

# HEALTH AND WELLBEING BOARD AGENDA



**Monday 4<sup>th</sup> December 2017**

**at 9.00am**

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

**PLEASE NOTE CHANGE OF TIME**

**MEMBERS:** HEALTH AND WELLBEING BOARD

**Prescribed Members:**

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

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

Interim Director of Public Health, Hartlepool Borough Council - Dr Paul Edmondson-Jones

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

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison  
Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

**Other Members:**

Chief Executive, Hartlepool Borough Council – Gill Alexander

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

Representative of the NHS England – Dr Tim Butler

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

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

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

Representative of Cleveland Police, Jason Harwin

Representative of GP Federation – Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Vacant



**1. HEALTH AND WELLBEING STRATEGY DEVELOPMENT SESSION**

Formal meeting agenda

**2. APOLOGIES FOR ABSENCE**

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

**4. MINUTES**

4.1 To confirm the minutes of the meeting held on 16 October 2017

**5. ITEMS FOR CONSIDERATION**

5.1 Health and Wellbeing Strategy 2018-2025 – *Interim Director of Public Health* (to follow)

5.2 Tees-wide Safeguarding Adults Board Annual Report 2016/17 and Strategic Business Plan 2017/18 - *Director of Adults and Community Based Services and Independent Chair of Tees-wide Safeguarding Adults Board*

5.3 Hartlepool Safeguarding Children's Board (HSCB) Annual Report 2016/17 – *Director of Children's and Joint Commissioning Services*

5.4 Presentation – North East NHS Independent Complaints Advocacy – *Contracts Manager*

5.5 Better Care Fund 2017-2019 – *Director of Adult and Community Based Services*

5.6 Winter Preparedness 2017/8 – *NHS Hartlepool and Stockton-on-Tees CCG*

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

Date of next meeting – 5 March 2017 at 10.00 a.m. at the Civic Centre, Hartlepool.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

16 October 2017

The meeting commenced at 5 pm in the Civic Centre, Hartlepool

### **Present:**

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

### **Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors Buchan and Clark  
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Andrea Jones

Interim Director of Public Health, Hartlepool Borough Council – Dr Paul Edmondson-Jones

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

Director, Adults and Community Based Services, Hartlepool Borough Council – Jill Harrison

Representatives of Healthwatch – Ruby Marshall and Margaret Wrenn

### **Other Members:**

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

Representative of GP Federation – Fiona Adamson

Also in attendance:-

Representatives of the following organisations:-

Healthwatch – Lynn Allison, Christopher Akers-Belcher, Liz Fletcher, Carol Sherwood and Stephen Thomas

Clinical Commissioning Group – Nicola Childs and Lisa Tempest

Hartlepool Carers – Christine Fewster

York University – Brian Loader, Dr Nathan Manning, Dr Amanda Mason-Jones

Young People from the Digital Futures Project.

Artists involved in the Digital Futures Project – Stuart Langley, Suzie Devey and Diane Watson.

Hartlepool Borough Council Officers - Kimberley Butler, Leigh Keeble, Dr Esther Mireku, Juliette Ward and Amanda Whitaker

## **23. Apologies for Absence**

Councillor C Akers-Belcher, Leader of Council  
Elected Member, Hartlepool Borough Council – Councillor Thomas  
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall  
Representative of Cleveland Police – ACC Jason Harwin

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

Dr Timlin and Councillor Clark declared an interest due to their involvement in the Project.

## **25. Minutes**

The minutes of the meeting of the Board held on 4 September 2017 were confirmed.

There were no matters arising from the minutes.

## **26. Young Futures Project Update** (*Director of Children's and Joint Commissioning Services*)

A report had been circulated which provided the Board with an update of the Young Future's project. It had been decided following work by the Dudley Youth Health Research group, presented at the Healthwatch England Conference, that Hartlepool would develop a similar model. The model had focused on engaging with young people around their experiences of health and social care and understanding their experiences and expectations for ongoing development of services. Based on the Dudley model, it had been decided to train young people to research the health and social care issues for young people. To allow this approach, Healthwatch, Hartlepool Borough Council and York University had compiled a proposal for Young Future's project and had been successful in a bid for funding from the Economic and Social Research Council.

The Board was advised that recruitment and involvement of young people had commenced using a variety of techniques, providing young people with information around aims, commitment and involvement of the project. Twenty two young people had attended a two day residential at York University which had provided an opportunity for the young people to understand the aims of the project in more depth. Throughout the residential the young people had learned more about research methods and their importance. Once themes had been decided, an outline of their project had been planned. Since returning to Hartlepool the groups had sustained their commitment and had met a number of times to continue with their research and development of their project area. An online survey had been developed which all three groups had contributed to, covering all three group's area of work.

Groups had focused on generic themes of young people's experience of mental health problems, mental health and social care provision and activities that made young people feel good about themselves and contribute to emotional wellbeing. Following the data collection, the three groups had developed art work that represented their findings. The art work was on display at the Board meeting.

At the meeting, the Board was advised of further information relating to the background to the project and project information. Brian Loader, Senior Lecturer provided an overview of the involvement of York University and reflected on the Project. An overview of the project was also provided by way of a film which was shown to the Board at the meeting.

Young people representatives presented the following:-

- Information and key findings regarding young people's experience of mental health
- Information and key findings on young people's experience of mental health services
- Information and key findings on the impact of leisure activities on emotional wellbeing

Following a facilitated group work session when groups addressed a number of key questions associated with the Project, the Board received feedback from the Groups which included the following:-

- Practical measures including more input into locations for young people to go, increased use of young inspectors and targeted websites.
- Teachers and other professionals to be trained so that they are more aware of mental health issues and that young people be involved in training to ensure professionals know how to be accessible to young people.
- Increased accessibility and communication associated with Hartlepool Now website and the availability of the Family Services directory to ensure more 'front facing'.
- Use of social media compared to use of websites.
- In terms of leisure facilities, the promotion of free gym memberships, reviewing the criteria (the current threshold is aged 14), promotion of rewards schemes and inclusion in Health and Wellbeing Strategy.
- Benefits associated with involvement in music in terms of promoting social and emotional wellbeing. It was highlighted that there were issues associated with the cost of purchasing instruments. The reopening of the Northern Lights Academy was highlighted as a new development in relation to creative arts.
- It was considered that there was a need for more low level support eg. The training of youth workers to provide support.
- Difficulties arising from booking a GP appointment were highlighted including issues associated with feelings of intimidation. It was suggested that there needed to be improved access to school nurses

and also drop in sessions targeted to young people.

- The operation of a 'one stop shop' in Lambeth was highlighted in terms of a safe environment where there was no stigma attached to attending. The one stop shop in Middleton Grange Shopping Centre was highlighted as being a provision for young people which is used by many young people although it was recognised that there was potential to further develop that offer.
- Concerns were expressed regarding the period of waiting time to be seen by CAHMS and that the service appeared to only treat young people with the highest levels of need.
- The need for a consistent approach to be adopted across all schools although funding was identified as a significant barrier.

The artwork displayed at the meeting was highlighted to the Board in terms of the displayed images, posters and ceramics.

Prior to the meeting closing, expressions of appreciation were expressed to all those who had attended and contributed to the meeting with particular reference to the young people and the Council's youth workers/participation team.

### **Decision**

- (i) Board members noted the report and discussed the findings of the project including how the data collected can be used to improve services for young people.
- (ii) The Board recommended that the implications of the research findings are reflected in the ongoing refresh of the Hartlepool Health and Wellbeing Strategy.
- (iii) The feedback from the Groups was referred to York University for further consideration.

## **27. Any Other Business**

None

Meeting concluded at 6.30 p.m.

CHAIR

# HEALTH AND WELLBEING BOARD

4 December 2017



**Report of:** Interim Director of Public Health

**Subject:** HEALTH AND WELLBEING STRATEGY (2018 - 2025)

## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board (HWB) the final draft of the joint Hartlepool Health and Wellbeing Strategy (2018-2025) (JHWS) for agreement.

## 2. BACKGROUND

- 2.1 The Health and Social Care Act 2012 requires that the Local Authority, with partner agencies including the NHS, develop a JHWS based on the Joint Strategic Needs Assessment (JSNA). In accordance with these requirements, Hartlepool's Shadow HWB published its first JHWS (2013-2018) on the 25 March 2013, covering the five year period up to the 25 March 2018.
- 2.2 In complying with the need to publish a reviewed JHWS by the 25 March 2018, the HWB in June 2017 approved the refresh of the JHWS and a detailed timetable for completion of the process. The Board also agreed the following priority areas as the focus for the Strategy and for use in the initial consultation, undertaken in June / July 2017, to inform the development of the Strategy:
- Starting Well - maternal health, children and young people;
  - Working Well - workplace health, getting into work, poverty;
  - Ageing Well - isolation, dementia, long term conditions, older people;
  - Living Well - lifestyle issues, mental health, prevention; and
  - Dying Well (added following the initial consultation process).
- 2.3 The HWB, at its meeting in September 2017, received a breakdown of findings from the initial consultation, the results of which were incorporated in to the final draft of the JHWS approved by the Board for formal consultation in October / November 2017.

2.4 As one of the strategies included in the Council's Budget and Policy Framework, the JHWS requires approval by the Finance and Policy Committee and Full Council, on the 12 February and 15 March 2018 respectively, prior to publication. In accordance with the required process, the Finance and Policy Committee was made aware of the findings of the initial consultation process and, together with the HWB, highlighted the importance of ensuring effective engagement with Hartlepool's children / young people, minority communities and voluntary and community section. In response to this, individual sessions were held, the results of which have been included in the Draft Strategy:

- Asylum Seeker/Refugee Group (25 Sept 2017)
- Youth Council (2 October 2017)
- Voluntary and Community Sector (2 Nov 2017)

2.5 The results of these additional consultations have now been incorporated in to the final draft of the JHWS, a copy of which is attached at **Appendix A**.

2.6 In addition to the consultations undertaken as part of the process for the development of the Strategy, consideration has been given to various other pieces of work undertaken across the local authority and its partners. Examples of these pieces of work include:

i) The Young Future's Project, undertaken by the Youth Parliament and Hartlepool Healthwatch in partnership with York University, engaged with young people around their experiences of health and social care and understanding their experiences and expectations for ongoing development of services. The project focused on:

- Generic themes of young people's experience of mental health problems.
- Mental health and social care provision within the town and the surrounding areas.
- Activities that make young people feel good about themselves and contribute to emotional wellbeing.

The results of the project were reported to the HWB on the 16<sup>th</sup> October 2017 (link to report [Agendas, reports and minutes | Hartlepool Borough Council](#)).

ii) A Consultation Workshop was held on the 21<sup>st</sup> September 2017, entitled 'Future in Mind', led by the Children's Strategic Partnership. The aim of the workshop was to develop an integrated mental health offer for children and young people that incorporate the five ways to wellbeing referenced in the Draft JHWS. (link to relevant documents [The Hartlepool and Stockton-on-Tees Children and Young People's Mental Health and Wellbeing Transformation Plan 2015-20 | Children and Young People's Mental Health and Wellbeing | Hartlepool Borough Council](#))



iii) The asylum seeker and refugee consultation undertaken by Healthwatch Hartlepool in 2015, which highlighted:

- That there was a lack of clear information and guidance for members of the asylum seeker and refugee community in Hartlepool around the availability of and entitlement to health care. JHWS engagement showed that this remained an issue for asylum seeker and refugee and that information in terms of availability of services is a wider issue across Hartlepool, with the need for further improvement.
- Mental health was a significant concern for asylum seekers / refugees (across all age groups). This remains a significant issue for asylum seekers / refugees and was identified as a major issue to be included in the JHWS by the wider Hartlepool population.
- Language difficulties in accessing services (inc. GP's). This also remains a significant issue for asylum seekers / refugees and for those with hearing and other disabilities where translation services are difficult to access.

2.7 The findings of these, and other, pieces of work have provided additional views / comments used in the development of the draft Strategy and Implementation Plan. In going forward, as part of the final stage of the process for the review of the JHWS, detailed in **Table 1 below**, the HWB is requested to:

- Comment on the final version of the JHWS and its Implementation Plan;
- Approve the Strategy, and implementation plan, for presentation to Council on the 15 March 2017; and
- Delegate approval of any final additions / changes to the Strategy, that may arise following consideration of the Draft Strategy by the Audit and Governance Committee (6 December 2017) and the Finance and Policy Committee (12 February 2018), to the Chair in conjunction with the Interim Director of Public Health.

**Table 1**

<b>Approval of Final Strategy - December 2017 – March 2018</b>		
<b>Where</b>	<b>Description</b>	<b>Date of Meeting</b>
HWB	Consideration of Final Strategy for approval	4 December 2017
Audit and Governance Committee	Consideration of Final Strategy for approval	6 December 2017
Hartlepool and Stockton CCG – Governing Body	Consideration of Final Strategy for approval	30 January 2018
Finance and Policy Committee	Consideration of Final Strategy for approval	12 February 2018

Council	Final Approval	15 March 2018
Hartlepool and Stockton CCG – Governing Body	Final Approval	27 March 2018

### 3. **RECOMMENDATIONS**

#### 3.1 That the HWB:

- i) Comment on the final version of the JHWS and its Implementation Plan;
- ii) Approve the JHWS, and implementation plan, for presentation to Council on the 15 March 2017; and
- iii) Delegate approval of any final additions / changes to the Strategy, that may arise following consideration of the Draft Strategy by the Audit and Governance Committee (6 December 2017) and the Finance and Policy Committee (12 February 2018), to the Chair in conjunction with the Interim Director of Public Health.

### 4. **BACKGROUND PAPERS**

Health and Social Care Act 2012

HWB - 13 March 2017, 26 June 2017 and 4 September 2017 (reports and minutes)

### 5. **CONTACT OFFICER**

Dr Paul Edmondson-Jones MBE  
Interim Director of Public Health  
Hartlepool Borough Council  
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Acting Consultant in Public Health  
Hartlepool Borough Council  
Email: [esther.mireku@hartlepool.gov.uk](mailto:esther.mireku@hartlepool.gov.uk)

# **Hartlepool Joint Health and Wellbeing Strategy 2018 - 2025**

## Our Vision and Ambition

**Our vision** is that Hartlepool will develop a culture and environment that promotes and supports health and wellbeing for all.

**Our ambition** is to improve health and wellbeing outcomes and reduce inequalities for our population.

## Our Purpose

### Why do we need a strategy?

The Health and Social Care Act (2012) establishes Health and Wellbeing Boards as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) for their area. Hartlepool Health and Wellbeing Board (HWB) is a committee of the Council with the mandate to address the health and wellbeing needs of Hartlepool and help reduce health inequalities. The JHWS is a strategic document outlining how Hartlepool Borough Council (HBC), NHS Hartlepool and Stockton Clinical Commissioning Group (HAST CCG) and other partners, through the HWB, will fulfil this mandate. The strategy is underpinned by the JSNA and views of our communities and will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool.

## About Hartlepool

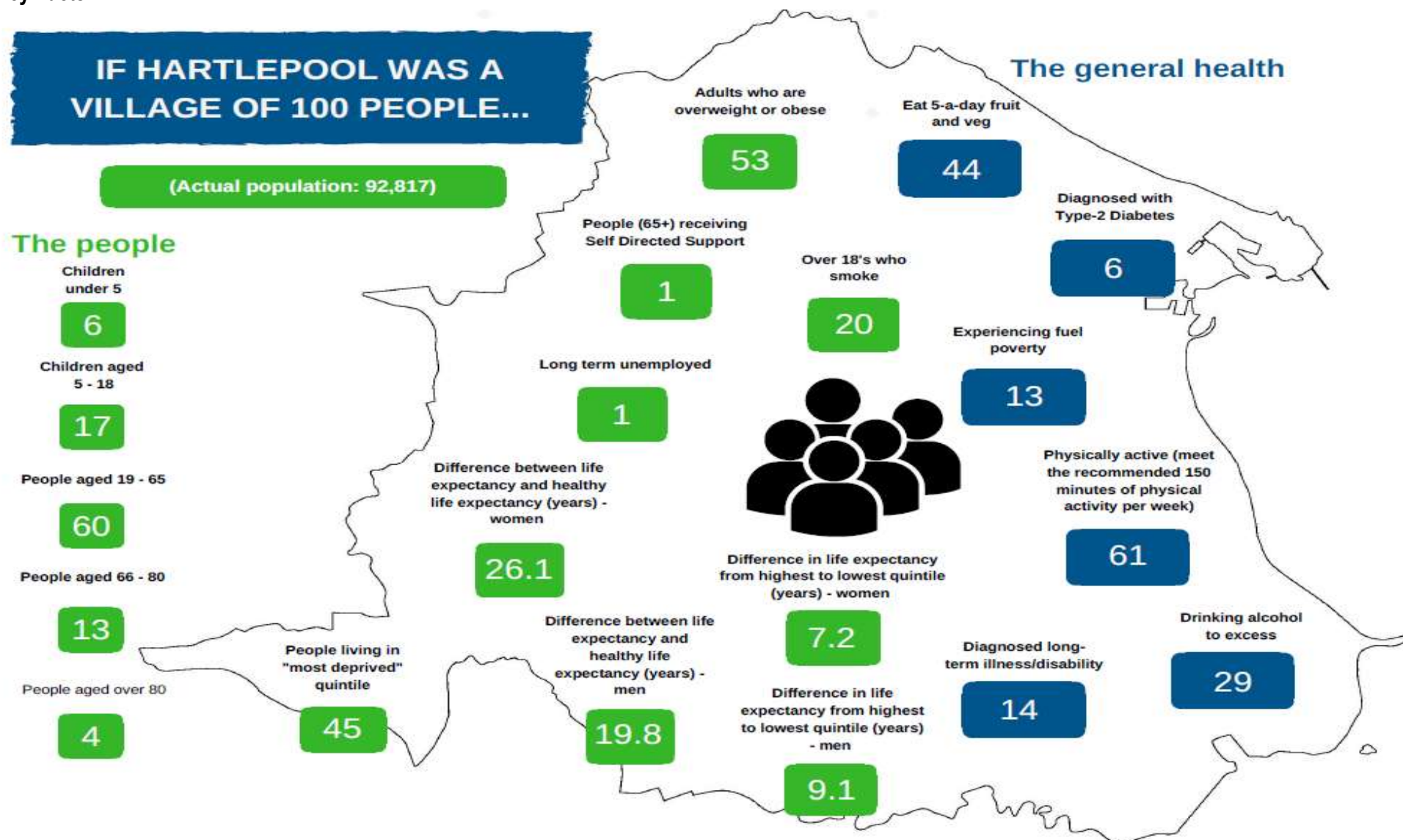
### Background and Context

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

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

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

## Key Facts



## Our residents

### What do they say?

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

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

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

**A summary of responses from the community consultations can be access through the links below:**

1. Online survey report ( [Online Survey results summary.docx](#) )
2. Summary report from community workshops ( [Summary of comments from Community Consultation Workshops.docx](#) )
3. Summary report of comments from the delivery plan development consultations ( [JHWS delivery plan development consultations.docx](#) )

## Our Priorities

### What we want to achieve and why?

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

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

Children who grow up in loving and supportive families are most likely to be happy, healthy and safe. Life experiences involve critical transitions - emotional and physical changes in early childhood; moving from primary to secondary and tertiary education; starting work; leaving home and starting a family; and retirement. Each transition stage can affect health and wellbeing by pushing people into more or less disadvantaged paths. Children and young people who have been disadvantaged in the past are at the greatest risk and their children are more likely to be also disadvantaged. We want to ensure access to high quality universal services such as health care and education; early intervention when needed, and targeted support for those who are in difficulties. We want to prevent children and young people from developing emotional problems; having to live in poverty, or are affected by abuse, violence or misuse of substances, so that we prevent problems being passed from generation to generation.

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

Access to fulfilling work has an impact on people's wellbeing. Economically, fulfilling work provides a secure income and can offer a sense of purpose and social connection. People who are economically less well-off have substantially shorter life expectancy and more illnesses than those in meaningful employment. In addition, supporting those who work to be healthy and well means they are able to better support and care for their dependents (children and/or the elderly). We want workplaces in Hartlepool to be healthy places with supportive practices and environments that enable employees to sustain healthy lifestyle choices. Hartlepool has a higher than average number of

people with learning disabilities in employment. We want to sustain this achievement and we also want to work with our communities to support young people and people with limiting ill-health into fulfilling employment for positive health and wellbeing gains.

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

Similar to most areas in England, the proportion of older people in Hartlepool is increasing. For instance, the number of people who were aged 85 years or more in 2005 was 1,400; this increased to 2,100 by 2015 and will continue to increase to 3,330 by 2025 and to 4,700 by 2035. Although most people are living longer, the majority of their latter years (approximately 20 years for males; and 26 years for females) are lived with poor health and wellbeing. We want to support people to develop and maintain health and independence as long as possible. When people start to develop a long-term health problem, we want to focus on preventing them from developing further health and social problems. We want to see local services focused on those who have the greatest need, to reduce health inequality and to enable a greater focus on prevention of ill health.

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

Enabling those who live in Hartlepool to be healthy and well for a lifetime involves much more than good health and social care services. Many different things impact on health and wellbeing – housing, jobs, leisure, sport & access to open spaces, education, health services and transport. We want Hartlepool to be a healthy place with supportive neighbourhoods and communities which are strong and resourceful, making best use of their community assets. We want to support people in Hartlepool to take steps to avoid premature deaths.

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

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



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

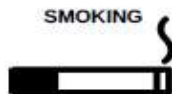
Green = progress | Blue = requires improvement

### Living well



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

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

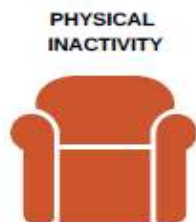


1,922 per 100,000 successful quitters at 4 weeks in Hartlepool

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



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



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

27 out of every 100 adults is physically inactive

### TYPE 2 DIABETES



6 out of every 100 adults in Hartlepool has diabetes

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

### CARDIOVASCULAR DISEASE



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

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



Just 1 person per 1,000 homeless



1,900 successful lung health checks completed

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

### ALCOHOL MISUSE



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

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



## Starting well

### SCHOOL READINESS



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

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

### SEXUAL HEALTH



The number of conceptions has reduced significantly since 2010

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

## Working well

### EMPLOYMENT



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

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

### INCOME



8,700 households do not have a working adult

24 out of every 100 adults in Hartlepool experiencing income deprivation

## Ageing well

### VACCINATIONS



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

6 out of 10 eligible people receive the pneumonia vaccination annually

### INJURIES



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

## Dying well

### DEATHS



Excess winter deaths index = 25.9 compared to 24.6 in England

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

### DEATHS FROM CANCER



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

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

## Our plan for delivery – Current and ongoing

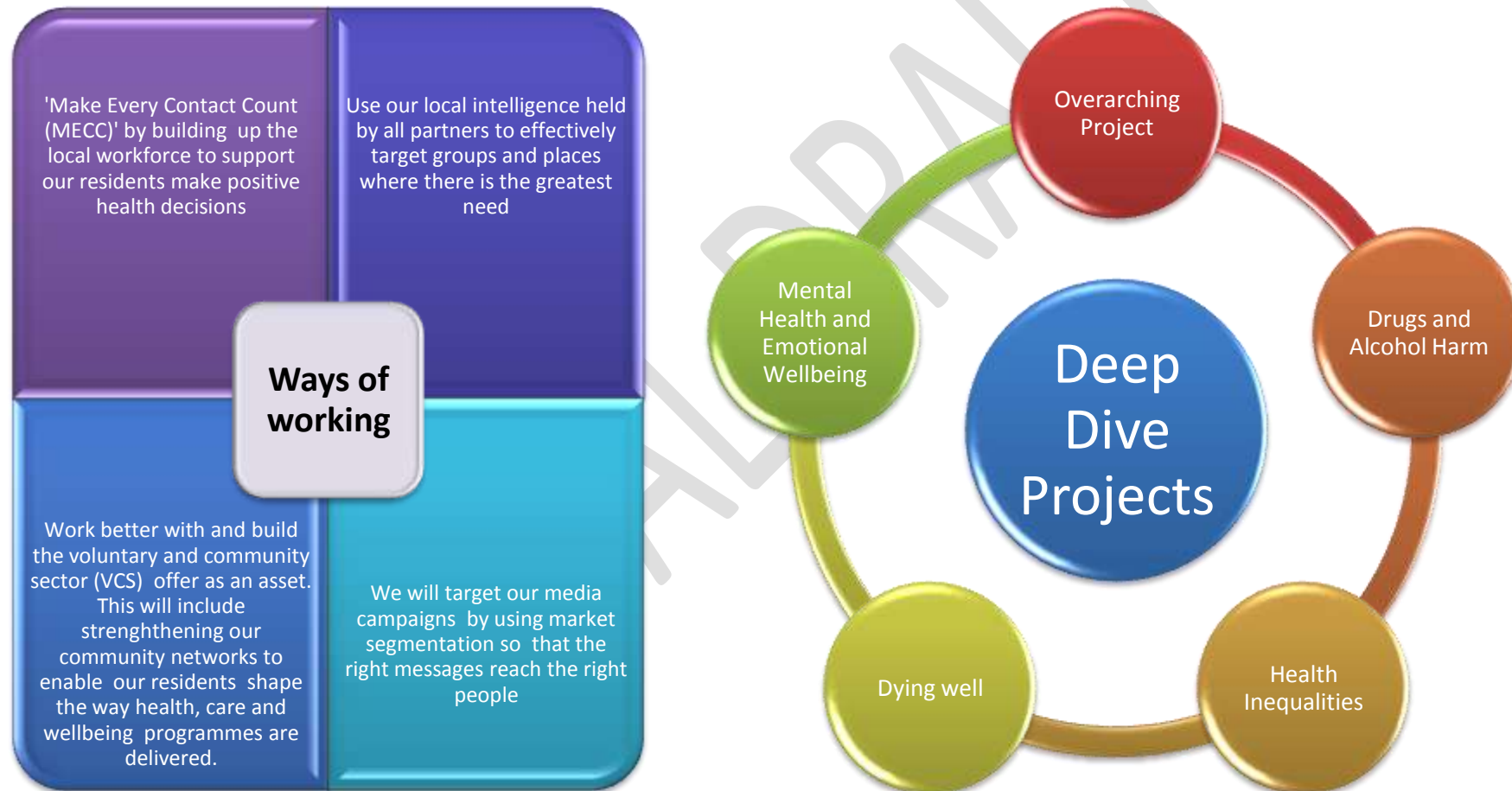
Majority of the priority actions identified by our residents are already being worked on by partners and is inter-dependent on the delivery of a number of town wide/Tees/regional strategies, policies and plans. We will continue to align our business with implementation of these strategies, policies and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

Priority Outcomes	Actions already in Progress		
	Improving Health and Care Services	Improving Health & Wellbeing	Protecting Health
<b>Starting Well</b>	*Improve access for emotional wellbeing and Child and Adolescent Mental Health Services (CAMHS)	*Implement programmes that promote emotional wellbeing and resilience *Improve school readiness, educational attainment and aspirations for children and young people *Implement parenting programmes	*Promote healthy relationships through education, early help and support *Promote uptake of childhood immunisations in deprived wards
<b>Working Well</b>	*Implement workplace based screening programmes to improve health and wellbeing and improve access to health services *Implement workplace wellbeing accreditation and charter schemes for businesses and organisations	*Improve training and employment for people with disability/mental health/long-term conditions *Provide training and employment for young people *Implement programmes to reduce poverty	*Promote uptake of vaccinations for at risk professional groups e.g. health and social care *Promote uptake of vaccinations for people with long-term conditions
<b>Ageing Well</b>	*Provide integrated health, care and wellbeing packages *Improve access to health, care, mental health and wellbeing services	*Implement networking initiatives to reduce social isolation and loneliness *Implement and strengthen programmes that provide support for carers	*Promote safer neighbourhoods and reduce crime and anti-social behaviour
<b>Living Well</b>	*Provide integrated care packages and to include prevention *Deliver the right care, at the right time, in the right place by working as locally as possible and shifting the balance of care out of hospital to community providers including Housing and VCS organisations	*Implement programmes to reduce drugs and alcohol harm *Implement programmes to reduce tobacco harm *Implement programmes to promote physical activity, improve diets and reduce excess weight *Implement programmes to improve emotional wellbeing and mental health	*Implement programmes to reduce impact of drugs and alcohol misuse on children and young people *Implement programmes to reduce tobacco harm in children and young people
<b>Dying Well</b>	*Implement evidence based end of life care packages in appropriate settings	*Implement bereavement and counselling services	*Promote uptake of 65+ flu vaccinations *Promote screening and early identification for preventable ill-health



## Our plan for delivery – Looking ahead

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



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

## Our principles and values

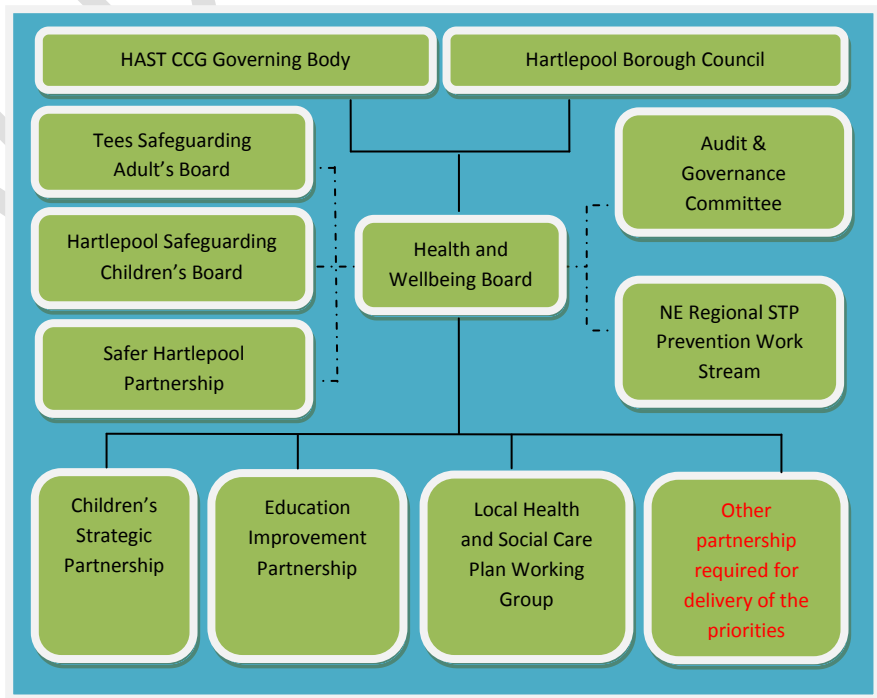


The Health and Wellbeing Board operates within a set of principles and values. The Joint Health and Wellbeing Strategy implementation provides the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing outcomes.

## Our governance arrangements

### Who will hold us accountable?

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





## Monitoring and evaluation

### How will we know we have been successful?

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

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

# Appendix 1: Joint Health and Wellbeing Implementation plan (2018 -2025)

Joint Health and Wellbeing Strategy (2018 - 2025) Delivery plan												
What	Lead	Timescale							Outcome/Output measures	RAG	Risks/Barriers to delivery	
		Year										
		1	2	3	4	5	6	7				
1. Overarching programmes												
<b>VCS sector improvement</b> <ul style="list-style-type: none"><li>Develop virtual network of local VCS organisations with appropriate coordination to avoid duplication and coordinate provision</li><li>Utilise VCS organisations to facilitate targeted consultations/strategy and service development to relevant groups – place and person; and to secure insight into community specific issues</li><li>Work in partnership to secure inward investment through external bids. Communicate information on grants through newsletter /support to smaller organisations on bid writing.</li></ul>	Safer Hartlepool Partnership (SHP) - Community engagement lead, HBC	√	√	√					<ul style="list-style-type: none"><li>Virtual network of VCS organisations developed</li><li>VCS leading community development and engagement activities</li></ul>			
		√	√	√	√	√	√	√				
		√	√	√	√	√	√	√				
<b>Community development and Directory of community activities</b> <ul style="list-style-type: none"><li>Develop further ‘Hartlepool Now’ to produce comprehensive local directory of community activities to help raise awareness – provide group specific segments e.g. CYP, Family, free activities, place specific</li><li>Provide information and support to elected members to advocate for and champion bespoke health improvement initiatives in their wards</li></ul>	Hartlepool Matters working group	√	√	√					<ul style="list-style-type: none"><li>Directory of multi-agency services in the community developed</li><li>Annual ward profiles produced for elected members</li><li>Elected members leading on ward specific health improvement initiatives</li></ul>			
	Public health lead	√	√	√	√	√	√	√				

2. Improve Mental Health & Emotional Wellbeing											
<b>Access to mental health services</b> <ul style="list-style-type: none"> <li>Redesign care pathways to improve access to interventions for those people who fall below the specialist services threshold but require interventions other than universal programmes</li> </ul>	Hartlepool Matters working group	✓	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Improved public perception on accessibility of mental health services</li> </ul>	
<b>Children and Young People's health</b> <ul style="list-style-type: none"> <li>Develop local CYP workforce (to help make every contact count) to identify emotional health issues and intervene early</li> <li>Continue to develop and implement a multi-agency intervention model that incorporates the five ways to wellbeing</li> </ul>	Children's Strategic Partnership (CSP)	✓	✓	✓						<ul style="list-style-type: none"> <li>CYP workforce development plan</li> <li>Five ways to wellbeing model developed and implemented</li> </ul>	
<b>Employee health</b> <ul style="list-style-type: none"> <li>Utilise the North East Better Health at Work Award to facilitate improved employer support for emotional wellbeing of employees</li> </ul>	Public Health lead	✓	✓	✓	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> <li>Checklist for promoting EWB in the workplace is adopted and shared with local employers</li> <li>Mental health and wellbeing is addressed at each stage of the regional award scheme</li> </ul>	
<b>Older people's health</b> <ul style="list-style-type: none"> <li>Establish peer networks to facilitate improved access to community based activities in order to reduce isolation</li> </ul>	SHP - Community engagement lead	✓	✓	✓	✓	✓				<ul style="list-style-type: none"> <li>Community peer network programme launched</li> </ul>	
<b>Promoting emotional wellbeing</b> <ul style="list-style-type: none"> <li>Implement community cohesion programmes to facilitate mutual acceptance and tolerance of people from different backgrounds</li> <li>Improve access to ESOL classes to help reduce communication barriers and therefore help with better networking and engagement by asylum seekers</li> <li>Raise awareness of and implement multiple interventions to improve access and facilitate increased uptake of physical activity to improve emotional wellbeing</li> <li>Design and implement a social marketing</li> </ul>	(SHP) – Safer neighbourhoods group Adult learning and skills lead Healthy weight healthy lives strategy group Public	✓	✓	✓						<ul style="list-style-type: none"> <li>Community cohesion strategy fully implemented</li> <li>Observed increasing trend in number of people who use outdoor space for physical activity</li> <li>EWB social marketing campaign launched</li> </ul>	

campaign to help improve awareness and reduce stigma on mental health	Health/Com ms lead (s)	√	√																
<b>3. Reduce Drug and Alcohol harm</b>																			
<b>Understanding needs and demand</b> <ul style="list-style-type: none"> <li>Utilise multi-agency data, information and demographics across Hartlepool to provide a better overview of need to help redirect action through the JSNA.</li> <li>Map current activity to help re-direct action to areas of most need through the development and implementation of a delivery framework and to improve access to interventions</li> </ul>	SHP- Substance misuse group	√															<ul style="list-style-type: none"> <li>Multi-agency Drugs and Alcohol delivery framework developed and implemented</li> </ul>		
<b>Targeted awareness and social marketing</b> <ul style="list-style-type: none"> <li>Design and launch a 'Hartlepool big conversation' programme that will support multi-agency and town wide social marketing on drugs and alcohol harm (to include medicines waste) – use sport as an engagement tool for prevention and recovery</li> </ul>	SHP- Substance misuse group	√	√	√	√	√	√	√	√								<ul style="list-style-type: none"> <li>Drugs and alcohol marketing campaign launched</li> </ul>		
<b>Promoting behaviour change</b> <ul style="list-style-type: none"> <li>Pilot a behaviour insight project to help understand behavioural barriers to assessing interventions and implement appropriate ethnographic interventions in response in order to improve uptake of services</li> </ul>	SHP- Substance misuse group	√	√	√	√	√	√	√	√								<ul style="list-style-type: none"> <li>Increasing trend in uptake of support by community based services</li> </ul>		
<b>Children and Young People's health</b> <ul style="list-style-type: none"> <li>Design and implement a multi-agency model that will support early identification of 'hidden harm' and intervention in order to minimise the impact of drugs and alcohol on children and young people</li> <li>Build and provide multi-agency integrated early help services for 'hidden harm'.</li> </ul>	Children's Strategic Partnership (CSP)	√	√														<ul style="list-style-type: none"> <li>Hidden harm identification framework developed and implemented</li> <li>Integrated early help services support pathway for 'hidden harm' commissioned</li> </ul>		
<b>4. Reduce Health Inequalities</b>																			
<b>Asylum seeker incl BME communities' health</b> <ul style="list-style-type: none"> <li>Implement peer educator training for asylum seekers to raise awareness of</li> </ul>	SHP - Public Health lead/CCG	√	√	√	√	√	√	√	√								<ul style="list-style-type: none"> <li>Peer educator programme for asylum seekers implemented</li> </ul>		



education/information on health care systems/services/childhood communicable diseases and other community health and care services and how to access them	lead/ HBC Community engagement lead																			
<b>Interpreter service</b> <ul style="list-style-type: none"><li>Implement the recommendations from the Health watch (2017) survey in order to help reduce barriers to accessing health and care services for vulnerable groups e.g. deaf, asylum seekers</li></ul>	GP Federation/ TEWV/NTHF T	√	√															<ul style="list-style-type: none"><li>Improved access to healthcare for those who require interpreter services</li></ul>		
<b>Children and Young People’s health</b> <ul style="list-style-type: none"><li>Provide awareness sessions to young people on their rights to access health care services independently e.g. contraception, alcohol etc; and interventions available in the Borough</li><li>Design and implement a multi-agency support model to help reduce the number of children who are excluded from school</li><li>Design and facilitate an awareness and social marketing approach on tobacco harm to be implemented by schools and colleges</li></ul>	Children’s Strategic Partnership (CSP)	√	√	√														<ul style="list-style-type: none"><li>Improved awareness among young people on their rights to access services independently</li><li>Tobacco harm social marking campaign in schools launched</li><li>Reducing trend in number of CYP who are excluded from school</li></ul>		
<b>Health of the Armed Forces Community</b> <ul style="list-style-type: none"><li>Continue to implement actions to address the health and care needs of service and ex-service personnel as outlined in the Armed Forces Community Covenant</li></ul>	Hartlepool Armed Forces liaison group	√	√	√	√	√	√	√	√									<ul style="list-style-type: none"><li>Health and Care needs of the Armed Forces community is considered in service design and implementation</li></ul>		
<b>Financial improvement</b> <ul style="list-style-type: none"><li>Build on the work of the financial inclusion partnership and the Hartlepool action lab to improve income for disadvantaged groups</li></ul>	Financial inclusion partnership/ Hartlepool	√	√	√	√	√	√	√	√									<ul style="list-style-type: none"><li>Increasing trend in rate of people with LTC/disability who are in employment</li></ul>		

[illegible]



**NHS**  
Hartlepool and Stockton-on-Tees  
Clinical Commissioning Group



**NHS**  
North Tees and Hartlepool  
NHS Foundation Trust

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

**NHS**  
England

**H&SH**  
Hartlepool & Stockton Health

**healthwatch**  
Hartlepool

# HEALTH AND WELLBEING BOARD

4 December 2017



**Report of:** Director of Adults and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17 AND STRATEGIC BUSINESS PLAN 2017/18

## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required, for information.

## 2. PURPOSE OF REPORT

2.1 To present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2016/17 and Strategic Business Plan 2017/18.

## 3. BACKGROUND

3.1 The Teeswide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.

3.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working has continued, with the statutory responsibility now resting with the TSAB.

## 4. PROPOSALS

4.1 It is a requirement of the Care Act 2014 that a SAB publishes an annual report that sets out:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of any safeguarding adults reviews which have concluded in that year,
- any reviews which are ongoing at the end of that year,
- what it has done during that year to implement findings of reviews; and
- where it decides during that year not to implement a finding of a review, the reasons for its decision.

4.2 The Teeswide Safeguarding Adults Board Annual Report for 2016/17 is attached as **Appendix 1**.

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

4.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2017/18 is attached as **Appendix 2**.

## 5. RISK IMPLICATIONS

5.1 There are no risk implications in relation to this report.

## 6. FINANCIAL CONSIDERATIONS

6.1 Statutory partners (Local Authorities, Clinical Commissioning Groups and Cleveland Police) make an annual contribution to the running costs of the TSAB and the associated Business Unit.

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

## 7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations associated with this report.

## 8. CONSULTATION

8.1 The TSAB uses a wide range of methods to engage with professionals, partners and the wider public including the TSAB website ([www.tsab.org.uk](http://www.tsab.org.uk)), online surveys, conferences, foot-fall events, social media, focus groups, bulletins and media campaigns. A Communications & Engagement Sub Group is in place to oversee this work and a Communication & Engagement Strategy has been developed for 2017/18 which sets targets which enable these methodologies to be reviewed and evaluated. The strategy is

underpinned by an operational work plan that is monitored by the Communications & Engagement Sub Group.

- 8.2 The TSAB is creating a portfolio of evidence linked to community awareness of adult abuse and neglect which will be presented in the Annual Communication and Engagement Report 2017/18. This will be published in line with the cycle for the annual Strategic Business Plan, and will provide a feedback loop into the development of all Teeswide safeguarding adults' work.

## **9. CHILD AND FAMILY POVERTY CONSIDERATIONS**

- 9.1 No child and family poverty considerations have been identified specifically associated with this report, although it is recognised that there are links between the work of TSAB and Local Safeguarding Children's Boards. Work is planned during 2017/18 to strengthen these links and to ensure that the 'Think Family' approach is embedded in practice.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 There are no equality and diversity implications associated with this report.

## **11. STAFF CONSIDERATIONS**

- 11.1 There are no staffing considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 There are no asset management considerations associated with this report. The Teeswide Safeguarding Adults Board Business Unit staff are hosted by Stockton Borough Council on behalf of the strategic partners and based at Kingsway House in Billingham.

## **13. RECOMMENDATIONS**

- 13.1 It is recommended that the Health & Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2016/17 and Strategic Business Plan 2017/18.

**14. REASONS FOR RECOMMENDATIONS**

- 14.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2016/17 and Strategic Business Plan 2017/18 set out how statutory requirements are being delivered.

**15. CONTACT OFFICER**

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Hartlepool Borough Council  
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# ANNUAL REPORT 2016-17

Appendix 1

Period: 01 April 2016 to 31 March 2017



Ensuring our safeguarding arrangements act to help and protect adults



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## Executive Summary

I am pleased to introduce our 2016-2017 Annual Report, which provides an overview of the work of the Teeswide Safeguarding Adults Board. This illustrates the progress made over the past year, and sets out our ambitions for continued improvement.

The Board's overall approach is underpinned by the commitment to listen to the voices of those who use services to help shape our priorities. This report explains how this has been achieved, set out under each of the Board's five Strategic Aims.

The Board brings together four Local Authorities, health, police and a wide range of partners into a safeguarding network. By working in this positive, collaborative way we ensure resources are used as effectively as possible and limit duplication. We are beginning to see the benefits of sharing data and information, and in March 2017 published the first strategic overview of adult safeguarding. This gave evidence on the effectiveness of preventative strategies, and highlighted ways to improve reporting, especially from marginalised groups. By sharing and analysing this information we can better protect adults from abuse.

This has been a challenging year. In addition to adapting to the new legislative framework we have seen continuing austerity across the public sector, whilst demand and expectations increase. There has been a rise in concerns across the Tees area, which does not necessarily mean an increase in actual levels of abuse, but could be linked to our approach to raising awareness of safeguarding through locality events and media publicity campaigns.

I wish to thank the Business Unit, and colleagues from all of the organisations that make up the Board and Sub-Groups. By working together the network is stronger, making Tees a safer place for all our communities.



**Ann Baxter**  
Independent Chair



# Introduction

The Teeswide Safeguarding Adults Board continues to develop connections with a range of other strategic bodies, and within a wider network to promote cooperation and consistency in relation to adult safeguarding. This working practice provides an opportunity for the Board’s Strategic Business Plan to be discussed, and for joint objectives to also be considered and developed.



The Annual Report provides feedback on the Board’s 5 Strategic Aims, which were initially set for three years: 2015-18, and the 10 Objectives set within that framework for 2016-17. The work of the Sub-Groups over the last year is also outlined, as well as looking at future priorities.

# Membership

The following organisations are formally represented on the Board:

## Statutory Partners

<b>Cleveland Police</b>	Det. Superintendent: Head of Specialist Crime (6)
<b>Hartlepool and Stockton-on-Tees &amp; South Tees CCG</b>	Director of Nursing & Quality (6) (CCG - Clinical Commissioning Group)
<b>Hartlepool Borough Council</b>	Director of Child & Adult Services (6)
<b>Middlesbrough Borough Council</b>	Director of Adult Social Care & Health Integration (4)
<b>Redcar &amp; Cleveland Borough Council</b>	Int. Corporate Director for Adults & Communities (6)
<b>Stockton-on-Tees Borough Council</b>	Director of Adults & Health (6)

## Non-Statutory Partners

<b>Care Quality Commission</b>	Inspection Manager (1)*
<b>Catalyst</b>	Chief Executive (2) #
<b>Cleveland Fire Brigade</b>	Director of Community Protection (6)
<b>Healthwatch Hartlepool</b>	Development Officer (0)
<b>Healthwatch South Tees</b>	Manager (3)
<b>National Probation Service</b>	Head of Area: Cleveland (4)
<b>North Tees and Hartlepool NHS Foundation Trust</b>	Deputy Director of Nursing (5)
<b>South Tees Hospitals NHS Foundation Trust</b>	Assistant Director of Nursing Safeguarding (5)
<b>Tees, Esk and Wear Valleys NHS Foundation Trust</b>	Director of Nursing & Governance (6)

The Board met on 6 occasions in 2016-17 and in brackets is the number of meetings attended by each agency. There are also associate members not listed who contribute to the work of the Sub-Groups.

\* Committed to two meetings annually

# Vol. sector development agency in Stockton-on-Tees: Dec 2016

# Structure



The structure and membership of the main Board is kept under review based on consultation with key stakeholders. The Sub-Groups also respond to the needs of the local community by enabling a wider range of organisations to engage with, and inform the work of the Board.

**Key:**

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

## Board Partners' Summary

How the partner organisations contributed to the Board in 2016-17.

**Catalyst** have disseminated information from the Board to **800** organisations in Stockton-on-Tees, and to those in the other three Boroughs in Tees through briefings to the Local Development Agencies located there. Catalyst has also continued to support and deliver a Voluntary, Community and Social Enterprise Sector Safeguarding Forum, to facilitate better performance and practice across the sector.

**Cleveland Fire Brigade** have fully contributed to the work of the Board by undertaking the Vice-Chair's role, and Chair of the Communication and Engagement Sub-Group. In addition the Brigade is also an active member of the SAR Sub-Group, which has included providing a non-clinical perspective to the recent \*SAR 3 case (pages **30** to **32**).

**Cleveland Police** fully support the objectives of the Board and provide representation across the Sub-Groups, including as Vice-Chair of the SAR Sub-Group. Regular and specific data inputs are provided, and these have been used to inform the audits into Domestic Abuse and Strategy Meetings. Cleveland Police have also been a key member of the SAR 3 review which will inform improvements to future practice in adult safeguarding related work.

The Director of Nursing and Quality, and Head of Quality and Adult Safeguarding for the **Hartlepool and Stockton-on-Tees and South Tees Clinical Commissioning Groups** continue to take an active role in the business of the Board. This includes representing the area at the NHS England regional forums for Deprivation of Liberty Safeguards, Mental Capacity and \*Prevent.

**Hartlepool Borough Council** has been a committed partner on the Board and participated in the work of the Sub-Groups, including Chairing the LTD Sub-Group (see page **27**). During 2016-17 the Board commenced SAR 3 in relation to an adult who lived in Hartlepool, which has promoted learning and improvements in practice across partnerships in the Borough.

\* See Glossary of Terms on page **42**.

## Board Partners' Summary

How the partner organisations contributed to the Board in 2016-17.

**Middlesbrough Borough Council** is a committed member of the Board and is actively involved with all of the Sub-Groups. The Director of Adult Social Care Chairs the PAQ Sub-Group considering aspects of performance and quality.

**North Tees and Hartlepool NHS Foundation Trust** continues to be an active member of the Board and Sub-Groups. Throughout 2016-17 the Trust has contributed to and supported the recent SAR (3) case, which has also included helping to share the learning outcomes.

**National Probation Service Cleveland** has contributed specifically to the Transforming Care agenda, and through attendance at regional and local meetings, helped ensure safeguarding issues are appropriately considered when patients are being discharged into the community.

**Redcar and Cleveland Borough Council** play an active part on the Board and the Sub-Groups. The Council fully support the objectives of the Board and have contributed to delivering the aims set out in the Board's Strategic Business Plan. During the year the Council participated in the Peer Audit in relation to front door decision making.

**South Tees Hospitals NHS Foundation Trust** has fully supported the work of the Board this year through attendance at Board meetings and Sub-Groups, including as the Chair of the Safeguarding Adults Review, and Deputy Chair of the Performance, Audit and Quality Sub-Groups.

**Stockton-on-Tees Borough Council** continues to host the Board's Business Unit and to facilitate the appraisal of the Independent Chair. The Council also continues to enable links with regional and national Adult Safeguarding Networks.

**Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust** have prioritised and participated in the multi-agency work of the Board, which included reporting on the positive work delivered around patient restraint, which has led to enquiries from other agencies. TEWV have also provided, and continue to work on improving performance data.

## Board Partners' Summary

How the Board contributed to the partner organisations in 2016-17.

The Board's Business Unit contributed to all of **Catalyst's** safeguarding forum meetings throughout the year, and provided clear information to disseminate to voluntary sector partners. The Board's training programme and resources also form part of the Catalyst Centre of Excellence materials.

The Board has provided reassurance in respect of **Cleveland Fire Brigade's** safeguarding arrangements, which has been underpinned by the training offered by the Board. The Board has also helped the Brigade to improve the profile of adult safeguarding, both internally and externally, by providing useful resources and events.

**Cleveland Police** have disseminated E-Learning opportunities provided by the Board across the organisation.

The **Hartlepool and Stockton-on-Tees and South Tees Clinical Commissioning Groups (CCGs)** adult safeguarding policies have been reviewed and amended to reflect the increasing profile of risks such as modern slavery, self-neglect and radicalisation of vulnerable groups. The CCGs' Governing Bodies receive a bi-monthly summary report, by exception, which advises on all safeguarding issues for the Teeswide population.

**Hartlepool Borough Council:** The Board has provided a platform to work collaboratively on a number of shared issues, including the Transforming Care agenda, and delivering improvements in the quality of provision for those needing care and support.

The Board has helped to assist **Middlesbrough Borough Council** in developing the overall approach in relation to adult safeguarding work, including help to improve the profile of Making Safeguarding Personal and performance activity. The work delivered within the Quality Assurance Framework has also helped a stronger strategic focus to develop across the council.



## Board Partners' Summary

How the Board contributed to the partner organisations in 2016-17.

**North Tees and Hartlepool NHS Foundation Trust** has focused on integrating the Teeswide procedures into practice, and has benefited from the training opportunities provided by the Board, enhancing the knowledge, skills and confidence of all staff in safeguarding adults.

The Board continues to contribute to the work of **National Probation Service Cleveland** through the circulation of information, on-line training, and the delivery of events. This has encouraged networking, and the distribution and use of resources in every team.

The outcomes set out in the Board's Strategic Business Plan were used to formulate **Redcar and Cleveland Borough Council's** first Adult Safeguarding Strategy, which was recently published. In addition the Council has utilised the plans and policies published during the year, including the Decision Support Guidance.

**South Tees Hospitals NHS Foundation Trust** has been involved in the evaluation work linked to the Quality Assurance Framework, which has helped to prepare the Trust for completing this process in 2017-18.

The Board has implemented a Quality Assurance Framework, which has supported **Stockton-on-Tees Borough Council** to reflect on local arrangements. The Board has also helped to prompt a Cabinet Report on the Mental Capacity Act.

The Board has continued to provide regular and up to date information, including the provision of an E-Bulletin following Board meetings, which has helped to engage the **Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust** workforce with the work of the Board.

# Overview of 2016-17

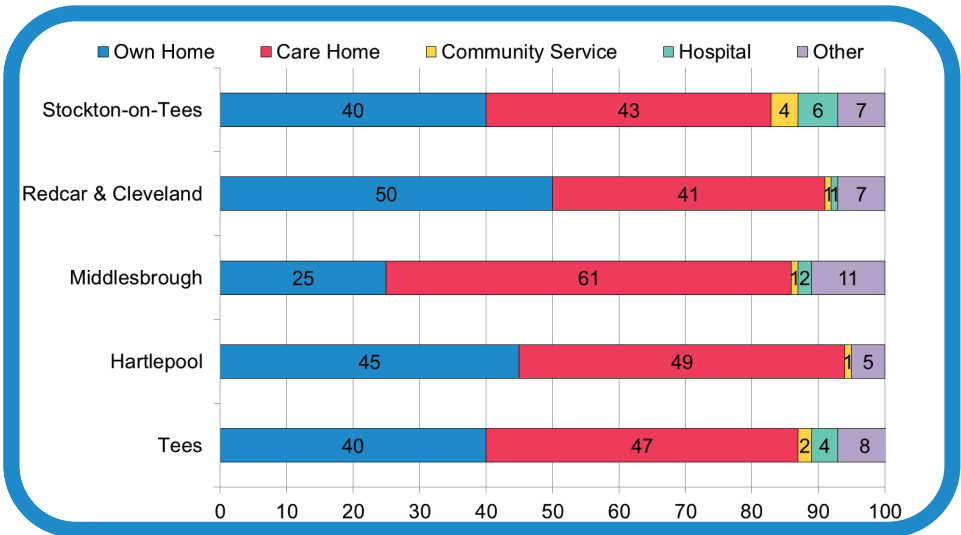
## Positive Progress

The Board’s statutory partners completed the Quality Assurance Framework over the last 12 months (pages 24 & 28), which is a significant milestone as adult safeguarding services have never been tested in this way across Tees before. Training provision has been expanded, and the analysis of Teeswide operational and SAR data is starting to help inform the approach in relation to preventative practice.

## Key Areas for Development

Further integration with other strategic bodies is still required, which includes improving the focus on community, harder to reach and marginalised groups. This overlaps with the continuing need to remove barriers to reporting, and ensure newer forms of abuse become more prominent in the work of Local Authority safeguarding teams (page 36).

## Location of Risk



The volume of reporting in Own Home has increased in the last year (up 84% in Middlesbrough), with the spread of activity becoming more consistent across Tees, and closer in line with national trends.

Other includes supported living environments and alleged perpetrators home.

# Strategic Aim One: Personalisation

What the Board said it would do in 2016-17 to make a difference:  
The adults' voice will strongly influence how the work of the Board is taken forward.

## Capturing the Adults' Voice

15 key groups were identified and prioritised by the Board as the focus for this work. This involved a year-round programme of activity delivered right across Tees, including bespoke focus groups for age, asylum seekers, carers, dementia, domestic abuse, honour based violence, learning disability and sensory loss.

Targets were set for the individual methods that were used to engage with these adults, which were mostly exceeded, as further outlined on pages 13 & 14.

## Annual Survey Results 2016-17

The Board also conducted two surveys; one for members of the public and one for professionals, which generated this list of key outcomes:

### What Should the Board's Priorities be for 2017-18?

Improve the general awareness of safeguarding and how people can protect themselves

Focus on breaking down barriers to reporting abuse and neglect

Increase the awareness of newer forms of abuse: domestic abuse, modern slavery & self-neglect

Better connect the work of agencies (early help & prevention)

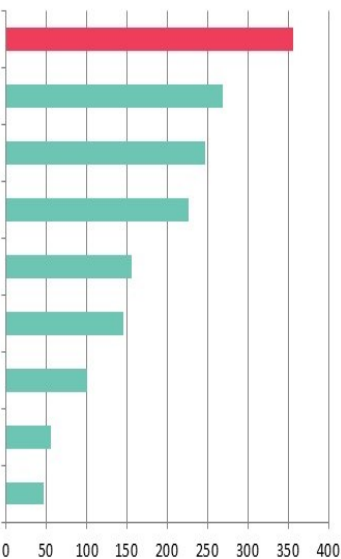
Focus more closely on the quality of service provision in the care sector

Continue to develop training opportunities for staff and volunteers

Further prioritise work linked to domestic abuse

Continue to challenge partner agencies and other Boards/Public Bodies

Ensure adult victims inform the Board on their plans



See additional comments on page 25.

## Annual Survey 2016-17: What Adults Said

“Develop a single Teeswide phone and text number to report abuse”

“More work on social media”

“Provide more face to face training and don’t rely so heavily on workbooks”

“Increase awareness by delivering information days in popular places like local leisure centres, doctor’s surgeries and libraries, as well as having leaflets in these locations”

“Have difficult conversations with people, linked to culture, about abuse”

“Establish links and working relationships with non-Board members”

“We need to implement preventative measures”

“As an Asylum seeker every door is closed in terms of support”

“A lot of victims of domestic abuse don’t have the capacity to make informed choices and wishes due to coercive control”

# Annual Communication



## Training

<b>4,300</b>	E-learning registrations
<b>600+</b>	Watched the Care Act Seminar
<b>250</b>	Workbooks completed
<b>170</b>	Completed Managers of Services



**95%** of people who had used Safeguarding Services said in their current situation they felt **Safe from Abuse**



**554** surveys completed by professionals and members of the public

**59%** of professionals said the **Board is Helping** to prevent abuse

A copy of the Communication and Engagement Report 2016-17 can be viewed here:  
<https://www.tsab.org.uk/key-information/local-reports/>

# and Engagement Report 2016-17

**41,000** Website Page Views  
**9,000** Individual Users



**600+**

Members of the public engaged

## Face to Face

via over **60** events and forums



## Social Media

**6,900** Reached via Facebook

**170** Twitter Followers

**400** Tweets



**83%**

## Professionals

Stated they felt fully informed about all forms of abuse and neglect (up **12%**)



## Bulletins

**4,800**

Reads of Bulletins and Newsletters



## Strategic Aim One: Personalisation

What the Board said it would do in 2016-17 to make a difference:

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

### Making Safeguarding Personal (MSP)

The delivery of \*MSP continued to be assessed by each Local Authority across Tees by collecting feedback from adults who engaged with safeguarding services. This indicated that a high number of adults' views and wishes were being realised, although there was not enough direct evidence to confirm the impact this has had yet, which has led to a further review of the way this outcome will be assessed in 2017-18.

#### What MSP Seeks to Achieve

- A personalised approach enabling safeguarding to be done 'with', and not 'to' people, using practical methods defined by the adult's individual needs rather than those of an organisation.
- The outcomes an adult wants, by determining these at the beginning of working with them, and ascertaining if those outcomes were realised at the end.
- Improvement to people's circumstances rather than on 'investigation and conclusion'.
- Utilisation of person-centred practice rather than 'putting people through a process'.
- Good outcomes for people by working with them in a timely way, rather than one constrained by timescales.
- Improved practice by supporting a range of methods for staff learning and development.
- Learning through sharing good practice.

Broader cultural change and commitment within organisations, to enable practitioners, families, teams and the Board to know what difference has been made.

\* See Glossary of Terms on page 42.



## Strategic Aim Two: Prevention

What the Board said it would do in 2016-17 to make a difference:

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

### Website

The Board's website hosts a **Find Support in Your Area** directory, which maps relevant services by the type of adult abuse and by Local Authority area. This is designed for use by members of the public, but also as a quick reference guide for professionals, helping to better connect people with agencies across Tees. The Board will improve and expand on how this resource is promoted in 2017-18 (page 39).

### Bulletins and Newsletters

The Board's E-Bulletin and Newsletter are published bi-monthly and quarterly respectively, and are targeted at different audiences, with prevention now more of a feature in the online Newsletter.

### TSAB Video

A short safeguarding awareness video was launched in June 2016 via the Board's website and YouTube channel, featuring residents from across Tees. This provides a simple way to publicise the key messages linked to safeguarding adults, and can be used during staff training and induction sessions to improve awareness of local support services.



This video can be accessed here:

<https://www.tsab.org.uk/professionals/video-tutorials/>

## Strategic Aim Two: Prevention

What the Board said it would do in 2016-17 to make a difference:

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

### E - Learning

The 5 online modules became the most visited part of the Board's website and the most frequently used resource in 2016-17 (page 40).

### Workbooks

6 further modules were added to this range of learning resources throughout 2016-17, which are set up at a slightly higher level than those on the E - Learning system. These are increasing in use and are evaluated by a supervisor or manager, helping to reinforce the learning for the individuals undertaking them.



### Leaflets and Posters

The Board's Safeguarding Adults leaflet was translated in February 2017 into the 5 most commonly used non-English languages across Tees:

- Arabic
- Chinese
- French
- Punjabi
- Urdu

This helped to improve the accessibility of this information and further remove barriers to reporting abuse.

### Engaging Members of the Public and Providing Information

Several informal opportunities to raise awareness with members of the public were delivered throughout the year at: Stockton-on-Tees Town Centre in July and December 2016; James Cook University Hospital in August 2016; as well as the Hartlepool, Middlesbrough, and Redcar & Cleveland Central Libraries in March 2017.

## Strategic Aim Two: Prevention

### Prevention Information Sheets

These sheets continued to be published and updated throughout the year, including guidance for practitioners on Making Safeguarding Personal. This resource overlaps with the **Find Support in Your Area** tool by signposting adults and practitioners to appropriate agencies, and has helped to further reduce barriers to reporting abuse.

These sheets can be accessed here:

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

### Managers of Services Training

The Board invested a significant proportion of the annual training budget to deliver 6 Safeguarding Adults courses during 2016-17 to managers of services. A key element of this training was designed to improve the knowledge of participants in relation to how they respond to, and report identified abuse.

#### What Participants Said

**“The training was excellent”**

“This was a well planned course”

**“I feel more empowered  
within my role”**

“Course was very organised and the hand outs were very beneficial”

**“I believe that this will have a positive impact on  
the safety of the residents in our care”**

## Strategic Aim Three: Protection

What the Board said it would do in 2016-17 to make a difference:

Adults Teeswide will receive a more integrated response to safeguarding Concerns.

### Strategic Overview of Adult Safeguarding Teeswide Report

This report was published in March 2016 after 18 months of detailed analysis had been concluded to cross-reference Local Authority safeguarding data from 2014-15, with other pieces of crime, health and demographic information and research. This work also involved comparisons with 2015-16 data to establish underlying trends and patterns in safeguarding reporting across Tees.

The volume of safeguarding \*Concerns decreased slightly (2%) in 2015-16 (page 35), despite the introduction of the Care Act 2014 and the three new categories of abuse. This figure was benchmarked against local crime statistics for one of these new strands, domestic abuse, where there were 302 incidents recorded by Cleveland Police for an identified vulnerable adult, and 15,173 in total that year.

Although many of these cases would not have been in scope of the safeguarding duty described within the Care Act 2014, only 45 cases were formally investigated by a Local Authority safeguarding team in that year. This is a small number of investigations, and especially when the Safe Lives report (2016) is also taken into consideration, which indicates there is likely to be very significant under reporting within the adult population aged over 60, described as 'systematic invisibility'; and research conducted by Magowan (2004) which suggested that 50% of disabled women may have suffered from domestic abuse.

This evidence combined with the Annual Survey results and data for 2016-17 (pages 35 to 38), suggests the need for further integration across agencies in relation to adult domestic abuse, and to further improve the prominence of this subject in the work of Local Authority adult safeguarding teams.

This analysis has been used by the Board to develop their priorities for 2017-18, which includes improving co-ordination across organisations, and providing further learning opportunities for leaders and managers who do not fit the criteria for existing training courses being offered.

\* See Glossary of Terms on page 42.

# Strategic Aim Three: Protection

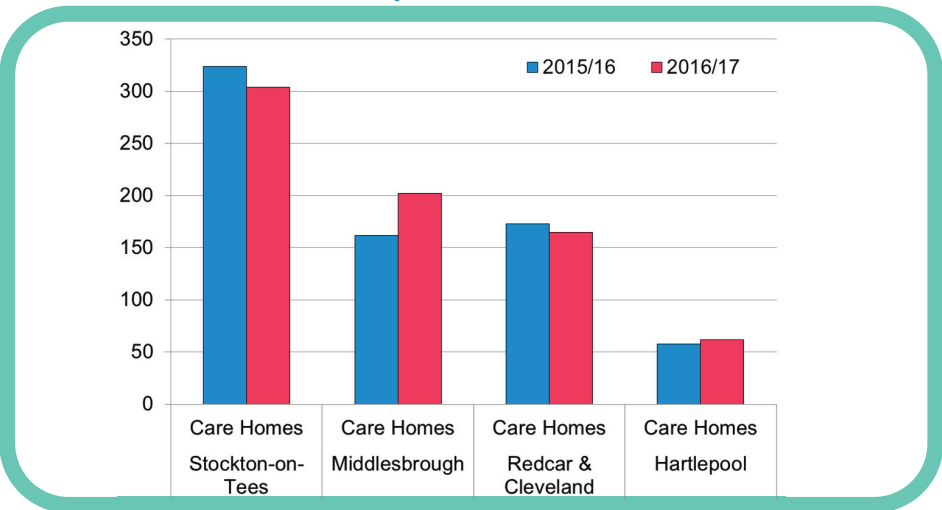
What the Board said it would do in 2016-17 to make a difference:

There will be fewer repeat occurrences of abuse and neglect.

## Care Home Data

The repeat occurrence rate (an individual with more than 1 Concern within the last 12-months, irrespective of the type of abuse) for safeguarding Concerns across Tees in 2016-17 was 31%, with over half of these coming from Care Homes.

## Care Homes: Section 42 Enquiries Commenced



A higher proportion of \*Section 42 Enquiries were conducted in Care Homes in Stockton-on-Tees, whilst repeat occurrences were much lower. This indicates that escalating risk in this way may help to have an impact on preventing repeat instances of abuse from occurring.

Conversely, the conversion rate from Concern to Section 42 Enquiry in Care Homes, outside of Stockton-on-Tees was 15%, which is the lowest rate and half the average for all sources of Concerns (page 37).

This might suggest that Concerns are being submitted due to a contractual requirement, rather than based on the actual seriousness of the incident. This is a national issue with several Safeguarding Adults Boards finding the same themes, indicating this should be analysed further and be given more detailed consideration.

\* See Glossary of Terms on page 42.

## Strategic Aim Four: Partnership

What the Board said it would do in 2016-17 to make a difference:

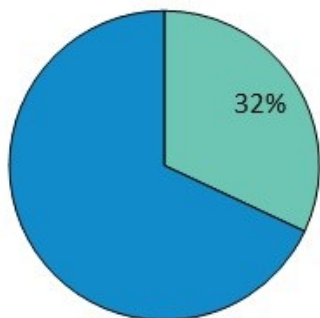
The Board will better co-ordinate and prioritise safeguarding adults work.

### Awareness Raising Campaigns

The Board delivered a bespoke TSAB Awareness Day in July 2016, which coincided with the North East Smooth Radio campaign that was delivered for 10 weeks between 20 July and 28 September 2016.

The awareness day in July was focussed on using on-line activities to improve the profile of adult safeguarding work across Tees, and in doing so encouraged organisations to further prioritise this work. Over 20 agencies were involved, which helped to increase the numbers of people accessing the Board's website in the remainder of the 2016-17 period.

### Radio Campaign Evaluation



Adverts aired **306** times reaching an estimated **735,000** people

This equated to **32%** of the population of the North East

### Partner Events

The Board provided input to numerous events across Tees during the year including several during Dementia Awareness Week in May 2016.

Other prominent examples included the South Tees Care Providers Forum in June 2016, the World Mental Health Awareness Day in Hartlepool in October 2016, the Catalyst bi-monthly Voluntary, Community and Social Enterprise Sector Safeguarding Forum in Stockton-on-Tees, and the Sexual Assault Referral Centre (SARC) Conference in February 2017.

## Strategic Aim Four: Partnership

What the Board said it would do in 2016-17 to make a difference:

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

### Board Development Day



The Board held their annual Development Day on 29 March 2017 at the Cleveland Fire Brigade Headquarters in Hartlepool. The senior leaders who were present spent the morning analysing the delivery of the work of the Board over the previous 12 months, outlining that **17** of the **22** actions set out in the Strategic Business Plan for 2016-17 were fully achieved, with the remainder partially or not yet achieved.

Most of the outstanding work was linked with integrating the work of the Board more fully within other strategic structures, and more generally with a wider range of organisations.

This feedback helped to shape the discussion on the priorities for the next 12 months, and has now been translated into the content of the Strategic Business Plan for 2017-18 (pages **33** & **34**).

## Strategic Aim Four: Partnership

### Safe and Well Visits

Cleveland Fire Brigade worked with health partners across Tees to help keep residents safe and well in their homes. “We are delighted to be working with our partners in health and social care to use our skills and experience in keeping people safe in their own homes. We are very experienced in visiting people in their homes and looking at a wider range of issues will allow us to make every contact count to benefit vulnerable people on Teesside and embed Fire as a Health Asset”. (Ian Hayton, Chief Fire Officer)

### Medication Errors Audit

The Board carried out a medication audit to enable a better understanding of the issues in relation to medication errors and the level of reporting into safeguarding. A multi-agency task and finish group was convened in August 2016 including representation from the Clinical Commissioning Groups, the North of England Commissioning Support Unit, South Tees Hospitals NHS Foundation Trust, as well as Hartlepool and Redcar & Cleveland Borough Councils. The group looked at Local Authority contract monitoring arrangements for care services, medication policies and procedures, and the prevalence of medication errors in a range of health and social care settings. A final report is due for publication later in 2017.

### Local Executive Groups (LEGs)

The Board decided to disband these groups in April 2016 as it was felt that there was some duplication of effort in relation to the work of the Sub-Groups and the Board. However, it was also recognised there was a need to keep this decision under review, and to ensure that more specific local issues were not overlooked within each Borough.

### Engagement with Other Strategic Bodies

The Independent Chair of the Board attended 7 strategic meetings across Tees, including Health and Wellbeing Boards and Scrutiny Committees. This helped to facilitate and generate discussion on how the objectives of adult safeguarding can be best achieved, and ensured that the Board's Strategic Business Plan was appropriately shared.



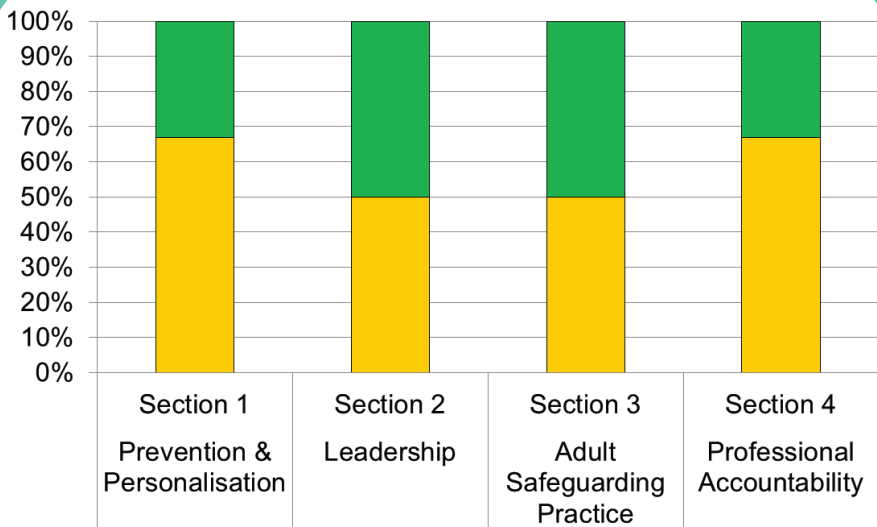
# Strategic Aim Five: Professional Accountability

What the Board said it would do in 2016-17 to make a difference:

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

## Quality Assurance Framework (QAF)

The QAF is a self-audit tool used by Board partner agencies to provide assurances about services being delivered to adults. The themes from the 6 statutory partners who took part in 2016-17 are illustrated below:



### Ratings System:

Fully Achieved

Not Yet Fully Achieved

Not in Place Yet

These results highlighted that Making Safeguarding Personal was not fully embedded in any organisation, and that there were a lack of robust processes to share the learning from Safeguarding Adults Reviews (Section 1). Quality assurance was a significant factor, with a need for better compliance with supervision, training, workforce plans and case file audits also identified (Section 4).

Further details from the QAF outcomes are detailed on page 28.

## Strategic Aim Five: Professional Accountability

What the Board said it would do in 2016-17 to make a difference:

The Board will ensure the experiences of adults helps to hold all strategic partners to account.

### Annual Survey Results 2016-17

Question	Public Survey	Safeguarding Service User
I feel fully informed about all forms of adult abuse and neglect?	45% (33%)	76%
I know how to report abuse and neglect to the Local Authority?	50% (61%)	86%
I know how to get appropriate support/help in relation to abuse and neglect?	51% (50%)	81%
In my current situation I feel safe from abuse and neglect?	74% (50%)	95%
I know how to protect myself from adult abuse and neglect?	61% (28%)	90%

The figures for 'Safeguarding Service User' were more positive or optimistic than the wider general public responses. This suggests that adults are better informed, and that Local Authority safeguarding processes are having a positive impact, which supports the comments on page 15 that adults' 'views and wishes' were being realised.

The responses from the general public in comparison to the previous year were nearly all more positive (figures in brackets from 2015-16).

The one negative trend is supported by the general feedback from the bespoke focus groups, which suggested that the actual real level of understanding in relation to reporting abuse to the Local Authority, was in fact even lower than the 50% figure reported.

This highlights the need to continue to improve the profile of adult safeguarding and in doing so remove one of the most significant barriers to reporting abuse.

## Communication and Engagement Sub-Group

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

### Communication and Engagement Strategy

The Sub-Group reviewed and updated the Board's strategy which was re-published in September 2016. This included work on the stakeholder analysis, to reflect the greater level of importance being placed on engaging with carers and personal assistants.

### Publicity Materials and Activities

All of the Board's communication events, channels and resources were overseen by the Sub-Group throughout 2016-17. These activities have positively impacted on the awareness levels of professionals and members of the public, which is a key prevention principle, and are evidenced by the outcomes highlighted on pages 13 & 14.

### Safe Place Scheme

These are venues in the community where people who need extra support can go to if they need help. Vulnerable people can use the scheme if they are feeling unsafe, but many who benefit never actually use it, although the existence allows people to feel safer and live more independently.

The Board took on the governance of the scheme in September 2016, which led to a Steering Committee being re-formed that meets periodically throughout the year.

There is a dedicated webpage for the scheme on the Board's website, which hosts the resources, lists and a Google map of all participating locations:  
<https://www.tsab.org.uk/find-support-in-your-area/>



### Priorities for the Year Ahead

The Sub-Group will establish a Prevention Task and Finish Group which will examine how to improve links with community, harder to reach and marginalised groups.

The group will also continue to strive for better on-line connections between partner and other agencies who offer support services, and focus on delivering networking events, which will help to establish a pool of local safeguarding champions.

## Learning, Training and Development Sub-Group

Chair: Sally Robinson - Director of Child & Adult Services (Hartlepool Borough Council).

### Training Needs Analysis (TNA)

This was conducted in the summer of 2016 to identify the training needs of partner agencies, and was used to inform the development of the multi-agency training programme. Human trafficking was identified as a particular gap, and although this could not be pursued by the Board due to costs, some training was delivered by Cleveland Police on this subject and accessed by partner agencies.

### Training Strategy and Plan

The Sub-Group developed and managed the training strategy on behalf of the Board, including the budget for the E - Learning contract, the Training for Managers of Services (page 18), and the planning for the Domestic Abuse Conference, which was held later in 2017.



### Care Act 2014 Seminar

The training budget funded the purchase of an Advanced Care Act Safeguarding Video on behalf of the Board in May 2016. This resource has been well used (page 13) and is continuing to help to shape practice across Tees.

This video can be viewed here: <https://www.tsab.org.uk/professionals/video-tutorials/>

### Priorities for the Year Ahead

The Training Plan for 2017-18 will include new face to face training courses for Making Safeguarding Personal, which was identified as a priority in the 2016-17 TNA.

Learning events for managers/leaders in non-regulated agencies will also be delivered in each Borough over the next 12 months, as well as a one off event for operational practitioners, aimed at further improving procedural consistency across the Board's partner agencies.

## Performance, Audit and Quality Sub-Group

Chair: Erik Scollay - Director of Adult Social Care & Health Integration (Middlesbrough Borough Council).

### Quality Assurance Framework (QAF)

The QAF was completed by the Boards 6 statutory partners in 2016-17.

The findings included the following areas of good practice across Tees:

- Some agencies' Strategic Plans set out safeguarding adults as a key priority
- Elected members induction programme and annual briefing sessions on safeguarding adults
- Good examples of robust induction training programmes for staff
- Post qualifying training in place
- Provider review meetings in various forms, and good examples of information sharing at an early stage to prevent issues escalating
- Prevent training was being provided across all agencies.

The following were some of the areas highlighted for development:

- Engagement with minority and marginalised groups to be improved, and better analysis was required in relation to how these groups interacted with safeguarding services
- Some agencies needed to improve and / or update their adult safeguarding information for members of the public
- Organisational structures should clearly indicate the senior leader for adult safeguarding, providing clarity for the whole workforce.

### Performance Reports

These continued to be developed and expanded throughout 2016-17 and now incorporate a broader range of data, collected from a wider number of sources. This data is helping to shape practice and improve procedural consistency (see tables on pages 35 to 38).

### Priorities for the Year Ahead

The Sub-Group will improve the way feedback is captured from adults who have used safeguarding services, and performance benchmarks will be created in 2017-18 to help guide operational delivery.

A multi-agency audit programme will also be established.

## Policies, Procedures and Practice Sub-Group

Chair: Helen Smithies - Assistant Director Nursing Safeguarding (South Tees Hospitals NHS Foundation Trust)

The following documents were all newly developed during the reporting period on behalf of the Board:

- Complaints Policy & Procedure
- Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) Interim Policy 2016-17
- Supporting and Promoting the Welfare of Children and Adults at Risk Guidance.

These policies and procedures were also updated by the Sub-Group:

- Information Sharing Agreement
- Safeguarding Adults Review Policy and Procedures
- Teeswide Safeguarding Adults Inter-Agency Policy
- Teeswide Safeguarding Adults Inter-Agency Procedure
- Template: Safeguarding Adults Single Agency Policy.

All of the Board's formal documents can be viewed on this webpage:

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

The Sub-Group also initiated the work in relation to the Medication Errors Audit (page 23), the Police Referral Criteria, and the Risk Register; with Task and Finish Groups created to take forward the development of the Responding to and Addressing Serious Concerns Policy and Procedures, and the Self-Neglect Policy and Guidance.

### Priorities for the Year Ahead

To continue to develop the policies and procedures outlined above, improve the focus on domestic abuse, sexual exploitation, modern slavery and financial abuse, and review national and regional multi-agency safeguarding arrangements for possible use in Tees.

The group will also continue to focus on developing and sharing good practice.

Ann Workman - Director of Adults & Health (Stockton-on-Tees Borough Council) took over the Chair of the Sub-Group in Dec 2016.

# Safeguarding Adults Review Sub-Group

Chair: Barbara Shaw - Corporate Director of People Services (Redcar & Cleveland Borough Council).

## SAR Notifications

During 2016-17 **3** new SAR notifications were considered by the Sub-Group. **2** of the cases were not progressed to SARs, although other types of review were recommended, and **1** case will progress to a SAR when criminal proceedings are concluded.

## Themes from the Cases Overseen by the Sub-Group

**10** cases either had some type of on-going formal review process, or an action plan that was being managed by the Sub-Group during 2016-17, although there was only **1 SAR conducted** during the reporting period.

**1** case has not been considered for the purpose of developing the themes as this did not involve an individual adult, and as such could not be compared to the other cases.

## Facts (**9** Cases)

- **8** of the adults had a history of mental health issues and / or a cognitive impairment (**2** were living with dementia).
- **5** of the adults were known, or suspected to have drug and / or alcohol misuse issues alongside mental health issues.
- **3** of the adults were known to have come into contact with Criminal Justice Agencies as actual or alleged perpetrators, with links to anti-social behaviour in some cases.
- **2** of the adults were known to have suffered from \*mate crime, or home invasion activity.

## Regional and National Perspective

Many of the themes found in the Teeswide cases are replicated both regionally and nationally, with mental health, alcohol and / or substance misuse, and lack of information sharing common features found in the most serious cases of adult abuse.

## Policy and Procedures

This is the first full year since the new SAR policy and procedures were published, which has resulted in more information being made available at the initial stage of the notification process, which has helped to improve the decision making process for SARs.

## Safeguarding Adults Review Sub-Group

### Key Lessons Learned Locally

1. 7 of the adults (78%) were either thought, or known to lack mental capacity to make relevant decisions about some elements of their health or wellbeing. In all 7 cases there were a lack of up to date, and decision specific Mental Capacity Act (MCA) assessments.

The reviews have helped to inform work to improve awareness of this subject, and the significance of MCA Assessments in protecting adults at most risk of serious harm.

2. In 6 of the cases (67%) a lack of, or missed opportunities for agencies to work effectively with partner organisations was reported. This included, but was not exclusively related to information sharing.

There is an ongoing commitment by Board partner agencies to improve multi-agency working, and appropriately use information sharing tools\* and case management, which can help to remove communication barriers and prevent serious abuse.

3. These cases identify some trends within the under 50 age group, which may provide a useful insight into demographics, linked to the predictability of the risk of serious harm.

The issues of mental health and capacity, alcohol and or substance misuse, combined with the adult being both a perpetrator and victim of criminal activity, will be monitored by the Board to establish if this may indicate a heightened risk of serious abuse and or neglect.

\* See Glossary of Terms on page 42.



## Safeguarding Adults Review Sub-Group

### Key Actions Taken Locally

In each of the cases detailed action plans were delivered in response to the findings and recommendations. Implementation of these actions was monitored, with steps taken to ensure the **learning was shared across Tees:**

- The Inter-Agency Safeguarding Adults Concern Form has been improved to better guide professionals on the completion of this document.
- Teeswide procedures were amended to ensure Section 42 Enquiries were concluded if the adult passed away after a Concern was initially submitted, to ensure that any relevant lessons to be learned were not missed.
- The Board and partner agencies have sought to work more closely with GPs in relation to adult safeguarding work.
- The Board's Training Strategy has been reviewed to reflect the importance of Mental Capacity Act training.
- The way in which the adults' family are involved in a SAR or other review process has been assessed to ensure this is delivered in the most appropriate manner.
- Information sharing arrangements have been reviewed.
- Lessons learned are shared via the Board's Bulletins and other appropriate methods.
- Consideration is being given on how best to commission, and further develop local capacity to complete SARs.

### Priorities for the Year Ahead

SAR 3 continued throughout 2016-17 and when published the action plan will be a key piece of work for the Sub-Group to oversee. The lessons that are learned more generally from SARs, and other review processes, will also be used to help inform the work of the prevention task and finish group that is to be established.

Helen Smithies - Assistant Director of Nursing Safeguarding (South Tees Hospitals NHS Foundation Trust) took over the Chair of the Sub-Group in September 2016.

# Looking Forward

## Strategic Business Plan 2017-18

### **Strategic Aim One: Personalisation**

We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.

### **Strategic Aim Two: Prevention**

We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.

### **Strategic Aim Three: Protection**

We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.

### **Strategic Aim Four: Partnership**

We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.

### **Strategic Aim Five: Professional Accountability**

We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.

## Looking Forward

### People Outcome Measure: How this will make a difference

The views of key stakeholders will have further influenced the work of the Board.

The Board will have used the experience of adults to help improve the approach to personalisation.

We will have helped more people to access preventative interventions.

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

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

There will be fewer repeat occurrences of abuse and neglect.

We will better co-ordinate safeguarding adults work.

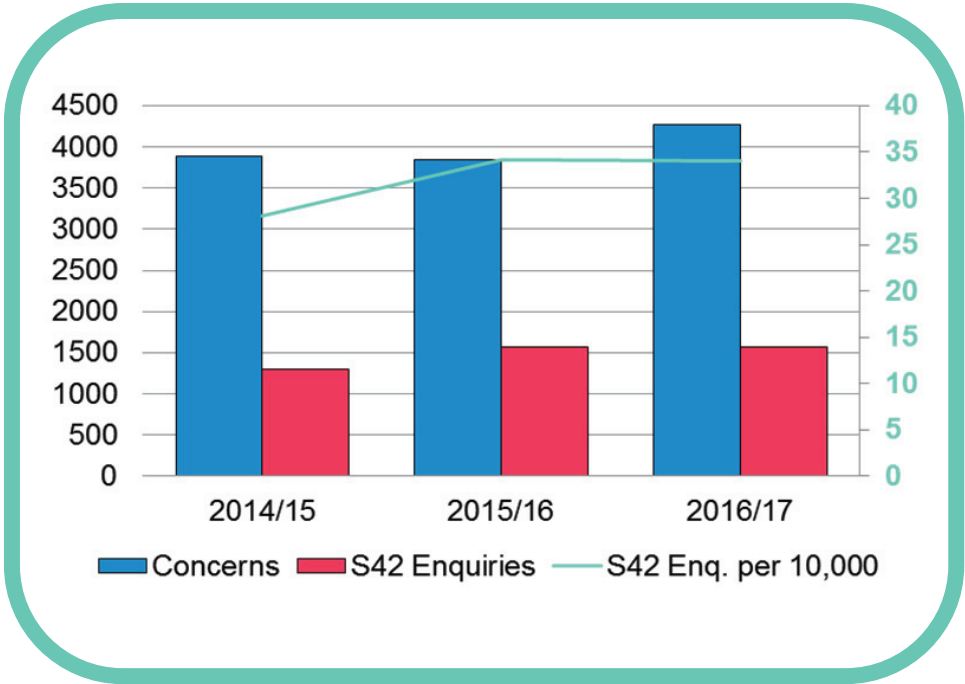
We will be more effective in ensuring our safeguarding arrangements help to protect adults.

We will provide effective assurances about services being delivered to adults.

Peoples' experience of safeguarding will be the same no matter where they live across Tees.

# Annex A: Data

## Concerns and Section 42 Enquiries



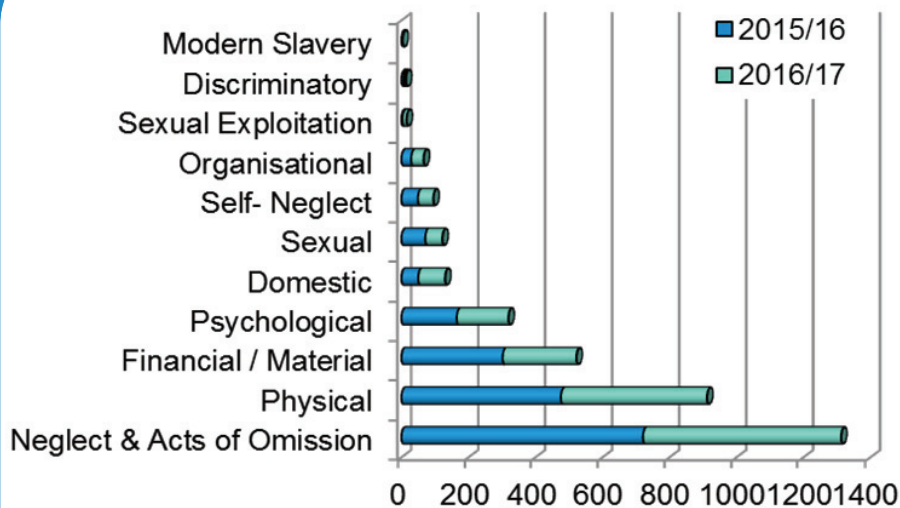
There were **4,275** Concerns recorded Teeswide, which then led onto **1,565** Section 42 Enquiries commencing across the four Tees Local Authorities, with approx. **18%** of Concerns coming from the three NHS Foundation Trusts that operate Teeswide.

The overall trend across the last three years has seen the number of Concerns increase, following a slight decrease in 2015-16. This is a good indication that efforts to reduce barriers to reporting abuse and improve awareness of adult safeguarding are having a positive impact.

Although the numbers of Section 42 Enquiries have slightly reduced in the last 12 months, this reflects changes in how this information is collated, making this harder to directly compare. This also links to the efforts by partner agencies to work with service providers in improving the quality of care, and further reduce risks to individual adults.

## Annex A: Data

### Type of Abuse: Section 42 Enquiries Commenced



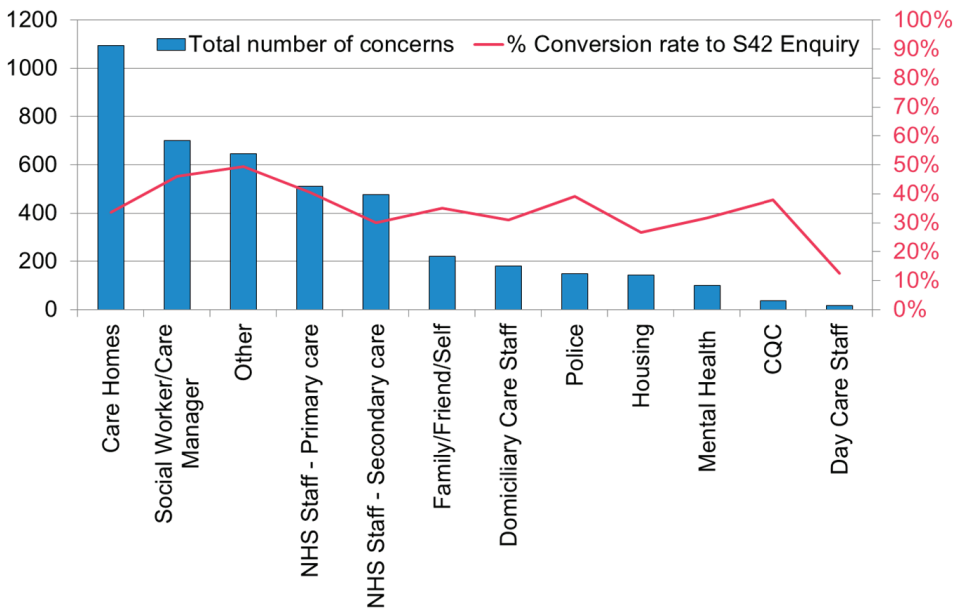
There was a reduction in the four main types of abuse, although some of this is due to changes in how data is captured, including the link with domestic abuse reporting. This would have meant some cases were previously recorded under physical and particularly financial abuse, although more incidents might still be misinterpreted as domestic abuse can involve any family member, as well as an intimate partner.

There was a **60%** increase in domestic abuse enquiries in the last year, but a decrease in self-neglect cases investigated. The first enquiries for modern slavery (**3**) were also conducted. These newer forms of abuse implemented in line with the Care Act 2014, resulted in **7%** of all Local Authority safeguarding activity in 2016-17 (up from **5%**).

**55%** of neglect & acts of omission and **65%** of physical abuse cases were recorded in care homes in 2016-17, with medication errors and incidents between residents continuing to be the significant themes in these settings.

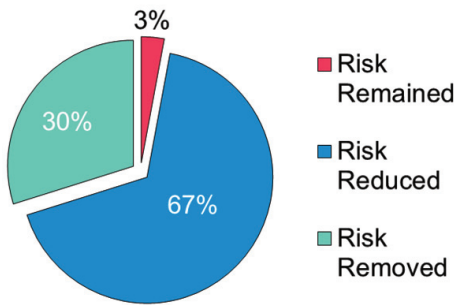
# Annex A: Data

## Source of Concern and Conversion to Section 42 Enquiry

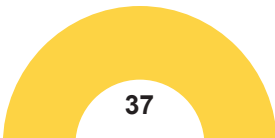


**79%** of Concerns in Care Homes in Stockton-on-Tees resulted in Section 42 Enquiries, which increased the Teeswide average to **34%**.

## Outcomes: Has the Risk to the Adult Changed?

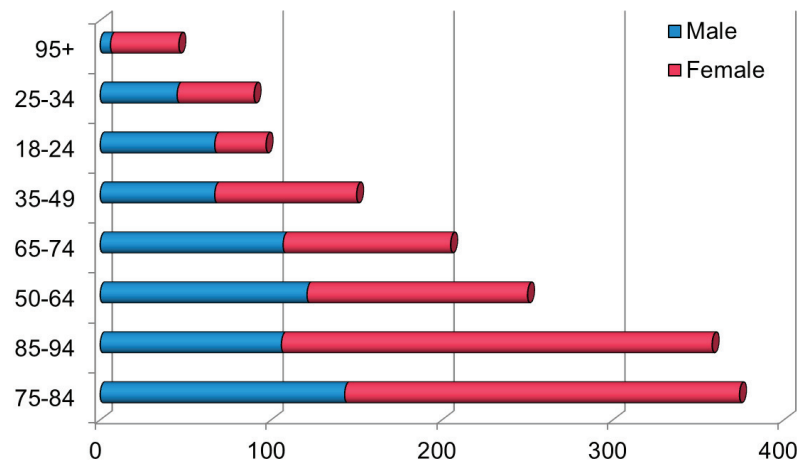


**97%** change following a safeguarding intervention.



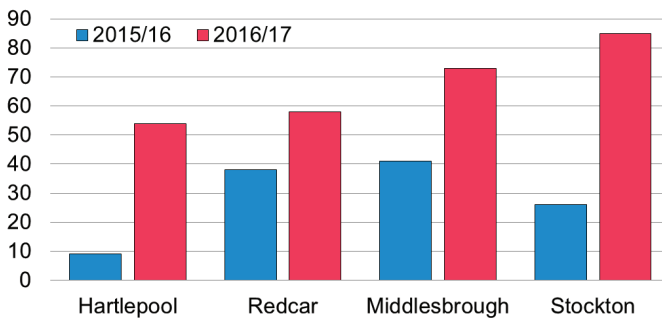
# Annex A: Data

## Concerns: Age, Gender and Ethnicity



There were **64** safeguarding Concerns for adults from a Black, Asian and Minority Ethnic background (BAME) in Tees, which is **1.5%** of the total (BAME population in Tees is est.**7%**). Within these groups the age range for the adult is younger than the wider population, with more for men compared to the whole of Tees, where **58%** related to women.

## Cleveland Police - Domestic Abuse: \*QL 52



**137%**

increase in recorded crimes from 2015-16

**47%**

involved a repeat victim of a similar incident

Some of these increases are due to improvements in data recording.

\* See Glossary of Terms on page **42**.

# Annex B: Find Support in Your Area



This part of the Board’s website signposts adults and professionals to local agencies by Local Authority area and strand of abuse or neglect, as well as numerous other national sources of support and advice.

**This page can be accessed here:**  
<https://www.tsab.org.uk/key-information/find-support-in-your-area/>





## Annex C: Training

### E-Learning Portal

The Board's E-Learning Portal hosts 5 training packages which are accessed via a self-registration process, free of charge:

- Safeguarding Adults at Risk
- Mental Capacity Act
- Deprivation of Liberty Safeguards
- Awareness of Child / Adult Sexual Exploitation
- Working with Adults who Self-Neglect.

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

### Workbooks

There are 6 modules which can be selected as required once the initial workbook has been completed:

- Safeguarding Adults Awareness Workbook
- Module One: Safeguarding Adults and Learning from SARs
- Module Two: The Mental Capacity Act and Deprivation of Liberty Safeguards
- Module Three: Domestic Abuse
- Module Four: Forced Marriage
- Module Five: Female Genital Mutilation
- Module Six: Prevent.

<https://www.tsab.org.uk/professionals/training-resources/>

### Managers Guidance

All of the above workbooks require the support and evaluation of a line manager / team leader. This guidance can be accessed by contacting the Business Unit via email: [tsab.businessunit@stockton.gov.uk](mailto:tsab.businessunit@stockton.gov.uk) who can provide the password for the webpage hosting these documents:

<https://www.tsab.org.uk/professionals/training-resources/managers-guidance/>

### Video Tutorials

A range of resources are presented and signposted on this webpage, including for the Mental Capacity Act and to the Against Violence & Abuse (AVA) website which hosts:

- Understanding Domestic Violence and abuse level 1 and 2
- Complicated Matters: Domestic and Sexual Violence, Problematic Substance Misuse and Mental ill Health.

<https://www.tsab.org.uk/professionals/video-tutorials/>

## Annex D: Definitions of Abuse and Neglect

**Discriminatory Abuse:** Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Domestic Abuse:** Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

**Financial or Material Abuse:** Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including wills, property, inheritance or financial transactions.

**Modern Slavery:** Encompasses slavery, human trafficking, forced labour and domestic servitude.

**Neglect & Acts of Omission:** Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services.

**Organisational Abuse:** Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill treatment.

**Physical Abuse:** Including assault, hitting, slapping, pushing, misuse of medication or restraint.

**Psychological Abuse:** Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying.

**Self-Neglect:** This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Sexual Abuse:** Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts.

## Annex E: Glossary of Terms

### Information Sharing Tools

The Empowering Communities and Neighbourhood Management System (ECINS) is being used across Tees. This is a cloud based information hub and sharing system, which allows practitioners to task each other, speeding up the way in which support is offered to adults.

### Making Safeguarding Personal (MSP) and Personalisation

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

### Mate Crime

When someone pretends to befriend a more vulnerable adult, but then may knowingly steal from them, or abuse them in some other way.

### Prevent

Is part of the Government's counter-terrorism strategy, CONTEST. The aim is to stop people becoming terrorists or supporting terrorism.

### Safeguarding Adults Review (SAR)

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

### Safeguarding Concern

A sign of suspected abuse or neglect that is reported to, or identified by the Local Authority.

### Section 42 Enquiry

The action taken or instigated by the Local Authority in response to a Concern that abuse or neglect may be taking place. An enquiry could range from a conversation, to a more formal plan or course of action.

### Source of Risk

Refers to the perpetrator of the alleged abuse, which includes Service Provider, Other Known, and Unknown to the Individual.

### QL 52

A term (qualifier) used by Police to record an incident involving a vulnerable adult where there has been some risk to that adult, and / or their vulnerability has been an important factor.

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



## See it, report it!

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

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

Call your local Adult Social Care team:

<b>Hartlepool</b>	01429 523 390
<b>Middlesbrough</b>	01642 065 070
<b>Redcar and Cleveland</b>	01642 065 070
<b>Stockton-on-Tees</b>	01642 527 764
<b>Evenings and Weekends</b>	08702 402 994

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

Ensuring our safeguarding arrangements  
act to help and protect adults

# STRATEGIC BUSINESS PLAN

## 2017-18

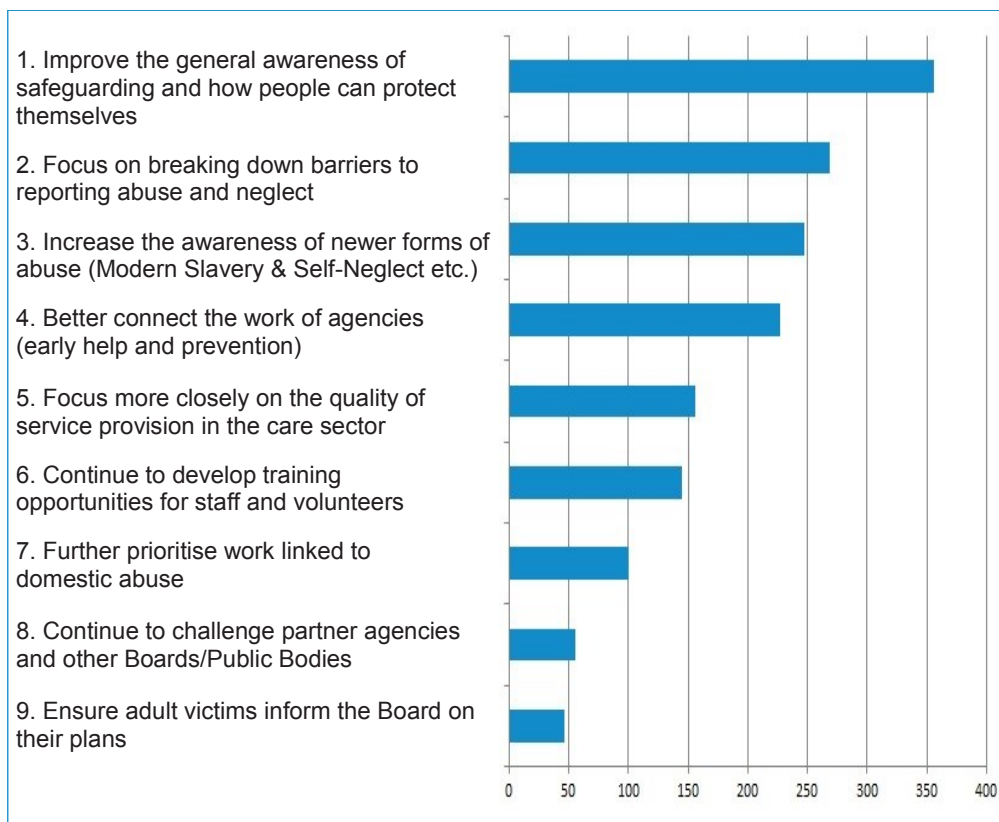


## Introduction

This plan has been developed following several months of extensive consultation with the Board's partners, other professionals, a wide cross-section of the general public, carers and safeguarding service users.

The key focus over the next year will be further improving awareness of adult safeguarding, and breaking down barriers to reporting abuse and neglect, with the table below summarising the remaining priorities which have informed the development of the 2017-18 objectives and actions.

The Board looks forward to working with our current partners, and further developing new relationships to ensure our safeguarding arrangements act to help and protect adults.



Ann Baxter  
Independent Chair

## Teeswide Safeguarding Adults Board Partner Agencies

Listed below are the current partners of the Board as of April 2017. The Sub-Groups also have additional organisations represented, including housing and care providers, voluntary sector development agencies, and other internal stakeholders from within the Board's main partner organisations. The main Board and the Safeguarding Adults Review Sub-Group meets bi-monthly, and the other Sub-Groups meet quarterly.

Statutory Partners	
Hartlepool Borough Council	Director of Child & Adult Services
Middlesbrough Borough Council	Director of Social Care & Health Integration
Redcar & Cleveland Borough Council	Interim Director of Adult Care & Health
Stockton-on-Tees Borough Council	Director of Adults & Health
Cleveland Police	Head of Specialist Crime
Hartlepool and Stockton-on-Tees CCG	Director of Nursing & Quality
South Tees CCG	(CCG - Clinical Commissioning Group)
Non Statutory Partners	
Care Quality Commission	Inspection Manager
Catalyst (Voluntary Development Agency)	Chief Executive
Cleveland Fire Brigade	Head of Community Safety
Community Rehabilitation Company	Director of Operations
Healthwatch Hartlepool	Healthwatch Manager
Healthwatch South Tees	Healthwatch Manager
HM Prison Service: Holme House Prison	Head of Residence & Services
National Probation Service: Cleveland	Head of Cleveland Area (and MAPPA Board)
North Tees and Hartlepool NHS Foundation Trust	Director of Nursing, Patient Safety & Quality
South Tees Hospitals NHS Foundation Trust	Assistant Director of Nursing/Safeguarding
Tees, Esk and Wear Valley NHS Foundation Trust	Director of Nursing & Governance

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

## Teeswide Safeguarding Adults Board Structure



### Key:

**CE** Communication and Engagement  
**LTD** Learning, Training and Development  
**PAQ** Performance, Audit and Quality  
**PPP** Policies, Procedures and Practice Guidance  
**SAR** Safeguarding Adults Review  
  
**OLPG** Operational Leads Practice Group

## What Adults Told Us

**“Develop a single Teeswide phone and text number to report abuse”**

**“Provide more face to face training and don’t rely so heavily on workbooks”**

**“More work on social media”**

**“Increase awareness by delivering information days in popular places like local leisure centres, doctor’s surgeries and libraries, as well as having leaflets in these locations”**

**“Establish links and working relationships with non-Board members”**

**“There needs to be more awareness of on-line bullying through national charity websites and social media”**

**“Improve links between adult and children safeguarding work”**

**“As an Asylum seeker every door is closed in terms of support”**

**“A lot of victims of domestic abuse don’t have the capacity to make informed choices and wishes due to coercive control”**

**“Have difficult conversations with people from other cultures about abuse”**

**“A lot of people don’t access the internet so more needs to be done with public advertising like in bus stops and other public places”**

**“We need to implement preventative measures”**

## Vision:

Strategic Aims 2015-18	Strategic Objectives 2017-18
<b>Strategic Aim One: Personalisation</b> We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders.  Ensure the adults experience helps to improve professional practice.
<b>Strategic Aim Two: Prevention</b> We will develop preventative strategies that aim to reduce the risk of abuse or neglect of adults.	Improve the focus on preventative strategies.  Reduce barriers to reporting abuse and neglect.
<b>Strategic Aim Three: Protection</b> We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect.  Proactively address issues linked to the quality of local care and support services.
<b>Strategic Aim Four: Partnership</b> We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effective working with partners, other strategic bodies and local communities.  Evaluate how well agencies are co-operating and collaborating Teeswide.
<b>Strategic Aim Five: Professional Accountability</b> We will work to ensure the accountability of all partners in protecting adults experiencing, or at risk of abuse or neglect.	Hold partners to account and gain assurances regarding the effectiveness of their safeguarding arrangements.  Provide contemporary policies, procedures and practice guidance to support professionals in the discharge of their legal duties.

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

People Outcome Measure: How this will make a difference
The views of key stakeholders will have further influenced the work of the Board.  The Board will have used the experience of adults to help improve the approach to personalisation.
We will have helped more people to access preventative interventions.  We will have used a targeted approach to reducing barriers to reporting abuse and neglect.
People Teeswide will receive a more integrated response to safeguarding adult concerns.  There will be fewer repeat occurrences of abuse and neglect.
We will better co-ordinate safeguarding adults work.  We will be more effective in ensuring our safeguarding arrangements help and protect adults.
We will provide effective assurances about services being delivered to adults.  People's experience of safeguarding will be the same no matter where they live across Tees.



## Strategic Aim One: Personalisation

Objectives Reference Material/Source	Action
<p>1.1. Take into account the views of key stakeholders.</p> <p>Communication and Engagement Strategy Annual Communication and Engagement Report 2016-17</p>	<p>1. The Board's CE Strategy will be further updated to ensure the adults voice continues to influence the work of the Board and all Sub-Groups by using a broader range of methodologies.</p> <p>Page one Strategic Business Plan 2017-18</p>
	<p>2. The Board will facilitate local stakeholder events in each of the four Boroughs, helping to encourage a wider number of agencies to engage with and support the work of the Board.</p>
<p>1.2. Ensure the adults experience of safeguarding helps to improve professional practice.</p> <p>Teeswide MSP Guidance December 2016 LGA: Making Safeguarding Personal (MSP) Toolkit January 2015</p>	<p>1. The Board and partner agencies will improve methods to appropriately collect data and feedback from safeguarding service users, which will be further analysed to help shape practice across Tees.</p>
	<p>2. The Board will help to develop appropriate personal development opportunities for professionals linked to Making Safeguarding Personal, which will be developed from service users feedback.</p>

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

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
<p>By March 2018 the views of key stakeholders will have further influenced the work of the Board.</p>	April 2017 and ongoing	CE	All Sub-Groups Prevention Task and Finish Group
	March 2018	CE	Prevention Task and Finish Group
<p>By March 2018 the Board will have used the experience of adults to help improve the approach to personalisation.</p>	March 2018	PAQ	CE
	March 2018	LTD	OLPG

## Strategic Aim Two: Prevention

Objectives Reference Material/Source	Action
<b>2.1. Improve the focus on preventative strategies.</b> <a href="#">Annual Communication and Engagement Report 2016-17</a> <a href="#">Strategic Overview of Adult Safeguarding Teeswide</a> <a href="#">Local Medication Audit</a>	1. The Board will extend the scope of the CE Sub Group and broader structure to develop preventative strategies for key identified sources of risk.
	2. The Board will review the current training provision and create a suitable learning opportunity for managers/ leaders in non-regulated agencies.
	3. The Board will use the learning from Safeguarding Adults Reviews, the Serious Concerns Protocol, operational and other opportunities, to inform the preventative work of the Board and all of the Sub-Groups.
<b>2.2. Reduce barriers to reporting abuse and neglect.</b> <a href="#">Strategic Business Plan 2016-17</a> <a href="#">Annual Communication and Engagement Report 2016-17</a> <a href="#">Strategic Overview of Adult Safeguarding Teeswide</a> <a href="#">Equality Act 2010 (Public Sector Equality Duty)</a>	1. The findings from the Strategic Overview of Adult Safeguarding Teeswide Report will be used by the Board to deliver a specific action plan to improve reporting within specific community and harder to reach, or marginalised groups.
	2. Partner agencies will utilise existing opportunities, and the Board will develop new methods for improving awareness, and specifically for community and harder to reach, or marginalised groups. <a href="#">Communication and Engagement Strategy 2017-18</a>

## It is better to take action before harm occurs

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2018 we will have helped more people to access preventative interventions.	March 2018	CE	Prevention Task and Finish Group LTD
	March 2018	LTD	
	April 2017 and ongoing	SAR	All Sub-Groups Prevention Task and Finish Group
By March 2018 we will have used a targeted approach to reducing barriers to reporting abuse and neglect.	Sept 2017	CE	Prevention Task and Finish Group
	March 2018	CE	Prevention Task and Finish Group

### Strategic Aim Three: Protection

Objectives Reference Material/Source	Action
3.1. Provide effective responses to reported abuse and neglect. <a href="#">Annual Communication and Engagement Report 2016-17</a> <a href="#">Strategic Overview of Adult Safeguarding Teeswide</a>	1. The Board will provide guidance for professionals on which protective options/services exist.
	2. The Board will improve the focus on domestic abuse, sexual exploitation, modern slavery and financial abuse by continuing to promote awareness of these issues, and by developing guidance for professionals.
	3. The Board will implement a Teeswide Self-Neglect Model.
3.2. Proactively address issues linked to the quality of local care and support services. <a href="#">Feedback from the Quality Assurance Framework 2016-17</a> <a href="#">Strategic Overview of Adult Safeguarding Teeswide</a>	1. The Board will develop performance benchmarks based on relevant information, inspection and national reports to generate a collective local picture of how well adults are being safeguarded; working with partners to report on risks and improve practice.
	2. The Board will work with partner agencies to improve data collection, and develop good practice, aimed at reducing repeat occurrences of abuse and neglect.
	3. The Serious Concerns Protocol will be reviewed and re-launched by the Board to provide the mechanism to support services to improve their provision.

### Support and representation for those in greatest need

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
By March 2018 adults Teeswide will receive a more integrated response to safeguarding adult concerns.	July 2017	LTD	CE
	March 2018	PPP	CE LTD
	Sept 2017	PPP	
By March 2018 there will be fewer repeat occurrences of abuse and neglect.	Sept 2017 and ongoing	PAQ	PPP OLPG
	April 2017 and ongoing	PAQ	PPP OLPG
	Sept 2017 and ongoing	PPP	

## Strategic Aim Four: Partnership

Objectives Reference Material/Source	Action
<p>4.1. Develop assurances for effective working with partners, other strategic bodies and local communities.</p> <p><a href="#">Annual Communication and Engagement Report 2016-17</a> <a href="#">Strategic Overview of Adult Safeguarding Teeswide</a></p>	<p>1. Effective engagement with GP's, Dentists, Pharmacists, Public Health, NHS England and voluntary sector organisations will be delivered by increasing the membership of the Board.</p>
	<p>2. The Board will work with Local Safeguarding Children Boards and Community Safety Partnerships to better co-ordinate the overall approach to safeguarding work.</p>
	<p>3. Safeguarding champions from a cross section of communities and backgrounds will be selected to work with the Prevention Group to help promote broader awareness of the issues.</p>
<p>4.2. Evaluate how well agencies are co-operating and collaborating Teeswide.</p> <p><a href="#">Strategic Overview of Adult Safeguarding Teeswide</a></p>	<p>1. The Board will analyse existing multi-agency safeguarding arrangements locally, regionally and nationally to report if more effective arrangements could be established in Tees.</p>
	<p>2. The Board will deliver a multi-agency learning event for operational practitioners, aimed at improving procedural consistency within and across partner agencies.</p>

## Local solutions through services working with their communities

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
<p>By March 2018 we will better co-ordinate safeguarding adults work.</p>	March 2018	Board	
	April 2017 and ongoing	CE	Prevention Task and Finish Group LTD
	April 2017 and ongoing	CE	Prevention Task and Finish Group
<p>By March 2018 we will be more effective in ensuring our safeguarding arrangements help and protect adults.</p>	March 2018	PPP	OLPG
	March 2018	LTD	CE

## Strategic Aim Five: Professional Accountability

Objectives Reference Material/Source	Action
<p>5.1. Hold partners to account and gain assurances regarding the effectiveness of their arrangements.</p> <p><a href="#">Strategic Business Plan 2016-17</a> <a href="#">Feedback from the Quality Assurance Framework 2016-17</a></p>	<p>1. Member agencies will complete the professional Quality Assurance Framework (QAF) in line with the agreed timetable, and in doing so, highlight threats and opportunities within their own organisations.</p>
	<p>2. Partners will engage with a multi-agency audit programme to challenge each other in developing good practice across Tees.</p>
<p>5.2. Provide contemporary policies, procedures and practice guidance to support professionals in the discharge of their legal duties.</p> <p><a href="#">Feedback from the Quality Assurance Framework 2016-17</a></p>	<p>1. Feedback from the QAF process and other audits will inform the Board's further development of Teeswide policies and procedures, and help develop practice guidance, including specifically for self-neglect and the Serious Concerns Protocol.</p>
	<p>2. The Board will implement a risk register, which will be used to further support the development of policies and strategies.</p>

## Transparency in delivering safeguarding

People Outcome Measure: How this will make a difference	Timeline	Lead Group	Contributors
<p>By March 2018 we will further provide effective assurances about services being delivered to adults.</p>	April 2017 and ongoing	PAQ	
	April 2017 and ongoing	PAQ	OLPG
<p>By March 2018 people's experience of safeguarding will be the same no matter where they live across Tees.</p>	April 2017 and ongoing	PPP	
	November 2017	PPP	

Work programme for the Board and Sub-Group structure			
Action Points	Board	CE Sub-Group	LTD Sub-Group
1.1.1		Lead Group	Contributor
1.1.2		Lead Group	
1.2.1		Contributor	
1.2.2			Lead Group
2.1.1		Lead Group	Contributor
2.1.2			Lead Group
2.1.3		Contributor	Contributor
2.2.1		Lead Group	
2.2.2		Lead Group	
3.1.1		Contributor	Lead Group
3.1.2		Contributor	Contributor
3.1.3			
3.2.1			
3.2.2			
3.2.3			
4.1.1	Lead Group		
4.1.2		Lead Group	Contributor
4.1.3		Lead Group	
4.2.1			
4.2.2		Contributor	Lead Group
5.1.1			
5.1.2			
5.2.1			
5.2.2			

Each Sub-Group may decide to develop their own individual work plan based on the strategic objectives and actions,

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

whilst also incorporating other practice items which are generated as part of the wider business of the Board.



# HEALTH AND WELLBEING BOARD

4 December 2017



**Report of:** Director of Children's and Joint Commissioning Services

**Subject:** HARTLEPOOL SAFEGUARDING CHILDREN'S BOARD (HSCB) ANNUAL REPORT 2016/17

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## 1. PURPOSE OF REPORT

- 1.1 To share the HSCB Annual Report 2016/17 with members of the Health and Wellbeing Board.

## 2. BACKGROUND

- 2.1 Local Safeguarding Children Boards are the key statutory mechanism for agreeing how the relevant organisations in each local area co-operate to safeguard and promote the welfare of children, with the purpose of holding each other to account and ensuring that safeguarding children remains high on the agenda across the partnership area.
- 2.2 Hartlepool's Safeguarding Children's Board consists of representatives from all partners that support children and their families.
- 2.3 There is a requirement that the Chair of the Local Safeguarding Board must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

## 3. HARTLEPOOL SAFEGUARDING CHILDREN'S BOARD

- 3.1 The functions of the Board are to:
- Assess and evaluate the effectiveness of help being provided to children and families by the authority and their Board partners, individually and collectively, to safeguard and promote the welfare of children and advise them on ways to improve.



- Assess whether HSCB partners are fulfilling their statutory obligations.
- Quality assure practice through joint audit of case files and identifying lessons to be learned.
- Monitor and evaluate the effectiveness of training provided by the HSCB to safeguard and promote the welfare of the child.
- Deliver training.
- Participate in planning of services.
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
- Produce an Annual Report on the effectiveness of safeguarding and promoting the welfare of children in the area.
- Develop a Business Plan identifying priorities for action by HSCB for the year ahead.

#### 4. ANNUAL REPORT

4.1 The Annual Report 2016/17 is attached as **Appendix A** and is set out as follows:

- Hartlepool Facts and Figures
- Who we are and what we do
- What Children and Young People have told us
- Safeguarding in Hartlepool
- How we are doing as a Board
- Audit and Review
- Learning and Improvement
- Self Evaluation and Future Growth
- What have we learnt: the priorities and challenges 2017-18

4.2 The priorities for 2015/2016 were:

1. Addressing the impact of neglect:
  - Domestic Abuse
  - Substance Misuse
  - Parental Mental Health
2. Reducing risks for children and young people in relation to VEMT
3. Strengthening partnerships ensuring continuous improvement

4.3 Progress on each priority is set out within Appendix A.

#### 5. RISK IMPLICATIONS

5.1 Non applicable

**6. FINANCIAL CONSIDERATIONS**

6.1 Non applicable

**7. LEGAL CONSIDERATIONS**

7.1 Non applicable

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

8.1 All children are safeguarded as needed.

**9. STAFF CONSIDERATIONS**

9.1 Non applicable

**10. ASSET MANAGEMENT CONSIDERATIONS**

10.1 Non applicable

**11. RECOMMENDATIONS**

11.1 For members of the Health and Wellbeing Board to note Hartlepool Safeguarding Children's Board Annual Report 2016/17

**12. REASONS FOR RECOMMENDATIONS**

12.1 Hartlepool safeguarding children is fundamental to the work of children's services and the Hartlepool Safeguarding Children's Board Annual Report 2016/2017 set out how statutory requirements are being delivered.

**13. BACKGROUND PAPERS**

13.1 None

**14. CONTACT OFFICER**

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## **Annual Report 2016/17**

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# Foreword by the Chair

It gives me great pleasure to introduce the Hartlepool Safeguarding Children Board (HSCB) Annual Report for 2016-17 to you and thank you for taking the time to read it. I have had the privilege to have been the independent chair for three years now and am proud to have worked with the dedicated and professional members of the Board striving to make a positive difference to safeguarding children and young people. The same is true of the many practitioners I have met during the last year. I have been both heartened and humbled to see their passion to help children, families and carers. It has also been a delight to launch the new HSCB website this year which contains excellent information and links for the public, families, children and professionals.

To maximise the impact of the Board we continue to develop a way of working and indeed a culture of seeking assurance with regard to:

- Ensuring co-ordination.
- Bringing effective challenge.
- Enabling change.

In all that is done by agencies and partners to deliver the best possible outcomes in child protection.

To facilitate this, at the Board development day, we re-affirmed our vision, values and agreed the priorities to be achieved. These are detailed in the report but in summary are:

- Preventing harm by ensuring the Board seeks assurance on effective multi and single agency responses to domestic abuse, mental well-being, substance misuse and Early Help.
- Protecting vulnerable children by seeking assurance, in the same manner as above, with regard to vulnerable, exploited, missing and trafficked children.
- Ensuring the Board's own development and impact by capturing the voice of the child, how information is shared and conducting a review of how the sub-groups are operating.

I am delighted with how Board members have embraced the new ways of working and the progress we are making in achieving our purpose. The Board is very much aware of its role and has a renewed focus on impact which is discussed at each meeting.

Many examples of analysis and impact are covered in the report but I would like to highlight some of these:

- Scrutiny of and subsequent positive action taken to significantly improve police attendance at strategy meetings.
- Ensuring a child focus in the new multi-agency Domestic Abuse Strategy and Substance Misuse Strategy.
- Review and implementation of a joint training strategy with Stockton Local Safeguarding Children Board.
- Scrutiny of increasing numbers of children on child protection plans or becoming a looked after child.
- Improved awareness of practitioners in effectively responding to Child Sexual Exploitation (CSE) following the Board's CSE conference.
- Implementation and effectiveness of the shared Children's Hub with partners from Stockton-on-Tees.

Of specific note, I have been delighted to work with young people throughout this year and the richness and depth of that engagement is fully apparent in section 3 of the report. I would like to pay tribute to all those children and young people for the value they add and the positive difference they make.

The Board was instrumental in the launch of the Tees-wide Performance Framework across all four Local Safeguarding Children's Boards. This has allowed the Board to examine performance across a truly multi-agency spectrum and to ask challenging questions on the data as well as identifying and promulgating best practice. Examples include further work being commissioned to understand high levels of:

- Children being involved in road traffic collisions
- Being seen at hospital
- Becoming a first-time entrant to the Criminal Justice System
- The effectiveness of Early Help

Two Serious Case Reviews (SCRs) were commissioned by the Hartlepool Local Safeguarding Children Board in January 2015. These reviews were jointly undertaken alongside an Adults Safeguarding Review due the nature of the incident. There was some delay in the reviews starting due to the legal processes. The progress of the SCRs has been robustly monitored by the HSCB to ensure that early learning was captured and implemented. This is shown in section 6. The SCRs were to be published in June 2017 and can be found on the HSCB website. Full progress on the findings of the SCRs will be detailed in next year's report.

The future structural arrangements for ensuring effective multi-agency safeguarding in localities are changing as a result of the Children and Social Work Act 2017. Currently Safeguarding Boards will cease to exist in April 2019 and will be replaced by a new arrangement agreed by the Local Authority, Police and Clinical Commissioning Group. In the meantime, the Board remains entirely focussed on continuing to develop itself and successfully fulfil its role. We will also ensure the best possible business continuity during this period of change and will seek assurance as to the effectiveness of any future arrangements. This is particularly relevant as agencies and partners continue to face the challenges imposed by austerity whilst receiving extra demands for those services.

We have identified, for the following year, the challenges the Board needs to address by closely analysing current performance, trends and data and these challenges are shown in section 9. I shall look forward to reporting on the progress against these in next year's report and am confident that the Board will continue to develop excellent practice to fulfil its role and deliver against the vision.

I would like to conclude by repeating my thanks to all those on the Board and practitioners for all they do every day to make our children as safe as possible.



Dave Pickard

Independent Chair

Hartlepool Safeguarding Children's Board



As a member of the Board I am charged with the responsibility to play my part in the overseeing and scrutinising of decisions and policies made and adopted by the Board. As a lay member I am tasked with reading, reflecting on and challenging, where appropriate, the information I receive prior to every meeting. I am also expected to give a lay person's view on matters discussed in order to assist the agencies involved in the safeguarding of children.

As part of HSCB I have been welcomed and encouraged to join in and challenge. The reception I have had has made me feel both valued and useful.

2016-2017 has been a busy and challenging year for the HSCB. At every meeting the members are faced with reflecting on current practice and facing new challenges. Throughout this past year I have seen the commitment all the agencies have shown as they work together with respect and enthusiasm to improve outcomes for the vulnerable children in our town and beyond. The co-operation with other local authorities is impressive.



Anne Barberi

Lay Member

Hartlepool Safeguarding Children's Board

# 1. Hartlepool facts and figures

Hartlepool is a seaside town in the North East of England with a rich heritage linked to the sea. It is one of the smallest unitary authorities in England with an approximate population of 92,238 of which 22,655 are aged 0-19 years. It has a majority white British population of 97% with 1.4% being Asian and remaining population consisting of Black, Mixed-race and White-other (which includes Irish, Gypsy or Irish traveller).

## About Hartlepool

Hartlepool has...



A POPULATION OF  
**92,800**  
LIVING IN...



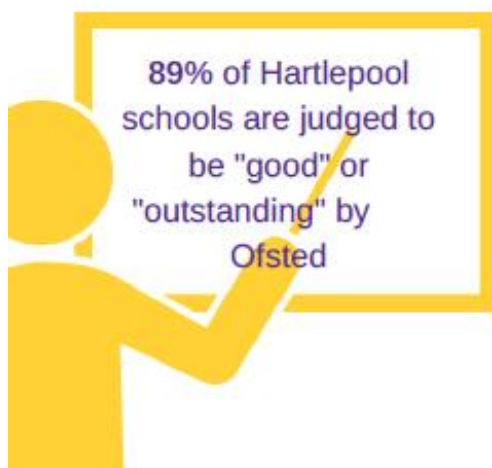
**44,500**  
HOUSEHOLDS



**19,998**  
CHILDREN  
UNDER 18



Hartlepool  
covers  
**36 square  
miles**



89% of Hartlepool  
schools are judged to  
be "good" or  
"outstanding" by  
Ofsted

48% of students  
achieved 5+  
GCSE's  
(including  
English and  
Maths)



## Hartlepool Context

There are 39 schools in Hartlepool with 30 primary, 5 secondary, 1 independent school, 2 special schools and 1 Pupil Referral Unit. With 89% of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The number of children who are home educated is 29 (as of March 2017) which, although small when compared to all children accessing school, is monitored and reviewed by the Board annually to ensure oversight of this cohort of children and young people. Based on the 2017 January School census 15.1% of the school population were SEND. This figure includes those that had an EHCP/Statement and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans in Hartlepool is 509 (145 primary age children, 207 secondary, 157 post-16) which equates to 2.3% compared to a national average of 2.8%. This figure is therefore below national figures and is a gap that has narrowed over time.

In 2015 the Indices of Deprivation Statistics classified Hartlepool as being within the top 10% of the most deprived areas in the country. The proportion of children living in poverty being 32% (2015) compared to 29% across Teesside and 28% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health; including debt, poor housing, and low income (Children's Society, March 2016). A recent report by the Joseph Rowntree Foundation (2016) revealed there to be a strong association between family poverty and a child's chance of suffering neglect. This in turn was said to have adverse effects upon adult economic circumstances in later life. It is therefore important for the Safeguarding Board to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the board's work programme as a priority group.

## 2. Who we are and what we do

Hartlepool Safeguarding Children Board (HSCB) is the partnership body that is statutorily responsible for co-ordinating and ensuring the effectiveness of services that safeguard and promote the welfare of children in Hartlepool. Established in April 2005, this partnership of local agencies work together to safeguard children and promote their welfare in accordance with the [Children Act 1989](#), [Children Act 2004](#) and the [LSCB Safeguarding Children Board Regulations 2006](#).



The aim of HSCB is to make sure those who work with children and their families co-operate and work together and provide challenge to ensure that this work is effective. The Board is attended by professionals from the local authority, health services, the police, the probation service, the Child and Family Court Advisory and Support Service (CAFCASS), schools, the voluntary sector and many others.

Hartlepool Safeguarding Children Board's vision is:

*"We will work together to support children and young people in Hartlepool to grow up in an environment in which they are safe from harm and are given the best possible chance to reach their potential."*

The functions of the Board in order to meet the aim, objectives and vision are:

- Ensuring co-ordination.
- Effective challenge.
- Enabling learning.

These functions are achieved by:

- Assessing and evaluating the effectiveness of help being provided to children and families by Board partners, individually and collectively, to safeguard and promote the welfare of children and advise them on ways to improve.
- Assessing whether HSCB partners are fulfilling their statutory obligations;
- Quality assurance practice through joint case audits and identifying lessons to be learned.
- Monitoring and evaluating effectiveness of training provided by the HSCB to safeguard and promote the welfare of the child.
- Delivering training.
- Participating in planning of services.
- Undertaking reviews of serious cases and advising board partners on lessons to be learned.
- Carrying out thematic reviews at board meetings.
- Analysing and examining data provided by the Tees-wide Performance Management Framework.
- Producing an annual report on the effectiveness of safeguarding and promoting the welfare of children in the area.
- Developing a business plan, identifying the priorities for action by HSCB for the year ahead.

## Key roles

### Independent Chair:

Dave Pickard was appointed to the role of Independent Chair in 2014. The role of the Independent Chair is to provide an external perspective by which impartial challenge, support and co-ordination can be brought to any of the member agencies. Whilst the Chair and the Board are independent, the local authority is responsible for the support and maintenance of the board with the HSCB business manager employed by the council. The Chief Executive, in conjunction with the Leader of the Council and Lead Member for Children's Services, holds the Independent Chair to account for the effective working of the HSCB. The lead member is also a regular observer at Board meetings.

### Partner Agencies:

HSCB comprises of a range of partners (full membership is detailed in appendix 1), all of whom have a statutory responsibility to safeguard and promote the welfare of children. A number of partners have a statutory responsibility to be a member of the HSCB while others have been invited to be part of the partnership due to the significance of their work in Hartlepool.

### Lay members

It is a statutory requirement that local safeguarding boards should take steps to appoint two lay members to make link with community groups, offer independent challenge and support stronger public engagement. There are two lay members who are committed members of the board who are regular attendees. They add significant value to the Board and compliment the independence of the chair.

## Key relationships

### Children's Strategic Partnership:

The Children's Strategic Partnership (CSP) has responsibility for the oversight and improvement for all children's services across the Borough. The CSP vision includes the vision of the HSCB. A number of members of the HSCB also attend the CSP which includes the independent chair. This ensures that work is coherent across all strategies and plans and reduces duplication.

#### Safer Hartlepool Partnership:

The Safer Hartlepool Partnership is a statutory board to prevent and reduce crime. It shares a number of priorities with the HSCB, which includes domestic violence and substance misuse. The DV sub group and Substance Misuse sub group of the Safer Hartlepool partnership also act as a sub group to the HSCB, thus ensuring a consistent approach to these key priorities.

#### Tees Safeguarding Adults Board (TSAB):

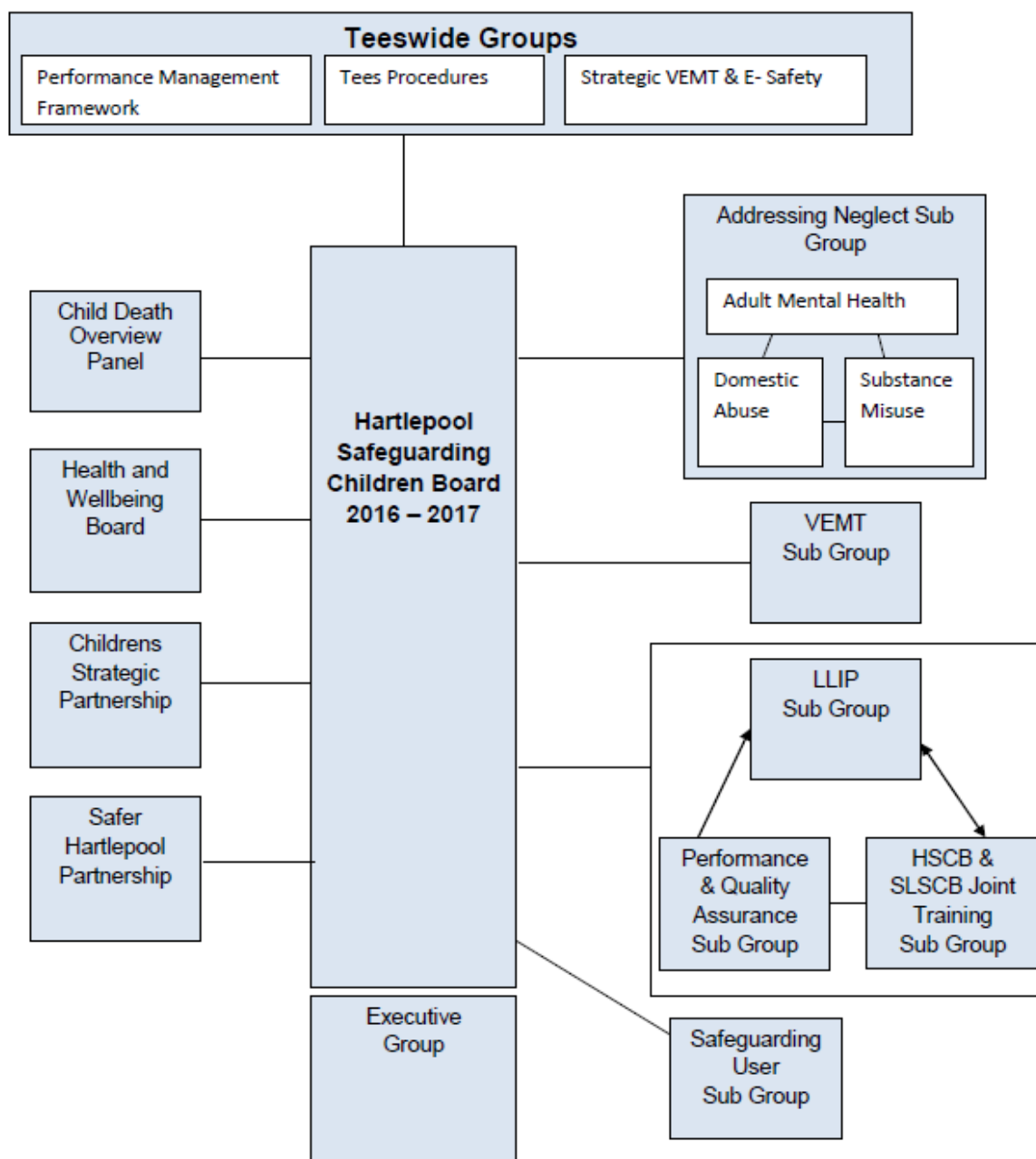
Stronger links have been developed with TSAB with the chairs meeting on a regular basis. The effectiveness of this became even more apparent when the chairs agreed to commission jointly for the serious case reviews (SCRs) and the Safeguarding Adult Review (SAR) for Yasmin, Olivia and Carol. The progress of these reviews is outlined later in this report.





## The Board and Sub-Group Structure

A structure for the board has been developed to allow delivery of the Board's priorities. These priorities have been agreed following analysis of performance data and research commissioned by the 'Troubled Families Initiative'. A more in depth overview of how these groups operate and the progress made by sub-groups in relation to these priorities are discussed in Chapter 5.





### 3. What children and young people have told us

There was a discussion at the end of 2015-16 with young people to see whether they would like to form their own Safeguarding Board to run alongside HSCB. Young people chose not to take this option but made it clear that they would very much want to undertake work around safeguarding and also to challenge the work of the board through their Young Inspectors role and Children in Care Council (CiCC).

#### What has been done?

1. In 2016 the Children in Care Council (CiCC) were commissioned to undertake a piece of work with **Looked After Children** to find out what they think of their reviews, what works well and what could be improved. This was a very thorough piece of work and the detailed report produced as a result was presented to both the Corporate Parenting Forum and Hartlepool Safeguarding Children Board. The report evaluated feedback from looked after children and care leavers to understand what works well in reviews and what could be improved. Following this, the CiCC put together some recommendations for the Independent Reviewing Officers (IRO) to embed within their practice; so as to ensure the most positive review process for children and young people. Subsequent discussions were held between the IRO team and the CiCC members to produce an action plan to address the recommendations. As a result of this plan the following has been implemented:

- IROs ensure the offer of advocate is made before each review; with the role of advocate being included in IRO checklist for the first visit.
- IROs ensure that everybody who attends the review provide an introduction of who they are and why they are present. Children and young people are provided with the contact details of those who attend.
- A revised 'My Review Planner' is used to prepare for the review. The revised document has been circulated to social care staff, fostering team and foster carers.
- IROs ensure every meeting ends with a positive comment.
- Members of the CiCC have discussed how to produce guidance for young people on how to chair their own reviews and will continue to collaborate with IROs on completion of such guidance.
- Young people contribute to where the review is going to be held and who is going to attend. IROs visit children prior to their first review. A checklist is then compiled which ensures that all areas are covered and that it includes the recommendations made within the Children in Care Council Report.

2. In April 2016, at the **Child Sexual Exploitation Conference** organised and delivered by the Board, members of the CiCC delivered an **interactive presentation** with a theme of online safety. Feedback from the delegates indicated that the session was excellent. Delegates highlighted the conference to be refreshing, interesting, informative and well presented. Delegates added that the importance of listening to the child, understanding the child's experience and considering the child's view was integral and enabled them to put themselves in the child's situation. They believed this in turn would impact upon the quality of their interactions with vulnerable children and young people in need of safeguarding.

3. The CiCC also worked on the production of a **DVD** about '**being a looked after child**'. The group came up with the key themes and messages for the DVD. They wanted to get across to all people who come in contact with looked after children and care leavers how, from a child's perspective, to ensure that children and young people receive the best support. The DVD is an exciting piece of work featuring the '**Voice of the Child**' and will be used as a training aid for foster carers, social workers and corporate parents, with a view to continuing the improvement of services for looked after children and care leavers. The impact of this work will be reported upon in next year's report.

4. The Youth Council have also developed a **leaflet focusing on mental health** and emotional wellbeing for children and young people. The leaflet looks at signs that young people may be experiencing poor mental health and offers support, top tips and techniques to support young people. This fantastic work compliments the work done by the Board's Adult Mental Health sub-group and will feed into 2017/18 reporting for the group in terms of impact.

5. The **Crucial Crew Event** is an annual event that takes place every year. All Year Six pupils across the town attended in 2015/16 to learn about a number of safeguarding issues. Young People assisted with the event to support the priorities of the board through sessions specifically exploring e-safety. Feedback from the children attending showed an increased awareness of the issues surrounding e-safety and how to keep safe online.

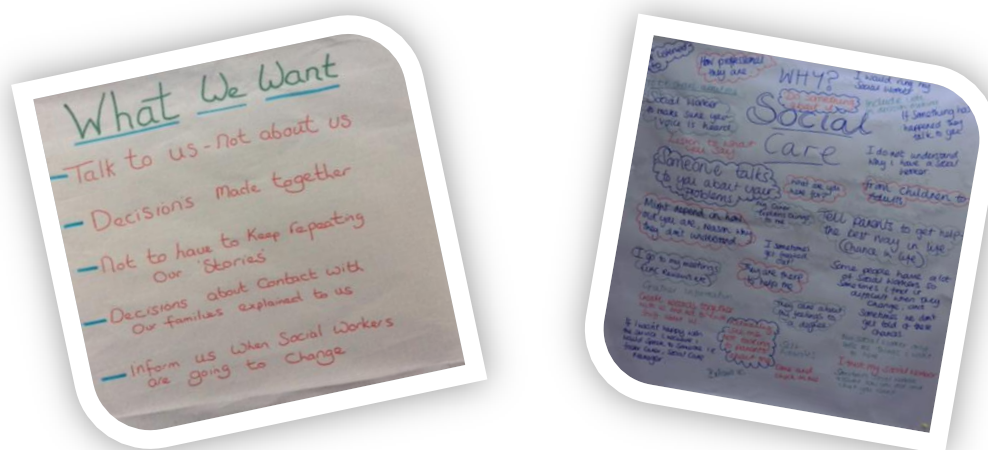
6. The Young Inspectors completed a **review of Section 11** reports during 2016-17. The aim of the enquiry was to identify strengths of safeguarding practice the services had reported upon, including how they tackled the completion of their section 11, and also to identify areas for

development and improvement in safeguarding practice reported. The Young Inspectors presented their findings to the board and their recommendations have been incorporated into the next S11 process to take place in September 2017.

## What is the impact?

The work of the CiCC, Young Inspectors and Youth Council has ensured that the **‘Voice of the Child’** informs the evaluation and planning of service delivery. The practice of IRO throughout the review process now contains features put forward by the CiCC and S11 audit processes now incorporate recommendations from the Young Inspectors.

The impact made by these young people with regards to awareness-raising has been their greatest success. Their involvement in awareness raising events, conferences, training and resource production has had an invaluable impact on the quality of information shared with both professionals and service users, ensuring that all of the above are truly child-focussed.



Family Leadership Group work - Feb 2017)

## 4. Safeguarding in Hartlepool

### What does the performance data tell us?

#### Contacts, referrals and assessments

The Children's Hub (CHub) was established in June 2016 with partners working together to support multi agency decision making.

#### Contacts

- Since opening on June 1<sup>st</sup> 2016, the Hub has averaged **432** contacts per month which is a **15%** reduction in contacts from the 2014/15 Hartlepool baseline. This reduction may be attributed to two main factors: streamlining of recording practice and also families or professionals seeking support directly from the newly established early help locality teams.

#### Referrals for assessment

- The number of referrals to children's social care was **1291 in 2016/17** which is an increase of **369** on the previous year. This increase could be seen as positive in that, given the quality of information now shared, children that need an assessment are now receiving help. Feedback from referrers indicates that families are facing unprecedented challenges including issues with substance misuse and welfare reform which impacts upon sub-group action planning.
- The number of re-referrals to social care that occurred within 12 months of the previous referral closing continues to be approximately **10%** (same as previous year), however due to the increased number of cases open within the teams this has **increased from 97 children to 140 children**. Rather than this increase in caseload being indicative of a rise in safeguarding need, it could be attributed to the new approaches of multi-agency working, in light of the launch of the Children's Hub reflecting improved multi-agency information sharing. This continues to be monitored and reviewed by the Chub to ensure that the % of re-referrals does not increase and the Board will seek assurance on this during 2017/18.

### Multi-agency decision making and consensus

- Hartlepool referrals that are taken through the Hub process (and shared with partners) result in consensus with **99.4%** of cases reaching an agreed decision and only 0.6% being subject to further debate. This means that, in the vast majority of cases, the multi-agency partners that make up the Hub team agree on the recommended outcome for the child. It also confirms that the Hub has a common understanding amongst its partnership team of thresholds and levels of intervention required, which will in turn have positive implications for the children and young people.

### Timeliness

- The Hub has improved timeliness of decision making on each quarter it has been open with an average for Hartlepool of **79%** of Hub referrals dealt with within one working day compared to a previous baseline of **66.9%**. This increase means that more children are receiving a more rapid response and as a result will receive a prompt pathway of support.

### Early Help

The vision for Hartlepool is to identify families that need support as early as possible, to prevent families needing crisis support. Therefore, the effectiveness of Early Help across Hartlepool continues to be a priority for the Board, with work being undertaken to understand what is effective at the earliest possible stage.

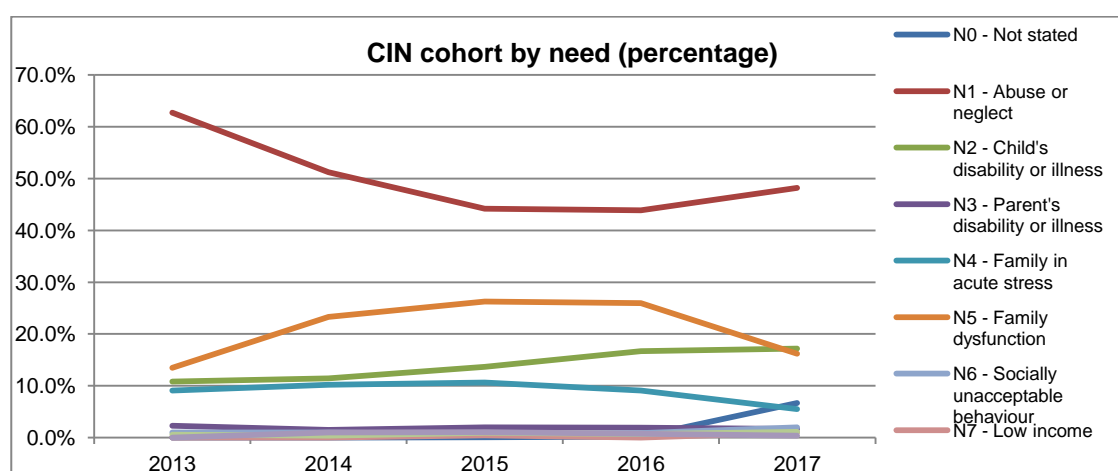
- There were **698** early help episodes opened in 2016/2017. This is a slight decrease from **757** in the previous year. The significant remodelling of services to provide a Children's Hub has meant that the numbers of cases needing to be opened have reduced due to more effective information sharing during the initial stages of enquiry. Collaborative work is ongoing with all partners striving to improve the number and quality of Early Help Assessments in the forthcoming year.
- The highest referring organisation to early help localities for additional support for children, young people and families continues to be schools with **177** referrals in 2016/17; self referral are the second highest with **126** requests for support and social care requests for continuing support after case closure are the third highest referrer at **102**. This mirrors the picture for the previous year and national figures.

- In 2016/17, **46%** of the cases passed to the integrated Early Help teams were from the Children's Hub. This implies that there is a significant proportion of the workforce that does not understand the threshold for specialist intervention. This will be explored through a **Deep Dive** for Early Help that the performance management sub group will be undertaking in 2017/18. Some of the work done to **improve awareness** of thresholds include the delivery of training to Dedicated Safeguarding Leads in Hartlepool, delivery of presentations to schools and the voluntary sector on the use of the threshold document and the SAFER referral tool, discussed thresholds at CHub multi-agency partner meetings with Police, Health, Harbour, Child and Adolescent Mental Health Service (CAMHS) and at the Director of Children's Services' head teachers half-termly meeting.
- Of the Early Help cases that were supported by the integrated Early Help teams, **89%** were closed with 11% escalated to social care. One indicator of success is the re-referral rate which for 2016/17 is **22%**. This evidences the impact Early Help has had upon outcomes for Children and Young people. This is the first year the re-referral rate has been captured therefore this will be closely monitored in 2017/18.

#### Children in need of support (as defined in Section 17)

- The number of children receiving support who are defined as children in need (Section 17) at the end of the 2016/17 is **910** which is an increase on the year before from **715** (2015/16). This figure is in-line with both Teeswide and North-East averages. To address this increase, the **Better Childhood** programme was introduced to improve the **Early Help** offer and reduce the demand for specialist services. Work has been undertaken to up-skill the workforce around understanding the thresholds and the application of thresholds are closely monitored through the performance tracking of the CHub.
- The number of children with disabilities being supported under Section 17 of the Children Act 1989 has decreased from **129 to 113**. This is being explored by Children's Services within the Council as this decline does not reflect the increase in the number of children with Education, Health and Care (EHC) Plans. A SEND action plan update was presented to the Board in January 2017. The Board recognised the need to seek further assurance and as a result the Head of a local SEND school accepted the invite of Board membership. Children with disabilities are a vulnerable group and an assurance report to explore the issues will be presented to the Board as part of the assurance cycle in 2017/18.

- The number of children receiving support under child in need arrangements for 12 months or more has decreased year on year over the last three years from **389 to 363 (2016/17)** which can be attributed to the close monitoring done by **Performance Clinics**. These individual meetings between team managers and Heads of Service look at case loads, numbers, traction and drift and provide professional challenge ensuring in CIN plans meet the needs of the children.



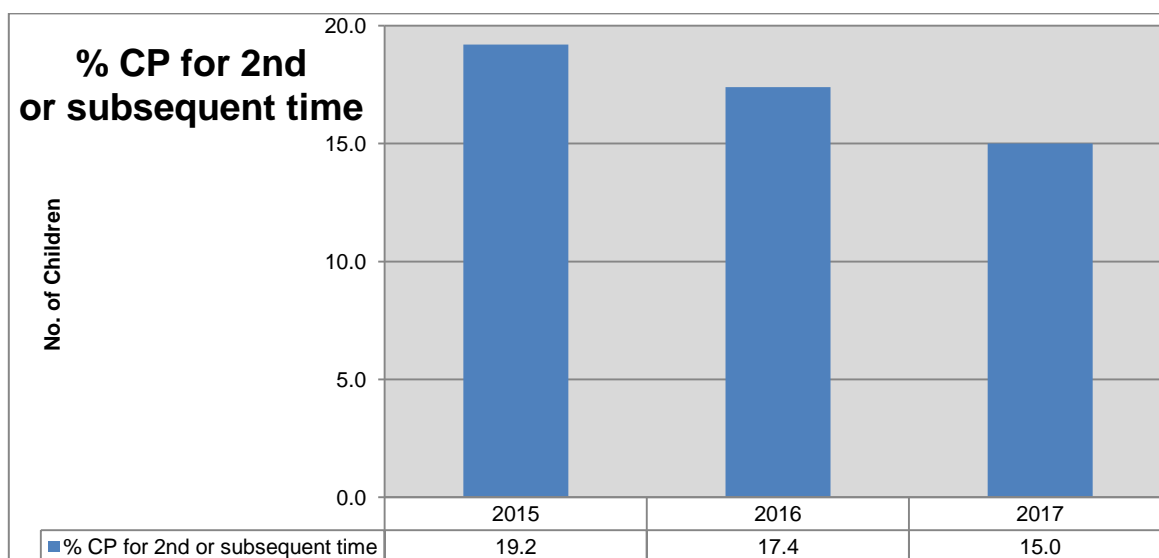
Although a reduction can be seen over time, abuse and neglect is still the highest cause of CIN assessments with a shift in the downward trend of previous years. This has implications on the Boards priorities and work plan moving forwards, and requires close monitoring to ensure this aspect does not continue on an upward trend. How this features in the Board's priorities for 2017/8 can be seen in section 9.

### Children subject to protection plans

- At the end of 2016/17 **156 children** were subject to Child Protection Plans which is higher than previous year (127). This equates to a rate of **74.2 per 10,000**. This is also indicative of the Teeswide figures. The number of children who are on a child protection plan is monitored on a weekly basis to continually track any further increase. A workforce development plan has been implemented to up-skill the workforce in key areas of demand (linked to Board priorities) with training such as **Signs of Safety** being provided in a bid to combat this increase. In addition, there is a focus on recruitment and retention of Social

Workers to ensure caseloads are appropriate and impact upon the quality and accuracy of decisions, action planning and case recording.

- The number of children with disabilities subject to a child protection plan has been **less than 5** for the last three years. This is low and will be explored further in the children with disabilities assurance report to be presented to the board in 2017/18.
- The percentage of children who became subject to a CP Plan for a second or subsequent time, regardless how long ago the first plan ceased, is **12.2%** for 2016/17. This shows a decrease from 2015/16 which was **17.4%**.



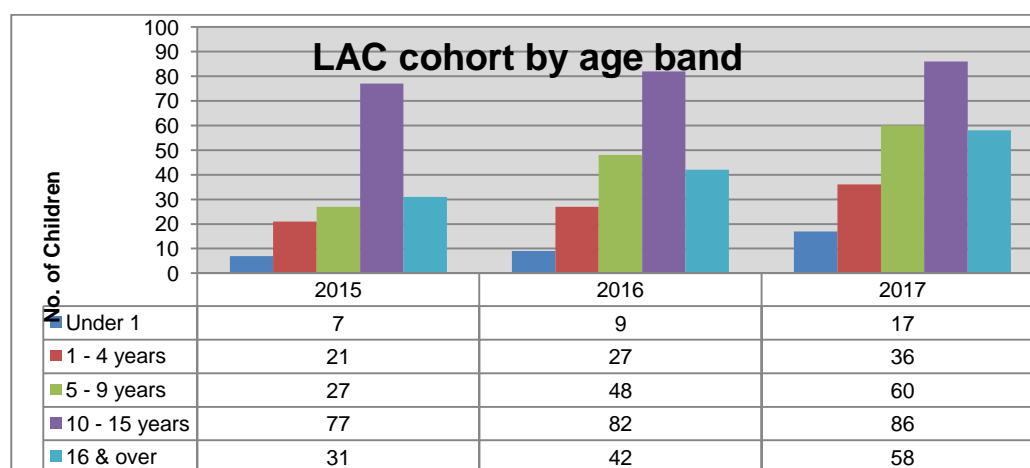
This positive decrease is shown in the above graphical representation as a 3 year trend. It indicates that children on child protection plans are being more effectively safeguarded due to improved information sharing within the Hub and effective plans being in place for those children. This will continue to be monitored through the multi-agency audits that will be carried out in 2017/18.

#### Looked After Children/ Care Proceedings

- The number of care proceedings issued has significantly increased from **33** (2015/16) to **62** (2016/17).
- The number of looked after children as of 31<sup>st</sup> March 2017 is **258** compared to **208** in March 2016. This equates to **122.8 per 10,000**.



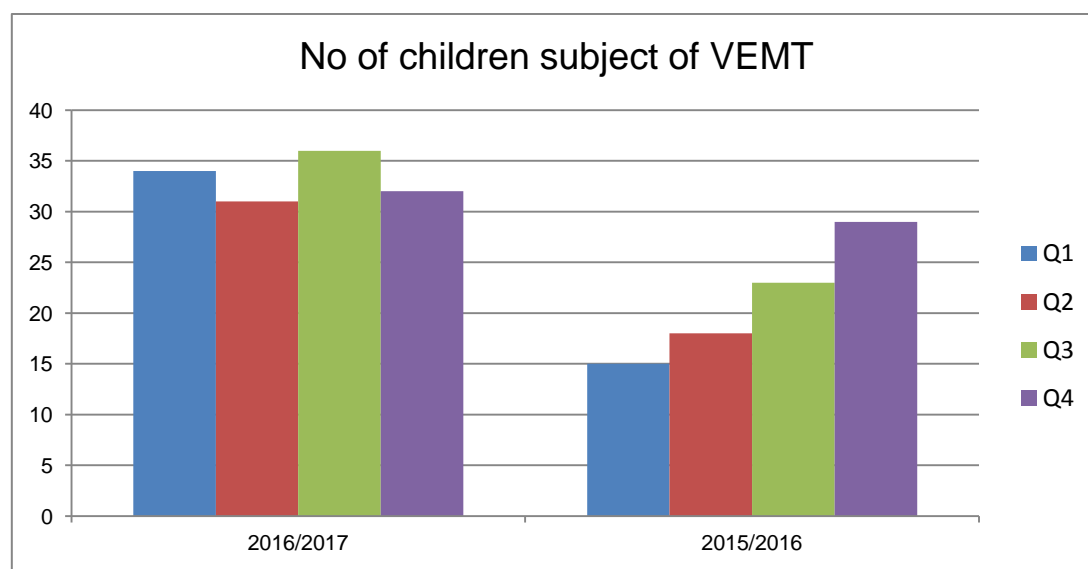
A review has been undertaken on the reasons for this increase and the findings indicate that there has been an increase in the needs within families with a particular focus on issues with parental substance misuse which has impacted upon the number of children becoming LAC, and indeed CIN or CP. **Substance misuse** continues to be a priority for the board with a thematic board meeting exploring the issues held in March 2017. However, it is clear from the findings of the LAC review produced for 2016/17 that this issue is not a quick fix and the board needs to continue to seek assurance that support for families with substance misuse issues are more effective. A large proportion of the children who became looked after in the period reviewed (41%) had had significant historical involvement with services which indicates that these services may not be as effective as needed. In order to further improve support to families to improve children's lives the effective implementation of the Signs of Safety framework by partners will be a priority for the board in 2017/18. The review also identified that the majority of the children that became looked after in the review period were experiencing neglectful parenting for a range of reasons. The Board has reviewed its approach to neglect as set out in section 5, and a Neglect Statement of Intent is to be presented to the Board in 2017/18.



When looking more closely at the LAC data, the age break down leads to questions around the high proportion of adolescents in care and what additional work and support can be undertaken around adolescent neglect. This will be incorporated into the Board's work plan moving forward into 2017/18.

## Children and Young People at risk of exploitation

- In 2016/17 there were no identified cases of children being trafficked.
- There were **50** cases of being at risk of sexual exploitation across all of 2016/17 compared to 39 in the previous year; which is positive in terms of raised awareness leading to reported risk.
- There were **14** cases of 'persistent missing' discussed at the Vulnerable, Exploited, Missing and Trafficked (VEMT) group compared with 5 in the previous year which is positive in terms of an increased volume of cases being reviewed. This is explored further below and in Chapter 5.



The increase in the number of children being vulnerable and at risk of exploitation can be attributed to improved identification of vulnerability, but has implications for the board over the coming year. VEMT remains as a priority area for the Board with close monitoring of outcomes needed for this group of young people and assurances that prevention initiatives are in place as well as protection initiatives to ensure this does not continue as an upward trend. An in-depth look into the work of the Board for this priority can be seen in section 5.

### Children missing from home, care and education

- There were **566** missing episodes from **186** children in 2016/17 compared to **585** for **186** the previous year (this includes LAC children placed in Hartlepool by other LAs).
- **65%** of those **186** children had no additional missing episodes.

The reduction in missing episodes from the previous year, as well as the high percentage of children who went on to have no other episodes, can be attributed to amendments in return interview protocol. In 2015, the criteria changed so that every child that was reported missing received a return interview. Prior to this, a return interview was not offered to a child on their first episode of missing.

This confirms the success and impact of the return interview process in identifying issues and providing appropriate support to deter repeat incidents. However it also calls into question 2 factors. The first being the high proportion of children (65%) who are going missing for the first time; what is being done to prevent this from occurring in the first instance and how can we be more proactive rather than reactive? Secondly, the high ratio of missing episodes for those children reported missing more than once (445 for 65 children which equates to approximately 7 missing episodes per child); what contingencies are being put in place and why has the return interview process not been as successful for these children?

The Board will endeavour to seek assurances on these points throughout 2017/18.

### Elective Home Education

- There were **37 children being home educated** during 2016/17, a figure which has risen rapidly over the past three years. The Board continues to receive assurance reports annually to understand any issues in relation to the safeguarding of this group of children.

### Private Fostering

- There have been **three private fostered** cases reported this year. This is a decrease from 5 the previous year. An audit of these cases has been undertaken and a recommendation from this audit is for further awareness to be undertaken which will take place in 2017/18.

## 5. How we are doing as a Board

This chapter sets out the progress against the priorities of the board which were set for 2016/17 determined by 2015/6 data analysis, audit and review and learning and improvement objectives. The priorities are:

1. Addressing the impact of neglect:
  - Domestic Abuse.
  - Substance Misuse.
  - Parental Mental Health.
2. Reducing risks for children and young people in relation to VEMT.
3. Strengthening partnerships ensuring continuous improvement.

### **1. ADDRESSING THE IMPACT OF NEGLECT**

#### **What has been done and what is the impact?**

Considerable work was carried out in 2015/16 that identified a large proportion of the cases highlighted may have been prevented if supported early with the majority of neglect cases indicating issues with domestic violence, parental mental health and/ or parental substance misuse. This information has been used in 2016/17 to review services across Hartlepool with the aim to ensure that issues can be identified as early as possible with a focus on Early Help. Integrated locality teams which consist of social workers, health visitors, staff nurses, school nurses, community nursery nurses and family support workers were developed in 2016/17. Additionally, PCSOs (Police Community Support Officer) are seconded to the teams for a couple of days a week. Work in relation to neglect has been ongoing in 2016/17 as follows:

- An **Early Help thematic** board meeting took place to explore the issues identified in the review and the discussions were used to shape the development of the integrated teams.
- **Early Help assessment** has been reviewed with multi-agency partners to ensure that relationships are considered within the assessment.
- The **Serious Case Review** established a review group as part of the review process and has explored issues for adolescents. This has highlighted a gap in understanding of adolescent neglect which will be addressed in the serious case review action plan.
- The **Better Childhood Programme** has been progressed across Hartlepool with analysis provided on the 'Root Cause' of neglect.
- **Signs of Safety** is implemented in Hartlepool to provide a model of practice to assess levels of risk.

In addition to a focus on improving the access and effectiveness of Early Help, the board held a development day in June 2016 in which the structure of the Board was reviewed. As a result, 3 sub groups were developed to seek assurance that the three areas identified (domestic abuse, substance misuse and mental health) were being effectively addressed to minimise the impact and risk to children and young people. To ensure a co-ordinated and focussed approach, reducing both duplication and bureaucracy, the existing multi-agency domestic abuse working group, under the governance of the Community Safety Partnership is being used to seek this assurance. The substance misuse sub-group, under the governance of the Safer Hartlepool Partnership, is likewise utilised. A task and finish group led by a senior clinician from Tees Esk and Wear Valley (TEWV) was created to address the Mental Health subject.



## Domestic Violence:

The incidents of domestic abuse reported to the Police have increased during 2016/17 when compared to 2015/16 from **2490** to **2767**. The domestic abuse repeat rate in Hartlepool was **1288** in 2016/17 compared to **1154** in 2015/16.

Domestic Abuse Incidents in Hartlepool	2014/15	2015/16	2016/17
Number of domestic abuse incidents	2746	2490	2767
Number of Domestic Abuse incidents with a repeat victim	1061	1154	1288
% of Domestic Abuse incidents involving a repeat victim	38.6%	46.3%	46.5%

As might be expected, given the rise in recorded domestic abuse incidents reported to the Police, there has also been a rise in domestic abuse referrals into the specialist domestic abuse service. However, the significant increase in referrals to the outreach element of the specialist service, when compared to the previous year (an increase of **48%**), suggests that from an early help perspective, Police and other partners are now more aware of the range of services available to victims of domestic abuse and their families and are ensuring they are provided with support at a much earlier stage. Throughout 2016/17 the domestic abuse group has continued to work to increase awareness of domestic violence and abuse and the local support services available across agencies and communities. This has included press releases to coincide with major events such as Euro 2016, local stakeholder events, training for frontline professionals, and an event held with local community and voluntary sector groups.

This is further evidenced by the fact that Police referrals into the service have increased, now accounting for almost half of the referrals into the service, whilst the number of self and social care referrals also remain high. Similarly, the reduction in referrals to the Multi-Agency Risk Assessment Conference, i.e. those cases where there is a high risk of serious harm, has reduced by **13%**. The number of children in families engaged with the MARAC as of December 2016 was **146** representing a decrease of **28%** when compared to December 2015. This is due to earlier intervention as a result of the above mentioned increased awareness. This in turn impacts in de-escalating levels of risk and therefore exposes fewer children to high risk of serious harm.

Since its inception in 2015, Operation Encompass has also identified more than **1,000** children and young people being exposed to domestic abuse resulting in more than **500** referrals to schools, academies, sixth form colleges and colleges of further education. Of those referred, almost two thirds (**65%**) were of primary school age. The Board's role in Operation Encompass was to improve information sharing with schools and ensure timely interventions for children who had witnessed domestic abuse in the home the previous day. An independent evaluation of the initiative conducted by Teesside University from April to October 2016 concluded that Operation Encompass has improved communication between multi-agency professionals, and the speed and timeliness of referrals, with improved information sharing between agencies contributing towards enhanced early intervention and safeguarding for children and adults. The value of the initiative was also acknowledged by both children and parents participating in the evaluation. For children and young people, having 'someone who knows' without having to actually tell someone, as well as the link to support mum and keep her safe, were recorded as clear strengths. Similarly, parents thought that one of the main strengths of Operation Encompass was that there would not be a need for the child to disclose, as well as the support offered to children in school.

During 2016/17 a detailed needs analysis in relation to domestic abuse was undertaken and a new three year **domestic abuse strategy** for Hartlepool was introduced in February 2017, launched by the Independent Chair. The overall aim of the strategy is to reduce the impact of domestic abuse on victims and their families with a focus on prevention, partnership working, provision of services and pursuing perpetrators. Young people were involved in the development of the strategy resulting in an additional action to explore healthy relationship champions in schools. The progress of impact by this strategy will be reported upon in next year's report.

An analysis and review of current risk assessment tools by agencies has been undertaken. A recommendation that all agencies use the DASH risk assessment tool to ensure that children and young people are safeguarded against the risk of serious harm was accepted by the Board at their Domestic Abuse Thematic day. The local domestic abuse specialist provider has subsequently been commissioned to deliver DASH training to professionals working in the Hartlepool area and the impact is to be monitored and evaluated throughout 2017/18.

A new specification for specialist domestic abuse services with an emphasis on children and families was drawn up in 2016 and a new service commissioned in March 2017. The service aims to ensure appropriate support services are in place for children and young people affected by domestic abuse and includes new benchmarking measures that aim to capture the impact of interventions and outcomes for children and young people. The service includes:

- A Children's Hub link worker to provide a conduit between the specialist service provider and the hub.
- A worker in the Intensive Response Team – a specialist practitioner to deliver intensive interventions based upon the needs of children, young people and their families.
- An early response officer to work across all services from the specialist provider to implement a rapid response, in turn maximising engagement in services and addressing missed opportunities.
- A Healthy Relationship Programme in schools (both primary and secondary) to teach children about what healthy/unhealthy relationships looks like and what they have a right to expect.
- A Children and Young Peoples Service - one to one and group support for children affected by domestic abuse.
- A Perpetrator programme.
- An Independent Domestic Violence Advisor.
- An Outreach service.
- A Refuge/ safe house provision.
- Counselling.

Impact gained by these services will be reported upon in 2017/18 after monitoring and evaluation.

Throughout 2016/17 the domestic abuse sub-group has continued to work to increase awareness of domestic violence and abuse and the local support services available across agencies and communities. The Domestic Abuse Strategy was reviewed and now includes the 'voice of the child' which has resulted in a more child-centered focus and its impact is evidenced in the figures cited at the beginning of this section.



## Substance misuse

Substance misuse issues were identified as the most common acute precipitating cause of referrals to the Children's Hub. The Substance misuse sub-group's overarching aims have been to ensure a focus on understanding the implications for children and young people who are substance users, as well as understanding *how* the actions of substance misusing parents impact upon their children. In 2016 a substance misuse strategy was developed in order to ensure that professionals keep an awareness of these issues at the forefront of strategy and support.

There are three priorities within the substance misuse strategy:

- Prevention and Early Intervention.
- Treatment and support.
- Crime disorder and community safety.

### Prevention and Early Intervention

- Work in schools has established dedicated lesson plans to deliver prevention messages to children and young people.
- Education in more community venues has also been established, with dedicated programmes implemented in colleges and further education settings.
- Work with the Trading Standards and Licensing Officer to monitor sales of underage drinking, test purchasing through age-challenge policies and provide training on responsible alcohol promotions.

### Treatment and Support

- The delivery of Crucial Crew: an annual programme offered to all year 6 pupils across the town. The event provided support around issues and impact of substance misuse on children and their families. Feedback from the children attending showed an increased awareness.
- HART (Hartlepool Action Recovery Team) has been commissioned to provide a drug and alcohol treatment service for adults and young people. The team consists of town commissioned services Addaction and Lifeline, who work together to provide an holistic approach to recovery-focused treatment to drug and alcohol clients and their families through both clinical and psychosocial interventions.

## Crime Disorder and Community Safety

- Partnership working with Police/PCSOs and Community Safety has been established to gather intelligence in our communities.
- Work in 'hot spot' areas identified to develop stronger relationships.

In March 2017 the Board held a substance misuse thematic to evaluate and assure itself on the progress in this area. The Director of Public Health presented to Board members on the new substance misuse strategy and the progress to date on specific areas detailed above. The Board challenged the lack of focus on young people within the strategy and action plan, the limited evidence of the **'Voice of the Child'** in the development of the strategy, the lack of links between domestic abuse and mental health and how information was to be shared across agencies. It was agreed that all of these points would be developed further in the strategy. The Hartlepool Substance Misuse Strategy and action plan runs from 2016-2019. This means that elements of the plan are ongoing with amendments made in light of challenge, progress and impact to be reported on during 2018.

In order to ensure the provision of a relevant and effective Substance Misuse Service, the Director of Public Health is now working in collaboration with Newcastle University to develop an in depth analysis on the "Effect of Substance Misusing Families on the Child". While this has not yet directly impacted on the welfare and wellbeing of children and young people, its identification and prioritisation will impact upon the shaping of child-centred services and service provision. A presentation will be given to the Board in 2017/18.

The HSCB continue to seek assurances on the impact that work completed has had upon outcomes for Children and Young People and continue to monitor progress through thematic board meetings and sub-group reporting.

## Parental Mental Health

Following a detailed discussion about neglect within the board which highlighted Parental Mental Health as being one of three main contributing factors, it was agreed that a group needed to be established to look at services for parents with mental health issues. The purpose of this group is to reduce the impact of neglect. The group aim to determine what help and support services exist to support adults and children where a family member experiences mental health problems.

The group have worked together to:

- Review services which are available for families in Hartlepool and identify any gaps in those services.
- Review the recourses available for parents.
- Strengthen the links between sub-groups for children and adults.
- Involve young carers to give their perspective on the services available.

The group have identified implications for those service users whose mental health needs impact upon their ability to access services. Targeted work has begun to allow parents access to existing services of support. Regular updates on progress are provided at the Board and Executive groups. This group will continue to strengthen links with the D.V and S.M.U sub-groups in 2017/18.



## **2. REDUCING RISKS FOR CHILDREN AND YOUNG PEOPLE IN RELATION TO VEMT (Vulnerable, Exploited, Missing and Trafficked)**

A significant amount of work has been undertaken in 2016/17 to build on the existing processes for VEMT and focussing on an improvement in quality across the workforce. There has also been a focus on raising awareness of VEMT across all agencies. The Tees Strategic VEMT group, which is chaired by the Detective Superintendent Head of Specialist Crime for Cleveland Police, sets the overarching strategic plan for all Tees areas. Locally, there is a VEMT sub-group chaired by the Assistant Director of Children's Services, which oversees the implementation of the local plan. In addition there is a VEMT practitioners group (VPG) that reviews the plans for children that are at risk of exploitation. This group is chaired by the Head of Service for Looked-After Children and Care Leavers.

### **What has been done and what is the impact?**

- The **Tees-wide Protocol for Missing** has been reviewed and updated. National research showed that children deemed as being 'at risk' were being classified as 'absent' which prevented response from police and highlighted concerns over the definition for 'absent'. As a result they have now moved to a 4-tier level of risk which aims to provide more clarity and in turn ensure the most pertinent response.
- **Missing from home/care training** has been delivered as part of the multi-agency training for Hartlepool and Stockton. This was attended by children's home staff (both LA and private), police and LA staff. Course evaluations showed that these sessions have raised awareness about the risks faced by children who go missing and provided professionals with response mechanisms in relation to prevention and support.
- A multi-agency **Missing conference** was held in Nottingham hosted by the Blast Project (a male-only sexual exploitation support service). Feedback from young people who had missing episodes was delivered at the conference and evaluations from practitioners stated that it allowed them to reflect upon practice and maintain a child-centered focus.
- A monthly **VEMT performance sheet** was introduced. This illustrates the work done by the VEMT Practitioner Group and is reported to the VEMT Operational Group. The aim of this was to provide essential, regular and consistent feedback, in order to challenge any issues or trends and inform strategy.
- Reviewed the processes of the **VEMT Practitioners Group**. Social workers are now included in the meetings to ensure richness of information when discussing risks.

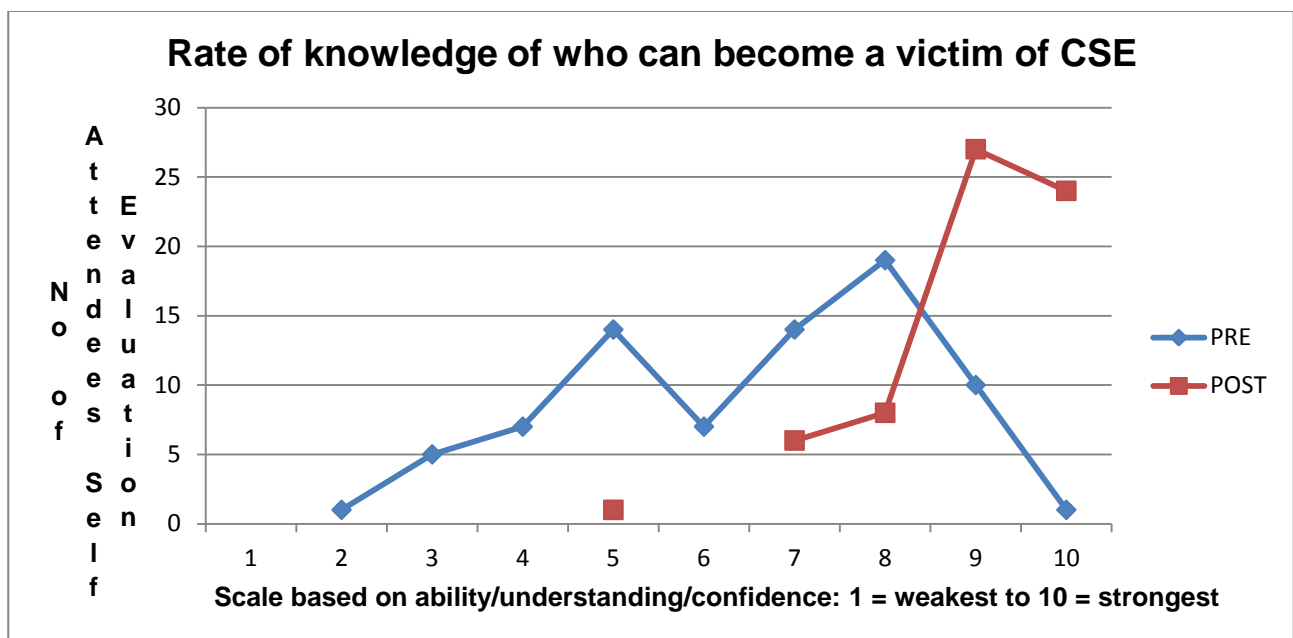
- A **VENT conference** was delivered in April 2016 with health and school professionals being main target. See below for further detail and impact.
- A **CSE worker** is now in place to work on one to one cases. All children and young people's parents/carers referred to the service are offered awareness sessions around CSE tailored to meet need. Training delivered to parents, foster carers and within residential care homes evidences an increased awareness of CSE. The Established professional relationships developed between the CSE worker and Hartlepool sexual health staff has led to a significant change in waiting times when presenting a CYP at a clinic. CYPs are now seen quite promptly whereas previously they would have had to wait anywhere up to two hours. This has freed up more time to work with CYPs. (See below case study).
- Following challenge raised after an e-safety report presented to Board in September 2016, the role of **chair of the e-safety group** has been adopted by a Board member representing education.
- A multi-agency audit has taken place. Evaluations showed that the completion rate for return interviews was consistently high, rising from **84%** in Q1 to **97.5%** by Q4, but that the quality of the forms was varied. Training for social workers, family support workers and Youth Offending Service (YOS) staff on completion techniques has already begun and will continue throughout 2017/18.

An analysis of the VEMT Group identified two causes for concern. The first being the low number of submissions coming from both Health and Schools and the second being that secondary schools had yet to access Chelsea's choice and Kayleigh's story. The Board identified the need to address this by planning and delivering a VEMT conference. The aims and objectives of this were to improve understanding of the issues, and how to identify and appropriately address issues and the sharing of intelligence. The Board also took the opportunity to showcase Chelsea's choice.

Prior to attending the conference delegates appeared to be fairly confident that they had a basic understanding and had considered the scope with which children and/or young people can be at risk of Child Sexual Exploitation, however, approximately a third did score themselves low in their pre-conference evaluation.

Throughout the evaluation it is evident that by attending the conference, attendees felt that their understanding, knowledge, ability and confidence had increased in relation to Child Sexual Exploitation and the contributing factors that increase the risk of a child/young person being sexually exploited. The majority of respondents demonstrated a scoring much higher than on their pre-conference evaluation.

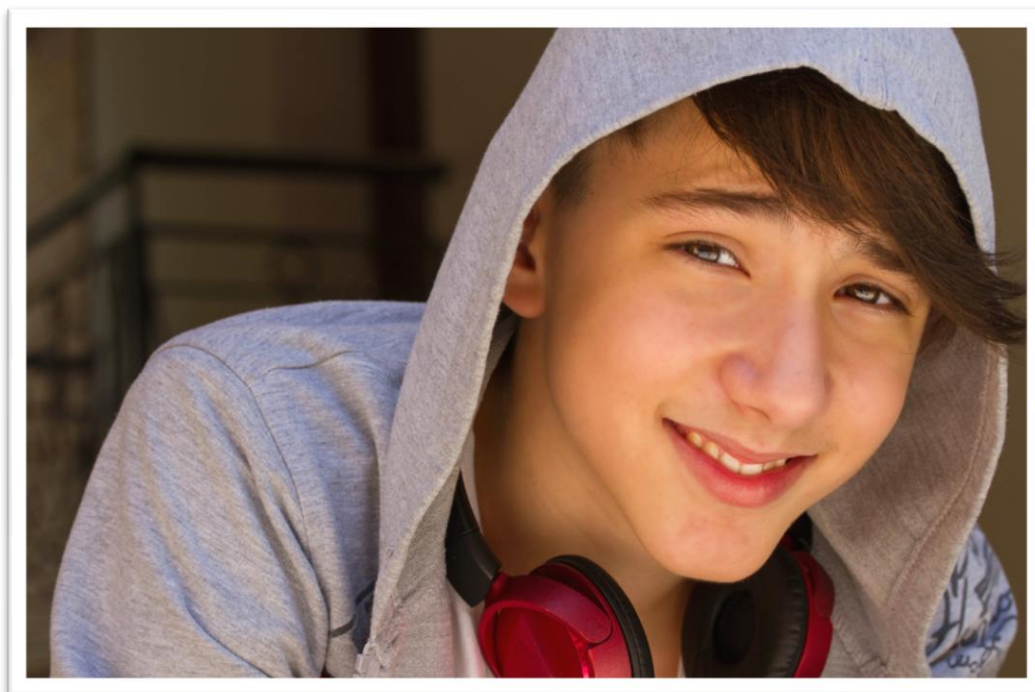
A graphical example of one of the evaluation questions is shown below.



The majority of attendees confirmed that this learning had resulted in an impact on their working practice and they would make improvements in their work. Some also highlighted that they would be more alert to causes and situation and also be more aware of what to look for. Others highlighted that they would relay key messages to their team members to ensure improvements in information sharing and ensuring the safety of children/young people. Some respondents added that they felt there is a need for more training for staff and for the LSCB to continue to raise the profile of Child Sexual Exploitation.

Key areas that attendees felt they would focus on in their work environment as a result of attending the conference are:

- Explore links more by listening to child's story.
- Changing behaviours.
- Share Information with partner agencies.
- Be more vigilant.
- Raise parent's awareness.



## Case Study

### Background

A 13 year old female was referred in to the CSE worker by both social care and police following a three day missing episode. She was on a Child Protection Plan and was assessed to be at high risk of VEMT. Mum regularly misuses drugs and alcohol in the family home and dad was in prison due to a burglary conviction. She had not been attending school.

### **Concerns:**

- Different adults had been seen coming and going from the property.
- Information had been shared from another professional that the young female was in a sexual relationship with an 18 year old male.
- She had been associating with risky peers also known to VEMT.
- She associated with peers older than herself.
- High risk CSE.
- She regularly comes home late and her whereabouts are unknown though mum fails to report missing.
- A three day missing episode was reported.

### **Actions**

- Education sessions about sexual exploitation.
- Education sessions about how to keep herself safe online and in the community.
- How to recognise grooming/unhealthy relationships.

### **Aim of service Intervention:**

- To equip with knowledge to recognise risk.
- To explain the grooming process and models of sexual exploitation.
- To work together and agree positive solutions to prevent unsafe situations.
- To encourage reflective thinking and increase problem solving skills.
- To introduce strategies to enhance safety, self-esteem/self-understanding.
- To encourage safe decision making and being in control.

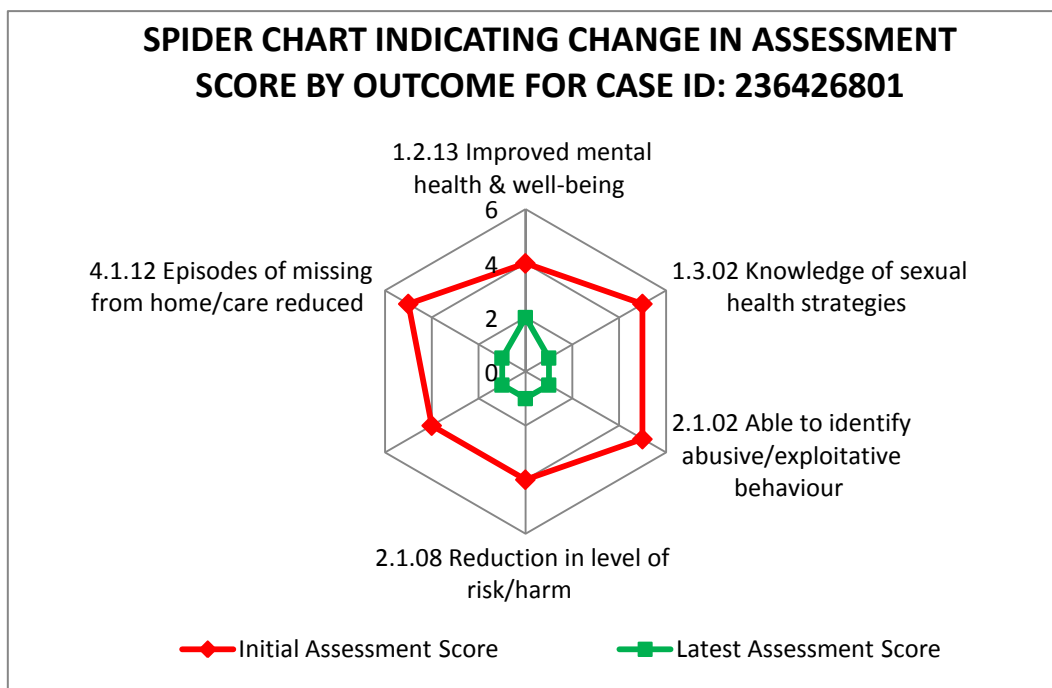
### **Successes**

- Fully engaged during the sessions and was able to identify risky situations.
- Now back in education, is attending well and is getting on well with both staff and students.
- Developed a good relationship with case worker. This was demonstrated when the young person talked more openly about both previous and current home conditions.
- Now aware that she has a right to feel safe and now has high self-esteem and self-worth.
- No longer associating with risky peers and has a greater awareness of appropriate/inappropriate relationships.
- No longer in relationships with older males.
- Is aware of online dangers and grooming.
- Has a greater understanding of healthy and unhealthy relationships.
- Has a greater understanding of consent.
- Is now safer both online and in the community.



## Service Impact

- Risk reduced from high risk to low risk.
- No longer on VEMT case agenda.
- No longer involved in exploitative relationship.
- No missing episodes.
- Has a higher concept of risk.
- Has a better understanding of a consensual relationship.
- No pregnancy.
- Attending education with greatly improved attendance levels.



### **3. STRENGTHENING PARTNERSHIPS ENSURING CONTINUOUS IMPROVEMENT**

#### **What has been done and what is the impact?**

##### **Development of the Children's Hub**

In Hartlepool the Children's Hub provides the "front door" to children's services. It provides an integrated single point of access across North Tees offering multi agency triage and assessment of referrals about children. The Children's Hub shares information, evaluates risk and makes multi agency decisions to improve outcomes for vulnerable children and their families through providing the right support at the right time.

The Children's Hub is a partnership and the team comprises of professionals from Hartlepool Borough Council, North Tees and Hartlepool NHS Foundation Trust, Tees Esk and Wear Valleys NHS Trust, Cleveland Police, Operation Encompass and Harbour. In addition, there are 'virtual' partners which include Thirteen, National Probation Service and the Community Rehabilitation Company.

Referrals to children's social care are expected to be completed on a SAFER referral form. This allows the referrer to set out their concerns which can then be further explored within the Hub to understand the type of intervention needed to support the family and/or to protect the children. The pathways to support can be the provision of advice and guidance, early help services or children's social care dependent upon the presenting needs.

The Children's Hub uses the access to services document "Right Service at the Right Time" to guide decision making. However decisions are not always straight forward and therefore the discussions between multi-agency practitioners in the Hub is critical to ensuring children and young people get the support they need.

The Hub was established in June 2016 and an annual review will be presented to the board in 2017/18. Audits have taken place across 2016/17 with an additional external review undertaken by North Yorkshire County Council. These showed that:

- The information passed to the social care teams at referral is significantly more detailed than previously.

- Police and Health attendance at strategy meetings has increased and CAMHS report an increase in children and young people receiving assessment as a result of their involvement in the Hub.
- A full audit of month four (September) took place, checking thresholds, referral destination, partner action and looking for any opportunities that may have been missed. This indicated that Early Help pathways were not fully understood by the workforce and that there was confusion in relation to consent. These findings have resulted in a piece of work taking place to ensure that the Hub's process for consent is clear with a protocol developed.
- Need to review business processes to move to a paperless process. A move to a paperless process is being established in 2017/18.

## **Case Study**

### **Background**

A referral came into the Children's Hub from adult mental health. Adult mental health identified their service user to be a mother of an 8 year old son. They included the child's name in the referral but were unaware of his DOB.

### **Concerns**

- Mum's deteriorating condition.
- Mum's ability to parent child.

### **Actions**

- A check of HBC social care systems was undertaken which was unable to locate the child.
- A check of school attendance systems which was unable to locate the child.
- Liaison between the Snr Nurse and Police representatives in the Hub helped to confirm the name and DOB of the child and the school the child attends.

### **Successes**

- The child's name and age that had come in from Adult mental health were actually incorrect. Having multi-agency partners working together under one roof meant that we were able to piece together the necessary information to identify the child quickly.
- Early help was able to offer mum support due to prompt identification.

### Allegations against professionals

Hartlepool's Local Authority Designated Officer is based within the Children's Hub which allows for sharing of information as appropriate to ensure children are safeguarded.

The number of referrals recorded by the LADO (Local Authority Designated Officer) during 2016/17 was 27. In addition there were 40 "enquiries" recorded (enquiries relates to matters which did not meet the LADO criteria). Of the 27 referrals, 8 (30%) resulted in LADO meetings taking place. The greatest number of referrals received came from local authority children's services (8) with education being the next highest referrer (6).

Education remains the highest in terms of staff group with 14 (52%) of referrals. 7 of these relate to teachers, and the remainder to wider roles in education. Allegations of physical abuse accounted for the greatest number of referrals in 2016/17 with 52% of the total referrals. However it needs noting that there have been no allegations of serious assaults.

The Board assures itself that agencies ensure that staff are aware of the role of the LADO, how to make contact and the processes involved. In conjunction with the LADO, the Board continue to look at trends with the LADO presenting reports and progress reviews as part of the Boards assurance cycle.

### Tees procedures

Tees procedures is a multi agency Tees-wide sub group of the boards that reviews safeguarding processes and procedures. The main function of TPG is to:

- Have responsibility for coordinating the development of local procedures, protocols and guidance, to safeguard and promote the welfare of children on behalf of the Tees LSCBs.
- Establish a maintenance and updating process of the electronic Tees Wide Procedures.
- Undertake focussed pieces of work, co-opting additional professionals as required.
- Establish processes that will promote consistency by all LSCB partner member organisations in their response to, and management of, safeguarding children issues, ensuring the child is the central focus.
- Develop and recommend to LSCBs procedures and guidance that avoid confusion or duplication and ensure staff across local partners can readily understand their responsibilities.

- Wherever possible, staff will be directed to National Guidance and Directives so that the specific role LSCBs have in relation to the development and implementation of procedures is fulfilled.

The procedures that were reviewed and agreed during 2016/17 were:

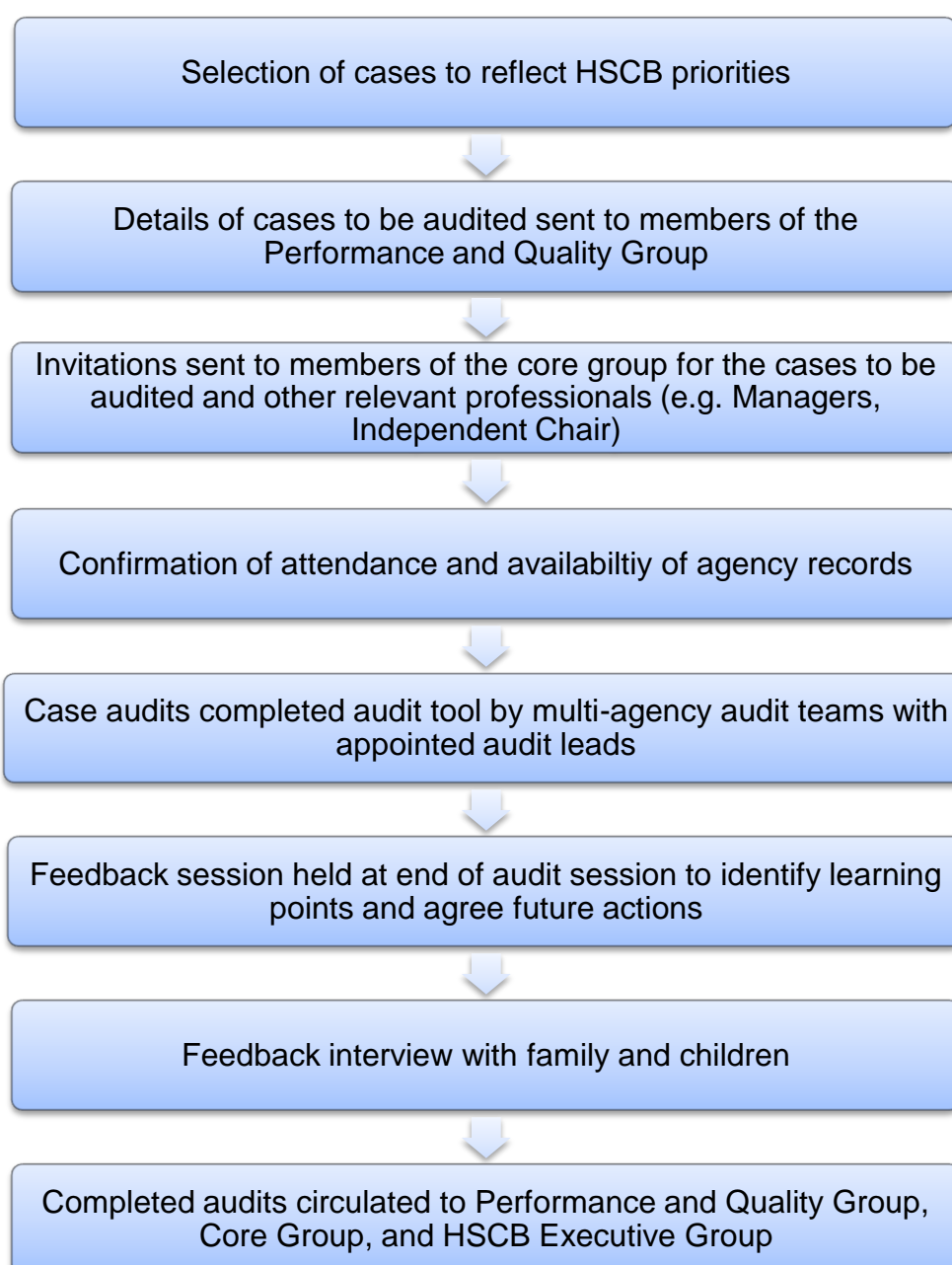
- [Assessing and responding to the impact/experience of Domestic Abuse on children](#)
- [Children and babies leaving the UK](#)
- [Complaints against the LSCB](#)
- [Dual Process/Double Protection \(clarification of procedure\)](#)
- [Fabricated and Induced Illness \(FII\) Chronology](#)
- [Female Genital Mutilation \(FGM\) – Guidance for Health Professionals](#)
- [Impact of Parental Substance Misuse Procedures and Guidance](#)
- [Interface Protocol Between Safeguarding Children and Safeguarding Adults](#)
- [Making a Referral to Children's Social Care](#)
- [Sudden Unexpected Death of a Baby](#)

All procedures and guidance are placed on the Tees Child Protection Procedures website:  
[www.teescpp.org.uk](http://www.teescpp.org.uk).

## 6. Audit and Review

### Multi-agency audits

The Performance and Quality sub-group hold the responsibility for carrying out multi-agency audits of cases as part of their quality assurance role for the HSCB and to report their findings to the board. The diagram below demonstrates the audit process.



The Performance and Quality group have reviewed its practice and moved to a revised methodology for multi-agency audits. This includes the production of a revised audit tool in two parts.

- Part one of the tool to be completed using the shared multi-agency documentation in existence, which should be present on all the agency files (strategy meeting, child protection conference minutes, protection plan etc).
- Part two is to involve scrutiny of the agency files presented with regard to the accuracy of the child's basic details, supervision and quality of the case recording.

The audits are facilitated by members of the Performance and Quality Group but also involve the practitioners from the core group and other relevant workers (e.g. Team Manager, Independent Chair). A number of practitioners across a range of agencies attended the audit sessions and participated in the audit activity. Whilst initially unsure and a little apprehensive about being involved, by the end of the activity the feedback was more positive and most reported that they had found the exercises useful and that it had provided an opportunity for thinking and reflection on the case, which is not necessarily possible in the core group meetings. A strong commitment to the multi-agency audit has now been established and this has involved scrutiny of records from a number of partner agencies rather than a reliance on the social care file. In addition the process has promoted an increased understanding, awareness and insight across agencies of their contribution to the safeguarding of vulnerable and at risk children.

There have been three multi agency audits undertaken by the Performance and Quality Group within the period April 2016 and March 2017, which focussed on cases including the CSE and neglect priorities. Findings from the audit were shared with the Learning lessons and Improving Practice Group, VEMT local sub group and Board. Recommendations from the audit reports have also fed back directly to the frontline practitioners/ core group.

Key recommendations that came from the audits were to ensure that direct feedback from young people was not overlooked and ensuring more consistency in detail of recording. The Board will continue to monitor the multi-agency audit reports and seek assurance that these recommendations have been addressed in future audit reports.

## **Child Death Overview Panel**

The Child Death Overview Panel (CDOP) is co-ordinated across the Tees local authorities. The group monitors, scrutinises and analyses all child death and reports their findings to the board on a bi-annual basis.

The Tees Child Death Overview Panel (CDOP) reviews the deaths of children from the Hartlepool, Middlesbrough, Stockton-on-Tees and Redcar and Cleveland Local Safeguarding Children Board (LSCB) areas. The CDOP is a sub-group of the 4 Tees LSCBs.

The role of the CDOP is to ensure that wherever child deaths occur, and under whatever circumstances, scrutiny of the cases results in recognised improvements that can be made to practice to improve the quality of care, as well as the safety of children. CDOP also identifies any relevant strategic issues and ensure that these translate into action within or between agencies. CDOP ensures that the team looking after children have the opportunity to discuss and reflect on the death, learn any lessons, and implement any helpful changes to practice or to systems of care. The value of child death review, and the necessity for its coordination and scrutiny by a Child Death Overview Panel, has been understood nationally and remains a core component of the latest version of Working Together (2015).

Tees CDOP is chaired by the Director of Public Health, Middlesbrough and Redcar and Cleveland, and the business management functions are undertaken by the Redcar and Cleveland Safeguarding Children Board (RCSCB) business support team.

<b>LCSB</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>Total</b>
Hartlepool	5(2)	9(4)	7(3)	11(8)	<b>32</b>

### **\*Numbers in brackets denote unexpected deaths**

There were a total of **11** child deaths in 2016/17, **8** of which were unexpected. **3** deaths have currently been reviewed by CDOP due to the time it takes to receive all information to be able to review the cases.



<b>LSCB</b>	Neonatal < 4 Weeks	4- 52 Weeks	1 - 4 Years	5 - 9 Years	10 - 14 Years	15 up to 18 Years	<b>Total</b>
Hartlepool	2	0	0	0	0	1	3

**This table shows the respective ages of the children when they died.**

#### Rapid response

Following the successful implementation of the Rapid Response Process in 2015/16, a Rapid Response meeting is now held following unexpected deaths (with the exception of Neo-natal Deaths).

The purpose of the Rapid Response Meeting is to:

- Help work out the provisional cause of death and identify any risk factors pertaining to that death.
- Explicitly consider whether there are any safeguarding issues for surviving siblings, potential future siblings and other associated children.
- Identify any urgent action to be taken by any agency.
- Signpost to appropriate help and support for family/friends and staff where necessary
- Help gather information for Tees Child Death Overview Panel (CDOP) in a standard format.

Additional work carried out by CDOP in 2016/17:

- The **Safer Sleep Campaign** by The Lullaby Trust took place between the 13 – 18 March 2017 to promote safe sleeping arrangements with parents and carers.
- The Sudden Unexpected Death in Infancy Protocol (SUDI) was revised nationally in 2016/17 and as a result the Tees process is undergoing review.
- The amended Tees protocol is in draft form and will be finalised in early 2017/18.
- The four Tees Directors of Public Health have agreed to fund the costs of Tees CDOP in 2017/18.

The full CDOP Annual Report can be found at: [www.tees-cdrp.org.uk](http://www.tees-cdrp.org.uk).

## **Serious Case Reviews**

Two Serious Case Reviews were commissioned by the Hartlepool Local Safeguarding Children Board in January 2015. These reviews were jointly undertaken alongside an Adults Safeguarding Review due to the nature of the incident. The reviews were carried out by an experienced independent reviewer following the Learning Together (SCIE) model. There was some delay in the reviews starting due to the legal processes. However, this did not prevent early data reflections on practice and all agencies reviewed their existing services to see what immediate action might need to be taken.

The reviews established a case group and review group as part of the review and were supported by the independent reviewer to reflect on the cases. The case group was made up of all practitioners that were working with the two young people. The review group was made up of senior managers from all statutory agencies on the board. The process of Learning Together has been very reflective and learning has taken place through the journey of the reviews. Changes that have already been implemented prior to the reviews being published include:

- A Strategic **Risk Management** group being established in February 2017 to ensure that sharing of intelligence is in place for young people that are presenting with significant risk-taking behaviours.
- When a child or young person fails to attend secondary care health appointments relevant practitioners will be made aware and a **clear pathway** will be available to guide management.
- Revision of the **Safeguarding Supervision** Policy to ensure LAC Nurses are included as mandated within policy. This offer will be provided via the three monthly rolling programme.
- The introduction of **Signs of Safety** group supervision to support wider discussion to challenge any fixed thinking.
- The development of a draft **reunification** policy to ensure clarity around how a child and carer are reunited.
- A process to **share information** between children's services and community safety team being established.

- Guidance being issued to staff within the **Protecting Vulnerable People's hub** to consider the information of local officers and PCSOs when compiling information for strategy meetings. Local officers and PCSOs are also briefed that there may be times when their knowledge of a child or young person within a community may form a vital part of the planning around that child and determining the most appropriate interventions. Going forward, this information will be captured through written reports and, in some of the most problematic cases, through attendance at strategy meetings at the request of the Chair or Police.

The reviews were published in June 2017 and can be found at [www.lscbhartlepool.org/professionals/page/101](http://www.lscbhartlepool.org/professionals/page/101).

Progress reporting on the above points and on the SCR action plan will commence in December 2017 and will feed into both LLIPSG and Board.



## 7. Learning and Improvement

### Training group

There is a multi-agency joint training group that is shared across Hartlepool and Stockton LSCBs. This training group is chaired by the Deputy Director, North Tees and Hartlepool NHS Foundation Trust. The group is commissioned by the Board sub-groups to commission training. This training is delivered internally by board agencies and also commissioned to external providers. In September 2016 the Board received the joint training and assurance report. This report gave details of the training needs analysis that had been conducted and details of the aims listed below, which were agreed by the Board.

The aim of the training group is to:

- Plan, develop and deliver **multi-agency safeguarding children training** that meets the priorities for both LSCB's, including shared learning and good practice across both LSCB areas.
- Commission external training providers who can provide specific themed **specialised training** courses.
- Meet the priorities and outcomes of **SCRs/Learning Reviews** for both LSCB areas (as they often result in similar training courses with similar key messages being delivered).
- Undertake **quality assurance** of all training materials and delivery and also, to analyse the impact of learning on working practices.
- Assess training requirements through a multi-agency **training needs analysis** and review of historical training data.
- Utilise the SLSCB Trainer, front line practitioners from various agencies and commission services, ensuring the relevant skill base, knowledge and experience to **facilitate quality learning** and development activities is provided.

## In 2016/17...

Hartlepool Safeguarding Children Board and Stockton Local Safeguarding Children Board delivered joint multi-agency training.



**144**

people  
attended bite-  
size training

**1,100** e-learning  
training sessions  
completed



**87** multi-  
agency  
training  
sessions  
delivered



**1630**  
people  
attended  
multi  
agency  
training

**Hartlepool Safeguarding Children  
Board delivered additional multi-  
agency training...**

**26** training sessions  
were delivered - providing  
training to **872** people



Observations at training sessions were undertaken by senior practitioners to ensure that the training course content and delivery met the quality standards of the LSCBs.

The evaluation of training was measured by way of an evaluation form that was distributed to all delegates on completion of the training. A subsequent impact evaluation questionnaire was reviewed, resulting in a mix of impact on working practices evaluation forms being sent out to practitioners and line managers of attendees three months after classroom based training courses to gather information on the impact of the knowledge acquired and how this is implemented in their working practices.

Some comments captured within the evaluations of training included:

I have a better understanding of the importance of reflecting every aspect of the voice of the child and the full picture in a referral form, as previously I would not include parts that I thought social care would already have access to. Now I am much more thorough in the information I include to allow the social care team to make a full assessment based on all the facts as I have them. **(Headteacher)**

I'm much clearer when recording events.  
**(Early Years Leader)**

This training day was extremely informative and gave me confidence and a clearer understanding of my role as Safeguarding Children designated lead. It also highlighted to me current legislation and guidance available and raised my awareness of multi-agency working and information sharing.

**(Business Manager – Sports & Recreation)**

This was a refresher course for me and I feel this time round the course was much clearer and covered much more information with good case studies and examples. I feel that I learned the policies of Tees Wide Safeguarding, the types of abuse and how to report concerns and escalate to the relevant authorities.

**(Branch Nurse Consultant)**

## **Learning Lessons and Improving Practice**

The Learning Lessons and Improving Practice Group is chaired by the Designated Nurse for Safeguarding and Looked After Children (NHS Hartlepool and Stockton on Tees CCG). The group is responsible for:

- Reviewing cases that have been referred for consideration.
- Explore learning from national serious case reviews to inform local improvements.
- Oversee any SCR processes.
- Develop and provide oversight and scrutiny to review action plans.
- To work closely with the Training group to ensure that learning is shared with the workforce.
- To work closely with the audit group to understand whether improvements are being made in practice.

In the last year from April 2016 to March 2017 the main area of work for the Learning Lessons and Improving Practice Group has been to support the serious case reviews. All members of the Learning Lessons and Improving Practice group were part of the SCR review group. In addition the following was also undertaken:

- Reviewed two cases for consideration. This included the production of chronologies from all agencies.
- Reviewed four regional serious case reviews to ensure that learning can be disseminated.

## **Tees-wide Performance Management Framework**

The Tees-wide Performance Management Framework (PMF) was first presented as a live document to the board in December 2016. This significant achievement led by the Hartlepool Safeguarding Children's Board on behalf of all four Boards across the Tees Valley has these desired outcomes:

- Improved monitoring and accountability of all partners to the Boards.
- Improved decision making and prioritisation.
- Efficiency savings in some partners only having to provide information once, instead of four times and consistency as to the type of information collected.
- Improved outcomes for children and young people as a consequence of improved understanding of need and prevalence.

The performance framework consists of 55 key indicators allowing comparison across the four LSCBs. These indicators address the following areas of interest:

1. Enabling children to lead healthy lives.
2. Providing the right support for children.
3. Ensuring children are safe.

Board members have welcomed this data and have dedicated time to analyse this data to ensure that desired outcomes are achieved. Examples of the assurance that the Board has sought as a result of the analysis of this data have included:

- Examination of first time entrants to the criminal justice system.
- The number of children and young people injured in road traffic collisions.
- The effectiveness of Early Help.
- The increasing number of children becoming subject to CPP or LAC.
- Police attendance at strategies.

As a result of this assurance, impact has included:

- Public Health refreshing their leadership and co-ordination of road safety issues.
- Police attendance at strategy has significantly improved.
- Multi-agency planned implementation of Signs of Safety.
- Assurance received or further work commissioned in the other identified areas as above.

Work is ongoing to compliment the performance data with the publication of Deep Dive reports. These reports aim to provide further subject specific and in-depth analysis of the data. The subject of such Deep Dive reports will be prioritised across the year and derived from PMF key indicators and audit information, with the first report being around Early Help.



## 8. Self-evaluation and future growth

Over the past year we have implemented a number of changes across our partnerships to improve both single agency and multi-agency working practice in order to provide best possible services and outcomes for children and young people.

Feedback was sought from Board Partners with regard to the progress made by HSCB across 2016/17.

### **What do partners think has been done well?**

- A focused multi-agency approach to safeguarding children.
- Committed and consistent representation.
- More focus on outcomes and impact than before.
- Better link between sub-groups to ensure the focus of learning and development is appropriate.
- Introduction of the risk management group.
- Police attendance at strategies adding to the richness of discussions and sharing of information.
- Improved relationships and ability to professionally challenge.
- The introduction of the Tees Performance Management Framework is enabling the board to review impact more effectively. This has also offered an opportunity to scrutinise and professionally challenge where performance is poor.
- The Serious Case Review methodology has enabled a multi agency group to reflect on current practice and how to improve which will inform the Serious Case Review action plan.
- Introduction of the Children's Hub is providing multi agency decision making.
- Introduction of the integrated Early Help teams is allowing expertise to be shared and resources to be used more effectively.
- Shared Tees sub groups have allowed for best practice to be shared across areas resulting in improved practice e.g. sharing of CSE audit tool.
- Clearer focus on main priorities of the board which has resulted in the development of a new sub group looking at the impact of parental mental health on children.
- Thematic sessions during the board meeting have led to a more inclusive representation of all agencies and encouraged greater communication within the meetings.

- Board has sought assurance on outcomes of audits which have been adapted to cover themes such as CSE.
- Section 11 audits were scrutinised by the Children in Care Council and they presented the findings back to board and also to individual agencies to consider their requests.
- Each board meeting now includes a section on the impact of the content of the meeting and the **'Voice of the Child'** (VOC) is acknowledged at each meeting. There is a greater awareness of the VOC and this is further embedded by the presentations delivered by some young people who attend board meetings.
- Board received a presentation and assurance of the progression of the Hartlepool CQC Children Looked After and Safeguarding review which has resulted in many changes in practice following recommendations made. One of which includes face to face meetings with Health Visitors taking place with GPs to highlight any concerns about children known to them.
- Board are learning from the findings following the SEND local area inspection and work streams are underway to improve the strategic oversight of this cohort of children which will impact positively on families.
- Board received feedback from child neglect medicals which has resulted in some changes to the procedure following discussions at board.
- Training programme had been reduced following a needs analysis and feedback from board members. This will now focus more upon the key board priorities which reflects the common root causes which exist when children are suffering from abuse and neglect.
- The Better Childhood Programme across Hartlepool has had a significant impact on the development of partnership working. Community multi-disciplinary teams are composed of children's social care staff alongside health visitors and school nurses from the trust and this is providing a more holistic approach to working with vulnerable children.
- The work undertaken by Impower around root causes has provided clarity about what needs to be focused and has created a clear vision.
- Inclusion of Child Sexual Exploitation/Sexual Abuse (CSE/CSA) lead within standard NHS national contract from April 2016. This requires all NHS Trusts to have an identified CSE lead to support implementation of national guidance and ensure VOC is central to health services.

- Promotion of national “Seen and Heard” campaign to all frontline health staff ([www.seenandheard.org.uk](http://www.seenandheard.org.uk)).
- Ongoing communication to all Cumbria and the North East LADOs to ensure allegations involving those professions managed via NHS England (GPs, Pharmacists, Dentists and Opticians) are referred to the NHS England Safeguarding Lead for investigation in accordance with safeguarding policies and procedures.



## 9. What we have learnt: the priorities and challenges for 2017-18

As a Board we are committed to continuous improvement and the following are the priorities for the forthcoming year:

- Implementation of Neglect Statement of Intent in addition to the current focus on Domestic Abuse, Parental Mental Health, Parental Substance Misuse and Parenting.
- Reflection on Serious Case Review findings and implementation of action plan.
- Increase the number of multi agency audits to review effectiveness of safeguarding arrangements in Hartlepool.
- Continue to work with children and young people for them to challenge the effectiveness of our services.
- Refine use of performance management framework to understand HSCB effectiveness, ensuring that assurance reports are presented timely to the Board.
- Work with partners to explore the implications of the Children and Social Work Act 2017 and implement changes as required.
- Review the quality assurance, learning & improvement framework to ensure improved links between the sub groups, Learning lessons and Improving Practice Group, Audit Group and Training Group.
- Review effectiveness of relationships between HSCB and other statutory partnerships.

The Board will ensure these improvements by monitoring progress using the **Learning and Improvement Framework** Cycle and the HSCB Business Plan.

## Contact Details for the Board HSCB website:

**Independent Chair:** Dave Pickard.

**Address:** Civic Centre, Victoria Road, Hartlepool, TS24 8AY.

**Business Manager:** Leanne Stockton.

**Phone number:** 01429 523825.

**Email address:** [HSCB@hartlepool.gov.uk](mailto:HSCB@hartlepool.gov.uk).

## How to report concerns about a Child or Young Person

If you are worried about a child, please call the Hartlepool and Stockton-on-Tees Children's Hub on 01429 284284 or out of hours on 0870 240 2994. In an emergency please contact the police on 101 or 999.

Email - [childrenshub@hartlepool.gcsx.gov.uk](mailto:childrenshub@hartlepool.gcsx.gov.uk)

Website – [www.hartlepool.fsd.org.uk](http://www.hartlepool.fsd.org.uk)

The service operates Monday to Friday, 8.30am to 5pm.

The Emergency Duty Team provides an out-of-hours response to emergency situations involving child protection, child care, mental health and other adult care service matters.

They provide a point of advice and, where necessary, immediate service to individuals and families who are experiencing problems. They work closely with other emergency services including Health, Warden Call, Police, Women's Refuges and the Benefits Agency.

They are only available outside of normal office hours.

Tel: 08702 402 994

## Appendix A: Members of Hartlepool Safeguarding Children's Board

Name	Job Title	Organisation
Dave Pickard	Independent Chair	HSCB
Leanne Stockton	Business Manager	HSCB
<b>Lay members</b>		
Anne Barberi		
Judith Norman		
<b>Education</b>		
Alan Chapman	Headteacher	Catcote Academy
Alison Darby	Headteacher	Kingsley Primary School
Ann Malcolm	Headteacher	Manor Community Academy
Ben Robinson	Director of Student Guidance/ Support	Hartlepool Sixth Form College
<b>Local Authority</b>		
Sally Robinson	Director of Children's Services	Hartlepool Borough Council
Danielle Swainston	Assistant Director, Children's Services	Hartlepool Borough Council
Jane Young	Head of Service	Hartlepool Borough Council
Clare Clark	Head of Community Safety and Engagement	Hartlepool Borough Council
Maureen McEnaney	Head of Safeguarding and Review	Hartlepool Borough Council
Mark Patton	Assistant Director, Education, Learning and Skills	Hartlepool Borough Council
Lynda Igoe	Principal Housing Advice Officer	Hartlepool Borough Council
Paul Edmondson-Jones	Director of Public Health	Hartlepool Borough Council
<b>Health</b>		
Jean Golightly	Director of Nursing and Quality	NHS Hartlepool and Stockton-on-Tees CCG
Trina Holcroft	Designated Nurse Safeguarding Children and LAC	NHS Hartlepool and Stockton-on-Tees CCG
Lindsey Robertson	Deputy Director Safeguarding and Quality	North Tees and Hartlepool NHS Foundation Trust
Karen Agar	Associate Director of Nursing	Tees, Esk and Wear Valley NHS Foundation Trust
Dr Santosh Gupta	Designated Doctor Safeguarding Children	Hartlepool and Stockton-on-Tees CCG
Dr Sivakumar	Doctor North Tees and Hartlepool	North Tees & Hartlepool NHS Foundation Trust
David Charlesworth	Quality and Patient Safety Manager	NHS England
<b>Police</b>		
Anne-Marie Salwey	Detective Superintendant	Cleveland Police
<b>Fire Brigade</b>		
Dave Turton	Head of Community Safety	Cleveland Fire Brigade
<b>Voluntary and Community Sector</b>		
Elizabeth Phillips	CSM Tees Valley Barnardos	Barnardos
Lesley Gibson	Chief Executive	Harbour

Lindsay Hildreth	Children's Services Manager	West View Project
<b>Probation</b>		
Julie Allan	Head of Cleveland Area	National Probation Service
David Egglestone	Lead Manager, Community Partnerships	Community Rehabilitation Company
CAFCASS		
Margaret Harvey	Service Manager	CAFCASS

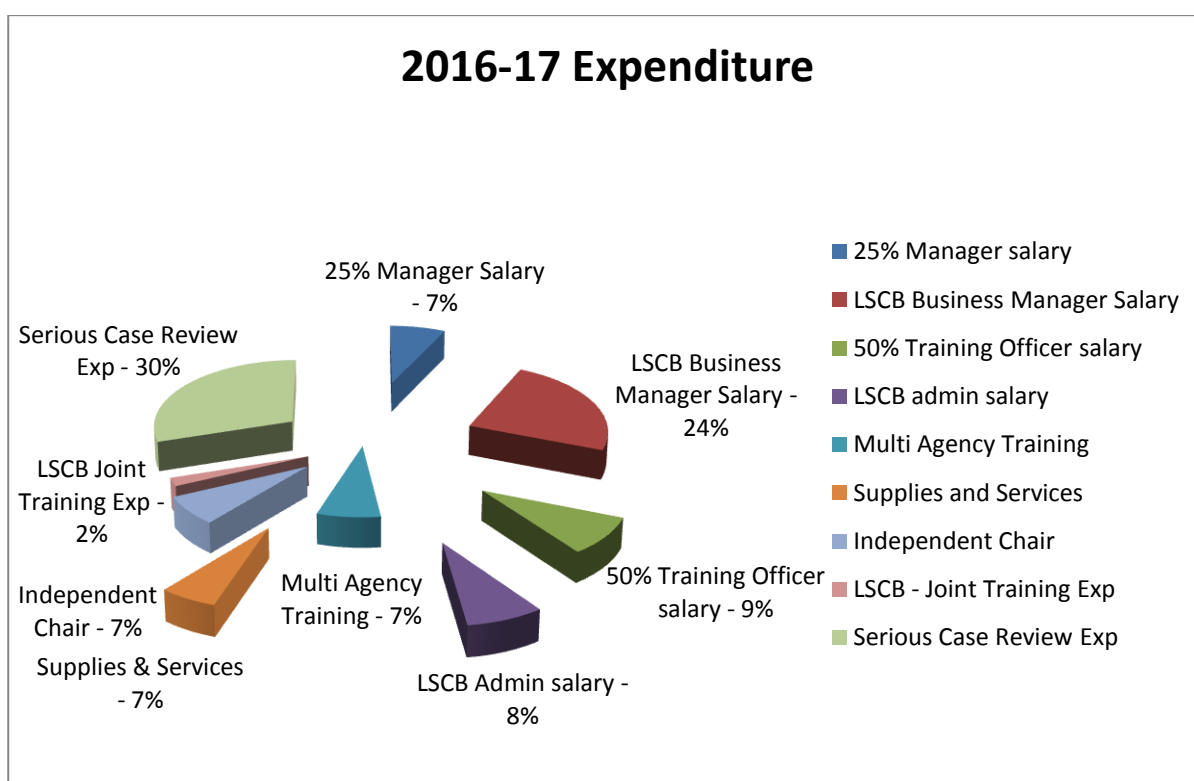
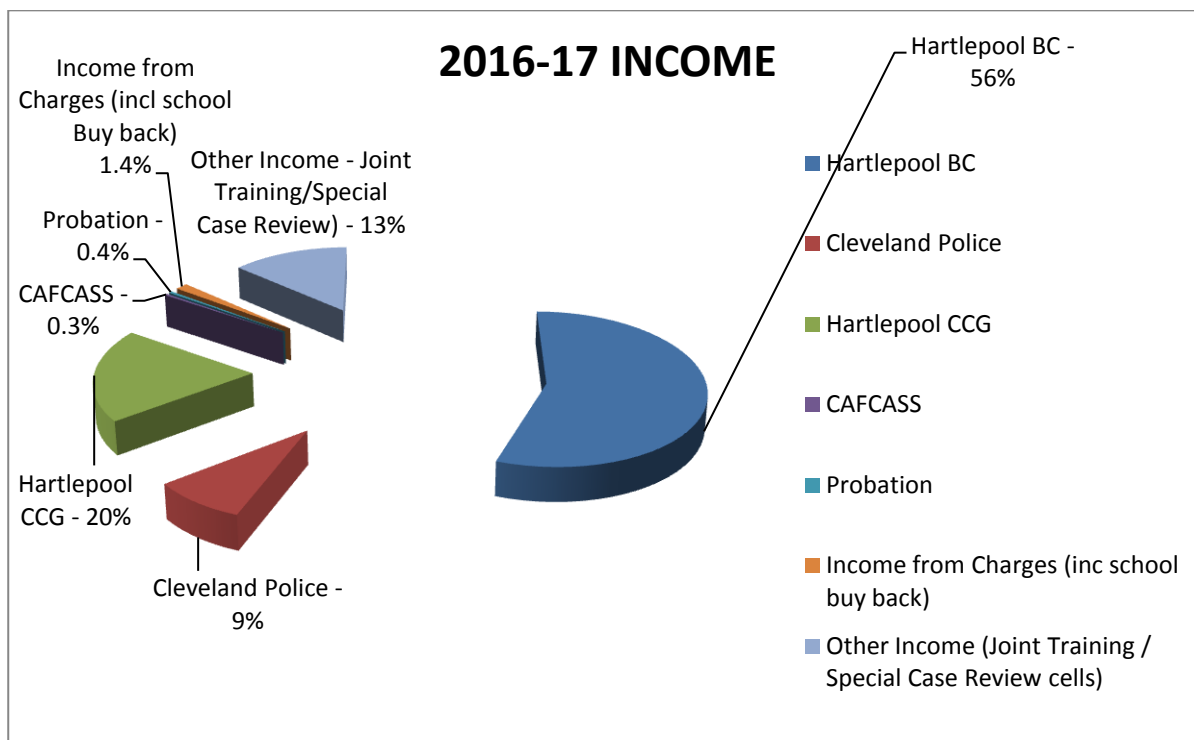
## Appendix B:

### Financial Information

Breakdown of Income	Income
Hartlepool BC	88,902
Cleveland Police	14,068
Hartlepool CCG	31,519
CAFCASS	550
Probation	647
Child Death Grant	0
Income from Charges (inc school buy back)	2,260
Other Income (Joint Training / Special Case Review cells)	21,446
Income sub-total	159,392
Reserves carried forward	69,530
Total	228,922

Breakdown of Expenditure	Expenditure
Salaries	104,601
Multi Agency Training	14,885
Supplies and Services	12,709
Professional Fees	0
Independent Chair	15,375
Child Death Contribution	0
LSCB - Joint Training Exp	4,220
Serious Case Review Exp	63,988
Total expenditure	215,778





# HEALTH AND WELLBEING BOARD

4 December 2017



**Report of:** Director of Adult & Community Based Services

**Subject:** Better Care Fund 2017-2019

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## 1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board regarding the Integration and Better Care Fund Planning Requirements for 2017-2019 and to present the Hartlepool Better Care Fund Plan.

## 2. BACKGROUND

- 2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.
- 2.2 The new policy framework introduces two key changes:
- A requirement for plans to be developed for the two year period 2017-2019 rather than a single year; and
  - The number of national conditions has been reduced from eight to four.
- 2.3 The four national conditions are:
1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the HWB, and by the constituent LAs and CCGs;
  2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
  3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
  4. All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

- 2.4 The reduction in national conditions does not diminish the importance of the issues that were previously subject to conditions. These remain key enablers of integration. Narrative plans should describe how partners will continue to build on improvements locally against these formal conditions to:
- Develop delivery of seven day services across health and social care;
  - Improve data sharing between health and social care; and
  - Ensure a joint approach to assessments and care planning.
- 2.5 In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017 which must be pooled within the BCF Pooled Budget.
- 2.6 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans must set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services. Narrative plans should set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan. This could also include alignment with work through Transforming Care Partnerships or other NHS programmes such as Integrated Personal Commissioning.

### **3. PLANNING REQUIREMENTS**

#### BCF Planning Requirements

- 3.1 Local partners were required to develop plans that met the national conditions and evidenced how integration was being progressed. The Hartlepool BCF Plan 2017-2019 can be found at [www.hartlepool.gov.uk/bcfplan](http://www.hartlepool.gov.uk/bcfplan).

#### Improved Better Care Fund Planning Requirements

- 3.2 In addition to the BCF planning requirements, the plan was required to incorporate the specific conditions that relate to the Improved Better Care Fund (IBCF). This is a Direct Grant to Local Government for the purposes of:
- Meeting adult social care needs;
  - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
  - Ensuring that the local social care provider market is supported.
- Areas were required to agree within their BCF Plans how this money would be spent, ensuring that the grant conditions were met.

### **4. APPROVAL OF BCF PLANS FOR 2017-2019**

- 4.1 Plans have been assured and moderated regionally by NHS England and local government.

- 4.2 On 27 October 2017 confirmation was received from NHS England that Hartlepool's plan had been approved. The letter confirming approval is attached as **Appendix 1**.
- 4.3 For the first time BCF plans have been agreed for a two year period. Arrangements for refreshing or updating plans for 2018-19 will be set out in separate operating guidance, which will be published later in the year.

## 5. PERFORMANCE UPDATE

- 5.1 BCF performance reports are submitted to NHS England on a quarterly basis. There was no Q1 return for 2017/18 as plans were still being developed at this time. The Q2 return (covering the period July – September 2017) was submitted by the 17 November 2017 deadline. The Q2 return confirms that all national conditions continue to be achieved, and provided analysis of performance data which is summarised below.

- 5.2 In relation to performance measures:

### 5.2.1 Permanent Admissions to Residential and Nursing Care Homes

Year to date figures indicate that there were 75 admissions in the first six months of 2017/18, against an annual target of 148 – one more admission in the six month period than anticipated to achieve the target. If admissions continue at approximately the same rate for the remainder of the financial year, the target will be achieved or be very close to being achieved. This is a measure that is closely monitored on a monthly basis, and any changes to trends are highlighted and examined.

#### Key Actions:

- Continue to promote services that offer alternatives to 24hr care, which include assistive technology, housing related support, extra care, domiciliary care, personal budgets and support for carers.
- Continue to monitor occupancy levels, average age at admission and average length of stay which provide further information about the use of 24hr care. Current data indicates that people are being admitted to residential care later and staying for shorter periods of time, indicating that people are being supported in the community for longer and have more complex needs on admission.
- Continue to monitor the total number of people in receipt of residential / nursing care which gives a better measure than admissions.

### 5.2.3 Proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services

The percentage of older people still at home 91 days after discharge into reablement / rehabilitation services is measured on an annual basis based on a three month sample from October – December. Performance in 2016/17 was 76.2% and it is anticipated that this will improve in 2017/18 and that performance will be closer to, or will achieve the 80% target as a more proactive approach is taken to ensure that people are appropriately referred in

to reablement / rehabilitation services and receive support that is tailored to their individual needs.

This indicator will continue to be closely monitored with work being undertaken to understand the reasons why people are not still in their homes 91 days following discharge. It should be noted that this measure of the effectiveness of reablement services only captures a small subset of the total number of people accessing reablement, with many people accessing the service from the community as a preventative measure. Local measures indicate that over 75% of people have no ongoing social care needs after a reablement intervention, and over 95% of reablement goals are achieved at the end of the period of reablement.

Key Actions:

- Ongoing audits to be undertaken to establish the reasons why a proportion of people discharged into reablement / rehabilitation services are not still at home 90 days following discharge.
- Other measures that demonstrate the effectiveness of reablement services will continue to be monitored.

#### 5.2.4 Delayed transfers of care (DToC) from hospital per 100,000 population (days delayed)

During Q1 there were 1,190 delayed days reported against a target of 1,279 days meaning that the target was achieved. The main reasons for reported delays were people; awaiting nursing home placement or availability (483 days; 41%); patient or family choice (207 days; 17%) and awaiting further non-acute NHS care (including intermediate care, rehabilitation services etc (201 days; 17%).

A key challenge in 2016/17 was availability of nursing home beds, which accounted for 42% of delays over the year. This position has improved significantly in 2017/18 with new nursing home provision available from May 2017 and a further development expected later in the year.

Key Actions:

- Build on the success of the Integrated Discharge Team.
- Further development of Trusted Assessor approaches following the successful pilot for the elective orthopaedic pathway.
- Continued support for care homes to ensure sustainability of the local care market.

During Q2 DToC there were 882 delayed days reported against a target of 1,037 delays, evidencing further improvement against this measure.

#### 5.2.5 Total non-elective (NEL) admissions

In 2016/17 there was a 12.6% increase in NEL admissions compared to the previous year.

During Q1 in 2017/18 there were 3,228 non-elective admissions against a plan of 3,100 admissions. Performance is 2.8% over target for Q1 meaning that the overall projected reductions are not being achieved. However, whilst

the plan isn't being achieved there has been a year to date reduction of 2.4% reduction in NEL admissions, when compared to the same period last year.

There has also been a reduction in NEL admissions from care homes (4% decrease) which reflects the impact of the services that have been commissioned to support care homes, including enhanced pharmacy support and a training and education programme.

During Q2 there were 3,200 non-elective admissions against a target of 3,167 (1.2% over target), evidencing further movement towards the target.

Key Actions:

- Continue to monitor the NEL position.
- Evaluate the BCF schemes that contribute to a reduction in NEL admissions for example the training and education programme for care homes, and consider in relation to wider schemes and developments.
- Build on the successes of the schemes in 17/18.

## 6. RISK IMPLICATIONS

- 6.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This was updated for the 2016/17 plan and has been reviewed and updated again for the 2017-2019 plan.

## 7. FINANCIAL CONSIDERATIONS

- 7.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and plans are required to demonstrate that these minimum contributions are being maintained.

Confirmed allocations for Hartlepool for 2017/18 and 2018/19 are as follows:

<b>Funding</b>	<b>2017/18</b>	<b>2018/19</b>
CCG Minimum Contribution	£6,819,287	£6,948,854
Disabled Facilities Grant	£930,517	£997,971
IBCF Allocation	£2,707,874	£3,737,159
<b>TOTAL</b>	<b>£10,457,769</b>	<b>£11,683,984</b>

- 7.2 The plan was required to demonstrate how spending in specific areas was being maintained from within the overall allocation. This includes:
- An allocation within the CCG Minimum Contribution to support implementation of the Care Act 2014;
  - An allocation within the CCG Minimum Contribution to support carers, including carers' breaks; and
  - An allocation within the CCG Minimum Contribution to maintain current reablement capacity in LAs, community health services, and the independent and voluntary sectors to help people regain their independence and reduce the need for ongoing care.

- 7.3 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the Pooled Budget Partnership Board.

## **8. LEGAL CONSIDERATIONS**

- 8.1 The legal framework for the pooled budget is a Section 75 Partnership Agreement.

## **9. CHILD AND FAMILY POVERTY CONSIDERATIONS**

- 9.1 None identified.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 None identified.

## **11. STAFF CONSIDERATIONS**

- 11.1 No staff considerations have been identified.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 No asset management considerations have been identified.

## **13. RECOMMENDATION**

- 13.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund Plan for 2017/19 and notes progress made since the last update in terms of performance.

## **14. REASONS FOR RECOMMENDATION**

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

## **15. CONTACT OFFICER**

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27 October 2017

To: *(by email)*

Cllr Christopher Akers-  
Blecher

Gill Alexander

Ali Wilson

Chair, Hartlepool Health and Wellbeing Board

Chief Executive, Hartlepool Borough Council

Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical  
Commissioning Group

Dear Colleagues

## **BETTER CARE FUND 2017-19**

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. The Better Care Fund is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the *Better Care Fund 2017-19: Guide to Assurance of Plans*.

In determining and exercising further powers in connection with your application, NHS England has had regard to the extent to which there is a need for the provision of health services; health-related services (within the meaning given in section 14Z1 of the NHS Act 2006); and social care services.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. In summary, the assurance team recognises your plan has been agreed by all parties (Local Authority and Clinical Commissioning Group/s, and your Health and Wellbeing Board), and the plan submitted meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, and the funding being

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transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

1. That the CCG will meet the performance objectives specified in its BCF plan; and
2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local better care manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours faithfully,



Simon Weldon  
**Director of NHS Operations and Delivery and SRO for the Better Care Fund  
NHS England**

Copy (by email) to:

OFFICIAL

Jill Harrison  
John Lovatt

Director, Adult Social Services, Hartlepool Borough Council  
Better Care Fund Lead, Hartlepool Borough Council

Jo Farrar  
Jonathan Marron  
Sarah Pickup

Director General, Department for Communities & Local Government  
Director General, Department of Health  
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Regional Director  
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Better Care Manager

Better Care Support team  
Anthony Kealy  
Rosie Seymour

Head of Integration Delivery  
Deputy Director

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# HEALTH AND WELLBEING BOARD

4 December 2017



**Report of:** NHS Hartlepool and Stockton-on-Tees CCG

**Subject:** WINTER PREPAREDNESS 2017/8

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## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of the plans in place to manage service pressures over the winter period
- 1.2 To outline the key messages for patients and the public that aim to ease pressure on health services.

## 2. BACKGROUND

- 2.1 The NHS Hartlepool and Stockton-On-Tees Accident and Emergency Delivery Board acts as a forum where partners from across the health and social care economy come together to discuss strategic aims, objectives and systems approach in relation to improving Emergency Care Delivery performance.
- 2.2 One of the key responsibilities of the Board is to develop plans for winter resilience and ensuring effective system wide surge and escalation processes exist
- 2.3 NHS England has developed a winter operations infrastructure based on learning from previous winters both through experience and formal reviews.

The key principles of the infrastructure are:

- We need to ensure that patient flow in the UEC pathway is maintained 7 days per week.
- We will be more proactive in managing the risks to A&E performance, delivery and patient safety through support, collaboration and transparency
- There will be a greater emphasis on continuous monitoring and support using information shared at all levels and an emphasis on forecast

measures, looking ahead to deploy 'levers' to prevent deterioration in performance or risks to safety.

- There will be a step change in the levels of cover and period of response that matches local expectations and adds value in terms of support to local systems, maintaining safety and improving performance.
- A dedicated team and supporting infrastructure, that are separate from Emergency Preparedness, will be in place to operate this model.
- These teams will be jointly led across NHSE/I with representatives from key partner agencies and functions: ADASS, LGA, PHE, primary care.

- 2.4 Each A&E Delivery Board has been asked to put in place a local Winter Team to ensure that rapid decisions can be made to meet operational pressures based on a shared set of data and agreed triggers for escalation.

### 3. PROPOSALS

- 3.1 The NHS Hartlepool and Stockton-On-Tees Accident and Emergency Delivery Board has developed a Winter Plan which covers the period 1st December 2017 to 2nd April 2018. The plan incorporates 5 key themes:

1. Wider system preparation
2. Front Door
3. Flow
4. Discharge
5. Plan for peaks in demand at weekends and bank holiday

#### 1. *Wider System Preparation*

- Agreed Operational Pressures Escalation Levels Framework (OPEL) Escalation Plans
- Flight Deck communication tool which includes hospital and ambulance information (A&E waiting times, bed availability, ambulance activity etc.)
- Agreed surge response with local authorities - flexing of intermediate care beds
- Daily command and control arrangements to manage winter surge periods
- Integrated Urgent Care models in place encompassing primary care streaming
- Information sharing agreements with Local Authorities
- Care coordinators within primary care

#### 2. *Front Door*

The co-located Integrated Urgent Care Service has been in place since April 2017 and provides:

- 24 hour service provision with GP leadership and a multi skilled workforce.
- Alliance provision including GP Federation (H&SH) and North East Ambulance Service (NEAS)
- Home visiting

- Directly bookable appointments from 111
- Walk in appointments

All walk in patients streamed at front desk by an experienced nurse and where appropriate registered for the co-located IUCS

Additional measures include:

- Ambulance Handover Operational Policy: All ambulance waits > 15 mins registered and escalated as per policy
- Provision of 24 hour patient flow management on site, tactical Manager on Call and strategic Director On Call
- Robust escalation plans in all areas to support timely decision making
- Provision of same day and next day “hot clinics” to support discharge and avoid admission
- Rapid Assessment for all GP admissions 8-11pm, provision of ambulatory care
- Surgical Decision Unit and provision of ambulatory and “hot clinics”

### 3. *Plans for improving flow within the hospital*

A number of arrangements have been put in place to improve patient flow including:

- proactive discharge planning for patients leaving hospital 7 days per week
- senior decision makers available out of hours and at weekends to support patient flow
- daily review of all new patients that trigger as a stranded patient
- daily Situation Report (Sitrep) indicating occupancy levels supported by a detailed Delayed Transfer Of Care report and reviewed daily by a senior manager
- nurse led beds available to support step down of care with nurse led discharge
- hospital at home: with a focus upon respiratory patients to keep them safe and well at home reducing admissions and re admissions
- pharmacy opening times to be flexed according to demand to accommodate surge
- porters and domestics available to provide rapid transfer and turnaround of available beds
- Increased bed capacity

### 4. *Plans for improving discharges – linked to Integrated and Better Care fund (IBCF)*

Early discharge planning has been put in place including a trusted assessor pathway for elective patients with reduced length of stay and size of care package. A mechanism has been developed to enable early identification of patients requiring social/ therapy support

An Integrated Multi-Disciplinary/Multi-Agency Discharge Teams has been established at the University Hospital of North Tees which comprises existing therapy and discharge teams, Local Authorities and Voluntary Agencies that support discharges (i.e. Home from Hospital and Five Lamps).

Therapy Services and Emergency Care Therapy Team offer a seven day service to support discharge and avoid admission front of house, and the Integrated Discharge Team offer a 6 day service alongside Local Authorities (Rosedale reablement services) and Voluntary Agencies (supported on Sunday by resources from the Emergency care Therapy team)

Community Matrons are now aligned to Residential homes to support reduction in avoidable admissions / readmissions to hospital.

A number of initiatives have been implemented to increase Health and Social Care Capacity in Hartlepool, including joint initiatives between the local authority and the acute Trust:

- Operational capacity has been increased with the opening of a 50 bed care home with nursing availability for 20 people and a further care home for 47 people is progressing positively through the registration process with the Care Quality Commission.
- There is a development underway regarding a nurse led facility within Hartlepool Hospital, currently known as the Holdforth Unit, and the Foundation Trust and Hartlepool Adult Social Care are working in partnership to maximise usage regarding this 36 bed facility.
- A Daily Discharge Planning Meeting brings together professionals from a range of disciplines (such as Nurses, Social Workers and Therapists) to discuss every person requiring discharge from hospital to ensure that the right professionals are working with the right person in the most effective and timely way.
- As part of the Hartlepool Matters agenda we are undertaking a pilot exercise with the largest GP Group in Hartlepool to develop new ways of integrated working between Primary Health Care, Secondary Health Care Services and the Third Sector to avoid unnecessary admissions into hospital and residential and nursing care.
- With the creation of Hartlepool Integrated Community Services Group a forum has been introduced to discuss and operational capacity challenges across health and adult social care and in doing so agree a way forward to mitigate risks.
- A weekend working pilot has been implemented with Social Workers available focusing upon hospital discharges and this has been supported by additional capacity commissioned from Independent home care providers

### 5. *Plans for managing for peaks in demand over weekends and Bank Holidays:*

#### Primary Care:

From April 2017 additional Primary Care capacity has been commissioned to improve patient access to services:

- 20 of the 34 Practices in Hartlepool and Stockton are operating Extended Hours and offer a range of availability outside of core hours for their practice patients.
- Hartlepool and Stockton Health GP Federation (H&SH) provide extended access primary care services to the whole population across 3 sites (1 in Hartlepool and 2 in Stockton).

#### North East Ambulance Service:

Plans are in place to utilise Voluntary Ambulance Services during weekend and Bank Holidays with an additional provision for staff to support the day after a Bank holiday and to address the demand over the Christmas period.

#### Capacity and Demand – North Tees & Hartlepool Foundation Trust

A review of the overall bed base has taken place and 13 beds have been reallocated to Medicine. Activity for elective care has been planned to reduce pressures on beds over the winter period, and a bed modelling plan has been developed which aims to reduce average bed occupancy to 86% or less.

A workforce review has been undertaken and a recruitment strategy developed which includes overseas recruitment and extended out of hours support. Ward staffing levels are flexed in line with acuity of patient needs using a tool designed for this purpose.

The Trust has a plan which enables additional bed capacity to be provided dependent on system pressures. This includes opening of beds on a resilience ward and utilising beds on the Day Case Unit (at times of significant pressure where a Critical Incident is declared)

- 3.2 Key messages for patients and the public will be communicated via the national *Stay Well this Winter* (SWTW) campaign will run again from mid-October to end of December 2017, with the aim of easing seasonal pressure on NHS services by reducing the number of people 65+ who become so ill that they require hospital admission.

#### Target audiences:

- Aged 65 or older
- Carers of people aged 65+
- Those living with a long term condition
- Pregnant women
- Parents of primary school age children

- Health and care staff

#### Overall Messages

- Most minor ailments can be treated at home using over-the-counter medicines and expert advice from a pharmacist.
- If you're in an at-risk group, you need the flu vaccine.
- If you have an urgent health need, but not sure if you need A&E, call NHS 111. You'll speak to highly trained advisors, supported by healthcare professionals, who will assess your symptoms and direct you to the best care. In some cases they will be able to book appointments for you.
- The NHS is planning for the additional pressures that winter puts on services. Measures are being put in place to help patients find the right service for them and people are asked to play their part by only using A&E for emergencies
- GP surgeries and walk in centers will be open throughout the winter, in many cases with extended hours, and can see patients who have urgent health problems that need medical advice.

#### Themed Messages

##### Primary care

- If you have a non-emergency health problem, a local pharmacist or GP can probably see you much quicker than staff at an accident and emergency department.
- Many GP practices now have extended opening times, with some open later in the evenings and offering weekend appointments. For more information on your local surgery, including Christmas and New Year opening, visit [www.nhs.uk](http://www.nhs.uk)
- If you need a GP appointment on a Christmas or New Year bank holiday, call 111.
- For many minor illnesses, you can get confidential, expert advice and treatment from your local pharmacist, who can diagnose and offer treatment without the need for an appointment. Many urgent care and walk-in centers are open too – find out more at [www.nhs.uk](http://www.nhs.uk) or log onto [urgentoremergency.co.uk](http://urgentoremergency.co.uk).
- Collect repeat prescriptions before the Christmas and New Year holiday period, to make sure you and your family have what you need.

##### Self-care

- Your local pharmacist can provide expert, confidential advice and treatment if you feel unwell. There's no need for an appointment or unnecessary A&E wait.
- Many minor ailments can be treated at home with over the counter medicines and a first aid kit. Stock up on paracetamol, ibuprofen, rehydration salts, bandages, plasters, thermometer, antiseptic cream/wipes medical tape and tweezers.



- Antibiotics don't work for viruses – they can only treat infections. Things like diarrhoea, vomiting, sore throats and colds are usually caused by a virus and you should normally feel better over a few days to a week. Symptoms can be treated at home with over the counter medicines.
- The NHS child health app has been developed by doctors, health visitors and pharmacists to help parents know what to do when their child is ill. Search 'NHS child health' and download from Google Play or Apple's App Store.

#### Flu

- Don't put off getting the flu vaccination - if you're eligible, you need it now. Call your GP surgery to arrange.
- If you have a long term health condition, even one that's well managed, or if you're pregnant you are at greater risk of severe complications if you catch flu. Don't delay getting your vaccine.
- The nasal spray vaccination is a quick, painless and effective way for children aged 2-3 to be protected from flu.
- Children aged 4-8 and in school years 1-4 will be offered the nasal spray in school. Parents will receive a letter requiring consent to vaccinate their child.
- The vaccine offers the best possible protection against flu.

#### Correct use of services

- If you have an urgent health problem, but are not sure if you need emergency care at A&E, speak to the trained advisors at NHS 111. Advisors are supported by healthcare professionals and you will receive an assessment of your symptoms before being directed to the best care.
- We want to make sure that A&E departments have capacity for those who really need emergency care and that people who can be treated elsewhere don't have an unnecessary wait in A&E. Many GP surgeries now offer extended opening hours and additional appointments, plus you can get expert advice from a pharmacist for minor health problems. Please help us to keep A&E free for emergencies and life-threatening illnesses.

#### Health and wellbeing messages

- If you're in an at-risk group, for example you have a long-term condition, are over 65, are pregnant or have a suppressed immune system, you need your flu vaccine as soon as possible.
- Heat your home to at least 18 degrees C (65f), if you can.
- Seek immediate advice from a pharmacist as soon as you feel unwell, before it gets too serious.
- Keep an eye on elderly or frail relatives, neighbours and friends

**4. RECOMMENDATIONS**

- 4.1 The Health and Wellbeing Board is requested to note the content of the report

**5.0 REASONS FOR RECOMMENDATIONS**

- 5.1 Members briefing