CYP Crisis and Liaison Service; commissioned across Tees Pilot evaluation				CCG	HAST CCG	Jun-15

Objective 6:

Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
6.2	Implement the Mental Health Crisis Care Concordat	Existing resource	<p>Develop of a multi-agency crisis care pathway</p> <p>Multi-agency information sharing protocol at an operational level, and clarify staff's understanding of when it is appropriate to share information.</p> <p>Produce a mental health – health needs assessment to inform commissioning intentions</p> <p>Review/update local mental health early intervention/crisis care protocols related to mental health crisis presenting with intoxication from substance misuse</p> <p>Implement Care Quality Commission (CQC) Report 'A Safer Place To Be'</p>						
6.3	Ensure a safe place to accept people in crisis, so as not to detain in police cells -zero s136 detention in the short-term.		Implement through Mental Health Crisis Care Concordat implementation group						
6.4	Improve knowledge within local communities and services around how and where to access immediate support		Review existing services which offer a 'front door to immediate advice' and establish multi-skilled service who responds holistically to children, young people and families.						

Objective 6:

Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			CAMHS practitioners, where appropriate, to align with multi-agency teams to support presenting needs; offer to include advise, consultation supervision and joint case working						
6.5	Implementation of Tees-wide self-harm protocol	Existing resource	Roll out of self-harm protocol, through Tees-wide Safeguarding Strategy Group						Mar-16
6.6	Implementation of Tees-wide Diversion and Liaison Service	Existing resource	Work together to address the health and social needs of vulnerable people in contract with the Criminal Justice System						

Care of the most vulnerable

Objective 7: <i>Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
7.1	Mental health needs assessment to include priority groups								
7.2	Pro-active follow-up CYP who 'do not attend' appointments (DNAs)	Existing resource	Potential for using CQIUN as incentive for NHS providers; consider all providers at some point in future			Reduced DNA rate	CCG		
7.3	Multi-agency Children's Hub (MACH)	Existing resource	Include mental health professionals in the development and delivery of the Multi-agency Children's Hub (MACH) to ensure a single point of access to relevant services.	6,7,8,20,21, 22,23,24,25, 26	Better integration of services towards one assessment, one plan	Reduced levels of inappropriate demand for specialist services	MAI G	MAP	April 2016
7.4	Implement best practice in regard to transition from children's mental health services to adult mental health services		<p>Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries.</p> <p>Improved coordination between services supported by transition protocol/pathway and SEND processes</p> <p>Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers</p>						

Objective 7:

Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
7.5	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs						Ongoing
7.6	Improving pathways for vulnerable young people, including those with learning disability and challenging behaviour	New investment	Strengthen the links between Children's Mental Health Services, Learning Disability Services and SEND Services through joint planning at the Learning Disability and Difficulties Steering Group Ensure mental health needs are being met	6, 8, 10, 26, 21	Better integration of services towards one assessment, one plan	Increased access for vulnerable young people to specialist services	MAI G	MAP	Engage and develop Year 1, implement in Year2
7.7	Improving access/capacity in specialist care and support for Looked After Children (LAC), including those with complex behavioural and mental health needs		Ensure there are high quality specialist services for vulnerable children and young people. Review to include : Service provision; gap analysis Commissioning arrangements Transition of care leavers post 18 Out of Area (OOA) placements Development of a commissioning plan for Looked After Children (LAC)	21, 22, 23	Reduced number of placement breakdowns	Reduced number of OOA placements Reduced number of placements	MAI G	MAP	Sept-16

Objective 7:

Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
7.8	Learning Disability Transformation Programme – Fast track		Understand local impact of the LD Transformation Programme; ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs – LD, ASD, to prevent placement breakdown ? NH has draft regional plan.				CCG	NHSE LAs	

Accountability and Transparency

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
8.1	Develop clear leadership and accountability arrangements for children's mental health across agencies		Re-affirm partnership and governance and reporting arrangements; strategic alignment with respective Health & Wellbeing Boards Establish a local CYP Mental Health and Wellbeing Transformation Group; agree Terms of Reference						
8.2	Develop and agree collaborative commissioning model								
8.3	? Develop a multi-agency integrated mental health, emotional wellbeing and resilience model		Model to include underlying principles of CYP IAPT						
8.4	Ensure co-production of transformation plan and programmes with children, young people, families, services and commissioners		Develop a model of co-production with children and young people parents/carers and other stakeholders to inform future plans throughout implementation						

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			Engagement with Hartlepool Children and Young people's Council						
8.5	Ensure the Joint Strategic Needs Assessment (JSNA) for includes outcomes on children and young people mental health and wellbeing		Shared understanding of local need, to inform commissioning decisions.						
8.6	Develop consultation and engagement plan, to include vulnerable groups		Ensure consultation with vulnerable groups of children and young people as needed e.g. children and young people with SEN to improve services, particularly at points of transition						
8.7	Ensure alignment other plans, areas of transformation e.g. CYP plans, learning disabilities transformation programme, local strategies e.g. Mental Health Strategy; ASD Strategy								

Objective 9:

Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

No.	Description of project	Planned investment	What is action/project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
9.1	Continuous understanding and monitoring of statutory investment into transformation plan to enable economies of scale and joint investment		Statutory signatories agree to share financial information on investment in children and young people Mental Health and Wellbeing Services through the joint commissioning transformation group.						
9.2	? Contracting and performance monitoring		<p>Partners to agree contracting, using 'Delivery with and delivering well' values and standards</p> <p>Develop a performance dashboard of service activity data and routine outcome measures to include CYP IAPT</p> <p>Ensure Provider IT systems are fit for purpose and contractually expected to provide information in accordance with Mental Health Service Data Set (MHSDS)</p>						

Developing the workforce

Objective 10: <i>Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.</i>									
No.	Description of the project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
10.1	Development of accredited, standardised training programme across children's workforce	Existing resource	Build capacity in services through training and professional development to ensure a shared and thorough understanding of emotional health and resilience	9, 40	Increased confidence and competence of staff in managing emotional wellbeing and mental health	Greater number of staff receiving accreditation	MAI G	MAP	Rolling programme
10.2	Eating disorder – transformation linked to Children and Young People's IAPT		<p>Build capacity within community mental health services to deliver evidence based eating disorder treatment</p> <p>Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT</p>				TEWV		2017
10.3	Robust training plan		<p>Local implementation of CYP IAPT transformation programme</p> <p>Quarterly updates from CYP IAPT including: Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, parenting and systemic family therapy.</p>				TEWV		

Objective 10:***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***

No.	Description of the project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			Review of training priorities and target workforce - training opportunities for under 5's and LD and Autism will be made available from 2017 and workforce intelligence will inform targeting						
10.4	Build capacity within Primary Care to identify and support CYP and families in need of support						CCG		
10.5	Workforce recruitment and retention strategy								

Appendix 3 STOCKTON -ON-TEES LOCALITY ACTION PLAN

Resilience, prevention and early intervention

Objective 1: <i>Improve public awareness and understanding about mental health issues for children and young people and reduce stigma and discrimination.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Support national, regional campaigns that challenge mental health stigma and discrimination	Existing resource							Sept-16
	Support local public health strategies, designed and delivered by young people to challenge stigma and discrimination	Existing resource							Sept-16

Objective 2: <i>Prevention of mental ill-health through targeted interventions for groups at high risk.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Tees-wide self-harm protocol	Existing resource	Roll out of self-harm protocol, through Tees-wide Safeguarding Strategy Group						Mar-16
	Tees-wide Diversion and Liaison Service	Existing resource	Work together to address health and social needs of vulnerable people in contract with the Criminal Justice System; robust care pathways						

Objective 3: <i>Improve access to interventions which support attachment between parent and child, avoid early trauma, build resilience and improve behaviour.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	? Development of a community perinatal service model to enable improvement in perinatal mental health		<p>Improve identification and support to reduce maternal depression and improve perinatal mental health</p> <p>Work with partners to identify need, current provision and gaps in services regarding maternal mental health</p> <p>Use contractual levers with providers to incorporate routine assessment of maternal mental health and referral / signposting to services according to need</p> <p>Use data to focus efforts on the most vulnerable families</p> <p>Improve access to specialist perinatal mental health services</p>						
	Parenting programmes as part of early intervention offer		<p>Develop and coordinate parenting support</p> <p>Agreed approach to parenting programmes as part of early intervention offer, in-line with Fairer Start work and with clear pathways with Early Help programmes</p> <p>Explore benefit / feasibility of commissioning parenting programmes across more than one LA area</p>						

Objective 2:***Prevention of mental ill-health through targeted interventions for groups at high risk.***

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Improve proportion of children who are school ready improving attachment, bonding and attunement, particularly in the most vulnerable families		<p>Roll out Fairer Start work, focusing on 9 months to 2 yrs</p> <p>Roll out 2 yr old offer</p> <p>Explore need for enhanced training with early years providers re: attachment / bonding / attunement</p>						
	Establish a clear link locally between services to improve and protect mental health; and those for physical health		<p>Feed into Scrutiny review regarding link between arts, leisure and culture, and mental health and wellbeing</p> <p>Account for link between mental and physical health in commissioning services; and vary into existing contracts where needed</p> <p>Develop clear and effective referral pathways between key services, particularly for C&YP with a disability or long term condition</p>						

4.1 APPENDIX 1

Objective 4: Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Offer to children and young people and their family, schools and other stakeholders	Existing resource	Produce a clear 'offer' to children and young people and their family, schools and other stakeholders				SBC	CCG	
	Local promotion of Youth Wellbeing Directory website	Existing resource							
	Digital technology (including apps) in supporting self-care	Investment required	Improved access to information and guidance						
	Early identification in schools; improving the interface with schools and CAMHS	Existing resource	<p>Establish named points of contact between schools and commissioned mental health services to improve communication</p> <p>Develop schools ability to identify children and young people at risk of mental ill-health requiring intervention</p>					LA Education CCG	
	Develop VCS capacity to provide early intervention support		Develop VCS capacity through A Fairer Start and mental health commissioning framework as described in X and Y above						
	Guidance to support VCS organisations		Work with Catalyst to produce guidance to support VCS organisations re: capacity-building to bid for the framework contract; and to specify areas of the framework the VCS could bid for and expertise required				SBC		

Objective 4: *Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.*

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Build capacity within NHS and local authority services (commissioned services and directly provided services) to deliver targeted interventions		<p>Identify key frontline services requiring additional training, in-line with Early Help Strategy and HNA</p> <p>Continue roll-out of training for schools staff through TAMHS contract</p> <p>Scope roll-out of mental health first aid training (including dementia) across SBC employees</p> <p>Develop evidence-based learning programme for frontline staff, building on / maximising existing training available in settings e.g. through TAMHS and CAMHS. To include on understanding and identifying mental health problems, resilience and information on available services</p>						
	Develop, clarify and refine pathways, to provide a clear, cohesive, accessible offer for mental health and wellbeing support		<p>Clarify referral criteria and pathway between TaMHS and CAMHS service and communicate to stakeholders</p> <p>Develop most effective focus for targeted CAMHS service in Stockton Borough, accounting for TAMHS provision and outcomes of HNA</p> <p>Work with schools to encourage sign-up to TAMHS contract and to understand their provision for children and young people</p>						

Objective 4: *Improve access to information about what to do and where to go for support, early detection and intervention for children and young people experiencing poor mental health. This includes self-care through digital technology.*

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			<p>Ensure close links and pathways with suicide prevention work through Tees Suicide Prevention Task Force</p> <p>Develop and communicate holistic pathway for support for children and young people, across tiers and organisations; and sensitive to local service provision and need and based on outcomes of HNA</p> <p>Link to Tees work on single assessment process</p>						
	Support education setting to make available high quality universal support and targeted interventions, including greater access to consultation from specialist CAMHS		Commission new school nursing service, to ensure delivery of support (universal and targeted) as part of the Healthy Child Programme						
	Improve access to information, advice and guidance on children and young people's mental health and wellbeing; and clarity on how to access all services which contribute to mental health and wellbeing		<p>Produce a clear offer as described in 1.1 with a clear link to the SEND local offer</p> <p>Develop communications plan for disseminating the offer including use of digital tools</p>						
	?Lead Professional role		Clear joint working arrangements including agreement of the Lead Professional role who will navigate and co-ordinate support and services needed						

Effective care and support

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Pro-active follow-up CYP who 'do not attend' appointments (DNAs)	Existing resource	Potential for using CQIUN as incentive for NHS providers; consider all providers at some point in future			Reduced DNA rate	CCG		
	Enhanced Community Eating Disorder Service to be commissioned according to national evidence-based guidance	Investment required	Service specification to be developed; informed by NHS England specialist eating disorder needs assessment; building capacity and resilience within existing service				CCG		Mar-16
	Standardise process and information flows regarding referral, admission and discharge to and from inpatient services	Existing resource	Continued implementation and monitoring of programme to ensure children and young people in need of specialist in-patient care are able to access services timely and near to home as possible				NHSE		Ongoing
	Intensive home based treatment pathway to prevent in-patient admission and promote early discharge	Investment required	Review inpatient admissions and costs, with a view to developing a business case for a home-based intensive treatment solutions			Reduced LOS Reduced inappropriate admissions			TBC
	Promote healthier lifestyle choices in children and young people with mental health problems		Improvement in physical health Links with LD health checks						

Objective 5:

Improve access to evidence based care and support which is designed by children, young people and families and treats children and young people as a whole person, considering their physical and mental health needs together; including a person centred recovery approach.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Integrated response to co- and multi-morbidity mental health and physical problems including long term conditions		Link to condition specific pathway reviews; IAPT; Parity of Esteem' plans						
	Ensuring children, young people and families has access to effective care and support for those with dual needs including mental health issues, substance misuse and learning difficulties								
	Peer support networks for young people		<p>Extend the use of peer support networks for young people, particularly for vulnerable groups</p> <p>Promote long term recovery and empowerment of the individual.</p>						

Objective 6:

Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Children and young people crisis and liaison service	Existing resource 2-year non-recurrent funding 2015/16-2016/17	Service specification for CYP Crisis and Liaison Service; commissioned across Tees Pilot evaluation				CCG	S Tees CCG	Jun-15
	Implement the Mental Health Crisis Care Concordat		Develop of a multi-agency crisis care pathway Multi-agency information sharing protocol at an operational level, and clarify staff's understanding of when it is appropriate to share information. Produce a mental health – health needs assessment to inform commissioning intentions Review/update local mental health early intervention/crisis care protocols related to mental health crisis presenting with intoxication from substance misuse Implement Care Quality Commission (CQC) Report 'A Safer Place To Be'						
	Ensure safe place to accept young people in crisis, so they are not detained in police cells - zero s136 detention in the short-term.		Implement through Mental Health Crisis Care Concordat implementation group						

Objective 6:

Crisis support to be available whatever the time of day or night and be in a safe place suitable to child or young person needs and as close to home as possible.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Improve knowledge within local communities and services around how and where to access immediate support		Review existing services which offer a 'front door to immediate advice' and establish multi-skilled service who responds holistically to children, young people and families. CAMHS practitioners, where appropriate, to align with multi-agency teams to support presenting needs; offer to include advise, consultation supervision and joint case working						

Care of the most vulnerable

Objective 7: <i>Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.</i>									
No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Undertake a health needs assessment for mental health and wellbeing of children and young people, taking into consideration priority groups						SBC		
	Increase mental health delivery for LAC and CiN where there are complex behavioural / mental health needs, in order to reduce placements including Out of Area, and reduce placement breakdown		<p>Review needs and current provision for LAC placed out of area</p> <p>Analyse delivery of the LA enhanced offer to LAC and CIN, including refined referral pathways where needed</p> <p>Contribute to developing Tees-wide commissioning plan for LAC mental health</p> <p>Implement Early Help Strategy implementation plan to reduce escalation of cases to greater levels of need</p>						
	Implement best practice in regard to transition from children's mental health services to adult mental health services		<p>Ensure services are based on the needs of the child, young person and family including flexibility around service age boundaries.</p> <p>Improved coordination between services supported by transition protocol/pathway and SEND processes</p>						

Objective 7:

Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			Improved transition between CAMHS and Adult Mental Health Services for vulnerable groups including young people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder and care leavers						
	Improve support to children and young people in transitions years, particularly between services for pre- and post-16yr olds, Primary-secondary, Secondary- +16, CAMHS-AMHS, Care leavers		<p>Undertake CHIMAT transitions tool with CAMHS service and with social care (children's and adults' services)</p> <p>Use outcomes of tool to develop clear pathway of support between services for children and young people and those for adults</p> <p>Understand whether work is needed to improve pathways between pre-school years and school</p> <p>Further actions TBC based on outcomes of HNA</p>						
	Ensure appropriate, accessible targeted support is provided for vulnerable groups e.g. Young offenders, Looked After Children (LAC), Children in Need (CIN), Special Educational Needs (SEN), Learning disabilities		<p>Develop clear offer for C&YP with SEN, building into Education, Health and Care Plan</p> <p>Understand whether specific work is needed to improve pathways between services for children and young people and those for adults, for people with learning disabilities</p>						

Objective 7:

Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
			Analyse current support to LAC and CIN (both assessment and treatment) and define optimum support model, ensuring mental health support is part of an integrated service to LAC and CIN Further actions TBC based on outcomes of HNA						
	Ongoing development of Specialist Education Need and Disability (SEND) Local Offer(s) and implementation of Education and Health Care Plans (EHCPs)	Existing resource	Offer to enable access to services which increase mental health, emotional wellbeing and resilience CYP, families and professionals are actively involved in development EHCPs				LAs		Ongoing
	Improving access/capacity in specialist care and support for Looked After Children (LAC) and Child in Need, including those with complex behavioural and mental health needs		Review of Out of Area (OOA) placements, to gain understanding of mental health need, gaps in service provision Development of a commissioning plan for Looked After Children (LAC)		Reduced number of placement breakdowns	Reduced number of OOA placements Reduced number of placements		LAs CCG	Sept-16

Objective 7:

Develop referral pathways and specialist mental health services for those most vulnerable children and young people following a comprehensive assessment of their needs.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Reduce the risk of hate crime / vulnerability to crime for children and young people with mental health issues; or those who have family with mental health issues		<p>Include in the roll out of training in schools described in 1.3 and 6.1</p> <p>Look at options to reduce actual risk of harm to C&YP themselves or their parents (who have mental health problems), balancing risk and vulnerability vs. independence</p>						
	Learning Disability 'Fast Track' Transformation Programme		Understand local impact of the LD Transformation Programme; ensure services are responsive to individual needs and are able to 'wrap around' those young people with complex needs – LD, ASD, to prevent placement breakdown				CCG	NHSE LAs	
	? Offender Health Collaborative								

Accountability and Transparency

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Develop clear leadership and accountability arrangements for children's mental health across agencies		Re-affirm partnership and governance and reporting arrangements; strategic alignment with respective Health & Wellbeing Boards Establish a local CYP Mental Health and Wellbeing Transformation Group; agree Terms of Reference						
	Develop and agree collaborative commissioning model								
	? Develop a multi-agency integrated mental health, emotional wellbeing and resilience model		Model to include underlying principles of CYP IAPT.						
	Ensure co-production of transformation plan and programmes with children, young people, families, services and commissioners		Develop a model of co-production with CYP, parents/carers and other stakeholders to inform future plans throughout implementation				CCG	LA	

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Joint Strategic Needs Assessment (JSNA) includes outcomes on children and young people mental health and wellbeing		Shared understanding of local need, to inform commissioning decisions.				LA	CCG	
	Communication and engagement		<p>Consider communication and engagement requirements:</p> <ul style="list-style-type: none"> • Effective communication and promotion protocols to stakeholders and the community. • Appropriate and on-going engagement with patients, parents and carers etc. • Consultation with staff, service providers, local authorities, adult services and the wider community. <p>Organise consultation opportunities</p>						

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Consultation and engagement events		Conduct consultation and engagement events Review and release findings to incorporate in to plan as a working document						
	Develop consultation and engagement plan, to include vulnerable groups		Ensure consultation with vulnerable groups of children and young people as needed e.g. children and young people with SEN to improve services, particularly at points of transition						
	Ensure alignment other plans, areas of transformation e.g. CYP plans, learning disabilities transformation programme, local strategies e.g. Mental Health Strategy; ASD Strategy								
	Market engagement		Work with providers to encourage diversity of provision and reduce duplication of services offered				SBC		

Objective 8:

Reduce complexity within current commissioning arrangements through joint commissioning, service redesign ensuring pathways and services work together to provide easy access to the right support and a system built around the needs of children, young people and families.

No.	Agreed action/project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Increase engagement of children, young people, parents, carers and families in evaluating service experience and identifying improvement requirements		<p>Implement actions from Investing in Children participation work including consideration of peer support networks</p> <p>Undertake further consultation with vulnerable groups of children and young people as needed e.g. young people with eating disorders; and feed this into service development and commissioning</p> <p>Monitor and explore concerns expressed by service users regarding difficulty accessing CAMHS service</p> <p>Feed into Healthwatch work programme where relevant</p> <p>Explore potential to establish standard service feedback for all mental health and wellbeing service providers</p>						

Objective 9:

Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Continuous understanding and monitoring of statutory investment into transformation plan to enable economies of scale and joint investment	N/A	Statutory signatories agree to share financial information on investment in children and young people Mental Health and Wellbeing Services through the joint commissioning transformation group						
	Joint commission children and young people mental health, emotional wellbeing and resilience services		<p>Develop a model of joint investment and commissioning across statutory organisations</p> <p>Partners to agree contracting, using 'Delivery with and delivering well' values and standards</p> <p>Develop a performance dashboard of service activity data and routine outcome measures to include CYP IAPT</p> <p>Ensure Provider IT systems are fit for purpose and contractually expected to provide information in accordance with Mental Health Service Data Set (MHSDS)</p>						
			Work with providers (both commissioned and SBC-provided services) to ensure data is routinely collected, analysed and reported, to enable effective contract monitoring, service development and commissioning including national wait times				SBC		

Objective 9:

Increase transparency through developing robust metrics on service outcomes and clearer information about the levels of investment into children and young people mental health services.

No.	Description of project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Project management resources and arrangements for the ongoing development and implementation of the Transformation Plan		<p>Identify key individuals from various, relevant stakeholder to establish plan going forward. The inclusion of relevant local authority, service user and carer representation on the group should also be considered.</p> <p>Establish a reporting procedure</p> <p>This should include the identification of a senior officer with responsibility to regularly monitor and assess the progress of the task and finish group. Senior officer should have responsibility for:</p> <ul style="list-style-type: none"> • Maintaining an on-going responsibility to regularly assess project progress, as measured against the project/ implementation plan • Ensuring that the task and finish group is appropriately resourced. <p>Identify required resources, staff time, resources etc.</p>						

Developing the workforce

Objective 10: <i>Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.</i>									
No.	Description of the project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Programme of awareness-raising and education across settings and organisations		<p>Develop and roll out training as described in X above</p> <p>Increase awareness and understanding of mental health and wellbeing through PSHE programmes in schools</p> <p>Develop two local campaigns designed and delivered by young people</p> <p>Support major national awareness days / weeks through awareness-raising events, press releases, etc.</p>						
	Eating disorder – transformation linked to Children and Young People's IAPT		<p>Build capacity within community mental health services to deliver evidence based eating disorder treatment</p> <p>Specialist Community Eating Disorder Team to have opportunity to access the multi-systemic family therapy, linked to Children and Young People IAPT</p>				TEWV		2017

Objective 10:***Sustain a culture of continuous service improvement delivered by a workforce with the right mix of knowledge, skills and experience.***

No.	Description of the project	Planned investment	What is project expected to deliver?	Alignment with Future in Mind rec's*	Expected Quality Outcomes	Expected Quantitative Outcomes	Lead	Partners	Timescale
	Robust training plan		<p>Local implementation of CYP IAPT transformation programme</p> <p>Quarterly updates from CYP IAPT including: Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, parenting and systemic family therapy</p> <p>Review of training priorities and target workforce - training opportunities for under 5's and LD and Autism will be made available from 2017 and workforce intelligence will inform targeting</p>				TEWV		
	Build capacity within Primary Care to identify and support children and young people and families in need of support						CCG		
	Workforce recruitment and retention strategy								

HEALTH AND WELLBEING BOARD

5 October 2015



Report of: Director of Child & Adult Services and Independent Chair of Teeswide Safeguarding Adults Board

Subject: Teeswide Safeguarding Adults Board: Annual Report 2014/15 and Strategic Business Plan 2015/16

1. PURPOSE OF REPORT

- 1.1 To present to the Health and Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16.

2. BACKGROUND

- 2.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.
- 2.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working has continued, with the statutory responsibility now resting with the TSAB.

3. PROPOSALS

- 3.1 It is a requirement of the Care Act 2014 that SABs publish an annual report that sets out:
- what it has done during that year to achieve its objective,
 - what it has done during that year to implement its strategy,
 - what each member has done during that year to implement the strategy,
 - the findings of any safeguarding adults reviews which have concluded in that year,
 - any reviews which are ongoing at the end of that year,
 - what it has done during that year to implement findings of reviews; and

- where it decides during that year not to implement a finding of a review, the reasons for its decision.

3.2 The Teeswide Safeguarding Adults Board Annual Report for 2014/15 is attached as **Appendix 1**.

3.3 It is also required under the Care Act 2014 that SABs publish an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy.

3.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2015/16 is attached as **Appendix 2**.

4. RISK IMPLICATIONS

4.1 No risks identified.

5. FINANCIAL CONSIDERATIONS

5.1 Statutory partners (Local Authorities, Clinical Commissioning Groups and Cleveland Police) make an annual contribution to the running costs of the Teeswide Safeguarding Adults Board and the associated Business Unit.

5.2 There are no additional financial considerations associated with this report.

6. LEGAL CONSIDERATIONS

6.1 None identified.

7. CHILD AND FAMILY POVERTY

7.1 No implications identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None identified.

9. STAFF CONSIDERATIONS

9.1 No staff considerations identified. The Teeswide Safeguarding Adults Board Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations identified. The Teeswide Safeguarding Adults Board Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners and based at Kingsway House in Billingham.

11. RECOMMENDATIONS

- 11.1 It is recommended that the Health and Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2014/15 and Strategic Business Plan 2015/16.

12. REASONS FOR RECOMMENDATIONS

- 12.1 Safeguarding vulnerable adults is everybody's business and all partners have been involved in developing the Annual Report and Strategic Business Plan.

13. BACKGROUND PAPERS

- 13.1 No background papers.

14. CONTACT OFFICER

Sally Robinson
Director of Child & Adult Services
Tel: (01429) 523914
e-mail: sally.robinson@hartlepool.gov.uk



Are you concerned about an adult who is being harmed?

Contact one of the following:



01429
266 522



01642
326 326



01642
771 500



Stockton-on-Tees
BOROUGH COUNCIL

01642
527 764



01642
726 004

Out of Hours

08702
402 994

ANNUAL REPORT

Ensuring our safeguarding arrangements act to help and protect adults

2014-15

Contents

Executive Summary	2
Introduction to the Teeswide Safeguarding Adults Board	3
The Structure of the Board and Sub-Groups	4
Membership of the Board	5
A Review of the Work of the Board in 2014-2015	6
Consultation and Engagement	17
Strategic Plan for 2015-2018	18
Annex A: Referrals - Types of Abuse and Neglect	20
Annex B: Care Act 2014 Overview	21
Annex C: Definitions of Abuse and Neglect	22
Annex D: Useful Links	23
Annex E: Contact Details	24
Annex F: Glossary of Terms	25

Executive Summary from Ann Baxter

I am very pleased to introduce the 2014-15 Annual Report of the Teeswide Safeguarding Adults Board in my second year as Independent Chair.

This has been a significant year. The Care Act 2014 moved the Safeguarding Board onto a statutory footing. The decision to establish the Board across the four local authorities builds on positive collaboration, and I am encouraged by the ongoing commitment of all the partners. These innovative arrangements are beginning to work well, and there has been significant investment of resources in the Board, reflecting the priority given to safeguarding across Tees.

The Business Unit is now fully staffed, supporting and linking the four Local Executive Groups to the Teeswide Board. This enables strong local operational partnerships and ensures that the voice of those who receive services informs both the strategic and operational agendas.

At a time of major organisational and legislative change the safeguarding adults agenda has never been more important. Nationally there has been a focus on the quality of services, particularly for those adults who rely on others to help them in their day to day lives. Protecting adults at risk will always be the main priority, but the Board will also concentrate on developing ways of raising awareness and preventing harm.

In this report you will find information about what happened last year and our plans for the future. The Board has an ambitious work plan and is responding to the challenges of the year ahead.

I am confident that the Board can build on the good work to date to ensure that together we support adults to live with their rights protected, in safety, free from abuse, and make a difference to the lives of vulnerable people. I am conscious that a report such as this can only summarise the work going on every day. I would like to take the opportunity to thank everyone working with dedication and vigilance across the partnership and our communities for their continuing support in making Tees a safer place to live.



Ann Baxter
Independent Chair



Introduction to the Teeswide Safeguarding Adults Board

The Teeswide Safeguarding Adults Board was established in order to meet the requirements of the Care Act 2014. This created a legal framework for adult safeguarding, requiring that Local Authorities set up a Safeguarding Adults Board (SAB) in their area. Historically across the Tees the four Local Authorities and partners have worked together to promote cooperation and consistency in relation to adult safeguarding work. This collaborative working practice has continued and statutory responsibility now rests with the Teeswide Safeguarding Adults Board.

In order to meet these new requirements, the governance arrangements and structure of the Board were revised (as shown below) and will continue to be reviewed in line with strategic planning activities and consultation with stakeholders.

The Local Executive Groups (LEGs) and Sub-Groups play an important role in delivering the operational activities linked to the Board's Strategic Plan, and also enable a wider range of organisations to engage with, and inform the work of the Board. The work of these groups is outlined on pages seven to nine.



The Structure of the Board and Sub Groups



Key:

HBC Hartlepool Borough Council
 MBC Middlesbrough Borough Council
 RCBC Redcar & Cleveland Borough Council
 SBC Stockton -on-Tees Borough Council

CE Communication & Engagement
 LTD Learning, Training & Development
 PAQ Performance, Audit & Quality
 PPP Policies, Procedures & Practice
 CR Case Review
 LEG Local Executive Group

Membership of the Board

The following organisations are represented on the Board:

Statutory Partners	
Hartlepool Borough Council	Director of Children & Adults Services (7)
Middlesbrough Borough Council	Executive Director of Wellbeing, Care & Learning (5)
Redcar and Cleveland Borough Council	Corporate Director of People Services (7)
Stockton-on-Tees Borough Council	Director of Children, Education and Social Care (7)
Hartlepool and Stockton on Tees CCG	Executive Nurse (7)
South Tees CCG	(Clinical Commissioning Group)
Cleveland Police	Detective Superintendent Specialist Crime (7)
Non Statutory Partners	
NHS England Durham, Darlington and Tees	Deputy Director of Nursing (6)
Tees, Esk and Wear Valley NHS Trust	Director of Nursing and Governance (6)
South Tees NHS Foundation Trust	Head of Nursing (Safeguarding) (7)
North Tees and Hartlepool NHS Trust	Deputy Director of Nursing (7)
Public Health	Director of Public Health (5)
National Probation Service: Cleveland	Head of Area (4)
Care Quality Commission	Inspection Manager (1)
Holme House Prison	Head of Residence & Services (4)
Healthwatch Hartlepool	Development Officer (0) Active LEG member
Healthwatch Tees	Manager (3)
Cleveland Fire Brigade	Director of Community Protection (7)

Lead members for Local Authorities sit on the Board as non-voting participant observers.

The Board met on seven occasions in 2014-15 and in brackets is the number each organisation was represented.

A Review of the Work of the Board 2014-15

Overview

Last year the work programme of the Board focussed on enabling us to meet the requirements of the Care Act 2014, making us 'fit for purpose' and ensuring a smooth transition to our statutory footing from April 2015.

The underpinning issues were carefully considered at the Board's Annual Development Day in July 2014, where the wider impact of the changing environment was considered and the key themes for the future agreed.

This included a robust review and revision of our governance arrangements (as illustrated on page three), and the creation of a new Sub-Group and LEG structure. We also completed the recruitment process during the year to establish a new Business Unit to support the work of the Board.

Work commenced on the development of a new longer term Strategic Plan, which was informed by a comprehensive Consultation and Engagement exercise with a wide range of stakeholders including people that use social care services, their carers and members of the general public.

Our Inter-Agency Safeguarding Adults Policy was revised and a range of policies and procedures were reviewed and further developed including the completion of an Induction Pack for new Board members.

As members of the Tees Commissioning Group, we contributed to the response to 'Transforming Care: A National Response to Winterbourne Hospital*' and also considered other national safeguarding adults issues providing informed responses throughout e.g. the 'Supreme Court judgement in relation to the Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DoLS*).*Definitions in Glossary page 25

We continued to assess the needs of vulnerable individuals moving through and beyond the criminal justice system, and a protocol to support such people was launched. This approach is currently under review with other similar protocols in order to find the most effective method of communication, support and co-ordination for the future.

As a Board, we continued to promote awareness of Adult Safeguarding issues, including the delivery of a Financial Abuse Workshop and through support of the region wide radio campaign 'See it - Report it.'

A Review of the Work of the Board 2014-15

Performance, Audit and Quality Assurance (PAQ) Sub-Group

The PAQ Sub-Group's remit is to provide assurance in relation to the safeguarding practice of the Board's partners. In order to achieve this the Sub-Group has identified two work streams; the development of a Quality Assurance/Self-Audit Framework, and a Performance Management Framework, thereby reflecting the inter-agency nature of Adult Safeguarding work. During 2015-16 the Sub-Group will continue to provide the Board with the required performance information through the evaluation of best practice. This will provide a clearer emphasis on assessing the desired outcomes of adults entering the formal safeguarding process (Making Safeguarding Personal*). *Definition in Glossary page 26

Communication and Engagement (CE) Sub-Group

The CE Sub-Group was reformed under the new Board structure with refreshed membership and revised terms of reference aligned to the strategic aims of the Board. The group developed, produced and published the Annual Report for 2013-14, and created branding guidelines and a new logo for the Board. A key component of the remaining work plan is to complete the new Communication and Engagement Strategy, which will ensure that work is underpinned by the outcome of consultation with a wide range of stakeholders including safeguarding service users and their families, carers and advocate groups. A new website for the Board is currently in development, which will provide a valuable resource for service users, the general public and practitioners.

Learning, Training and Development (LTD) Sub-Group

The LTD Sub-Group was re-established in September 2014 and identified a number of key partners to join the group, including the Police; the Fire Service; the NHS (across Tees), and Healthwatch. The group now has a clearer understanding of the resources and training programmes in place across the four Local Authorities and a Training Needs Analysis has been undertaken. This identified that there is limited inter-agency training taking place although single agency training, albeit at different levels, is being delivered within most agencies. The Sub-Group is now working to develop a training strategy with a focus on e-learning. The group is also considering how appropriate assurance around the quality of training delivered by service providers, such as Care Home and Care at Home providers, can be achieved.

A Review of the Work of the Board 2014-15

Policy, Procedures and Practice (PPP) Sub-Group

The PPP Sub-Group strengthened its membership during the year and implemented its work programme in accordance with the strategic priorities of the Board. The work included producing and agreeing an 'Inter-Agency Mental Capacity Act, Section 44 Protocol' and responding to the impact of the Supreme Court judgement in relation to the 'Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DoLS*).

The Sub-Group also considered the Government's response to the Lords Committee Review of the Mental Capacity Act 2005, and the Serious Concerns Protocol was monitored with updates being provided to the Board. The Boards Inter-Agency Safeguarding Adults Policy and Procedures are currently under review and a revised policy with associated procedures will be fully implemented across Tees in September following a trial period. *Definition in Glossary page 25

Case Review (CR) Sub-Group

The CR Sub-Group fulfils the duty of the Board in respect of Serious Case Reviews (Safeguarding Adults Reviews from April 2015) and ensures that they are completed in line with national and regional guidance.

The Sub-Group's purpose is to decide the appropriate type of case review and then to determine where responsibility rests for leadership, oversight and co-ordination of the chosen review process. The CR Sub-Group promotes a culture of continuous learning and improvement across organisations and identifies opportunities for the promotion of good practice. It is committed to adhering to the North East Regional Guidance regarding any Safeguarding Adult Reviews and to ensuring that relevant cases are considered through an integrated model of review.

The CR Sub-Group considered three individual cases during 2014-15:

Case 1

This case was previously discussed by the Hartlepool Safeguarding Vulnerable Adult Committee in October 2012. It was agreed at the time that the case met the requirements for a Serious Case Review (SCR), but that this should be delayed due to other proceedings. It has subsequently been confirmed that an SCR should now proceed and that this be managed by Hartlepool Borough Council.

A Review of the Work of the Board 2014-15

Case 2

This matter was considered by the CR Sub-Group at a series of meetings and it was ultimately agreed that the criteria for an SCR was not met and that a Lessons Learned Review would be the most appropriate course of action. This recommendation was accepted by the Board's Independent Chair and a Lessons Learned Review was progressed under the Leadership of Middlesbrough Borough Council.

Case 3

This was a complex matter regarding the death of a vulnerable adult and also involving two young people. Decisions were made in respect of the three individuals concerned and agreement reached that they all met the requirements for a SCR. A combined meeting of representatives of both the relevant Safeguarding Children Board and Safeguarding Adult Board considered all of the key information and confirmed that a combined process for all three reviews should be progressed. This process is ongoing with two independent reviewers commissioned to lead the process utilising a systems methodology. A report in respect of the vulnerable adult will ultimately be published and shared with the Teeswide Safeguarding Adults Board.

In addition a further Serious Case Review, **Case 4** was commenced by Hartlepool Safeguarding Vulnerable Adults Committee in June 2013 and concluded in November 2014. This related to a vulnerable adult with mental and physical health needs, who was also alcohol dependent. The outcome of the review was presented to the Teeswide Safeguarding Adults Board within the 2014-15 reporting period. A number of recommendations were made as part of the review and an action plan has now been developed with progress reported through the Teeswide Board.

A Review of the Work of the Board 2014-15

The following is a summary of some of the main recommendations/lessons learned from the Case Reviews held in 2014-15:

- That the effectiveness of the systems in place for sharing information should be reviewed to inform risk assessment and decision making processes
- That all Health and Social Care Professionals should be reminded of accessing all available information about a person in order to inform assessments and decision making
- That all Practitioners should be reminded that 'specialist' services should be considered as part of the initial assessment process
- That all Practitioners should be reminded that an Independent Advocate should always be offered to a person where there is any indication that they need assistance to make their views known and to protect their rights
- That all Health and Social Care Professionals who take on the role of Care Co-ordinator should be reminded of their responsibilities in co-ordinating the care process
- That all staff should be reminded that people should not be discharged into the community until the necessary support is in place to secure a safe environment
- That multi-agency safeguarding training opportunities should be reviewed and refreshed.

The CR Sub-Group will continue to meet in the future as required and will ensure that reports are provided to the Independent Chair and the Board as appropriate.

A Review of the Work of the Board 2014-15

Local Executive Groups (LEGs)

In **Hartlepool** the newly formed LEG focused on involving individuals in the safeguarding process through the 'Expert by Experience*' and 'Making Safeguarding Personal*' programmes and by lessons learned from case reviews. The LEG is committed to sharing information and good practice, learning lessons and most importantly on improving outcomes for vulnerable adults. It is confident that in the future it will continue to develop as a valuable forum for addressing local issues, improving practice, and ensuring that Hartlepool priorities inform and are reflected in Teeswide plans.

In **Middlesbrough**, a workforce restructure led to the recruitment of Safeguarding Adults Officers and a review of Wellbeing, Care and Learning. Adult Social Care also underwent a Peer Review/Review of Service Delivery by 'Peopletoo.' The LEG is now chaired by the Assistant Director for Safeguarding and Children's Services. The work has focussed on preparing for the implementation of the Care Act 2014 in conjunction with the Teeswide Safeguarding Adults Board; and on the 'Making Safeguarding Personal*' programme. Work has also included the development of a comprehensive training plan for staff.

In **Redcar and Cleveland** some of the issues considered during the year included the agreement of action plans arising from two Serious Case Reviews initiated in 2013-14, the implementation of the requirements of the Care Act 2014, the Cheshire West judgement and the 'Transforming Care: A National Response to Winterbourne Hospital*' Report. In addition the LEG has recently expanded its membership to include representatives from the Care at Home and Care Home Sectors, which have already proved to be valuable additions to the group.

In **Stockton-on-Tees** the commitment to adult safeguarding continued by building on previous work to develop a performance framework, completing work through the Learning Disability Partnership Board and increasing the number of Safe Place venues. The LEG worked with partners to prepare for the implementation of the Care Act 2014, led work in response to the Supreme Court Judgement relating to DoLS* and supported Children's Services colleagues to ensure that these statutory duties were addressed for people aged between 16 and 18 years old. The Transforming Care work stream was considered with NHS partners and in particular those issues in relation to information sharing were discussed.

*Definitions in Glossary pages 25-26

A Review of the Work of the Board 2014-15

Safeguarding Activity

The Teeswide Safeguarding Adults Board receives data collected by the Local Authority and other Partner's Performance Teams via the Performance, Audit and Quality (PAQ) Sub-Group.

The following is a summary of some of the data collected for 2014-15.

Teeswide Safeguarding Adults alerts* have risen by **40%** since 2011-12, but referrals* have decreased by **5%** during the same time period.

*Definitions in Glossary page 25-26

97% of safeguarding referrals related to white British adults, **2%** to ethnicity unknown, and a demographically disproportionate **1%** from Black, Asian and Minority Ethnic Groups (BAME).

56% of the allegations linked to the abuse and neglect of adults were committed by 'Other-Known to Individual' and **34%** by 'Social Care Support.'

Care Homes (**45%**) and Own Home (**39%**) accounted for most of the 'Location of Abuse and Neglect,' with the remainder being Hospitals/Health (**5%**); Supported Living (**3%**); Other (**5%**); Day Centre/Service (**1%**); and Alleged Perpetrators Home (**2%**).

The two biggest categories of abuse within the safeguarding referrals were 'Neglect and Acts of Omission' **44%**, and Physical Abuse **22%**. Sexual Abuse increased from **2.8%** in 2013-14 to **4%** and was more prevalent in NHS Trusts where this accounted for **10%** of all safeguarding reports. (Full tables can be seen on page 19).

The rise in the number of Safeguarding Adults alerts appears not only to indicate the positive and increased awareness of Safeguarding Adults issues and concerns, but also highlights that some alerts did not meet the threshold criteria for further investigation. Although as a consequence of this the 'no further action' outcome decreased by **7%** from the 2013-14 figure, there were more substantive outcomes for the referrals that were investigated.

Demographics

37% of the population aged 64+
(208,900)
ONS Census 2011



62% of all safeguarding referrals are for women but for people aged 18-24
61% are for men



5-6% population Black, Asian & Minority Ethnic (BAME)
2.5% Hartlepool
12% Middlesbrough
1.5% Redcar & Cleveland
5.5% Stockton on Tees
ONS Census 2011 - estimated



54% of all safeguarding referrals are for people aged 75 or over



Teeswide Context of Safeguarding Adults Work

Abuse and Neglect

Alerts		Referrals	
2013-14	2014-15	2013-14	2014-15
305	415	146	113
1059	1163	401	354
879	1034	518	510
1127	1280	325	315
3370	3892	1390	1292

Hartlepool
Middlesbrough
Redcar & Cleveland
Stockton on Tees
Teeswide

64% of abuse and neglect in 'own home' is carried out by 'other known to Individual'



20% increase in neglect referrals in 12 months



16% of referrals are for financial abuse
See page 23: 'Under the Radar' £



Protection

1000% increase in DoLS activity
See page 25: Cheshire West Ruling



718 Advocacy referrals
12.9.14 to 31.3.15



109 Safe Place venues
See page 16



ONS - Office for National Statistics

31% said the public are safe from being victims of abuse and neglect
Board Survey March 2015



59% said promoting awareness of how people can protect themselves from abuse and neglect was the top priority
Board Survey March 2015



A Review of the Work of the Board 2014-15

Case Study

A safeguarding alert was raised by the physiotherapist working with Mr. A who lived with his brothers and who had a diagnosis of Multiple Sclerosis.

He disclosed that following the death of his mother, he had started to notice money going missing from his wallet, and stated that he was not allowed to use the washing machine or the fridge freezer.

The situation was having a negative impact on his health and well-being. Mr. A consented to a safeguarding alert being raised.

Mr A was visited by a social worker. He stated that he had not reported any of the alleged thefts to police. Further more he felt that mediation with his family was not possible.

Mr. A attended the subsequent strategy meeting, which was co-ordinated by the social worker to decide what actions were needed and to enable the development of a Protection Plan.

Information was shared with the Police who conducted an investigation of the alleged financial abuse.

Given the identified risks it was agreed that Mr. A would remain at risk living with his brothers and therefore emergency accommodation was arranged. Mr. A was then supported to find suitable accommodation where his independence could be sustained into the future.

This case is a good example of 'Making Safeguarding Personal' with Mr. A involved from the start and with the adoption of an outcome focused approach concentrating on Mr. A's independence and well-being.

Mr. A was restored to a position of control and the risk of further abuse was prevented.

Provided by Stockton-on-Tees Borough Council

A Review of the Work of the Board 2014-15

Cleveland Police

Protecting vulnerable people is a key priority for Cleveland Police, with the Chief Constable and the Police and Crime Commissioner (PCC) committed to improving policing services to victims and witnesses. We have focused on a number of areas:

- Domestic Abuse: the Force has worked with partners to research ways in which we can best support victims of domestic abuse and reduce repeat victimisation
- Mental Health: the street triage scheme allows mental health professionals to work alongside police colleagues to provide improved outcomes for those with mental health illness
- Hate Crime: our focus has seen a welcome increase in reporting
- The Safe Place Scheme: ensures that staff in identified public places are aware of vulnerability issues and can help someone they come into contact with
- Modern Day Slavery: the PCC co-hosted a regional seminar for Safeguarding professionals in September 2014, to raise awareness of Human Trafficking and Modern Day Slavery. We are building upon this with training for 250 staff provided by the charity, Hope for Justice
- Safeguarding vulnerable adults: the Force has well established mechanisms to refer concerns about vulnerable people through to health and social care teams. A dedicated team of detectives continues to work closely with partners to safeguard victims and to investigate crimes committed by those who have responsibility for caring for vulnerable adults.

Safe Place Scheme Contacts

There is a Local Authority lead in each of the local Policing areas:

Hartlepool: Jayne Brown Tel: 01429 523526

Email: Jayne.Brown@hartlepool.gov.uk

Middlesbrough: Jane Hill Tel: 01642728112

Email: Jane_Hill@middlesbrough.gov.uk

Redcar & Cleveland: Derek Birtwhistle Tel: 01642 776931

Email: Derek.Birtwhistle@redcar-cleveland.gov.uk

Stockton on Tees: Sarah Allen Tel: 01642 528458

Email: SarahJane.Allen@stockton.gov.uk



If you are a venue who would like to become a Safe Place, or you support a vulnerable person who would benefit from being a member of the scheme please contact your area lead.

A Review of the Work of the Board 2014-15

Clinical Commissioning Groups

As commissioners of local Health Services the Clinical Commissioning Groups (CCGs) continued to work with providers and partners to further raise the profile and impact of Safeguarding Adults across the health and social care economy. This included the sharing of intelligence, information and actions in relation to safeguarding concerns for the shared populations across Tees. The CCG's refreshed Quality Assurance Framework outlines the approach to the monitoring, reviewing and challenging of commissioned health services and is supported by both Governing Bodies.

Cleveland Fire Brigade

Cleveland Fire Brigade undertook a significant restructure in 2014-15, which brought about a change in the designation of lead responsibility for safeguarding within the organisation. This resulted in a review of Safeguarding Procedures, and the Brigade becoming more active partners in the work of the Teeswide Safeguarding Adults Board through the provision of the chair for the Communication and Engagement Sub-Group. The principal safeguarding activity across the service remains the provision of Home Fire Safety visits and in particular those associated with the 'Stay Safe and Warm' campaign. A total of 325 urgent referrals were received in 2014-15, which is the highest number of referrals to date. This was in addition to the thousands of Warmth Assessments undertaken Teeswide.

National Probation Service

On 1st June 2014 Probation Trusts were replaced by the National Probation Service (NPS) and Community Rehabilitation Companies. From 1st April 2015 and the implementation of Part 1 of the Care Act 2014 NPS Cleveland has acknowledged the importance of our responsibilities regarding safeguarding adults. Whilst NPS is not one of the named statutory partners, locally it is important for us to engage with our Board which we have already started to do through attendance at meetings. Over the next twelve months NPS Cleveland will continue to prioritise public protection and continue to deliver a service that is further underpinned by strong partnership working with a range of agencies.

Consultation and Engagement

During the early part of 2015 we facilitated a series of engagement activities, which involved 515 people from a wide range of stakeholder groups, of which 53% were members of the general public. The analysis and evaluation of this work will assist with the development of a Communication and Engagement Strategy, as well as informing other parts of our work. As highlighted on pages 13-14 there were several themes to the feedback received and this combined with the outcomes from comments illustrated below will provide valuable insight into our strategic priorities.

“Isolation is a huge problem. Sometimes services are on the doorstep of people but these are not being accessed due to lack of awareness and knowledge”.



“Find ways to improve current low levels of reporting, and simplify reporting processes to improve reporting”.

“Because of culture and language barriers, there is unawareness in the Asian community”.

“There needs to be better signposting of services and communication between different services”.

"I know of carers who have abused a vulnerable adult and are still working within the industry. This is a major issue as trust is a key issue for the adults I work with".

“The general public do not know how to report abuse, and there is a huge amount of work to be done in better promoting this subject”.

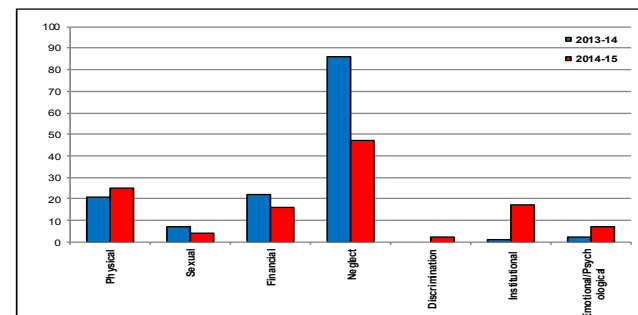
Strategic Plan 2015-18

This is our first Strategic Plan since the Teeswide Safeguarding Adults Board moved onto a statutory footing in April 2015. The Plan has been developed following several months of extensive consultation and is underpinned by the feedback provided by the general public, safeguarding adults service users, their families and carers; and advocates and professionals working across a range of sectors. The Plan outlines our five longer-term Strategic Aims for 2015-18 together with our ten Business Plan objectives for 2015-16.

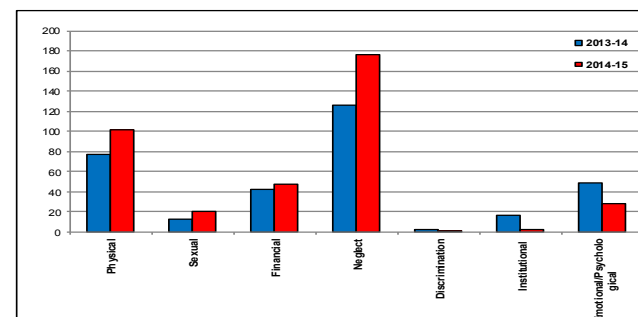
Vision: Ensuring our safeguarding arrangements act to help and protect adults

Strategic Aims 2015-18	Strategic Objectives 2015-16
Strategic Aim One: Personalisation We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders. Measure and evaluate what adults experiencing the safeguarding process say.
Strategic Aim Two: Prevention We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.	Better promote and connect existing preventative strategies. Reduce barriers to reporting abuse and neglect.
Strategic Aim Three: Protection We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect. Monitor complaints, grievances and professional/administrative malpractice.
Strategic Aim Four: Partnership We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effectively linking with other strategic bodies. Evaluate how well each member agency is co-operating and collaborating.
Strategic Aim Five: Professional Accountability We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.	Take timely and appropriate action in relation to safeguarding adults. Challenge one another and hold other Boards to account.

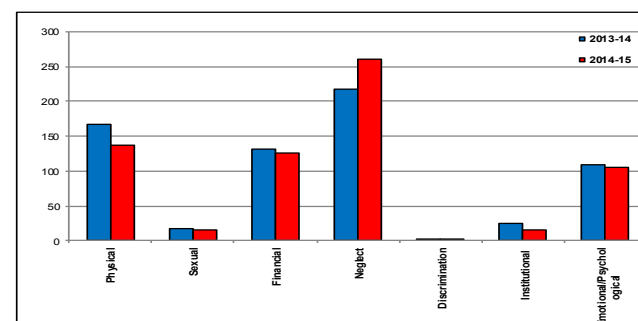
Annex A: Referrals - Types of Abuse and Neglect



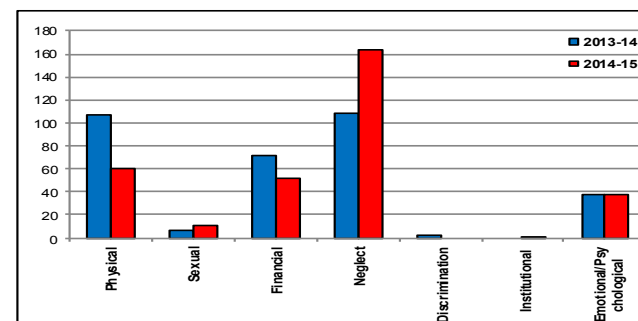
Hartlepool



Middlesbrough



Redcar & Cleveland



Stockton on Tees

Annex B: Care Act 2014 Overview

The Care Act 2014 sets out a clear legal framework for how Local Authorities and other parts of the system should protect adults at risk of abuse or neglect. Local Authorities have new safeguarding duties.

They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **Establish Safeguarding Adults Boards (SABs)**, to include the Local Authority, NHS and Police, to develop, share and implement a joint safeguarding strategy
- **Carry out Safeguarding Adults Reviews (SARs)** when someone with care and support needs dies or suffers serious harm as a result of neglect or abuse, and there is a concern that the Local Authority or its partners could have done more to protect them
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The Care Act also places **duties to co-operate** on relevant agencies over the supply of information.

The broader definitions of abuse and neglect have also been amended, and these are outlined overleaf on page 21. Further detailed guidance on the whole of the Care Act can be accessed using the links highlighted on page 23.

Teeswide this means that the implementation plan has focussed on:

- Reviewing and refreshing the information provided for the general public about safeguarding adults
- Reviewing policies, procedures and practice guidance
- Reviewing systems and processes
- Delivering Care Act specific training for staff.

The Care Act 2014 Implementation Plan also acknowledged the need for greater consistency across agencies in relation to Adult Safeguarding work.

Annex C: Definitions of Abuse and Neglect

The Care Act 2014 provides ten definitions of abuse and neglect. This includes three new definitions (shaded). In addition, the term 'Organisational Abuse' is now used as an alternative to that of 'Institutional Abuse'.

Types	Definitions
Discriminatory Abuse	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
Domestic Violence	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
Financial or Material Abuse	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude
Neglect & Acts of Omission	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services
Organisational Abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill treatment
Physical Abuse	Including assault, hitting, slapping, pushing, misuse of medication or restraint
Psychological Abuse	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber - bullying
Self-Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Sexual Abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Annex D: Useful Links

Teeswide Safeguarding Adults Board Strategic Business Plan 2015-16

<https://www.stockton.gov.uk/adult-services/safeguarding-adults/>

Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Making sure the Care Act works

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365345/](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365345/Making_Sure_the_Care_Act_Works_EASY_READ.pdf)

[Making Sure the Care Act Works EASY READ.pdf](#)

Care Act fact sheet: Safeguarding

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366087/](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366087/Factsheet_7_-_Safeguarding.pdf)

[Factsheet 7 - Safeguarding.pdf](#)

What the Care Act will mean for safeguarding: A legal view – Community Care

<http://www.communitycare.co.uk/2014/03/03/care-act-2014-will-mean-safeguarding-legal-view/>

Financial abuse 'Under the Radar'

[https://www.citizensadvice.org.uk/about-us/how-citizens-advice-works/media/press-releases/](https://www.citizensadvice.org.uk/about-us/how-citizens-advice-works/media/press-releases/financial-abuse-going-under-the-radar/)

[financial-abuse-going-under-the-radar/](#)

Age UK fact sheet: Safeguarding Older People from Abuse

[http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS78_Safeguarding_older_people_from_abuse_fcs.pdf?dtrk=true)

[FS78_Safeguarding_older_people_from_abuse_fcs.pdf?dtrk=true](#)

Mental Health Act: Revised Code of Practice 2015

<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

Mental Health Act: Section 44

<http://www.legislation.gov.uk/ukpga/1983/20/section/44>

Mental Capacity Act 2005 (DoLS)

<https://www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards>

Social Care Institute of Excellence (SCIE)

<https://www.scie.org.uk>

Association of Directors of Adult Social Services (ADASS)

<https://www.adass.org.uk>

Health and Social Care Information Centre (HSCIC)

<https://www.hscic.gov.uk>

Care Quality Commission (CQC)

<https://www.cqc.org.uk>

Office for National Statistics (ONS)

<https://www.ons.gov.uk>

A range of relevant services signposted by Cleveland Police

<http://www.cleveland.police.uk/advice-information/17786.aspx>

All age liaison and diversion service – NHS England

<http://www.tewv.nhs.uk/Trust-News/Archive-News/Working-with-police-to-support-vulnerable-people/>

Sexual Assault Referral Centre (SARC)

<http://www.sarcteesside.co.uk/ProInfo.htm>

Teeswide Advocacy Hub

<http://www.middlesbroughcab.org.uk/>

Annex E: Contact Details

Name	Organisation	Telephone	Email
Business Unit	Teeswide Safeguarding Adults Board	01642 527263	tsab.businessunit@stockton.gov.uk
First Contact and Support Hub	Hartlepool Borough Council	01429 284284	fcsh@hartlepool.gcsx.gov.uk
First Contact Team	Middlesbrough Borough Council	01642 726004	adultsafeguarding alert@middlesbrough.gov.uk
Access Team	Redcar & Cleveland Borough Council	01642 771500	contactus@redcar-cleveland.gov.uk
First Contact Team	Stockton -on-Tees Borough Council	01642 527764	firstcontactadults@stockton.gov.uk
Protecting Vulnerable People Unit	Cleveland Police	999 Emergency or 101	
	Tees Esk & Wear Valley (TEWV) NHS Trust	01325 552000	tewv.enquiries@nhs.net
	South Tees Hospitals NHS Trust	01642 850850	
Patient Experience Team	North Tees and Hartlepool NHS Trust	01642 624719	patientexperience@nth.nhs.uk
General enquiries	Care Quality Commission	03000 616161	enquiries@cqc.org.uk
General enquiries	Healthwatch Hartlepool		www.healthwatchhartlepool.co.uk
General enquiries	Healthwatch Tees		www.healthwatchstockton@pcp.uk.net

Annex F: Glossary of Terms

Adult with care and support needs

(previously described as a vulnerable adult)

An adult receiving a care and support service, or an adult requesting an assessment. This maybe a mixture of practical, financial and emotional support for adults who need extra help to manage their lives and remain independent.

Alerts

Raising an alert means passing on a concern. An alert may be made by an adult at risk, their family or friends, care workers, volunteers or other professionals. Concerns should be passed immediately to the person responsible for dealing with safeguarding alerts, or Adult Social Care directly. They must decide without delay on the most appropriate course of action.

Capacity

Someone who lacks capacity cannot, due to an illness or disability such as a mental health problem, dementia or a learning disability, do the following:

- understand information given to them to make a particular decision
- retain that information long enough to be able to make the decision
- use or weigh up the information to make the decision
- communicate their decision.

Cheshire West Ruling

The Supreme Court handed down this judgment on 19 March 2014, which determined that there is a Deprivation of Liberty (DoL) when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. This has resulted in a ten fold increase in DoLS assessments Teeswide in the last twelve months (total of 2185 for 2014-15).

Deprivation of Liberty Safeguards (DoLS)

Part of the Mental Capacity Act 2005 is to ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person.

Annex F: Glossary of Terms

Direct Payment and Personal Budgets

Payments made directly to someone in need of care and support by their Local Authority to allow the person greater choice and flexibility about how their care is delivered. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the Local Authority must pay.

Expert by Experience

People who have experience of the safeguarding process either personally or as a carer.

Independent Advocacy

(the process of actively supporting and representing a person)
Local Authorities must arrange the use of an Advocate during: the assessment process; in the preparation and review of their care and support plan; during safeguarding enquiries and SARs, if two conditions are met: the person would have substantial difficulty in being fully involved in these processes if an Advocate was not involved, and if there is no other person to support and represent the adult who is not a paid professional or carer.

Making Safeguarding Personal (MSP)

Person-centred responses to safeguarding circumstances, creating a range of responses for people who have experienced harm and abuse, so that they are more empowered and their lives improved.

Referral

Refers to an adult safeguarding issue (alert) that meets the local safeguarding threshold and invokes a full investigation.



STRATEGIC BUSINESS PLAN

Ensuring our safeguarding arrangements act to help and protect adults

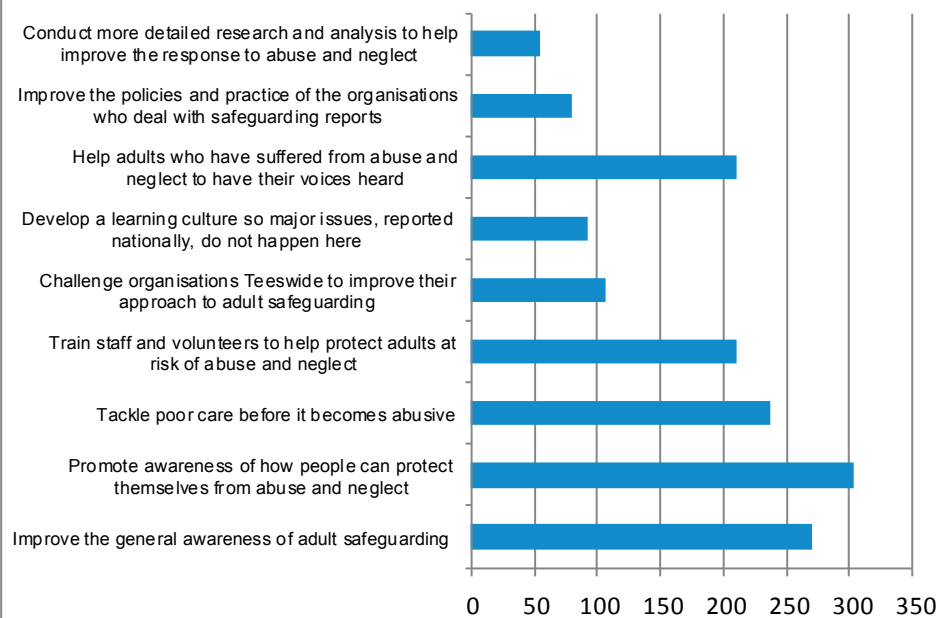
2015-16

Introduction

This is the first Strategic Plan for the now statutory Teeswide Safeguarding Adults Board following the implementation of the Care Act 2014 on April 1 2015. The Plan has been developed following several months of extensive consultation, and underpinned by the feedback provided by the general public, safeguarding adults service users, their families, carers, advocates and professionals working across a range of sectors. The table below illustrates the priorities which these groups of people have identified Teeswide, providing the framework for our five longer-term Strategic Aims for 2015-18, ten Business Plan objectives, and actions for 2015-16 which are all outlined in this Plan. We look forward to working with our current partners, and developing new relationships to implement our Vision:

“Ensuring our safeguarding arrangements act to help and protect adults”

Teeswide priorities for 2015-16



Ann Baxter
Independent Chair

Teeswide Safeguarding Adults Board

Partner Agencies

Listed below are the current partners of the Board as of July 2015. The Local Executive Groups (LEGs) also have additional organisations represented, including Housing and Care providers, Voluntary Sector Development Agencies, and other internal stakeholders from within the Board's main partner organisations. The main Board meets bi-monthly and the Sub-Groups and LEGs meet quarterly.

Statutory Partners

Hartlepool Borough Council	Director of Child and Adult Services
Middlesbrough Borough Council	Executive Director of Wellbeing, Care and Learning
Redcar & Cleveland Borough Council	Corporate Director of People Services
Stockton -on-Tees Borough Council	Director of Children, Education and Social Care
Cleveland Police	Head of Protecting Vulnerable People Unit
Hartlepool and Stockton-on-Tees CCG	Executive Nurse
South Tees CCG	

Non Statutory Partners

Care Quality Commission	Inspection Manager
Cleveland Fire Brigade	Director of Community Protection
Community Rehabilitation Company	Lead Manager Durham Tees Valley
Healthwatch Hartlepool	Healthwatch Development Officer
Healthwatch Tees	Healthwatch Manager
HM Prison Service: Holme House Prison	Safeguarding Lead HMP Holme House
National Probation Service: Cleveland	Head of Area (MAPPA Board)
NHS England: Cumbria and the North East	Deputy Director of Nursing
North Tees and Hartlepool NHS Foundation Trust	Deputy Director of Nursing
Public Health	Director of Public Health
South Tees Hospitals NHS Foundation Trust	Head of Nursing (Safeguarding and Vulnerable Groups)
Tees, Esk and Wear Valley NHS Foundation Trust	Director of Nursing and Governance

Lead Members for Local Authorities sit on the Board as non-voting participant observers

Teeswide Safeguarding Adults Board Structure



Key:

HBC Hartlepool Borough Council
 MBC Middlesbrough Borough Council
 RCBC Redcar & Cleveland Borough Council
 SBC Stockton-on-Tees Borough Council

CE Communication & Engagement
 LTD Learning, Training & Development
 PAQ Performance, Audit & Quality
 PPP Policies, Procedures & Practice
 SAR Safeguarding Adults Review

Definitions of Abuse and Neglect

The Care Act provides ten definitions of abuse and neglect. This includes three new definitions (shaded). In addition, the term 'Organisational Abuse' is now used as an alternative to that of 'Institutional Abuse'. Highlighted in red are the most common forms of abuse and neglect recorded Teeswide in 2014-15.

Types	Definitions
Discriminatory Abuse	Includes forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
Domestic Violence	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
Financial or Material Abuse (16%)	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions
Modern Slavery	Encompasses slavery, human trafficking, forced labour and domestic servitude
Neglect & Acts of Omission (44%)	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services
Organisational Abuse	Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill treatment
Physical Abuse (22%)	Including assault, hitting, slapping, pushing, misuse of medication or restraint
Psychological Abuse (12%)	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber - bullying
Self-Neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
Sexual Abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

Vision:	
Strategic Aims 2015-18	Strategic Objectives 2015-16 <i>Elements have transferred from the Strategic Plan 2014-16</i>
Strategic Aim One: Personalisation We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders. Measure and evaluate what adults experiencing the safeguarding process say.
Strategic Aim Two: Prevention We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.	Better promote and connect existing preventative strategies. Reduce barriers to reporting abuse and neglect.
Strategic Aim Three: Protection We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect. Monitor complaints, grievances and professional/administrative malpractice.
Strategic Aim Four: Partnership We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effectively linking with other strategic bodies. Evaluate how well each member agency is co-operating and collaborating.
Strategic Aim Five: Professional Accountability We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.	Take timely and appropriate action in relation to safeguarding adults. Challenge one another and hold other Boards to account.

Ensuring our safeguarding arrangements act to help and protect adults
People Outcome Measure: How this will make a difference
The voices of key stakeholders will be incorporated into all planning and policy decision making/documents. There will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.
We will have helped to connect and evidence more people accessing preventative support services. We will better understand why people feel they cannot report abuse and neglect.
People Teeswide will receive a more consistent response to safeguarding adult reports. Anyone that is unhappy about a safeguarding adults issue will have an appropriate method of recourse.
We will better co-ordinate and prioritise safeguarding adults work. We will be more effective in ensuring our safeguarding arrangements help and protect adults.
We will provide effective assurances about services being delivered to adults. We will ensure the experiences of adults help to hold the wider health and social care sector to account.

Strategic Aim One: Personalisation

Objectives Reference material/Source	Action
1.1. Take into account the views of key stakeholders. Care Act 2014: 14.110 Care Act: Care and Support Statutory Guidance Board: Engagement and Consultation report May 2015 Local Government Association (LGA)/ Association of Directors of Adult Social Services (ADASS): Standards March 2015 Local Authority Surveys: Care Homes Clinical Quality Audits Tees Advocacy Hub Care Quality Commission: Inspections Local Safeguarding Childrens Boards (LSCBs) Community Safety Partnerships (CSPs) Health and Wellbeing Boards Overview and Scrutiny Boards	<p>Develop a Communications & Engagement Strategy (C&E) including processes to create the necessary ongoing consultation with: adults and families; carers; advocates; Healthwatch; practitioners; partner agencies and other strategic bodies. (Links to Objective 4.2)</p> <p>C&E outcomes will be used to inform all of the Boards strategic and policy developments, ensuring Making Safeguarding Personal (MSP) principles are embedded.</p>
1.2. Measure and evaluate what adults experiencing the safeguarding process say. Care Act 2014: 14.110 LGA: Making Safeguarding Personal (MSP) guide November 2014 Mental Capacity Act 2005 Board: Engagement and Consultation report May 2015	<p>Develop a Teeswide MSP evaluation process for use by operational safeguarding teams.</p> <p>Develop practice guidance designed to provide Teeswide consistency and to help improve/increase the involvement of participants, their families, carers and advocates in the operational safeguarding and evaluation process. This to include additional supportive measures for those who lack capacity.</p>

People being supported and encouraged to make their own decisions and informed consent

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2016 the voices of key stakeholders will be incorporated into all Board planning and policy decision making/documents.	Sept 2015 & ongoing	CE	Board LEGs
	Sept 2015 to March 2016	Board	PPP CE LTD PAQ LEGs
By March 2016 there will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.	Sept 2015	PAQ	CE LEGs
	Dec 2015 & ongoing	PPP	LEGs LTD

Strategic Aim Two: Prevention

Objectives Reference material/Source	Action
2.1. Better promote and connect existing preventative strategies. Care Act 2014: 14.110; 14.196; 14.197; 14.198 & Chapter two Board: Engagement and Consultation report May 2015 LGA/ADASS: Standards March 2015 Community Safety Partnerships	The C&E strategy will collate and bring together existing preventative work and highlight ways to better promote and connect existing services. This research will underpin the development of a website and linked publicity campaigns.
	Create a portfolio of evidence linked to community awareness of adult abuse and neglect, and how people can prevent and respond to this.
2.2 Reduce barriers to reporting abuse and neglect. Care Act 2014: 14.110 Equality Act 2010 (Public Sector Equality Duty) Joint Strategic Needs Assessment (JSNA) Joint Health and Wellbeing Strategies (JHWS)	Collate and cross-reference existing data and research into Teeswide population demographics and safeguarding reporting patterns.
	This research will then be transferred into an action plan in 2016 and filtered into the main Strategic Business Plan for 2016-17. This will include responses to disability 'Hate' and 'Mate' crimes, highlighted under-reporting within specific community and harder to reach or marginalised groups.

It is better to take action before harm occurs

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2016 we will have helped to connect and evidence more people accessing preventative support services.	Dec 2015 & ongoing	CE	LTD LEGs (CSPs)
	Dec 2015 & ongoing	CE	PAQ LTD LEGs (CSPs)
By March 2016 we will better understand why people feel they cannot report abuse and neglect.	March 2016	PAQ	Board Possible academic researcher
	April 2016 to July 2016	PAQ	Board

Strategic Aim Three: Protection

Objectives Reference material/Source	Action
3.1. Provide effective responses to reported abuse and neglect. Board: Strategic Plan 2014-16 Care Act 2014: 14.128 Board: Inter-Agency Policy May 2015 Board: Engagement and Consultation report May 2015 LGA/ADASS: Standards March 2015 National Prevent Strategy	Effective and consistent delivery of Teeswide Inter-Agency Policy and Procedures.
	Analyse safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the Strategic Plan and operational arrangements.
3.2. Monitor complaints, grievances and professional/administrative malpractice. Care Act 2014: 14.110 Board: Inter-Agency Policy May 2015 Board: Serious Concerns Protocol	The Inter-Agency Policy 2015 will be linked to updated practice and guidance, which will include distinct and separate sections on dealing with: complaints; grievances and malpractice.
	All partners will alert the Board as soon as the Serious Concerns Protocol has been activated.

Support and representation for those in greatest need

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2016 people Teeswide will receive a more consistent response to safeguarding adult reports.	Sept 2015	PPP	PAQ LEGs
	Sept 2015 & ongoing	PAQ	Board PPP CE LEGs LTD
By March 2016 anyone that is unhappy about a safeguarding adults issue will have an appropriate method of recourse.	Dec 2015	PPP	PAQ
	Sept 2015 & ongoing	Board	PAQ LEGs

Strategic Aim Four: Partnership

Objectives Reference material/Source	Action
<p>4.1. Develop assurances for effectively linking with other strategic bodies.</p> <p>Care Act 2014: 14.128 Local Safeguarding Childrens Boards Community Safety Partnerships Health and Wellbeing Boards Overview and Scrutiny Boards LGA/ADASS: Standards March 2015 National Prevent Strategy</p>	<p>Each member agency will ensure the Strategic Aims of the Board are effectively represented within the wider health and social care strategic framework. This will allow higher level and joint strategic priorities to be developed.</p>
	<p>Create a learning culture by considering recommendations from Safeguarding Adults Reviews (SAR) and other national and local reviews.</p>
<p>4.2. Evaluate how well each member agency is co-operating and collaborating.</p> <p>Care Act 2014: 14.128 Care Act 2014: 14.110 Board: Strategic Plan 2014-16 Care Act: Care and Support Statutory Guidance Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards) Equality Act 2010 Mental Health Act 1983 and the New Code of Practice 2015 Mental Health Crisis Care Concordat Feb 2014</p>	<p>Routinely evaluate Board attendance, membership, effective participation and active leadership, including the implementation of a multi-agency Information Sharing Agreement.</p>
	<p>The strategic plan and other policy developments are cascaded, and risks escalated via the Boards sub-structure. Further develop and review the Sub-Group and LEG membership to provide local innovation and solutions. (Links to Objective 1.1)</p>

Local solutions through services working with their communities

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2016 we will better co-ordinate and prioritise safeguarding adults work.	Sept 2015 & ongoing	PPP	Board
	Sept 2015 & ongoing	Board	SAR LTD LEGs
By March 2016 we will be more effective in ensuring our safeguarding arrangements help and protect adults.	Sept 2015 & ongoing	Chair	PAQ
	April 2015 to March 2016	Board	Sub Groups LEGs

Strategic Aim Five: Professional Accountability

Objectives Reference material/Source	Action
<p>5.1. Take timely and appropriate action in relation to safeguarding adults.</p> <p>Care Act 2014: 14.110; 14.196; 14.197; 14.198 & Chapter two LGA/ADASS: Standards March 2015 Better Care Fund</p>	<p>Member agencies will complete a Professional Quality Assurance Framework (QAF) annually, and provide assurances for the quality of safeguarding adults work within their own organisations. The framework will be linked to MSP outcomes. (Objective 1.2)</p>
	<p>Non-member agencies maybe requested to complete a QAF if there are grounds for concern, or if they deliver a contracted service.</p>
<p>5.2. Challenge one another and hold other Boards to account.</p> <p>Care Act 2014: 14.110 Board: Strategic Plan 2014-16 Local Safeguarding Childrens Boards Community Safety Partnerships Health and Wellbeing Boards Overview and Scrutiny Boards LGA/ADASS: Standards March 2015 Care Quality Commission: Inspections Board: Engagement and Consultation report May 2015 Organisational Change Programmes</p>	<p>Member agencies will recognise and deliver their individual and organisational duty to proactively support and challenge the work of the Board and its partner agencies, whilst helping to ensure other strategic bodies constructively support the Strategic Aims of the Teeswide Safeguarding Adults Board.</p>
	<p>Develop an annual 360 degree appraisal for the Board chair.</p>

Transparency in delivering safeguarding

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
<p>By March 2016 we will provide effective assurances about services being delivered to adults.</p>	Dec 2015 & ongoing	PAQ	Board LEGs
	Dec 2015 & ongoing	PAQ	SAR LEGs
<p>By March 2016 we will ensure the experiences of adults help to hold the wider health and social care sector to account.</p>	April 2015 & ongoing	Board	PAQ PPP LEGs (CQC)
	March 2016	Board Local Authority CEOs	Sub Groups & LEG Chairs

Work programme for the Board and Sub Group structure			
Action Points	Board	CE Sub Group	LTD Sub Group
1.1.1	Contributor	Lead Group	
1.1.2	Lead Group	Contributor	Contributor
1.2.1		Contributor	
1.2.2			Contributor
2.1.1		Lead Group	Contributor
2.1.2		Lead Group	Contributor
2.2.1	Contributor		
2.2.2	Contributor		
3.1.1			
3.1.2	Contributor	Contributor	Contributor
3.2.1			
3.2.2	Lead Group		
4.1.1	Contributor		
4.1.2	Lead Group		Contributor
4.2.1	Lead Group		
4.2.2	Lead Group	Contributor	Contributor
5.1.1	Contributor		
5.1.2			
5.2.1	Lead Group		
5.2.2	Lead Group	Contributor	Contributor

Work programme for the Board and Sub Group structure			
PAQ Sub Group	PPP Sub Group	SAR Sub Group	LEGs
			Contributor
Contributor	Contributor		Contributor
Lead Group			Contributor
	Lead Group		Contributor
			Contributor
Contributor			Contributor
Lead Group			
Lead Group			
Contributor	Lead Group		Contributor
Lead Group	Contributor		Contributor
Contributor	Lead Group		
Contributor			Contributor
	Lead Group		
		Contributor	Contributor
Contributor			
Contributor	Contributor	Contributor	Contributor
Lead Group			Contributor
Lead Group		Contributor	Contributor
Contributor	Contributor		Contributor
Contributor	Contributor	Contributor	Contributor

HEALTH AND WELLBEING BOARD

5th OCTOBER 2015



Report of: Director of Public Health

Subject: RESPIRATORY DISEASE PRESENTATION

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to introduce a presentation by Director of Public Health regarding respiratory disease.

2. BACKGROUND

- 2.1 At the meeting of the Health and Wellbeing Board on 3rd August 2015, there was a request for the Board to consider issues relating to respiratory disease. It was requested that the Board consider issues relating to air quality as part of the presentation.

3. PROPOSALS – PRESENTATION

- 3.1 The purpose of the presentation is to provide the Health and Wellbeing Board with:
- A understanding of the incidence and prevalence of respiratory disease
 - Service commissioned and provided by partners to support people with respiratory illness.
 - Environmental issues and air quality in relation to respiratory disease.

4. RISK IMPLICATIONS

- 4.1 No Implications

5. FINANCIAL CONSIDERATIONS

- 5.1 No Implications

6. LEGAL CONSIDERATIONS

- 6.1 No Implications

7. CHILD AND FAMILY POVERTY

7.1 No Implications

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 No Implications

9. STAFF CONSIDERATIONS

9.1 No Implications

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No Implications

11. RECOMMENDATIONS

11.1 Members note and comment on the content of the presentation

12. REASONS FOR RECOMMENDATIONS

12.1 This presentation was requested by members of the Health & Wellbeing Board in August 2015. Respiratory disease is a major contributor to poor mobility and premature mortality in Hartlepool.

13. BACKGROUND PAPERS

13.1 No background papers

14. CONTACT OFFICER

Louise Wallace
Director of Public Health
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4th Floor Civic Centre
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(01429 266522)

HEALTH AND WELLBEING BOARD

5th OCTOBER 2015



Report of: Director of Public Health

Subject: SCREENING PRESENTATION

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to introduce the screening presentation by the Director of Public Health and Immunisation and Screening Manager from NHS England.

2. BACKGROUND

- 2.1 NHS England (Cumbria and North East) is responsible for commissioning Screening programmes, monitoring providers@ performance and for supporting providers in delivering programme changes and improvements in quality when required.
- 2.2 Local authorities also provide independent scrutiny and challenge of the arrangements of commissioners to ensure all parties discharge their roles effectively for the protection of the local population.

3. PROPOSALS – PRESENTATION

- 3.1 The purpose of the presentation is to provide the Health and Wellbeing Board with:
- Assurance that appropriate governance arrangements are in place within NHS England in relation to Screening for the population, in order to protect the health of people in Hartlepool.
 - An update on the local picture of Screening in Hartlepool and;
 - NHS England's plans to improve uptake and local actions being undertaken to address these.

4. RISK IMPLICATIONS

- 4.1 No Implications

5. FINANCIAL CONSIDERATIONS

5.1 No Implications

6. LEGAL CONSIDERATIONS

6.1 No Implications

7. CHILD AND FAMILY POVERTY

7.1 No Implications

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 No Implications

9. STAFF CONSIDERATIONS

9.1 No Implications

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No Implications

11. RECOMMENDATIONS

11.1 Members note and comment on the content of the presentation

12. REASONS FOR RECOMMENDATIONS

12.1 Hartlepool Borough Council has a duty, under regulation 8 of the Local Authorities Regulations 2013 (Health and Social Care Act 2012), to scrutinise Screening rates in Hartlepool to assure that there is sufficient uptake of Screening across all age groups.

13. BACKGROUND PAPERS

13.1 No background papers

14. CONTACT OFFICER

Louise Wallace
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Hartlepool Borough Council
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Hartlepool
Louise.wallace@hartlepool.gov.uk
(01429 266522)

HEALTH AND WELLBEING BOARD

5 October 2015



Report of: Director of Child & Adult Services

Subject: Better Care Fund: Update and 2015/16 Q1 Return

1. PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with an update on implementation of the Better Care Fund plan and to present the 2015/16 Q1 return.

2. BACKGROUND

- 2.1 The Better Care Fund has six National Conditions that must be met in order for the pooled money to be accessed. These are:
- Plans to be jointly agreed (by Councils and CCGs, with engagement of providers and sign off by the Health & Wellbeing Board).
 - Protection for social care services (not social care spending)
 - Provision of seven day services in health and social care to support hospital discharges and prevent unnecessary admissions at weekends.
 - Better data sharing between health and social care using the NHS number.
 - A joint approach to assessments and care planning with an accountable professional for integrated packages of care.
 - Agreement on the impact of changes in the acute sector.
- 2.2 There are five nationally determined performance measures associated with the BCF:
- Permanent admissions of older people (aged 65 and over) to residential and nursing homes.
 - Proportion of older people (aged 65 and over) who are still at home 91 days after discharge from hospital to reablement / rehabilitation services.
 - Delayed transfers of care from hospital.
 - Avoidable emergency admissions to hospital.
 - A measure of patient / service user experience.

- 2.3 BCF plans were also required to include one locally determined performance measure. The agreed local measure for Hartlepool is the estimated diagnosis rate for people with dementia.
- 2.4 BCF plans were required to demonstrate achievement of the national conditions, and to set targets to improve performance against the national and locally determined measures. Performance against these conditions and targets will be monitored nationally by NHS England.

3. BCF IMPLEMENTATION & PERFORMANCE

- 3.1 Progress in relation to BCF Implementation is reported on a regular basis to the North of Tees Partnership board, as set out in the BCF plan governance arrangements.
- 3.2 The update in August 2015 was as follows:
- s75 agreement in place as of 1 April 2015.
 - BCF Pooled Budget Partnership Board established with dates scheduled for the remainder of the financial year.
 - 2014/15 Q4 return submitted by 29 May deadline and reported to Health & Wellbeing Board on 22 June. Performance was positive against all indicators.
 - 2015/16 Q1 return currently being completed in preparation for submission on 28 August 2015.
 - Dementia workshop held involving HBC, CCG, TEWV and NTHFT in March to map commissioned services, identify gaps and agree next steps. Information has been collated and a draft action plan developed, with a follow up event held in July linked to the review undertaken by the Dementia Collaborative of community-based services.
 - BCF Project Manager appointed and commencing in early September.
 - Early Intervention / Intermediate Care model agreed and Implementation Group established with four work streams identified.
 - Co-location of first contact and hospital discharge services scheduled for September 2015.
 - Hartlepool Now site is live as an information and advice resource. This has been developed in response to the requirements of the Care Act but links to the prevention and early intervention aspect of the BCF plan and will signpost people to existing community resources and / or low level services, encouraging people to remain independent. The site has been promoted with providers and GP practices and will be further developed over the summer prior to a formal launch in October.
 - Work is progressing to develop a support offer for care homes. This includes market engagement with existing providers, mapping current support services and reviewing information regarding hospital admissions from care homes.
 - Proposal developed for additional pharmacy support to care homes due to the recurrent theme of medication issues within CQC inspection reports and links to safeguarding activity.

- 3.3 BCF performance is reported to NHS England on a quarterly basis as follows:

Submission Date	Reporting Period
28 August 2015	Q1: April – June 2015
27 November 2015	Q2: July – September 2015
26 February 2016	Q3: October – December 2015
27 May 2016	Q4: January – March 2016

- 3.2 The Hartlepool 2015/16 Q1 return was submitted on 28 August 2015 and is attached at **Appendix 1**.

4. RISK IMPLICATIONS

- 4.1 A risk register was completed as part of the original BCF plan and mitigating actions identified. No additional risks have been identified.

5. FINANCIAL CONSIDERATIONS

- 5.1 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board. The Council's Chief Finance Officer is the named Pooled Fund Manager.
- 5.2 It was a requirement that BCF Plans included an element of funding for 'Payment by Performance'. This funding is released based on quarterly performance in terms of reducing non elective hospital admissions. Hartlepool's performance in this area means that an element of this funding has been released in Q1 - £105,790 of the £500,640 Performance Fund. This funding can now be utilised to support implementation of the BCF plan.
- 5.3 As shown in **Appendix 1**, there has been some slippage in Quarter 1 against the BCF Plan however it is anticipated all funding will be fully spent in accordance with the Plan by the end of the financial year.

6. LEGAL CONSIDERATIONS

- 6.1 None identified.

7. CHILD AND FAMILY POVERTY

- 7.1 No implications identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 None identified.

9. STAFF CONSIDERATIONS

- 9.1 No staff considerations identified.

10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations identified.

11. RECOMMENDATIONS

- 11.1 It is recommended that the Health and Wellbeing Board notes progress in relation to implementation of the BCF plan and notes the 2015/16 Q1 return which was submitted on behalf of the Health and Wellbeing Board using delegated authorities as previously agreed.

12. REASONS FOR RECOMMENDATIONS

- 12.1 It is a requirement that Health & Wellbeing Boards approve plans and performance reports in relation to the BCF.

13. BACKGROUND PAPERS

- 13.1 No background papers.

14. CONTACT OFFICER

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Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 28th August 2015

This Excel data collection template for Q1 2015-16 focuses on budget arrangements, the national conditions, payment for performance, income and expenditure to and from the fund, and performance on local metrics. It also presents an opportunity for Health and Wellbeing Boards to register interest in support. Details on future data collection requirements and mechanisms will be announced ahead of the Q2 2015/16 data collection.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an explanation of any material variances against planned performance trajectories as part of a wider overview of progress with the delivery of plans for better care.

Content

The data collection template consists of 9 sheets:

Validations - This contains a matrix of responses to questions within the data collection template.

1) Cover Sheet - this includes basic details and tracks question completion.

2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.

3) National Conditions - checklist against the national conditions as set out in the Spending Review.

4) Non-Selective and Payment for Performance - this tracks performance against NEL ambitions and associated P4P payments.

5) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

6) Local metrics - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans.

7) Understanding support needs - this asks what the key barrier to integration is locally and what support might be required.

8) Narrative - this allows space for the description of overall progress on plan delivery and performance against key indicators.

Validations

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 8 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the 2014-15 Q4 submission and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously you can selection 'Not Applicable' this time.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track to be

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please provide a target date when you expect the condition to be met. Please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

4) Non-Selective and Payment for Performance

This section tracks performance against NEL ambitions and associated P4P payments. The latest figures for planned activity and costs are provided along with a calculation of the payment for performance payment that should have been made for Q4. Three figures are required and one question needs to be answered:

Input actual Q1 2015-16 Non-Selective performance (i.e. number of NELs for that period) - Cell L12

Input actual value of P4P payment agreed locally - Cell D23

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box

Input actual value of unreleased funds agreed locally

This section also requires indication of the area of spend that unreleased funds have been spent on for Q4 and Q1 using a drop-down list. If no funds were left unreleased then 'Not Applicable' should be selected.

5) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Planned and forecast income into the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual income into the pooled fund in Q1

Planned and forecast expenditure from the pooled fund for each quarter of the 2015-16 financial year

Confirmation of actual expenditure into the pooled fund in Q1

Figures should reflect the position by the end of each quarter. It is expected that planned income and planned expenditure figures for Q4 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan.

6) Local metrics

This tab tracks performance against the locally set metric and locally defined patient experience metric submitted in approved BCF plans. In both cases the metric is set out as defined in the approved plan for the HWB and **the following information is required for each metric:**

Confirmation that this is the same metric that you wish to continue tracking locally

Confirmation of planned performance for each quarter of 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)

Confirmation of actual performance for Q1 2015-16 (against the metric being tracked locally - whether the same as within your plan or not)

Commentary on progress against the metric and details of any changes to the metric including reference to reasons for changing

7) Understanding Support Needs

This asks what the key barrier to integration is locally and what support might be required in delivering the six key aspects of integration set out previously. This section builds upon the information collected through the BCF Readiness Survey in March 2015. HWBs are asked to:

Confirm which aspect of integration they consider the biggest barrier or challenge to delivering their BCF plan

Confirm against each of the six themes whether they would welcome any support and if so what form they would prefer support to take

There is also an opportunity to provide comments and detail any other support needs you may have which the Better Care Support Team may be able to help with.

8) Narrative

In this section HWBs are asked to provide a brief narrative on overall progress in delivering their Better Care Fund plans at the current point in time with reference to the information provided within this return.

Better Care Fund Template Q1 2015/16

Data collection Question Completion Validations

Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

Budget Arrangements

S.75 pooled budget in the Q4 data collection? and all dates needed
Yes

National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No In Progress" estimated date if not already in place (DD/MM/YYYY)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Non-Elective and P4P

Actual Q1 15/16	Actual payment locally agreed	Comments	Any unreleased funds were used for: Q4 14/15	Any unreleased funds were used for: Q1 15/16
Yes	Yes	Yes	Yes	Yes

I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the total yearly plan and the pooled fund
Income to	Plan	Yes	Yes	Yes	Yes	Yes
	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
Expenditure From	Actual					
	Plan	Yes	Yes	Yes	Yes	Yes
	Plan					
	Forecast	Yes	Yes	Yes	Yes	
	Forecast					
	Actual	Yes				
	Actual					
	Commentary	Yes				

Local Metrics

	Same local performance metric in plan?	If the answer is No details				
	Yes	Yes				
	Plan	Plan	Plan	Plan	Actual	Actual
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Local performance metric plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					
	Same local performance metric in plan?	If the answer is No details				
	Yes	Yes				
	Plan	Plan	Plan	Plan	Actual	Actual
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16
Local patient experience plan and actual	Yes	Yes	Yes	Yes	Yes	Yes
Commentary	Yes					

Understanding Support Needs

Area of integration greatest challenge	Yes
--	-----

	Interested in support?	Preferred support medium
1. Leading and Managing successful better care implementation	Yes	Yes
2. Delivering excellent on the ground care centred around the individual	Yes	Yes
3. Developing underpinning integrated datasets and information systems	Yes	Yes
4. Aligning systems and sharing benefits and risks	Yes	Yes
5. Measuring success	Yes	Yes
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Yes

Narrative

Brief Narrative
Yes

Cover and Basic Details

Q1 2015/16

Health and Well Being Board	Hartlepool
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completed by:	Jill Harrison
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E-Mail:	jill.harrison@hartlepool.gov.uk
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Contact Number:	01429 523911
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Who has signed off the report on behalf of the Health and Well Being Board:	Cllr C Akers-Blecher (Chair)
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Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?

Yes

If it has not been previously stated that the funds had been pooled can you now confirm that they have?

If the answer to the above is 'No' please indicate when this will happen
(DD/MM/YYYY)

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Please select
Yes
No
No - In Progress

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes		The services that are currently working 7 days are Emergency Duty Team (Social Care), Rapid Response, Intermediate Care. Work continues to establish baselines and understand demand for existing services over the weekend period. Expansion of current services and additional services is expected to be in place by Autumn 2015.
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		Workstream established and project lead appointed to take this forward.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	31/03/2016	Appropriate IG controls are currently in place across Health and Social care systems. A workstream has been established and project lead appointed to develop new IG controls to support integrated working.
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	31/03/2016	In place for some cases but not consistently for all integrated packages of care. Implementation group established to progress this work further.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		

1 1 1
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National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
 - confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
 - ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
- NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board:

Hartlepool

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,208,000	£1,942,000	£1,663,000	£1,663,000	£7,476,000	£7,476,000
	Forecast	£1,646,000	£1,779,000	£2,000,000	£2,051,000		
	Actual*	£1,646,000					

Please comment if there is a difference between the total yearly plan and the pooled fund	Not applicable.
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Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£1,869,000	£1,869,000	£1,869,000	£1,869,000	£7,476,000	£7,476,000
	Forecast	£1,869,000	£1,869,000	£1,869,000	£1,869,000		
	Actual*	£1,195,000					

Please comment if there is a difference between the total yearly plan and the pooled fund	Not applicable
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Commentary on progress against financial plan:	There is some slippage in Q1 which will be fully utilised across the course of the year to deliver the BCF plan.
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Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.

Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:

Hartlepool

Local performance metric as described in your approved BCF plan	Estimated diagnosis rate for people with Dementia (NHS Outcomes Framework 2.6.i)
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Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	Yes
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If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)

Local performance metric plan and actual	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	68	69	69	69	79	0		

Please provide commentary on progress / changes:	78.80% March 2015 (cell F13). Due to changes in the national methodology of Dementia diagnosis rates for 2015/16, discussions will be required to agree the methodology for the ongoing monitoring of this indicator when further information is available nationally.
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Local defined patient experience metric as described in your approved BCF plan	No Metric Provided; To be locally determined and baselines to be calculated Spring 15/16 - Possible regional approach'
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Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	No
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If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)

Aggregate of 3 Measures (percentage):
 Measure 1 - ASCOF 3A: Overall satisfaction of people who use services with their care and support.
 Measure 2 - ASCOF 3B: Overall satisfaction of carers with social services.
 Measure 3 - Percentage of patients responding 'very good' or 'fairly good' out of the total patients responding to "Overall experience of GP surgery" question (from the weighted GP Survey results).

Local defined patient experience metric plan and actual:	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
	0	74	74	74	74	0		

Please provide commentary on progress / changes:	74.36% is 2014/15 (from ASCOF) and Jan-Mar 2014 and Jul-Sept 2014 (aggregated) (from GP Survey) Actuals (cells C25:F25). The patient experience metric is annual, so will only be updated once the latest data is available.
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Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
 For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:

Hartlepool

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?

3.Developing underpinning integrated datasets and information systems

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	No		
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	
3. Developing underpinning integrated datasets and information systems	Yes	Case studies or examples of good practice	
4. Aligning systems and sharing benefits and risks	Yes	Case studies or examples of good practice	
5. Measuring success	No		
6. Developing organisations to enable effective collaborative health and social care working relationships	No		

Narrative

Selected Health and Well Being Board:

Hartlepool

Data Submission Period:

Q1 2015/16

Narrative

Remaining Characters

31,492

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.

Hartlepool Better Care Fund plan has three main schemes and is also involved in the joint project with Stockton-on-Tees LA in relation to ICT and integration.

Low Level Services & Self-Management

Reviews have been completed in relation to the services supported by BCF to ensure outcomes required for delivery or contributions to the BCF outcomes are aligned. New information and advice resources are in place as well as additional low level support for people with dementia and their families / carers.

Intermediate Care

New model of care designed and agreed to support early intervention and prevention. Implementation team established to take forward the detail of the model. Co- location of health and social care staff agreed and will take place beginning of September. Three areas of development will be focused upon building on existing services including single point of access, joint assessment and response. Support for care homes is being further developed to address identified gaps.

Improving Dementia Pathways

Mapping exercise undertaken across multiple stakeholders to identify current service provision and gaps. Currently in the process of working with mental health trust to explore how to better integrate crisis support for people with dementia.