

ADULT SERVICES COMMITTEE

AGENDA



Thursday 14 December 2017

at 10.00am

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

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Beck, Hamilton, Hind, Loynes, McLaughlin, Richardson, and Thomas.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 23 November 2017 (*for information as previously circulated*)

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.

5. KEY DECISIONS

No items.

6. OTHER ITEMS REQUIRING DECISION

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



7. ITEMS FOR INFORMATION

- 7.1 Access to Short Breaks for Working Age Adults with Physical Disabilities – *Director of Adult and Community Based Services*
- 7.2 Support for People Living With Dementia – *Director of Adult and Community Based Services*
- 7.3 Commitment to Unison Ethical Care Charter – *Director of Adult and Community Based Services*
- 7.4 Strategic Financial Management Report - as at 30th September 2017 - *Director of Adult and Community Based Services and Director of Finance and Policy*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

FOR INFORMATION – CHANGE OF DATE

Date of next meeting – Friday 12 January 2018 at 10.00am in the Civic Centre, Hartlepool



ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

23 November 2017

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

Present:

Councillor: Stephen Thomas (In the Chair)

Councillors: Paul Beck, Lesley Hamilton, Brenda Loynes, Mike McLaughlin
and Carl Richardson

Also present:

In accordance with Council Procedure Rule 5.2 (ii) Councillor
Shane Moore was in attendance as substitute for Councillor Tom
Hind

Members of the public:

Gordon and Stella Johnston, Frank Harrison and Sue Little

Officers: Jill Harrison, Director of Adult & Community Based Services
Denise Wimpenny, Principal Democratic Services Officer

40. Apologies for Absence

Apologies for absence were received from Councillor Hind. The Chair submitted apologies on behalf of Evelyn Leck and took the opportunity to convey the Committee's best wishes for a speedy recovery.

41. Declarations of Interest

Councillor Stephen Thomas declared a personal interest as an employee of Healthwatch.

42. Minutes of the meeting held on 5 October 2017

Received.

43. Transforming Care – North East and Cumbria

(Director of Adult and Community Based Services)

Type of decision

For information

Purpose of report

To provide the Committee with an update on progress of the North East and Cumbria – Transforming Care Programme.

Issue(s) for consideration

The Director of Adult and Community Based Services reported on the background to the development of the North East and Cumbria Transformation Plan. Following the launch of the national plan (Building the Right Support) and subsequent roll out in 2016/17, the North East and Cumbria had received an additional £1.2m of national transformation funding to support local delivery of its plan. North East and Cumbria progress however, had been less pronounced during this period, although there were a number of key developments and achievements which should be acknowledged, details of which were included in the report.

The Transforming Care Board had agreed a work programme which identified priority areas and established associated work streams. During 2015/16 the programme had demonstrated positive progress against delivery of its local plan through achievement of planned trajectories and bed closures. The Tees area had effectively reduced its commissioned inpatient assessment and treatment bed capacity significantly. Within Hartlepool the community infrastructure had seen investment through the delivery of an enhanced community support service, provided by Tees Esk and Wear Valley NHS Foundation Trust and, in January 2016, a 12 month pilot had been trialled in relation to 7 day working within the adult learning disability social work team. Members were referred to Hartlepool's stepped Care Referral Pathway, attached at Appendix 1.

Members were advised of the number of people affected in terms of achieved and planned discharges and, whilst the numbers for Hartlepool were relatively low, they did present significant challenges, given the complex needs of the individuals concerned.

The Committee was referred to the risk and financial considerations to the authority and it was highlighted that whilst additional funding had been made available, it was considered nationally that this was not adequate in terms of covering the whole cost of the plan.

A number of concerns were raised regarding the impact of the proposals and disappointment was expressed that a representative from the CCG was not in attendance to respond to the Committee's queries. The Committee requested that the CCG be invited to attend the next meeting of this Committee to provide clarification in response to the following

issues:-

- The impact of the proposals on individuals and families with learning disabilities.
- How safeguarding implications had been considered and what safeguards were in place to ensure needs were being met.
- Whether there had been a thorough review of autism and whether there were sufficient inpatient beds to meet the required needs.
- The role and input of families in implementing the Transforming Care Action Plan.
- Whether there were sufficient skills and expertise to manage placements of this type in the community effectively.
- How the funding allocations to CCG's was being utilised and whether there was sufficient funding to meet the required needs.

A lengthy discussion ensued on the potential financial implications for the Local Authority from the closure of inpatient beds and the subsequent provision of care and support in the community. Concerns were expressed that funding allocations to support transitional costs from inpatient care to community based provision were insufficient funding to support community based provision.

In response to a query raised regarding the impact on the quality of care as a result of these changes, the Director advised on the assessment and review arrangements and indicated that individuals would not be discharged from a hospital setting before there has been a detailed assessment of how their needs would be met in the community. The potential risks associated with such changes were debated including the difficulties around recruitment and retention of nurses.

The Chair reiterated the importance of ensuring that the care and support provided within the community was appropriate to the level of need.

Decision

- (i) The Committee noted the update and progress to date against the regional plan.
- (ii) That the CCG be invited to the next meeting to provide clarification in response to the issues raised, as set out above.

44. Independent Living Fund Update *(Director of Adult and Community Based Services)*

Type of decision

For information

Purpose of report

To provide the Committee with an update regarding the transfer of funding and responsibilities relating to the former Independent Living Fund (ILF)

Issue(s) for consideration

The Director of Adults and Community Based Services reported on the background to the transfer of funding and responsibilities relating to the Independent Living Fund (ILF) from July 2015. Details of how the Council had managed the new responsibilities were provided as set out in the report. The approach agreed in Hartlepool resulted in no impact on existing ILF users in 2015/16, through maintaining the status quo in terms of both expenditure and contributions. This approach had been consistently applied since 1 July 2015 and in this time the number of users in receipt of former ILF payments had reduced from 43 to 35 through attrition. Having reviewed packages for individuals it had been decided that continuing with the status quo was no longer feasible and would therefore be mainstreamed and considered alongside adult services funding within a single funding allocation, details of which were provided. The ongoing financial and risk implications in terms of insufficient grant funding being received to cover the cost of former ILF packages were noted including the risk that grant funding would be significantly reduced in 2020 and beyond.

In the lengthy discussion that followed the Director of Adult and Community Based Services responded to queries raised by Members. Clarification was provided regarding the various benefits and financial support available to individuals as well as how the funding allocations were calculated. Concerns were expressed regarding the implications of grant funding continuing to reduce as well as the uncertainties ahead in future years. A number of concerns were also expressed regarding the impact of transferring additional responsibilities to local authorities, without the appropriate funding to manage additional pressures of this type.

A Member expressed disappointment at the limited financial support available to veterans in the town who were in receipt of a war pension. The need to seek advice from the Director of Finance and Policy in this regard was highlighted.

Decision

- (i) The Committee noted the change in approach for ILF users which incorporated former ILF funding in to mainstream Personal Budgets and operated a single contribution policy for the 35 individuals concerned.
- (ii) That a further update be received should grant conditions or funding allocations be significantly altered.
- (iii) That clarification be sought from the Director of Finance and Policy in terms of the financial support available to veterans.

45. Tackling Social Isolation (*Director of Adult and Community Based Services*)

Type of decision

For information

Purpose of report

To provide the Committee with an update on work that is underway to tackle social isolation.

Issue(s) for consideration

The report provided background information in relation to research reported by Age UK and a research briefing by the Social Care Institute of Excellence (SCIE) regarding the effects of loneliness and isolation.

The Hartlepool BCF Plan included a commitment to help identify and combat social isolation, as a major influence on overall “health and wellbeing” and identified that an estimated 35% of older people lived alone in Hartlepool. The recent national survey of users of adult services had been asked whether people had as much social contact as they would like and whilst the results for Hartlepool had showed improvements there were currently some people who were not known to services who may be experiencing social isolation.

Members were pleased to note developments to date, particularly the establishment of a Befriending Network with Age UK, work with Cleveland Fire Brigade, Project 65, provided by Incontrol-able and the Home Library Service, the benefits and outcomes of which were included in the report. Information and quotes from case studies from individuals using the service had also been very positive with a high level of satisfaction.

A query was raised as to whether social isolation issues were more prevalent in men. The Director of Adult and Community Based Services advised that statistics suggested that this appeared to be an issue in both men and women. Following some recent work with people living with dementia, which highlighted a particular issue around male carers suffering from social isolation, ongoing support had been made available to male carers. The potential reasons for social isolation were debated including the benefits of the various services and support groups available.

The Committee was pleased to note the positive feedback received regarding the home library service in terms of the high satisfaction rates and were keen to see services of this type continue.

Clarification was sought in relation to the number of people over 65 living alone. Members were advised that it was estimated that approximately 35% of the people aged 65 and over living in Hartlepool lived alone.

Emphasis was placed upon the need to increase awareness and promote

the type of support groups available as widely as possible. The various methods of promoting services such as the “Men’s Shed” and Befriending Service with hard to reach groups, or people who were not known to services who may be experiencing social isolation, were discussed and it was noted that regular updates to raise awareness were included in the Council’s Hartbeat magazine.

The Chair commented on the benefits of Elected Members liaising with officers with details of any local community groups within their wards who may benefit from receiving further information on the services available.

In response to a query raised in relation to post hospital discharge support arrangements, the Director of Adult and Community Based Services was pleased to report that this had been recognised as a potential issue and support arrangements via the Home from Hospital Service, commissioned by the Better Care Fund, had been implemented, details of which were provided.

Following discussion regarding the benefits of the recently established Befriending Network, the Committee was advised of the challenges facing the provider in terms of the difficulties recruiting volunteers to enable the service to continue.

Concerns were expressed around the increase in male suicide, and an update of this issue was requested for a future meeting of this Committee. Members were advised of ongoing work in relation to men’s mental health.

It was noted that a recent survey of people who used services and carers had revealed that a high proportion of people had reported that they found it easy to access information and advice.

In concluding the debate, the Chair welcomed progress made to date to address social isolation and loneliness issues and took the opportunity to convey the Committee’s thanks and to commend staff and partner organisations involved in this work over the last 18 months.

Decision

- (i) The Committee noted the current provision to tackle social isolation and the implementation of previously planned developments.
- (ii) That the various support services available in relation to social isolation be promoted as widely as possible and that regular updates be included in the Council’s Hartbeat magazine.
- (iii) That an update on male suicide be reported to a future meeting of this Committee.
- (iv) That the Committee’s thanks be conveyed to staff and partner organisations involved in developments to tackle social isolation.

46. Any Other Items which the Chairman Considers are Urgent

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

47. Any Other Business – Mental Capacity Act and Deprivation of Liberty Safeguards

The Director of Adult and Community Based Services reported that following a report presented to Committee regarding the Mental Capacity Act and Deprivation of Liberty Safeguards when it was agreed that a letter be sent to the local MP regarding the financial pressures facing the Council, a response had been received from the Local MP who had agreed to raise this issue in Parliament and with local MP colleagues. The Committee would be kept updated on developments.

Decision

That the information given be noted.

The meeting concluded at 11.05 am

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 30 NOVEMBER 2017

ADULT SERVICES COMMITTEE

14 December 2017



Report of: Director of Adult 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

Non key decision.

2. PURPOSE OF REPORT

- 2.1 To present to the Adult Services Committee 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), 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 Adult Services Committee 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

Jill Harrison
Director Adult and Community Based Services
Hartlepool Borough Council
Tel: 01429 523911
Email: jill.harrison@hartlepool.gov.uk

ANNUAL REPORT 2016-17

Period: 01 April 2016 to 31 March 2017

6.1

APPENDIX 1



Contents

Executive Summary	2
Introduction	3
Membership	4
Structure	5
Board Partners' Summary	6
Overview of 2016-17	10
Strategic Aim One: Personalisation	11
Strategic Aim Two: Prevention	16
Strategic Aim Three: Protection	19
Strategic Aim Four: Partnership	21
Strategic Aim Five: Professional Accountability	24
Communication and Engagement Sub-Group	26
Learning, Training and Development Sub-Group	27
Performance, Audit and Quality Sub-Group	28
Policies, Procedures and Practice Sub-Group	29
Safeguarding Adults Review Sub-Group	30
Looking Forward	33
Annex A: Data	35
Annex B: Find Support in Your Area	39
Annex C: Training	40
Annex D: Definitions of Abuse and Neglect	41
Annex E: Glossary of Terms	42

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

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

Non-Statutory Partners

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

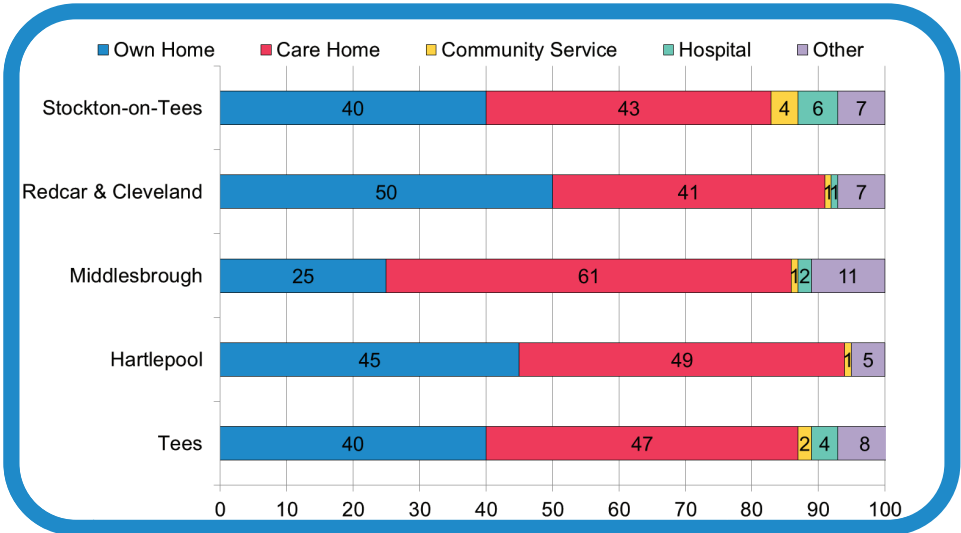
Positive Progress

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

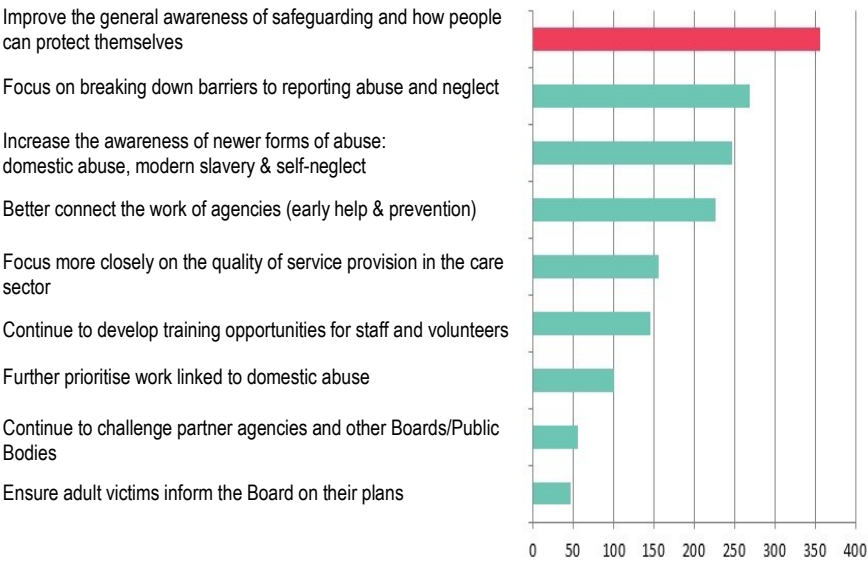
15 key groups were identified and prioritised by the Board as the focus for this work. This involved a year-round programme of activity delivered right across Tees, including bespoke focus groups for age, asylum seekers, carers, dementia, domestic abuse, honour based violence, learning disability and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



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

4,300	E-learning registrations
600+	Watched the Care Act Seminar
250	Workbooks completed
170	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

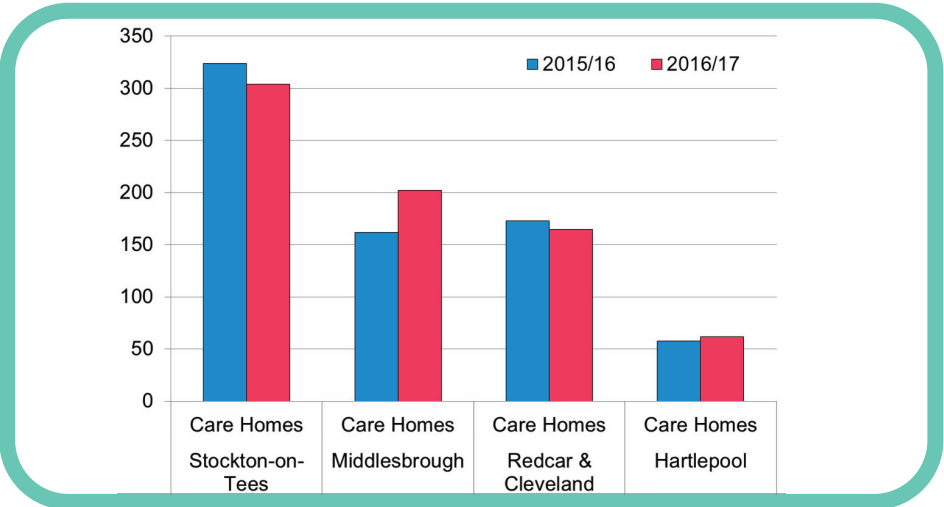
What the Board said it would do in 2016-17 to make a difference:

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:

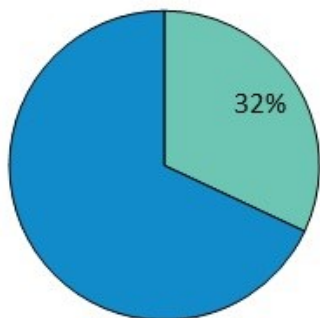
The Board will better co-ordinate and prioritise safeguarding adults work.

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.

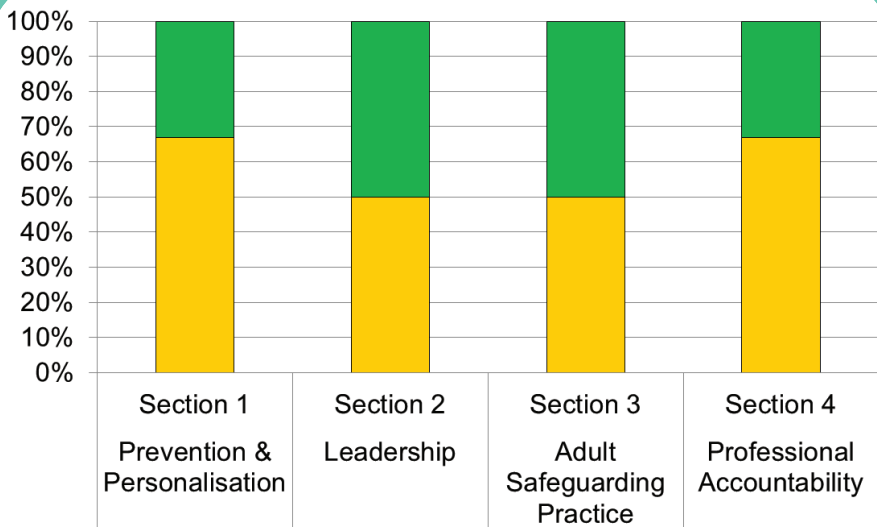
Strategic Aim Five: Professional Accountability

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.

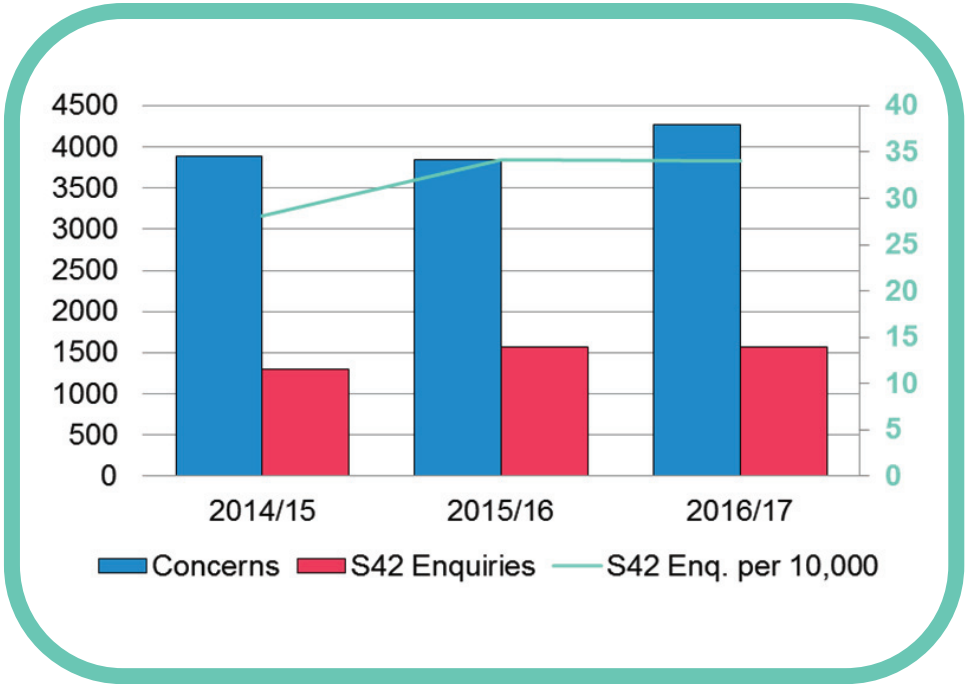
We will be more effective in ensuring our safeguarding arrangements help to protect adults.

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



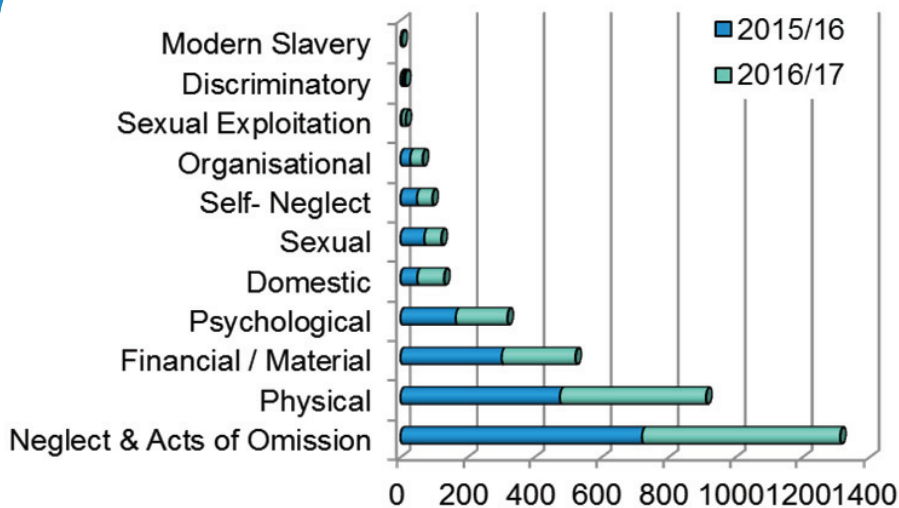
There were 4,275 Concerns recorded Teeswide, which then led onto 1,565 Section 42 Enquiries commencing across the four Tees Local Authorities, with approx. 18% of Concerns coming from the three NHS Foundation Trusts that operate Teeswide.

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



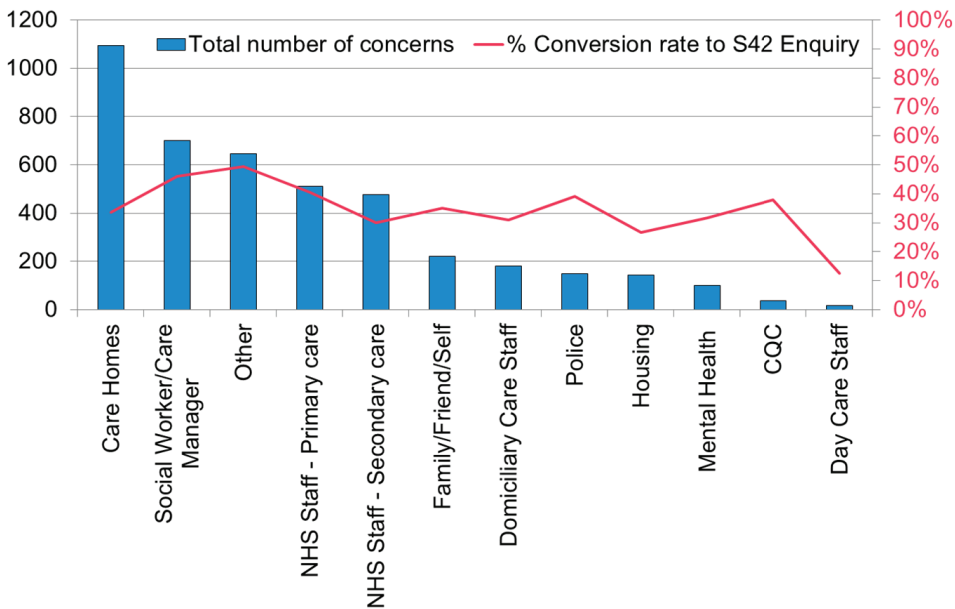
There was a reduction in the four main types of abuse, although some of this is due to changes in how data is captured, including the link with domestic abuse reporting. This would have meant some cases were previously recorded under physical and particularly financial abuse, although more incidents 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.

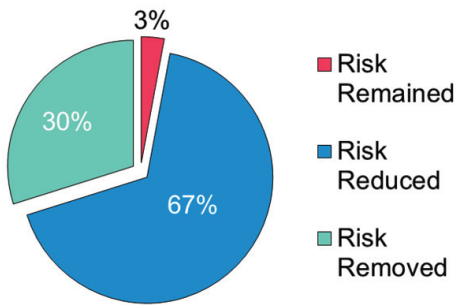
Annex A: Data

Source of Concern and Conversion to Section 42 Enquiry

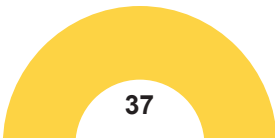


79% of Concerns in Care Homes in Stockton-on-Tees resulted in Section 42 Enquiries, which increased the Teeswide average to **34%**.

Outcomes: Has the Risk to the Adult Changed?

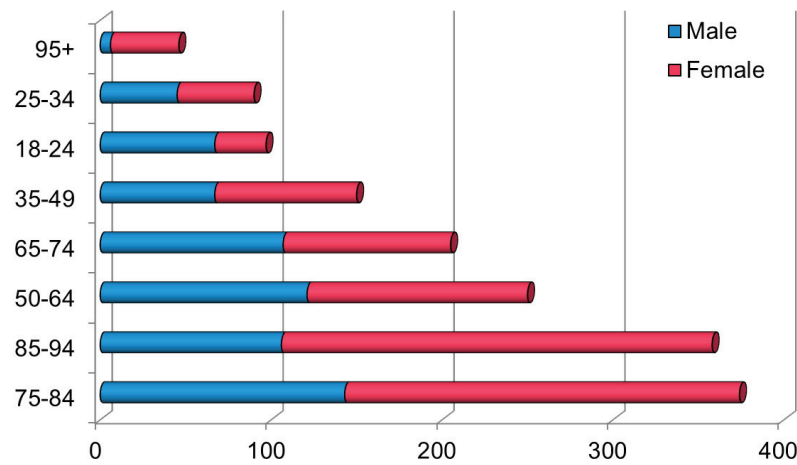


97% change following a safeguarding intervention.



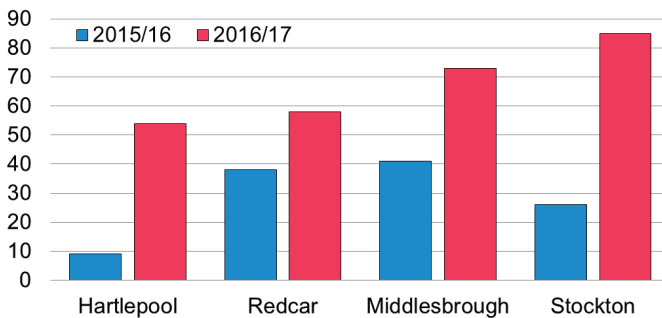
Annex A: Data

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 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:

Hartlepool	01429 523 390
Middlesbrough	01642 065 070
Redcar and Cleveland	01642 065 070
Stockton-on-Tees	01642 527 764
Evenings and Weekends	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

6.1

APPENDIX 2

STRATEGIC BUSINESS PLAN

2017-18

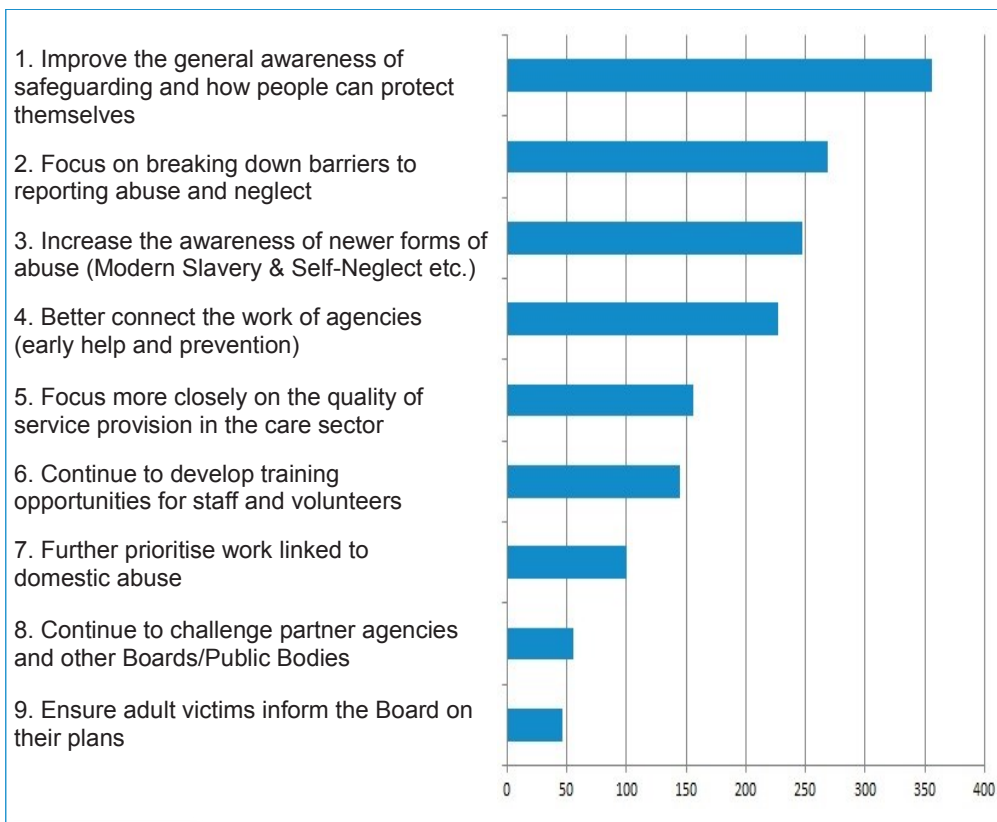


Introduction

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

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
Strategic Aim One: Personalisation We will take account of the views of adults at risk in developing policies and procedures, and support the wider principles of personalisation.	Take into account the views of key stakeholders. Ensure the adults experience helps to improve professional practice.
Strategic Aim Two: Prevention 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.
Strategic Aim Three: Protection We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.	Provide effective responses to reported abuse and neglect. Proactively address issues linked to the quality of local care and support services.
Strategic Aim Four: Partnership We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.	Develop assurances for effective working with partners, other strategic bodies and local communities. Evaluate how well agencies are co-operating and collaborating Teeswide.
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.	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
2.1. Improve the focus on preventative strategies. Annual Communication and Engagement Report 2016-17 Strategic Overview of Adult Safeguarding Teeswide Local Medication Audit	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.
2.2. Reduce barriers to reporting abuse and neglect. Strategic Business Plan 2016-17 Annual Communication and Engagement Report 2016-17 Strategic Overview of Adult Safeguarding Teeswide Equality Act 2010 (Public Sector Equality Duty)	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. Communication and Engagement Strategy 2017-18

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. Annual Communication and Engagement Report 2016-17 Strategic Overview of Adult Safeguarding Teeswide	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. Feedback from the Quality Assurance Framework 2016-17 Strategic Overview of Adult Safeguarding Teeswide	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>Annual Communication and Engagement Report 2016-17 Strategic Overview of Adult Safeguarding Teeswide</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>Strategic Overview of Adult Safeguarding Teeswide</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>Strategic Business Plan 2016-17 Feedback from the Quality Assurance Framework 2016-17</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>Feedback from the Quality Assurance Framework 2016-17</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.

ADULT SERVICES COMMITTEE

14 December 2017



Report of: Director of Adult & Community Based Services

Subject: ACCESS TO SHORT BREAKS FOR WORKING AGE ADULTS WITH PHYSICAL DISABILITIES

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide the Adult Services Committee with an update on access to short breaks for working age adults with physical disabilities.

3. BACKGROUND

3.1 Short break support refers to planned or emergency temporary care provided to caregivers of an adult which should also provide a positive experience for the person receiving care. The term "respite care" is also used to describe this type of service.

3.2 Short break support for adults with learning disabilities has been the subject of a number of recent reports to Adult Services Committee, and it has been noted that building based short breaks are provided at Greenfields Lodge in Hartlepool, with people also able to access short breaks through their personal budgets.

3.3 There is no building based provision specifically for working age adults with physical disabilities and it has been highlighted previously that using older people's residential care provision for this purpose may be inappropriate, dependent on the person's age and assessed needs.

3.4 Members of the Adult Services Committee requested an update on provision, both residential and community based, for working age adults (18 - 65) with physical disabilities.

4. CURRENT POSTION IN HARTLEPOOL

4.1 There are currently approximately 180 individuals aged 18 - 65 with a physical disability and an assessed need receiving services in Hartlepool.

4.2 Further analysis of the services accessed by these individuals reveals that the majority of people direct their own support through the provision of a Direct Payment (cash payments given to people in lieu of 'traditional services', which is intended to give greater choice in how support needs are met) or receive homecare in their own homes. In 2016/17 only 7 people with physical disabilities lived in permanent residential care.

The figures below (for the financial year 2016/17) set out how individuals are receiving their support. The total figure exceeds the number of people receiving services as some individuals choose to receive their support in more than one way.

• Care Home Stays	26 (7 permanent)
• Direct Payments	130
• Extra Care Housing	6
• Homecare	37
• Internal Day Services	8
• Individual Service Fund	1

4.3 Analysis of the residential care home stays demonstrates that 7 people were in permanent residential care, 2 people used residential care for short breaks and the remainder of the stays were for transitional care. Transitional care can be used for short / medium length periods whilst an individual is exploring other ways to receive their support or to source more suitable accommodation. Often the reason to use transitional care is to maintain someone's safety.

4.4 Short breaks in residential care can be taken in residential homes registered to support older people, which may be perceived as inappropriate for younger adults. As part of Care Quality Commission regulations, a provider is required to meet the needs of individuals they provide care to. Should a provider accept an admission for a younger adult they must be prepared to meet the requirements of that individual including ensuring their social interaction needs are met. This may involve ensuring there is sufficient time built into an individual's care plan to be able to access the community and have sufficient opportunities for social inclusion.

4.5 A sample analysis was undertaken on support plans of individuals directing their own support through a Direct Payment. The support plans demonstrated that individuals chose to meet their needs for short breaks in a variety of ways; including holidays / weekends away and additional support from personal assistants to access alternative support i.e. days out.

4.6 People access short breaks in a variety of ways which may include visiting different places within the country and staying in hotels with support from personal assistants or friends / carers or spending time closer to home but still in a different environment such as the Hartlepool United Disabled Supporters Association (HUDSA) caravans situated at Primrose Valley and Lakeland near

Windermere. These caravans are completely accessible with wide opening doors, ramps, bathroom and cooking facilities.

- 4.7 This report focuses on the provision of adult social care short break support and does not seek to provide information on the provision of short break support to people with health needs who may be eligible for NHS Continuing Healthcare funding which is not the responsibility of the Local Authority.
- 4.8 The data analysed demonstrates that individuals, in the main, are directing their own support and employing a variety of methods to meet their specific needs for short breaks. While there do not appear to be any significant gaps in current provision, new developments and innovative ways of meeting needs will continue to be explored and shared.

5. POTENTIAL DEVELOPMENTS

- 5.1 The potential for a short break flat to be provided at a new development in Seaton Carew is currently being explored. If successful, this would enable individuals from the community aged over 18 to access appropriate accommodation with onsite support, subject to eligibility for services, an assessment of need and affordability.
- 5.2 A development of this nature would increase the options available for working age adults with physical disabilities to access appropriate short break support tailored to their individual needs.
- 5.3 A piece of work will be undertaken to review current service provision at the Council's Centre for Independent Living with the aim of maximizing the benefits of this state of the art new facility. This will include exploring options to broaden the opportunities for people living with a physical disability to utilise the service.

6. RISK IMPLICATIONS

- 6.1 There is a risk that there will be insufficient appropriate respite provision in the future. This risk will be mitigated through continuing to enable people to direct their own support and create innovation and bespoke solutions through the use of Direct Payments.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no particular financial considerations associated with this report. Short break provision is funded through the Personal Budget framework and therefore through existing funding. There is always the potential for future potential risk should more working age adults with physical disabilities need statutory support.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 9.1 There are no child and family poverty considerations identified.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 There are no equality and diversity considerations identified.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations in relation to this issue.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations in relation to this issue.

13. RECOMMENDATIONS

- 13.1 It is recommended that Members note the current position in relation to short break support for working age adults with physical disabilities.

14. REASONS FOR RECOMMENDATIONS

- 14.1 The Adult Services Committee has previously expressed interest in how working age adults with physical disabilities access appropriate short break provision.

15. CONTACT OFFICER

Jeanette Willis
Head of Strategic Commissioning – Adult Services
Tel: 01429 523774 Email:jeanette.willis@hartlepool.gov.uk

ADULT SERVICES COMMITTEE

14 December 2017



Report of: Director of Adult & Community Based Services

Subject: SUPPORT FOR PEOPLE LIVING WITH DEMENTIA

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required – for information.

2. PURPOSE OF REPORT

2.1 This report provides the Adult Services Committee with a further update regarding support for people living with dementia in Hartlepool, following a report in November 2015.

3. BACKGROUND

- 3.1 Dementia is one of the most pressing issues relating to older people. It is a range of symptoms including memory loss, mood change and problems with communication and reasoning that are brought about by diseases that damage the brain, such as Alzheimer's Disease. It is progressive and at present there are no cures, although there are evolving treatments that can slow the progress of the disease and sustain people for longer.
- 3.2 The National Dementia Strategy: Living Well with Dementia was launched in 2009 and highlighted the need for early diagnosis and treatment as it was estimated that only a third of people with dementia received an accurate and timely diagnosis.
- 3.3 Significant inroads have been made nationally to increase dementia diagnosis rates. Locally dementia diagnosis was chosen as a local indicator within the Better Care Fund Plans for 2015/16 and 2016/17 and the current diagnosis rate is approximately 80%, which is one of the highest rates regionally and nationally.

- 3.4 The underlying reasons for people with dementia not being identified and formally diagnosed early include:
- lack of information;
 - lack of awareness and confidence in dealing with people living with dementia, by both the general public and medical and support staff; and
 - the fact that dementia remains a subject that many people find hard to talk about, much like cancer was 15 – 20 years ago. Everyone knows someone who has it or is affected by it but doesn't talk about it.
- 3.5 The number of those anticipated to be living with dementia by 2030 is significant; the table below shows the steady anticipated increase with an estimated 54% total increase by 2030.

Hartlepool - Dementia - all people	2017	2018	2020	2025	2030
People aged 65-69 predicted to have dementia	68	66	65	72	83
People aged 70-74 predicted to have dementia	121	127	140	129	149
People aged 75-79 predicted to have dementia	188	182	187	257	250
People aged 80-84 predicted to have dementia	322	325	335	332	450
People aged 85-89 predicted to have dementia	322	339	361	400	417
People aged 90 and over predicted to have dementia	240	240	26	357	447
Total population aged 65 and over predicted to have dementia	1,261	1,278	1,356	1,546	1,794

4. NATIONAL DEVELOPMENTS

- 4.1 The National Dementia Strategy - Living Well with Dementia, aims to ensure significant improvements are made to dementia services across three key areas:
- improved awareness;
 - earlier diagnosis and intervention; and
 - higher quality of care.

Implementation of the Strategy's key objectives requires activity at a local level. The objectives are set out below:

Objective	
1	Improving public and professional awareness and understanding of dementia.
2	Good-quality early diagnosis and intervention for all
3	Good-quality information for those with diagnosed dementia and their carers
4	Enabling easy access to care, support and advice following diagnosis
5	Development of structured peer support and learning networks
6	Improved community personal support services
7	Implementing the Carers' Strategy
8	Improved quality of care for people with dementia in general hospitals

9	Improved intermediate care for people with dementia
10	Considering the potential for housing support, housing-related services and Telecare to support people with dementia and their carers
11	Living well with dementia in care homes
12	Improved end of life care for people with dementia
13	An informed and effective workforce for people with dementia
14	A joint commissioning strategy for dementia
15	Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers
16	A clear picture of research evidence and needs
17	Effective national and regional support for implementation of the Strategy

- 4.2 The Prime Minister's Call to Action in March 2012 has been superseded by the Prime Minister's Challenge on Dementia 2020, which includes a number of actions that are designed to make a real difference to the lives of people with dementia and their families and carers by 2020. Regionally North East ADASS (Association of Directors of Adult Social Services) has made a commitment to the following four key actions:
- GPs playing a leading role in ensuring co-ordination and continuity of care for people with dementia.
 - Every person diagnosed with dementia having meaningful care following diagnosis.
 - All NHS staff having received training on dementia appropriate to their role, including newly appointed healthcare assistants and social care workers undergoing training as part of the Care Certificate.
 - National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

5. HARTLEPOOL POSITION

- 5.1 As reported in November 2015, the work of the North of Tees Dementia Collaborative focuses on improving the care of people living with dementia. The Collaborative is now in its fifth year and includes representation from a wide range of partners. A list of members of the Collaborative is attached as **Appendix 1**.
- 5.2 Since the last update the Collaborative has moved away from multi agency Rapid Process Improvement Workshops towards share and spread of the learning, and maximising the unique mix of knowledge and skills amongst Collaborative members. Areas of work include:
- Continuing to extend the membership to new organisations;
 - Promoting a change agent culture within organisations, with identified improvement leads;
 - Embedding and sustaining the changes agreed to date;
 - Supporting change in new areas identified by one or more partners;
 - Linking with the Better Care Fund work strands;

- Spreading elements of the work that would benefit other areas;
 - Collating knowledge on good practice in other areas;
 - Maximise joint working by establishing links with the South of Tees Dementia Collaborative, North East Dementia Alliance, Clinical Network Northern England and North East Dementia Hub.
- 5.3 The ongoing focus on dementia created by the Collaborative means that there is now a common understanding of the issue and the need for change regarding support for people living with dementia and their carers. This means that the initial steps in making Hartlepool more dementia friendly are continuing.
- 5.4 Since the last update the Collaborative has undertaken a wide range of projects in the following areas:-
- Quality Improvement Systems Leaders Course – key personnel from Adult Services, Hospital of God and other partners have undertaken training to improve projects currently underway rather than whole system change.
 - Children's Dementia awareness – education sessions rolled out in Hartlepool schools.
 - Dementia Awareness through Play in conjunction with Hartlepool Sports & Recreation Team.
 - My Future Wellbeing video.
 - Award winning Delirium Awareness video and resource pack to enable the identification and management of Delirium
 - Young Onset Support Group
 - Interactive Community Services Map
 - Dementia Research Projects and identification of champions
 - Dementia Celebration Events
 - Dementia Awareness Raising Fun Walks at Ward Jackson Park and Hartlepool Seafront.

This list is not exhaustive but aims to give a flavour of the types of projects that the Collaborative enables individuals living with dementia in Hartlepool and their carers the opportunity to be involved with.

6. RAISING AWARENESS OF DEMENTIA IN HARTLEPOOL

- 6.1 There has been significant improvement in raising awareness since the last update. There have been specific Healthwatch investigations namely Good Practise in the Care & Support of Residents with Dementia in Care Homes and Patient Experience of Dementia Diagnosis. The latter report particularly focussing on the impact for those individuals diagnosed with early onset dementia.
- 6.2 These investigations have raised awareness and provided a basis for joint work both with the Council and providers and voluntary agencies.

- 6.3 Awareness in the community has seen significant improvement since the last update. This has predominantly been through the continued success of the Dementia Advisory Service, commissioned by the Council, hosted at The Bridge and delivered by the Hospital of God.
- 6.4 The Bridge, located at Villiers Street, provides a town centre location and provides a drop in and information centre for those living with dementia and their carers.
- 6.5 Dementia Friends Information Sessions continue to be a very effective means of assisting interested individuals, and particularly customer-facing staff, to become more aware of the issues faced by people with dementia and their carers. These sessions are delivered on a regular basis from The Bridge but are also delivered across the town by Dementia Champions, sessions are often delivered at events, in work places or for small groups.
- 6.6 There is a continuous programme of increasing Dementia Awareness through Dementia Friends sessions, registered numbers are as follows:
- | | |
|--|-------|
| Dementia Champions (people who can deliver sessions to others) | 37 |
| Completed sessions | 306 |
| Dementia Friends | 3,475 |
| Digital Friends (completed session online) | 612 |
- 6.7 As described in 5.4 there are many projects and events that raise awareness of Dementia within the town. Dementia remains a focal point on the agenda for most organisations including Healthwatch Hartlepool. Each year the organisation holds a long term conditions event which provides the opportunity to focus on a particular condition. This year a decision was taken to showcase Dementia and it was agreed to hold a joint event with Hartlepool Borough Council and the Dementia Collaborative to highlight the issues surrounding Dementia but also to celebrate how, as a community, people and organisations have come together to improve the lives of those living with Dementia.
- 6.8 The summary report from the event is attached at **Appendix 2** and provides details of speakers and topics covered on the day, along with an evaluation of the event. Approximately 85 people, a mixture of individuals living with Dementia and their carers, professionals, statutory and voluntary agencies, attended the event and of the 56% of people who provided feedback 96% of people said the event was useful and relevant (75% of people said the event was excellent).
- 6.9 **Appendix 2** provides a full summary of feedback comments, some of the highlights were:
- "I think what Hartlepool are doing in regards to Dementia is FANTASTIC!! Inspirational, all areas should consider following suit."*

"Did not realise so much information, help and activities for people with Dementia and their families were available in Hartlepool and will endeavour to 'pass the word'."

"Very interesting and enlightening, with a very good range of speakers."

"Good to see the improvements in care for Dementia in the town and all departments working together."

"Thoroughly enjoyed this event and it has massively educated me on the subject of Dementia. I think the services provided by Hartlepool are amazing."

- 6.10 The event was designed to showcase the work happening in Hartlepool and based upon the feedback the objectives of the event were fully met. It was evident from individual speakers and feedback from work on tables that people and agencies are working together to improve outcomes for individuals, particularly post diagnosis.

7 HARTLEPOOL AS A DEMENTIA FRIENDLY COMMUNITY

- 7.1 Following successful accreditation as a Dementia Friendly Community (DFC) in September 2015 Hartlepool as a DFC has gone from strength to strength helped by the focal point of The Bridge within the town centre. There are over 50 organisations registering as dementia friendly and local organisations who have published their pledges on the Dementia Friendly Hartlepool (DFH) page of Hartlepool Now can be found in **Appendix 3**. Work is underway to ensure all organisations publish their pledges on the website.
- 7.2 The volunteers of DFH meet regularly to encourage, promote and plan how the community can engage with others to support the residents who are living with dementia. The steering group that originally engaged in creating Dementia Friendly Hartlepool has now applied for charitable status to enable fund raising and is chaired and has formal terms of reference adopted by the group, members can be found in **Appendix 3**.
- 7.3 The group has ensured that those committing to be part of DFH make pledges in at least one of the 7 category areas:
- Arts, Culture & Leisure
 - Businesses & Shops
 - Children, Young People & Schools
 - Community, Voluntary & Faith
 - Emergency Services
 - Health & Social Care
 - Housing & Transport

This enables the group to be able to identify which areas to prioritise for development.

- 7.4 In the last year DFH initiated a scheme of knitting forget me not flowers, which has engaged over 250 people to take part and become Dementia Friends. DFH is now recognised with a knitted / crocheted forget me not flower. Residents of Hartlepool wear the flower with the aim people will ask why. This raises awareness of dementia and encourages other people to become dementia friends and show their support. As part of this initiative small forget me not flowers were arranged into large art works and displayed around the town. The displays were in different areas with a description attached of why the flowers were arranged and what they represented. People in Hartlepool wore the badges throughout dementia awareness week and continue to wear them.
- 7.5 There have been many opportunities for fundraising and DFH has raised over £4,000 in the last 12 months. This has included singing in supermarkets, sponsored walks, selling knitted items and raffles / tombolas at events. This fundraising has enabled the group to support and develop groups such as the Young Onset Focus Group which is held once a month at The Bridge and has received funding for transport to enable the group to visit people in other areas. The group has 10 members that meet regularly and share opinions on ways Hartlepool services can support the needs of younger people affected by Dementia.
- 7.6 DFH has engaged with schools who have attended dementia friends sessions and made a pledge to support the community, worked closely with Cleveland Police rolling out the Herbert protocol, ensuring people living with dementia are safe. Large organisations that have capacity to raise awareness regarding dementia on a larger scale have joined with DFH, including Hartlepool United Football Club who made a live pledge during a football match and invited people living with dementia to join them on the pitch.
- 7.7 DFH has grown because of the involvement from people living with dementia. Our Voice Matters is a group of people living with dementia that meet monthly, that is registered with DEEP (Dementia Engagement & Empowerment Project) UK. The group set an agenda monthly and discuss Dementia Friendly Hartlepool. The group regularly promote DFH with leaflet drops and by asking local shops and cafes to sign up to become Dementia Friendly. Through this work large supermarkets now support the development of DFH and support with fundraising activities.
- 7.8 In recognition of all the work being carried out by DFH in the community, an application for Dementia Friendly Community of the Year was made to the Dementia Friendly Awards panel hosted by the Alzheimer's Society. Unfortunately Hartlepool did not win the award on this occasion but DFH was delighted to be on the shortlist of three areas, as this recognises the commitment to the agenda in Hartlepool and the work undertaken to date.
- 7.9 As part of increasing awareness and gaining a real sense of community a Hartlepool Logo has been created which incorporates the blue forget me not symbolising DFC but has added a local flavour for Hartlepool. The logo

was designed by a local graphic designer who is a dementia friend in conjunction with the Our Voice Matters group. The inspiration for the design came from the knitting project.



8. FUTURE DEVELOPMENTS

8.1 Family Leadership

A project undertaken in 2016 was a family leadership course, this involved a series of 2 day events with individuals living with Dementia and their carers taking part in facilitated sessions.

These sessions are designed to enable participants to share their experiences and gain the skills to influence future service design and policy direction. This was the first course of this type undertaken with individuals living with Dementia. The course was very successful and led to actions focused on support for male carers and creation of a peer led training course, which will be developed and delivered in the coming year.

8.2 Dementia Research

One of the Prime Minister's challenges for 2020 is to increase the number of people with Dementia and their carers who are involved in dementia research. An event has been held in Stockton to raise awareness of the importance of research and how people can get involved. The event was attended by 70 people, with transport arranged for Hartlepool residents to attend. The Bridge is the first registered Champion Organisation and a number of people from Hartlepool are supporting the 'Journeying through Dementia Support' study.

Join Dementia Research is an organisation designed to recruit, support and encourage participation in research. It is hoped that individuals continue to want to be involved in this very important area of work.

8.3 Care Homes

With the prevalence of dementia increasing and the ageing population it is inevitable that the number of vulnerable individuals living in care homes will increase. As part of ongoing quality and contract monitoring the Council ensures that care homes follow the principles of Dementia Friendly environments and they are inspected on their ability to meet the needs of

those living with dementia by the regulator CQC as part of the routine inspection regime.

An initiative to help and encourage the right environments has been launched this month by offering care homes the opportunity to bid for one off capital funds made available through the Improved Better Care Fund (IBCF). Care homes have submitted bids for funding that demonstrate improvements in the environments of their care homes for the benefit of all residents. Care homes have been encouraged to think about dementia and improvements they can make to support this area.

Care homes that are successful in obtaining funds have been asked to take before and after pictures, involve residents in the implementation of improvement and demonstrate how improvements benefit residents.

9. RISK IMPLICATIONS

9.1 There are no risk implications associated with this report.

10. FINANCIAL CONSIDERATIONS

10.1 There are no financial considerations associated with this support. The North of Tees Dementia Collaborative is supported financially by the Council and the Dementia Advisory Service is supported through the Better Care Fund pooled budget. One off capital projects will be funded through the Improved Better Care Fund.

11. LEGAL CONSIDERATIONS

11.1 There are no legal considerations associated with this report.

12. CHILD AND FAMILY POVERTY CONSIDERATIONS

12.1 There are no child and family poverty considerations associated with this report.

13. EQUALITY AND DIVERSITY CONSIDERATIONS

13.1 The development of support for people with dementia and their carers, and the Dementia Friendly Hartlepool initiative aim to ensure that people with dementia are treated equitably.

14. STAFF CONSIDERATIONS

- 14.1 There are no staff considerations associated with this report.

15. ASSET MANAGEMENT CONSIDERATIONS

- 15.1 There are no asset management considerations associated with this report.

16. RECOMMENDATIONS

- 16.1 It is recommended that the Adult Services Committee note the developments in relation to support for people with dementia and their carers and receive further progress reports as appropriate.
- 16.2 Thanks be extended on behalf of Adult Services Committee to all those who are working to improve the lives of those living with dementia.

17. REASONS FOR RECOMMENDATIONS

- 17.1 The growing number of people with dementia and society's ability to support them is one of the biggest issues facing the developed world in the 21st century. This is set against a sustained period of reducing resources available within health and social care.
- 17.2 Hartlepool as a Dementia Friendly Community remains a key priority for the Council and its partners.

18. CONTACT OFFICER

Jeanette Willis
Head of Strategic Commissioning – Adult Services
Tel: 01429 523774
Email: Jeanette.willis@hartlepool.gov.uk

Members of the North of Tees Dementia Collaborative

The Funding Partners in the Collaborative are:-

- Hartlepool Borough Council
- Stockton Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust

Statutory Partners are:

- Hartlepool and Stockton on Tees Clinical Commissioning Group
- North Tees and Hartlepool NHS Foundation Trust
- North East Commissioned Support (NECS)
- North East Ambulance Service
- NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group
- Redcar & Cleveland Borough Council
- South of Tees Dementia Collaborative
- LPC (Pharmacies)

In addition, a number of organisations, including those from the independent and voluntary sector have been involved including:

- Age UK
- Alzheimer's Society
- Catalyst
- Clevearc
- Sanctuary Housing
- Hartlepool Carers
- Hartlepool Healthwatch
- Hospital of God at Greatham
- Royal Voluntary Services
- Red Cross
- The ARC
- PCP/Healthwatch
- Joseph Rowntree Foundation
- Thirteen Group
- Stockton Healthwatch
- Sanctuary (Carers Organisation Stockton)
- TeesActive
- Aapna
- Five Lamps
- Avalon
- Education for Opportunities
- Alliance Psychology
- Approach Training Safely
- Hill Care
- Tristar Homes
- Three Rivers
- Safe In Tees Valley (Police Cadets)

- Music in Hospitals
- Groundworks
- Hand in Hand Care
- Wellburn House
- Home Group
- Cut Above
- South View Care Home, (Barchester)
- Rosedale Lodge
- Comfort Call
- Carewatch Hartlepool



EVALUATION REPORT

DEMENTIA – A CELEBRATION OF OUR JOURNEY (LIFELONG CONDITIONS EVENT)

A JOINT EVENT DELIVERED IN PARTNERSHIP WITH

**HEALTHWATCH HARTLEPOOL
ADULT SERVICES, HARTLEPOOL BOROUGH COUNCIL
NORTH OF TEES DEMENTA COLLABORATIVE**

26 OCTOBER 2017

healthwatch
Hartlepool

North of Tees Dementia Collaborative Funded By



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



Contents of the Report

1. Background
 2. Event
 3. Feedback
 4. Conclusions
 5. Recommendations
-

1. Background

- 1.1 Dementia remains a focal point on the agenda for most organisations including Healthwatch Hartlepool. Each year the organisation holds a long term conditions event which provides the opportunity to focus on a particular condition. This year a decision was taken to showcase Dementia and it was agreed to hold a joint event with Hartlepool Borough Council and the Dementia Collaborative to highlight the issues surrounding Dementia but also to celebrate how, as a community, people and organisations have come together to improve the lives of those living with Dementia.
- 1.2 A small group was convened to arrange an informative and interactive event. Invitations were sent to a variety of individuals and organisations including Healthwatch members, professionals from both health and social care, people living with dementia and their carers and a wide range of voluntary and statutory agencies.
- 1.3 Speakers were engaged to provide an insight into living with Dementia and the support mechanisms and developments taking place in Hartlepool.

2. Event

- 2.1 The event was held on 26 October 2017 at the Centre for Independent Living. The event was from 10am - 4pm and included complimentary refreshments and lunch.
- 2.2 Approximately 85 people attended the event and the desired mix of attendees was achieved with a good balance between individuals living with dementia and their carers, professionals and members of the community.
- 2.3 The topics discussed were wide ranging and attempted to give a flavour of the lived experience for individuals in Hartlepool, the event was opened by Evelyn Leck, Healthwatch lead for Long Term Conditions and the key note speaker was Caroline Ryder-Jones and John Kearney. John, a gentleman living with early onset dementia shared his lived experiences of diagnosis and life beyond diagnosis.
- 2.4 The rest of the agenda for the day is set out below:
- Cleveland Fire Service - how the service supports vulnerable adults
 - Hartlepool Carers
 - Tees Esk Wear Valley (TEWV) NHS Trust - Update on research
 - TEWV - Join Research - how can individuals support research.
 - Memory clinic - referral into the service
 - Dementia Collaborative - whistle stop tour of 5 years of the Collaborative
 - Dementia Advisory Service - The Bridge
 - West View Resource & Advice - update on Community Hubs
 - Public Health - Sport & Physical Activity - Dementia Prevention & Management
 - Project 65 - a project to enable older people to access digital technology through a tablet loan and support service were on hand throughout the day
- 2.5 Copies of the presentations are attached at **Appendix 1**.
- 2.6 There were information leaflets on the tables for participants to review during the event and pin boards with the Dementia Services Map and graphics showing the 5 year journey of the Dementia Collaborative
- 2.7 Table discussions were held three times throughout the event at each table with a facilitator to capture discussion and feedback from participants.

3. Feedback

3.1 Table discussions generated lively debate. In the first session the following questions were asked of participants:

- What matters to you?
- What do you like to do?
- Where do you like to go?
- Where does it well?
- What are the difficulties?

The transcript of all the feedback is summarised in **Appendix 2**, the following themes came from the feedback.

What matters & what do you like to do?

Getting out and about, being listened to, being well informed, having company and the opportunity to socialise, family, walking the dog, being seen as a person and not a diagnosis, go to the cinema.

Where do you like to go?

Access the town, the sea front, local shops and facilities, the pub.

What goes well?

Sign posting, communication, good networks, promotion of dementia, activities, family links.

What are the difficulties?

Normalisation of activities, socialising in the community, communication with the NHS, engagement with hard to reach groups, loneliness and isolation, fear of diagnosis, transport,

- 3.2 The second session asked what the perceived gaps were - participants were asked to think not only of those living with dementia and their carers but also the perceived gaps for professionals and people working in the field of dementia.

The following themes emerged:

- Perception and stigma linked to dementia
- Information - need to ensure the right people get it at the right time, continue to use a variety of mediums.
- Lack of awareness of key organisations such as Hartlepool Carers & The Bridge
- Need better co-ordination of services for people
- Confusion of how services link with each other
- Information - need to ensure the right people get it at the right time, continue to use a variety of mediums.
- Research will make a difference is people were aware of it

- 3.3 The final table discussion asked participants to articulate their one wish when they think of dementia. The feedback again was rich and varied and is detailed in **Appendix 2**. Themes emerging were around the following:

- the wider community was dementia aware and friendly
- having the right to a life
- everybody engaging and understanding the impact of dementia
- feeling safe & secure
- growing old with good health
- more funding
- being happy
- being able to carry on
- joined up services

- 3.4 Feedback about delivery of the event was also gathered, of the 85 people who attended 47 responded. 96% said that the relevance/usefulness of the event was either Excellent or Good. **Appendix 3** provides full detail.

3.5 A sample of some of the positive statements is below:

"I think what Hartlepool are doing in regards to Dementia is FANTASTIC!! Inspirational, all areas should consider following suit."

"Did not realise so much information, help and activities for people with Dementia and their families were available in Hartlepool and will endeavour to 'pass the word'."

"Very interesting and enlightening, with a very good range of speakers."

"Good to see the improvements in care for Dementia in the town and all departments working together."

"Thoroughly enjoyed this event and it has massively educated me on the subject of Dementia. I think the services provided by Hartlepool are amazing."

4. Conclusion

- 4.1 The event demonstrated the quality and breadth of the information provided by a wide ranging number of organisations within Hartlepool. The Bridge has made a significant impact since opening in providing a vital co-ordination and signposting role.
- 4.2 Hartlepool as a Dementia Friendly Community is growing and the creation of Dementia Friendly Hartlepool as a charitable body has allowed fundraising to enable positive impacts for those living with dementia and their carers.
- 4.3 Hartlepool has embraced the call for research participants and The Bridge is the first registered organisation
- 4.4 There are gaps in communication flows between health and social care professionals.
- 4.5 There is still a fear/stigma attached to a diagnosis of dementia
- 4.6 People expressed social isolation can still occur regardless of the number of groups and activities provided.

5. Recommendations

- 5.1 Continue to improve the provision of information from The Bridge, on Hartlepool Now and across all organisations.
- 5.2 Promote and encourage more organisations, local business and agencies to become part of Dementia Friendly Hartlepool. Actively seek pledges to be loaded onto the web page.
- 5.3 Continue to promote and recruit individuals to take part in research and encourage them to become champions.
- 5.4 Review pathways where communication could be improved across health and social care professionals.
- 5.5 Continue to positively promote 'living well with dementia' to reduce the fear and stigma attached to diagnosis.
- 5.6 Actively promote groups and activities, link into other social interaction projects such as Project 65.



DEMENTIA – A CELEBRATION OF OUR JOURNEY (LIFELONG CONDITIONS EVENT)

Presentations

Lived experiences and Dementia Friendly Hartlepool

Caroline Ryder-Jones

Hartlepool Carers

Christine Fewster and Jenni Foster

Promoting awareness of Dementia Research in Hartlepool & Stockton

Carol Long, TEWV NHS Foundation Trust

Raising awareness and involvement in Dementia Research in Hartlepool & Stockton

Lauren Roberts, TEWV NHS Foundation Trust

Referral into Hartlepool Mental Health Service for Older People

Community Health Team, TEWV NHS Foundation Trust

Working to improve the lives of people living with Dementia in Hartlepool

North of Tees Dementia Collaborative

A Celebration of our Journey

Laura Robinson, The Bridge

West View Advice and Resource Centre

Denise Gilhespie

Working to become Dementia Friendly

Paula Edwards & Steven Carter, HBC Public Health Department



Lived experiences and Dementia Friendly Hartlepool

John Kearney, Tommy Whitelaw &
Caroline Ryder-Jones



[Tommy Whitelaw](#)

<https://www.youtube.com/watch?v=js33WhiktU>



Recognise the power of relationships

Ask “What matters to you?”

Listen to what matters

Do what matters



John's experience





Dementia Friendly Hartlepool

- Dementia Friendly Hartlepool is working towards people living with dementia feeling valued and included in our local community.
- Dementia Friendly Communities are a national initiative. Everyone, from the bank and the café to the local corner shop and hairdresser share part of the responsibility for ensuring that people with dementia feel understood, valued and able to contribute to their community.
- In Hartlepool we have a number of organisations working towards being dementia friendly. To find who they are look at www.hartlepoolnow.co.uk/DFHpool



- Local Dementia Friend sessions
- Local awareness raising
- Local pledges
- Local events
- Local stories
- Local access





- What matters to you?
- What do you like to do?
- Where do you like to go?
- What are the difficulties?
- Where does it well?



- What will your pledge be?

#wmtty17

- Who could you give a dementia friend or dementia friendly community form to?



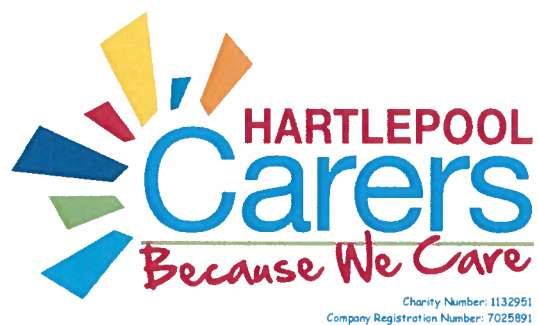
Living well with dementia video

https://www.youtube.com/watch?v=eSZoZjP_gYA

Thank You

Dementia Friendly





Christine Fewster and Jenni Foster



Hartlepool Carers vision is for all Carers and Ex-Carers to be recognised, valued and supported in a caring role.

Who are we and where did we begin?



- Established in 1994 by two carers, Peggy Mordaunt and Hilda Hamilton
- Their aim to connect unpaid carers living in Hartlepool
- In 2009 moved to our current premises in Lowthian Rd from York Rd premises.
- Over the years have been successful with many projects including; GP Project, Mental Health and Well-being, Young Carers, Employment project and Supporting Adult Carers across Hartlepool.
- We work with carers of all ages, ensuring carers are aware of their rights, services available and support carers to stay healthy.
- Person Centred
- Ensuring carers have the opportunity to shape services for the future and influence positive change within Hartlepool.

Recent Developments



- New management in July 2017
- Re-branding and Re-Launch
- Increased social opportunities
- Increased partnership working to ensure we can signpost carers to other agencies where needed.
- Exploring training opportunities for carers to support with their caring role.
- Working with regional partners to ensure we share best practice across the North East.
- Carrying out a town wide survey to ensure services are shaped in line with carers views.

Our Offer.....



- Information, Advice and Guidance (Education, Health and Social Care as well as the many voluntary and community sector organisations)
- Targeted support for carers
- Dedicated Support Worker within either our Adult or Young Carers Team.
- Support within meetings and appointments
- Employment, Volunteering and Education opportunities for Carers
- Counselling and emotional support
- Independent Support
- Young Carers opportunities
- Carers Discount Card
- Newsletters
- Volunteer Support
- Social Media
- Dementia Friendly
- Social Activities and peer support





Thank you for listening

Promoting awareness of Dementia Research in Hartlepool & Stockton

“Hand out Hope”

Carol Long
Clinical Studies Officer
Tees, Esk & Wear Valley's NHS Foundation Trust
October 2017

making a difference together

Increase the number
of research
champions

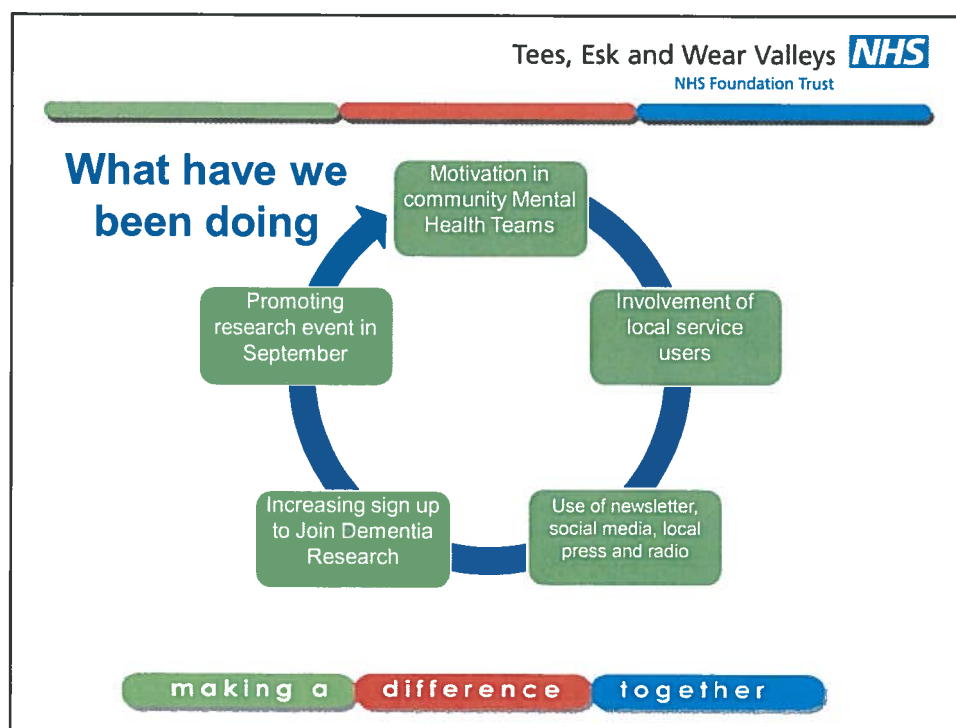
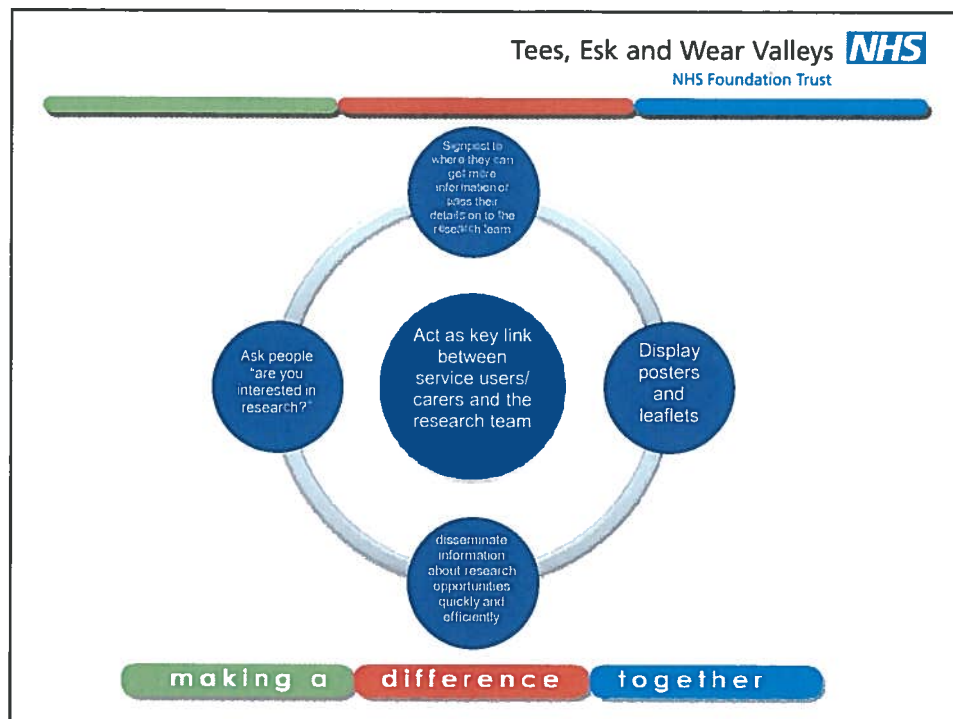
Increase awareness
of research
opportunities

Goals

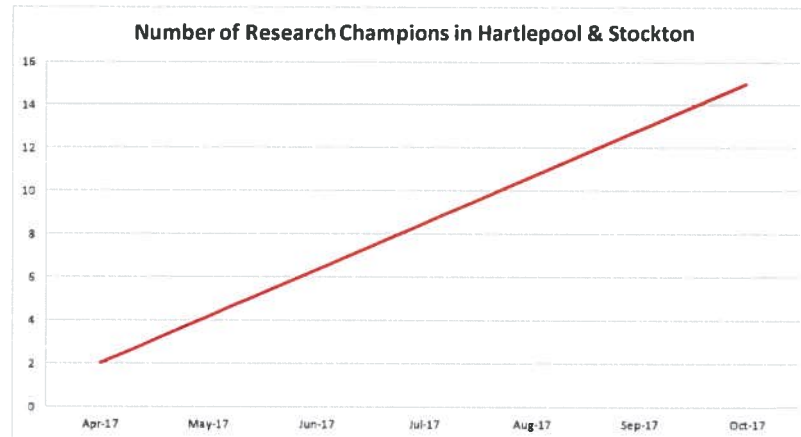
Increase the number
of people registering
to take part in
research

Increase the number
of people engaged in
TEWV research

making a difference together

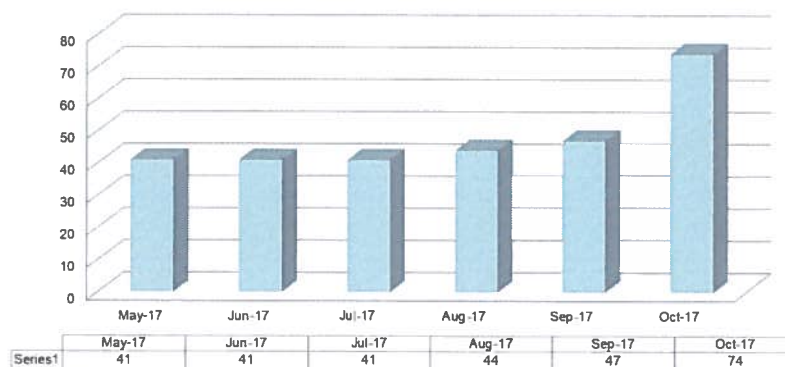


Results so far



making a difference together

Number of people engaged in research in Hartlepool & Stockton



making a difference together

"we are privileged to serve on the Stockton Dementia Network Committee as a representative service user-carer presence"

"Generationally, given an opportunity to engage, many of us aim to reflect this health and social care support in a variety of ways. For us, this has included voluntary patient participation involvement with TEWV research projects aimed at advancing current Dementia and Enhanced Living outcomes for our succeeding generations, research outlooks are positive and encouraging".

"I was very glad to be asked to be involved, I have got a lot out of taking part in research, I really feel like I am helping people in the future, I feel valued, it has given me hope"

making a difference together



"I'm here before you today as someone all researchers seek out on a daily basis – a willing participant.... Why am I so willing? Because I like to be involved, because being involved and valued gives me HOPE" Wendy Mitchell
<https://whichmeamitoday.wordpress.com/>

Without researchers we can't change the future

making a difference together

"Coming together is a beginning;
keeping together is progress;
working together is success."

Henry Ford



making a difference together



Carol Long
Clinical Studies Officer

Research & Development
Flatts Lane Centre
Flatts Lane
Middlesbrough
TS6 0SZ

Tel :-01642 283501
Mob:- 07919 624882

Thank You!

**Join
dementia
research**

making a difference together

Raising awareness and involvement in Dementia Research in Hartlepool and Stockton

Lauren Roberts, Research Assistant

Research & Development Department
Flatts Lane Centre, Normanby
Middlesbrough, TS6 0SZ
Tel. 01642 283501

laurenroberts1@nhs.net

making a

difference

together

What we hope to achieve

- How Hartlepool and Stockton have helped research
 - Join Dementia Research
 - Memory Clinics
 - Journeying through Dementia research study

making a

difference

together

What is Join Dementia Research and why has it been created?

- Prime Minister's 2020 Dementia Challenge- increased awareness
- Increase the number of people with dementia and their carers getting involved in dementia research
- To inform volunteers of national research opportunities
- To improve dementia care, treatments and services

making a

difference

together

How does recruitment work through JDR?

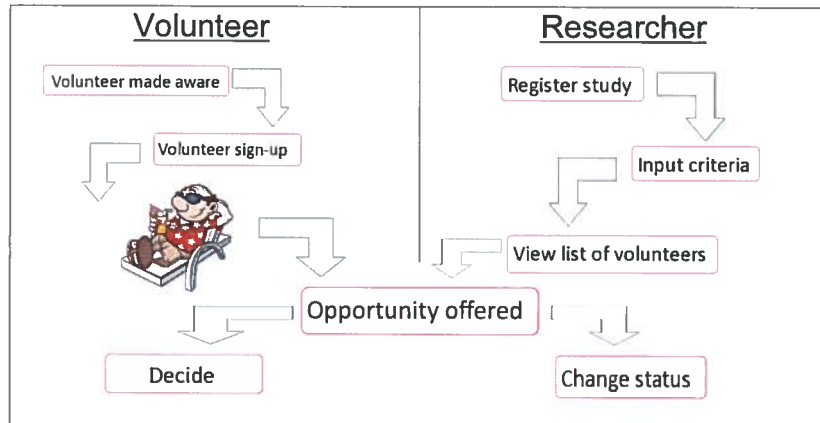
- Researchers need volunteers
- They find them in memory clinics
- They also find them on JDR
- Quick to find volunteers
- Motivated volunteers can be contacted about all opportunities

making a

difference

together

How does JDR work?



making a

difference

together

How can I join?



- Volunteers age 18+ : Healthy volunteers, people with dementia and carers
- Join via helpdesk / Website / Free post application form
- **Home visits**
- Mandatory questions: Name, address, contact number, DOB, diagnosis, how did you hear about JDR...
- Volunteers see studies they're matched to

making a

difference

together

Memory Clinic and Home Visits

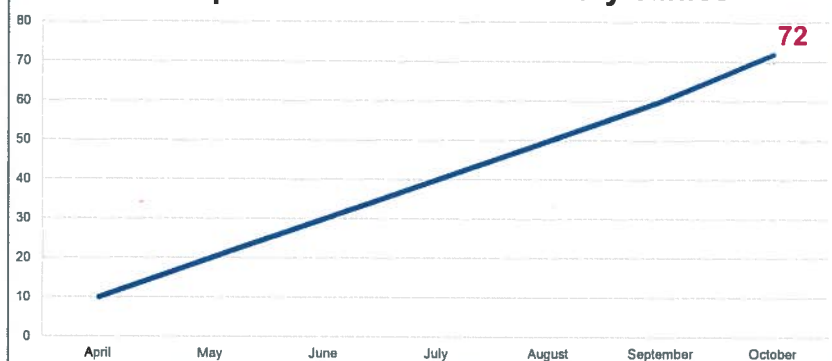


making a

difference

together

Number of research referrals from Hartlepool and Stockton memory clinics



making a

difference

together



JDR Kiosk at Wingfield in Hartlepool

making a

difference

together

Research Champion Organisations

- The Bridge is 1st registered Research Champion Organisation
- 13 others have expressed an interest
- Helped us identify and inform 17 people who are interested in research so far
- 13 of these are now enrolled on our Journeying through Dementia study, making up 50% of people on the study from 1 place!

making a

difference

together

Journeying through Dementia

Do you have Dementia or provide support to someone who does?

The Journeying through Dementia Research study is based on the idea that what we do in our everyday lives is important for our general health and wellbeing.

We want to find out whether attending the Journeying through Dementia programme can help people with early stage dementia to live a healthy and fulfilling life.

The study will run in Hartlepool.



Contact Dayna Spurr for more information: ☎ 01642 283501 ✉ dayna.spurr@nhs.net

- Hosted at The Bridge with staff from the memory clinic facilitating the groups
- Hartlepool staff have helped refer 29 people to us
- 26 people from Hartlepool and Stockton are enrolled on the study.

making a

difference

together

Hartlepool has helped:

- Increased opportunities for service users to participate in research
- Easier access to research studies by involving organisations
- Helped service users get a head start on possible effective treatments
- Journeying through Dementia study be possible!

making a

difference

together

Resources

- Join Dementia Research website-
www.joindementiaresearch.nihr.ac.uk
- Home visits: contact Lauren Roberts on **07825 262385**
- Visit your local memory clinic for information/to see the kiosk
- Visit your local Research Champion Organisation

making a

difference

together



Thank You!!!

www.joindementiaresearch.nihr.ac.uk

making a

difference

together

Referral into Hartlepool Mental Health Service for Older People

How we receive a referral and next steps

making a

difference

together

About our service

- The community mental health team (CMHT) is based at Sovereign House, Hartlepool.
- We are open Monday to Friday from 9am to 5pm.



making a

difference

together

Who is in our Team

The CMHT is made up of:-

- Experienced Support Workers.- Us! 🙋
- Registered mental health nurses (RNMH)
- Occupational therapists
- Psychologist
- A Consultant Psychiatrist
- Advance Nurse Practitioner





making a

difference

together

Referral to the team and first visit

- A referral is usually a  from a GP
- This is because we need recent physical health checks to help with diagnosis and ensure that there are no other health issues that could be affecting a person's memory.
- We  to arrange a visit and try to ensure it is at a time and place convenient to the person and or their family
- A letter is also sent as a reminder and confirmation
- Then our Team will visit to complete a screening assessment
- We encourage and welcome family and Carer involvement.



making a

difference

together

Our Assessment

- We complete an assessment of health and social care needs. – Ask Questions and also do some simple tests that help us determine if there are any memory problems.
- We can offer advice and support.
- We will look at current medications
- We will maintaining contact with the GP and feedback our assessment.
- We will speak with other members of the mental health team and social support agencies if needs are identified from the assessment.
- We will also provide the opportunity for a confidential assessment for carers in relation to their support needs.



making a

difference

together

After the visit

- If it is felt that we can offer services to help, available support options will be discussed with the person and their carers and an initial plan will be discussed and agreed.



- To help with a more detail diagnosis we may need a **CT Scan - Computerised Tomography Scan** - CT scans produce detailed images of many structures inside the body, including the internal organs, blood vessels and bones – **we need to see the brain.**



making a

difference

together

- When we get the results of the CT Scan an appointment is made to discuss the results and agree the next steps. This is called a Diagnostic Appointment, this may be with Dr or Advance Nurse Practitioner.
- A Team member usually a Nurse is allocated to co-ordinate a period of further assessment and support.

together

- Next appointment
- Support, Advice and Information and what needs to happen next



together

Depending on diagnosis

- Ongoing Support and Medication



- On going support and Cognitive Stimulation Group



making a

difference

together

Whistle Stop Tour !



Please take one of our leaflets
& thank you for listening

making a

difference

together

This is us

**Community Mental Health Team
Sovereign House
Brenda Road, Hartlepool**



You can contact us on:

01429 803660

Between 9am and 5pm, Monday - Friday

Happy to answer any queries you may have



making a

difference

together

North of Tees Dementia Collaborative

**Working to improve the lives of people
living with dementia in Hartlepool**



Who are we?

- Currently a partnership of 43 organisations
- Represented by 54 people
- Funded by HBC, TEWV & SBC
- Commitment to working together to improve services and the post diagnosis experience
- 69 other people receive regular information
- Projects in 5th Year working across Hartlepool and Stockton.



Where did we come from?

- Started September 2012
- CCG funded with Steering group from 5 organisations
- Held 7 improvement workshops in partnership with health & social care organisations
- Involved service users and carers
- Working towards NDS objectives launched in 2009 & PM challenge (2012)



Year 2

- Change of Project Lead
- New funders
- Introduction of an Advisory Group
- More improvement workshops
- Roll out some of the Year 1 work
- All about me/ My Future Well Being Tool
- Expand the membership



Years 3 & 4

- Change of focus
- Dementia Champions & Dementia Friends
- Dementia Friendly Communities
- Dementia Friendly schools
- Social & Intergenerational Activities for people living with Dementia
- Community Dementia Awareness Events
- Improvement programme offered to partner organisations
- Development of award winning Delirium resources
- HBC commissioned Leadership programme



Year 5

- Funded by HBC, TEWV & SBC
- Active service users & care participation groups
- DEEP group – “Living Well in Hartlepool” video
- Leadership programme group – improving the post diagnosis experience
- Young Onset Support
- Interactive community services map
- Dementia research – “Hand out Hope”
- Charitable status for Dementia Friendly Hartlepool
- Recognition for “Exploring Dementia through Play”



Partnership celebration events bringing it all together

- Dementia Awareness Week:
Inclusive sporting activities
Family walks around Ward Jackson Park
Borough Hall Dance
- World Alzheimer's Day
- Older People's Day
- World Mental Health Day



If you would like more information

Contact: Corinne Walsh, Project Lead
07958 125060
corinne.walsh@nhs.net

Quarterly Project Briefings are available.





A Celebration of our Journey

(life long conditions event)

October 26th 2017

By Laura Robinson
Senior Dementia Advisor



The Hospital of God at Greatham
DEMENTIA ADVISORY SERVICE

The Bridge

We'll cross the bridge together

How the Bridge will support you

Free Services include:

- Dementia advice, information and support to enable people to live well with dementia
- Support to carers, families and friends
- Signposting to other services
- Practical and emotional support
- IT access to services and advice
- Home from Hospital, a specialised service that will support a person with a dementia and their family to manage their stay in hospital and prevent re-admission

We also provide access to our other services in Hartlepool:

- Supported living accommodation
- Community Pastimes services
- Heather Grove Day Centre
- Residential and Nursing Care

DEMENTIA CARE Advice & Support Services
Gemini Centre
Willers Street
Hartlepool
TS24 7SA

Opening hours:
9 to 5 Monday to Friday
(late night Thursday until 6.30PM)
9 to 12 noon Saturday
www.dashartlepool.co.uk

For more information on any of the above services please call to meet a member of our team or contact us at The Bridge On tel: 01423 868197
Email: thebridge@hospitalofgod.org.uk

The Hospital of God at Greatham
Incorporated Charity no. 1123560
Company No. 6512586

The Bridge



- ❖ Opened September 2015
- ❖ Central location
- ❖ Easy accessible
- ❖ Drop in Centre
- ❖ No appointments required
- ❖ Warm, friendly environment



The Hospital of God at Greatham

Dementia Advisory Service

- ❖ Funded by The Hospital of God and Hartlepool Borough Council
- ❖ 3 Dementia Advisors
- ❖ Support a variety of groups and different sessions
- ❖ Offer home visits
- ❖ Support to carers, families and friends



3

Your Voice Matters

- ❖ 719 Individuals accessed the service to date
- ❖ More than half of those individuals signed up to the mailing list
- ❖ Specialised focus groups for individuals to attend
- ❖ Person Centred care planning & signposting
- ❖ First organisation to support and facilitate research



Dementia Awareness Sessions

- ❖ Created over 500 dementia friends
- ❖ Run at least 1 dementia awareness session every week
- ❖ Deliver sessions to other organisations including Shops, pharmacies and GP practices



5

Young Onset Dementia Group

- ❖ The last Friday of the month
- ❖ 22 Members attend the group
- ❖ Opportunity to socialise and discuss different topics
- ❖ Attend many outings



6



The Hospital of God at Greatham



Dementia Friendly



North Tees and Hartlepool 
NHS Foundation Trust



Hartlepool

Hartlepool
Carers

11048811, Inc. 11 2014 Registered Expiry 11/2020

7



Our Voice Matters

- ❖ 30 members including carers
- ❖ Raise awareness of dementia
- ❖ Support the development of Dementia Friendly Hartlepool
- ❖ Provide us with feedback to continually develop services

Dementia Friendly



deep

The Dementia Engagement
and Empowerment Project

9



Community Hub North




West View Advice and Resource Centre
Miers Avenue
Hartlepool
TS24 9JQ

The Community Hub Programme is offering Advice to Residents of Hartlepool

Welcome to your Community Hub North, one of three new Hubs serving Hartlepool's residents.

Services provided by West View Advice and Resource Centre on behalf of Hartlepool Borough Council.

Hub Opening Hours
 Mon to Fri 9am - 5pm Tel: 01429 231032
Library Opening Hours
 Monday, Wednesday and Friday 10am to 2pm - local

Community Hub North
 Have a question? Contact us on
01429 231032
customer.services@hartlepool.gov.uk
www.hartlepool.gov.uk/community-hubs



Community Hub



Outreach Services

- Form Filling Drop in Sessions
- Pre-bookable Specialist Appointments
- Home Visits for the housebound and Macmillan Clients
- Specialist Advice Service for Industrial Injuries
- Energy Efficiency Advice for Macmillan Clients

More information can be found on:
www.wvarc30.org.uk



HARTLEPOOL
BOROUGH COUNCIL

Community Hub

Other Services

- **Library Services**
- **Information Services**
- **IT Services**
- **Advice**
- **Children's Services**
- **Recreational Services**

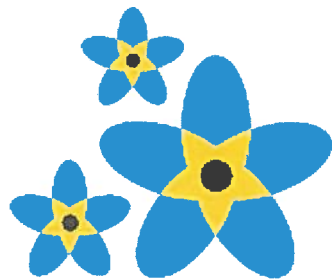


HARTLEPOOL
BOROUGH COUNCIL

Community Hub

Better Connected to

- **Your Health**
- **Your Council**
- **Your Learning**
- **Your Community**



Working to become
**Dementia
Friendly**

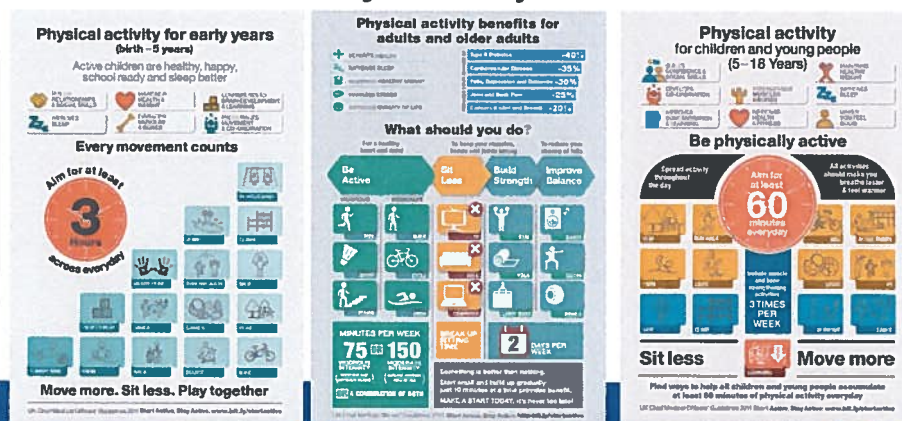
Get Hartlepool Active

**Feel Good in
Hartlepool**



**HARTLEPOOL
BOROUGH COUNCIL**

Dementia Friends & The Sport and Physical Activity Team... Our journey so far



Benefits for people with dementia

- Improve Heart Health
- Reduces risk of Cancer, Stroke, Type 2 Diabetes
- Improves Physical Fitness
- Helps to keep bones strong
- Improves Cognitive function
- Improved sleep
- Provides opportunities for social interaction
- Reduces risk of falls
- Increased confidence, self-esteem and mood



Dementia Awareness

- Discovering Dementia through play
- Move a Memory Mile
- Live Well Move More Group
- Dementia Awareness Social Dance
- Dementia friends



Live Well, Move More



Activities delivered so far

- Walking Netball
- Walking Football
- Chair based exercise
- Pilates
- Table Tennis
- Dance
- Boccia
- Kurling





Linking in with other services

- Healthwatch
- Leisure Centres
- Occupational Therapy
- Clinical Lead- Dementia re-ablement Tees Esk and Wear NHS foundation
- Residential Care Homes
- Schools
- Local Businesses
- Tees Hartlepool Yacht Club
- The Bridge
- The Hospital of God
- Dementia friendly Hartlepool
- The Dementia Collaborative,
- Approach Training Safely,
- Carewatch
- Hartlepool Indoor Bowls Club
- Hart and Soul School of Dance





How can public health play a role in Dementia prevention and management?

- Hydration
- Nutrition
- Physical activity
- Mental activities
- Social activities

Support for a Dementia Friendly Hartlepool

- North East Better Health at Work Award
- Dementia Friendly Workplaces
- Public Health workforce as Dementia Friends
- Community Hubs
- Sport & Recreation
- Joint Health and Wellbeing Strategy 2018-25



Thank you!

For further information contact:

- Paula.edwards@hartlepool.gov.uk
- Steven.carter@hartlepool.gov.uk



Session 1What Matters to you?

- Walking dog
- Getting out to events
- Wider world
- Not be isolated
- Involved with other organisations
- Getting information on what is out there is important
- Listening to people's experiences
- Music – listening, singing
- Craft group
- 50+ forum
- National Pensions Association
- North East Forum of Aging
- Education
- Children
- Keep active
- Individualised needs
- Services that can meet individualised needs
- Right information, right time (too much)
- Communication
- Interaction with friends
- Being active, social activities
- Having company and socialising
- Having a break from each other
- Getting out and about
- Being listened to by health professionals
- Seeing the person as a person, not putting everything down as dementia
- Listening to music
- Curling – but this stopped as not enough turned up. There is equipment at Hartfields but not able to use
- Good interaction with different age groups
- Getting to where you want to go with least hassle
- Shopping on own
- Time for yourself

Where do you like to go?

- Millhouse Leisure Centre
- Hartfields
- Bridge
- Town Centre
- Cafes – helps to talk to different people – like to be sociable
- Hartlepool sea front
- Cinema

- Asda
- Carpet bowls
- The pub

Where does it well?

- Interaction with younger children
- Halifax Building Society
- Holdforth Unit – recent inspection
- Sterling Environment Standards
- Safe and Well visits – all firefighters have had an introduction to dementia, more techniques needed to identify who needs extra support and how to provide it
- North of Tees Dementia Collaborative
 - To hold families together
 - Activities together
 - Respite

People are still people – Mum / Dad / Sister / Brother

What do we do well?

- Communication – people put me in touch with others
- Communication and awareness of the issues is a key strength
- Good networks
- Sign posting
- Promote/information on dementia
- Early onset now recognised
- Capacity and awareness improved due to Dementia Friends

What are the difficulties/gaps

- Uncle is 95 and will not engage – carers 4 times per day. Low mood (HBC good).
- Challenge to ensure those diagnosed can/will attend events
- Normalisation of activities – cinema
- Numbers of people attending events
- Socialisation within community
- Communication within NHS
- Other professional roles, eg. Community Dementia Liaison
- Support before diagnosis (fear before diagnosis)
- Education – what is old age versus what is potentially onset dementia
 - Raise awareness
- Isolated – lonely
- Went into myself
- Needed someone to come out
- Some hard to reach groups still hard to engage
- Good support services but some people do not engage due to stigma/confidence/fear, etc
- Need to value and reward/thank carers and relatives more often for their contribution, eg respite or extra support OOH
- Hard for services and carers to commit the time to everyone due to budgets/capacity, etc.

- Support and signpost for wider family – takes toll on services
- Increased awareness of early onset dementia and early diagnosis and support for individual and families to recognise signs
- Issues around friends and support networks becoming distant following diagnosis and what can be done
- More social opportunities
- Shame / knowing (pride) – isolation
- Remove Stigma
- Other people's perception of dementia
- Staff caring – wide differences in care/attitude
- 1-1 group as needed
- Care home budgets (support)
- Training budget (understanding)
- Getting to places – buses are not great during the day
- Do not get out on a night – too tired
- Activities are out of area
- Difficulties with paths, roads and pushing wheelchairs up and down hills
- Places need to be more accessible
- Education, people not knowing about dementia
- Learning skills and changing roles
- Knowing where to go
- Accessing other services due to locality
- Transport to access events and activities
- Electronic devices not always accessible
- Culture within the Acute trust
- Spreading the word
- Differing levels of understanding amongst staff
- Best people to convey the experience are people living with dementia – hear their individual stories
- Good work going on – groups but not for all – people are shy, private, don't want to join in, vulnerable, even with hand holding, not accessing support
- People don't like people coming into their home
- Can be insular and less likely to convey feelings
- Getting people to understand there are people willing to help and can be applied to any conditions
- People need to be more patient/supportive. Recognise physical disability, need to be able to recognise dementia, eg, do not walk away when asked a question
- Need change of culture, ethos – needs to be part of conversation as people get older – a long term project
- Government need to support organisations as the population gets older
- Young people with dementia
- GPs can say everything is fine, when it is not
- Need to recognise it and channel it towards supply – old generation of GPs tend to normalise it
- Different attitudes from younger GP? – can point in right direction.
- People are frightened, and some people experience things similar to dementia
- Massive fear factor / still a stigma / don't know how to help / react
- Lot of money to help understand dementia and support available

Session 2

Hartlepool and North Tees - Food – notes not read – so things are recorded, like vegetarian, but not read

Fire Service - Free service that they give is really good, excellent. Really must get alarms. How much help there is, blankets, alarms under pillows

Memory Clinic – Really good

TEWV – do not do Hartlepool

Hartlepool Carers – Didn't know service was available. Bridge link.

Research – Lauren presented practicalities – great offer home visits

Hartlepool Carers – good presentation

Send information to Bramley Court – put things on the notice boards

Stacey – social worker – research and how much is going on at Hartlepool

Hartlepool Now

Passionate professionals

Questions raised

How can Hartlepool Carers link with the research in the Borough? (Research Champion)

How do we get a copy of logo (Dementia Friendly Hartlepool) to use on website?

Where can you get the Resources Tool “All about me”? (For those looking after an individual – rather than those residing in a care home)

How can we build and strengthen on existing services and networks – how can we raise awareness with those that don't think they will ever need support or ensure services are there when they are required?

Comments

- Amazing things going on in town but need better ways to let us know about it
- Need better co-ordination for person and the carer
- Information on groups – DEEP
- Services map in Hartbeat so people know
- What happens at Sandwell and what happens at Sovereign?
- Confusing how services interlink. Not always obvious who to go for what

- Hartlepool Carers was informative – re: so much happening in the Borough!
- Fantastic voluntary sector – without them it could be a different story
- Remove Stigma
- Perception
- Great to hear other people's stories about research
- Involvement of DEEP group and the Hartlepool Carers – through the Bridge
- Challenges – reaching into the system to involve people / signpost people
- Wealth of support in area is amazing. More of the public need to attend these events to hear about it
- People often say there is nothing here, but they need to leave their homes and come and find out
- National newspapers usually shape their views which tend to paint a bleak picture. We need to change this
- There are extremes, people who whinge all the time – people who are more than happy and those who “chug” along. They need to come to events like this and open their minds. It could make their lives so much easier
- People switch off when invited to things, but soaps such as Ashley story in Emmerdale can do a lot of good. Need to be clever with the media to get the point across
- We need to get people involved in research on soaps
- We often preach to the converted but also a lot of information is given out. Would be better to do shorter days with less information – a lot of it links together and people switch off
- ½ day shorter event with a couple of topics would be better and can go into detail and clarify things, eg research studies – who can get involved – needs more explanation
- Bottom line – information never gets out there. Other organisations can help with this, eg use Healthwatch database
- Need to keep the information out there
- Did not realise how many services there were
- Hartlepool is always impressive with the amount of services that are available
- Alzheimer's Society dementia guides are a very useful resource
- Support for ex-carers in terms of benefits, information, bereavement support, loss of income, volunteering, etc
- Engagement with young people and intergenerational work – loss of opportunity to engage with parents in modern society where both are working
- Change in priorities and opportunities after retirement – fewer opportunities for caring and supporting grandchildren, etc
- Aging population and higher working age

Session 3

Wish Lists

I wish

- other areas were as well organised as Hartlepool in the care and support it gives to people with dementia
- that social and health care were properly joined up. It would make dealings and coping with relatives with dementia so much easier
- that this service was available before, when dementia was unknown, but I am very happy that we have a good service and help now
- that there was more funding available for charities to continue the great work they do
- everyone knew just a few facts about dementia
- that there was greater funding for organisations to tackle many issues
- to carry on as I am
- for more joined up work with departments, authorities, less being precious over achievements
- there would be an end to all the world's problems and that people would be kind to strangers
- in practice, it happened as advertised in these meetings
- everyone living with dementia and their carers have all their needs met
- more people would take time to understand / support people living with dementia
- everyone in Hartlepool knew how much was available for people living with dementia, and their families
- that I will have the right support throughout life
- all people would engage
- everyone had enough information to find the right support for them
- the information was given at the right time
- every business was signed up to be a dementia friend
- for those who choose not to engage in dementia services, the wider community had dementia friendly ethos engrained in their service / business
- families had a good understanding
- that all residents were aware of the support that is available to them and the funding to support agencies / projects is not withdrawn
- that everybody in the country were motivated to become more 'dementia aware'
- people living with dementia all feel safe and secure
- there was a cure for dementia
- that everyone living with dementia and their carers were aware of the range of services available and how to access them
- that we can continue to take advantage of opportunities to work closer together to improve services
- that no-one living with dementia had to feel alone or unsupported
- I could lose weight
- to live to the day I can be a great grandma
- there is no further deterioration in my health
- to grow old with good health
- I could retire early
- my mortgage was finished
- there were more stimulating activities in the care homes
- I could help vulnerable people more

- that there was a cure for dementia
- there was more funding available for elderly groups to prevent them being closed down
- I could change my life and give up smoking
- to change my life as I have had my eyes opened today regarding dementia which I have experience first hand
- to live the rest of my life to carry on living a really good life in this memory
- to look after myself in any way I can to improve my health and wellbeing
- to carry on being a dementia friend to all those involved in my life
- I could see a positive future for my grandchildren. The country is in a mess and I cannot see a positive future for the UK at the moment
- I could see a positive future for my nieces and nephews
- I could remember it all
- I had a better memory
- I had a card to show people so if I get confused they know I am living with dementia
- people recognised that you cannot see dementia, you cannot easily identify it
- more people understood you can live well with dementia
- I had more time to do more to help people in my community
- people were more considerate of others
- that more people would become dementia friends to help reduce the stigma and understanding
- that people were kinder to one another, to make our community and world a better place
- never to have need to refer to or need any help with my family in this field of dementia
- events like this reached more people
- as I get older I can be genuinely happy

It is important to have these meetings between all the groups to have all the ideas. Also social groups in general to mix with people, telephone and use internet and other mediums

EVALUATION

Conference Title: Dementia – A Celebration of our Journey	
Date of Event: 26 th October 2017	Venue: Centre for Independent Living

Number of Questionnaires returned: 47

Information provided at event	4% Average 17% Good 79% Excellent
The clarity of information presented at event	4% Average 41% Good 55% Excellent
The usefulness and relevance of the event	4% Average 21% Good 75% Excellent

Comments or suggestions for future events:

- Thoroughly enjoyed this event and it has massively educated me on the subject of Dementia. I think the services provided by Hartlepool are amazing.
- Excellent events, lots of very informative speakers.
- I think what Hartlepool are doing in regards to Dementia is FANTASTIC!! Inspirational, all areas should consider following suit.
- Did not realise so much information, help and activities for people with Dementia and their families were available in Hartlepool and will endeavour to 'pass the word'.
- What support is available for young carers who may be supporting:- grandparents, parents or other family members?
- A great event in general but in future perhaps less presentations and more interactive sessions as the slot after morning coffee was very long to sit and listen.
- Bit rushed in parts, larger print for information on screen.
- Would have liked the event to be smaller with fewer speakers, who could explain in more details, maybe more events.
- Overall 'good', but so much for such length of time was almost 'self destructing' – so much to take in. Did not realise that there were so many organisations involved with Dementia.
- Good event overall, would have been good to have Alzheimer's Society here, particularly the Dementia Guide publication available for family, carers and people living with Dementia.
- Thank you. Really good day. Well organised. Good range of information.
- Disappointed prior to start (with no main speaker). Disappointment was short lived as the day was excellent and very informative.
- Found this meeting extremely important and useful at this event. I think the different people who were talking were excellent and the staff in the venue were very helpful and polite.
- Very interesting and enlightening, with a very good range of speakers.
- Good to see the improvements in care for Dementia in the town and all departments working together.
- Really useful informative day.
- This has been a great event. Well organised and researched. Very informative, also very useful.
- Sad our main guest speaker was absent, but all other speakers made up the day nicely, all information was relevant to the day.
- Excellent day – very wide ranging information and access to other organisations. Good networking opportunity.
- The time management was excellent, especially managing the speakers. Maybe a couple of the practical speakers could have been another 5 minutes.

Steering Group - Dementia Friendly Hartlepool

- Hartlepool Borough Council
- Dementia Collaborative
- Hospital of God
- Joseph Rowntree
- Tilly Bailey & Irving
- Hartlepool Carers
- Carewatch
- Healthwatch Hartlepool
- Approach Training Safely
- Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust

Pledges provided by organisations on Hartlepool Now

- Approach Training Safely
- Brus Bakers
- Carewatch
- Clayfields Pharmacy
- Florians Florist
- Hartlepool Borough Council
- Hartlepool Borough Council Libraries
- Hartlepool Carers
- Hartlepool United FC
- Healthways Chemist
- HTCS
- Incontrolable
- Middleton Grange
- My Life Living Assistance
- Newcastle Building Society
- North Tees and Hartlepool
- Seaton Surgery
- Teesside Age UK
- Tilly Bailey and Irvine
- TMJ Legal Services
- West View Lodge Care Home
- West View Millennium Surgery
- West View Pharmacy
- Whitfield's General Store

ADULT SERVICES COMMITTEE

14 December 2017



Report of: Director of Adult & Community Based Services

Subject: COMMITMENT TO UNISON ETHICAL CARE CHARTER

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required - for information.

2. PURPOSE OF REPORT

2.1 To provide an update on progress regarding the Council's commitment to the Unison Ethical Care Charter.

3. BACKGROUND

3.1 The Unison Ethical Care Charter was developed as part of Unison's Save Care Now Campaign. It focuses on home care workers and aims to ensure that employees of organisations are properly remunerated and protected whilst carrying out their employment and is focused on a number of areas covering payment, wellbeing and training as well as measures to ensure the individual being cared for is treated with respect and dignity. A copy of the Charter is attached as **Appendix 1**.

3.2 Reports to Adult Services Committee over the last two years have provided an overview of the department's progress in implementing the Charter for internal services and services commissioned from the independent sector.

3.3 A report in February 2017 identified that the Council's internal Direct Care & Support Service was fully compliant with the Charter, and that commissioned services were largely compliant, as providers paid statutory sick pay, paid travel time for distances above the norm and were differential rates for shorter calls to incorporate travel time. Also, individuals receiving services were allocated the same homecare workers where possible, taking into account the complexity and practicalities of the package and training was provided in all services.

- 3.4 Recent procurement exercises for domiciliary care provided in extra care housing and for home care services provided in the community have had a requirement built in to service specifications that successful providers will meet the requirements of the Ethical Care Charter.

4. PROGRESS

- 4.1 On Friday 25 November Hartlepool Borough Council signed the Unison Ethical Care Charter at an event attended by:
- regional and local representatives from Unison;
 - the Leader of the Council;
 - Chair and Vice Chair of Adult Services Committee;
 - Director of Adult & Community Based Services; and
 - representatives from four providers of home care within Hartlepool.
- 4.2 The document that was signed is attached as **Appendix 2**.

5. RISK IMPLICATIONS

- 5.1 There are no risks associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are financial considerations associated with the National Living Wage and the impact it has had on commissioners and providers of home care. There are no financial considerations specifically linked to this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal implications associated with this report.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 8.1 There are no child and family poverty considerations associated with this report.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

- 9.1 There are no equality and diversity considerations associated with this report. The Unison Ethical Care Charter aims to ensure that all employees are properly remunerated and protected whilst carrying out their employment, regardless of any protected characteristics.

10. STAFF CONSIDERATIONS

- 10.1 There are no staffing considerations related to this issue.

11. ASSET MANAGEMENT CONSIDERATIONS

- 11.1 There are no asset management considerations associated with this report.

12. RECOMMENDATION

- 12.1 It is recommended that the Adult Services Committee note that the Council has formally signed up to the Unison Ethical Care Charter.

13. REASONS FOR RECOMMENDATION

- 13.1 There is a commitment from the Council to ensuring that local residents receive high quality care that supports their dignity and independence, as well as a commitment to ensuring that staff working in care settings are treated fairly and have decent employment standards.

14. CONTACT OFFICERS

Jill Harrison
Director of Adult & Community Based Services
Email: jill.harrison@hartlepool.gov.uk
Tel: 01429 523911

UNISON's ethical care charter



Contents

Introduction	1
Key findings	2
Ethical care councils	4
Ethical care charter for the commissioning of homecare services.	5
Guidance for councils and other providers on adopting the charter	6

Introduction

A number of reports from client organisations, consumer groups, and homecare providers have recently been produced which have been highly critical of the state of homecare services in the UK. Little consideration however has been given to the views of homecare workers themselves as to why there are so many problems in this sector.

UNISON, the largest public service union, conducted a survey of homecare workers entitled “Time to Care” to help address this imbalance and to illustrate the reality of homecare work. The online survey which was open to homecare workers who were either UNISON members or non-members attracted 431 responses between June and July of 2012.

The responses showed a committed but poorly paid and treated workforce which is doing its best to maintain good levels of quality care in a system that is in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care for people in receipt of homecare services.

Key findings

- 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This practice of 'call cramming', where homecare workers are routinely given too many visits too close together, means clients can find themselves not getting the service they are entitled to. Homecare workers are often forced to rush their work or leave early. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, also lose out as it means they end up working for free in their own time.
- 56% of respondents received between the national minimum wage of £6.08 an hour at the time of the survey and £8 an hour. The majority of respondents did not receive set wages making it hard to plan and budget. Very low pay means a high level of staff turnover as workers cannot afford to stay in the sector. Clients therefore have to suffer a succession of new care staff.
- 57.8% of respondents were not paid for their travelling time between visits. As well as being potentially a breach of the minimum wage law, this practice eats away at homecare workers' already low pay.
- Over half the respondents reported that their terms and conditions had worsened over the last year, providing further evidence of the race to the bottom mentality in the provision of homecare services.
- 56.1% – had their pay made worse
- 59.7% – had their hours adversely changed
- 52.1% – had been given more duties
- 36.7% of respondents reported that they were often allocated different clients affecting care continuity and the ability of clients to form relationships with their care workers. This is crucial, especially for people with such conditions as dementia.
- Whilst the vast majority of respondents had a clearly defined way of reporting concerns about their clients' wellbeing, 52.3% reported that these concerns were only sometimes acted on, highlighting a major potential safeguarding problem.
- Only 43.7% of respondents see fellow homecare workers on a daily basis at work. This isolation is not good for morale and impacts on the ability to learn and develop in the role.
- 41.1% are not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions.

The written responses to our survey paint a disturbing picture of a system in which the ability to provide some companionship and conversation to often lonely and isolated clients is being stripped away. Some recounted the shame of providing rushed and insufficient levels of care because of the terms and conditions of their job, whilst many detailed insufficient levels of training that they had been given to carry out the role. Others made the point that rushed visits are a false economy leading to a greater likelihood of falls, medication errors and deterioration through loneliness.

However the survey also showed the selflessness and bravery of homecare workers who, to their own personal cost, refused to accept the imposition of outrageously short visits and worked in their own time to ensure that their clients received good levels of care. Some homecare workers were doing tasks and errands for their clients in their spare time, despite the seemingly best efforts of the current care model to strip away any sense of personal warmth or humanity.

Homecare workers are personally propping up a deteriorating system of adult social care, but they are being pushed to breaking point. That they are still willing to deliver good levels of care in spite of the system is nothing short of heroic. For the system to work it needs to be underpinned by adequate funding and a workforce whose terms and conditions reflect the respect and value they deserve. Crucially they must be given the time to care.

“ I never seem to have enough time for the human contact and care that these people deserve. ”

“ A lot of the people I care for, are old and lonely, they are not only in need of physical support, but they are also in need of company and someone to talk to. The times given to these people are the bare minimum to get the job done, no time for a chat, just in and out. ”

“ People are being failed by a system which does not recognise importance of person centred care. ”

“ We are poorly paid and undervalued except by the people we care for! ”

“ I have worked as homecare worker for 15 years. Things have to change but not at the expensive of clients. It's appalling the care they receive now. ”

Ethical care councils

In light of UNISON's findings, we are calling for councils to commit to becoming Ethical Care Councils by commissioning homecare services which adhere our Ethical Care Charter.

The over-riding objective behind the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions which a) do not routinely short-change clients and b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels. Rather than councils seeking to achieve savings by driving down the pay and conditions that have been the norm for council – employed staff, they should be using these as a benchmark against which to level up.

Councils will be asked to sign up to the Charter and UNISON will regularly publish the names of councils who do.

Ethical care charter for the commissioning of homecare services

Stage 1

- › The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients
- › The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients
- › Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones
- › Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time
- › Those homecare workers who are eligible must be paid statutory sick pay

Stage 2

- › Clients will be allocated the same homecare worker(s) wherever possible
- › Zero hour contracts will not be used in place of permanent contracts
- › Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing

- › All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)
- › Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation

Stage 3

- › All homecare workers will be paid at least the Living Wage (as of November 2013 it is currently £7.65 an hour for the whole of the UK apart from London. For London it is £8.80 an hour. The Living Wage will be calculated again in November 2014 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract
- › All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.

Guidance for councils and other providers on adopting the charter

Seeking agreements with existing providers

1. Convene a review group with representation from providers, local NHS and UNISON reps to work on a plan for adopting the charter – with an immediate commitment to stage 1 and a plan for adopting stages 2 & 3
2. Start by securing agreement for a review of all visits which are under 30 minutes. The review will include getting views of the homecare workers and client (and/or their family) on how long the client actually needs for a visit and what their care package should be

Looking for savings

3. Are providers' rostering efficiently – for example are there cases of workers travelling long distances to clients when there are more local workers who could take over these calls?
4. How much is staff turnover costing providers in recruitment and training costs?
5. How much are falls and hospital admissions amongst homecare clients costing the NHS and could some of these be prevented by longer calls and higher quality care?

6. Are there opportunities for economies of scale by providers collaborating around the delivery of training and networking/mentoring for workers?
7. Are there opportunities for collaboration between providers to achieve savings on procurement of mobile phones, uniforms and equipment for workers?

The commissioning process

1. UNISON's evidence, along with that of other bodies such as the UKHCA, shows that working conditions are intrinsically bound up with the quality of care.
2. When councils are conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality – whether for an improved in-house service or in relation to externally commissioned services.
3. Where a decision has been taken to commission homecare externally, identify how the elements of the charter will be included as service delivery processes, contract conditions or corporate objectives in the invitation to tender documents. It must explain how these are material to the quality of the service and achieving best value.

Service monitoring

1. Work with providers and trade unions to agree how service quality will be monitored and compliance with the Charter assured
2. Build regular surveys of homecare workers into this process to gain their views and consider establishing a homecare workers panel from across local providers who can provide feedback and ideas on care delivery

The provisions of this charter constitute minimum and not maximum standards. This charter should not be used to prevent providers of homecare services from exceeding these standards.

UNISON has more than a million members delivering essential services to the public. Services that protect, enrich and change lives.

We want to see changes that put people before profit and public interest before private greed. Join our campaign to create a fairer society.

To find out more go to
unison.org.uk/million

Join UNISON online today at
unison.org.uk/join
or call 0845 355 0845

Ethical Care Charter

Hartlepool Borough Council is committed to ensuring that local residents receive high quality care that supports their dignity and independence, and to ensuring that staff working in care settings are treated fairly and have decent employment standards.

UNISON's Ethical Care Charter ensures the delivery of high standards in home care and better working conditions for home care workers. Hartlepool Borough Council is fully committed to the principles within the Charter, and to implementing these principles in the interests of local people.

Hartlepool Borough Council commits to:

- Building the Ethical Care Charter Standards into all contracts for home care services;
- Matching the length of care visits to the needs of the individual who is receiving care;
- Ensuring that homecare workers are paid, as a minimum, the National Living Wage;
- Actively encourage its supply chain to pay the Hartlepool Living Wage; and
- Ensuring that care workers are offered alternatives to zero hour contracts.



Councillor Stephen Thomas
Lead Member for Adult Services



Clare Williams
Regional Secretary



ADULT SERVICES COMMITTEE

14 December 2017



Report of: Director of Adult and Community Based Services
and Director of Finance and Policy

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT
- AS AT 30 SEPTEMBER 2017

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to inform Members of the 2017/18 Forecast General Fund Outturn, 2017/18 Capital Programme Monitoring and provide details for the specific budget areas that this Committee is responsible for.

3. BACKGROUND AND FINANCIAL OUTLOOK

- 3.1 As detailed in the Medium Term Financial Strategy (MTFS) report submitted to Finance and Policy Committee on 20 November 2017, the Government will implement further cuts in funding for Councils up to 2019/20. Over the years covered by the MTFS (2017/18 to 2019/20) this means a further grant cut of £9.8m. The Council set a balanced budget for 2017/18, which includes the use of one off reserves. After reflecting the impact of inflation and legislative changes the Council faces a net deficit for the next two years of £7.495m, which is predicated on annual Council Tax increases of 3.9% (inclusive of 2% Social Care Precept). Detailed proposals for managing the 2018/19 and 2019/20 budget deficits were also submitted to Finance and Policy Committee on 20 November 2017.
- 3.2 In view of the ongoing financial challenges the Corporate Management Team will continue to adopt robust budget management arrangements during 2017/18 and as detailed in section 5 it is becoming increasingly difficult to manage the annual budget. This position will need to be managed carefully over the remainder of the financial year, particularly over the winter period where some services face their highest demand and therefore cost of providing services.

4. REPORTING ARRANGEMENTS 2017/18

- 4.1 The availability and reporting of accurate and up to date financial information is increasingly important as future budget cuts are implemented and one-off resources are used up.
- 4.2 The Finance and Policy Committee will continue to receive regular reports which will provide a comprehensive analysis of departmental and corporate forecast outturns, including an explanation of the significant budget variances. This will enable the Committee to approve a strategy for addressing the financial issues and challenges facing the Council.
- 4.3 To enable a wider number of Members to understand the financial position of the Council and their service specific areas each Policy Committee will receive a separate report providing:
- a brief summary of the overall financial position of the Council as reported to the Finance and Policy Committee;
 - the specific budget areas for their Committee; and
 - the total departmental budget where this is split across more than one Committee. This information will ensure Members can see the whole position for the departmental budget.

5. SUMMARY OF OVERALL COUNCIL FINANCIAL POSITION

- 5.1 An assessment of the forecast 2017/18 outturn has been completed and an overspend of £0.250m is anticipated. The 2017/18 outturn has been prepared to reflect expenditure incurred to date and forecast to be incurred in the rest of the financial year. As Members will be aware from previous years significant elements of the Council's budget are demand led and affected by expenditure over the winter months, including care costs in relation to older people and winter maintenance. The outturn forecasts will be closely monitored and regular updates will be reported to Finance and Policy Committee. The forecasts need to be considered in the context of the complexity of managing a gross General Fund budget of £260m and a net budget of £73m.

Forecast overspend / (under spend) 2017/18

2016/17 Actual Outturn £'000		2017/18 Latest Forecast - Overspend/ (Under spend) £'000
1,502	Forecast Departmental budgets outturn	2,465
0	Forecast Departmental reserve usage	(1,645)
(1,240)	Forecast Corporate budgets outturn	(570)
262	Net Forecast overspend	250

- 5.2 The majority of the forecast overspend relates to continuing costs in relation to Looked after Children (LAC), including the cost of care proceedings. These issues are not unique to Hartlepool as highlighted in a report from the Local Government Association (LGA) published on 9 August 2017 which identified that in 2016/17 75% of councils overspent on children's services.
- 5.3 In order to address the forecast 2017/18 over spend of £0.250m the following options are being explored and further details will be reported to a future meeting of Finance and Policy Committee:
- identify 'discretionary spending' which can be stopped, or delayed;
 - reserves review has been completed. One off funding may need to be allocated to offset the overspend;
 - capitalise existing revenue spending.

6. 2017/18 FORECAST GENERAL FUND OUTTURN – ADULT SERVICES COMMITTEE

- 6.1 The following table sets out the overall position for Child and Adult Services. Budgets are managed at a Departmental level and therefore a summary of the Departmental position is provided below broken down by Committee.

2016/17 Outturn £'000		Latest Forecast - Overspend/ (Underspend) £'000
(313)	Adult Committee	0
1,641	Children's Committee	2,602
0	Child and Adult Services - Salary Abatement and One-Off Income	(600)
0	Departmental Reserves - Children's Services	98
1,328	Sub Total - Child & Adult Services	2,100
0	Planned use of Departmental Reserves	
	Children's Services	(1,400)
0	Sub Total - Planned use of Departmental Reserves	(1,400)
1,328	Net Overspend - Child & Adult Services	700

- 6.2 Further details of the specific budget areas this Committee is responsible for are provided in **Appendix A**.
- 6.3 Appendix A shows a nil forecast outturn variance for Adult Services, however it should be noted that there are overspends within commissioning budgets for older people and mental health and, also in relation to Deprivation of Liberty Safeguards. These overspends are being funded in the current year from the 'one-off' protection of social care element of the Improved Better Care Fund (iBCF) grant which replaces the planned use of reserves to balance the budget.

- 6.4 The MTFS Report considered by Finance and Policy Committee on 22 November 2017 advised Members that short term funding had been provided by the Government in recognition of the significant financial challenges facing adult social care. However, there is no funding commitment beyond 2019/20 and the Government has indicated they will be consulting on a number of options regarding long term funding arrangements for social care in due course.

7. 2017/18 CAPITAL PROGRAMME MONITORING

- 7.1 The 2017/18 MTFS set out planned capital expenditure for the period 2017/18 to 2018/19.
- 7.2 Expenditure against budget to the 30th September 2017 for this Committee is summarised in the following table and further details are provided in **Appendix B**.

Department	BUDGET		EXPENDITURE IN CURRENT YEAR				
	A	B	C	D	E	F	G
						C+D+E	F-B
	2017/18 and Future Years Budget £'000	2017/18 Budget £'000	2017/18 Actual at 30/09/2017 £'000	2017/18 Expenditure Remaining £'000	Expenditure Rephased to 2018/19 £'000	2017/18 Total Expenditure £'000	2017/18 Variance from budget £'000
Adult Services	510	510	9	501	0	510	0
Total Capital Expenditure	510	510	9	501	0	510	0

8. CONCLUSION

- 8.1 An updated assessment of the forecast 2017/18 budget outturn has been prepared, reflecting expenditure to date and forecast over the remainder of the year. As detailed in Section 5 a 2017/18 General Fund revenue budget over spend of £0.250m is forecast. This mainly reflects Children's Services pressures and potential Regeneration and Neighbourhoods income shortfalls. To address the forecast deficit the following options are being explored and further details will be reported to a future meeting:
- identify 'discretionary spending' which can be stopped, or delayed;
 - reserves review has been completed. One off funding may need to be allocated to offset the overspend;
 - capitalise existing revenue spending.

9. RECOMMENDATION

- 9.1 It is recommended that Members note the report.

10. REASONS FOR RECOMMENDATIONS

To update Members on the Committees forecast 2017/18 General Fund Revenue budget outturn and provide an update on the Capital Programme for 2017/18.

12. BACKGROUND PAPERS

Strategic Financial Management Report – as at 30th September 2017 to Finance and Policy Committee 20.11.17

Medium Term Financial Strategy 2017/18 to 2019/20 report to Finance and Policy Committee 20.11.17.

13. CONTACT OFFICERS

Jill Harrison
Director of Adult and Community Based Services
jill.harrison@hartlepool.gov.uk
01429 523911

Chris Little
Director of Finance and Policy
Chris.little@hartlepool.gov.uk
01429 523003

ADULT SERVICES

APPENDIX A

REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2017/18 as at 30th September, 2017

Approved 2017/2018 Budget £'000	Description of Service Area	September Projected Outturn Adverse/ (Favourable) Latest Forecast £'000	Director's Explanation of Variance
Adult Committee			
0	Carers & Assistive Technology	(7)	
3,233	Commissioning & Adults General	3	
1,758	Commissioning-Mental Health	0	Budget Pressures have previously been identified in this area and are funded in the current year from one-off iBCF Grant (c£150k).
9,881	Commissioning-Older People	21	Planned demand management reductions from increasing CCG income, the review of the Resource Allocation System and Direct Payment contingencies have been reflected in the budget however they will take time to be achieved. Current pressures in this area total c£500k and will be funded in the current year from the 'one-off' iBCF grant allocated for Protection of Adult Social Care.
8,074	Commissioning-Working Age Adult	0	A number of high cost packages have now ended resulting in savings being made from this area to partly offset the budgeted use of reserves required to balance the budget. Planned demand management reductions will be closely monitored during the year and may not all be achieved until 2018/19.
221	Complaints & Public Information	6	
325	Departmental Running Costs	26	
639	Direct Care & Support Team	(75)	This is the result of vacant hours and posts across both Telecare and Direct Care & Support.
425	LD & Transition Social Work	0	
2,556	Locality & Safeguarding Teams	0	Salary underspends arising from incremental drift and vacancies have been transferred towards the departmental salary abatement target. The costs of DoLS, which includes an overspend arising from unbudgeted costs from the High Court Judgement, will be funded in the current year from the one-off iBCF grant allocated for Protection of Adult Social Care.
727	Mental Health Services	(29)	
439	OT & Disability Equipment	0	
266	Workforce Planning & Dev	(30)	
1,169	Working Age Adult Day Services	(40)	
(125)	Departmental Reserves required to fund shortfall in 2016/17 savings.	125	The position will continue to be reviewed as the year progresses with the iBCF grant contributing in the current year towards this budget pressure.
29,588	Adult Committee Total	0	

PLANNED USE OF RESERVES

The above figures include the 2017/2018 approved budget along with the planned use of Departmental Reserves created in previous years.

The details below provide a breakdown of these reserves

Approved 2017/2018 Budget £'000	Description of Service Area	Planned Usage 2017/2018 £'000	Variance Over/ (Under) £'000	Director's Explanation of Variance
Adult Committee				
125	Departmental Reserves to Fund 16/17 Savings Shortfall	0	(125)	Use of the iBCF grant allocated towards the Protection of Adult Social Care, demand management savings and review of existing budgets has reduced the demand on this reserve in 2017/18; it is anticipated further savings will be achieved over the next couple of years to eliminate the requirement to use this reserve to balance the budget.
55	Demand Management - Adults (Modern Apprentices)	0	(55)	The costs of employing the Apprentices will be funded from within the overall outturn.
140	Deprivation of Liberty Safeguards (DoLS)	0	(140)	DoLS to be funded from overall outturn to protect the value of the reserve
31	Care Bill Implementation	0	(31)	The costs are to be funded from the overall outturn to protect the value of the reserve which will enable the post to be funded in 2018/19.
351	Adult Committee Total	0	(351)	

ADULT SERVICES**CAPITAL MONITORING REPORT PERIOD ENDING 30TH SEPTEMBER 2017**

Project Code	Scheme Title	BUDGET		EXPENDITURE IN CURRENT YEAR					Type of Financing	2017/18 COMMENTS
		A	B	C	D	E	F	G		
		2017/18 and Future Years Budget £'000	2017/18 Budget £'000	2017/18 Actual 30/09/2017 £'000	2017/18 Expenditure Remaining £'000	Expenditure Rephased into 2018/19 £'000	(C+D+E) 2017/18 Total Expenditure £'000	(F-B) 2017/18 Variance from Budget £'000		
Adult Committee										
7234	Chronically Sick and Disabled Persons Adaptations	297	297	0	297	0	297	0	MIX	
8108	Centre for Independent Living - New Build	213	213	9	204	0	213	0	MIX	Actual spend relates to landscaping work.
Adult Committee Total		510	510	9	501	0	510	0		

Key

RCCO Revenue Contribution towards Capital
MIX Combination of Funding Types
UCPB Unsupported Corporate Prudential Borrowing
SCE Supported Capital Expenditure (Revenue)

GRANT Grant Funded
CAP REC Capital Receipt
UDPB Unsupported Departmental Prudential Borrowing
SPB Supported Prudential Borrowing