

# HEALTH AND WELLBEING BOARD AGENDA



**Monday 5 December 2016**

**at 10.00 a.m.**

**in Committee Room 'B'  
Civic Centre, Hartlepool**

MEMBERS: HEALTH AND WELLBEING BOARD

**Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Clark and Thomas

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

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) – Dr Tim Butler

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

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

Representative of Cleveland Police, Temporary Assistant Chief Constable Ciaron Irvine

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant.

**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 17 October 2016

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 28 June 2016



#### **4. ITEMS FOR CONSIDERATION**

- 4.1 Teeswide Safeguarding Adults Board Annual Report 2015-16 (*Teeswide Safeguarding Adults Board*)
- 4.2 Teeswide Safeguarding Adults Board Strategic Business Plan 2016/17 (*Teeswide Safeguarding Adults Board*)
- 4.3 Health Protection Update (*Director of Public Health*)
- 4.4 Health and Wellbeing Board – Terms of Reference Review (*Director of Public Health*)
- 4.5 Age Related Dual Sensory Loss (*Director of Child and Adult Services*)

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

FOR INFORMATION: -

Date of next meeting – Monday 16 January 2017 at 10.00 a.m. at the Civic Centre, Hartlepool.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

17<sup>th</sup> October 2016

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 Buchan and Clark  
Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson

Director of Public Health, Hartlepool Borough Council - Louise Wallace

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

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

### **Other Members:**

Representative of the NHS England – Dr Butler

Representative of Tees Esk and Wear Valley NHS Trust – David Brown

Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaran Irvine

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

Also in attendance:-

Fiona Anderson, Hartlepool & Stockton Health, GP Federation representative  
L Allison, J Gray, E Leck - Healthwatch

Hartlepool Borough Council Officers:

Nicole Ahmed, Public Health Registrar

Joan Stevens, Scrutiny Manager

Amanda Whitaker, Democratic Services Team

## **19. Apologies for Absence**

Councillor Thomas

## **20. Declarations of interest by Members**

Councillor C Akers-Belcher reaffirmed an interest that he had declared previously that in accordance with the Council's Code of Conduct, 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 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

## **21. Minutes**

- (i) The minutes of the meeting held on 19 September 2016 were confirmed.
- (ii) The minutes of the meeting of the Children's Strategic Partnership held on 28 June 2016 were received.

## **22. 'Hartlepool Matters' (*Independent Chair*)**

The 'Hartlepool Matters' report was presented to the Health and Wellbeing Board by Professor Colin-Thome. The Board was advised that Hartlepool Borough Council on the 12<sup>th</sup> March 2015 had resolved that a Working Group be established, in partnership with NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG). The purpose of the Working Group was to identify health and social care planning priorities, to inform the development of a Plan for the delivery of integrated health and social care services across Hartlepool, including the University Hospital of Hartlepool (UHH) site. In recognition of the importance of having in place an independent Chair for the Working Group, Full Council had approved Professor Colin-Thome's appointment on the 6<sup>th</sup> August 2015. The Working Group had met on five occasions, between October 2015 and March 2016, with each meeting exploring an agreed theme. Evidence presented, and issues raised during the course of the meetings, had resulted in the formulation of the report, entitled 'Hartlepool's Matters'. A copy of the report had been available on the Council's web site and copies were available at the meeting.

The Board received a presentation by Professor Colin-Thome during which he presented his report's recommendations and highlighted the salient issues included in his report. The implementation of the report was highlighted as a key consideration and it was suggested that the public should be included in the accountability of that process. Discussion followed on issues associated with the communication process including varying consultation models. The Chair advised the Board that the Council's Chief Executive had advised that she would Chair the implementation group. The Chair advised that he would be writing to Groups who had been involved to seek their views prior to determining the composition of the implementation group.

The Chair opened the meeting for public questions. Professor Colin-Thome responded to questions relating to the reasons for the closure of the Accident and Emergency Department in Hartlepool hospital in terms of local and

national considerations. Following concern expressed in relation to perceived contradictions arising from myths highlighted in the report, the Chair proposed that statistics behind the myths both locally and nationally, be submitted to a future meeting of the Board. Members of the public reiterated concerns expressed earlier in the meeting in relation to communication issues which were accepted by Board Members. The Professor responded to a question raised in relation to a shortage of GPs in the town in terms of short, medium and long term solutions.

The Chair advised the public that following concerns expressed by the Board in relation to Sustainability and Transformation Plans (STPs), a letter had been sent to NHS England which he was content to share with interested individuals. The Chair would also be working with the Council's communications team to ensure that the concerns which had been expressed were communicated to the public. A further report relating to STPs would be submitted to a future meeting of the Board. The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, provided assurances in relation to the STP and highlighted the component parts of the plans which included a local STP element.

Mike Hill, Regional Organiser/Regional Political Lead, Unison Northern Region addressed the meeting and encouraged those present to move forward together. He advised that he represented staff in hospitals and considered there to be an opportunity to bring wards back to Hartlepool hospital particularly for elderly residents. Mr Hill highlighted that concerns had been expressed that patients were being kept in hospitals, outside of the town, for longer than necessary waiting for care packages. The Chair highlighted that this Council had not been responsible for any delayed discharges.

## **Decision**

- i) The report entitled 'Hartlepool Matters' was received by the Board and its recommendations were referred to Full Council and Hartlepool and Stockton on Tees Clinical Commissioning Group's Governing Body for approval. The Board expressed appreciation to Professor Colin-Thome;
- ii) It was agreed that an action plan be formulated, in partnership with the CCG, for the implementation of the report's recommendations and an Implementation Group created; and
- iii) The implementation of the report's recommendations, and progress against the Action Plan, be monitored through this Health and Wellbeing Board.

**23. Better Care Fund: 2016/17 Q1 Return** (*Director of Child and Adult Services*)

A report presented by the Director of Child and Adult Services provided the Board with an update on implementation of the Better Care Fund Plan. The 2016/17 Quarter 1 return which was appended to the report had been submitted prior to the deadline of 9 September 2016. The Quarter 1 return indicated that all national conditions were being achieved.

It was noted that local performance indicators had been used to evidence the impact of the Better Care Fund. Plans for 2016/17 aimed to build on achievements in 2015/16, with a particular focus on admission prevention and closer working with primary care, and were summarised in a document appended to the report. Work was underway to review services that were currently funded by the BCF and to clarify their impact. Further information would be reported to the Health & Wellbeing Board along with the Q2 return in January 2017.

**Decision**

The Board noted the 2016/17 Q1 return, which was submitted on behalf of the Board using delegated authority as agreed previously.

Meeting concluded at 11.20 a.m.

CHAIR

# **CHILDREN'S STRATEGIC PARTNERSHIP**

## **MINUTES AND DECISION RECORD**

28 JUNE 2016

The meeting commenced at 4.15 pm in the Civic Centre, Hartlepool

**Present:**

Councillor Alan Clark (In the Chair)

Also present: Councillor Lesley Hamilton  
Danielle Swainston, Assistant Director, Children's Services  
Louise Wallace, Director of Public Health  
Ali Wilson, Chief Officer, Hartlepool and Stockton Clinical  
Commissioning Group  
Dave Wise, Voluntary and Community Sector (WVARC)  
John Hardy, Headteacher Representative Primary Sector  
Claire Naylor, Job Centre Plus  
Dave Pickard, Joint Chair, Hartlepool Safeguarding Children Board  
Jack Palmer, Young Peoples Representative  
Abby Wallace, Young Peoples Representative  
Callum Reed, Young Peoples Representative  
Lauren Howells, Young Peoples Representative

Officers: Helen White, Participation Manager  
Lindsay Hildreth, 8-19 Activities Contract Manager  
David Cosgrove, Democratic Services Team

### **1. Apologies for Absence**

Sally Robinson, Director of Child and Adult Services  
Mark Patton, Assistant Director, Education  
Barbara Gill, Durham Tees Valley Probation Trust  
Chris Davies, CAMHS, Tees, Esk and Wear Valleys NHS Trust  
Kay Glew, Housing Hartlepool  
Darren Hankey, Headteacher Representative, Post 16 Education

### **2. Declarations of Interest**

None.

### **3. Appointment of Vice-Chair**

The appointment of a vice-chair was deferred to the next meeting.

#### 4. Minutes of the meeting held on 23 February, 2016

Confirmed.

#### 5. Delivering Differently *(Assistant Director, Children's Services)*

The Assistant Director, Children's Services gave a presentation to the Partnership updating members on the progress of Delivering Differently, the government's programme for local authorities to rethink the way services were provided to young people aged 13 to 19.

Hartlepool had been successful in gaining funding from the Cabinet Office to support this work and subsequently Metavalue were appointed as consultants to undertake an independent options appraisal. Metavalue were asked by the Children and Young People's entitlement group to develop a recommendation on a preferred model, taking into account current provision and with acknowledgement of associated risk and opportunities for all partners.

The report from Metavalue recognised that within the Consortium and the council youth service team there was a diversity of services, strong links with the local community and the opportunity for collaboration. However, despite the desire to develop co-working, apply for new funding opportunities together and develop a network to share information and resources, there was not much evidence of this being achieved. There was recognition of common challenges with reducing public funding, however, there was no clear strategy to mitigate against the impact. It was also noted that a lack of trust was a key barrier to collaborative working.

The basic principles of collaboration were agreed in a joint workshop and these were; equitable, financially stable, needs based, integrated, clearly defined roles and scope of service delivery and autonomy. The options considered for the future service were –

- A Traditional Council Youth Service without commissioned services, though on a reduced budget due to the financial pressures facing the local authority.
- A Public Sector Mutual – this has been used in other areas but does require a lot of up front funding.
- A 'back the winner' approach – the group that gets the most financial support from external sources effectively gets all the services.
- Develop the current consortium – similar to the back the winner approach as there would need to be a 'lead' group.
- An independent Young People's Foundation.

The favoured approach was to establish a Young People's Foundation which would operate as a charity and would be a membership based organisation. There was the potential of support from the John Lyon's Foundation for the development of the Young People's Foundation. The



John Lyon's Foundation was currently funding foundations in London and had developed a network of funders. The Assistant Director stressed that any proposed new approach would need to go through the appropriate decision making processes and would need to be sustainable; it would be insufficient to have a one-year plan for funding.

In looking at the strengths of the proposed model, those present made the following comments –

- Being independent of statutory organisations would give access to new funding streams.
- The organisations strength would come through its membership but that membership had to work closely.
- It probably wouldn't cost independent / voluntary organisations anywhere near as much to provide the same levels of services the local authority provided.
- There were a lot of people in the community with experience of running / being involved with youth services. At one point in time there had been over 460 separate organisations working with children in Hartlepool.
- One 'foundation' would bring focus to the services and groups in the town.
- 'Backing the winner' as an opening approach to developing the foundation may be valuable. The sharing of the expertise in bringing in funds would be key to others taking part.
- There was an opportunity to bring new groups and external bodies into Hartlepool.
- There were great opportunities for training and getting young people involved in volunteering and/or running groups.
- With local authority support the current consortium could be developed to provide the basis of a future foundation.

In examining the weaknesses, those present highlighted the following issues –

- Having to raise funds to initially keep the organisations staff in place did not seem to be a good starting point.
- The local authority would not be there to pick up any shortfall; there simply would not be funds available.
- There were lots of groups out there working with children and young people; there would need to be some rationalisation / amalgamations and not all organisations would want to be involved.
- Trust issues could be a significant hurdle.
- The timetable was extremely tight.
- Decisions needed to be taken swiftly, particularly relating to the age range of young people the foundation would be aimed at. If 13-19 that would rule out the participation of a number of groups. The Cabinet Office specified 13-19 but there were a number of groups that worked right across the age range of children and young people.
- The Council may have to provide some 'kick start' funding to get the

foundation going. That would have to taper quickly both to allow the foundation to stand on its own two feet but also to remove the local authority's 'limiting' factor from some external bodies.

- If the foundation collapsed, Hartlepool could be left without any organised or coordinated services to young people aged 13-19.
- If one group was chosen over others to be the initial 'front runner' there could be jealousy issues with other groups.

The Assistant Director stated that Metavalue were meeting with children and young people's groups across the town to discuss the potential of a foundation and how they would see it working. A report would be submitted to the next meeting of the partnership.

The Chair thanked everyone for an interesting debate on the potential of the foundation and considered that in going forward any proposals had to be supported by those groups out there already providing some of these services as they could be asked to 'step up' considerably under any new arrangement.

### **Decision**

That the discussions be noted.

## **6. Better Childhood Programme** (*Assistant Director, Children's Services*)

The Assistant Director, Children's Services gave a presentation to the Partnership updating members on the Better Childhood Programme.

The multi-agency Children's Hub was now live and involved dedicated staff from Hartlepool and Stockton Councils, Cleveland Police, North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Trust. It was early days but the Hub had been visited by Ofsted when they were inspecting Stockton's Children's Services and the feedback had been positive. All children's safeguarding issues now went through the Hub.

Following the award of the Transformation Challenge Award iMPower had been appointed to support the development of a programme and had completed the research and design phases and were now in the implementation phase. The agreed option was four locality teams made up initially of health visitors, social workers, community nursery nurses, staff nurses, school nurses, family support workers and PCSOs. The Assistant Director commented that the involvement of the PCSOs was a very welcome addition. PCSOs would be on secondment to the team for two days each week.

Two localities would be managed by health managers and two localities would be managed by social work managers. The implementation date was 1st August 2016.

The Assistant Director outlined the visions and obsessions for the new service and how the approach would be implemented and measured. There would be an intervention based practice 'owned' by the workforce in the teams that would look to supporting families through providing the help they needed and assistance in developing their own resilience to future events.

In discussion it was commented that there were lots of good services in place already with statistical support to verify their effectiveness; the wheel didn't need reinventing. There were also issues that did need to be addressed. CAMHS had a great track record but it took a long time to get referred into the service. The new service would need indicators that tracked the improvements it aimed to achieve. There was already a lot of data gathered but the effectiveness of some of it had to be questioned; was it fit for purpose.

The Chief Officer of the CCG commented that what impact the new approach would have had to be measured. There were lots of measures already gathered but the 'additionality' the new approach brought would have to be filtered out from that. The Assistant Director commented that the new approach would look to families being allocated one key worker who would coordinate all the service into that family. This could mean a health worker being lead on the direction of social services. This would be new to all involved and how the individual silos were broken down would be key to the long term success of this approach. In terms of some of the data gathering it was hoped that there would be a reduction in duplication.

The Chair welcomed the update report and commended the officers involved in the implementation of the new working practices.

### **Decision**

That the discussions be noted.

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

There were no items of business the Chairman considered urgent.

## **8. Future Meeting Dates**

The Partnership noted that the future meeting dates would be –

Tuesday 27 September 2016

Tuesday 13 December 2016

Tuesday 14 March 2017.

The Chair commented that future meetings would commence at 4.15 pm to allow time for school representatives to attend. The Chair also indicated that future meetings would be held at other venues around the town.

The meeting concluded at 5.15 pm.

CHAIR

# HEALTH AND WELLBEING BOARD

5 December 2016



**Report of:** Teeswide Safeguarding Adults Board

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD  
ANNUAL REPORT 2015-16

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## 1. PURPOSE OF REPORT

- 1.1 The Annual Report considers the activities of the Board against its 5 strategic aims over the past year. It provides a summary of the work undertaken across Tees to protect the most vulnerable people in the community, and highlights the challenges faced.

## 2. BACKGROUND

- 2.1 The report has been compiled by reviewing activity against each of the strategic aims, taking into account the work of the Board's Sub-Groups, partner agencies and engagement work with the general public. Data has been collated to show performance and trends within the Tees area, and also in comparison to national data.

## 3. PROPOSALS

- 3.1 To continue to work with a wide range of stakeholders, including members of the public, and adults who have experienced abuse and neglect, towards achieving the aims identified within the Strategic Business Plan 2016-17.

## 4. RECOMMENDATIONS

- 4.1 That the Annual Report is circulated via all appropriate channels.

## 5. REASONS FOR RECOMMENDATIONS

- 5.1 To improve information sharing and awareness of the Board amongst all agencies.

**6. BACKGROUND PAPERS**

[Annual Report 2015-16 Standard PDF Version – Teeswide Safeguarding Adults Board](#)

**7. CONTACT OFFICER**

Gina McBride, Admin & Information officer – TSAB Business Unit

# ANNUAL REPORT 2015-16

Period: 01 April 2015 to 31 March 2016



Ensuring our safeguarding arrangements act to help and protect adults

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## Executive Summary

I am very pleased to present the 2015-16 Annual Report of the Teeswide Safeguarding Adults Board in my second year as statutory Chair.

This has again been a significant year for safeguarding adults. The Care Act has now been implemented, and the Teeswide Board remains the only Board nationally which brings together four Local Authorities with Health, Police organisations and a wide range of partners into a safeguarding network. We are proud we are able to work in this positive, collaborative way which ensures available resources are targeted effectively and without duplication.

The Board now has a well established Business Unit with a range of skilled and experienced staff who can build on the good work to date. This ensures that there is a strong infrastructure to support the strategic and operational networks. I am extremely proud to be part of this shared endeavour.

The Annual Report sets out our priorities and performance across the year, it looks back and it looks forward, and it illustrates the challenges and risks ahead. It can only give a snapshot summary of the work undertaken every day across Tees to protect the most vulnerable people in our community. I thank all colleagues across our organisations who work so hard to support and protect vulnerable adults. By working together and linking our services we can provide a stronger network of prevention and safeguarding services, making Teesside a safer place to live for everyone in the community.



**Ann Baxter**  
Independent Chair

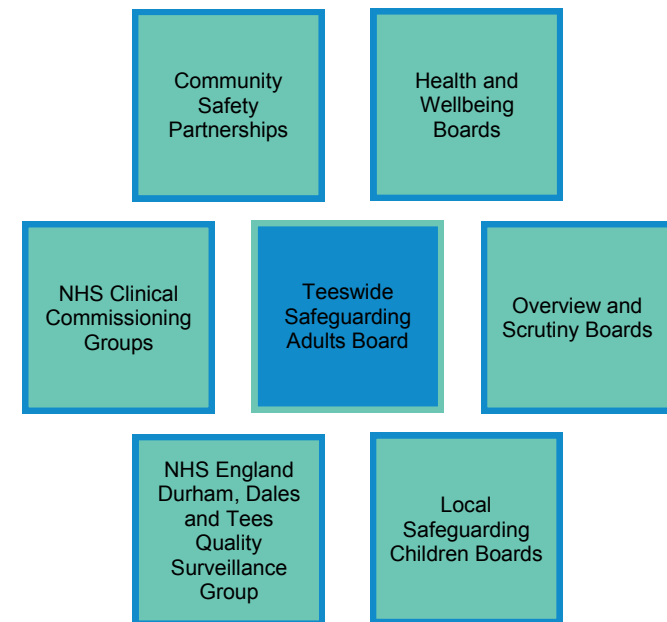


## Introduction

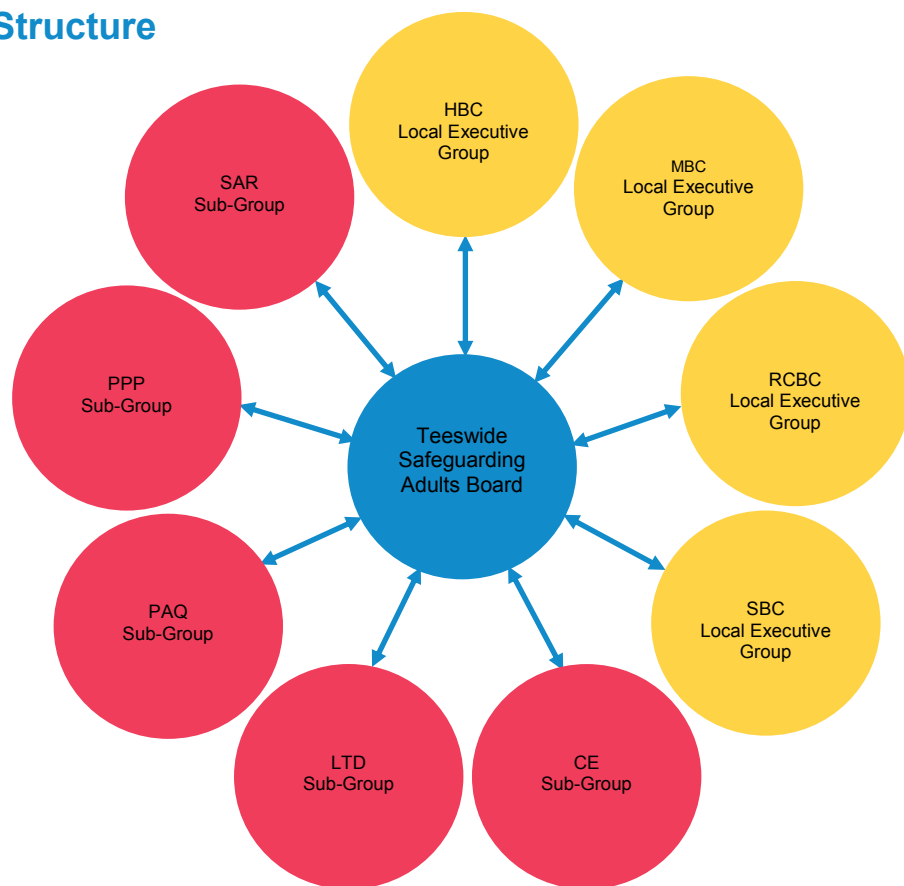
The Teeswide Safeguarding Adults Board works with a range of other strategic bodies, and within a wider network to promote cooperation and consistency in relation to adult safeguarding.

This collaborative working practice forms an integral part of the governance arrangements for the Board, whilst also providing an opportunity for strategic objectives to be jointly developed.

The structure of the Board has been reviewed (page four) and will continue to respond to the needs of stakeholders in line with ongoing consultation. The Sub-Groups continue to play a vital role in delivering operational activities, enabling a wider range of organisations to engage with, and inform the work of the Board.



## Structure



### Key:

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

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

\*Definitions in Glossary of Terms page 32

## Membership

The following organisations are formally represented on the Board:

Statutory Partners	
Hartlepool Borough Council	Director of Child and Adults Services (4)
Middlesbrough Borough Council	Executive Director of Wellbeing, Care and Learning (5)
Redcar and Cleveland Borough Council	Corporate Director of People Services (3)
Stockton-on-Tees Borough Council	Director of Children, Education and Social Care (6)
Hartlepool and Stockton -on- Tees CCG	Executive Nurse (1) (CCG - Clinical Commissioning Group)
South Tees CCG	
Cleveland Police	Detective Superintendent Specialist-Crime (6)
Non Statutory Partners	
Tees, Esk and Wear Valleys NHS Foundation Trust	Director of Nursing and Governance (5)
South Tees Hospitals NHS Foundation Trust	Head of Nursing (Safeguarding) (5)
North Tees and Hartlepool NHS Foundation Trust	Deputy Director of Nursing (1)
Public Health	Director of Public Health (5)
National Probation Service: Cleveland	Head of Area (4)
Care Quality Commission	Inspection Manager (1)
Healthwatch Hartlepool	Development Officer (2)
Healthwatch Tees	Manager (1)
Cleveland Fire Brigade	Director of Community Protection (5)

Lead members for Local Authorities also sit on the Board as non-voting participant observers, and there are associate members not listed above. The Board met on **six** occasions in 2015-16 and in brackets is the number each of the *named* representatives attended (although deputies attended in some instances).

# Overview of 2015-16

## Engagement with the Work of the Board

There has been an overall increase in the engagement with the Board by most organisations over the last 12 months, although where this has decreased, the Board Chair is working with agencies to find a solution.

## Operational Challenges

There have been a number of challenges faced by partner agencies including: a number of providers leaving the nursing home market resulting in a reduced number of beds, and residential care homes leaving the sector; a continuing increase in Deprivation of Liberty Safeguards\* activity; increased Domestic Abuse reporting to police; resource availability; and generic pressures felt by all sectors involved with safeguarding work.

Despite these challenges the feedback from members of the public through the ASCOF# survey (below) remains relatively positive across Tees.

Measure (units)		2014-15	2015-16	Trend
Proportions of people who use services who feel safe (%)	England	68.5%	69.2%	↗
	North East	71.9%	72.9%	↗
	Hartlepool	68.6%	72.7%	↗
	Middlesbrough	74.7%	73.0%	↘
	Redcar & Cleveland	68.8%	73.1%	↗
	Stockton-on-Tees	71.0%	69.8%	↘
Proportion of people who use services who say that those services have made them feel safe and secure (%)	England	84.5%	85.4%	↗
	North East	88.8%	88.9%	↗
	Hartlepool	87.8%	94.1%	↗
	Middlesbrough	94.4%	91.0%	↘
	Redcar & Cleveland	88.8%	91.2%	↗
	Stockton-on-Tees	91.3%	93.1%	↗

Region	Physical	Psychological /Emotional	Financial and Material	Neglect and Omission	Other Abuse Types
England	26% ↘	15% ⇄	16% ↘	34% ↗	10% ↗
North East	28% ↗	16% ↗	17% ↘	30% ↘	9% ↗
Tees	26% ↗	8% ↘	15% ↘	38% ↘	13% ↗

The rate of neglect and acts of omission reported (above) across Tees in comparison to the rest of the region and country has reduced from 2014-15. Further detailed analysis of this safeguarding data continues to be conducted by the Board to help prioritise the delivery of early help and preventative work (also see pages 13 and 28).

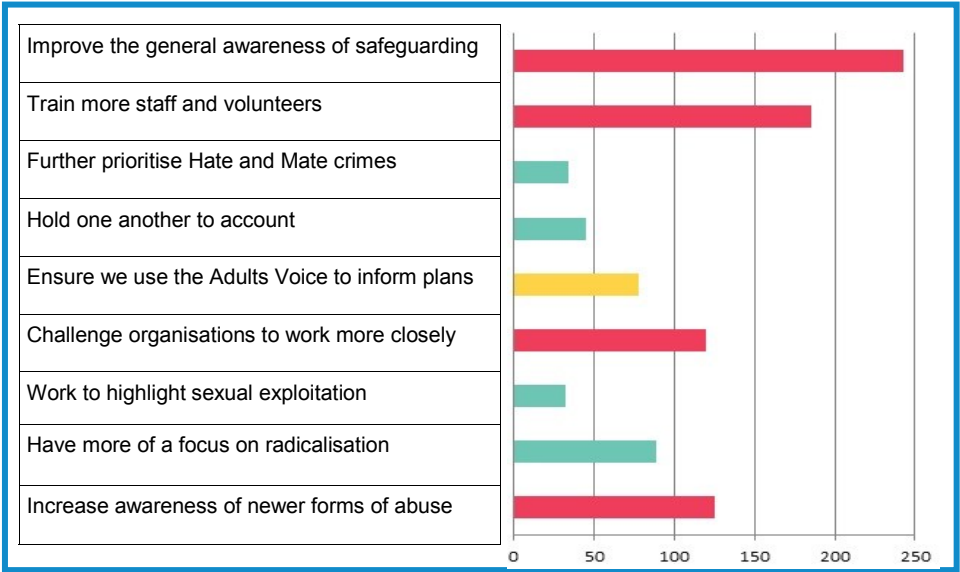
# Strategic Aim One: Personalisation

What the Board said it would do in 2015-16 to make a difference:  
The voices of key stakeholders will be incorporated into all Board planning and policy decision making/documents.

## Communication and Engagement Strategy

The Board's Communication and Engagement Strategy was published in September 2015. This outlined how the Board will deliver the necessary ongoing consultation and engagement with key stakeholders, and how this will be used to inform all policy decisions. This resulted in an Annual Communication and Engagement Report being published in February 2016, which will be used as a reference point for all policy developments over the next 12 months (feedback on page 19).

Engagement work with professionals and members of the public continued throughout the year, and was supported by formal surveys being completed by over 800 people. This established some of the key themes (table below) for the year ahead, which have helped shape the development of the Board's strategic objectives for 2016-17 (see page 27).



Communication and Engagement Report February 2016

A range of methods are being used to improve awareness of adult safeguarding, including a set of resources which can be downloaded from the Board's website: <https://www.tsab.org.uk/professionals/posters/>

\* Definitions in Glossary of Terms page 32  
# ASCOF - Adult Social Care Outcomes Framework

## Strategic Aim One: Personalisation

What the Board said it would do in 2015-16 to make a difference:

There will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.

### Making Safeguarding Personal

It is too soon to fully evaluate Making Safeguarding Personal (MSP)\* activities as the processes set up to evaluate this subject are still relatively new. Although 81% of respondents during 2015-16 stated they felt safer as a result of the safeguarding enquiries and outcomes that were achieved across the four Teeswide Boroughs.

Further work will be undertaken to evaluate how well each individual's views, wishes and feelings were heard by each Local Authority.

Local MSP practice guidance was published in February 2016:

<https://www.tsab.org.uk/key-information/prevention/making-safeguarding-personal-tsab-guidance/>

### Case Study One

Mr B lived in a supported (sheltered) living environment in **Stockton-on-Tees**. The staff there submitted a safeguarding alert following concerns about younger women visiting him who appeared to be exploiting him financially. Following an initial assessment by a social worker, Mr A decided that he would not allow these visitors to see him anymore, whilst also accepting support that was offered in relation to alcohol related problems. Additional training was offered to the staff in the centre. This is a good example of inter-agency working, which resulted in Mr A making informed decisions and improving his own well-being.

### Case Study Two

Mrs C lived in a care home in **Middlesbrough**. The staff in the home initiated an alert following an incident between Mrs C and resident D, which resulted in Mrs C receiving a bruise to her face. The Local Authority safeguarding team became involved and helped the care home to conduct further risk assessments and reviews. This resulted in a GP changing the medications being prescribed to resident D, and the care home staff, Mrs C (and her family) agreeing measures to help prevent any further incidents like this from occurring. Good outcomes were achieved by carefully assessing the needs of the individuals, whilst respecting their views and wishes.

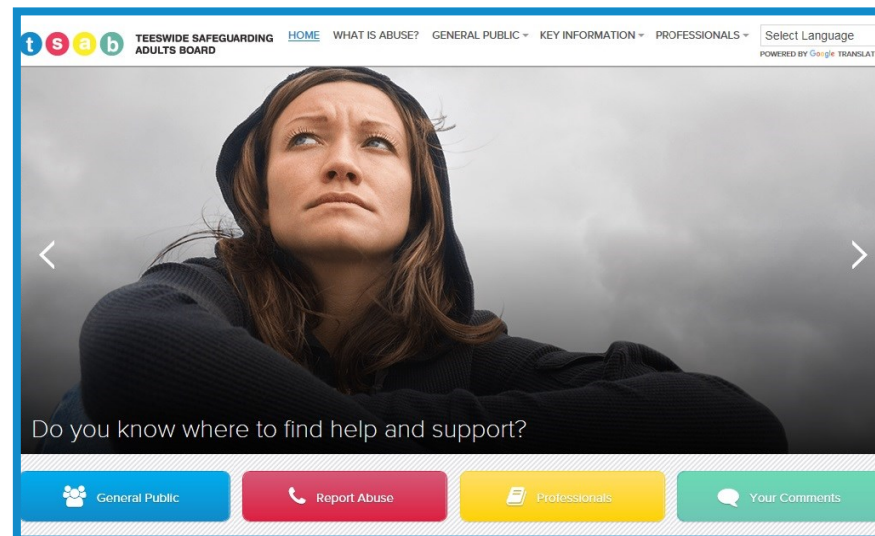
\*Definitions in Glossary of Terms page 32

## Strategic Aim Two: Prevention

What the Board said it would do in 2015-16 to make a difference:

The Board will have helped to connect and evidence more people accessing preventative support services.

Website <https://www.tsab.org.uk>



The Board's website was launched in January 2016 generating 500 views per week, with 60% of visitors, new to the site each week.

The site includes <https://www.tsab.org.uk/find-support-in-your-area/> which maps out the most relevant support services, linked to each strand of abuse, and in each of the four Tees Boroughs. The website is a key tool to signpost adults to preventative services.

### Annual Communication and Engagement Report

This has also been used to create a portfolio of evidence linked to community awareness of adult abuse and neglect, and how people can prevent and respond to this:

<https://www.tsab.org.uk/professionals/e-bulletins/edition-three-february-2016/annual-ce-report-2015-16/>

### Bulletins

The Board now publishes Bulletins in an e-version (and hardcopy to selected locations) on at least a quarterly basis. These summarise the work of the Board, and signpost people to relevant services.



## Strategic Aim Two: Prevention

### Prevention Information Sheets

Over the last year a series of these sheets have been published on the Board's website. These are designed to signpost people to relevant sources of support and advice. These include:

Financial and Material Abuse

Modern Slavery

Psychological and Domestic Abuse

Physical Abuse

Self-Neglect

<https://www.tsab.org.uk/key-information/prevention/>

### Training Strategy

The Board's Training Strategy was published in November 2015 providing a framework to ensure that everyone who comes into contact with adults who are experiencing, or, at risk of abuse and neglect can respond in an appropriate way.

### e - Learning

The Board's e-learning portal was launched in February 2016 with the first three modules freely available to a range of stakeholders:

Safeguarding Adults at Risk

Deprivation of Liberty Safeguards (DoLS)

Mental Capacity Act

These can be accessed via the Homepage of the Board's website.

### Safeguarding Adults Awareness Workbook

This can be downloaded for anyone who is not able to access on-line learning, although this will need the support of a supervisor to complete this process: <https://www.tsab.org.uk/wp-content/uploads/2016/02/Safeguarding-Adults-Awareness-Workbook-2.pdf>

### Managers of Services Training

This training was piloted in March 2016 and delivered by Sue Inker who is a highly regarded lawyer and trainer. Further sessions are planned and booked throughout 2016. The course aims to equip managers of services to be confident in their role of preventing and responding to abuse, applying the Mental Capacity Act and DoLS legislation, and managing safe services.



## Strategic Aim Two: Prevention

What the Board said it would do in 2015-16 to make a difference:

The Board will better understand why people feel they cannot report abuse and neglect.

### Mapping

Work commenced in early 2016 to cross reference historical safeguarding activity to other demographic factors in each electoral ward across Tees, including:

Reported crime figures

Financial deprivation

Ethnicity

Limiting long-term illness or disability

Population figures and age of residents.



This highlighted that safeguarding concerns are more frequently reported in areas with higher levels of financial deprivation, and in locations with higher than average levels of recorded crime. This also evidenced the low volume of safeguarding reporting linked to Black, Asian and Minority Ethnic groups, reinforcing the need for improved awareness and engagement with people across all communities. When completed this analysis will help to further shape how early help and prevention work is prioritised and delivered across Tees.

### Cleveland Police

To assist in Hate Crime reporting the police have established a number of third party reporting centres. It is important for the public to report any instance of hate crime, so that police can tackle perpetrators and work with partners to address underlying issues.

Police are also dealing with emerging types of crime, including working with the Police and Crime Commissioner's Office to deliver training to over 400 staff from different agencies, to help them recognise victims of Modern Day Slavery, which is an exploitative and often hidden crime.

### Safe Place Scheme

The scheme is a network of community locations for anyone who feels vulnerable, threatened or anxious due to real or perceived behaviour of others around them. Locations are mapped here: <https://www.tsab.org.uk/find-support-in-your-area/safe-place-scheme/>



## Strategic Aim Three: Protection

What the Board said it would do in 2015-16 to make a difference:

People Teeswide will receive a more consistent response to safeguarding adult reports.

### Policies and Procedures (Also see page 22)

Throughout the year nine policies, procedures or strategies were produced by the Board, including the Inter-Agency Safeguarding Adults Policy and Procedures (September 2015). The processes outlined in these documents are designed to help improve consistency across Tees in relation to how safeguarding reports are dealt with.

### Cleveland Police

Protecting vulnerable people is a key priority for Cleveland Police, with the Chief Constable and the Police & Crime Commissioner committed to improving policing services to victims and witnesses.

The Police Force has well-established mechanisms for referring concerns about vulnerable people 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.

Victims First is a new approach cutting across all aspects of policing, with the aim of identifying vulnerability and providing the support that victims of crime and anti-social behaviour need. This initiative has included additional training for call takers to help them identify and respond appropriately to vulnerable people.

Tackling domestic abuse is a key priority for the force who want to encourage reporting, but reduce victimisation by working closely with victims and key partners. A range of support is available to victims of domestic abuse, with the Claire's Law scheme allowing members of the public to request information about their partners previous abusive or violent behaviour.

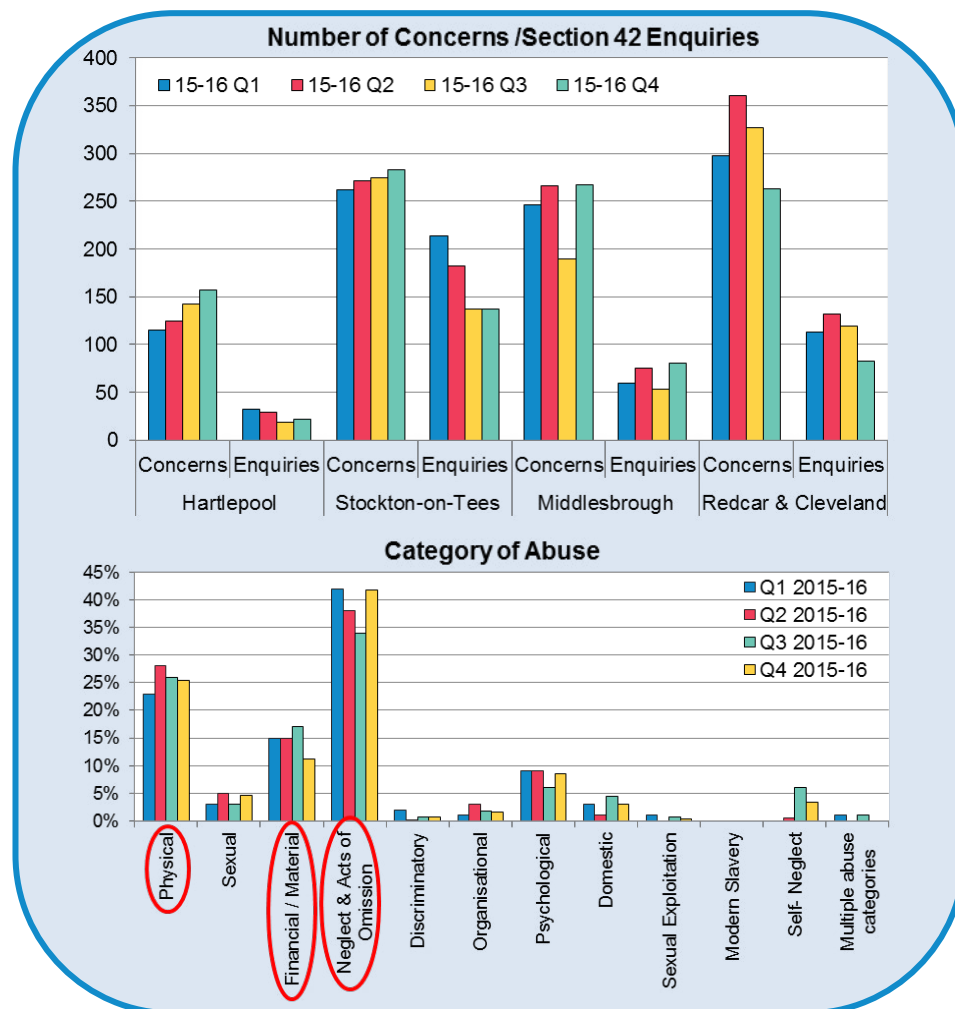
For advice and guidance on all of the above visit:  
<https://www.cleveland.police.uk>

## Strategic Aim Three: Protection

What the Board said it would do in 2015-16 to make a difference:

By March 2016 people Teeswide will receive a more consistent response to safeguarding adult reports.

### Performance Reports



These reports were used to identify trends in safeguarding reporting across Tees, and in doing so, helped to highlight ways to improve procedures. The definition of Concerns and Section 42 Enquiries are on page 32, and the definitions for Categories of Abuse are on page 29.

## Strategic Aim Four: Partnership

What the Board said it would do in 2015-16 to make a difference:

The Board will better co-ordinate and prioritise safeguarding adults work.

### Board Development Days



The Board had development days in June 2015 and February 2016. These were designed to provide an opportunity for partner agencies to reflect on the delivery and effectiveness of the Board, and to discuss and shape future priorities and plans.

### Cleveland Fire Brigade

The Fire Brigade identified 4,280 'vulnerable persons' through their engagement work, which was supported by completing 24,989 Home Fire Safety Visits during 2015-16. By the year-end 54% of Fire Brigade employees had completed the Board's Safeguarding Adults at Risk E-Learning module, having helped to test this prior to the formal launch in February 2016. The Fire Brigade made safeguarding alerts to the relevant Local Authority during the year, including a case linked to fuel poverty and self-neglect.

## Strategic Aim Four: Partnership

What the Board said it would do in 2015-16 to make a difference:

The Board will be more effective in ensuring our safeguarding arrangements help and protect adults.

### Clinical Commissioning Groups (CCGs)

The Executive Nurse and Head of Quality and Adult Safeguarding for the CCGs continue to take an active role in the business of the Board.

The CCGs commission from most health providers across Teesside, and work with them to ensure that services are delivered in accordance with sound safeguarding principles. This is demonstrated by the enhanced requirements included in the service contracts, which represent an additional development to the standard NHS contract.

As part of the approach adopted when working with providers and partners, the CCGs are also active members of the safeguarding governance groups of our main NHS providers. These provide opportunities for sharing of knowledge and learning, as well as the provision of assurance around quality and standards of service.

In seeking assurance from smaller independent sector providers, the CCGs have conducted Clinical Quality Assurance visits across all commissioned nursing care homes on Teesside. This is in recognition of national and local data that identifies these as potential areas of risk for vulnerable adults. In delivering this assurance process there is a multi-disciplinary team which includes pharmacists, who work jointly with the four Local Authority partners for Teesside, as well as regulators such as the Care Quality Commission.

The CCGs' adult safeguarding policies have been amended to reflect the increasing profile of risks such as modern slavery and self-neglect.

The operational work of the safeguarding team is a daily affair, with the executive teams of both CCGs also receiving a briefing at the weekly senior leadership meetings to outline any exceptional events, and the details of actions in support of safeguarding. The Governing Bodies receive a bi-monthly summary report by exception, which advises on all safeguarding issues for the Teeswide population.

More information can be found here:

<http://www.hartlepoolandstocktonccg.nhs.uk/> or <http://www.southteesccg.nhs.uk/>



## Strategic Aim Four: Partnership

### Mental Capacity Act: Self-Neglect Conference



The Board held a conference focusing on adult Self-Neglect\* and safeguarding at the Redcar and Cleveland Community Heart on 29 January 2016. This was delivered to help promote better understanding of the subject, and was the first across Tees since the introduction of the Care Act 2014.

The conference was fully subscribed by 120 delegates from a wide range of organisations across Tees, and featured a number of prominent national speakers on the subject, including a recovering hoarder who now runs a support network.

Following on from the conference a video has been created for professionals in relation to self-neglect and hoarding. This provides a ten step guide on how to provide person centered care within the legal framework: <https://vimeo.com/154708770>

\* Definitions in Glossary of Terms page 32

## Strategic Aim Five: Professional Accountability

What the Board said it would do in 2015-16 to make a difference:

The Board will provide effective assurances about services being delivered to adults.

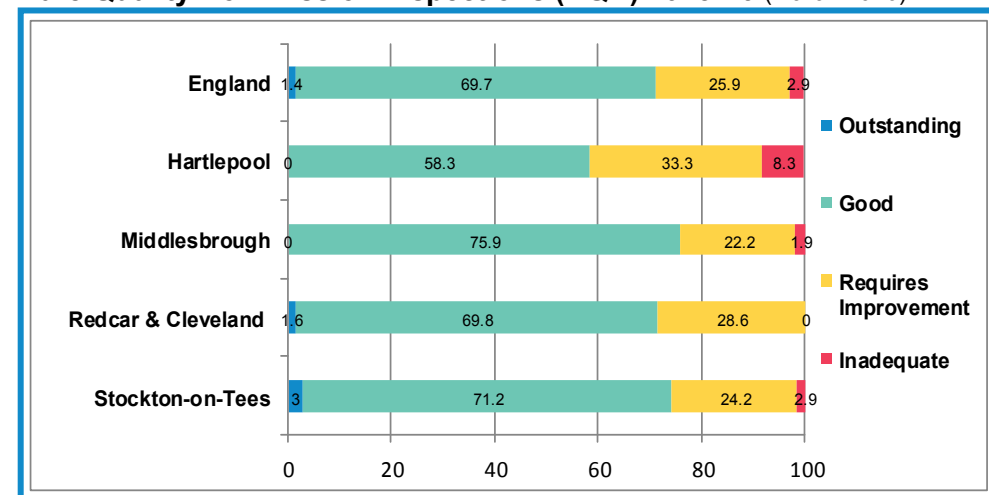
### Quality Assurance Framework (QAF)

The QAF is a self-audit tool, which will help agencies to provide effective assurances to the Board about services being delivered to adults. This is based on self-reporting with moderation being provided by peer agencies. The framework was trialled in late 2015, with a rolling operational programme being delivered over the next two years. The Board will start to report on the detailed feedback from the analysis, outcomes and improvements that have been achieved, later this year.

### Engagement with Other Strategic Bodies (September 2015 - March 2016)

From September 2015 the Independent Chair of the Board has attended seven strategic meetings across Tees, including Health and Wellbeing Boards and Scrutiny Committees. This has helped to facilitate and generate discussion on how the objectives of adult safeguarding can be best achieved, and ensured that the Board's Strategic Business Plan has been appropriately cascaded (work is ongoing).

### Care Quality Commission Inspections (CQC) 2015-16 (March 2016)



This graph shows all of the services regulated by the CQC (by %) in each of the Tees Boroughs. CQC reports are scrutinised by the Board, and as a member agency, the CQC respond to questions regarding their inspection framework.



## Strategic Aim Five: Professional Accountability

What the Board said it would do in 2015-16 to make a difference:

The Board will ensure the experiences of adults help to hold the wider health and social care sector to account.

### Care Act 2014 Implementation



Bespoke Care Act 2014 training for Board partners was delivered over two days at the Riverside Stadium in Middlesbrough in January 2016. This was a first in England and was part funded by the Association of Directors of Adult Social Services (ADASS).

The training was well attended and helped to supplement the significant amount of training conducted by individual statutory organisations over the last 12 months.

The Board monitored the implementation of the Care Act throughout the year, with agencies providing feedback on progress and the challenges that they faced. By the end of March 2016 the vast majority of actions had been completed, although there was still some work to be achieved in relation to providing information to the general public.

## Communication and Engagement Sub-Group

Chair: Phil Lancaster - Director of Community Protection (Cleveland Fire Brigade)

### Annual Communication and Engagement Report

This report outlined the results from annual surveys, including the following responses from the **general public**: \* Aggregated scores

I feel fully informed about the ten forms of abuse and neglect	33%
I know how to report abuse to the Local Authority *	50%
I know how to get appropriate support *	37%
In my current situation I feel safe from abuse and neglect	72%
I know how to protect myself from all forms of abuse	50%

**“Engage people on their terms, and in ways and settings which make people feel more comfortable. This can take time and needs relationships to be developed”**

And from **professionals**:

The Board is making a difference to help prevent abuse	57%
--	-----

The % for all survey scores are a combination of Strongly Agree and Agree responses

This feedback clearly highlights the amount of work that is needed to improve awareness of adult safeguarding issues (cross-referenced by the themes illustrated on page seven). The analysis from the surveys is being used to underpin the delivery of the engagement and awareness raising activities undertaken by the Board moving forward.

### Priorities for the Year Ahead

The Sub-Group will continue to seek appropriate representation from partner organisations (communications professionals), and to better engage with specific community groups where there is an identified need. Otherwise the group will continue to further develop the Board's approach to this subject, with a particular emphasis on improving the way in which the 'Adults Voice' informs the work of the Board.

## Learning, Training and Development Sub-Group

Chair: Jane Humphreys - Director of Children, Education & Social Care (SBC)

### Annual Training Needs Analysis (TNA)

The Board's first ever TNA was completed in September 2015 and was produced in support of the Training Strategy (page 10). This collated information from the Board's partner agencies on what the priorities should be in the training plan 2015-16.

### Quality Assurance

The Sub-Group has been providing the necessary monitoring of training across Tees to ensure that this is consistent with the standards required, and the Board's Training Strategy.

### Evaluation Processes for all Training

The work required to develop and agree an evaluation process commenced during the year, and will be concluded in the Autumn of 2016. This will ensure that the effectiveness of all training provided by the Board is appropriately measured and analysed.

### Resources to Support Learning Opportunities

The Learning and Development Co-ordinator has led on ensuring that the training programme is as accessible as possible, and helped to support learners in doing so. A directory of courses has been produced to help promote the opportunities which are available, which in turn has been promoted via the use of Bulletin's and the Board's website.

### Priorities for the Year Ahead

The Sub-Group will be focussed on obtaining a true picture of the level of safeguarding training activity across Tees, whilst also establishing links with commissioners to understand the training needs of the health and social care provider market.

The group will also concentrate on maintaining and establishing consistent membership, and contributions that positively impact on decision making.

Sally Robinson - Director of Child and Adult Services (HBC) took over the chair of the Sub-Group in May 2016

## Performance, Audit and Quality Sub-Group

Chair: Richenda Broad - Executive Director of Wellbeing, Care & Learning (MBC)

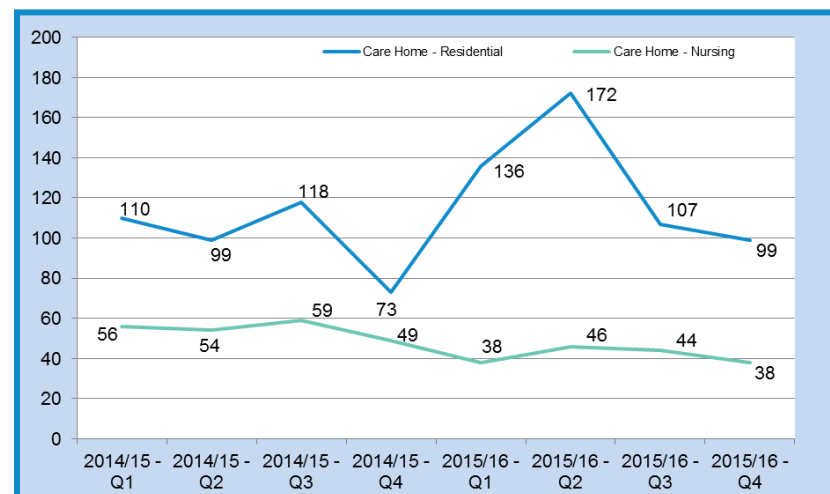
### Performance Reporting Cycle

The Sub-Group has worked hard to establish a performance reporting cycle throughout the year, and in doing so sped up the timeliness of performance reporting to the Board. Quarterly reports have continued to be developed to support the development of prevention outcomes.

### Roll Out of the Quality Assurance Framework (QAF)

As stated on page 17 the Board's QAF will continue to be rolled out over the next two years, and upon completion will involve each agency presenting their findings and future priorities to the Board.

### Care Home Activity (Completed Safeguarding Enquiries)



Throughout the last 12 months the numbers and content of Section 42 Enquiries have been carefully considered (see page 28).

### Priorities for the Year Ahead

The Sub-Group will work with each Local Authority to improve the consistency and timeliness of data collection methods, which can be challenging due to the different electronic care management systems operating across Tees. The definitions of 'Enquiry' will be closely examined, and more focus given to prevention.

Erik Scollay - Assistant Director Social Care (MBC) took over the chair of the Sub-Group in April 2016

## Policies, Procedures and Practice Sub-Group

Chair: Helen Smithies - Head of Nursing (South Tees NHS Foundation Trust)

The Sub-Group will continue to review the effectiveness of the Board's Inter-agency Safeguarding Adults Policy and Procedure, which includes conducting a formal review, commencing in mid 2016.

### Information Sharing Agreement

The Board's Information Sharing Agreement was published in November 2015 and has been signed by all of the statutory partners. This sets out the necessary data sharing principles under the Care Act 2014, with a particular emphasis on the new legal duties linked to Safeguarding Adult Reviews (section 44).

### Decision Support Guidance\*

The previous Risk Threshold Tool has been revised in line with the Care Act 2014 guidance, and was re-published in February 2016 as the Safeguarding Decision Support Guidance.

### Law Society Consultation for DoLS

The Board collated and submitted a response to the national Deprivation of Liberty Safeguards consultation on behalf of relevant partner agencies in February 2016. A firm plan on the future of this legislation (linked to the Mental Capacity Act 2005) is expected by the end of 2016, with a new scheme due to be launched during 2017.

### Development of New Policy, Procedures and Practice Guidance

The Sub-Group will develop new policies, procedures and practice guidance in response to new legislation and identified good practice. The group will also work closely with the LTD Sub-Group to help ensure that any training that is provided by the Board effectively reflects these policy developments.

### Priorities for the Year Ahead

The Sub-Group will continue to reflect on the effectiveness of the current arrangements, and decide how best to function by closely monitoring engagement from partner agencies. The terms of reference for the group will also be reviewed, and the membership rationalised to make this as efficient as possible.

\* Definitions in Glossary of Terms page 32

## Safeguarding Adults Review Sub-Group

Chair: Barbara Shaw - Corporate Director of People Services (RCBC)

The Sub-Group is now meeting bi-monthly and continuing to assess notifications, as well as deciding where the responsibility rests for the leadership of any other relevant review process, outside of a statutory SAR. The group are monitoring the implementation of the action plans linked to all of these types of review, which are outlined below:

### Case One

This case involved a care home resident in Hartlepool. The report recommended introducing further measures to improve health and safety requirements.

### Case Two

This case was initially opened in Hartlepool in 2014 as a Serious Case Review (now SAR) and was initially deferred for ongoing criminal proceedings. The SAR now continues in 2016.

### Case Three

The report into the case was published in 2014, although the joint action plan involving the Hartlepool Borough Council and TEWV\* was still being delivered during 2015-16. This focussed on more effective partnership working, information sharing and risk assessments.

### Case Four

This is the case of a resident in Middlesbrough in 2014 who was well known to the Local Authority and TEWV. The report highlighted an over reliance on communicating with the resident via letters, the complexities linked to self-neglect, and how mental capacity to make informed decisions had been presumed.

### Case Five

This case involved the closure of a care home in Hartlepool and the lessons that were learnt as a result of this process, which focussed on improving the communication between stakeholders. The Local Authority has also conducted a wider review outside of safeguarding, in order to deal with the wider issues affecting the care home sector.

\* TEWV - Tees, Esk & Wear Valleys NHS Foundation Trust

## Safeguarding Adults Review Sub-Group

### Case Six

This case involved a resident from Middlesbrough in hospital. The resulting report highlighted medication errors and recommended ways to prevent further instances from occurring.

### Case Seven

This case involved a resident in a care home in Redcar and Cleveland. This has resulted in changes to the way in which the North East Ambulance service prioritise their response to calls.

### Case Eight

This case involved a care home resident in Redcar and Cleveland. There were concerns about possible organisational abuse and a need to improve information sharing across agencies.

### Case Nine

This case involved a resident in Stockton-on-Tees who was well known to mental health services (TEWV). The report highlighted the need to focus on how risk levels had been determined, and to improve information sharing.

### Lessons Learnt: Themes

Seven of the cases (involving people) related to women (87%) which is a similar figure from 2014-15, indicating a possible demographic trend. Mental health was also a significant issue, as well as five of the cases having some connection to self-neglect. Information sharing and a lack of partnership working are the broad lessons learnt so far, although further detailed analysis is being undertaken to establish what else can be learnt from these cases to prevent serious abuse and neglect from occurring in the future.

### Priorities for the Year Ahead

The Sub-Group will continue to implement SAR Policy and Procedures, and work closely with the LTD Sub-Group to ensure that all learning from reviews is appropriately disseminated. The group will monitor trends and themes from notifications, and consider providing training to establish a register of practitioners able to undertake reviews locally. The cost of undertaking SARs will also be carefully monitored, and consideration given to helping create a regional framework for commissioning SARs.

## Local Executive Groups (LEG)

### Hartlepool

Chair: Jill Harrison - Assistant Director Adult Services (HBC)

The LEG used the forum to disseminate and discuss the business of the Board, as well as focussing on a number of other local issues. These included the implementation of the Care Act 2014, with a particular emphasis on advocacy and information for the public. The group were also particularly interested in supporting the discharge action plan for North Tees Hospital, developed by Healthwatch, and the implications of local Serious Case Reviews (now SARs).

### Middlesbrough

Chair: Neil Pocklington - Assistant Director Adult Services (MBC)

The LEG supported the work of the Board by reviewing and developing the membership of the group throughout the year. The group also focussed on the implications of the increase in DoLS assessments, continued to review safeguarding activity, and deal with the challenges that were presented due to the implementation of the Care Act 2014.

Erik Scollay - Assistant Director Social Care (MBC) took over the Chair of the LEG in April 2016

### Redcar and Cleveland

Chair: Patrick Rice - Assistant Director Adult Services (RCBC)

The LEG appropriately used the group to discuss and digest the business of the Board in a busy year of activity. There was also a focus on linking in with other forums and debating the wider issues effecting the health and social care sector, including Transforming Care, domiciliary home care, and care home provider failures. The group also facilitated discussions on operational issues, and as an opportunity for partner agencies to share good practice.

### Stockton-on-Tees

Chair: Liz Hanley - Assistant Director Adult Services (SBC)

The LEG played a crucial role in the consultation process required to develop the wide range of policies and procedures that were required by the Board following the implementation of the Care Act 2014. In addition the group was used to promote debate on other local initiatives including Operation Encompass, the local domestic abuse strategy, and the personal assistants register.



## Looking Forward

### Strategic Business Plan 2016-17

The Board developed the Strategic Business Plan for 2016-17 based on engagement with a wide range of stakeholders, including members of the public, and adults who have experienced abuse and neglect. The following are some key elements of the Board's Plan:

#### The Adult's Voice

This was identified as being a key priority for the next year. This will include developing appropriate strategies for ensuring the adult's voice is incorporated into all Board activities.

#### Prevention Outcomes

The PAQ Sub-Group will report on the effectiveness of current early help and preventative strategies in use Teeswide, and on successful national models which could be considered for use locally.

#### Quality of Local Care and Support Services

The PPP Sub-Group will assess and research the ongoing support needs of adults who have suffered from abuse and neglect, using this information to report on how best to protect adults from repeat occurrences of abuse. The Board will scrutinise commissioning arrangements, information, inspection and national reports to generate a collective picture of how well adults are being safeguarded.

#### Review Effectiveness of the Board

The Board will continue to analyse the effectiveness of the current arrangements, reporting on how best to avoid any duplication of effort within the Board's structure.

#### Partnership Working

The Board will also assess all relevant strategic structures to examine if closer working arrangements should or could be created with other bodies, and further test/analyse the awareness of the Board and the work it delivers across agencies Teeswide.

#### Herbert Protocol

This is a new approach in assisting police in locating those with dementia when they go missing. Families can complete forms from the Cleveland Police website and pass to officers, which will greatly assist in finding their relative before they come to harm.

<https://www.cleveland.police.uk/advice-information/HerbertProtocol.aspx>

## Looking Forward

### Strategic Business Plan 2016-17

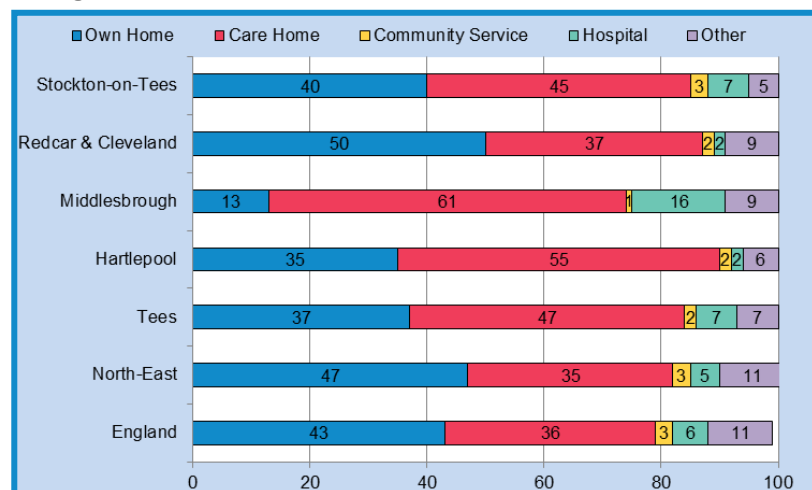
**Vision: Ensuring our safeguarding arrangements act to help and protect adults**

Strategic Aims 2015-18	Strategic Objectives 2016-17
<b>Strategic Aim One:</b> <b>Personalisation</b> 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 tell us.
<b>Strategic Aim Two:</b> <b>Prevention</b> 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.
<b>Strategic Aim Three:</b> <b>Protection</b> 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.  Proactively address issues linked to the quality of local care and support services.
<b>Strategic Aim Four:</b> <b>Partnership</b> 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 working with partners and other strategic bodies.  Evaluate how well agencies are co-operating and collaborating Teeswide.
<b>Strategic Aim Five:</b> <b>Professional Accountability</b> 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: Concerns and Section 42 Enquiries

There were **3,844** Concerns recorded Teeswide, which then led onto **1,487** Section 42 Enquiries being conducted across the four Tees Local Authorities (see definitions on page 32).

### Percentage Distribution of Location of Risk (Concluded Section 42 Enquiries)



See link to Safeguarding Adults Annual Report England 2015-16 on page 30

### Volume of Concerns Submitted per 10,000 head of Population

Hartlepool:	58
Middlesbrough:	90
Redcar and Cleveland:	116
Stockton-on-Tees:	71
<b>Teeswide Average:</b>	<b>84</b>



### Part or Fully Substantiated Section 42 Enquiries

(Compared to total volume of concerns)

Hartlepool Borough Council:	8%
Middlesbrough Borough Council:	33%
Redcar and Cleveland Borough Council:	18%
Stockton-on-Tees Borough Council:	8%
<b>Teeswide Average:</b>	<b>17%</b>



### Overall Themes for 2015-16

**36%** of all Concerns resulted in a Section 42 Enquiry being conducted. Incidents between residents was a trend in care homes, and medication errors a common form of Concern in hospitals and care homes.

## Annex B: Definitions of Abuse and Neglect

The three new categories of abuse\* made up **5%** of the overall total of Section 42 Enquiries reported to the four Tees Local Authorities.

Types	Definitions
<b>Discriminatory Abuse</b>	Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
<b>Domestic * Abuse (3%)</b>	Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
<b>Financial or Material Abuse</b>	Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions.
<b>Modern Slavery * (0%)</b>	Encompasses slavery, human trafficking, forced labour and domestic servitude.
<b>Neglect &amp; Acts of Omission</b>	Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services.
<b>Organisational Abuse</b>	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.
<b>Physical Abuse</b>	Including assault, hitting, slapping, pushing, misuse of medication or restraint.
<b>Psychological Abuse</b>	Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber - bullying.
<b>Self-Neglect * (2%)</b>	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
<b>Sexual Abuse</b>	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

## Annex C: Useful Links

### Action on Elder Abuse

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

### Action Fraud

<http://www.actionfraud.police.uk>

### Age UK

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

### Association of Directors of Adult Social Services (ADASS)

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

### Carers Together (South Tees)

<https://www.carerstogether.co.uk>

### Care Quality Commission (CQC)

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

### Cleveland Police

<https://www.cleveland.police.uk>

### Cleveland Victims Services Directory

<http://www.cvsd.co.uk>

### Facebook Page

<https://www.facebook.com/TeeswideSAB/>

### Hartlepool Carers

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

### NHS Digital

<http://content.digital.nhs.uk/home>

### RNIB (Supporting People with Sight Loss)

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

### Safeguarding Adults Annual Report England 2015-16

<http://content.digital.nhs.uk/article/2021/Website-Search?productid=22101&q=safeguarding+&sort=Relevance&size=10&page=1&area=both#top>

### SENSE (National Charity supporting people who are deaf blind/sensory impairment)

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

### Social Care Institute of Excellence (SCIE)

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

### Stop Hate

<http://www.stophateuk.org>

### Stop On-line Abuse

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

### Teeswide Advocacy Hub

<https://www.middlesbroughmatters.co.uk/services/268/Middlesbrough-Citizens>

### Teeswide Safeguarding Adults Board Strategic Business Plan 2016-17

<https://www.tsab.org.uk/key-information/strategic-business-plan/>

### The Silver Line (Helpline for Older People)

<https://www.thesilverline.org.uk> 0800 470 8090

### True Vision (Hate Crime related)

<http://report-it.org.uk/home>

### Twitter

<https://twitter.com/TeeswideSAB/>

### United Kingdom's Disabled People's council

<https://www.ukdpc.net/site/>

## Annex D: Contact Details

Name	Organisation	Telephone	Email
Business Unit	Teeswide Safeguarding Adults Board	01642 527263	<a href="mailto:tsab.businessunit@stockton.gov.uk">tsab.businessunit@stockton.gov.uk</a>
First Contact and Support Hub	Hartlepool Borough Council	01429 523390	<a href="mailto:fcsh@hartlepool.gcsx.gov.uk">fcsh@hartlepool.gcsx.gov.uk</a>
First Contact Team	Middlesbrough Borough Council	01642 726004	<a href="mailto:adultsafeguarding.alert@middlesbrough.gov.uk">adultsafeguarding.alert@middlesbrough.gov.uk</a>
Access Team	Redcar and Cleveland Borough Council	01642 771500	<a href="mailto:contactus@redcar-cleveland.gov.uk">contactus@redcar-cleveland.gov.uk</a>
First Contact Team	Stockton-on-Tees Borough Council	01642 527764	<a href="mailto:firstcontactadults@stockton.gov.uk">firstcontactadults@stockton.gov.uk</a>
Protecting Vulnerable People Unit	Cleveland Police	999 Emergency or 101	
	Tees Esk and Wear Valleys NHS Foundation Trust	01325 552000	<a href="mailto:tewv.enquiries@nhs.net">tewv.enquiries@nhs.net</a>
	South Tees Hospitals NHS Foundation Trust	01642 850850	
	NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group		<a href="mailto:hstccg.hartlepoolandstocktonccg@nhs.net">hstccg.hartlepoolandstocktonccg@nhs.net</a>
	NHS South Tees Clinical Commissioning Group	01642 263030	<a href="mailto:STCCG.enquiries@nhs.net">STCCG.enquiries@nhs.net</a>
Patient Experience Team	North Tees and Hartlepool NHS Foundation Trust	01642 624719	<a href="mailto:patientexperience@nth.nhs.uk">patientexperience@nth.nhs.uk</a>
General Enquiries	Care Quality Commission	03000 616161	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
General Enquiries	Healthwatch Hartlepool		<a href="http://www.healthwatchhartlepool.co.uk">www.healthwatchhartlepool.co.uk</a>
General Enquiries	Healthwatch Tees		<a href="http://www.healthwatchstockton@pcp.uk.net">www.healthwatchstockton@pcp.uk.net</a>

## Annex E: Glossary of Terms

### **Decision Support Guidance**

The safeguarding adults' decision support guidance has been developed to assist practitioners in assessing the seriousness and level of risk associated with a safeguarding adults concern.

### **Deprivation of Liberty Safeguards (DoLS)** Mental Capacity Act 2005

Ensures 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.

### **Making Safeguarding Personal (MSP) and Personalisation**

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.

### **Safeguarding Adults Review (SAR)**

The Care Act 2014 requires that Safeguarding Adults Board's (SABs) must arrange a SAR when an adult dies either as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

### **Concern**

A sign of suspected abuse or neglect that is reported to the Local Authority or identified by the Local Authority. Safeguarding concerns can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

### **Section 42 Enquiry**

The action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. Safeguarding enquiries can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect.

### **Self-Neglect**

The Care Act defines self-neglect as wide ranging and includes neglecting to care for one's personal hygiene, health or surroundings and hoarding.



If you see or hear something that concerns you, or you suspect somebody is being abused, or someone tells you they are being abused. **Report it without delay:**



## See it, report it!

If you suspect a neighbour,  
friend or family member is being  
neglected or abused, or you  
need help yourself

Call **Cleveland Police** 101 or 999 in emergency

Call your local Adult Social Care team:

<b>Hartlepool</b>	01429 523 390
<b>Middlesbrough</b>	01642 726 004
<b>Redcar and Cleveland</b>	01642 771 500
<b>Stockton-on-Tees</b>	01642 527 764
<b>Evenings and Weekends</b>	08702 402 994

If you are unsure, talk to your local adult social care team on the above number, they will listen to you and give you good advice. You can talk to them without giving your name.

# HEALTH AND WELLBEING BOARD

05/12/16



**Report of:** Teeswide Safeguarding Adults Board

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD  
STRATEGIC BUSINESS PLAN 2016/17

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## 1. PURPOSE OF REPORT

1.1 The Strategic Business Plan summarises the priorities identified throughout the consultation process, informing the development of the 2016-17 objectives and actions. The Board looks forward to working with our current partners, and developing new relationships to ensure our safeguarding arrangements act to help and protect adults.

## 2. BACKGROUND

2.1 This plan has been developed following several months of extensive consultation with the Board's partners, professionals, the general public, carers and users of services. This work underpins the Board's commitment to listen to the voice of the adult and other key stakeholders to help shape the priorities for the next year.

## 3. PROPOSALS

3.1 To work collaboratively with partners to achieve the strategic aims and objectives outlined within the Strategic Business Plan.

## 4. RECOMMENDATIONS

4.1 That the Strategic Business Plan is circulated appropriately amongst networks, to improve information sharing and raise awareness of the Board amongst all agencies.

## 5. BACKGROUND PAPERS

<https://www.tsab.org.uk/wp-content/uploads/2015/11/Strategic-Plan-V2.Final-Read-2016.17.pdf>

## 6. CONTACT OFFICER

Gina McBride, Admin & Information Officer – TSAB Business Unit

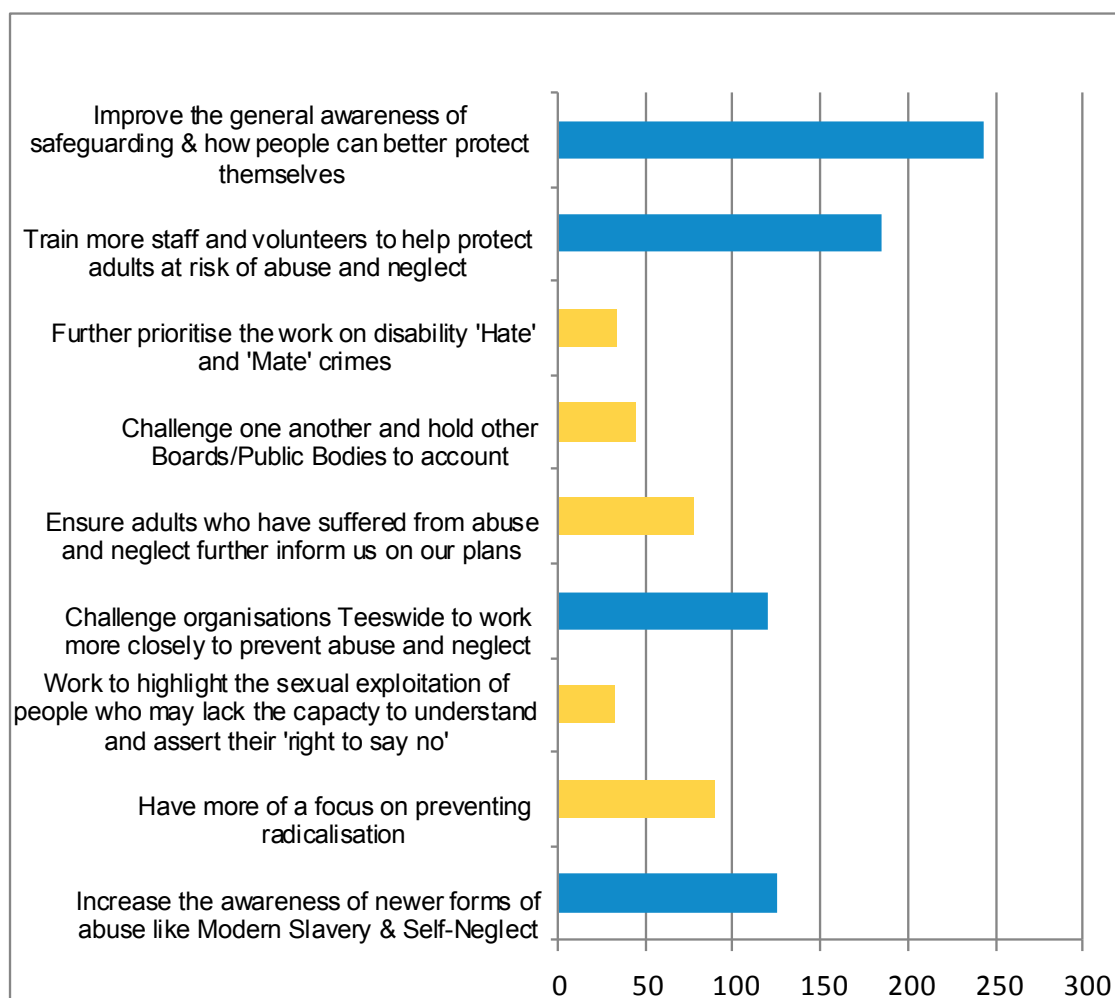
**Ensuring our safeguarding arrangements  
act to help and protect adults**

# STRATEGIC BUSINESS PLAN

2016-17

## Introduction

This plan has been developed following several months of extensive consultation with the Board's partners, professionals, the general public, carers and users of services. This work underpins the Board's commitment to listen to the voice of the adult and other key stakeholders to help shape the priorities for the next year. The table below summarises the priorities identified throughout the consultation process, informing the development of the 2016-17 objectives and actions. The Board looks forward to working with our current partners, and developing new relationships to ensure our safeguarding arrangements act to help and protect adults.



Ann Baxter  
Independent  
Chair

## Teeswide Safeguarding Adults Board Partner Agencies

Listed below are the current partners of the Board as of April 2016. The Sub-Groups 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 meet quarterly.

Statutory Partners	
Hartlepool Borough Council	Director of Child and Adult Services
Middlesbrough Borough Council	Director of Adult Services
Redcar & Cleveland Borough Council	Corporate Director of People Services
Stockton-on-Tees Borough Council	Director of Adults and Health
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 Councillors for the Local Authorities sit on the Board as non-voting participant observers.	

## Teeswide Safeguarding Adults Board Structure



### Key:

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

## What Adults Told Us

“English is not my first language and I don't understand anything really about this subject”

“Carers are often not confident in identifying abuse and the process to follow if they have concerns”

“I have real concerns about putting my son into respite care due to the lack of quality care available”

“I can understand how carers can become overwhelmed by their caring responsibilities”

**“Engage people on their terms, and in ways and settings which make people feel more comfortable. This can take time and needs relationships to be developed”**

**“I knew the adult I care for was physically unwell but Doctors initially ignored this and put this down to his mental health status”**

**“I think a lot of people will lack the confidence or knowledge to seek help”**

Vision:	
Strategic Aims 2015-18	Strategic Objectives 2016-17
<b>Strategic Aim One: Personalisation</b> 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 tell us.
<b>Strategic Aim Two: Prevention</b> 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.
<b>Strategic Aim Three: Protection</b> 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.  Proactively address issues linked to the quality of local care and support services.
<b>Strategic Aim Four: Partnership</b> 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 effective working with partners and other strategic bodies.  Evaluate how well agencies are co-operating and collaborating Teeswide.
<b>Strategic Aim Five: Professional Accountability</b> 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 adults voice will strongly influence how the work of the Board is taken forward.

There will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.

We will have helped to connect more people to preventative support services.

We will have used a targeted approach to reducing barriers to reporting abuse and neglect.

People Teeswide will receive a more integrated response to safeguarding adult concerns.

There will be fewer repeat occurrences of abuse and neglect.

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 helps to hold all strategic partners to account.

Strategic Aim One: Personalisation	
Objectives Reference material/Source	Action
<p>1.1. Take into account the views of key stakeholders.</p> <p>Board: Annual Communications &amp; Engagement Report February 2016 Board: Communications &amp; Engagement Strategy Care Act: 2014: Care and Support Statutory Guidance 14.139 Community Safety Partnerships Health and Wellbeing Boards Healthwatch Local Safeguarding Childrens Boards Overview and Scrutiny Boards</p>	<p>1. Develop appropriate strategies for ensuring the adults voice is incorporated into all Board reports, policy developments and decision making.</p>
	<p>2. Review the Board's stakeholder analysis, and ensure that engagement work is jointly delivered with relevant organisations where appropriate, reflecting best practice models.</p>
<p>1.2. Measure and evaluate what adults experiencing the safeguarding process tell us.</p> <p>Board: Annual Communications &amp; Engagement Report February 2016 Board: MSP Guidance February 2016 Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 LGA: Making Safeguarding Personal (MSP) Toolkit January 2015 Mental Capacity Act 2005</p>	<p>1. Further promote use of Making Safeguarding Personal (MSP) processes for use by all (applicable) Board partners. <a href="#">Link to objective 1.1.1</a></p>
	<p>2. Analyse and evaluate users feedback from MSP processes on at least a twice yearly basis to evidence how outcomes are being met, and to help inform future developments.</p>
	<p>3. Improve the Board's MSP guidance to include how to best engage service users, and measure how well their views and wishes have been realised.</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 July 2016 the adults voice will strongly influence how the work of the Board is taken forward.	July 2016 & ongoing	CE	All Sub Groups
	July 2016 to March 2017	CE	LTD
By March 2017 there will be an increase in the volume of outcomes, views and wishes realised by participants in safeguarding.	Sept 2016 & ongoing	PAQ	LTD Operational Leads Practice Group (OLPG)
	July 2016 & ongoing	PAQ	CE LTD OLPG
	Sept 2016 & ongoing	PPP	OLPG PAQ

Strategic Aim Two: Prevention	
Objectives Reference material/Source	Action
<p><b>2.1. Better promote and connect existing preventative strategies.</b>  <a href="#">Board: Annual Communications &amp; Engagement Report February 2016</a>  <a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">LGA/ADASS: Standards March 2015</a>  <a href="#">Local Safeguarding Childrens Boards</a></p>	<p>1. Report on the effectiveness of current early help and preventative strategies in use Teeswide, and on successful national models which could be considered for use locally, including programmes for perpetrators of abuse.</p>
	<p>2. Review the membership of the Board's structure to potentially include organisations delivering preventative/support work.</p>
	<p>3. Use the feedback created by Safeguarding Adults Reviews and other learning methodologies to inform the report on preventative strategies.  <a href="#">Link to objective 2.1.1</a></p>
<p><b>2.2. Reduce barriers to reporting abuse and neglect.</b>  <a href="#">Board: Strategic Plan 2015-16</a>  <a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Equality Act 2010 (Public Sector Equality Duty)</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Joint Strategic Needs Assessment (s)</a>  <a href="#">Office for National Statistics - Census data</a>  <a href="#">Police and Crime Commissioners Office</a>  <a href="#">Public Health England</a></p>	<p>1. Develop a 'strategic overview of safeguarding' Teeswide using existing data and research into population demographics, and safeguarding reporting patterns. This will highlight ways to improve reporting within specific community and harder to reach, or marginalised groups.</p>
	<p>2. Work with other strategic bodies to identify common prevention objectives, and further develop joint approaches to removing barriers to reporting abuse and neglect.  <a href="#">Link to objective 5.2.2</a>  <a href="#">Link to objective 3.2.2</a></p>

It is better to take action before harm occurs			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will have helped to connect more people to preventative support services.	Oct 2016	PAQ	CE LTD
	Sept 2016	Board	All Sub-Groups
	May 2016 & ongoing	SAR	PAQ
By March 2017 we will have used a targeted approach to reducing barriers to reporting abuse and neglect.	Oct 2016	PAQ	CE
	May 2016 & ongoing	Board	All Sub-Groups

Strategic Aim Three: Protection	
Objectives Reference material/Source	Action
<p><b>3.1. Provide effective responses to reported abuse and neglect.</b>  <a href="#">Board: Inter-Agency Policy May 2015</a>  <a href="#">Care Act: 2014: Care and Support Statutory Guidance 14.139</a>  <a href="#">LGA/ADASS: Standards March 2015</a>  <a href="#">National Prevent Strategy</a></p>	<p>1. Provide guidance for professionals on which protective options/services exist, and provide training opportunities to improve the proactive involvement of voluntary sector organisations in supporting statutory services.  <a href="#">Link to objective 2.1.1</a></p>
	<p>2. Evidence the reasons why some adults experiencing abuse and neglect do not engage with support services, and produce guidance on how this can be improved.</p>
<p><b>3.2. Proactively address issues linked to the quality of local care and support services.</b>  <a href="#">Care Act: 2014: Care and Support Statutory Guidance 14.39</a>  <a href="#">Care Quality Commission reports</a>  <a href="#">Community Safety Partnerships</a>  <a href="#">Contract compliance reports</a>  <a href="#">Department of Health reports</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Healthwatch reports</a>  <a href="#">HM Inspectorate reports</a>  <a href="#">Overview and Scrutiny Boards</a>  <a href="#">Serious Concerns Protocol</a>  <a href="#">Quality Surveillance Groups</a></p>	<p>1. Assess and research the ongoing support needs of adults who have suffered from abuse and neglect, using this information to report on how best to protect adults from repeat occurrences of abuse.</p>
	<p>2. The Board will scrutinise relevant commissioning arrangements, information, inspection and national reports to generate a collective picture of how well adults are being safeguarded; working with partners to report on risks and good practice Teeswide.</p>

Support and representation for those in greatest need			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 adults Teeswide will receive a more integrated response to safeguarding adult concerns.	Sept 2016	LTD	CE PAQ
	Sept 2016 & ongoing	CE	LTD PAQ
By March 2017 there will be fewer repeat occurrences of abuse and neglect.	Dec 2016	PPP	CE LTD OLPG
	Dec 2016 & ongoing	PAQ	CE OLPG



Strategic Aim Four: Partnership	
Objectives Reference material/Source	Action
<p>4.1. Develop assurances for effective working with partners and other strategic bodies.</p> <p><a href="#">Community Safety Partnerships</a>  <a href="#">Health and Wellbeing Boards</a>  <a href="#">Local Safeguarding Childrens Boards</a>  <a href="#">National Prevent Strategy</a>  <a href="#">Overview and Scrutiny Boards</a></p>	<p>1. Analyse the effectiveness of the current Teeswide arrangements, reporting on how best to avoid any duplication of effort within the Board's Structure, and generate local innovations and solutions.</p>
	<p>2. Assess all relevant strategic structures to examine if closer working arrangements should or could be created with other bodies.</p>
<p>4.2. Evaluate how well agencies are co-operating and collaborating Teeswide.</p> <p><a href="#">Care Act 2014: Care and Support Statutory Guidance 14.139</a></p>	<p>1. Further test and implicitly analyse the awareness of the Board and the work it delivers across agencies Teeswide.  <a href="#">Link to objective 5.1.1</a></p>
	<p>2. Inform the development of objectives with each of the Boards partners, who should integrate these into their strategic plans.  <a href="#">Link to objective 5.1.1</a></p>

Local solutions through services working with their communities			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will better co-ordinate and prioritise safeguarding adults work.	Sept 2016 & ongoing	Board	All Sub-Groups
	Sept 2016 & ongoing	Board	All Sub-Groups
By March 2017 we will be more effective in ensuring our safeguarding arrangements help and protect adults.	Dec 2016 & ongoing	PAQ	CE
	March 2017	Board	

Strategic Aim Five: Professional Accountability	
Objectives Reference material/Source	Action
<p><b>5.1. Take timely and appropriate action in relation to safeguarding adults.</b></p> <p>Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 LGA/ADASS: Standards March 2015</p>	<p>1. Member agencies will complete the professional Quality Assurance Framework (QAF) in line with the agreed timetable, and in doing so, highlight achievements within their own organisations.</p> <p><a href="#">Link to objective 2.2.2</a></p>
	<p>2. Review all Teeswide Policies and Procedures within the prescribed timescales, including the Inter-Agency Policy to include the requirement for partners to report serious malpractice, complaints and grievances in relation to safeguarding adults.</p>
<p><b>5.2. Challenge one another and hold other Boards to account.</b></p> <p>Board: Strategic Plan 2015-16 Care Act 2014: Care and Support Statutory Guidance 14.139 Care Quality Commission Community Safety Partnerships Department of Health Health and Wellbeing Boards Healthwatch HM Inspectorates Local Safeguarding Childrens Boards Overview and Scrutiny Boards</p>	<p>1. Linked to the QAF timetable each partner agency will present a short report to the Board describing good practice and challenges faced by their organisation in relation to safeguarding adults.</p> <p><a href="#">Link to objective 5.1.1</a></p>
	<p>2. Monitor the application of Mental Capacity Act, Deprivation of Liberty Safeguard assessments.</p> <p><a href="#">Link to objective 5.1.1</a></p>

Transparency in delivering safeguarding			
People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2017 we will provide effective assurances about services being delivered to adults.	April 2016 & ongoing	PAQ	
	May 2016 & ongoing	PPP	All Sub-Groups
By March 2017 we will ensure the experiences of adults helps to hold all strategic partners to account.	April 2016 & ongoing	Board	
	April 2016 & ongoing	PAQ	OLPG

Work programme for the Board and Sub-Group structure			
Action Points	Board	CE Sub-Group	LTD Sub-Group
1.1.1		Lead Group	Contributor
1.1.2		Lead Group	Contributor
1.2.1			Contributor
1.2.2		Contributor	Contributor
1.2.3			
2.1.1		Contributor	Contributor
2.1.2	Lead Group	Contributor	Contributor
2.1.3			
2.2.1		Contributor	
2.2.2	Lead Group	Contributor	Contributor
3.1.1		Contributor	Lead Group
3.1.2		Lead Group	Contributor
3.2.1		Contributor	Contributor
3.2.2		Contributor	
4.1.1	Lead Group	Contributor	Contributor
4.1.2	Lead Group	Contributor	Contributor
4.2.1		Contributor	
4.2.2	Lead Group	Contributor	Contributor
5.1.1			
5.1.2		Contributor	Contributor
5.2.1	Lead Group		
5.2.2			

Work programme for the Board and Sub-Group structure			
PAQ Sub-Group	PPP Sub-Group	SAR Sub-Group	Notes
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
<b>Lead Group</b>			
Contributor	<b>Lead Group</b>		
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor		<b>Lead Group</b>	
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor			
Contributor			
	<b>Lead Group</b>		
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
Contributor	Contributor	Contributor	
<b>Lead Group</b>			
Contributor	<b>Lead Group</b>	Contributor	
<b>Lead Group</b>			

# HEALTH AND WELLBEING BOARD

5<sup>TH</sup> December 2016



**Report of:** Director of Public Health

**Subject:** Health Protection Update

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key

## 2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to assure the Committee, regarding the discharging of the statutory duty to ensure the health of the population is protected and that local health protection arrangements are in place.
- 2.2 The term health protection includes preparing for and dealing with hazards and incidents that may threaten health. It includes, but is not limited to, infectious disease, environmental hazards and contamination

## 3. BACKGROUND

- 3.1 The Secretary of State for Health has the overarching responsibility to protect the health of the population. In order to discharge this duty, Public Health England (PHE), NHS England and Local Authorities have critical roles to support this. The Secretary of State has the power to intervene in local areas, if for any reason local arrangements to protect the health of the population are considered inadequate.
- 3.2 The Health and Social Care Act 2012 6C regulations requires each Local Authority to 'provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements, or the participation in such arrangements, by that person or body'.
- 3.3 The Director of Public Health under section 73a (1) of the 2006 Act, inserted by section 30 of the 2012 Health and Social Care Act is responsible for the following:



- Any of the Secretary of State's public health protection or health improvement functions he delegates to Local Authorities; either by arrangements or under regulations. This can include dealing with minor outbreaks to full scale major contamination.
- Exercising their local authority's functions in planning for, responding to and emergencies that present a risk to public health.

3.4 In practice the Director of Public Health works extremely closely with PHE as a single system when preventing and responding to health protection incidents. PHE has responsibility to deliver the specialist health protection response, including the response to incidents and outbreaks.

#### **4. PROPOSALS – PROTECTING THE HEALTH OF THE POPULATION**

4.1 As described under bullet point 2.2, the term health protection covers a range of threats to health. Whatever the specific threat posed to health such as infectious disease or environmental hazard, there are 4 principles when protecting the health of the population. Those principles are:

- Prevention
- Surveillance
- Control
- Communication

4.2 Given the size and complexity of what could contribute to preventing a health protection issue, overleaf is a plan on a page of key activities that contribute to managing risk and responding to incidents.

4.3 It is proposed that a more in depth consideration of the following issues the Health and Well Being Board:

- Immunisation – December board meeting
- Screening – February board meeting

4.4 It is noteworthy that all activities relating to environmental health are reported to Regeneration Committee.

4.5 It is also noteworthy that the Hartlepool Director of Public Health is the co-chair of the Local Health Resilience Partnership. This multiagency health partnership is responsible for ensuring plans are in place and tested to ensure a robust emergency response in the event of an incident or outbreak that manages risk and is resilient.

4.6 The plan over pages is for 16/17 and is essentially a roll forward of many actions from 15/16 as they are ongoing and essential for robust health protection.

## **5. RISK IMPLICATIONS**

- 5.1 Plans must be in place to protect the health of the population against a range of threats and hazards. Plans are critical in managing and mitigating against risks. Without plans been in place there is a risk the health of the population may be compromised.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 Financial costs will be incident specific. Nothing specific to note.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Since the 1<sup>st</sup> April 2013 the Health and Social Care Act 2012, places new health protection duties on local authorities under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006 ('NHS Act 2006') (as inserted by section 18 of the Health and Social Care Act 2012). This paper seeks to assure members that this duty is being effectively discharged

## **8. CHILD AND FAMILY POVERTY**

- 8.1 No Implications

## **9. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 9.1 No Implications

## **10. STAFF CONSIDERATIONS**

- 10.1 No implications

## **11. ASSET MANAGEMENT CONSIDERATIONS**

- 11.1 No implications

## **12. RECOMMENDATIONS**

- 12.1 The Committee notes the activities relating to protecting the health of the population as outlined on the plan on a page.
- 12.2 The Committee is confirms it is assured plans and arrangements are in place to protect the health of the population in keeping with the requirements under the Health and Social Care Act 2012.

### **13. REASONS FOR RECOMMENDATIONS**

- 13.1 To ensure plans are in place to protect the health of the population as required in the Health and Social Care Act 2012.

### **14. BACKGROUND PAPERS**

- 14.1 Best Practice Guidance - 'Directors of Public Health in Local Government i) Roles, Responsibilities and Context' Department of Health October 2012.

'Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to premises by Local Healthwatch Representatives 2013) – Department of Health, Public Health England and Local Government Association May 2013.

### **15. CONTACT OFFICER**

Louise Wallace  
Director of Public Health  
Hartlepool Borough Council  
4<sup>th</sup> Floor Civic Centre

[louise.wallace@hartlepool.gov.uk](mailto:louise.wallace@hartlepool.gov.uk)

**HARTLEPOOL HEALTH PROTECTION – PLAN ON A PAGE: 2016/17**

Risks	Vision	Desired Future	Strategies	Measureable Outcomes	Partner Agency Actions	HBC Actions	Assurance to HBC/H&WB	Outcomes
Poor start to life for children	Work in partnership to protect and promote the health, wellbeing and quality of life for children, adults and families	To ensure effective screening and immunisation arrangements are in place across Hartlepool to support prevention and early detection and treatment of disease.	Implement and QA of screening programmes	Coverage of screening programmes: • Cancer – breast, bowel and cervical • Non cancer – antenatal and newborn, diabetes eye screening	Quality assurance led by NHSE and PHE partnership working, led by NHSE to implement recommendations of adult screening equity audit. Cancer Locality Group leads on Cancer	Public Health Consultant to work with screening programmes to assure on governance, accountability and compliance with national specifications. HP lead to assure on intelligence and feedback on screening	• Cancer screening and coverage via the Cancer Locality Group (CLG)  • HBC Immunisation lead liaison with PHE and NHS E on all immunisation programmes	
Equity of screening take up			Implement and QA of immunisation programmes	• Childhood immunisation rates at 1, 2 and 5 years • HPV vaccination rates in 12-13 year olds • Flu vaccine coverage	NHSE ensure that: • Contracts for immunisations include quality assurance measures • Immunisation programmes are commissioned to address locality need	Public Health Lead to assure commissioning of school-based immunisation. Support new school based flu immunisation programme and ensure all schools participate. HP lead to liaise with flu assurance group, improve uptake in at risk groups and staff	• Attendance at and evidence of all immunisation/ screening board meetings	
Lower survival rates from cancer		To ensure effective health protection and emergency response arrangements are in place across Hartlepool to protect the public from: infectious diseases, chemicals and poison, radiation, environmental health hazards.	Prevention and management of communicable disease (HCAI's, TB, HIV, STI's)	HCAI monitor: C Diff & MRSA, whooping cough & TB sexual transmitted infection incidence, HIV, Chlamydia, Gonorrhoea, Tattoo hygiene rating scheme	PHE to lead response to incidents & outbreaks. TB networks to assure HCAI improvement group, HBC immunisation lead to liaise with PHE/NHSE on childhood immunisation	• Inspect 100% of food hygiene premise • Lead on food safety & drinking water • DPH is lead officer for outbreak control • Implement sexual health review findings • Work with Hartlepool & Northumbrian Water	• Food reports/ratings • Outbreak reports • Monitor HCAI Improvement Group • NHSE reports • Sample results • Health Protection Reports	
Poor management of conditions due to late diagnosis				Environmental Health Protection	Annual review of air quality, programme for industrial processes requiring LA environmental permits, saving our skins project, age restricted sale work	• Health & safety at work • Improving standards	Air quality assessment/update reports to DEFRA, review air quality data, assurance via quarterly reports to HP & EPRR group	
Inequalities in early diagnosis			Implementation of robust response to outbreaks, incidents and emergencies		Successful participation in local, regional and national emergency planning readiness exercises and ensuring that LRF plans are updated and maintained	• LHRP to contribute to all LRF plans currently under review • LHRP to contribute and participate in all relevant LRF training exercises planned for 17/18	Ensure that relevant staff attend all LRF training exercises planned for 17/18 . Ensure that business continuity plans are tested and robust. Hartlepool DPH to co-chair LHRP with NHSE. Hartlepool DPH is vice chair of the Cleveland LRF. Hartlepool DPH participates in regional Scientific Technical Advisory Cell (STAC) rota	
Threats from environmental hazards								
Threats from major incidents								
Surveillance								

# Glossary of Terms

HCAI	Health Care Acquired Infection
C Diff	Clostridium Difficile
TB	Tuberculosis
LA	Local Authority
LRF	Local Resilience Forum
NHSE	NHS England
PHE	Public Health England
LHRP	Local Health Resilience Partnership
DPH	Director of Public Health
H&WBB	Health and Wellbeing Board
EPRR	Emergency Planning Risk and Resilience
HP	Health Protection

# HEALTH AND WELLBEING BOARD

5 December 2016



**Report of:** Director of Public Health

**Subject:** HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE REVIEW

## 1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to present the Health and Wellbeing Board with proposals for the review of its terms of reference, sub structure and non-statutory membership.

## 2. BACKGROUND

- 2.1 The Health and Social Care Act 2012 set out the statutory requirement for Unitary authorities to establish Health and Wellbeing Boards from April 2013, with specific responsibility for:
- The preparation and implementation of a Health and Wellbeing Strategy for the Borough;
  - Ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool; and
  - Ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.
- 2.2 Hartlepool's Health and Wellbeing Board operated in its shadow form from October 2011 to the 1<sup>st</sup> April 2013, at which time the Board took on its formal role as set out in the Constitution.
- 2.3 The Board's Terms of Reference, initially agreed on the 24 June 2013, were revisited on the 13 June 2016 and during the course of discussions a number of initial changes were agreed by the Board. Details of the agreed changes are outlined in Section 3 of this report.

- 2.4 In addition to this, the Board at its meeting on the 13 June 2016 agreed to undertake a review of its non-statutory membership and sub structure. The aim of the review being to:
- i) Look at alternative options for the provision of NHS Foundation Trust involvement on the Board; and
  - ii) Ensure that the sub-structure is as slim as possible, with sub-groups that cover all the required areas / issues, with clear decision making routes for issues to prevent duplication of activities across the wider structure.

### 3. REVIEW OF TERMS OF REFERENCE

- 3.1 The Board at its meeting on the 13 June 2016, reaffirmed elements of the exiting Terms of Reference and agreed the following amendments:-

#### Reaffirmed

- A Face the Public Event would continue to be held (once a year) as per the local authority constitution.
- The Board will hold an annual review meeting and reflect on the performance of the Board and proactively plan for the forthcoming year.
- The Board will continue to monitor progress against the Health and Wellbeing Strategy on a quarterly basis.

#### Amendment

- All Board members should appoint named substitutes to the Board, and that the named substitute is the only person to attend in the absence of the Board member. In the case of Policy Committee Chairs, the named substitute will be the Vice-Chair.
- The minutes of the Children's Strategic Partnership be circulated to the Health and Wellbeing Board to ensure a link between both bodies.
- The terms of reference be amended to reflect the removal of the North Tees and Hartlepool NHS Foundation Trust from the Board as non voting members.
- The Director of Regeneration and Neighbourhoods, or named substitute, will remain as a non-voting member on the Board, but attendance will be determined by the requirements of the agenda.

- 3.2 These changes / updates have been included (in red) in the draft Revised Terms of Reference attached at **Appendix A**.



#### 4. REVIEW OF SUB-STRUCTURE

4.1 To assist the Board in the review of its sub structure, a Development Day was held on the 17 October 2016. During the session, Members of the Board considered three key questions:-

**1) What have we done this year?**

- Have we been effective?
- Have we made an impact?
- Would it have happened without us?

**2) What's next?**

- What do we see as our key challenges for the coming year?
- What are our key priorities going to be for the coming year?
- How do we want our work to be focused during this year (and in the longer term)?

**3) How do we improve (to increase the value and impact of what we do)?**

- Is the existing Health and Wellbeing Board structure still fit for purpose?
- If not - how could it be improved?
- Are there any gaps that now need to filling? I.e. refugees

4.2 A summary of the points raised at the Development Session in relation to each of the questions is outlined in **Appendix B, C and D**.

4.3 Based upon the outcome of the Development Session, it was suggested that the Health and Wellbeing Board should in the coming year focus on the following:-

a) Holding themed meetings to help the Board focus on two priority themes, inviting relevant experts and involving the appropriate sub groups where not effective. Themed priorities discussed as options were:

- i) Veterans Health
- ii) Offender Health
- iii) Refugees / Asylum Seeker Health

b) Statutory / other business to be looked at during separate themed meetings, including:

- i) Implementation of the Hartlepool Matters Plan
- ii) Monitoring the implementation of the Healthy Weight: Healthy Lives Strategy)
- iii) Update and monitoring of the Health and Wellbeing Strategy:
  - Reviewed by the Health and Wellbeing Board
  - Monitored through sub groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

- iv) Completion of a GAP analysis (original aims against what the Board is doing / has achieved)
    - v) Identification of an Indicator to show progression
    - vi) Achieving more quick wins and intermediate outcomes.
  - c) Other comments / suggestions identified at the Development Session included the need to:-
    - i) Review the format of its minutes.
    - ii) Amend report layout to include reference to all sub groups and how the issue affects them.
    - iii) Provide more relatable statistics / informatics (Use figures rather than statistics i.e. Hartlepool as a town info graphic in the Hartlepool Matters Plan).
    - iv) Introduce a H&WB newsletter.
    - v) Hold a joint meeting with the Stockton Health and Wellbeing Board (once a year).
- 4.4 In reviewing the existing Health and Wellbeing Board structure, the need for greater flexibility and the more effective utilisation of Sub-Groups and Task and Finish Groups is acknowledged. There was, however, concern that the reporting route through the sub-groups did not currently work effectively, in that:
- i) The existing sub groups do not reflect all aspects of the service areas covered by the Health and Wellbeing Board.
  - ii) Issues were either coming directly to the Health and Wellbeing Board or were being reported to the sub-group and the Health and Wellbeing Board, creating duplication.
- 4.5 The benefits of broadly aligning Sub-Groups with the themes of the JSNA and the importance of effective implementation of the Hartlepool Matters Plan are recognised. On this basis the below sub-groups are proposed.
- Children's Strategic Partnership  
 Health Inequalities Sub-Group  
 Wider Determinants Sub-Group  
 Vulnerable People Sub-Group  
 Hartlepool Matters Plan – Implementation Sub-Group
- 4.6 These are to be the only permanently established sub-groups under the Health and Wellbeing Board, with all other groups feeding into the Health and Wellbeing Board through one of the sub-groups. There is also the ability for the Health and Wellbeing Board and Sub-groups to establish task and finish groups to expedite particular matters, which require focussed activity or where a more specialist membership is required. These task and finish groups are to be created with a specific remit and period of operation, to undertake a specific task and report directly in to the Health and Wellbeing Board.

- 4.7 To further flatten the sub-structure, it is proposed that the Joint Commissioning Executive be removed and that its activities be undertaken through the existing strategic management meetings that occur as a matter of course between officers.
- 4.8 A full copy of the amended Health and Wellbeing Structure is attached at **Appendix A** (page 12).

## 5. MEMBERSHIP

- 5.1 The Health and Social Care Bill mandates a minimum membership for Health and Wellbeing Board's. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members.
- 5.2 Following the removal of the North Tees and Hartlepool Foundation Trust from the membership of the Board, concern was expressed regarding the role of service providers. With emphasis on the need for the Board membership to be open to listening and constructively engaging, the decision had been taken to formally include the GP Federation as a local provider of services. It was, however, acknowledged that there was a gap in the membership, with the absence of an NHS Foundation Trust, and it was suggested that the South Tees NHS Foundation Trust be contacted again to take up a place on the Board; they could be contacted again.
- 5.3 Details of the amended membership is attached at Appendix A (page 5).

## 6. LEGAL CONSIDERATIONS

- 6.1 From 1<sup>st</sup> April 2013 Hartlepool Borough Council had a statutory requirement to establish a Health and Wellbeing Board.

## 7. RECOMMENDATIONS

- 7.1 The Board is recommended to consider and agree:
- The revised Terms of Reference as attached at **Appendix A**.
  - That the proposals outlined in Section 4 of the report.

## 8. REASONS FOR RECOMMENDATIONS

- 8.1 In order to provide further detail about the role and responsibilities of the Board and its members the Board is requested to agree a new Terms of Reference.

**9. BACKGROUND PAPERS**

9.1 None

**10. CONTACT OFFICER**

Louise Wallace, Director of Public Health  
Public Health Department  
Hartlepool Borough Council  
(01429) 284030  
[Louise.wallace@hartlepool.gov.uk](mailto:Louise.wallace@hartlepool.gov.uk)

# **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

**VERSION 2.0  
December 2016**

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## **1.0 Purpose and functions of the Health and Wellbeing Board**

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

## **2.0 Roles and Responsibility of Board Members**

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

### **2.1 Standards of behaviour**

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:



**Accountability:** to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.

**Commitment:** to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

**High Quality Debate:** to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

**Honesty and Integrity:** to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

**Objectivity:** to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

**Representative:** to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

**Respect for others:** to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

### 3.0 Membership

The Health and Social Care Bill mandates a minimum membership for Health and Wellbeing Board's. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and

expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out below:

<b>Prescribed Members</b>
<ul style="list-style-type: none"> <li>• Elected Members, Hartlepool Borough Council, including the Leader of the Council (4)</li> <li>• Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2)</li> <li>• Director of Public Health, Hartlepool Borough Council (1)</li> <li>• Director of Child and Adult Services, Hartlepool Borough Council (1)</li> <li>• Representatives of Healthwatch (2)</li> </ul>
<b>Other Members</b>
<ul style="list-style-type: none"> <li>• Chief Executive, Hartlepool Borough Council (1)</li> <li>• Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1)</li> <li>• Representative of the NHS England (1)</li> <li>• Representative of Hartlepool Voluntary and Community Sector (1)</li> <li>• <u>Representative of Tees Esk and Wear Valley NHS Trust (1)</u></li> <li>• <u>Representative from Cleveland Police (1)</u></li> <li>• <u>Representative of North Tees and Hartlepool NHS Foundation Trust</u> <u>Representative</u>-(1)</li> <li>• <u>GP Federation (1)</u></li> <li>• Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)</li> </ul>

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, ~~Police~~, Probation and other providers etc.

### **3.1 Chairing of the Health and Wellbeing Board**

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

## 4.0 Principles

All members of the Health and Wellbeing Board will strive to apply the following nine principles as established in the Community Strategy:

- Effective decision making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

## 5.0 Performance Management

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

Through the Health and Wellbeing Strategy the Board will fulfil its responsibility for delivering the Health and Wellbeing theme of the Community Strategy.

## 5.1 Information, advice and support

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

## 6.0 Developing capacity and capability

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

## 7.0 Engaging with stakeholders

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly effect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Engage with residents and promote the key strategies and plans for the Borough;
- iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the [Hartlepool Voluntary and Community Sector Strategy](#). The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

## **8.0 Operation of the Health and Wellbeing Board**

### **8.1 Attendance at meetings**

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

## **8.2 Appointment of Substitutes**

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

## **8.3 Declaration of Interests**

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

## **8.4 Meeting Procedures**

The Board will meet on a ~~six-weekly~~ quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

## **8.5 Decision making and voting**

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and

schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

## **8.6 Risk management**

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

## **8.7 Freedom of Information Act**

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

## 8.8 Public access to the Health and Wellbeing Board

All meetings of the Council's committees and sub committees are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters being considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

## 8.9 Secretarial Support arrangements

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

## 8.10 Sub-Groups and Task and Finish Groups

The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

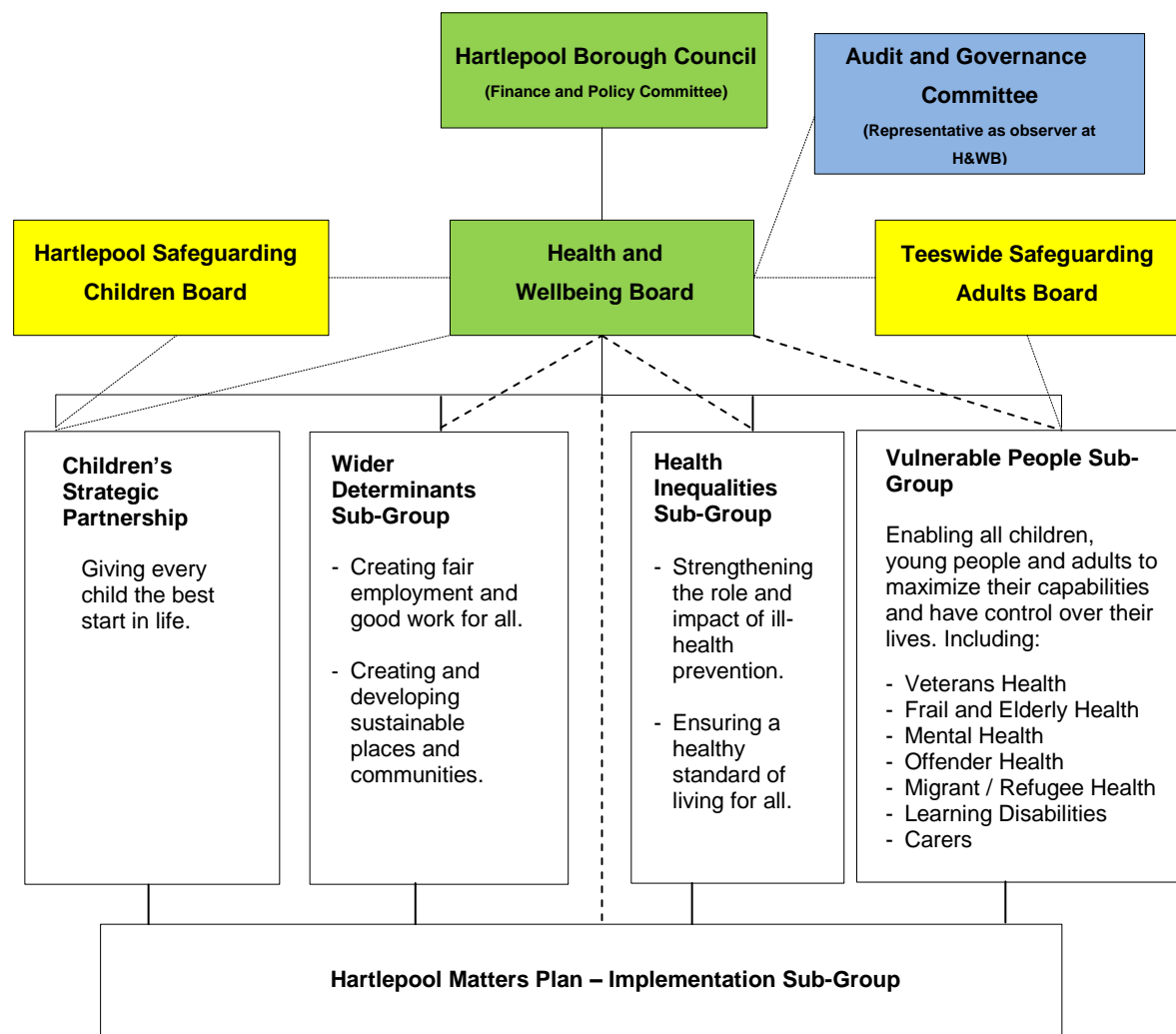
- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub groups are in place to support and feed into the Board. These sub groups (The Children's Strategic Partnership (CSP), Health Inequalities Sub-Group, Wider Determinants Sub-Group and Vulnerable People Sub-Group) will be the only regular sub-groups of the Health and Wellbeing Board. The



minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The membership of these task and finish groups would be decided by the Board, or sub-group. ~~and a Task and Finish Group~~ he group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



## 8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

## 8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

# 9.0 Engaging with other bodies

## 9.1 Health and Wellbeing Board (Stockton-on-Tees)

A joint meeting of the Health and Wellbeing Boards for Stockton-on-tees and Hartlepool will be held once a year to promote partnership working and the sharing of information / best practice.

## 9.2 Statutory Scrutiny

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

## 9.3 Hartlepool Safeguarding Children Board

The Hartlepool Safeguarding Children Board is a statutory partnership of local agencies who are working together to safeguard and promote the welfare of children and young people in Hartlepool.

The relationship between the Health and Wellbeing Board and the Hartlepool Safeguarding Children Board (HSCB) is one of mutual support, challenge and scrutiny. HSCB should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

#### **9.4 Hartlepool Teeswide Safeguarding Adults Board**

The Hartlepool Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Hartlepool Teeswide Safeguarding Adults Board (THSAB) is one of mutual support, challenge and scrutiny. THSAB should be instrumental in determining the requirements of the JSNA in terms of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

## QUESTION 1 - WHAT HAVE WE DONE THIS YEAR?

Have we been effective?	<p><b><u>YES</u></b></p> <ul style="list-style-type: none"> <li>i) Have raised profile of priorities.</li> <li>ii) Dementia Outcomes</li> <li>iii) Obesity:               <ul style="list-style-type: none"> <li>- Developed of a Healthy Weight, healthy Lives Strategy)</li> <li>- Board keeping subject live and monitoring implementation.</li> </ul> </li> <li>iv) Health and Homeless - Board seen as driver following peer review and action planned to come back to inform future strategy.</li> <li>v) Healthwatch Hartlepool - Asylum Seeker and Refugee Health Consultation Report – Effectively fed in independent piece of work.</li> <li>vi) CAMHS Transformation Locality Plan.</li> </ul> <p><b>Operational Activities:</b></p> <ul style="list-style-type: none"> <li>i) Use of ‘holding to account’ updates</li> <li>ii) Obesity:               <ul style="list-style-type: none"> <li>- Use of conference as an information resource /catalyst to strategy development.</li> <li>- Board keeping subject live and monitoring implementation.</li> </ul> </li> <li>iii) NHS Planning Process 2016/17 – Effective updates / communication.</li> </ul>	<p><b><u>NO</u></b></p> <ul style="list-style-type: none"> <li>i) Healthy Weight: Healthy Lives Strategy - Not sure things will happen because of Board.</li> <li>ii) Transforming Care</li> <li>iii) Immunisation - Haven't raised public knowledge</li> <li>iv) Scrutiny Investigation - Cardio Vascular Disorder</li> <li>v) Safeguarding Adults Board</li> <li>vi) Quality Premium.</li> <li>vii) Pharmaceutical Needs Assessment 2015:               <ul style="list-style-type: none"> <li>- Reported to board not able to influence.</li> <li>- Happened last minute, nothing to say as to note.</li> </ul> </li> </ul>
Have we made an impact?	<p><b><u>YES</u></b></p> <ul style="list-style-type: none"> <li>i) Raised the profile of:               <ul style="list-style-type: none"> <li>- Immunisation; and</li> <li>- Taxi accessibility issue.</li> </ul> </li> <li>ii) Health and Homeless - Next steps not known, if dealt with right it may have an impact.</li> <li>iii) Healthwatch Hartlepool Asylum Seeker and Refugee Health Consultation Report – H&amp;WB gained momentum across CCG and wider TV.</li> <li>iv) NHS Planning Process 2016/17 - Formed basis of draft submission to STP.</li> <li>v) Healthy Weight, Health Lives Strategy for Hartlepool – Instrumental to the development of the Strategy.</li> <li>vi) Immunisation – Have raised awareness</li> </ul>	<p><b><u>NO</u></b></p> <ul style="list-style-type: none"> <li>i) Presentation – Fire as a Health Asset – Raised awareness with the Board but no direct impact.</li> <li>ii) Pharmaceutical Needs Assessment 2015 – No impact from H&amp;WB</li> <li>iii) North East Urgent and Emergency Care Vanguard – Raised awareness with the Board but no direct impact.</li> <li>iv) Safeguarding Adults Board</li> <li>v) Scrutiny Investigation - Cardio Vascular Disorder</li> <li>vi) CAMHS Transformation Locality Plan</li> <li>vii) Transforming Care – North</li> </ul>

	<ul style="list-style-type: none"> <li>vii) Raised Taxi accessibility issue.</li> <li>viii) Dementia – Scrutiny Investigation</li> <li>ix) Joint Metal health Implementation Plan and Mental Health Update (Mixed impact)</li> </ul>	<p>East and Cumbria Fast Track Programme</p> <ul style="list-style-type: none"> <li>viii) Quality Premium</li> <li>ix) Joint Metal health Implementation Plan and Mental Health Update (Mixed impact)</li> <li>x) Difficult to see the difference made when we look at the figures – we need to see a real measurable difference! Need to set indicator to show progression.</li> </ul>
	<p><b>Examples of outcomes that <u>would</u> have occurred without the input of the H&amp;WB</b></p>	<p><b>Examples of outcomes that <u>would not</u> have occurred without the input of the H&amp;WB</b></p>
<p><b>Would it have happened without us?</b></p>	<ul style="list-style-type: none"> <li>i) Scrutiny Investigation - Cardio Vascular Disorder.</li> <li>ii) Healthwatch Investigation – Good practice Examples in care and support.</li> <li>iii) Healthwatch Hartlepool Asylum Seeker and Refugee Health Consultation Report</li> <li>iv) Immunisation.</li> <li>v) Scrutiny Investigation - Cardio Vascular Disorder.</li> <li>vi) CAMHS Transformation Locality Plan.</li> <li>vii) Safeguarding Adults Board</li> <li>viii) Transforming Care</li> <li>ix) Pharmaceutical Needs Assessment 2015</li> <li>x) Presentation – Fire as a Health Asset</li> <li>xi) North East Urgent Care Vanguard</li> </ul>	<ul style="list-style-type: none"> <li>i) Healthy Weight: Healthy Lives Strategy</li> <li>ii) Quality Premium</li> </ul>

	<ul style="list-style-type: none"> <li>xii) SEND Strategy</li> <li>xiii) Better Childhood Programme</li> <li>xiv) NHS Planning Process</li> <li>xv) Raised profile of key issues and taken action as partner agencies</li> <li>xvi) Dementia – Scrutiny Investigation</li> <li>xvii) Quality Premium</li> <li>xi) Joint Mental health Implementation Plan and Mental Health Update (Mixed impact)</li> </ul>	
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QUESTION 2

Challenges	Priorities	Focus for Next Year
<ul style="list-style-type: none"> <li>- Changing NHS services made clear.</li> <li>- Implementation of the Hartlepool Matters Plan:               <ul style="list-style-type: none"> <li>i) Integration</li> <li>ii) Out of hospital Services</li> </ul> </li> <li>- Health Issues / Inequalities:-               <ul style="list-style-type: none"> <li>i) Drug use among young people</li> <li>ii) Smoking</li> <li>iii) Alcohol</li> <li>iv) Obesity</li> <li>v) Respiratory (smoking)</li> <li>vi) Wider determinants (i.e. Jobs) – Difficult to impact</li> </ul> </li> <li>- Health service (organisational / service change).</li> <li>- There is a lack of ambition to live a long and healthy life. How do we influence this?</li> </ul> <p><b>Operational:</b></p> <ul style="list-style-type: none"> <li>- Trying to achieve very varied and multiple outcomes.</li> <li>- Set up of Board – less conducive to achieving aims.</li> <li>- Need more quick wins and intermediate outcomes.</li> <li>- Lots of groups mimic what we do - can we work collaboratively.</li> </ul>	<ul style="list-style-type: none"> <li>- Jobs (can we impact upon it?)</li> <li>- Need more quick wins and intermediate outcomes (Improve group morale and give us a better idea of how we are doing.</li> <li>- Childhood immunisation rates.</li> <li>- Childhood obesity – what's been done for outcomes?</li> <li>- Target group work – veterans/offenders/refugee</li> <li>- Longer Term - Create space to focus on 2 priorities.</li> <li>- To create ambition to:-               <ul style="list-style-type: none"> <li>i) Give children the best start in life</li> <li>ii) Live longer / active lives</li> </ul> </li> </ul> <p>How do we achieve this as part of the reviewed Health and Wellbeing Strategy?</p>	<ul style="list-style-type: none"> <li>- Achieve more quick wins and intermediate outcomes.</li> <li>- Implementation of the Hartlepool Matters Plan.</li> <li>- Gap analysis (original aims against what we are doing.</li> <li>- Themed meetings, inviting relevant cohort expert:               <ul style="list-style-type: none"> <li>i) Obesity</li> <li>ii) Veterans</li> <li>iii) Offender Health</li> <li>iv) Refugees / Asylum Seekers</li> </ul> </li> <li>- Statutory business separate to themed meetings.</li> <li>- More relatable statistics / informatics.</li> <li>- Longer Term - Create space to focus on 2 priorities.</li> <li>- Review the Health and Wellbeing Strategy including.</li> <li>- Introduction of an indicator to show progression.</li> <li>- Lots of groups mimic what we do - can we work collaboratively.</li> </ul> <p><b>Operational:</b></p> <ul style="list-style-type: none"> <li>- Review of minute format.</li> <li>- Introduction of newsletter.</li> <li>- Amend report layout to include reference to all sub groups and how the issue affects them.</li> <li>- Provide report / information narratives in numbers, rather than statistics (simplify – example 'Hartlepool as a village').</li> <li>- A joint meeting with the Stockton Health and Wellbeing Board (once a year).</li> </ul>

<b>QUESTION 3 - How do we improve (to increase the value and impact of what we do)?</b>		
	<b>Yes</b>	<b>No</b>
Is the existing Health and Wellbeing Board structure still fit for purpose?		i) Two of the sub-groups have never met. ii) No real targets. iii) Communication does not go both ways. iv) Set up of Board – less conducive to achieving aims
If not - how could it be improved?	i) Greater Flexibility - Board needs to set direction with greater use of sub-groups sub-group to focus on specific groups / issues and Task and Finish Groups. ii) Review of sub-groups to cover: <ul style="list-style-type: none"> <li>- Children</li> <li>- Obesity</li> <li>- Veteran Health</li> <li>- Offender Health</li> <li>- Refugees / Asylum Seeker Health</li> <li>- Smoking</li> <li>- Alcohol</li> <li>- Obesity</li> <li>- Respiratory (smoking)</li> <li>- Wider determinants of Health (i.e. Jobs) – Difficult to impact</li> </ul>	
Are there any gaps that now need to filling? I.e. refugees	i) Feedback from practitioners. ii) Need clear targets and timescales that are measurable. Need to set indicator to show progression. iii) Board needs to set direction with greater use of sub-groups / Task and Finish Groups. iv) Need to be more forward looking, with broader discussions. v) Needs to be more strategic and hold bodies to account (Challenge each other for improvement). vi) Need to involve practitioners and get feedback from them. iii) Production of a Health and Wellbeing Board Newsletter. iv) Set indicator to show progression.	



# HEALTH AND WELLBEING BOARD

5 December 2016



**Report of:** Director of Child and Adult Services

**Subject:** AGE RELATED DUAL SENSORY LOSS

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## 1. PURPOSE OF REPORT

- 1.1 To provide the Health & Wellbeing Board with information regarding residents of Hartlepool who are living with age related dual sensory loss.
- 1.2 To seek the support of the Health and Wellbeing Board for a proposal to improve awareness and equip key organisations with the skills and training necessary to identify and support people with dual sensory loss.

## 2. BACKGROUND

- 2.1 Hartlepool was one of the first Local Authorities to develop a Hearing Loss Strategy and this is in part due to the work of local groups and the support of key organisations whose aim is to champion the rights of disabled people.
- 2.2 In Hartlepool it is estimated that there are at least 520 people living with age related dual sensory loss, of which 36 have so far been identified. Research undertaken by SCENE Enterprises Community Interest Company (CIC) in the region estimates that the numbers may be significantly higher.
- 2.3 National statistics from the Centre for Education and Disability Research at Lancaster University suggest this is likely to increase by 60% by 2030 as people live longer.
- 2.4 The prevalence of co-occurring sight and hearing problems increases with age. For example those aged 75 years and older have a 1 in 3 likelihood of having a dual sensory impairment alongside other age related conditions
- 2.5 The Department of Health estimates that people aged over 75 are: 3.6 times more likely to have a stroke, 2.2 times more likely to have arthritis, 2.5 times more likely to have heart disease, 1.5 times more likely to have hypertension, 3 times more likely to have a fall, 2.7 times more likely to have depression.

- 2.6 Dual sensory loss affects people in many ways including:
- difficulty getting out and about and accessing the community;
  - difficulty accessing information;
  - difficulty communicating with those around them; and
  - increased loneliness and isolation as they withdraw from the world.
- 2.7 The Department of Health reports that older people with dual sensory loss condition will find that ,without support and intervention, it will be more difficult for them to stay fit and active, to eat and drink as well as they should, to stay in touch with others, to keep their minds active and to access important announcements and information.
- 2.8 In Good Hands (IGH) is a Big Lottery funded project managed by SCENE Enterprises CIC (a not for profit company). IGH is working with all 12 Local Authorities and all care providers in the North East and delivers free training and advice to staff. Their ambition is to support key stakeholders to improve uptake of training and build their capacity to identify and support these older people in our communities.
- 2.9 Evaluation of the project is being led by FUSE (the social and health policy research teams of the five northeast university) using the Social Return On Investment toolkit.
- 2.10 The Big Lottery Fund programme that funds IGH is Silver Dreams. Its aim is to fund projects that develop 'pioneering ways to help vulnerable older people deal more effectively with life-changing events'. The IGH project is one of only 10 funded Silver Dreams flagship projects in England. IGH's objective is to help equip the northeast to be the most well prepared region in England to identify and support older people with this age related condition. IGH aims to achieve this by building the capacity of all organisations providing support to older people by their raising awareness, providing free accredited training and skills courses, providing free expert advice and support, by developing models of effective provision.
- 2.11 IGH is already delivering a range of free training to adult social care staff in Hartlepool to ensure compliance with the Care Act 2014 and subsequent amendments. This training is benchmarked six monthly by the Social Care Institute for Excellence.
- 2.12 The background papers (see section 5) provide an overview of the training available.
- 2.13 The project is due to end in October 2017, and there are already plans to support roll out of the scheme nationally with an invitation to make a further bid to the Big Lottery Fund's Accelerating Ideas programme which sets out to support projects such as IGH to scale up and work over longer timescales. The intention of IGH if successful in its bid is to continue and consolidate the work in Hartlepool as well as a wider geographic rollout.

### **3. PROPOSALS**

- 3.1 IGH would like to roll out the free training and advice offer to all key stakeholders, including the NHS, emergency services and key voluntary organisations to ensure people have the right information advice and guidance necessary to support people with age related dual sensory loss.

### **4. RECOMMENDATIONS**

- 4.1 It is recommended that the Health and Wellbeing Board to support the proposal and encourage key organisations to sign up to dual sensory loss training.

### **5. BACKGROUND PAPERS**

IGH website:

<http://www.in-good-hands.org/>

IGH Foundation OCN Course:

[http://www.in-good-hands.org/?page\\_id=3243](http://www.in-good-hands.org/?page_id=3243)

IGH Deafblind Support Worker course:

[http://www.in-good-hands.org/?page\\_id=3241](http://www.in-good-hands.org/?page_id=3241)

IGH Acquired Communication Disorders (age related) Course:

[http://www.in-good-hands.org/?page\\_id=3245](http://www.in-good-hands.org/?page_id=3245)

IGH Specialist Assessor (Care Act compliant) Course:

[http://www.in-good-hands.org/?page\\_id=3247](http://www.in-good-hands.org/?page_id=3247)

SCIE website (re IGH):

<http://www.scie.org.uk/training/careact/assessment-eligibility/specialist-deafblind-assessor3.asp>

Department of Health Care Act Deafblind Guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/388198/Care\\_and\\_Support\\_for\\_Deafblind\\_Children\\_and\\_Adults\\_Policy\\_Guidance\\_12\\_12\\_14\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/388198/Care_and_Support_for_Deafblind_Children_and_Adults_Policy_Guidance_12_12_14_FINAL.pdf)

### **6. CONTACT OFFICER**

Neil Harrison  
Head of Service  
Child & Adult Services  
Hartlepool Borough Council  
Tel: 01429 52 3834  
Email: [neil.harrison\\_1@hartlepool.gov.uk](mailto:neil.harrison_1@hartlepool.gov.uk)