AUDIT AND GOVERNANCE COMMITTEE

AGENDA

Thursday 16 February 2017

at 10.00 am

in Committee Room B,
Civic Centre, Hartlepool.

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors S Akers-Belcher, Belcher, Cook, Hamilton, Harrison, Martin-Wells and Tennant.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting of the Committee held on 8 February 2017 *(to follow)*.

4. **AUDIT ITEMS**

   No items.

5. **STATUTORY SCRUTINY ITEMS**

   Health Scrutiny

   5.1 North Tees and Hartlepool NHS Foundation Trust - Quality Accounts 2016/17.

   (a) Covering Report – *Scrutiny Manager*

   (b) Presentation – *Representatives from North Tees and Hartlepool NHS Foundation Trust*

5.2 Sharing of Medical Records - MIG (Medical Interoperability Gateway):-

(a) Covering report – *Scrutiny Manager*

(b) Briefing note to stakeholders and press release

5.3 Six Monthly Monitoring of Agreed Scrutiny Recommendations - *Scrutiny Manager*

5.4 Healthwatch Hartlepool – Investigation Report into Patient Experiences of Dementia Diagnosis – *Representatives from Healthwatch Hartlepool*

5.5 Verbal Update - Communications Proposals for Urgent and Emergency Care – *Public Relations Manager*

Crime and Disorder

5.6 Safer Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*

6. **MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

6.1 To receive the minutes of the Health and Wellbeing Board held on 19 September, 17 October and 5 December 2016.

7. **MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

No items.

8. **MINUTES FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

8.1 Minutes of the meeting held on 21 October 2016.

8.2 Transforming Care – Respite Services Review – *Scrutiny Manager*

9. **MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

9.1 To receive the minutes of the Safer Hartlepool Partnership held on 29 July and 23 September, 2016.

10. **REGIONAL HEALTH SCRUTINY UPDATE**

No Items.

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

12. **LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006**

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006.

13. **STANDARDS ITEMS**

13.1 Consideration of Investigation Report – SC09/2016 – *Chief Solicitor and Monitoring Officer (para 1) (to follow)*

14. **ANY OTHER CONFIDENTIAL BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

FOR INFORMATION

Date and time of next meeting – Thursday 16 March 2017 at 10.00am in the Civic Centre, Hartlepool.

AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: Scrutiny Manager

Subject: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST – QUALITY ACCOUNTS 2016/17

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1. PURPOSE OF REPORT

1.1 To:

i) Introduce representatives from North Tees and Hartlepool NHS Foundation Trust (NTHFT) who will be in attendance at today's meeting to assist and inform discussions in relation to the Trust's Quality Accounts for 2016/17; and

ii) Seek views / comments from the Committee for inclusion in the Committee's draft Third Party Declaration in relation to the Trust's Quality Account for 2016/17.

2. BACKGROUND INFORMATION

2.1 The Health Act 2009 (Part 1/Chapter 2/Section 8) requires that all providers of NHS healthcare services produce an annual Quality Account, containing prescribed information relevant to the quality of the services they provide.

2.2 As part of the process for the development of these accounts, there is a legal requirement to involve Overview and Scrutiny Committees from each local authority in the formulation, and submission, of third party declarations. The NTHFT's Quality Account's have been considered annually by the Audit and Governance Committee (A&G). Details of the comments made by the Audit and Governance Committee in relation to the Quality Account for 2015/16 are attached at **Appendix A** for Members information.

2.3 Responsibility for the formulation of the Councils third party Declaration falls within the remit of the Audit and Governance Committee and in taking forward the formulation of the Draft Declaration, a presentation will be given at today's meeting by representatives from NTHFT. The presentation will:-

i) Reflect on NTHFT's Quality Account for 2015/16 leading into 2016/17; and

ii) Engage with Members of the Committee in terms of the Trust's Quality Account for 2016/17, outlining details of:

- The key priorities;
- The Quality Account Marketplace Event;
- Timescales; and
- Lessons from previous years.

2.4 The NTHFT representatives present will be available to provide clarification and assistance, as required, and in considering the information provided the Committee is asked to formulate views and comments for inclusion in the draft Third Party Declaration. The draft declaration will then be utilised in conjunction with the draft version of the NTHFT Quality Accounts (2016/17), timetabled for March 2016, to finalise the Committee's Third Party Declaration. Given the timescale for the development and submission of the declaration, following today's presentation approval is sought for the finalisation of the draft declaration to be delegated to the Chair of the Committee in consultation with the Scrutiny Manager.

2.5 To assist the Committee, a copy of the current Quality Account (2015/16) has been provided for information. Given the size of the document, copies can be found in the Members room and on line with the papers for this meeting.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee:-

(i) Consider the presentation, seeking clarification on any issues from the representatives from North Tees and Hartlepool NHS Foundation Trust present at today's meeting; and

(ii) Formulate comments on the information presented at today's meeting, which will be used to contribute to the formulation of the third party declaration.

(iii) Delegate finalisation of the draft declaration to the Chair of the Committee in consultation with the Scrutiny Manager

Contact Officer:- Joan Stevens, Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(a) Minutes of the meeting of the Audit and Governance Committee held on 11 February 2015

(b) The Health Act 2009 (Part 1, Chapter 2, Section 8)

Appendix A

Hartlepool Borough Council – Audit and Governance Committee's Third Party Declaration

Hartlepool Borough Council's Audit and Governance Committee on the 11th February 2016 considered the North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2015/16, with the following comments made for inclusion in the Committee's Third Party Declaration:-

An update on the new indicator for mortality was provided to the Committee, which included the care coding culture and the national measures of SHMI (Summary Hospital-level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratio). Members were informed that the HSMR and SHMI values for the Trust were above the national average but more investigative work was being undertaken to identify why, with a view to reduce these. Members expressed concern at the higher than national average mortality rates. The Committee noted that the Trust indicated that the number of deaths in North Tees and Hartlepool hospitals was reducing and becoming closer to the national mean number. The Committee requested comparison information for NHS Trusts of a similar catchment size for the HSMR and SHMI rates. This information could not be considered by the Committee before the Quality Account deadline due to Purdah restrictions.

Members were informed that there had been a number of issues around the documentation and recording of data used in the calculations of HSMR and SHMI rates. Members noted that there had been a lot of work undertaken to look at good practice and improvements made, which included the recording of information more appropriately.

Regarding maternity services, Members expressed concern that women were being influenced to have their babies at North Tees Hospital, which was consultant led rather than Hartlepool Hospital which was midwifery-led. The Committee noted that the choice of where to give birth was with the prospective parents, subject to clinical advice. Members were informed that the Trust representatives would look into this matter to ensure women were given all the information necessary to make an informed choice.

The Committee commented on the excellent work being undertaken to support patients with dementia. Members were informed that there were Dementia Support Teams working out of the Hospital, within communities, to ensure patients were discharged safely. The local pharmacists were fully supportive of the work and contributed to it by managing medication requirements.

The implementation of the Friends and Family questionnaires was questioned. The Committee noted that all friends and family of patients discharged from hospital should be given a questionnaire as part of their individual discharge package. It was suggested by the Committee that the distribution and retrieving of the questionnaires should be monitored more rigorously to ensure that feedback was received from the majority of people. In addition to this, it was suggested that if feedback was not received then this should be explored further. The Committee requested a

breakdown of the Friends and Family questionnaires on a ward by ward basis to determine if there were any ward specific issues. This information could not be considered by the Committee before the Quality Account deadline, due to Purdah restrictions.

The Committee sought clarification on the staff surveys undertaken and questioned staff morale. Members were informed that staff were surveyed regularly and staff focus groups had been implemented for specific issues. As the surveys were anonymous it was not always easy to identify specific issues, but the Trust were very open to listen to staff and undertook significant engagement with all employees.

AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: Scrutiny Manager

Subject: Sharing of Medical Records - MIG (Medical Interoperability Gateway)

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1. PURPOSE OF REPORT

1.1 To inform the Audit and Governance Committee of the rollout of the Medical Interoperability Gateway (MIG), which is a an electronic system enabling health and care professionals providing a patient with treatment to view a summary of their GP held medical records, with their consent.

2. BACKGROUND INFORMATION

2.1 With each patient's informed consent, information will be available during periods of care to NHS healthcare providers including hospitals, mental health services, out-of-hours doctors and the ambulance service.

2.2 This will include the sort of details that are already shared using slower and less reliable methods. Instead of phone calls and letters, the new system will make the same information available electronically in a view-only format.

2.3 This could include details of medical conditions, medication, operations and treatment, tests that have been requested or carried out, and contact details for next of kin or other carers. It will not contain information about sensitive discussions the patient may have had with their GP.

2.4 The stakeholder briefing and press release, attached as item 5.2(b) of today's agenda outlines the following:-

- Benefits of sharing information
- Keeping patient records secure
- Patient choice
- Timescales
- Looking further ahead
- Who is leading this work?
- What they say: comments from people already using the system

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee note the information.

Contact Officer:- Joan Stevens, Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Date: 20 January 2017

Press Release

New digital system set to improve healthcare

A new digital system for accessing patient records is set to be rolled out across the North East region over the coming months, helping medical professionals to provide better, safer emergency care for local people.

The Medical Interoperability Gateway (MIG) system, which is expected to be operating across the region by April 2017, provides secure, real-time access to a summary of GP-held records for emergency doctors, nurses and paramedics, so that they can make potentially life-saving decisions with easy access to up-to-date medical records.

Dr Kai Sander, Clinical IT Lead and Caldicott Guardian at NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)] said: “This is an important step towards improving emergency care, with clear safeguards in place to ensure patients’ information is secure and safe.

“Health and care professionals will be able to access the most up to date and accurate information quickly and easily, meaning they can offer better advice and safer, more effective care. Less time will be wasted getting hold of medical records, and patients will spend less time answering the same questions more than once.

“In some cases, this will mean not having to be admitted to hospital, or being able to leave sooner.”

The MIG – which is already used in parts of the region – is being rolled out across the North East with support from the North East Urgent and Emergency Care Network and its partners.

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

For information, photographs and interviews, please contact **Judith McGuinness**,
Senior Communication Officer
on **01642 745019** or by e-mail: **judith.mcguinness@nhs.net**

Teesdale House, Westpoint Road, Thornaby, Stockton TS17 6BL

The electronic system will include the sort of details that are already shared using slower methods of communication, like phone calls and letters. The patient will be asked by the healthcare professional caring for them for consent to access their record.

This could include details of medical conditions, medication, operations and treatment, tests that have been requested or carried out, and contact details for next of kin or other carers, but will not contain information about sensitive discussions the patient has had with their GP. If a patient chooses to opt out, the information will not be available to health and care professionals.

The view-only system will be available during periods of care to NHS healthcare providers including hospitals, mental health services, out-of-hours doctors and the ambulance service.

Dr Sander added: "We believe this will bring real benefits, for both patients and health professionals, with safer care, fewer repeated tests and a reduction in emergency admissions – for example when surgeries are closed and information may not be available.

"Clinicians already using the system have reported a lot of benefits, but we do understand that some patients will have concerns, so we are keen to help people find out more and make an informed decision.

"Patients can choose to opt out of the system, and health and care professionals will ask for consent to access a patient's record.

"The system is secure and encrypted, and it keeps a record of everyone who has accessed a patient's information. It will be regularly audited to make sure that records are only accessed by professionals who need to see them.

"This is an important first step towards our vision for a Great North Care Record, which can further improve care through better use of technology over time."

Everyone in the region will be included in the initiative if they do not choose to opt out. Anyone who is happy to be included will not need to take any action.

Any patient who would like to discuss any concerns or find out more can do so by:

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

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- Calling the Great North Care Record helpline on 0344 811 9587
- Emailing gncarerecord@nhs.net
- Visiting www.greatnorthcarerecord.org.uk

The project is supported by CCGs, NHS Trusts, out-of-hours GP services, North East Ambulance Service and GP practices across the North East, with regional support from the North East Urgent and Emergency Care Network and Connected Health Cities.

Ends

Note to reporters: see over for Frequently Asked Questions

Great North Care Record: Frequently asked questions

What is the Great North Care Record?
At the moment, every health care organisation holds a different set of records about you. Information in different records may be duplicated or incomplete.

The Great North Care Record initiative will provide access for health and care professionals to view your electronic medical records that will over time include a range of healthcare information to help improve the care you receive in the North East. The first step in this process is rolling out the Medical Interoperability Gateway (MIG) system, which provides secure, real-time access to a summary of GP-held records for emergency doctors, nurses and paramedics, so that they can make potentially life-saving decisions with easy access to up-to-date medical records.

Why do you need to share my health records?
The aim of the Great North Care Record is to support you with safer, more joined up care and to give health and care professionals access to more accurate and consistent information across all services, in turn releasing more time to offer continuity of care for patients. We want to ensure that with each patient's informed consent, your information is available at the point you receive care to other NHS healthcare providers including hospitals, mental health services, out-of-hours doctors, NHS 111 and the ambulance service. Information is already shared by phone and paper records and the Great North Care Record will allow this to happen more efficiently and securely.

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Can I choose who can view my Great North Care Record?
Yes. Your consent will be sought prior to your record being viewed at the point of care. We are only sharing commonly asked for information (e.g. medications you have been prescribed, test results) and have put safeguards in place so that only people directly involved in your care will have access to it. Your consent will then be recorded by NHS staff, and available for audit and review by both primary and secondary care.

Where do I give consent?
You can give consent to health and care professionals at a range of health services where you are receiving care including Emergency Department (formerly A&E) and out-of-hours services. eg: If you fall ill and need treatment at Emergency Department (formerly A&E) the doctor or nurse may need to know more about you; including what medication you are taking or if you have any allergies. They will ask for your permission to view your Great North Care Record.

How do I know my records are kept safe?
By law, everyone working in, or on behalf of the NHS, must respect your privacy and keep all information about you safe. The Great North Care Record will be viewed via a secure and encrypted system that meets NHS security standards. The system keeps a record of everyone who has accessed a patient record, the time and date when they accessed it and the information they were viewing. The laws on data protection are clear and we take them very seriously. We regularly check to make sure that only people who need to see your patient record are viewing it.

Is record sharing happening in other parts of the country?
Yes. Patient information sharing has been successfully implemented in many areas such as Bristol, Liverpool, Nottingham and Leeds. By building on success in other areas, the local NHS wants to improve the way healthcare staff communicate using existing technology and information to deliver safer healthcare in this area.

The Great North Care Record is a local project covering the North East and North Cumbria. In the main, this means that the sharing is limited to this area, but if a patient lives on a border and has treatment in a hospital outside the North East and North Cumbria, then it makes sense for clinicians treating them to be able to see their information if they have a legitimate reason and if they have the systems to do so.

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

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Who can amend or add information to my Great North Care Record?
It is a 'view only' system, and only shows information from your existing general practice health record within the North East.

Can anyone see my records?
Your medical records will still be confidential. They will only be looked at by people who are directly involved in your care. Doctors, nurses and other health and care professionals rely on good communication with their patients – and with each other – to provide the best care possible.

We won't share your information with anyone who doesn't need it to provide treatment, care and support to you. Your details will be kept safe and won't be made public, passed on to a third party who is not directly involved in your care, used for advertising or sold.

Why is my information not shared electronically already?
Historically, different parts of the NHS have had their own paper records and information is exchanged using letters, telephone calls and faxes.

The ability to store health information digitally and provide access to it means the NHS is now starting to transform the way it handles this information. This initiative is part of that process and we believe it will improve the quality of care you receive and reduce the amount of time spent by staff tracking down accurate, up-to-date information.

When will you start sharing this kind of information electronically?
Some areas of the North East, such as Northumberland and North Tyneside, are already live with the system. There will be a phased introduction in other parts of the region during the second half of 2016 and 2017.

What sort of information will be available?
The information we will make available will include the kind of details that different health teams are often sharing already through telephone calls, letters and faxes. All it will do is make the information available electronically in a view-only format.

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

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The types of information include:

- Medication and any changes to it made by a clinician
- Medical conditions
- Operations/treatment received
- Contact details for next-of-kin and others involved in care
- Tests that GPs or hospital clinicians have requested or carried out
- Appointments (past and planned) and recent visits to the Out of Hours GP and Minor Injury Units.

As treatment within the NHS develops, this will allow clinicians to improve the quality of your health and care services, ensuring they are safe, effective and well managed. Details of any new developments will be publicised by your local Clinical Commissioning Group, with further detailed provided at www.greatnorthcarerecord.org.uk.

Who will have access to my records?
Just like existing controls on healthcare information, staff will only have access if they have a legitimate reason to do so and it is directly relevant to the treatment you are receiving at the time.

We will use a secure, encrypted system which will keep a record of everyone who has viewed your record, when they accessed it, and what information they were viewing. Access to shared care information is audited and unauthorised access by a member of NHS staff is a serious offence which would lead to disciplinary action.

Will everyone who has access be able to see all my information?
No. Access will only be given to an agreed set of local health and care professionals and they will only be able to view information appropriate to their role.

How will you prevent the information being used inappropriately?
NHS healthcare information, like all confidential patient data, will not be made public, used for advertising or sold. Existing codes of conduct for NHS staff mean they must respect patient privacy and keep all information about patients safe. Failure to do so would be viewed as a serious offence by the Information Commissioner's Office.

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

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Could information be shared more widely?
The Great North Care Record initiative is working to bring together separate medical record systems, rather than creating a new system. It would provide a snapshot of records from elsewhere in the care system.

Use of this information is already governed by regulations to protect patient confidentiality. The NHS understands the importance of keeping your details safe, and takes security of confidential information very seriously.

Qualified staff are also regulated by their own professional codes of conduct which state that confidential patient data should not be accessed without an appropriate reason, made public, used for advertising or sold.

Although extremely rare, there are times when information can be passed on. These apply to existing electronic and paper systems as well as any future developments through the Great North Care Record, and include occasions when personal data is disclosed for the purposes of crime prevention or taxation, (which is exempt under the Data Protection Act 1998), or to protect individuals or society from the risk of serious harm, such as serious communicable diseases or serious crime. This is subject to guidance for clinical staff from the General Medical Council. More information is available at www.greatnorthcarerecord.org.uk.

Will I be asked every time a health professional wants to view my information?
If a GP refers you to a service (for example, for a hospital appointment or an assessment), it will be assumed that you are happy for the health professional caring for you to view relevant information to help them provide the best care.

If, however, someone is seen as an emergency (in the Emergency Department or by an out-of-hours GP, for example) the clinician must ask for permission (where the patient is capable of giving it) before viewing patient information.

What if I have concerns?
Any patient who would like to discuss any concerns or find out more can do so by:

- Calling the Great North Care Record helpline on 0344 811 9587
- Emailing gncarerecord@nhs.net
- Visiting www.greatnorthcarerecord.org.uk

Issued by the Communication and Engagement Team for the North of England Commissioning Support Unit (NECS) on behalf of Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

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NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

MIG (Medical Interoperability Gateway) implementation
Briefing note to stakeholders

Introduction

NHS organisations across the North East are working together to deliver better, safer care through improved digital record sharing. The first step towards this long-term vision of a Great North Care Record - taking place over the coming months – is the rollout of the Medical Interoperability Gateway (MIG).

The MIG is an electronic system enabling health and care professionals providing a patient with treatment to view a summary of their GP held medical records, with their consent. If a patient has chosen to opt out of sharing their GP record, information will not be available for the NHS professional to review.

With a range of different solutions and technical issues across the region to date, this will have the marked advantage of bringing every part of the North East up to a common basic standard of information-sharing, with significant benefits both for patients and health professionals.

As a patient, that means the specialists providing your care can see the right information at the right time, so that they can manage your care better.

Benefits of sharing information

If health and care professionals can access the most up to date and accurate information quickly and easily, they can give the patient better advice and safer, more effective care.

Patients will spend less time answering the same questions that they have already been asked in other parts of the system – and should only have to tell their story once.

For some people, this could mean avoiding admission to hospital, or reducing the time spent in a hospital bed.

24-hour access to a summary of medical records can also reduce the time wasted by doctors on checking details from multiple sources, and reduce delays to treatment if, for example, a GP practice is not open at the time to confirm the patient's current medications.

A patient's data will only be used when health and care professionals are caring for them. Professionals will ask the patient for consent to view their record.

Clinicians already using the system report benefits including reduced delays in emergency care, safer clinical decision-making, with the assurance of accurate information, fewer repeated tests and investigations, and a reduction in emergency admissions – for example when surgeries are closed and information may not be available.

What sort of information does this include?

With each patient's informed consent, information will be available during periods of care to NHS healthcare providers including hospitals, mental health services, out-of-hours doctors and the ambulance service.

This will include the sort of details that are already shared using slower and less reliable methods. Instead of phone calls and letters, the new system will make the same information available electronically in a view-only format.

This could include details of medical conditions, medication, operations and treatment, tests that have been requested or carried out, and contact details for next of kin or other carers. It will not contain information about sensitive discussions the patient may have had with their GP.

Keeping patient records secure

MIG provides a secure, encrypted electronic system, with real-time access to eliminate wasteful and slow phone calls, letters and faxes that are currently used to check medical information.

Tried and tested in several areas across the North East and beyond, the MIG is a practical solution saving clinical time throughout the healthcare system, as well as improving the patient experience.

By law, everyone working in, or on behalf of the NHS has a duty to respect patient privacy and keep all patient information safe. The new system will be viewed through a secure, encrypted and audited system that meets stringent NHS security standards and government legislation including The Data Protection Act.

The system keeps a record of everyone who has accessed a patient record, as well as the time and date when they accessed it, and the information they were viewing. The laws on data protection are clear and we will regularly check to make sure that only people who need to see your record are viewing it.

Patients can be assured that their records will only be used when health and care professionals are caring for them and will be asked for consent to view their record. If

a patient has already chosen to opt out of sharing their GP record, information will not be available to review.

Appropriate information sharing governance agreements will be in place through the Information Sharing Gateway.

Patient choice

We know that some patients will have concerns about information-sharing, and we are keen to provide as much help and support as possible so that people can make an informed decision if they are concerned.

GPs are highlighting the right to opt out, either through information on practice websites, letters directly to patients who have previously opted out of NHS data sharing initiatives, or other means. This includes outlining the benefits of being part of the scheme, while offering clear details of how to opt out, if that is the patient's wish.

Leaflets and posters will also be distributed locally by CCGs (via GP practices) and the initiative will be promoted via local press releases too. In addition, CCGs will engage with Healthwatch and community and voluntary organisations in their respective areas to ensure that local stakeholders feel able to respond to concerns and direct questions helpfully.

Any patient who would like to discuss any concerns or find out more can do so by:

- Calling the Great North Care Record helpline on 0344 811 9587
- Emailing gncarerecord@nhs.net
- Visiting www.greatnorthcarerecord.org.uk

Everyone in the region will be included in the Great North Care Record initiative if they do not choose to opt out. **Anyone who is happy to be included will not need to take any action.**

Under the Data Protection Act, all patients can of course ask to see any information held about them. To do this, a patient would need to contact the organisation(s) providing their care.

Timescales

In Hartlepool and Stockton-on-Tees the preparations to roll out the MIG started during November 2016, with the system expected to be rolled out from February 2017.

During February, NHS Hartlepool and Stockton-on-Tees CCG will engage with Healthwatch, community and voluntary organisations as above.

It is anticipated that the MIG rollout (with the listed organisations & settings shown in Section 3) will be rolled out from February with a view to completion by the end of March 2017. Work is in progress to expand from A&E to full Trust-wide viewing and

there will be further engagement with practices and viewing organisations to take this forward.

Looking further ahead

We know that technology is changing fast. In the future, there is much more we can do to improve the patient experience and the care we provide through having better information-sharing in place.

Patients will of course have the right to opt out of information- sharing at any stage, though we feel strongly that it will bring real benefits for patients and staff alike.

Who is leading this work?

As a regional project, this initiative is supported by CCGs, NHS Trusts, out-of-hours services, mental health trusts, North East Ambulance Service and GP practices across the North East. At a regional level it is supported by the North East Urgent and Emergency Care Network and Connected Health Cities.

Significant progress has already made towards data-sharing in parts of the region, such as Northumberland, Gateshead and North Tyneside, and the regional roll-out is making use of their good practice and the work already completed in those areas. NHS Hartlepool and Stockton-on-Tees CCG have made significant progress with the early sharing of records with Social Care. There is an agreement in principle and work is progressing well. This will not happen immediately in other areas.

What they say: comments from people already using the system

“After six months of the MIG, our wards are spending less time on administrative tasks and more time with patients. On average, we are spending 71% less time on the phone to GPs. It takes just three minutes to check drug history and allergies, which is a much safer way of giving care.”

Craig Tilley, Lead Pharmacist, EPMA, Blackpool Teaching Hospitals

“When a patient is unable to clearly communicate their medications to an Emergency Department physician or pharmacist, the MIG can save 20 minutes – for both the ED and the surgery – that would otherwise be spent checking primary care records. But the main thing is a significant safety improvement that cannot be underestimated.”

Mark Thomas, Director of Health Informatics, Northumbria Healthcare NHS Foundation Trust

An evaluation of MIG use in the Rushcliffe area of Nottinghamshire found that:

- All clinicians felt the MIG had improved safety and avoided potential incidents
- 92% felt the MIG had enabled them to improve their overall care for patients
- 67% thought they could now clinically assess patients more quickly
- 75% felt the MIG had helped with prescribing or referral decisions
- Nearly all respondents found the MIG user-friendly, with minimal training needed

(Source: Nottinghamshire Health Informatics Service)

Ends.

AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED SCRUTINY RECOMMENDATIONS

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1. PURPOSE OF REPORT

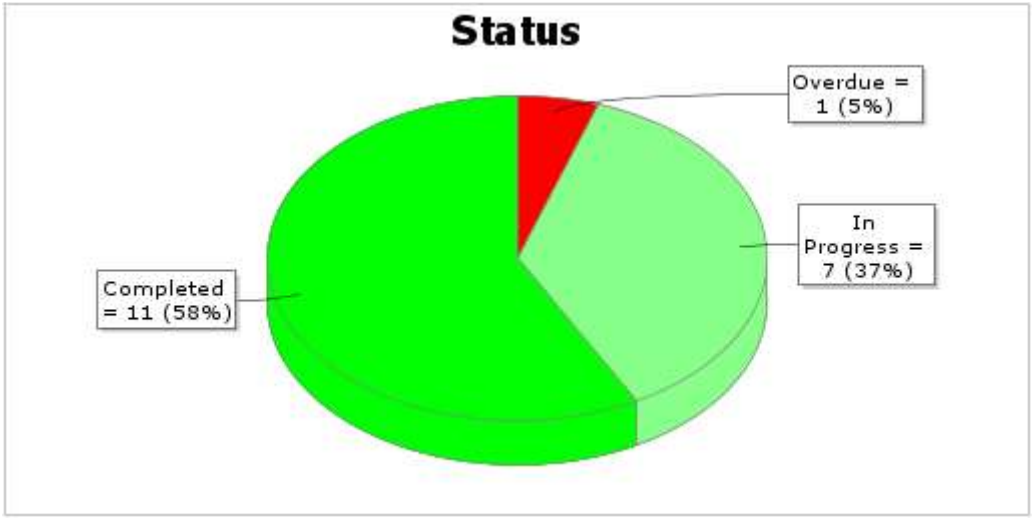
1.1 To provide Members with the six monthly progress made on the delivery of scrutiny recommendations that fall within the remit of this Committee.

2. BACKGROUND INFORMATION

2.1 This report provides details of progress made against the investigations undertaken by this Committee in the 2014/15 and 2015/16 Municipal Year. **Chart 1** (overleaf) provides a detailed explanation of progress made against each scrutiny recommendation since the last six monthly monitoring report was presented to this Committee in September 2016.

Audit and Governance Committee - Health and Crime and Disorder

Generated on: 13 January 2017



Year 2014/15
Investigation CVD

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/3e/i That the Council continue to raise awareness of CVD by:- (i) Continuing to offer the Healthy Heart Check to Council staff;	SCR-HS/3e/i	Further NHS Health Check opportunities to be promoted with HBC staff across all sites utilising nurse bank and mobile health improvement service.	Steven Carter	31-Mar-2017	31-Mar-2017	05-Jan-2017 The Tees Valley Public Health Shared Service, which previously provided the Healthy Heart Check programme, was dissolved in December 2016 therefore no further community or workplace healthy heart check events can be provided at this time. The mobile health improvement service (Families First Health Bus) will continue to offer healthy heart checks to eligible members of the public and workplaces until March 2017 when the contract will be reviewed. 06-Oct-2016 A further 44 Healthy Heart Checks carried out at Middleton Grange Shopping Centre (MGSC) in July and awaiting data from Families First on health bus checks. A further event will take place at MGSC on 25 November for National Carer's Rights Day supported by the Health Bus, but due to uncertainties surrounding the Tees Valley Public Health Shared Service, no further community health check events are currently planned involving the nurse bank. The health bus will continue to offer healthy heart checks to eligible members of the public and workplaces until March 2017 when the contract will be reviewed.	75% In Progress
SCR-HS/3e/ii That the Council continue to raise	SCR-HS/3e/ii	To be arranged with NEAS as part of Community	Steven Carter	31-Mar-2016	31-Dec-2016	05-Jan-2017 NEAS have agreed to provide an emergency first aid and defib awareness training	75% Overdue

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
awareness of CVD by:- (ii) Encouraging Council staff to become CPR trained		Defibrillation programme – awaiting dates for training.				course for Civic Centre staff and parish council areas where this has not already taken place. Training dates TBC in early 2017. 06-Oct-2016 Training dates for HBC staff and parish councils to be arranged via NEAS	
SCR-HS/3f/i That the Health and Wellbeing Board:- (i) Encourage businesses across Hartlepool to install defibrillators within their workplace and register the defibrillators with NEAS	SCR-HS/3f/i	Businesses involved in Better Health at Work Award to be approached initially. Several businesses already have defibs in place but exercise is needed to confirm registration with NEAS.	Steven Carter	31-Mar-2017	31-Mar-2017	05-Jan-2017 Defibs to be installed at Hartlepool Cricket Club and West Hartlepool Rugby Club in early 2017. Further locations to be identified. 06-Oct-2016 Further roll-out of defibs agreed by F&P in July. Locations to be identified - currently supporting Hartlepool Cricket Club (West Park / Ward Jackson area).	75% In Progress

Year 2015/16
Investigation Access to Transport for people with a disability

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disbilities to access, as and when, with a exploration of the following areas, Identification of	SCR-HS/4a/i/i	A consortium of local buisnessmen were considering the option of developing and investing in a local scheme to support local citizens, however following due diligence they concluded that there was little evidence to suggest it would be successful or cost neutral.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 Consortium agreed this was not a viable option. no furhter meetings planned	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
the actual number of people affected							
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disbilities to access, as and when, with a exploration of the following areas, Identification of the actual number of people affected	SCR-HS/4a/i/ii	One private provider is keen to purchase a vehicle has experience of transporting adults with a disability and is keen to use this experience to set up an alternative travel service.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 Update reported to adult services committee, provider intends to purchase vehicle.	100% Completed
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disbilities to access, as and when, with a exploration of the following areas, Identification of the actual number of people affected	SCR-HS/4a/i/iii	Community Travel Clubs - Clubs can be established in geographical areas by a number of community groups, Transport Champions or Parish Councils ect to consider the travel needs of individuals within their community. The travel club will determine the needs of its members and the Local Authority can provide the service required.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 bid to department of health communities fund submitted to support 2 schemes to develop in Hartlepool.	40% In Progress
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club	SCR-HS/4a/i/iv	The Council Passenger Transport Service has a variety of vehicles available to support the scheme, ranging from 67 seat coaches, 33 seat bus and 17 seat	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 information on community travel club is on the Hartlepool now website.	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
for people with disbilities to access, as and when, with a exploration of the following areas, Identification of the actual number of people affected		minibuses, including vehicles suitable for those using mobility aids. These vehicles will be available to travel clubs outside of school travel times, evenings and weekends.					
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disbilities to access, as and when, with a exploration of the following areas, Identification of the actual number of people affected	SCR-HS/4a/i/v	The transport provision will be flexible and delivered on a demand lead basis across a varied geographical area. The cost of each journey will be predetermined and shared between the patrons using the service.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 awaiting the outcome of a bid submitted to the department of health, communities fund.	50% In Progress
SCR-HS/4a/i That a mapping exercise be undertaken to explore the viability of a travel membership club for people with disbilities to access, as and when, with a exploration of the following areas, Identification of the actual number of people affected	SCR-HS/4a/i/vi	There is interest from a provider operating a Patient transport service in Durham (NHS-transport) has a number of vehicles and volunteer drivers, they are keen to explore options to extend into Hartlepool.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 Bid submitted on behalf of the organisation to support service to expand into Hartlepool.	50% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HS/4a/ii That a mapping excercise be undertaken to explore the viability of a travel membership club for people with disabilities, with a exploration of the following areas,(ii) Membership fees for those accessing the service.	SCR-HS/4a/ii	An adult meets the eligibility criteria if their needs arise from or are related to a physical or mental impairment or illness; as a result of those needs the adult is unable to achieve two or more of the outcomes specified below and as a consequence there is, or is likely to be, a significant impact on the adult's well-being. The specified outcomes are: - Managing and maintaining nutrition; - Maintaining personal hygiene; - Managing toilet needs; - Being appropriately clothed; - Being able to make use of the adult's home safely; - Maintaining a habitable home environment; - Developing and maintaining family or other personal relationships; - Accessing and engaging in work, training, education or volunteering; - Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services;and	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 Eligibility criteria explained in report to adult services committee, guidance is issued on both the dept of health website nad Hartlepool now.	100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
		- Carrying out any caring responsibilities the adult has for a child.					
SCR-HS/4a/iii That a mapping excercise be undertaken to explore the viability of a travel membership club for people with disabilities,with a exploration of the areas, (iii) Funding from Budgets, the CCG and NTHFT to towards the running of the service.	SCR-HS/4a/iii	Head of Service agreed to work in partnership with prospective organisations to pull together a lottery bid to pump prime the running of a service.	Neil Harrison	21-Jul-2017	21-Jul-2017	13-Jan-2017 Bid submitted for £70,000 to support 2 new services to be established in Hartlepool.	100% Completed
SCR-HS/4a/iv That a mapping excercise be undertaken to explore the viability of a travel membership club for people with disabilities to access, as and when required, with a detailed exploration of the following areas, (iv) The use of volunteer drivers.	SCR-HS/4a/iv	Meeting held with 'We are Supportive' 150 volunteer drivers in Durham, subsidised service funded by public health and Durham CCG, company is keen to expand into Hartlepool.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 meetings held, bid revised and submitted to department of health	100% Completed
SCR-HS/4b That the potential of accessing/expanding existing Charity run schemes in the region be	SCR-HS/4b/i	RSVP (Retired and Senior Volunteer Program) runs many driving schemes across the UK which provide free or low-cost door-to-	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 details of the scheme to be uploaded onto Hartlepool now	20% In Progress

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
explored.		door service for older or more vulnerable people.					
SCR-HS/4b That the potential of accessing/expanding existing Charity run schemes in the region be explored.	SCR-HS/4b/ii	NEAS - Ambulance Car Service Drivers (ACS) are volunteers who use their own vehicles to help with the transportation of patients to and from hospitals and clinics, thereby leaving ambulances free for emergencies and for patients too ill to travel by car. Over 150 volunteers helping out throughout the North East. Volunteers are not paid for their time, however they do receive out of pocket expenses for their mileage.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 details of the service to be added to Hartlepool now	50% In Progress
SCR-HS/4c/i As part of the review of transport services at NTHFT;(i) A request is made to provide a hospital shuttle bus that is wheelchair accessible and can be used at all times including peak periods;	SCR-HS/4c/i	Contact made with Brian Chrisleow, facilities manager at NT&HFT; Highlighted the recommendations in the report and propsal that a WAV be considered when procuring hospital transport.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 report, action plan and recommendations shared with NT&H NHS FT 13-Jan-2017 -- enter new status update --	100% Completed
SCR-HS/4c/ii As part of the review of transport services at NTHFT;(ii) Explore whether the	SCR-HS/4c/ii	Scheme already runs alongside the NEAS passenger transport service and volunteer ACS drivers scheme.	Neil Harrison	31-Jul-2017	31-Jul-2017		100% Completed

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress
service could be included in a wider partnership scheme, such as the travel club.							
SCR-HS/4d Examine whether a pre-bookable service could be put in place to provide transport to GP/hospital/dental appointments which is co-ordinated and booked by the health service, when appointments are made;	SCR-HS/4d/i	Meeting held with Tracie Jacobs (H&ST CCG) and John Davidson (CEO) 'We are supportive' who operate a Health Appointment Car Scheme (HACS) across Durham funded by Public health and CCG. The service is keen to expand into Stockton and Hartlepool.	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 bid submitted to support expansion of scheme into Hartlepool	100% Completed
SCR-HS/4e In relation to the Patient Transport Service, ensure that the assessment criteria includes arrangements for carers to travel with patients and that this is implemented on all journeys when needed;	SCR-HS/4e/i	Discussed and shared the report with CCQ and NT&HFT	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 report shared	100% Completed
SCR-HS/4f Explore the potential of any financially viable options for drivers and taxi companies to	SCR-HS/4f/i	Discussion with local Transport Provider willing to provide a WAV vehicle. Provider has done some estimated costs of running a	Neil Harrison	31-Jul-2017	31-Jul-2017	13-Jan-2017 discussion held bid submitted	100% Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
provide wheelchair accessible transport along with the potential of any available funding streams.	service; Provider agreed to await the outcome of further work to ascertain future demand.					

3. RECOMMENDATIONS

i) That Members note progress against the agreed recommendations and explore further where appropriate.

4. REASONS FOR RECOMMENDATIONS

4.1 In order for Members to continue to monitor the progress of Scrutiny recommendations.

5. BACKGROUND PAPERS

(a) Report of the Scrutiny Support Officer entitled 'Six Monthly Monitoring of Agreed Scrutiny Recommendations' presented to the Audit and Governance Committee on 1 September 2016.

6. CONTACT OFFICER

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AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: HEALTHWATCH HARTLEPOOL

Subject: HEALTHWATCH HARTLEPOOL INVESTIGATION INTO PATIENT EXPERIENCE OF DEMENTIA DIAGNOSIS

1. PURPOSE OF REPORT

1.1 To inform the Audit and Governance Committee of the outcomes of the recent investigation into patient and carer experience of dementia diagnosis processes undertaken by Healthwatch Hartlepool, see **Appendix 1**.

2. BACKGROUND

2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed an Executive committee, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk

2.2 The asylum seeker and refugee consultation was included in the 2015/16 work programme of Healthwatch Hartlepool as a result of some concerns raised with us regarding access to and provision of health related services to members of this community.

3. PROPOSALS

3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views

known to those involved in the commissioning, provision and scrutiny of health and social care services.

- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents and service users.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services together with choice in relation to aspects of those services.
- Represent the views of the whole community, patients and service users on the Health & Wellbeing Board and the Hartlepool Clinical Commissioning Group (locality) Board.
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion.
- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with recommendations, if for example urgent action were required by the CQC).
- This report will be made available to all partner organisations and will be available to the wider public through the Healthwatch Hartlepool web site.

4. EQUALITY & DIVERSITY CONSIDERATIONS

4.1 HealthWatch Hartlepool is for adults, children and young people who live in or access health and/or social care services in the Borough of Hartlepool. HealthWatch Hartlepool aims to be accessible to all sections of the community. The Executive committee will review performance against the work programme on a quarterly basis and report progress to our membership through the 'Update' newsletter and an Annual Report. The full Healthwatch Hartlepool work programme will be available from www.healthwatchhartlepool.co.uk

5. RECOMMENDATIONS

5.1 That the Audit and Governance note the contents the HealthWatch Hartlepool Dementia Diagnosis Patient Experience Report and consideration is given to recommendations contained within.

6. REASONS FOR RECOMMENDATIONS

6.1 The recommendations are based on findings from the consultation events and subsequent discussions.

7. BACKGROUND PAPERS

7.1 None

8. CONTACT OFFICER

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ORCEL Centre
Wynyard Road
HARTLEPOOL
TS25 3LB

Healthwatch Hartlepool Investigation into Patient Experience of Dementia Diagnosis

Update Report

September 2016

MISSION STATEMENT

"Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard."

Contents of the Report

1. Background

1.1 Over recent years at both national and regional levels, there have been few issues and conditions that have attracted as much interest and coverage as dementia. It is estimated that around 850,000 people in the UK are living with dementia and that a further 700,000 are providing care and support to people with the condition.

1.2 Dementia is an umbrella term for a range of conditions which impact upon the functioning of the brain. The most common types are Alzheimer's disease and vascular dementia; less common forms include Lewy bodies and frontotemporal dementia.

1.3 Dementia is not a normal part of aging and will affect people differently. Symptoms can include problems with memory, thinking, concentration and language. One may become confused, have changes in mood, behaviour and emotion.

1.4 Recognition has also been given to the importance of achieving timely assessment for possible dementia. Diagnosing dementia, and the type of dementia someone has is important. It will ensure that people with dementia get the right support and treatment quickly and can plan for the future.

1.5 In most cases the person's G.P is the first person to be contacted and if dementia is suspected a referral will be made to a memory clinic or specialist. G.P's will also routinely ask certain patients who are at high risk of developing dementia whether they are concerned about their memory. This includes patients with Parkinson's disease, those who are over 60 and have diabetes or a heart condition and those with a learning disability.

1.6 However, making a diagnosis of dementia can be difficult, particularly at the early stages as there is no one simple test for the condition and symptoms can be very similar to many other common conditions.

1.7 There is also considerable evidence that despite the headway that has been in developing "dementia friendly" communities, there is still considerable fear of a diagnosis of dementia. This can have a profound effect on the willingness of individuals to acknowledge that there may be a problem and to seek help from their G.P.

1.8 As with many other conditions, early diagnosis of dementia can have a positive impact on how the progress of condition is managed and on the quality of life of the patient, their family and carers.

1.9 Recent government figures suggest that at both local and national levels there have been significant improvements in diagnosing dementia and in developing subsequent care pathways. This report looks at dementia diagnosis in Hartlepool from the perspective of both G.P practices and patients, their families and carers. A copy the NICE Dementia Pathway guidance is shown in Appendix 2.

2. Methodology

2.1 Healthwatch Hartlepool decided to look at the issue of dementia diagnosis as part of its ongoing interest in the provision of dementia care and treatment services.

2.2 Also, despite indications that diagnosis rates in the Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) area were improving, concerns were identified that some patients were reluctant to acknowledge that they were experiencing memory problems due to stigma (perceived or otherwise) associated with the condition.

2.3 In November 2015 questionnaires were sent to all G.P surgeries in Hartlepool. The questionnaire asked about the process the individual practices followed with patients from a possible problem being identified through to diagnosis and ongoing treatment and support.

2.4 In total, eight practices returned the questionnaire, a copy of which, together with a summary of the responses received can be found at Appendix 1.

2.5 At the same time we also visited Caroline Ryder-Jones from TEWV who described the work which is undertaken through the Memory Clinic with patients who have been referred to them from G.P's and by other means.

2.6 Finally, a series of discussions took place with individuals and groups of patients and carers who have recent experience of dementia diagnosis. In total, we spoke to more than 30 patients and carers but encountered some difficulties finding people who were willing to talk openly about their experiences.

3. Findings

3.1 G.P Feedback

(i) Generally, we received a positive impression of the dementia diagnostic services provided by the eight practices who returned questionnaires. It must be said however, that overall, practices were slow to respond and despite several reminders only 50% of the practices in the town returned the questionnaire.

(ii) There was a clear indication that all surgeries undertake preliminary examinations and screening of patients if dementia is suspected. This includes blood and urine tests as well as basic memory tests (such as the 6 CIT test). Some Practices said that patient history and general mental health were also considered.

(iii) Several practices said that they had detailed discussions with patients/carers /family members at this stage and consent was gained to investigate further.

(iv) All practices indicated that a referral to the Memory Clinic would be made once initial tests had been concluded and results indicated that further investigation was needed.

(v) On receiving confirmation of a dementia diagnosis from the Memory Clinic, most practices indicated that the patient was added to their Dementia Register and would subsequently be called to an annual dementia review meeting. Most practices also said that they would be involved with other agencies in planning subsequent nursing and social care inputs.

(vi) Most practices said that dementia diagnosis had shown a slight increase in the previous two years. They also commented that patients were generally more aware of the condition and its symptoms and therefore more prepared to request screening at an earlier stage. Some also commented that greater awareness was also leading to relatives and carers being more likely to raise concerns.

(vii) In general, practices are promoting awareness and the importance of early diagnosis through surgery based information and discussions during consultations. It was also reported that national publicity is also helping to raise awareness levels.

(viii) Some practices said that patients were waiting slightly longer to access Memory Clinic appointments but overall, waiting times were not seen as excessive and all practices were of the opinion that diagnostic and treatment services have improved.

(ix) All practices that responded have provided staff training around dementia and in most cases this has included administrative and reception staff. Some reported using e-learning packages and others said that staff received annual dementia updates and that the issue was regularly discussed at team meetings.

(x) Some practices reported offering newly diagnosed patients care planning meetings which recognise the individual nature of each patient's dementia and seek to develop care packages which are right for that person. Patients are also encouraged to bring a relative or carer to review meetings whenever possible.

(xi) Most practices also reported that they have made attempts to make surgeries dementia friendly with examples being the use of easy read signage and introducing longer appointments.

(xii) Practices also reported that systems were in place to flag up patients who were at particularly high risk of dementia. In some practices patients with Learning Disabilities were offered dementia screening as part of their annual health check although some difficulties were reported in administering the 6 CIT test.

3.2 Patient/Carer/Family Feedback

(i) Around 30 patients, carers and family members with recent experience of the dementia diagnosis process have input into our investigation. This has been through one to one discussions and larger focus group events. We are extremely grateful to all those who have taken time to speak to us and their input is are extremely valuable.

(ii) Gathering information has proved to be quite difficult and on occasions people have been reluctant to talk about their experiences. We feel that this indicates that despite the enormous amount of excellent work that has happened over recent years aimed at raising awareness and understanding of dementia, it is still a condition which some patients are reluctant to talk about.

(iii) It is often said that each person with dementia will have their own individual experience of the condition. Our investigation indicates that this can also be said about the experiences individual patients have during the diagnostic process. The feedback we received from G.P's shows that broadly similar diagnostic processes are being followed and that pathways which leads to a referral to the Memory Clinic are fairly consistent. However, the point at which diagnosis occurs and the emotional, psychological and personal impacts on individuals vary greatly.

(iv) Some patients reported that they thought they had dementia before they spoke to their G.P –
"I know the signs and knew I had it even before I went to see my doctor"

For others it came as a complete surprise and in some cases was picked up as a result of other medical inputs.
"I went for an eye test and the optician said I should see my G.P"

(v) Some patients reported that a significant issue or event had caused them to consult their G.P -
"I was driving home from work after a training day. I got to a roundabout and could not remember what to do"
Others said that friends or relatives had noticed changes before they had themselves, and on occasions, a significant period of time could pass before they raised concerns with their G.P.

(vi) In all cases, both patients and family members reported that this was a particularly stressful time for all concerned and in most instances the referral to the Memory Clinic was triggered by the G.P although one patient said that their referral had happened via the hospital and two others said that they were referred following a stay in Sandwell Park.

(vii) Both patients and family members reported that generally once a referral to the Memory Clinic happened, the appointment came through quickly.

(viii) The diagnosis process is extremely stressful for patients and their families and carers. Concerns were raised by some patients about information and communication during the diagnosis process and in some instances poor communication had increased stress and anxiety –
"I felt that the way I was given my diagnosis was insensitive……I felt like there was no hope at all"
"I still don't know what type of dementia I have and what can be done"
"It was one of the most stressful times of my life"
However, some patients reported that communication had been good and they were kept well informed at all stages.
"My G.P was good, I was referred quickly and he kept me well informed".

(ix) Some patients reported that their individual diagnosis had taken several months to complete. This was most common among those patients who had experienced the onset of dementia in their 50's or early 60's. It was reported that in such cases G.P's had initially looked to rule out other conditions before dementia was considered. In one instance a patient reported that their initial diagnosis had been for depression and that they had gone through a very traumatic period before their dementia was properly diagnosed.
"It took an age to get my diagnosis …….and I am still not sure what it all means"

(x) Patients and family members often reported that they had been given information verbally and in written form but had found it too much to take in and retain at the time and consequently were now unclear about their diagnosis and how the condition was likely to develop.

(xi) The impact on carers and family members can be immense both during diagnosis and subsequently. During the course of our investigation we heard many powerful accounts of the life changing impact the condition has on individuals, carers and family members.

(xii) Several patients and family members reported that their decision to see their G.P had been made following a visit to The Bridge where they were given information and advice about dementia and the importance of early diagnosis. Feedback regarding the Bridge and the work it does in supporting individuals with dementia and their families and carers, was extremely positive.

(xiii) Some patients commented that they had received very little post-diagnosis support from their G.P. Most surgeries who returned questionnaires indicated that patients with dementia will have an annual health check during which their condition is reviewed. They also reported that patients could also see their G.P at any time by appointment if needed.

4. Conclusions

4.1 Overall there was evidence that diagnosis and associated procedures have improved across the G.P practices that returned questionnaires. Awareness levels amongst all staff appear to have improved and staff training on dementia awareness now happens routinely in most Practices. This includes administrative and reception staff as well as well as G.P's and nurses. However, service development in this area is still a "work in progress" and there is still scope for further improvement.

4.2 Diagnosis of dementia for an individual, their family and carers is still an extremely difficult and traumatic process. There was evidence that some patients and their families feel that there is still a stigma attached to the condition and this can impair their willingness to seek help and support at an early stage.

4.3 Much has been done to address some of the misconceptions and prejudice around the condition, but more is needed if the ambition of creating truly "dementia friendly communities" is to become a day to day reality.

4.4 Concerns were raised by some patients about the level of ongoing support they received once diagnosed. This suggests that improvements could be made to this aspect of ongoing care and consideration given as to how understanding can be checked at diagnosis.

4.5 Evidence was presented by those with dementia and family members and carers which showed that communication processes at all stages of diagnosis can be problematic. We acknowledge and accept that due to the nature of the condition and the stressful nature of diagnosis, communication can be difficult. However, it is not acceptable for patients to be unclear about any aspect of their diagnosis and its implications for the future. Every effort should be made to ensure that all parties are kept fully informed, and as far as is practicably possible have understood all aspects of diagnosis and ongoing implications.

4.6 Patients who had experienced the onset of dementia at an early age more frequently reported problems and delays in reaching a diagnosis of their condition, and in one instance the patient had been incorrectly treated for depression for a period of time. In some instances these patients also found it hard to accept and come to terms with the diagnosis as the condition was seen as "something that only happens to old people". We accept that our sample group is relatively small but it does seem to indicate that some further work is needed in order to develop the support received by this age group during diagnosis and beyond.

4.7 Communication between G.P's and the Memory Clinic in most instances appear to be working reasonably well and as stated earlier the introduction of The Bridge Centre has been extremely helpful in providing additional information and support to patients and family members.

5. Recommendations

5.1 That the findings and conclusions above are noted and acted upon by all relevant parties and that Healthwatch Hartlepool continues to monitor the ongoing development of patient experience of service delivery in this area.

6. Acknowledgements

Healthwatch Hartlepool would like to thank all organisations and individuals who have provided our members with information and hospitality during the course of this investigation; their help has been invaluable.

Healthwatch Hartlepool
Dementia Diagnosis and Pathways Questionnaire

1) When a patient comes for a consultation, and describes/displays symptoms which suggests dementia as a possible/probable prognosis how would you proceed?
*A template such as a G.P log is used to assess and depending on the results of this patient will be offered blood tests for dementia screening including calcium, vitamin B12 and folates. A referral to memory services would also be initiated depending on results.
*Look at patient history, duration of issues and mental state. If further examination needed, bloods and ECG.
*Do basic assessment as per Tees Dementia Screening.
Ask if patient has any concerns with memory. If yes ask patients consent to assess. Undertake GPCOG if consent given. Depending on score, bloods and urine taken and refer to Memory Clinic. Also discuss with family/carer.
*Discuss if the patient would like to proceed further. Gain consent to screen/investigate. Establish if the patient has capacity to make decision.
*GP takes a detailed patient history, particularly around symptoms associated with dementia. Clinician does CIT scoring test, if return score over 8 patient is referred to Memory Clinic.
*Check bloods/MMT screening and refer to Memory Clinic (2)
2) At what stage would a patient be referred to the Memory Clinic in order to access, diagnosis and support?
*As soon as concern is expressed or identified.
*If there is demonstrable cognitive impairment on MMT
*If score 8 or more on test will be referred.
*If the screening test showed referral appropriate and all tests have been completed.
*Once tests have been completed an assessment is done
*Following investigation and mental state examination a referral is made to Memory Clinic.
*If symptoms and or results of blood tests and GP log show possibility of diagnosis patient is referred.

3) What ongoing involvement do you have with the patient regarding their condition once they have accessed the Memory service regarding their memory condition?
*Annual review as a minimum standard or earlier if needed. Blood test also done annually or sooner if needed.
*Depends on risk factors and patients circumstances, eg living independently, in a care home etc.
*Annual review, medication request.(2)
*Would deal with any medical problems as we normally do and await feedback from Memory Clinic. Arrange any nursing or social service interventions as appropriate.
*Provision of medication under shared care guidance. All patients with dementia diagnosis has it placed on their medical record. Other primary care services as normal.
*If a patient is diagnosed they will be added to our practice dementia register. They will be invited for yearly dementia reviews and the relevant GP will create a dementia care plan. As always patients have open access to GP's.
*Followed up in routine clinics after we receive results from the Memory Clinic. Added to practice dementia register.
4a) Over the last two years has the level of dementia diagnosis at your practice changed, if so please quantify?
*Increased due to improved screening and awareness. Also patients more forthcoming.
*Yes, increased.(2)
*Unable to say for certain.
*Yes 1% more.
*2014 80.9 (Q4), 2013 83.7, National average 62.06
*Patients have requested screening more as more aware so yes.
*This has increased due to our quality improvement scheme. Patients with certain chronic diseases such as stroke/PVD or diabetes over 60 or COPD, Downs Syndrome records flagged to carry out tests if any concerns.
4b) Are patients raising memory related concerns with you at an earlier stage, and if so why?
*Yes, the subject of dementia is more frequently mentioned and patients are asked routinely whether they have any problems,

which is highlighting issues at an earlier stage
*Yes, more concern around memory, can investigate more quickly and reach diagnosis.
*Yes possibly due to TV coverage.
*Have not seen any particular increase. Practice has increased screening/prompts to patients. We have flagged patient records who have learning disabilities and other high risk groups.
*Yes carers are also raising more concerns. More awareness of the issue generally.
*Often relatives of patients raise concerns. Patients are often concerned about raising memory problems for fear of what the diagnosis may be.
Yes – More awareness
4c) Has the time it takes for patients to access the Memory clinic changed, if so please quantify?
*Waiting time increased due to volume of referrals.
*Don't know 4
*Couldn't say for certain but since start of enhanced service and quality improvement schemes relating to dementia, the number of referrals has most likely increased leading to longer waiting times.
*Patients referred are seen fairly quickly.
5) In your opinion, over the last two years, have diagnostic and subsequent treatment services for patients with dementia – • **Improved Greatly 2** • **Improved a little 6** • **Stayed the Sane** • **Have become a little worse?** • **Have become a lot worse?**
6a) What steps have been taken at your Practice to improve staff awareness and understanding of dementia and challenge associated stigma?
*Included in staff training programmes
*All patients considered to be more at risk of memory problems have alerts coded to their records. This prompts clinical staff to carry out 6CIT test. All relevant staff receive required training to help keep them up to date with patient needs.

*Staff raise problems encountered. If changes in patient behaviour are noticed they are raised.
*Arranged training for reception and administrative staff in April 2016.
*Annual updates and regular discussion at Practice meetings.
*Using dementia e-learning package
We have recently signed up to have training for all staff to become Dementia Friends. This will run in 2016.
6b) Please give details of any mandatory training which clinical and administrative staff undertake around dementia ay your Practice?
*All practice staff undergo Adult safeguarding training. The G.P's also have training in mental health capacity each year. G.P's and Practice Nurses also attend time out sessions on dementia. (2)
*E-Learning training has been undertaken by few. Will ensure all staff (including admin) undertake dementia e-learning in coming months.
*Yearly dementia updates
*Access online training via Time Out. Attend town wide training session for GP's/Nurses
*G.P's attend regular updates as required. All nursing and admin staff have access to electronic training modules and time to complete training
*Time out sessions, lunch and learn and dementia with lewy bodies.
7) What steps have you taken to promote the importance and benefits of early diagnosis and care?
*G.P's carry out cognitive tests routinely
*Posters/leaflets are displayed.
*Undertook the 2014/15 Dementia DES. Flagged with wall charts in consultation rooms.
*Increased screening/prompts to patients and flagged patient records in high risk groups.
*Discuss any problem with patient and relatives.
*Early intervention – diagnosis – treatment – better care
*We signed upto a quality improvement scheme aimed at

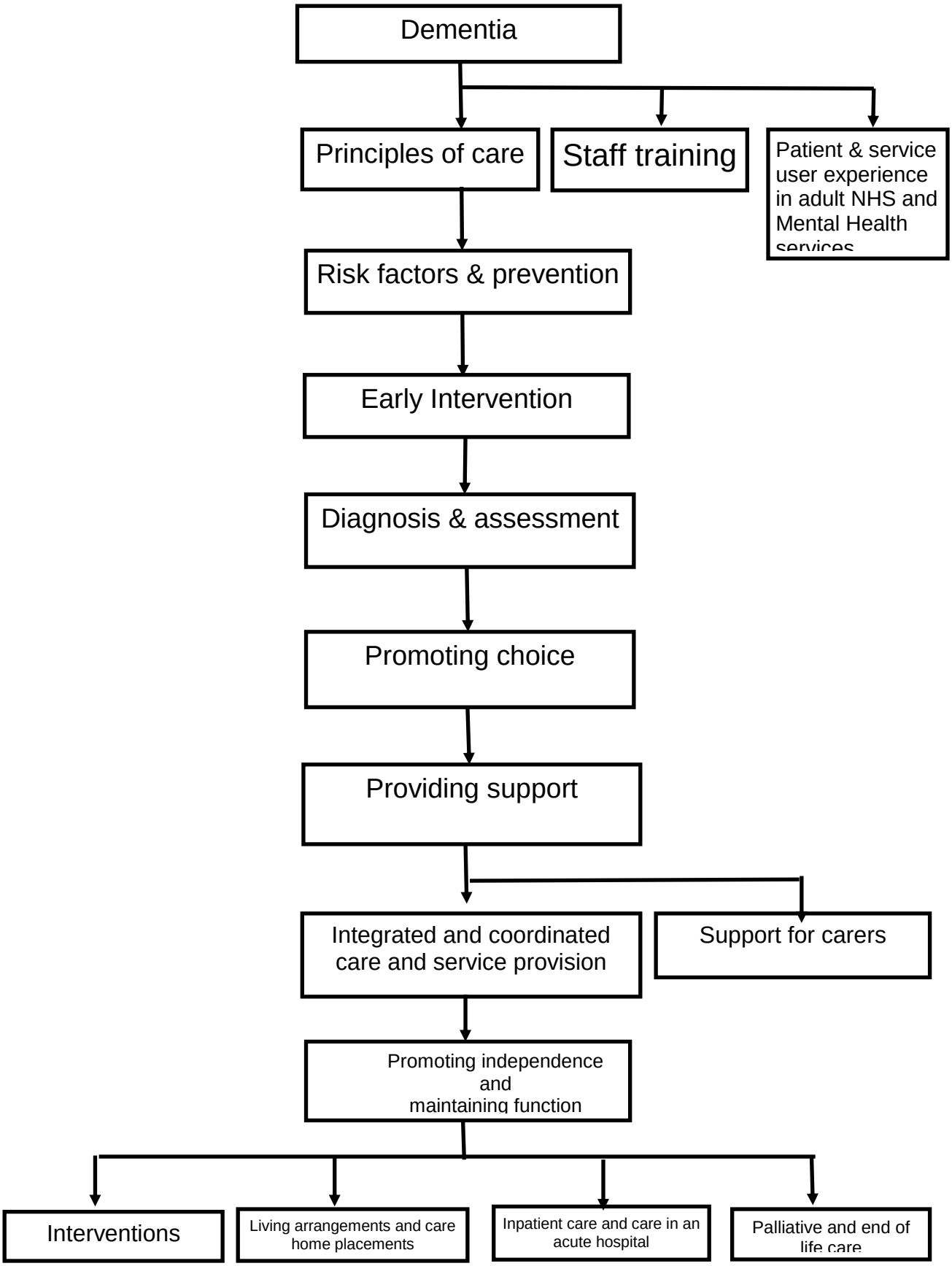
facilitating early diagnosis and support for dementia patient.
8) What steps do you take to ensure that patients and carers are included in all stages of diagnostic and subsequent treatment pathways?
*Care plans are developed and carers identified
*It's been Practice policy to include patients and their carers in all stages of diagnostic and subsequent treatment pathways for better outcomes. We believe in providing a holistic outcome.
*Regularly update them with dedicated clinics at surgery
*Patients newly diagnosed are offered care planning meeting. Carer/family is offered health check if our patient to assess their needs. All patients with dementia are offered annual dementia reviews.
*Active involvement encouraged as with all conditions. Patient centred and specific to the individual.
*As part of the dementia care plan a named relative is included on plan. Patients attending for dementia review are always advised to bring a relative or friend to their appointments.
*Patients with firm diagnosis are followed up by Memory Clinic offered support.
9) How is ongoing assessment and care planning agreed and co-ordinated with patients, carers, memory clinic and other agencies?
*Emergency healthcare plans in place in home environment.
*Diagnosed patients attend yearly reviews of their care plans with named G.P. Practice has encountered some issues with secondary care agencies, often long waiting time to receive care plans from care homes etc.
*Patients are seen annually at practice or at home to review care plan along with carer or family member were appropriate.

10) What steps have been taken within your Practice to ensure your surgery is "dementia friendly" in the following areas -
Physical Environment
*We are a small surgery on one level, we use easy read signage to access clinical rooms

*New premises.2
*L.D/Dementia friendly signage
***Physical access to surgery is easy. Open access to G.P's means patients can be seen when needed.
Signage
*Easy read signage and leaflets are available.2
*We are working on it
*New purpose built premises2
*Posters in waiting room could be improved.
Appointment Systems
*Longer appointments if required with G.P. Also 30 minute health check with nurse for all dementia patients.
*Flexible timewise, and reminders sent.
*Extended appointments are available
*Fully triaged appointment system with phone/online access. Exceptions list for direct booking of patient appointments for those with other needs.
*Open access to G.P's
11) How do you ensure that patients with Learning Disabilities and sensory loss do not go undiagnosed and unsupported regarding the onset of dementia?
*Increased awareness, follow up complaints, clinical decisions
*Annual review for these patients with pro-active memory assessment if needed.
*G.P's have found it very difficult to conduct 6 CIT on patients with LD as they often don't understand the purpose of the test. Raising concern in next Practice meeting with LD team.
*Offered annual physical medical checks to patients with LD, opportunistic screening.
*Annual assessment3
*Patients over the age of 50 with LD have a flag on their records to show they are at risk of developing dementia. Clinicians raise this issue opportunistically and offer screening if appropriate.
12) Have you any comments or suggestions as to how diagnostic and treatment pathways could be improved in any way?
*Continue with awareness training for all.

*Early appointments at Memory Clinic.
*Improve communication and planning with other agencies, maybe get together every three months and discuss patients.

Appendix 2 (taken form NICE Dementia Pathway guidelines)



AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP PERFORMANCE

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1. PURPOSE OF REPORT

1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2016 to September 2016 (inclusive).

2. BACKGROUND

2.1 The Community Safety Plan 2014-17 published in 2014 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators.

2.2 The report attached **(Appendix A)** provides an overview of Safer Hartlepool Partnership performance during Quarter 2, comparing current performance to the same time period in the previous year, where appropriate.

3. PROPOSALS

3.1 No options submitted for consideration other than the recommendations.

4. ASSETT MANAGEMENT CONSIDERATIONS

4.1 There are no asset management considerations associated with this report.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations associated with this report.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations associated with this report.

7 STAFF CONSIDERATIONS

7.1 There are no staff considerations associated with this report.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality or diversity implications.

9. SECTION 17

9.1 There are no Section 17 implications.

10. RECOMMENDATIONS

10.1 That the Audit and Governance Committee note and comment on partnership performance in Quarter 2.

11. REASONS FOR RECOMMENDATIONS

11.1 The Audit and Governance Committee has within its responsibility to act as the Councils Crime and Disorder Committee and doing so scrutinise the performance management of the Safer Hartlepool Partnership.

12. BACKGROUND PAPERS

12.1 The following backgrounds papers were used in the preparation of this report:-

Safer Hartlepool Partnership – Community Safety Plan 2014-17

13. CONTACT OFFICERS

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Safer Hartlepool Partnership Performance Indicators – Quarter 2 - 2016/17

Strategic Objective: Reduce Crime & Repeat Victimisation

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
All Recorded Crime	8133	Reduce	2321	**286**	**14.1**
Domestic Burglary	333	Reduce	100	**19**	**23.5**
Vehicle Crime	567	Reduce	151	**36**	**31.3**
Shoplifting	1246	Reduce	314	**-9**	**-2.8**
Local Violence	1821	Reduce	576	**102**	**21.5**
Repeat Incidents of Domestic Violence – MARAC	45%	Reduce	22%	**-11**	**-23**

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	653	3% increase	659	**-39**	**-5.6**
Proportion of substance misusers that successfully complete treatment - Opiate	4.1%	12%	6.1%	**-**	**-0.8**
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	25%	10%	16.5%	**-**	**4.2**
Reduction in the rate of alcohol related harm hospital admissions	126	Reduce	50	**16**	**47**
Number of young people found in possession of alcohol	31	Reduce	0	**-12**	**-100**

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Anti-social Behaviour Incidents reported to the Police	6705	Reduce	2136	**224**	**11.7**
Deliberate Fires	421	Reduce	128	**4**	**3**
Criminal Damage to Dwellings	532	Reduce	168	**31**	**23**
Hate Incidents	129	Increase	50	**13**	**35**

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Re-offending rate of young offenders	1.7	Reduce	1.5	**-0.2**	**-11.8**
First-Time Entrants to the Criminal Justice System	35	Reduce	11	**1**	**10.0**
Offences committed by Prolific & Priority Offenders	343	Reduce	121	**-121**	**-35.3**
Number of Troubled Families engaged with	307	530	407		
Number of Troubled Families where results have been claimed	35	168	91		

Recorded Crime in Hartlepool April 16 – June 16

The Office for National Statistics (ONS) has developed a new approach to presenting crime statistics to help ensure a clearer, more consistent picture on recorded crime for the public.

Previously, national organisations (i.e. ONS, HMIC, and the Home Office through the police.uk website) have taken slightly different approaches to the way that they categorise groups of crime types and to the labels they use to describe those categories.

Following a public consultation, a new crime "tree" (the crime types organised into a logic tree format, see link below) has been devised and this will now be used on the crime and policing comparator to present recorded crime and solved crime information.

Victim-based crime

All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular

individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

Publicly Reported Crime				
Crime Category/Type	**Jul - Sep 15**	**Jul - Sep 16**	**Change**	**%**
Violence against the person	**474**	**576**	**102**	**21.5%**
Homicide	0	0	**0**	**N/A**
Violence with injury	231	246	**15**	**6.5%**
Violence without injury	243	330	**87**	**35.8%**
Sexual Offences	**52**	**54**	**2**	**3.8%**
Rape	17	17	**0**	**0.0%**
Other Sexual Offences	35	37	**2**	**5.7%**
Robbery	**9**	**12**	**3**	**33.3%**
Business Robbery	**1**	**1**	**0**	**0.0%**
Personal Robbery	**8**	**11**	**3**	**37.5%**
Acquisitive Crime	**917**	**1009**	**92**	**10.0%**
Domestic Burglary	81	100	**19**	**23.5%**
Other Burglary	97	107	**10**	**10.3%**
Bicyle Theft	47	58	**11**	**23.4%**
Theft from the Person	9	8	**-1**	**-11.1%**
Vehicle Crime (Inc Inter.)	115	151	**36**	**31.3%**
Shoplifting	323	314	**-9**	**-2.8%**
Other Theft	245	271	**26**	**10.6%**
Criminal Damage & Arson	**425**	**462**	**37**	**8.7%**
Total	**1877**	**2113**	**236**	**12.6%**

Other crimes against society

All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state.

The rates for some crime types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

Police Generated Offences				
Crime Category/Type	**Jul - Sep 15**	**Jul - Sep 16**	**Change**	**%**
Public Disorder	**64**	**89**	**25**	**39.1%**
Drug Offences	**57**	**65**	**8**	**14.0%**
Trafficking of drugs	16	11	**-5**	**-31.3%**
Possession/Use of drugs	41	54	**13**	**31.7%**
Possession of Weapons	**16**	**19**	**3**	**18.8%**
Misc. Crimes Against Society	**21**	**35**	**14**	**66.7%**
Total Police Generated Crime	**158**	**208**	**50**	**31.6%**
TOTAL RECORDED CRIME IN HARTLEPOOL	**2035**	**2321**	**286**	**14.1%**

Recorded Crime in Cleveland July – September 2016

Publicly Reported Crime Jul 16 - Sep 16										
Crime Category/Type	**HARTLEPOOL**		**REDCAR**		**MIDDLESBROUGH**		**STOCKTON**		**CLEVELAND**	
	Crime	**Per 1,000 pop**	**Crime**	**Per 1,000 pop**	**Crime**	**Per 1,000 pop**	**Crime**	**Per 1,000 pop**	**Crime**	**Per 1,000 pop**
Violence against the person	**576**	**6.3**	**594**	**4.4**	**1142**	**8.4**	**1009**	**5.4**	**3321**	**6.0**
Homicide	0	**0.0**	0	**0.0**	0	**0.0**	0	**0.0**	**0**	**0.0**
Violence with injury	246	**2.7**	245	**1.8**	446	**3.3**	464	**2.5**	1401	**2.6**
Violence without injury	330	**3.6**	349	**2.6**	696	**5.1**	545	**2.9**	1920	**3.5**
Sexual Offences	**54**	**0.6**	**56**	**0.4**	**115**	**0.8**	**101**	**0.5**	**326**	**0.6**
Rape	17	**0.2**	20	**0.1**	32	**0.2**	30	**0.2**	99	**0.2**
Other Sexual Offences	37	**0.4**	36	**0.3**	83	**0.6**	71	**0.4**	227	**0.4**
Theft	**1021**	**11.2**	**1207**	**9.0**	**1873**	**13.8**	**1664**	**8.9**	**5765**	**10.5**
Domestic Burglary	100	**2.5**	114	**1.9**	236	**4.1**	174	**2.2**	624	**2.6**
Other Burglary	107	**1.2**	176	**1.3**	212	**1.6**	152	**0.8**	647	**1.2**
Bicycle Theft	58	**0.6**	61	**0.5**	97	**0.7**	77	**0.4**	293	**0.5**
Theft from the Person	8	**0.1**	19	**0.1**	55	**0.4**	30	**0.2**	112	**0.2**
Robbery – Personal	11	**0.1**	10	**0.1**	36	**0.3**	26	**0.1**	83	**0.2**
Robbery - Business	1	**0.0**	3	**0.0**	2	**0.0**	2	**0.0**	8	**0.0**
Vehicle Crime (Inc Inter.)	151	**1.7**	166	**1.2**	260	**1.9**	233	**1.2**	810	**1.5**
Shoplifting	314	**3.4**	340	**2.5**	516	**3.8**	517	**2.8**	1687	**3.1**
Other Theft	271	**3.0**	318	**2.4**	459	**3.4**	453	**2.4**	1501	**2.7**
Criminal Damage & Arson	**462**	**5.1**	**548**	**4.1**	**622**	**4.6**	**588**	**3.1**	**2220**	**4.0**
Total	**2113**	**23.2**	**2405**	**18.0**	**3752**	**27.6**	**3362**	**17.9**	**11632**	**21.2**

Police Generated Offences Jul 16- Sep 16

Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	**89**	**1.0**	**70**	**0.5**	**200**	**1.5**	**138**	**0.7**	**497**	**0.9**
Drug Offences	**65**	**0.7**	**51**	**0.4**	139	**1.0**	**80**	**0.4**	**335**	0.6
Trafficking of drugs	11	**0.1**	12	**0.1**	26	**0.2**	15	**0.1**	64	0.1
Possession/Use of drugs	54	**0.6**	39	**0.3**	113	**0.8**	65	**0.3**	271	0.5
Possession of Weapons	**19**	**0.2**	**17**	**0.1**	**22**	**0.2**	**19**	**0.1**	**77**	0.1
Misc. Crimes Against Society	**35**	**0.4**	**40**	**0.3**	**52**	**0.4**	**40**	**0.2**	**167**	0.3
Total Police Generated Crime	**208**	**2.3**	**178**	**1.3**	**413**	**3.0**	**277**	**1.5**	**1076**	**2.0**
TOTAL RECORDED CRIME	**2321**	**25.5**	**2583**	**19.3**	**4165**	**30.6**	**3639**	**19.4**	**12708**	**23.1**

Anti-social Behaviour in Hartlepool July – September 2016

Incident Category	Jul 15 - Sep 15	Jul 16 - Sep 16	Change	% Change
AS21 - Personal	715	724	**9**	**1.3%**
AS22 - Nuisance	1162	1370	**208**	**17.9%**
AS23 - Environmental	35	42	**7**	**20.0%**
Total	**1912**	**2136**	**224**	**11.7%**

Anti-social Behaviour in Cleveland July – September 2016

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	724	7.9	867	6.5	1192	8.7	1282	6.8	4065	7.4
AS22 - Nuisance	1370	15.0	1754	13.1	2358	17.2	2217	11.8	7699	14.0
AS23 - Environmental	42	0.5	68	0.5	77	0.6	60	0.3	247	0.4
Total	**2136**	**23.4**	**2689**	**20.1**	**3627**	**26.5**	**3379**	**18.0**	**11831**	**21.5**
Quarterly Year on Year Comparison	**Increased by 11.7%**		**Reduced by 3%**		**Increased by 2%**		**No Change**		**Increased by 1%**	

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

19 September 2016

The meeting commenced at 10.00 a.m. in the Civic Centre, Hartlepool

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Bob Buchan, Alan Clark and Stephen Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Karen Hawkins (as substitute for 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 – Lynn Allison (as substitute for Margaret Wrenn)

Other Members:
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees Esk and Wear Valley NHS Trust – Dominic Gardner (as substitute for David Brown)

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

Also in attendance:-
Corinne Walsh, Project Lead, North of Tees Dementia Collaborative
Judy Gray, Healthwatch

Hartlepool Borough Council Officers:
Nicole Ahmed, Public Health Registrar
Chris Allan, Public Health Registrar
Jacqui Braithwaite, Principal Educational Psychologist
Steven Carter, Health Improvement Practitioner
Rachel Smith, Strategic Commissioner
Joan Stevens, Scrutiny Manager
Amanda Whitaker, Democratic Services Team

10. Apologies for Absence

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

Group – Alison Wilson
Representative of the NHS England – Dr Butler
Representative of Cleveland Police – Temporary Assistant Chief Constable Ciaron Irvine

11. Declarations of interest by Members

None.

12. Minutes

(i) The minutes of the meeting held on 13th June 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 23 February 2016 were received.

With regard to matters arising from the minutes, the Board received the following updates:-

Minute 3 – Introduction to new GP Federation – The Board was advised that whilst work was ongoing to make the necessary changes to the Board's Terms of Reference, an invitation had been extended to Dr Williams to attend future meetings of the Board to participate in discussions.

Minute 6 – Sustainability and Transformation Plan – a letter had been sent to NHS England articulating the concerns which had been expressed by the Board, a copy of which was tabled at the Board meeting.

13. Director of Public Health Annual Report 2015/16 (*Director of Public Health*)

The Director of Public Health Annual Report for 2015/16 had been circulated. The report had been presented to full Council in September 2016 at which time ward profiles had been distributed to all Elected Members.

The Board was reminded that the requirement for the Director of Public Health to write an Annual Report on the health status of the town and the Local Authority duty to publish it was specified in the Health and Social Care Act 2012. Understanding need was the theme of the Director's third Annual Report for 2015-2016. The Annual report considered need and illustrated how needs were 'measured' using quantitative methods, but also the importance of understanding need from a qualitative perspective to shape action and identify priorities. Given the complexity of assessing the needs of the whole population, the JSNA presented issues under 4 key themes as set out in the report. Some of the key data contained in the full JSNA was presented in the report under the themed headings supported by short pieces of narrative.

The Board was advised that the intention of each section in the report was to provide an illustration of what was known about the population groups in each theme. The narrative was intended to highlight where there had been

successes in addressing needs or outstanding issues requiring collective action. The case studies included in the report attempted to provide a snap shot of evidence of new approaches being taken to address some of the needs identified through the joint strategic needs assessment process.

Members complimented the Director for the comprehensive report .However, a request was made that future annual reports include a statistical breakdown of data relation to the 65 years and over age group.

Decision

That the report is noted and that appreciation is recorded for the work undertaken by the Director of Public Health and her team.

14. Update on Healthy Weight Strategy (*Director of Public Health*)

Further to minute 60 of the meeting held on 14th March 2016, the Board received a presentation which provided a summary of the progress made over the previous 12 months and highlighted some key actions and future steps over the following 12-36 months.

The Strategy's Action Plan was appended to the report and had been updated to reflect progress against the various strategic themes. The Board received a presentation by the Health Improvement Practitioner which highlighted the tangible benefits, one year on from the adoption of the Strategy with particular reference to FiiT Hart outcomes, next steps and the 'Holiday Hunger' pilot scheme. Key targets for March 2017 were highlighted as follows:-

- Continue to increase referrals into FiiT Hart, Health Trainers and GP exercise on prescription (including development of new obesity pathway with HAST CCG)
- Greater control over the proliferation of A5 Hot Food Take Away outlets as part of the Hartlepool Local Plan
- Re-launch of the POWeR online weight reduction app
- Alignment of strategic focus towards actions within the national Childhood Obesity plan

The Board was reminded that on 18 August 2016, the government had published 'Childhood Obesity: A Plan for Action', which aimed to reduce England's rate of childhood obesity within the next 10 years. Within the plan, the government had outlined a range of national measures and initiatives to tackle the obesity epidemic as set out in the report. Board Members were reassured to note that the Hartlepool Healthy Weight Strategy had actions and objectives that aligned closely with each of the national objectives. It was hoped that in the coming years there would be increased support and a national focus around each of the topics that would enable Hartlepool to address the issues more effectively at a local level.

Concerns were expressed that there was limited national focus or support around restrictions on fast food advertising or greater sanctions on

manufacturers and retailers of these products. Concern was expressed also in relation to food labelling issues and fast food advertising on bus tickets which the Director of Public Heath agreed to consider. The Health Improvement Practitioner recognised issues highlighted by Board Members and referred to the introduction of policy through the Council's emerging Local Plan which would impose restrictions on space allocated for take away establishments. It was highlighted, however, that further initiatives were required at a regional and national level to have an impact on issues locally associated with other outlets.

Board Members paid tribute to the holiday hunger scheme which had received positive feedback and appreciation was expressed to all those that had been involved in the scheme. It was noted that the scheme had highlighted the level of family poverty in the town.

Reference was made to local stores where promotions applied to snacks and sugary drinks. The Board agreed with a proposal made by an Elected Member that it would be beneficial if this Board forwarded a letter to local supermarkets seeking their support, with particular reference to co-op stores. Reference was made also to the successful contribution of the Council's Sports and Recreation Team, with reference to free swim and other successful initiatives. During the debate, concerns were expressed in relation to the length of school meal times mitigating against healthier eating and the number of school children who visited fast food outlets on a lunch time. It was suggested that the concerns be referred to the Children's Services Committee and also to ward councillors, as appropriate.

The Chair of the Board highlighted the need for an evaluation through the budget process, in order that the investment in the childhood obesity initiative could continue and potentially administered through the Children's hub.

Decision

(i) The Board noted the progress to date of implementing the Healthy Weight Strategy and future strategic direction.
(ii) The Board agreed that a letter be forwarded to local supermarkets, with particular reference to Co-Op stores.

15. CAMHS Transformation Locality Plan - Update (*Director of Child and Adult Services*)

On 5th October 2015, a report had been presented to Health and Wellbeing Board outlining the national drive to improve the mental health and emotional wellbeing of children and young people through the implementation of the recommendations detailed in 'Future in Mind'. As part of this process, the Hartlepool CAMHS Transformation Locality Plan had been developed and approved by Children's Services Committee and noted by the Health and Wellbeing Board and Children's Strategic Partnership. The plan had been subsequently submitted to NHS England to go through the formal quality

assurance process. Ratification for the plan had been received at the end of 2015, and funding had been released to the Hartlepool and Stockton on Tees (HAST) Clinical Commissioning Group in early 2016. A Multi Agency Implementation Group (MAIG) had been established to regularly monitor and review progress made against the actions identified in the plan. Quarterly reports were submitted by the MAIG to the CCG as part of the ongoing quality assurance processes. An updated plan is required by October 2016 by NHS England to secure further funding.

There had been four Local Priorities identified in the plan specifically for Hartlepool. The following priorities were set out in the report including details of work that had been undertaken to date;

- Coordination of the emotional wellbeing offer to children and young people and their families/carers
- Improvement of prevention programmes which impact positively on children and young people's emotional health and wellbeing
- Improve early intervention programmes which impact on children and young people's emotional health and wellbeing
- Improve the mental health of the following priority groups of children and young people; Looked after children, children and young people with a learning disability, young offenders

Board Members discussed links with domestic violence and how that issue linked to the Strategy. The Chair advised the Board that the Safer Hartlepool Partnership had undertaken consultation in relation to the Domestic Abuse Strategy and invited the Multi agency group to prepare a response to feed into the Domestic Abuse Strategy.

During the discussion, issues associated with bereavement and links to mental health were highlighted. It was noted that the Better Childhood Programme had highlighted a number of children who had been affected by bereavement. The availability of specialist bereavement services at Hartlepool and District Hospice were highlighted. Board Members discussed the promotion of services including informing General Practitioners and inclusion in the Family Services Directory website.

Decision

The report was noted and appreciation was expressed of the comprehensive update provided to the Board.

16. Presentation – North of Tees Dementia Collaborative: End of Year Three Report

The Board received a presentation by Corinne Walsh, Project Lead, North of Tees Dementia Collaborative which provided details of agreed priorities for year 4 together with Year 3 achievements for the Collaborative.

The Project Lead responded to clarification sought regarding engagement

with young people in terms of initiatives involving the Council's Sports and Recreation Team and involvement of schools. Suggestions were made by Board Members of additional initiatives to further engage young people.

One of the initiatives completed in Year 3 had been 'Smarter Homes'. The Chair highlighted a link to the Council's emerging Local Plan and suggested contact be made with Stockton Borough Council for information on the Dementia Friendly Design/Stockton Smarter Homes project.

Decision

The presentation was noted and appreciation was expressed for the informative presentation.

17. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

18. Delayed Transfers of Care Reporting

The Director of Child and Adult Services reported that, on 22 August 2016, the Directors of Adult Social Services in Hartlepool, Stockton and Durham had received notification from North Tees and Hartlepool NHS Foundation Trust that it was the intention of the Trust to review the way in which monthly delayed transfers of care is reported on situation reports.

The Board was advised that NHS England had informed the Trust that further to the revision of the guidance in October 2015, the guidance had not been appropriately applied. It was intended therefore to change the method of reporting delayed transfers of care. The Director highlighted that the changes would affect performance metrics for the Local Authorities. A response had been sent to the Trust requesting further discussion, prior to implementation.

The Chair of the Board advised that it had been intended to implement the changes from 1st September. The Board agreed to refer the issue to the Council's Audit and Governance Committee.

Decision

(i) The issue was referred to the Audit and Governance Committee.
(ii) The Board agreed that a further letter should be sent to North Tees and Hartlepool NHS Foundation Trust to inform the Trust that the issue had been referred to the Audit and Governance Committee.

Prior to closing the meeting, the Chair highlighted that the next meeting of the Board was scheduled for 17th October and would be followed by a Development Session for Board Members.

Meeting concluded at 11.15 a.m.

CHAIR

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

17th 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 Ciaron 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 12th 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 6th 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

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

5 December 2016

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

Present:
Dr Timlin, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (In the Chair)

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillor Buchan
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 Hartlepool Borough Council - Councillor Carl Richardson (as substitute for Councillor Steve Thomas)
Representative of Tees Esk and Wear Valley NHS Trust – David Brown
Observer – Statutory Scrutiny Representative, Hartlepool Borough Council, Councillor Tennant

Also in attendance:-
Representatives of the NHS England – Ben Clark and Glen Wilson
Representative of Cleveland Police – Chief Superintendent Gordon Lang
Observer, Hartlepool Borough Council - Councillor Brenda Harrison
Representative of Teeswide Safeguarding Adults Board – Ann Baxter
Hartlepool Borough Council Officers:
Joan Stevens, Scrutiny Manager
Denise Wimpenny, Democratic Services Team

24. Apologies for Absence

Councillors C Akers-Belcher and Thomas, Hartlepool Borough Council, Dr Tim Butler, NHS England, Colin Martin, Tees Esk and Wear Valley, Cairon Irvine, Cleveland Police and Fiona Anderson, Hartlepool & Stockton Health, GP Federation representative.

25. Declarations of interest by Members

None

26. Minutes

(i) The minutes of the meeting held on 17 October 2016 were confirmed.
(ii) The minutes of the meeting of the Children's Strategic Partnership held on 28 June 2016 were received.

27. Teeswide Safeguarding Adults Board Annual Report 2015-16 (*Teeswide Safeguarding Adults Board*)

28. Teeswide Safeguarding Adults Board Strategic Business Plan 2016/17 (*Teeswide Safeguarding Adults Board*)

The Chair of the Teeswide Safeguarding Adults Board, presented the Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17, copies of which were appended to the report.

The Annual Report considered the activities of the Board against its five strategic aims over the past year. It provided a summary of work undertaken across Tees to protect the most vulnerable people in the community, and highlighted the challenges faced.

The Strategic Business Plan summarised the priorities identified throughout the consultation process, informing the development of the 2016-17 objectives and actions. The Board looked forward to working with current partners and developing new relationships to ensure the safeguarding arrangements helped and protected adults.

Following presentation of the reports, Board Members expressed their support for the report and whilst they were pleased to note the work that had been undertaken to date to improve communication and engagement, it was noted that further work was needed to improve awareness of adult safeguarding issues. Members discussed the most appropriate methods of raising awareness of this issue, particularly with hard to reach groups and the need to increase integration with BME groups was highlighted. Board Members welcomed the Teeswide approach in terms of sharing information locally with a number of partner agencies, the benefits of which were discussed.

Decision

The Board endorsed the Teeswide Safeguarding Adults Board Annual Report 2015/16 and Strategic Business Plan 2016/17.

29. Health Protection Update (*Director of Public Health*)

The Director of Public Health introduced the report which provided background information to the statutory duties placed on Public Health England, NHS England and local authorities to protect the health of the population. The Board was referred to a plan, appended to the report, which provided details of the key activities that contributed to managing risk and responding to incidents.

Given the Board's decision to undertake a more in depth consideration of immunisation and screening, a representative from NHS England had been invited to the meeting to provide a presentation in relation to immunisation in Hartlepool.

The representative provided a detailed and comprehensive presentation which included latest statistics and trend analysis in relation to take up of immunisation. The key factors arising from the presentation were summarised as follows:-

- The two public health interventions with the greatest impact are the provision of clean water and immunisation
- No measures had saved more lives than immunisation
- Immunisation is a highly cost effective public health intervention
- Governance and assurance structure
- Details of childhood immunisations by type including statistics and trends in Hartlepool as a comparator with the North East and England
- Details of adult immunisations

Following the presentation, a number of examples were shared with the Board in relation to the side effects experienced by individuals following vaccinations, particularly the flu vaccination. In response to clarification sought on the side effects of vaccinations of this type, the NHS England representative advised that any side effects were reported to the Health Care Worker and monitored accordingly. Assurances were provided that whilst the flu jab could cause a localised reaction and some individuals may feel unwell, this would not give individuals the flu. The potential reasons for low take up of the flu jab were discussed and emphasis was placed upon the need to publicise the message that the flu jab would not result in illness.

With a view to increasing take up of immunisation, a query was raised as to whether any particular groups should be targeted. Board Members were advised that potentially BME groups should be targeted, given the low level of take up. The Chair reiterated the benefits of the flu jab and and expressed support in this regard.

A member of the public commented on a research paper on the alternatives to immunisation. It was suggested that this information be forwarded to the Director of Public Health following the meeting. Another member of the public, who was also invited to speak, referred to a report on the links

between the MMR immunisation and autism. Board Members responded to further issues raised in relation to the presentation.

Decision

(i) The Board noted the activities relating to protecting the health of the population as outlined in the plan.

(ii) The Board confirmed it had assured plans and arrangements in place to protect the health of the population in keeping with the requirements under the Health and Social Care Act 2012.

(iii) That the contents of the presentation and comments of Board Members be noted.

30. Health and Wellbeing Board – Terms of Reference Review (*Director of Public Health*)

The Scrutiny Manager presented a report which provided an opportunity for the Board, to review their Terms of Reference, sub-structure and non-statutory membership.

To assist the Board in the review of the sub-structure, a Development Day had been held on 17 October 2016 during which Members considered three key questions, a summary of which was outlined in appendices to the report. Based upon the outcome of the Development Session, it was suggested that the 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) Refugee/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 implementation of the Healthy Weight: Healthy Lives Strategy
(iii) Update and monitoring of the Health and Wellbeing Strategy to be monitored through sub groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.
(iv) Completion of a GAP analysis
(v) Identification of an indicator to show progression
(vi) Achieving more quick wins and intermediate outcomes.

Other comments/suggestions identified at the Development Session were provided together with details of proposed sub-groups as set out in the report.

Members were referred to the revised Terms of Reference attached at Appendix A. With regard to the decision taken to remove the North Tees and Hartlepool Foundation Trust from membership of the Board, it was suggested that the South Tees NHS Foundation Trust be contacted again to encourage take up of a place on the Board.

The Scrutiny Manager made reference to a letter from the Home Office, a copy of which was tabled at the meeting, which highlighted the Home Office's support and important benefits that could be realised through closer collaboration between policing and health partners. The Scrutiny Manager was pleased to report that the Council had already taken on board a number of the recommendations suggested by the Home Office with strong collaborative working arrangements already in place with the police with representations on the Health and Wellbeing Board and regular attendance by the Police and Crime Commissioner. The Council had also signed up to the Care Concordat Triage arrangements.

In considering the revised Terms of Reference for the Board, issues were discussed regarding:

- The number of proposed Sub Groups under the Board - Given the potential for duplication, it was suggested that existing groups should be utilised where possible.

- The suggested themes for future meetings of the Board – Support was expressed for the principle of themed meetings to focus the activities of the Board. However, Members were unsure if the suggested themed priorities of veteran's health, offender health and refugee/asylum seeker health were the most appropriate. Whilst it was recognised that the suggested areas were important, it was considered that there should be more focus upon areas like obesity and groups disproportionately affected as this would result in a greater impact.

Decision

(i) The Board agreed that its future meeting programme would be planned to include separate themed and statutory / other business meetings. The basis of each being:

a) Themed meetings, to focus on two priority themes each year, inviting relevant experts and involving appropriate sub groups.

b) Statutory/other business meeting - to focus on issues including:-

(i) Implementation of the Hartlepool Matters Plan;

(ii) Monitoring implementation of the Healthy Weight: Healthy Lives Strategy;

c) Updating of the Health and Wellbeing Strategy.
d) Completion of a GAP analysis and identification of an indicator to show progression / performance.

(ii) The Board Agreed that from an operational perspective:

(a) A review be undertaken of the format of its minutes and layout of its reports to include reference to all sub groups and how the issue affects them.
(b) Information provided to include more relatable statistics / informatics (i.e. use of figures rather than statistics i.e. Hartlepool as a town info graphic in the Hartlepool Matters Plan).
(c) A Health and Wellbeing Board newsletter be introduced.

iii) That the revised Terms of Reference, attached at Appendix A, be agreed, with the following amendments / exceptions:-

Amendment

(a) That reference to the inclusion of an NHS Foundation Trust Representative to the 'Other Members' section of the Board membership (Page 5), be amended to read NHS (Acute) Foundation Trust (1).

Exception

(b) That approval of proposed amendments to Section 8.10 in relation to the creation of sub-groups and task and finish groups be deferred, in light of capacity and duplication concerns, and a further report outlining revised proposals brought to the Board.

(c) That approval of proposed amendments to Section 9.1, in relation to engaging with other bodies be deferred, pending further discussions with Stockton Borough Council as to the role, format and benefit of an annual joint meeting of Stockton and Harltepool's Health and Wellbeing Boards.

iv) The Board requested that the CCG approach the South Tees NHS Trust again to explore the potential of them filling the (acute) NHS Foundation Trust vacancy on the Board.

v) That a further report be presented to the Board to identify two topics / priorities, as alternatives to those identified in the report, to form the basis of the Board's future themed meetings.

31. Age Related Dual Sensory Loss (*Director of Child and Adult Services*)

A report presented by the Director of Child and Adult Services provided the Board with information regarding residents of Hartlepool who were living with age related dual sensory loss. The support of the Board was sought 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.

It was reported that in Hartlepool it was estimated that there were at least 520 people living with age related dual sensory loss, of which 36 so far had been identified. The prevalence of co-occurring sight and hearing problems increased with age. In Good Hands (IGH) was a Big Lottery funded project managed by SCENE enterprises CIC and was working with all 12 local authorities and all care providers in the North East to deliver free training and advice to staff. Their ambition was to support key stakeholders to improve uptake of training and build their capacity to identify and support these older people in communities.

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

Decision

That the proposal to support and encourage key organisations to sign up to dual sensory loss training be supported.

Meeting concluded at 11.45 am.

CHAIR

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 21 October 2016.

PRESENT: Councillors J A Walker - Middlesbrough Council, J Taylor - Darlington Council, I Jeffrey - Redcar and Cleveland Council, E Cunningham - Stockton Council and L Hall - Stockton Council.

ALSO IN ATTENDANCE: S Fenwick, Redcar and Cleveland Council, P Mennear, Stockton Council, L Stones Mark Burdon, Commissioning Manager - Mental Health, North of England Commissioning Support Service, Mark Cotton, Assistant Director of Communications, North East Ambulance Service, Caroline Thurlbeck, Director of Strategy, Transformation and Workforce, North East Ambulance Service, Dave Welch, Commissioning Manager, South Tees Clinical Commissioning Group, Louise Dauncey, Senior Commissioning Manager, Joint Commissioning (Learning Disability), North of England Commissioning Support Service, Sam Harrison, Senior Communications and Engagement Manger, North of England Commissioning Support Service

OFFICERS: E Pout

APOLOGIES FOR ABSENCE Councillor S Biswas, Councillor E Dryden, W Newall, L Tostevin, Harrison, R Martin-Wells, Harding, Reed, Cunningham.

DECLARATIONS OF INTERESTS

None Declared

1 **MINUTES - TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE 28 JULY 2016**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 28 July were submitted and approved as a correct record.

2 **MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE**

The Committee had received a report in January 2016 regarding the Child and Adolescent Mental Health Transformation Plan and the Committee had agreed that it should be updated on its progress.

Members had also expressed a wish to look at the topic of Young People's Mental Health and gather information on the following: pathways; resources; gaps in services; access routes; and how services were informed by the Joint Strategic Needs Assessment (JSNA).

Mark Burdon, Commissioning Manager - Mental Health, North of England Commissioning Support Services attended the meeting to provide information primarily about the services available for young people.

In describing the pathways and access routes, Members were told that there was an open referral to CAMHS (Child and Adolescent Mental Health Services). For example schools, family members and GPs referred and a quarter of referrals came from that route and the numbers were rising. Some areas had co-located Primary Mental Health Workers with Early Help teams in Early Help hubs and there was a multi-agency diagnostic pathway for ASD (Autism Spectrum Disorder).

The structure for the services provided by TEWV (Tees Esk and Wear Valley Trust) was presented and it provided information on the range of services which included community and out-patients, early intervention, crisis and liaison and inpatient services. The early intervention in psychosis team went across the age range from age 14 to adulthood mainly because it was

important that young people with mental health issues were picked up early and had the opportunity of an early intervention. The team also saw people at their first episode of psychosis or where a person was in an 'at risk mental state'. The service offered appointments from 9am to 5pm Monday to Friday and offered some flexibility. There was a three year intervention period and family-based working was offered. There was a 2 week target to see people.

A new 24/7 crisis and liaison service had been established in June 2015 and was funded by money from the Transformation Plans. Early indications showed that it had cut admissions for Mental Health conditions for under 18 year olds.

Tees CAMHS which involved Hartlepool, Stockton on Tees, Middlesbrough and Redcar and Cleveland held an average caseload of 3,674 at any given time and each month 365 external referrals were made. The main source of referrals was primary health care and the main outcome of the assessment was referral to CAMHS.

A number of gaps in service were outlined and included the significant waiting lists to diagnose and support ASD. It was explained that this was due to it being a multi-agency pathway which was very complex, however the Trust were looking at what could be done to bring down the waiting time. There was also a high expected prevalence of conduct disorder in this area however there was little data on actual diagnoses or information on how well supported it was.

In terms of how services were informed by the JSNA it was explained that the JSNA was modular so some pages including mental health and learning disabilities were out of date. The main source of data used was from Public Health England and strategic direction was received from NHS England with local context input from partners.
In the discussion that followed, Members had concerns about waiting times based on anecdotal evidence they had heard. The committee was informed that recent figures that had been received showed an improvement in waiting times. In the first quarter of 2016/17 the average waiting time from referral to second appointment was 38 days however in the period up to September it had reduced to 15 days. However it was acknowledged that there were longer waiting times for ASD.

Members questioned how services were informed by the JSNA if it was out of date and asked what cognisance was given to other sources of information such as Directors of Public Health, information from Health and Wellbeing Boards, Healthwatch, young people etc. It was explained that the CCG would be responding to a recent paper on mental health by Healthwatch.

It was acknowledged that there was more to be done to improve the awareness of services. A discussion took place about how schools were key to that awareness raising and some examples of work in Redcar and Cleveland and Middlesbrough were given.

It was explained that there was a parity of esteem in mental health spending, for example if CCGs receive a 1% increase in their budget a 1% increase in spending on mental health must be made. Child and Adolescent mental health received 11% of spending from the mental health budget.

The Committee agreed that further information should be brought on this issue in 6 months' time including specific information on

a) Suicide figures across the Tees Valley including age ranges and comparison with national figures.
b) Waiting times and how they are being addressed.
c) Update on the implementation of the Child and Adolescent Mental Health Transformation Plan.

3 **NORTH EAST AMBULANCE SERVICES QUARTERLY REPORT AND UPDATE FROM CQC REVIEW**

Representatives from the North East Ambulance Service (NEAS) circulated a document on their review of the year which was a short summary of their annual report. (The full report could be found on the NEAS website).

Representatives welcomed the opportunity to maintain the dialogue with the committee and went on to present information on their ambulance emergency care report.

It was noted that NEAS had seen an increase in a number of conditions, notably the main 4 included breathing problems, chest pain, abdominal pain and falls. Representatives took Members though the presentation. It was noted that whilst the number of incidents remained relatively static there had been a significant increase in 111 calls and 999 calls. Whilst those calls had gone up the number of attendances had changed due to categorisation at triage. The national standard was that 75% of red calls should be answered within 8 minutes.

Green calls were sub categorised into level 1 or 2. However the proportion of calls assessed as red had increased by 15%. In order to show the impact of this it was explained that in April 2013 there were 350 incidents and performance stood at 79%, compared with April 2016 again 350 incidents but the proportion of red calls were greater, which meant NEAS were no longer meeting the 75% target as performance stood at 68%.

As an element of assurance it was explained to Members that 74.5% of red calls are answered in 9 minutes and 78% in 10 minutes, meaning NEAS were close to where they needed to be to achieve their target.

There was a decreasing trend of calls resulting in conveyance to A&E, the Trust had worked hard to ensure that. It had taken place through assessments of patients over the telephone and the introduction of paramedics with enhanced skills and practitioners who could deal with multiple and complex conditions who could treat people at the scene. Investment in more clinicians in the control room had improved hear and treat statistics.

Handover delays had peaked over winter, resulting in 1,200 hours of delays, numbers had dropped slightly but not to previous levels. The overall trend showed that hospital delays were increasing due to wider issues and cutbacks in social care. The impact of those delays had a ripple effect across the region as delayed ambulances could not be used. It equated to 150 days or 5 months or 300 double crew shift or £72,000 in staff costs.

With regard to the workforce issues there was still a national shortage in paramedics. Paramedics were being lost to the Department of Work and Pensions who were being employed to undertake assessments and received a higher salary and a more attractive 9-5 working week. Workforce levels were an ongoing challenge and the Trust had 80 vacancies however there were students coming through from Teesside University and a number of paramedics had been recruited from Poland. It was anticipated that the Trust would have a full complement of staff by April 2017. It was noted that the use of private ambulances had decreased as staffing levels at NEAS had increased.

Members were concerned about the demand coming from areas of high deprivation. It could be seen that the legacy of heavy industry was having an impact on elderly patients. However as deprivation was a factor it was not the driving force of the demand.

Concern was raised about delayed handovers at Darlington Memorial Hospital. It was explained to the committee that a task and finish group had been established to look at handover times, which was a significant piece of work with support from the wider NHS. NEAS were working with NHS colleagues to support patient flow and a discharge capability vehicle was being introduced from 1 November 2016.

Members also raised concerns about winter pressures and that it was now the new norm as pressures had not abated over summer. It was explained that A&E delivery boards were working on winter pressures with partners and the voluntary sector, however no significant additional resources were being put forward for winter this year.
It was noted that a winter scheme from last year which involved a special ambulance being available for end of live transportation was being shortlisted for an award.

NEAS representatives were thanked for their presentation and the information given to the Committee. Information regarding the findings from the CQC was due imminently and it was hoped that this would be available at the regional committee on 27 October.

Ordered

That the information be noted

4 **STAKEHOLDER ENGAGEMENT PROPOSAL – TRANSFORMING CARE: RESPITE SERVICES REVIEW**

A report was brought to the Committee to inform Members about a review of health funded respite care for adults with a Learning Disability and complex needs in relation to the wider Transforming Care agenda.

The respite review project was still gathering and analysing information although initial findings indicated the following: demand was increasing, the complexity of need was increasing, there were potential gaps, duplication, the influence of local and national policies, improved choice needed and cost effective and appropriate transport options needed to be made available.

The review would focus on health respite services for people with Learning Disabilities and complex needs in the Hartlepool and Stockton-on-Tees CCG area and the South Tees CCG area and the CCGs are working in partnership with the four Local Authorities. A respite Task and Finish Group with members from CCGs, NECS and Local Authorities had been established.

Work will commence over the next several months to seek the views of people using the services, their carers, providers and commissioners with a view to determining future respite care arrangements.

Discussions took place about appropriate groups for consultation and Members suggested residents groups, Health Watch, Carers Together, the Travelling Community, Asylum seekers and Voluntary Groups.

It was explained how it was hoped that people with Learning Disabilities would be employed on the project as policy advisors.

Ordered

That further information be brought to the Committee in January 2017

AUDIT AND GOVERNANCE COMMITTEE

16 February 2017

Report of: Scrutiny Manager

Subject: TRANSFORMING CARE – RESPITE SERVICES REVIEW

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1. PURPOSE OF REPORT

1.1 To inform the Audit and Governance Committee of a review into health funded respite care for adults with a learning Disability and complex needs in relation to the wider Transforming Care agenda.

2. BACKGROUND INFORMATION

2.1 The Tees Valley Joint Health Scrutiny Committee received information on the engagement proposal in relation to this review at their meeting in October 2016 (minutes attached as 8.1 on today's agenda).

2.2 A further update report was brought back to the TVJHSC in January 2017 (attached as **Appendix A**).

2.3 Information and feedback gathered from the engagement activities will be collated and analysed, in order to understand relevant themes, priorities, challenges and issues identified.

2.4 The information and findings from the informal engagement will help the CCGs to develop a number of possible 'scenarios' for the provision of respite services for people with Learning Disabilities and complex needs in the future. These scenarios will be ideas about how Learning Disability respite services could be further developed or potentially delivered differently to best meet the needs of the local population and to support with delivery of collective commitments under the Transforming Care agenda.

2.5 Following the review, scenarios that are developed that are viable and sustainable in the longer term may be taken forward as proposals for change to improve respite services for people with Learning Disabilities and complex needs. If any proposals for change are taken forward that would mean a significant change to the way that health funded respite services for people with Learning Disabilities and complex needs are provided, then these

proposals will be subject to formal consultation with the public. If they are not significant these will be subject to a further period of informal engagement.

2.6 The TVJHSC will receive feedback from the engagement activities at a future meeting.

3. RECOMMENDATIONS

3.1 That the Audit and Governance Committee note the information and consider whether they would like to receive updates as the project progresses.

Contact Officer:- Joan Stevens, Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
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BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(a) Minutes of the meeting of the Tees Valley Joint Health Scrutiny Committee held on 21 October 2016
(b) Report presented to the Tees Valley Joint Health Scrutiny Committee entitled 'Stakeholder Engagement Proposal – Transforming Care: Respite Services Review' – 21 October 2016
(c) Report presented to the Tees Valley Joint Health Scrutiny Committee entitled 'Stakeholder Engagement Update: Transforming Care: Respite Services Review' – 26 January 2017

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

26th January 2017

Report of: NHS Hartlepool and Stockton on Tees Clinical Commissioning Group

And;

NHS South Tees Clinical Commissioning Group

Subject: Stakeholder Engagement Update: Transforming Care: Respite Services Review

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1. APPLICABLE CATEGORY

1.1 For information only

2. PURPOSE OF REPORT

2.1 To update Tees Valley Joint Overview and Scrutiny Committee about the progress of the engagement with stakeholders in relation to a review of health funded respite care for adults with a Learning Disability and complex needs in relation the wider Transforming Care agenda.

3. BACKGROUND

3.1 Transforming Care and the Five Year Forward View includes a strong emphasis on personalised care and support planning, personal budgets and personal health budgets to put people at the centre of their care to enable maximum choice and control about how needs are met.

3.2 There is a need to co-design and implement an effective, resilient and flexible community model of services and support to facilitate timely discharge from inpatient setting and to prevent admissions to such facilities.

3.3 The Five Year Forward View focusses on breaking down the barriers in how care is provided between family doctors and hospitals, between physical and mental health and also between health and social care.

3.4 The Care Act 2014 strengthens Local Authority and Clinical Commissioning Group obligations to Carers to ensure that they are supported in their roles.

3.5 The respite review project continues to analyse information from NHS Services and Local Authority, findings indicate the following:

- Demand is growing
- The complexity of need is increasing
- There are potential gaps
- There is potential duplication
- National and local policies influence operational delivery
- Availability of choice needs to improve
- Cost effective and appropriate transport options need to be made available
- Access to and allocation of service provision needs to be effective

3.6 NHS North of England Commissioning Support (NECS) on behalf of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group (the CCGs) have been requested to review existing respite care services for adults with a Learning Disability in relation to the intentions of the national Transforming Care agenda.

3.7 The review will focus on health respite services for people with Learning Disabilities and complex needs in the CCG areas. This is to ensure that these services will appropriately meet the needs of the population now and into the future.

3.8 The CCGs continue to work in partnership with the four Local Authorities across the CCG areas to ensure that the review considers the services available for people with complex health and social care needs. A Respite Task and Finish Group with membership from CCGs, NECS and Local Authorities has been established.

3.9 The NHS Act 2006 (including as amended by the Health and Social Care Act 2012) and S.3a of the NHS Constitution sets out a range of general duties on CCGs and NHS England which include requirements around involvement and engagement of users of health services at different stages of the commissioning process. NECS has a role in supporting the CCGs to deliver on these obligations.

3.10 Communications and engagement activity commenced in December 2016 to seek the views of people using services, their Carers, providers and commissioners with a view to determining future respite care arrangements.

3.11 The local partnership boards and service user self-advocacy and other local groups are supporting to seek the views of local citizens and stakeholders and will feed into an overall Tees project.

4. ENGAGEMENT ACTIVITIES

4.1 A period of informal engagement commenced in December 2016 and is continuing across January and February 2017. This will help the CCGs to understand respite and it's impact for the people with Learning Disabilities who access them, and their families and Carers.

4.2 A range of engagement activities have been developed to seek views about the following:

- what respite means to different people (for example people with Learning Disabilities, families, Carers and providers of services etc.)
- who benefits and how
- what works well with current services
- what needs to improve
- how could services be delivered differently in the future to ensure that they fully meet the needs of those using them, in the most appropriate way.
- how do people receive support in an emergency
- how services work together (including transport)

4.3 Engagement activities that have been developed include:

- a work placement for a person with lived experience to support with the facilitation of engagement and to support the involvement of other people with Learning Disabilities
- surveys for families and carers
- discussion groups across the CCG areas
- 'My Experience' stories
- distribution of information and engagement materials to relevant stakeholders
- CCG and NECS attendance and discussion at Learning Disability Partnership Boards.

4.4 Work continues to ensure that engagement activities are effective and accessible to people with Learning Disabilities, their families and Carers.

4.5 The CCGs are working with Project Choice to identify up to two appropriate individuals who can support in relation to the engagement activities and other aspects of the review for up to 6 months. The opportunity will also enable these individuals to gain valuable and transferrable skills for future employment and provide opportunity for experiencing the world of work.

4.6 The CCGs are working with Inclusion North to co-ordinate and quality assure a series of sessions to be facilitated by relevant Voluntary Community Sector Organisations to ensure that the CCGs can actively listen to the views of the people who participate.

4.7 Facilitated discussions are taking place throughout January and February 2017 to be located in each of the geographic boundaries (minimum of three focussed sessions in each area) that are included within the Tees

Project in order to capture a wide section of individuals, ensuring that we have included a selection of people who have complex needs.

4.8 A parent carer survey has been developed and circulated to relevant individuals who are currently using NHS provision or who have been identified as being stakeholders in the service.

4.9 Clear information (including an easy read version) has been published on both CCG websites to provide details and the background to the review and also provides guidance about how to get involved, either by completion of a questionnaire or by becoming involved with the facilitated discussions. Background information about current respite service provision, and why the review is taking place has also been provided to support those taking part in the engagement activity.

4.10 Information about current service provision, capacity and activity continues to be gathered from a range of sources including Local Authorities and NHS Service provision to provide detailed evidence about local needs and services available. Work is ongoing to analyse this to be able to map future demand and activity.

5. NEXT STEPS

5.1 Information and feedback gathered from the initial engagement activities will be collated and analysed, in order to understand relevant themes, priorities, challenges and issues identified.

5.2 The information and findings from the informal engagement will help the CCGs to develop a number of possible ‘scenarios’ for the provision of respite services for people with Learning Disabilities and complex needs in the future. These scenarios will be ideas about how Learning Disability respite services could be further developed or potentially delivered differently to best meet the needs of the local population and to support with delivery of collective commitments under the Transforming Care agenda.

5.3 Following the review, scenarios that are developed that are viable and sustainable in the longer term may be taken forward as proposals for change to improve respite services for people with Learning Disabilities and complex needs.

5.4 If any proposals for change are taken forward that would mean a significant change to the way that health funded respite services for people with Learning Disabilities and complex needs are provided, then these proposals will be subject to formal consultation with the public. If they are not significant these will be subject to a further period of informal engagement.

5.5 The CCGs will continue to work with the Tees Valley Joint Overview and Scrutiny Committee, and with members of the four Tees Local Authorities

throughout the review. The Tees Valley Joint Overview and Scrutiny Committee will be kept informed on progress and feedback.

6. RISK IMPLICATIONS

6.1 The Respite Task and Finish Group will be responsible for the identification and mitigation of risk and is maintaining a risk log.

7. EQUALITY AND DIVERSITY

7.1 Any project undertaken on behalf of the CCGs is subject to compliance with S.149 of the Equality Act 2010 and measures are in place to ensure the public sector equality duty is met.

7.2 An Equality Impact Assessment has been produced and is subject to ongoing review and update as the project and engagement progresses.

7.3 Inclusion North and the voluntary sector organisations facilitating the discussion groups have been instructed to ensure that members of groups with protected characteristics, as defined in the Equality Act, are included in the discussions. They have also been asked to discuss any perceived impacts that might arise from any changes to services with participants as part of the on-going Equality Impact Assessment process.

8. RECOMMENDATIONS

8.1 The recommendation is that the Tees Valley Joint Overview and Scrutiny Committee notes the updates in relation to the engagement with stakeholders in relation to a review of health funded respite care for adults with a Learning Disability and complex needs. Further updates will be provided to the Tees Valley Joint Overview and Scrutiny Committee throughout the progress of the project.

9. BACKGROUND PAPERS

9.1 There are no background papers for consideration in relation to this report

9. CONTACT OFFICER

Louise Dauncey
Senior Commissioning Support Officer
North of England Commissioning Support
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SAFER HARTLEPOOL PARTNERSHIP
MINUTES AND DECISION RECORD
29 July 2016

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

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Denise Ogden, Director of Regeneration and Neighbourhoods
Clare Clark, Head of Community Safety and Engagement
Chief Superintendent Gordon Lang, Cleveland Police
Barry Coppinger, Office of Police and Crime Commissioner for Cleveland
Chief Inspector Lynn Beeston, Chair of Youth Offending Board
Steve Johnson, Cleveland Fire and Rescue Authority
John Bentley, Safe in Tees Valley

Jane Young was in attendance as substitute for Sally Robinson, Gilly Marshall as substitute for Stuart Tagg, Sharon Robson as substitute for Louise Wallace, John Bagley as substitute for Julie Allan

Also present:
Simon Weastell, Cleveland Fire and Rescue Authority
Rachelle Kipling, Office of Police and Crime Commissioner for Cleveland

Officers: Mike Lane, Youth Offending Service Team Manager
Denise Wimpenny, Principal Democratic Services Officer

10. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor James, Hartlepool Borough Council, Louise Wallace, Director of Public Health, Hartlepool Borough Council, Julie Allan, National Probation Service, Stewart Tagg, Housing Hartlepool, Sally Robinson, Director of Child and Adult Services, Hartlepool Borough Council, Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group.

11. Declarations of Interest

None.

12. Minutes of the meeting held on 17 June 2016

Confirmed.

13. Draft Substance Misuse Strategy 2016-2019 (*Director of Public Health*)

Purpose of report

To agree a process for developing the Safer Hartlepool Partnership Substance Misuse Strategy 2016-2019.

Issue(s) for consideration

The report set out the background together with the proposed process and timeline for developing a new Substance Misuse Strategy 2016-19. The development of the Strategy had been overseen by the Safer Hartlepool Partnership Substance Misuse Strategy Group. A local needs assessment had been undertaken to ascertain the extent of substance misuse in Hartlepool. Key findings from the needs assessment would be used to inform the development of the Strategy, including the proposed strategic objectives and priorities. The draft Strategy was attached at Appendix 1.

Subject to Partnership approval, the draft Strategy would be ready to go out for consultation immediately after, details of which were provided. It was anticipated that the finalised Strategy would be presented to the Partnership in October 2016. It was noted that a report had been approved by the Finance and Policy Committee in July which sought approval to secure a Substance Misuse Treatment Service and associated support to be funded through the ring fenced Public Health Grant. Members were referred to the financial considerations as detailed in the report.

The new strategy in line with report that went to Finance and Police about bringing treatment services

It was suggested that the draft Strategy should include current drug and alcohol data.

Decision

Subject to inclusion of current drug and alcohol data within the Strategy, the Partnership approved the proposed schedule for developing and consulting on the Substance Misuse Strategy 2016-2019.

14. Youth Justice Strategic Plan 2016-2017 (*Director of Child and Adult Services*)

Purpose of report

1. To consult with members of the Safer Hartlepool Partnership on the Youth Justice Strategic Plan for 2016-2017 (**Appendix 1**).

2. Finance and Policy Committee will receive a final draft of the Youth Justice Strategic Plan that will include any recommendations from the Children's Services Committee and Safer Hartlepool Partnership on 5 September 2016. Full Council will be asked to ratify the plan in October 2016.

3. The Strategic Plan will also be submitted to the National Youth Justice Board.

Issue(s) for consideration

The report provided background information regarding the purpose of the Youth Justice System together with details of the role and functions of the Youth Offending Services.

Members were advised of the following key strategic objectives that the Youth Offending Service and broader Youth Justice Partnership would focus on during 2016-17:-

- Early Intervention and Prevention
- Re-offending
- Remand and Custody
- Voice of the Young Person
- Effective Governance

With regard to the financial considerations, as set out in the report, it was reported that there had been a significant reduction in grant from the Youth Justice Board and from partner agencies for 16/17. It was noted that the staffing implications would need to be considered following the publication of the National Review report.

The Chair of the Youth Offending Board was pleased to report that the Youth Offending Board had considered and subsequently confirmed their acceptance of the Plan.

Decision

That the Youth Justice Plan 2016-17, attached at Appendix 1, be agreed for submission to the Finance and Policy Committee in September.

15. Police and Crime Plan (*Police and Crime Commissioner*)

Issue(s) for consideration

The Police and Crime Commissioner for Cleveland , who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the Police and Crime Plan for 2016-2020. The presentation provided an overview of future priorities and focussed on the following:-

- Five Key Objectives

- Investing in Policing
  - Protecting Vulnerable People
  - Strengthening Neighbourhood Policing
  - Enabling Services
  - Community Safety Hub
  - Developing the Culture of Cleveland Police

- A Better Deal for Victims
  - Providing enhanced services for vulnerable victims
  - Promoting and developing the SARC as the hub for sexual violence
  - Review and implement the Violence against Women and Girl's Strategy

- Tackling Re-offending
  - Review and develop Cleveland and Durham Criminal Justice Board
  - Work with prison services
  - Support changes to probation reform
  - Multi-agency prevention strategy for sexual violence
  - Review triage service delivered to young people
  - Ensure offenders have opportunity to participate in restorative justice

- Working Together to make Cleveland Safer/Collaborative Arrangements

- Securing the Future of Communities
  - Over 100 local community safety projects supported
  - Further develop use of the Community Safety Fund
  - PCC commitment to engage with every ward in Cleveland
  - Work with schools to prevent offending and victimisation
  - Protecting the community
  - Dialogue and understanding of communities

- Funding Contributions Locally
  - Integrated Offending Management in Cleveland
  - Domestic Abuse Contribution

- Restorative Cleveland
- Youth Diversionary
- Hartlepool Youth Offending Service

- Hartlepool – Community Safety Initiatives Funding over last 12 months
  - Hartlepool Crime Prevention Panel
  - Hartlepool Asylum Seeker and Refugee Group
  - The Rifty Youth Project
  - Hartlepool Under 17's
  - Haswell Avenue Allotment Association
  - Hartlepool Chinese Association
  - Safer Hartlepool Partnership
  - Welfare Athletic FC
  - Lynnfield Primary
  - Heugh Battery Museum
  - Hartlepool and District Hospice

- Future Commissioning
  - Grants end March 2017
  - Future commissioning based on need
  - OPCC Strategic Needs Assessment
  - Future priorities shared December 2016

The Partnership was advised that consultation on the Police and Crime Plan was currently underway and any input or views from Partnership members would be welcomed.

Following conclusion of the presentation a member of the public, who was in attendance, and invited to speak, raised concerns regarding the 101 police response service in terms of the waiting time to speak to an operator due to a lengthy recorded message resulting in members of the public not reporting incidents. Personal experiences of lengthy response times were shared with the Partnership and disappointment was also expressed that Police and Community Support Officer's were attending incidents as opposed to Police Officers, the disadvantages of which were outlined. In response, the Police and Crime Commissioner highlighted the increasing pressures on the police given the rise in serious incidents reported to the police. Statistics in terms of the number of calls received were provided as well as details of incidents by type and such incidents that took priority. Whilst issues around the control room were acknowledged, the Partnership was advised that feedback from meetings with the public in relation to service provision was generally good. The Police and Crime Commissioner agreed to speak to the resident following the meeting and investigate the issues raised.

The Chair made reference to a meeting that had been scheduled to take place on 10 August with local residents and the Council to discuss related Rossmere Park issues.

The Head of Community Safety and Engagement took the opportunity to thank for PCC for recent funding contributions to assist with community safety initiatives and address Partnership priorities, suggesting that further information on the success of the initiatives funded be presented to a future meeting of the Partnership.

The Chair thanked the Police and Crime Commissioner for an informative presentation.

Decision

(i) The contents of the presentation and comments of Members were noted.
(ii) That further details of Community Safety Partnership funding from the PCC be presented to a future meeting of the Partnership.

16. Community Safety (*Head of Community Safety, Cleveland Fire Service*)

Issue(s) for consideration

The Partnership received a comprehensive presentation by Simon Weastell of Cleveland Fire Service. Partnership Members were advised of the Range of Youth Engagement programmes from Cleveland Fire Service aimed at a wide range of age groups from 12 to 29. The presentation included details of the programme in terms of the following:-

- Youth Employment Initiative aimed at NEETS
- Working with organisations to help meet specific needs
- Overview of the team and standard courses delivered
- Survive on repeat bookings
- Help young people become positive and energised about their future
- Feedback from recent course participants
- Programmes delivered:-
  - condensed version of fire fighters training
  - use fire fighters activities to teach key life skills, problem solving etc
- Training programmes extended to families
- Summary of Standard Programmes:-
  Life
  Family Life
  Evolve
  Safe
- Youth Employment Initiative Programme
- Corporate Team Building
- Safe and Well Visits

In response to a clarification sought as to how participants were recruited for Life and Safe courses, the Partnership was advised that a range of

contacts were utilised including local authorities and forums. With regard to targeted recruitment and early intervention, the Chief Superintendent welcomed the programme and was keen to discuss its promotion following the meeting. The Chair commented on the benefits of the initiatives and was interested to receive feedback on the successes of the new Health Visits to feed into the Health and Wellbeing Strategy from a prevention perspective. Partnership Members commented on the need for further discussion on the links between programmes of this type and crime prevention.

The Chair expressed his appreciation on behalf of the Partnership for the presentation.

Decision

(i) The contents of the presentation and comments of Members were noted.

(ii) That feedback on the successes of the new Health Visits be provided to feed into the Health and Wellbeing Strategy.

17. Safer Hartlepool Partnership Performance (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2016 to June 2016 (inclusive).

Issue(s) for consideration

The Head of Community Safety and Engagement provided the Partnership with an overview of the Partnership's performance during Quarter 1, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided. In presenting the report, the Head of Community Safety and Engagement highlighted salient positive and negative data and responded to a number of queries raised in relation to crime figures by type.

A discussion took place in relation to hate crime figures and the potential impact of activities surrounding the European Referendum. The Chair referred to the Partnership's next 'Face the Public' Event which would focus on tackling hate related issues.

The Chief Superintendent referred to information that had recently been received from the Home Office in relation to awareness raising which appeared to have been issued following recent world events. The importance of focusing on hate crime in the same way as domestic violence

was emphasised.

The Chair commented on the benefits of reviewing the recommendations of the Home Office against current arrangements locally to identify any gaps with a view to establishing what the Partnership could do to assist. It was suggested that data in relation to hate crime by type be provided for consideration at a future meeting of the Partnership.

Decision

(i) That the Quarter 1 performance figures and comments of Members be noted.

(ii) That data in relation to hate crime by type be provided for consideration at a future meeting of the Partnership.

18. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on 23 September at the re-arranged time of 1.30 pm.

The meeting concluded at 11.00 am.

CHAIR

SAFER HARTLEPOOL PARTNERSHIP
MINUTES AND DECISION RECORD
23 September 2016

The meeting commenced at 1.30 pm in the Civic Centre, Hartlepool

Present:

Councillor: Christopher Akers-Belcher (In the Chair)

Councillor Marjorie James
Louise Wallace, Director of Public Health
Clare Clark, Head of Community Safety and Engagement
John Bentley, Safe in Tees Valley
Stewart Tagg, Housing Hartlepool
Karen Hawkins, Hartlepool and Stockton on Tees Clinical Commissioning Group

In accordance with Council Procedure Rule 5.2 (ii) Sarah Wilson attendance as substitute for Barry Coppinger, Police and Crime Commissioner for Cleveland, Inspector Mal Suggitt was in attendance as substitute for Chief Inspector Lynn Beeston and Sharon Barrett was in attendance as a substitute for Julie Allan, Cleveland National Probation Service

Also present: Paul Whitton, Hartlepool Crime Prevention Panel
Jason Dixon, Cleveland Police

Officers: Danielle Swainston, Assistant Director, Children's Services
Lisa Oldroyd, Community Safety Research and Development Co-ordinator
Alastair Rae, Public Relations Manager
Chris Allan, Public Health Registrar
Angela Armstrong, Principal Democratic Services Officer

19. Apologies for Absence

Apologies for absence were received from Gill Alexander, Chief Executive, Denise Ogden, Director of Regeneration and Neighbourhoods, Chief Superintendant Gordon Lang, Cleveland Police, Chief Inspector Lynn Beeston, Steve Johnson, Cleveland Fire Authority and Julie Allen, Cleveland National Probation Service.

20. Declarations of Interest

None.

21. Minutes of the meeting held on 29 July 2016.

Confirmed.

22. Crime Prevention Panel - Presentation (*Representative from Crime Prevention Panel*)

Purpose of report

To provide an overview of the background, funding objectives and function of the Crime Prevention Panel.

Issue(s) for consideration

The representative from Hartlepool Crime Prevention Panel gave a detailed and comprehensive presentation on the background to the Panel since 2015, the funding objectives, the progress made and the aims and objectives for the future of the Panel. It was highlighted that the Panel had been rebranded with a new logo and the constitution had been updated to reflect today's society. The Panel was utilising social media to undertake community engagement and was forging better links with local communities, Cleveland Police, local organisations and shops.

It was noted that further events were planned to improve engagement with local communities and raise awareness of the Panel and its objectives with the aim of recruiting more volunteers.

The representative from the Panel took the opportunity of thanking the Office of the Police and Crime Commissioner (OPCC) and the Council's Community Safety Team who had had a huge impact on the funding successes which had strengthened the drive within members of the Panel to strive to make Hartlepool a much better place in which to live, work and visit.

A discussion ensued on the reducing number of neighbourhood watch areas and it was suggested that this was something the Panel could look to emulate through partnership panels in various localities across the town. The representative from the OPCC indicated that they were doing a lot of work promoting Cleveland Connect which was a messaging service for residents which could assist residents to establish or reinvigorate neighbourhood watch schemes. A representative from Cleveland Police confirmed that they were working with Cleveland Connected to encourage people to join the scheme.

It was suggested the Panel should contact the Economic Forum with the aim of forging more connections with local businesses and that the Public Relations Manager could include reference to the Panel in future publicity where possible. The representative from the Panel outlined the efforts made to recruit more volunteers and it was suggested that the Council's Adult Education Team may be able to assist with this through its volunteer base.

The Chair highlighted that the Safer Hartlepool Partnership was holding a Face the Public Event at the end of October and it was suggested that the Panel may want to explore the possibility of utilising a stand at this event for further promotion and awareness raising.

Decision

The representative from the Hartlepool Crime Prevention Panel was thanked for the informative presentation.

23. Community Safety Grant Funding (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To provide the Safer Hartlepool Partnership (SHP) with a progress update on community safety initiatives that had been funded by the Cleveland Police and Crime Commissioner (PCC) in Hartlepool.

Issue(s) for consideration

The Head of Community Safety and Engagement presented the report which provided the background to the provision of Community Safety Grant funding. Further details were provided on the Positive Youth Diversionary Activity scheme which was delivered by the Belle Vue Community and Youth Centre as a Targetted Outreach Project. This project delivered a range of early intervention, diversionary and positive activities centred around young people aged 8-19 years who were involved in, or at risk of becoming involved in anti-social behaviour activity. It was highlighted that between April 2014 and March 2016 more than 4,500 contacts had been made with young people where outreach staff had directly engaged with young people signposting them to alternative provision and encouraging engagement with diversionary and educational activities.

The number of referrals received by Independent Domestic Violence Advisor Service (IDVA) had increased from 240 in 2014/15 to 271 in 2015/16 with more than 90% of referrals received from the MARAC and SDVC. It was noted that whilst female victims continue to account for 98%

of referrals, referrals for male victims were evident, but numbers remained low.

It was highlighted that over the two years, PCC funding had been utilised to establish a Single Integrated Offender Management (IOM) Scheme across Cleveland. Whilst both adult and youth re-offending rates in Hartlepool remained above the national average, over the last 12 months (2015/16) the re-offending rate of the Hartlepool Prolific and Priority Offenders (PPO) cohort comprising of 35 offenders had reduced by 32%.

The Restorative Justice Co-ordinator was driving forward the Cleveland Restorative agenda in Hartlepool including:

- Face to face group conferences;
- Community conferences;
- Mediation; and
- Indirect communication.

Since June 2015 it was noted that there had been 42 referrals into the Community Resolution Service with demand for the service on the increase.

In conclusion, it was noted that funding to support the initiatives outlined along with the partnership working with the OPCC to maximise resources had been successful in engaging whole sections of the community affected by crime, anti-social behaviour, substance misuse and re-offending behaviour. Thus assisting the Safer Hartlepool Partnership to address its priorities as set out in the Community Plan 2014/17.

The Head of Community Safety and Engagement informed the Partnership that a stakeholder event was taking place on 21 November 2016 with the Safeguarding Board, Finance and Policy Committee and the Audit and Governance Committee to be invited.

Clarification was sought on the measure used to compare the localised PPO cohort to the national figures. The Community Safety Research and Development Co-ordinator responded that the measure used was out of date but that a local proxy measure could be produced on charges instigated rather than convictions which would be more up to date. It was noted that the statistics produced must be built on timely, local evidence in order to show any improvements made in the local area. It was suggested that the figures be revisited in order to show more accurate local figures.

Decision

(1) The successes of the initiatives currently funded by the OPCC were noted.

(2) It was noted that it was intended to apply to the OPCC for grant funding to support the following:

- Youth Diversionary Activities;
- Independent Domestic Advisor Service; and
- Restorative Justice/Community Resolution Service.

24. Hate Crime in Hartlepool (*Director of Regeneration and Neighbourhoods)*

Purpose of report

To provide the Safer Hartlepool Partnership (SHP) with an overview of hate crimes covering the 16 month period April 2015-July 2016.

Issue(s) for consideration

The Community Safety Research and Development Co-ordinator presented the report which provided the definition of Hate Crime with the aim of the Partnership being to increase the reporting of hate incidents. It was highlighted that further analysis had been undertaken to investigate the prominence of hate crime reported and trends and detailed information for the 16 month period April 2015 – July 2016 including hate crimes reported to the Police during the EU referendum was included within the report.

In conclusion, it was noted that nationally a new four year Hate Crime Action Plan had been published which aimed to promote partnership with communities and joined up working to ensure that best practice was understood and implemented. In addition to this, the SHP Anti-Social Behaviour and Communications Task Group continued to take a proactive approach to tackling hate. This was reinforced by the Council and Police issuing a 'Statement of Unity' through the Hartlepool Mail condemning racism and religious prejudice.

The representative from the Office of the Police and Crime Commissioner confirmed that all victims of hate crime were offered support through the Victim Care and Advise Service and where applicable referred to specific support services such as Hart Gables. It was noted that there had been a recent increase in racially motivated crimes but that Hartlepool lead on this issue very well. A discussion ensued on the definition of hate crimes which could be motivated by anything from race, religion and even down to the town where you were born.

The recent successful relocation of the Syrian families into Hartlepool was highlighted and it was noted that they had settled and integrated into the community really well.

The Chair highlighted that the forthcoming Face the Public Event was very much about tackling islamaphobia, racism and other hate crimes and everyone was encouraged to attend this event.

Decision

The report and findings of the research undertaken on behalf of the Partnership were noted.

25. Safer Hartlepool Partnership Communications Update (*Director of Regeneration and Neighbourhoods*)

Purpose of report

To provide a progress update on the Safer Hartlepool Partnership's (SHP's) Communications Strategy.

To give consideration to future plans and funding arrangements.

Issue(s) for consideration

The Public Relations Manager presented the report which provided an overview of the overarching Communications Strategy of the Partnership and included the annual request to partners organisations to help cover the associated costs of communications/public relations activity. Further detailed information was provided on the following:

- Press Release and Campaigns;
- Face the Public Event and Anti-Social Behaviour Awareness Day;
- Hartbeat;
- Social Media;
- Respect Your Neighbourhood; and
- Action Plan and Campaign Calendar.

The next steps in the implementation of the Communications Strategy were outlined in the report and included the forthcoming SHP Face the Pubic Event, further development of the SHP website including integration with the Council's website, the ongoing promotion of social media through the Council's corporate platforms and the Domestic Abuse Community Event which was planned for later this year in November along with the Anti-Social Behaviour Awareness Day to be held in February 2017, which was subject to a subsequent report on this agenda.

A brief presentation along with a short film highlighting the issues that lead to hate crime and the effects of those crimes were shown to the Partnership. The Public Relations Manager confirmed that representatives from all secondary schools and colleges would be invited to view the film. It was suggested that a wider audience be invited to view the film, including Chairs of School Governing Bodies and age appropriate children, including those currently being educated within the Pupil Referral Unit.

It was noted that the film will be shown at the SHP Face the Public Event and everyone was encouraged to confirm their attendance as there was a capacity limit at the venue to comply with health and safety regulations.

Decision

(1) The progress being made to implement the Communications Strategy was noted.
(2) That SHP Partners to consider contributing towards the cost of implementing the Strategy with the assistance of the Public Relations Team.

26. Anti-Social Behaviour Awareness Day

Purpose of report

To update the Safer Hartlepool Partnership on the Anti-social Behaviour Awareness Day (ASBAD) held in February 2016.

To consider the future of the event and potential support from SHP Partners.

Issue(s) for consideration

The Head of Community Safety and Engagement presented the report which provided the background to the Anti-Social Behaviour Awareness Day which was undertaken on behalf of the Safer Hartlepool Partnership. Details of previous events were included in the report including the young people targeted for involvement, the aims of the event and the range of organisations who participate in delivering interactive sessions. Feedback on previous events had been received with 100% of teachers involved in the event enjoying it and praising the organisation and delivery of the event and it was noted that the Life Choices and Youth Court scenes had been the favourite event of the majority of teachers.

An analysis of student feedback had shown that 94% of students had enjoyed the event with over half electing the Alcohol and Substance Misuse and Youth Court scenes as their favourite. Almost half of the young people considered anti-social behaviour to be a very or fairly big problem in their local area. The majority of young people attending the event had suggested the increased provision of youth activities, more work in schools and events like ASBAD as good ways of tackling anti-social behaviour in Hartlepool. In terms of event outcomes, more than 95% of the young people at the event stated they had a greater understanding of anti-social behaviour and its impact after attending the event.

It was proposed that given the continued success of ASBAD, a further event will be delivered in February 2017, venue to be confirmed, with feedback from attendees at previous events informing how the event should be delivered.

The Assistant Director, Children's Services highlighted that consideration should be given to include raising awareness of e-safety as this was a key area of risk given the universal usage of social media by young people and there was a large proportion of young people at risk of exploitation through online communications.

Decision

(1) The contents of the report were noted.
(2) The final format of the ASBAD event for 2017 be agreed by the Chair of the Safer Hartlepool Partnership.

27. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 2.45pm.

CHAIR