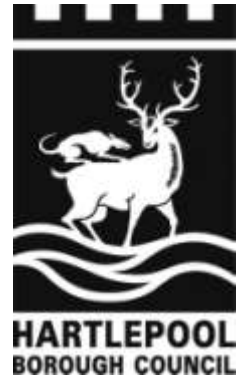


AUDIT AND GOVERNANCE COMMITTEE

AGENDA



Thursday 14 February 2019

at 10.00 am

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

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors Belcher, Cook, Hall, Hamilton, Lindridge, Loynes and Tennant.

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

Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Don Cameron (Greatham).

Local Police Representative: Superintendent Alison Jackson.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 To confirm the minutes of the meeting held on 17 January 2019 (to follow).

4. AUDIT ITEMS

4.1 Mazars Report- Grant Report – *Assistant Director (Finance and Customer Services)*

5. STANDARDS ITEMS

No items.



6. STATUTORY SCRUTINY ITEMS

Health Scrutiny

- 6.1 Independent Complaints Advocacy Service Update - Statutory Scrutiny Manager
- 6.2 Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Police and Ambulance Services:
 - (a) Covering Report - *Statutory Scrutiny Manager*
 - (b) Cleveland Police - Presentation
 - (c) North East Ambulance Service - Presentation
- 6.3 Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Survey Results - *Statutory Scrutiny Manager*
- 6.4 Investigation into the Provision of Preventative Mental Health Services for Hartlepool Residents - Feedback from Visits - *Statutory Scrutiny Manager* (To Follow)
- 6.5 Final Report - Investigation in to the Provision of High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool - *Statutory Scrutiny Manager* (To Follow)

7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD

No Items.

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

No Items.

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

No Items.

10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP

10.1 To receive the minutes of the meeting held on 27 November 2018.

11. REGIONAL HEALTH SCRUTINY UPDATE

No Items.

12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

For information: -

Date and time of forthcoming meetings –

Thursday 14 March, 2019 at 10.00 am

Thursday 18 April, 2019 at 10.00 am



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

17 JANUARY 2019

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

Present:

Councillor: John Tennant (In the Chair).

Councillors: Rob Cook, Ged Hall, and Lesley Hamilton.

Co-opted Members: Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.
Parish Councillor John Littlefair (Hart)

Also Present: Stephen Thomas and Zoe Sherry, Hartlepool Healthwatch
Karen Hawkins, Hartlepool and Stockton NHS Clinical Commissioning Group
Louise Stainer, NHS North of England Commissioning Support Unit
Dr Ranjeet Shah and Jane King, Tees, Esk and Wear Valleys NHS Foundation Trust
I Morfitt, H Davis and M Slimmings, In-Controllable
Mak Davis, Hartlepool MIND
Ian Meredith, Hartlepool MIND / Mindskills Recovery College

Officers: Peter Brambleby, Interim Director of Public Health
John Lovatt, Assistant Director, Adult Social Care
Neil Harrison, Head of Safeguarding and Specialist Services
Jayne Gardner, Approved Mental Health Professional Lead
Joan Stevens, Statutory Scrutiny Manager
David Cosgrove, Democratic Services Team

68. Apologies for Absence

Apologies for absence were received from Councillors Brenda Loynes Sandra Belcher and Parish Councillor Don Cameron (Greatham).

69. Declarations of Interest

None.

70. Minutes of the meeting held on 22 November 2018

Confirmed.

71. Minutes of the meeting held on 13 December 2018

Councillor Lindridge indicated that his attendance at the meeting on 13 December had not been recorded. Subject to this amendment the minutes were confirmed.

72. Preventative Mental Health (Working Age Services) – Presentation - Hartlepool and Stockton NHS Clinical Commissioning Group, - North Tees and Hartlepool NHS Foundation Trust and - Tees Esk and Wear Valley NHS Foundation Trust (*Statutory Scrutiny Manager*)

The Statutory Scrutiny Manager introduced representatives from NHS North of England Commissioning Support Unit, Tees, Esk and Wear Valleys NHS Foundation Trust and Hartlepool and Stockton NHS Clinical Commissioning Group who gave a joint presentation to the Committee outlining the following key points: -

The Clinical Commissioning Group's (CCG) Role in Prevention:

- The CCG had a statutory responsibility for the provision of treatment services
- Prevention in the context of treatment was often referred to as secondary prevention
- There is a responsibility to improve physical healthcare for people with Serious Mental Illness (SMI)

To improve the Physical Healthcare for people with SMI the Best Practice Evidence showed :

- Collaborative working between Primary and Secondary care services improves outcomes
- NHSE (National Health Service Executive) base-line data extraction had commenced in October 2018 and showed -
 - Hartlepool and Stockton-on-Tees = 97% compliant
 - Hartlepool Borough Council locality = 100% compliant.
- Six metrics were being reported for patients – BMI, BP, Blood Lipids, Blood Glucose, Alcohol consumption and Smoking Status.
- Partnership working – TEWV / Primary Care;
 - Pilot practices identified to cross-reference patient cohort interventions in both Secondary and Primary Health Care settings and TEWV Physical Health Clinics
 - Opportunity to pilot Bradford Physical Health template

Examples of Good Practice - SMI Health Equality and The Bradford template:

- The embedding of this “aide memoire” in the Bradford area had seen an increase in the delivery of annual physical health checks for people with serious mental illness in the locality area.

- The template is now implemented by GP practices in 129 CCGs across England.
- The template is referenced by NHS England Commissioning Guidance as a valuable support tool.
- NHS Hartlepool and Stockton-on-Tees CCG are working in partnership with NHS South Tees CCG, NHS Darlington CCG, TEVW and GP Practices to implement this tool locally.

Commissioned Services with a Role in Prevention

- IAPT (Improved Access to Psychological Therapies)
 - Not specifically commissioned as a preventative service but ensures early access to evidence based treatment providing faster response and reducing possibility of worsening symptoms.
 - Provides support and training in to Primary Care.
 - Has a LTC (long term conditions) Pathway.
- PPS (Persistent Physical Symptoms)
 - Partnership working with NHS England and AHSN (Academic Health Science Networks) to identify and support PPS patients thus reducing Primary and Secondary Care attendances and preventing symptomatic escalation.

IAPT Activity – 2017/18

IAPT – AQP* Performance – Hartlepool and Stockton-on-Tees CCG - 2017/18	TARGET	ACTUAL
Entering Therapy		8,494
Completing Therapy		6,994
% Completing Therapy in-year		82%
% Achieving Recovery	50%	52%
% Achievement - 6 Week wait	75%	87%
% Achievement - 18 Week wait	95%	99%

(*AQP - Any Qualified Provider)

Commissioned Services with a Role in Prevention

- Suicide Prevention
 - Active engagement with Tees Suicide Prevention Task Force; partnership working with Public Health, Third Sector, Local Authorities and NHSE towards achieving the 'Suicide Zero Ambition'.
 - Tees Suicide Prevention Action Plan – 7 Priorities.
 - Hartlepool showing steepest decline in suicide rates across Tees since 2015 to date.
- IPS (Integrated Placement and Support)
 - Evidence-based programme; supporting service users to find and retain employment. 15 people had been through the programme and

- had found employment.
- Benefits:
 - greater sense of purpose and wellbeing.
 - reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.
- TEWV committed to applying for 2nd wave funding to increase integration of IPS in community mental health teams. EIP (Early Intervention in Psychosis) team already in Wave 1.

Commissioned Services with a Role in Secondary Prevention

- Crisis and Liaison Service (includes: Crisis Team, Intensive Home Treatment and Crisis Assessment Suite) is based in North Tees Hospital.
 - Crisis Assessment Suite is at Roseberry Park (a walk in services with work ongoing to see how more support can be put in to the suite).
 - 24/7 x 365: Provides access to services for people experiencing acute mental health crisis which, without intervention, would result in inpatient admission. (Early intervention was key as delays of only one week could result in the need for inpatient care.)
 - Rapid response assessment.
 - Intensive home treatment where appropriate.
 - Aims to prevent suicide and reduce risk.
 - Offers advice and signposting and links to on-going care.

Quality and Performance – 2017/18

TEWV - Quality and Performance KPIs* – Hartlepool and Stockton-on-Tees CCG – 2017/18	TARGET	ACTUAL
Crisis Services: % of admissions to Inpatient Services that had access to Crisis Resolution Home Treatment teams prior to admission	95%	98%
Crisis Services: % of patients who have been seen by a crisis team with 4 hours of referral	95%	97%
Crisis Services: % of patients referred to Street Triage who are seen within 1 hour of referral		88%

(*KPIs – Key Performance Indicators)

Commissioned Services with a Role in Prevention

- The Suicide Prevention programme involved:
 - Active engagement with Tees Suicide Prevention Task Force; partnership working with Public Health, Third Sector, Local Authorities, NHSE towards achieving Suicide Zero Ambition.
 - Tees Suicide Prevention Action Plan – 7 Priorities.
 - Hartlepool showing steepest decline in suicide rates across Tees since 2015 to date.

Commissioned Services with a Role in Secondary Prevention

- Acute Liaison Psychiatry
 - Available 24/7. Provides comprehensive mental health and diagnostic assessment (including risk assessment) to those presenting at A&E with Mental Health and Self-Harm issues.
 - Multi agency working with Crisis Team and Hospital Intervention Liaison Team (who offer interventions for people drug and alcohol issues). (These were often people with chaotic lifestyles who could be very difficult to deal with outside of the hospital environment.)
 - Aims to prevent suicide and reduce risk.
 - Offers advice and signposting and links to on-going care.

Members were advised that there had been a 100% increase in liaison activity at A&E, with 1200 liaisons across the Tees Valley. Referrals to the Crisis Team had risen from an average of 200 a month to 400 a month.

Quality and Performance – 2017/18

TEWV - Quality and Performance KPIs – Hartlepool and Stockton-on-Tees CCG – 2017/18	TARGET	ACTUAL
Mental Health Liaison Services: % of patients seen within 60 minutes of referral in Emergency Department	90%	97%
Mental Health Liaison Services: % of patients assessed by Liaison Psychiatry on an acute ward within 24 hours of referral	90%	98%

Commissioned Services with a Role in Secondary Prevention

- EIP (Early Intervention in Psychosis)
 - Specialist community mental health teams that treat individuals experiencing a first episode of psychosis.
 - Teams are in place across TEWV and are meeting targets in-line with the Access standards; supported by CCG investment.
 - Aims to prevent suicide and reduce risk.
 - Service intervenes to ensure reduction in exacerbation of symptoms.

Members were advised that the EIP caseload was currently 75 across the Hartlepool and Stockton NHS CCG of which 35 related to Hartlepool.

Quality and Performance – 2017/18

TEWV - Quality and Performance KPIs – Hartlepool and Stockton-on-Tees CCG – 2017/18	TARGET	ACTUAL
Early Intervention in Psychosis Programmes: % of service users experiencing a 1st episode of psychosis who commenced a NICE* concordant package of care within 2 weeks of referral	50%	87%

Early Intervention in Psychosis Programmes: % of people experiencing a first episode of psychosis that were treated with a NICE approved care package within 6 weeks of referral	90%	97%
Early Intervention in Psychosis Programmes: Number of EIP New cases		75

(*NICE - National Institute for Health and Care Excellence)

How were partners addressing stigma?

- Parity of Esteem
 - Promotion of mental and physical health is embedded throughout planning and commissioning ambitions.
- Multi-agency Working
 - Joint Health and Wellbeing Strategy
 - Hartlepool Matters
 - Mental Health Forum
- Beautiful Minds Partnership
 - Partnership comprises a range of organisations working across the locality that deliver mental health services.
- Hart Gables Support Worker
 - Provides support, signposting and advocacy to LGBT people with Mental Health issues

What people have told us they want:

- Need to ensure that counselling, LTC management and Cognitive behavioural therapy (CBT) provision is embedded in the IAPT model.
- Access to services via email, web-links and social media should be provided – SPA (single point of access).
- Rapid Access to mental health services is essential.
- “Filling in the gaps”: support should be available and signposted in-between appointments.
- Broad range of opinions expressed in terms of how services are accessed:
 - GP Surgeries
 - Community venues
 - Small groups
 - Telephone access and “in your own home”.

Challenges and how we will respond

Challenges	Response
Prevention of mental illness needs Mental across needs to occur at multiple levels and across systems	Integrated Care Partnership (Durham, Darlington, Tees, Mental Health and Learning Disability Partnership – DDTMHLDP) will work at scale
Increased demand at specialist	Examples of good and innovative

level impacts on ability to invest in preventative approaches	practice will be replicated on a locality basis
Financial pressures across all partners - gaps at a lower level of intervention. Building system wide capability and capacity	Ambition is to jointly develop whole system model for early identification and access to services
A system wide understanding and acknowledgement of mental health prevention and promotion	Mental Health Forum work to be used to develop new joint MH strategy in 2019

Successes

- In 2014 Hartlepool GPs rated Secondary Mental Health Services as the worst in the Tees Valley. GP's now see them as the highest rated in the TEWV area.
- Integrated Mental Health Services delivers collaborative care and treatment.
- New role of Peer Support workers commenced January 2019 in Community Rehab team.
- Street Triage and Force Control Room continues to reduce the use of S.136 by the Police.
- Transition panels working well between CAMHS and Adult Mental Health. (These panels assured that young people aged 17/18 didn't "get lost" between services and that they know what is available when they transfer. The pilot is now being expanded across the whole TEWV area.)
- Specialist Perinatal team working with Midwifery, Health Visiting to provide community based care.
- Tees-wide Preventable Drugs related deaths group established. The Tees Valley region had the highest rate of preventable drug related deaths nationally.
- Direct contact with GP's is enormously beneficial.

A Member questioned the number of Hartlepool residents using Roseberry Park and where the largest proportion of patients came from. The representatives indicated that around 10% of patients came from Hartlepool with the majority coming from Middlesbrough and Stockton. Another Member referred to the patients in Sandwell Park and the involvement of the services with those patients. The representatives indicated that Sandwell Park had two wards for longer term inpatients a number of which had been moved from Roseberry Park due to the ongoing works. The services described in the presentation related to the 'prevention' side of mental health while Sandwell Park provided inpatient treatment particularly for older people.

A Member referred to the increasing Police involvement with people with mental health issues and the resources implications for them. The health representatives indicated that this was a particular issue and one where the street triage process helped identify such people quite quickly ensuring they were taken straight to hospital rather than the custody suite. If they were

taken to a custody suite they would receive a mental health assessment there. There were a small group of people that were frequently picked up by the Police. This was a wider community issue though where people needed to be more supportive. The Vice-Chair indicated that Police representatives would be present at the next meeting.

A Member referred to the suicide rates in the Tees Valley and asked if there was any main factor behind those deaths. The health representatives indicated that there were usually multi-factorial reasons behind suicides and other than the largest group being working age men there was no specific group of factor that had been identified.

In relation to the issues around the stigma of mental health issues, a member questioned what work was being done with young people in schools to tackle his issue. It was indicated that there was work undertaken with schools and CAMHS had a specific programme with schools. The Member also referred to the issues with young carers of adults with mental health issues and the support they received. The CCG representative indicated that it had been acknowledged that carers needed greater recognition and much depended on how that was fed back into the system.

In terms of addressing stigma, attention was drawn to the role of community hubs in facilitating referrals and this was to be picked up and reviewed.

A Member returned to the issue of suicides in the region and indicated that a recent report had reflected on the reluctance of some coroners to record some deaths as suicide. The health representatives indicated that they were not aware of such a situation here. The statistics for suicide across the Tees Valley were falling and an assessment of the cases and coroners reports was being undertaken to understand the fall more clearly.

The Chair thanked the representatives for their informative presentation and responses to Members questions.

Recommended

1. That the presentation and discussions be noted.
2. That work to put additional support in place at the Roseberry Park Crisis Assessment Suite is supported.
3. Concerns be noted in terms of the 100% increase in those accessing Acute Liaison Psychiatry services via A&E.
4. Support for carers is a real issue and something that needs to be assured.

73. Preventative Mental Health (Working Age Services) – Presentation - Hartlepool Borough Council / Mental

Health - Working Together for Change Event (*Head of Safeguarding and Specialist Services*)

The Head of Safeguarding and Specialist Services reported on the outcome of the Mental Health - Working Together for Change Event held on the 12 December 2018. The focus of the event was to provide a summary of work to date on the outgoing Mental Health Implementation Plan 2015-2018 and look towards the development of a joint plan for Mental Health 2019 – 2021. The Head of Safeguarding and Specialist Services indicated that an outline of the issues discussed at the event would provide Members with an overview of the services provided and coordinated by the Council.

The Head of Safeguarding and Specialist Services stated that the causes of mental illness were extremely complex – physical, social, environmental and psychological causes all play their part. The problems were unevenly distributed within the population and having mental ill-health further widens existing inequalities. The impact of mental health problems had wide-ranging and long-lasting effects, including trans-generational impacts which occurred more often in groups at higher risk.

Mental health conditions were strongly associated with socioeconomic deprivation. The connection between rates of mental illness and other factors such as poverty, unemployment and social isolation was well established. The cost of mental health problems to the economy in England was estimated to be £105 billion, and treatment costs were expected to double in the next 20 years (DH, 2011).

- 1 in 6 adults have had a common mental health problem in the last week;
- 1 in 10 children experience a mental health problem;
- 1 in 5 adults has considered taking their life at one point;
- 9 in 10 people with mental health problems experience stigma and discrimination.

Using the working together for change methodology Commissioners, Service Providers and people with lived experience were supported to look at three key areas, what is working, what is not working and what was important for the future. Prior to the event a number of people with lived experience were asked to fill in a pre-event questionnaire their responses were focused on the three key areas. Some examples captured from people with lived experience as part of a pre event questionnaire were set out in the report.

Things that were working were centred on the positive input of mental health workers, peoples own satisfaction at having overcome some of the issues in their lives and the support gained from meeting others with similar problems. Those things that people considered were not working well focussed on the complications of the Direct Payments process, access to the appropriate support when needed and access to psychiatrists and psychologists in general. For the future people commented that access

needed to the right support and specialists needed to be quicker, maintaining contact with patients and support for wider family and friends.

The Head of Safeguarding and Specialist Services reported that at the end of the event the representatives from 16 organisations together with people with lived experience and family carers helped to develop a local action plan, the top priorities from the day included:-

1. The development of a wellbeing Hub and Café.
2. Access to respite and Crisis Beds
3. Development of a Single point of access to mental health services.
4. A shift from Crisis to Prevention (described as the fire Service model)
5. Improving the timeliness of access into services.
6. GP time to talk, mental health (primary care services).
7. Tackling Social Isolation and Loneliness.
8. Transport / Conveyance / Travel concessions.
9. Children, Young People and educating the public on mental health.
10. Stigma, understanding what is good mental health.

The Head of Safeguarding and Specialist Services indicated that there were a number of positives that were already making a difference and in light of some of the groups represented at the meeting, he referred to the Project 65 Group which had helped the elderly with IT skills and had even loaned out tablets to help them reconnect with friends and family through new technology with those involved also creating their own friends group alongside the project.

In terms of access to respite and crisis beds, the Head of Safeguarding and Specialist Services indicated that in the past there were a number of such beds but it was found that they were under-utilised. The Trust (TEWV) had shifted its focus to a model of prevention with people being supported in their own homes to avoid the need for crisis care. The Council supported this model of care.

A Member expressed surprise that 1 in 5 adults had considered taking their own life at some time and questioned how such a statistic had been arrived at. The Head of Safeguarding and Specialist Services stated that the figures were quite shocking but had come from NHS England, so were reliable. 1 in 4 people having some form of anxiety disorder was also very significant in terms of the impact that could have on services. The Member questioned if the statistics were drawn from GPs. If you attended your GP complaining of some anxiety issues and were sent away with a prescription; was that what was recorded in the statistics and if so, what happens to those who didn't get a prescription. The CCG representative added that there was a process for assessing people who presented with low mood etc, and different people would be prescribed different courses and may have to try more than one before finding what best suited their needs.

The CCG representative added that GP's did record people with depression and those figures would be reported to NHS England. Suicides rates had

fallen from 10.1 (in 2015) to 9.2 per 100,000 people and now stood at a thirty year low

A Member questioned if medication was seen to ease or resolve the problem, was that it; were people simply left on medication or was that reviewed. The health representatives indicated that all GPs undertook an annual medication review with their patients. Generally, across the board, the problems people had with their mental health were massively under-reported. If it was diagnosable, then a GP would assess their needs. In the population of Hartlepool there could be 9000 people with mild mental health issues that needed some help but few that would require the high level services offered by TEWV. The Interim Director of Public Health stated that some mental health problems, such as depression, were often a marker of something else such as grief, loneliness or bullying. Often the prescription they needed was not drugs but simply something useful to do, a reason to get up on a morning.

A Member raised the issue of teenage pregnancies in Hartlepool and the impact of these on services further down the line. The Interim Director of Public Health commented that girls who fell pregnant before they were ready might already have some problems with issues such as low self esteem. Pregnancy was often a result, not a cause of some personal issues; the mental health input was probably needed before they fell pregnant. There was still a responsibility for their care and support and, in particular, encouraging them to finish their education. The Member also indicated that sight should not be lost of the young fathers as well; they did bear some responsibility.

The Healthwatch representative commented that the Mental Health - Working Together for Change event had been very successful in highlighting the problems that people with mental health issues suffered, particularly the stigma. Most people when they made their first approach to mental health services were already quite some way along their condition and the pathway into services wasn't always as seamless or timely as they would like it to be. Access to diagnostic services could take weeks and in some cases months before treatment could even start. These issues were recognised by partners but still need to be addressed.

GP services were now more responsive to people's needs and talking therapies were often prescribed rather than medication. The importance of the their sector organisations in providing services and supporting people with the lower end of mental health issues must also be recognised. The Hartlepool Healthwatch representative specifically highlighted the support carers received with their own mental health as being very positive in Hartlepool. It was important that this support continued, particularly for young carers.

Representatives from Hartlepool MIND also commented positively on the December event. One of the services that the organisation provided that it would wish to extend further was the peer support to people with mental

health issues as having someone to relate to who had been through similar issues was very positive for people. One particular area being schools and colleges. It also gave a great sense of reward to those providing the support – they were essentially experts by experience. The representatives talked of their own experiences in this regard.

A representative from InControllable referred to the advocacy hub they provided in Hartlepool. Since commencing in November 2017 they had received 216 referrals with 60% being for people with mental health issues. Within that figure there was a substantial number that related to people who were from outside of the Borough but were at Sandwell Park. The group had also in the past run the Project 65 scheme referred to earlier in the meeting. This project had now ended but had loaned computer tablets to elderly people to help them reconnect with friends and family over the internet and learn how to use new facilities such as internet shopping. The average age of those people had been 84 with 75% buying their own tablet after the project.

Members welcomed the comments and particularly commented on how helping older people reconnect with family and friends would help with issues of loneliness that were common among the elderly.

The Chair thanked the Head of Safeguarding and Specialist Services for his presentation and the representatives from Hartlepool Healthwatch, Hartlepool MIND and InControllable for their contributions.

Recommended

1. That the presentation and the discussions be noted.
2. That peer support and mentoring in schools and colleges be explored.

74. Director of Public Health Annual Report 2017/18 *(Interim Director of Public Health)*

The Interim Director of Public Health presented his Annual Report for 2017/18 which included updated ward profiles for elected members and had been presented to full Council on the 20 December 2018. It was a statutory duty of Directors of Public Health to produce an independent annual report on the health of the population and present it to Councilors for consideration.

The 2017/18 Report focused on ‘starting well’ in Hartlepool, highlighting the services, good practice and partnership working taking place across the Borough in order to provide all Hartlepool children with the best start in life, as well as some of the adverse trends and continuing challenges.

The theme of “starting well” was the beginning of a systematic approach covering each step in the Health and Wellbeing Strategy for Hartlepool in

turn, so that every stage of life is covered in detail over a five year cycle. In addition to a spotlight on young people, the report had chapters giving an overview of health and wellbeing, an assessment of need for drugs and alcohol, the importance of “prevention” and an account of stewardship of the public health grant. The concluding challenges related to austerity, prevention and empowerment respectively.

The Interim Director highlighted that average life span was lower in Hartlepool than the national average but people’s healthy life span was considerably lower. The occurrence of mental health, mobility and sensory loss issues were also prevalent in the local population.

Hartlepool had an aspiration to become a ACE (adverse childhood events) town with attempts to prevent the toxic trio of drug and alcohol misuse and domestic violence and mental health issues through the prevention of ACEs and to mitigate their effects. The Interim Director also referred to the ongoing process to re-specify the contract for the provision of substance abuse services based on the needs assessment.

The Interim Director also highlighted the section on Prevention and how it was not just down to health and other services but also to the individual to follow the five ways to wellbeing – be active, take notice, learn, connect and contribute – but the Interim Director also added a sixth – be creative – as involvement in creative arts was shown to have very significant benefits to people’s wellbeing.

The Interim Director also referred to the spend of the Public Health Grant monies, which was of particular note for this committee, as it was everyone’s business to ensure that the grant was spent for public health purposes and so that a return on that investment could be seen.

The Chair welcomed the report and commended the Interim Director for a very clear and understandable report which gave a very clear direction of travel. Members echoed the comments indicating that the report showed that while there were significant issues to overcome, Hartlepool had acknowledged them and was clear in the steps it needed to take to improve the health and wellbeing of its residents.

Recommended

That the Interim Director of Public Health’s Annual Report for 2017/18 be received and that the Interim Director be commended for the report.

75. Regulation of Investigatory Powers Act 2000 (RIPA) Quarterly Update (*Chief Solicitor*)

The Principal Democratic Services Officer informed the Committee that there was a requirement to report to members under paragraph 4.47 of the Covert Surveillance and Property Interference Revised Code of Practice

(August 2018) on any authorised covert surveillance under the Regulation of Investigatory Powers Act 2000 (RIPA). In the last quarter to end of December 2018, no such authorisations had been requested or approved.

Recommended

That the report be noted.

76. Minutes from the recent Meeting of the Health and Wellbeing Board

The minutes of the meeting held on 14 September 2018 were received.

77. Minutes from the recent Meeting of the Finance and Policy Committee relating to Public Health

An extract from the minutes of the Finance and Policy Committee meeting of 26 November 2018 was received.

78. Minutes from recent Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting held on 13 September 2018 were received.

79. Tees Valley Health Scrutiny Joint Committee Roseberry Park Working Group (6 December 2018) - Verbal Update

The item was deferred to the next meeting.

80. Minutes from recent Meeting of Safer Hartlepool Partnership

The minutes of the meeting held on 12 October 2018 were received.

81. Minutes from recent Meeting of North East Joint Health Scrutiny Committee

The minutes of the meeting held on 7 September 2018 were received.

82. Minutes from recent Meeting of Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee

The minutes of the meeting held on 25 September 2018 were received.

83. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on 14 February 2019 at 10.00 am in the Civic Centre, Hartlepool.

The meeting concluded at 12.20 pm.

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Assistant Director (Finance and Customer Services)

Subject: MAZARS REPORT- GRANT REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Audit and Governance Committee that arrangements have been made for representatives from Mazars to be in attendance at this meeting, to present the content of the Grant Report.

2. BACKGROUND

- 2.1 This report updates the Audit and Governance Committee on Mazars progress in meeting their responsibilities as the Council's external auditor in relation to certification arrangements for specified claims and returns to Public Sector Audit Appointments.

3. FINDINGS OF MAZARS

- 3.1 Details of key messages are included in the main body of the report attached as Appendix 1.

4. RISK IMPLICATIONS

- 4.1 There is a risk that members of the Audit and Governance Committee do not receive the information needed to enable a full and comprehensive review of governance arrangements at the Council, leading to the Committee being unable to fulfil its remit. To mitigate this risk officers ensure members receive all relevant information.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

- 6.1 There are no legal considerations.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations.

11. RECOMMENDATIONS

11.1 That the Audit and Governance Committee:

i. Note the report of Mazars.

12. REASON FOR RECOMMENDATIONS

12.1 To ensure the Audit and Governance Committee is kept up to date with the work of the Councils External Auditor.

13. BACKGROUND PAPERS

13.1 Mazars Grant Report.

14. CONTACT OFFICER

14.1 John Morton
Assistant Director (Finance and Customer Services)
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

Tel: 01429 523003
Email: John.Morton@Hartlepool.gov.uk

Mazars LLP
 Salvus House
 Aykley Heads
 Durham
 DH1 5TS

Members of the Audit and Governance
 Committee
 Hartlepool Borough Council
 Civic Centre
 Victoria Road
 Hartlepool
 TS24 8AY

17 January 2019

Dear Members

Results of certification work 2017-18

As the Council's appointed auditor, we act as an agent of Public Sector Audit Appointments (PSAA) who have responsibilities to make certification arrangements for specified claims and returns. For 2017/18, the only claim or return within this regime was the housing benefit subsidy return. This letter reports the findings from this work.

In 2017/18 the prescribed tests for our housing benefits work were set out in the HBCOUNT module and BEN01 Certification Instructions issued by PSAA. For the housing benefit subsidy return, on completion of the specified work we issue a certificate. The certificate states whether the claim has been certified either without qualification; without qualification following amendment by the Council; or with a qualification letter. Where we issue a qualification letter or the claim or return is amended by the Council, the grant paying body may withhold or claw-back grant funding.

The 2017/18 housing benefits return was amended and was subject to a qualification letter. Detailed findings, including the extrapolation of errors identified, were reported in our qualification letter to the Department for Work and Pensions (DWP) dated 26 November 2018. The table below details our findings.

Claim or return	Value of claim or return	Amended	Qualified
Housing benefit subsidy	£38,134,698	Yes	Yes

Our detailed testing identified two errors relating to the incorrect recording of non-dependant income in one case and weekly income in another. Additional testing by the Council, and checking by ourselves, did not identify any further errors and analysis of all similar cases showed that extrapolation of the errors found across similar cases would result in relatively small adjustments to the claim. Details of actual and extrapolated errors are included in the table below. A review of the benefit assessors who processed the claims confirmed they have now left the Council.

Error type	Actual error (amended)	Extrapolated error (reported)
Non-dependant income	£1,475	£3,676
Weekly income	£50	£1,265

For one case in our detailed testing the Council was unable to provide evidence of eligible rent as the case dated back to July 1996. The Council's data retention policy, under general data protection rules, is to remove personalised data that is over seven years old from shared computer drives.

In addition, the Council was unable to provide a letter to confirm properties included as affordable rent addresses as required by the Department for Work and Pensions. The latest guidance from the Ministry of Housing, Communities and Local Government no longer requires the Council to prepare this letter but our 2017/18 subsidy claim testing still requires us to ask for it. We understand that discussions are ongoing nationally between central government departments on this issue.

The issues raised above do not indicate weaknesses in the Council's arrangements and no action is required.

We did not issue a qualification letter last year as we did not have any issues to report.

Fees

PSAA set an indicative fee for our work on the Council's housing benefit subsidy return. This indicative fee, and the final fee charged for 2017/18, is detailed in the table below:

Claim or return	2017/18 indicative fee	2017/18 final fee	2016/17 final fee
Housing benefit subsidy	£10,297	£12,765	£13,860

Yours faithfully



Cameron Waddell

Partner

Mazars LLP

Mazars LLP – Salvus House - Aykley Heads - Durham - DH1 5TS
Tel: +44 (0) 191 383 6300 – Fax: +44 (0) 191 383 6350 – www.mazars.co.uk

Mazars LLP is the UK firm of Mazars, an integrated international advisory and accountancy organisation. Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at Tower Bridge House, St Katharine's Way, London E1W 1DD.



This letter is prepared in the context of the 'Statement of responsibilities of auditors and audited bodies' issued by Public Sector Audit Appointments Ltd. Reports and letters prepared by appointed auditors and addressed to members or officers are prepared for the sole use of Hartlepool Borough Council and we take no responsibility to any member or officer in their individual capacity or to any third party.

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy group. Mazars LLP is registered by the Institute of Chartered Accountants in England and Wales.

Mazars LLP – Salvus House - Aykley Heads - Durham - DH1 5TS
Tel: +44 (0) 191 383 6300 – Fax: +44 (0) 191 383 6350 – www.mazars.co.uk

Mazars LLP is the UK firm of Mazars, an integrated international advisory and accountancy organisation. Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at Tower Bridge House, St Katharine's Way, London E1W 1DD.



AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Statutory Scrutiny Manager

Subject: INDEPENDENT COMPLAINTS ADVOCACY SERVICE -
UPDATE

1. PURPOSE OF REPORT

- 1.1 To introduce the Contacts Manager from the North East NHS Independent Complaints Advocacy Service (ICA) who will be in attendance at today's meeting to provide the Committee with an update in relation to the level and type of complaints from Hartlepool residents being dealt with by the service.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee, at its meeting on the 14 March 2018, was introduced to the work of the ICA, as a provider of free, confidential and independent advocacy support to people wishing to raise a complaint about their NHS funded treatment or care.
- 2.2 The Committee noted with interest the level and types of complaints dealt with by the ICA and welcomed the benefits of a support service of this type and requested that an update be provided on a quarterly basis.
- 2.3 The Committee received its first update in October 2018 and requested that the next update focus on GP complaints.

3. RECOMMENDATIONS

- 3.1 The Audit and Governance Committee note the update and seek clarification on any issues, where required.

BACKGROUND PAPERS

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

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

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Statutory Scrutiny Manager

Subject: INVESTIGATION INTO THE PROVISION OF
PREVENTATIVE MENTAL HEALTH SERVICES FOR
HARTLEPOOL RESIDENTS: POLICE AND
AMBULANCE SERVICES

1. PURPOSE OF REPORT

- 1.1 To inform Members that as part of the next stage of the Committee's investigation into the provision of preventative mental health services for Hartlepool residents, evidence at today's meeting will focus on the provision of preventative mental health services for working age people.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Committee on the 25th July 2018, the Scope and Terms of Reference for the investigation were agreed. This was followed by an initial 'setting the scene' presentation on the 18th October 2018.
- 2.2 During the course of discussions, the Committee has become aware of the role played by the Police and Ambulance Services and Members were interested to explore this in more detail. On this basis, representatives from the Cleveland Police and North East Ambulance Services will be in attendance at today's meeting to provide details of their processes / activities, in addition to their perspective on the effectiveness of the provision of preventative mental health and how they could be improved.
- 2.3 The following representatives from the Cleveland Police and North East Ambulance Services will provide a presentation and provide clarification, as required by the Committee:
- i) **Cleveland Police** (T/Chief Inspector Phil Morris)
 - ii) **North East Ambulance Service** (Mathew Beattie – Medical Director)
- 2.4 Information obtained at today's meeting will feed into the investigation. The next meeting of the Committee, on the 14th March 2019, to focus on the provision of Older People's Services.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Audit and Governance Committee consider the evidence presented and seek clarification on any relevant issues where required.

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

BACKGROUND PAPERS

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

- (i) Report of the Statutory Scrutiny Officer entitled 'Preventative Mental Health Services in Hartlepool' Presented to the Audit and Governance Committee on 25 July 2018

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Statutory Scrutiny Manager

Subject: INVESTIGATION INTO THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES FOR HARTLEPOOL RESIDENTS - SURVEY RESULTS

1. PURPOSE OF REPORT

- 1.1 To present to the Committee the results of the preventative mental health survey, undertaken to inform its investigation.

2. BACKGROUND INFORMATION

- 2.1 The Audit and Governance Committee, at its meeting on the 25th July 2018 agreed the scope and terms of reference for its investigation into the provision of preventative mental health services in Hartlepool. As part of this process, it was agreed that a comprehensive survey would be undertaken of those who provide and access preventative mental health services in Hartlepool.
- 2.2 The survey ran from the 21st December 2018 to the 31st January 2019. Over this period 95 service users and 10 providers provided valuable information for consideration be the Committee.
- 2.3 Full details of the results of the survey are attached at **Appendices A and B**. Following closure of the survey on the 31 January 2019, a summary of the key findings is in the process of being developed and will be circulated before the meeting on the 14th February 2019.

3. RECOMMENDATIONS

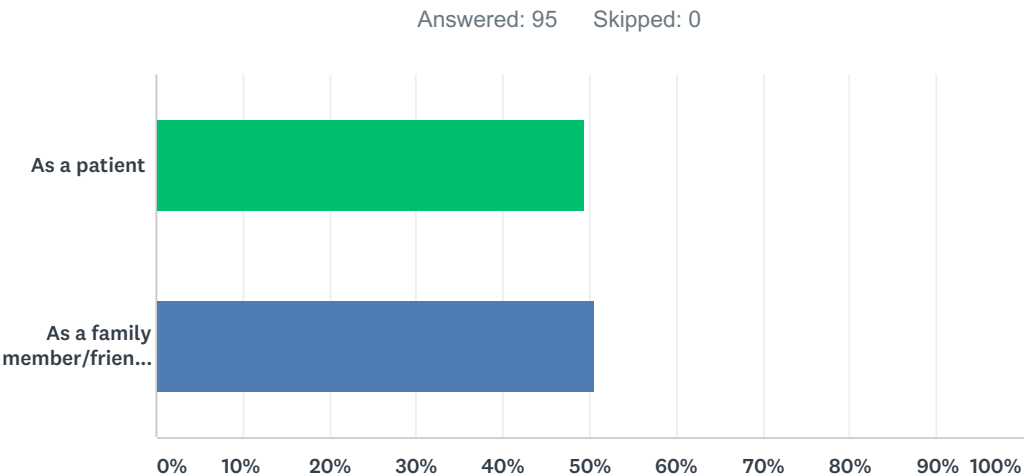
- 3.1 The Audit and Governance Committee considers the results of the survey and identifies any data / issues it wishes to explore further as part of its investigation.

BACKGROUND PAPERS

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

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

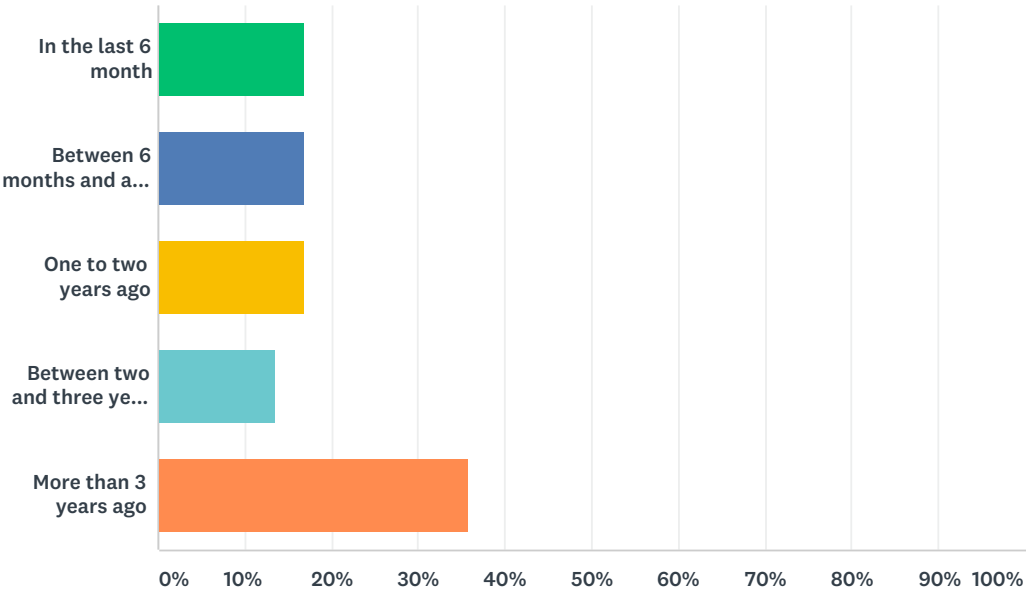
Q1 Please tell us if you are answering this survey as a patient who has experienced mental health services or as a family member/friend on behalf of a patient who has used mental health services in the last 3 years.



ANSWER CHOICES	RESPONSES	
As a patient	49.47%	47
As a family member/friend on behalf of a patient	50.53%	48
TOTAL		95

Q2 How long ago did you first start to access Mental Health Services?

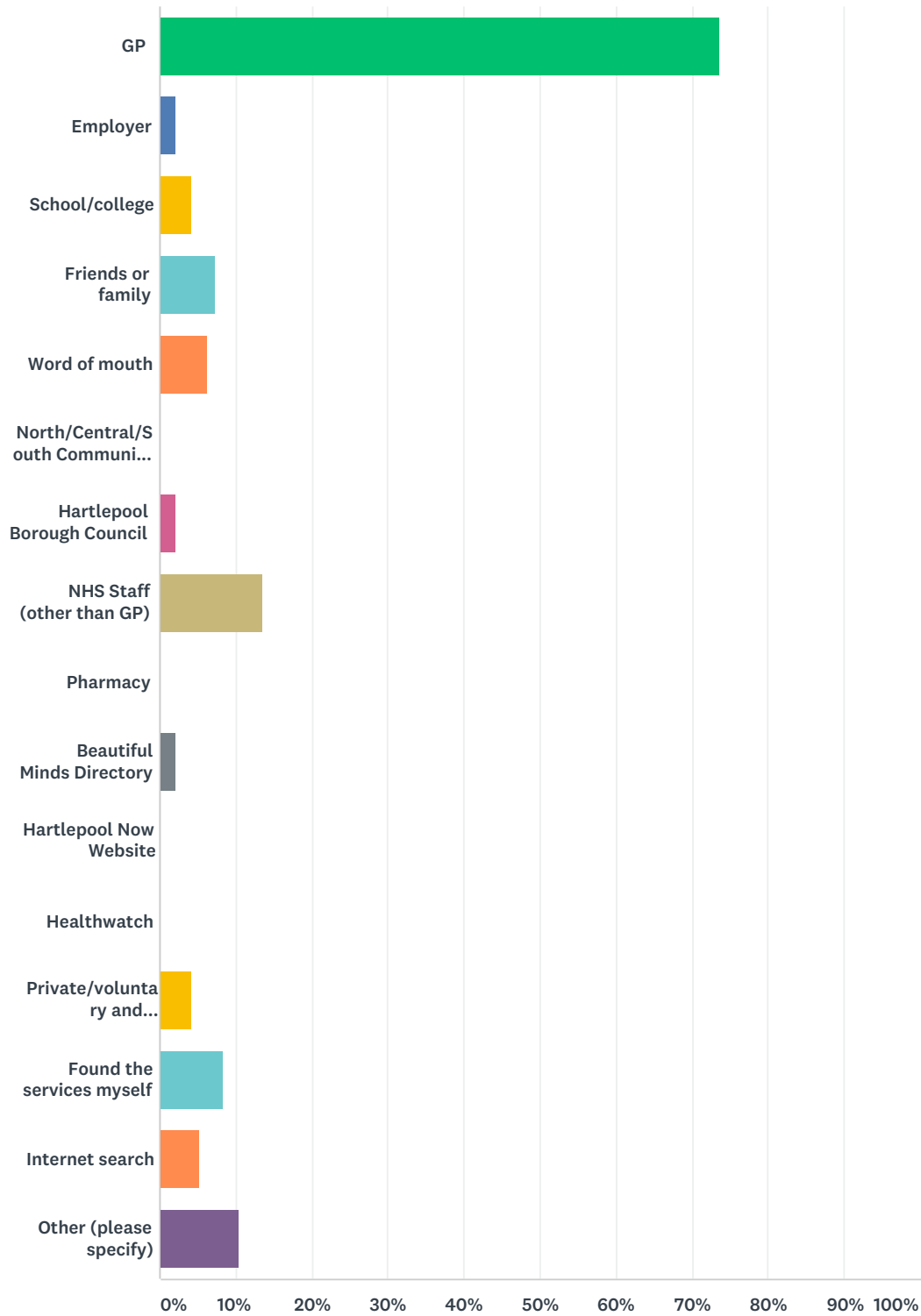
Answered: 95 Skipped: 0



ANSWER CHOICES	RESPONSES	
In the last 6 month	16.84%	16
Between 6 months and a year ago	16.84%	16
One to two years ago	16.84%	16
Between two and three years ago	13.68%	13
More than 3 years ago	35.79%	34
TOTAL		95

Q3 Where did you first go to find out what help was available?

Answered: 95 Skipped: 0



ANSWER CHOICES	RESPONSES	
GP	73.68%	70

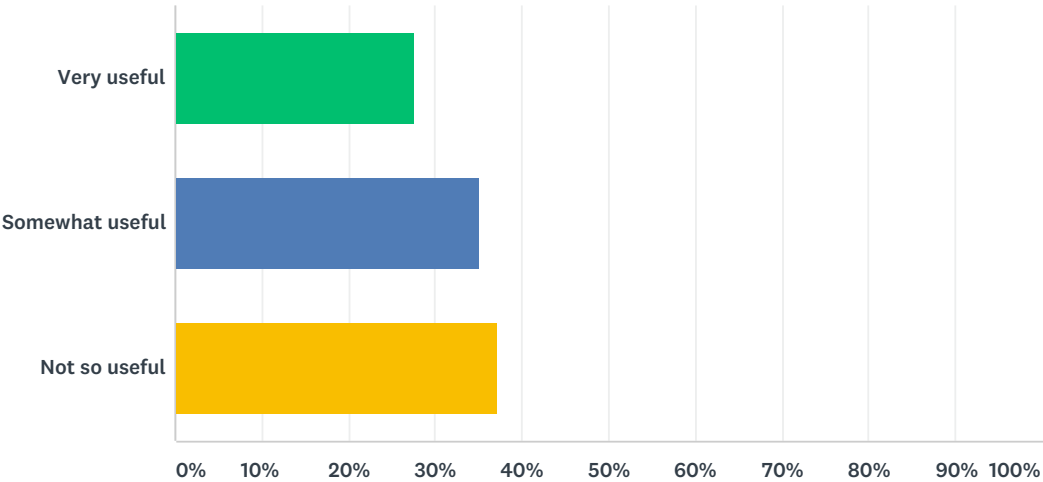
Experiences of Mental Health Services

Employer	2.11%	2
School/college	4.21%	4
Friends or family	7.37%	7
Word of mouth	6.32%	6
North/Central/South Community Hub	0.00%	0
Hartlepool Borough Council	2.11%	2
NHS Staff (other than GP)	13.68%	13
Pharmacy	0.00%	0
Beautiful Minds Directory	2.11%	2
Hartlepool Now Website	0.00%	0
Healthwatch	0.00%	0
Private/voluntary and community groups	4.21%	4
Found the services myself	8.42%	8
Internet search	5.26%	5
Other (please specify)	10.53%	10
Total Respondents: 95		

#	OTHER (PLEASE SPECIFY)	DATE
1	Referred when leaving the army	1/25/2019 7:57 AM
2	learning disability services	1/24/2019 2:29 PM
3	The gp put me forward to go to alliance	1/5/2019 10:17 AM
4	transfer in from another LA	1/5/2019 10:12 AM
5	X	12/22/2018 6:32 PM
6	Via voluntary hospital admission	12/21/2018 6:56 PM
7	Roseberry House, M'bro	12/20/2018 6:39 PM
8	Hartlepool Mind	12/20/2018 5:46 PM
9	Referred by hospital	12/20/2018 5:12 PM
10	Knowledge	12/20/2018 3:28 PM

Q4 Was the initial advice or signposting you received....

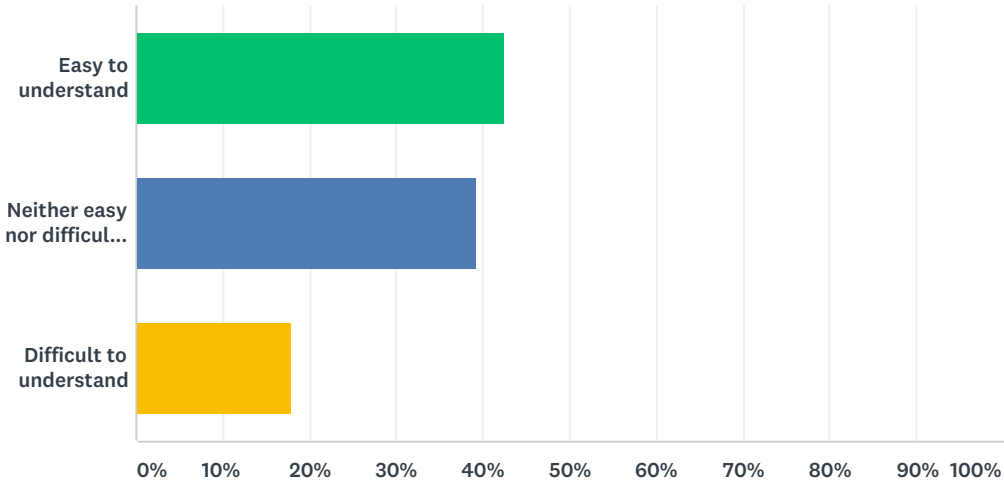
Answered: 94 Skipped: 1



ANSWER CHOICES		RESPONSES	
Very useful		27.66%	26
Somewhat useful		35.11%	33
Not so useful		37.23%	35
TOTAL			94

Q5 Was the initial advice or sign posting

Answered: 94 Skipped: 1



ANSWER CHOICES		RESPONSES	
Easy to understand		42.55%	40
Neither easy nor difficult to understand		39.36%	37
Difficult to understand		18.09%	17
TOTAL			94

Q6 How could that initial advice or signposting be improved upon?

Answered: 53 Skipped: 42

#	RESPONSES	DATE
1	Better information should be given at diagnosis. I was just given a piece of paper and told my child had Autism. I had no idea what to do next.	1/26/2019 8:38 AM
2	Make it more available.	1/25/2019 7:57 AM
3	More sympathetic	1/24/2019 9:50 PM
4	I am a bad person to ask about this as it took 8 years from trying to see someone to seeing someone	1/24/2019 9:15 PM
5	For me, they couldn't	1/24/2019 9:10 PM
6	My go gave me a leaflet and said to call them. It wasn't a very friendly or understanding experience but once in contact with Mind, my experience was fantastic	1/24/2019 8:16 PM
7	Not sure.	1/24/2019 7:31 PM
8	Give independent charities funding to operate. They save the NHS a small fortune yet do not receive funding	1/24/2019 4:27 PM
9	Needs to be explained better, and clear timescales given for referral process	1/24/2019 2:59 PM
10	Not sure,	1/24/2019 2:15 PM
11	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:05 PM
12	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:04 PM
13	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:04 PM
14	Age ranges and specialist areas	1/24/2019 1:48 PM
15	By being more empathetic with patients who need help but are unable to vocalise effectively or communicate without becoming distressed. My personal experience was very upsetting. I have been here since June and the only help I got was a scrap of paper flung at me telling me to call the number on it. I suggest if you giving authority to people to sigh post they should also be told how to do it without causing even more distress to patients.	1/15/2019 2:17 PM
16	There is only limited counselling support available as the contracts are for about 6 weeks.	1/13/2019 10:03 PM
17	x	1/12/2019 10:03 AM
18	More discussion about what services can offer and how to access, waiting times etc	1/11/2019 1:41 PM
19	take mind skills out of hartlepool mind as there are pulling mind down badly.... very bad mind skills reovery collage	1/11/2019 6:45 AM
20	More understanding in mental health from the mental health professionals themselves	1/10/2019 6:51 PM
21	Making sure all Services said are reality and not just a marketing picture to look good	1/6/2019 12:25 PM
22	Better diagrams better support offer maps with better access	1/6/2019 12:03 PM
23	Feel like you got to jump through hoops for support	1/5/2019 9:47 PM
24	It could be more direct and individualistic	1/5/2019 5:32 PM
25	More knowledge from Gp around available services and signposting I felt he did his best but was a bit lost and expected me to know if I wanted tablets or therapy	1/5/2019 3:04 PM
26	Proper contact details provided, rather than I'll write a letter, get back in touch if you don't hear anything by...	1/5/2019 1:47 PM

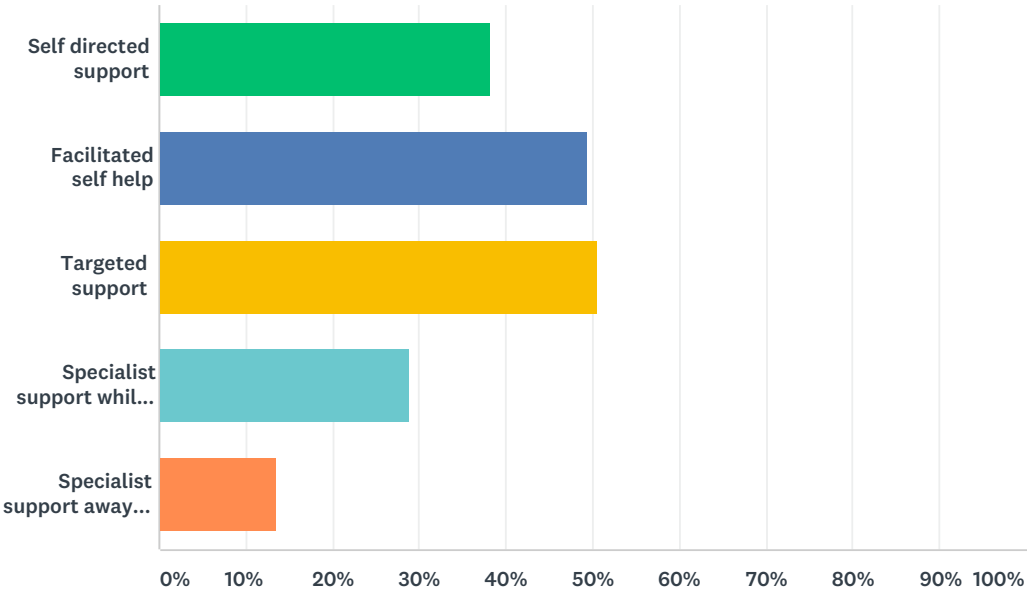
Experiences of Mental Health Services

27	More support, rather than the GP advising - do a self referral to Mind, you are more likely to go. Or being told there was no primary mental health services to be referred to, for talking therapies, when at the time there was (I am a mental health nurse so I knew they were available). GP's need better training and awareness of mental health and their services, instead of leaving patients to find out themselves, or only intervening once things have progressed to a worse state, when it could have been prevented early on	1/5/2019 11:38 AM
28	In our case it was perfect.	1/5/2019 11:38 AM
29	N/A	1/5/2019 10:56 AM
30	A Facebook page dedicated to what services are available, how to access them and things like recourses to help	1/5/2019 10:11 AM
31	More info	1/5/2019 10:08 AM
32	A Facebook page showing what's on offer and how to access the support	1/5/2019 10:07 AM
33	Its confusing when your mind isn't working on where you go, I found it hard to ring round and find who had the earliest place, when I couldn't think correctly, this should be booked in for you..I was lucky work helped me get in very quickly	1/3/2019 12:37 PM
34	Have accessed the service on 4 occasions (have learnt that I can now self-refer). Originally accessed the service through a GP, who could give no context to what would happen etc.	1/2/2019 2:37 PM
35	Not sure	12/28/2018 7:30 AM
36	Not sure	12/28/2018 7:30 AM
37	N/a	12/27/2018 10:55 AM
38	All information in one central point	12/26/2018 11:22 PM
39	Stop leaving people with serious mental health problems with no help, my son begged for help from gp, Stewart house, roseberry park and police as did I because we knew he had serious issues, he was ignored and went on to self harm, cutting his arms and throat, tried to hang himself and finally set his bed on fire in a cry for help. He was sent to prison for nearly 3 years and still no intervention from mental health even though psychiatrist has just diagnosed him with schizophrenia, no doubt he will be released back into community after sentence with no help again. He has never been to prison before and this could have been avoided if he had received the correct help. MIND are no good for people with serious mental health disorders, they need to be seen by a psychiatrist and correct help provided	12/24/2018 6:29 AM
40	People who ask for help should be taken more seriously. When they beg for help because they know something is wrong in their brain they should be referred to a psychiatrist not MIND	12/24/2018 6:15 AM
41	I was diagnosed with postnatal depression and then left to deal with it myself. No extra support, no signposting to other groups or support.	12/24/2018 12:48 AM
42	.	12/24/2018 12:40 AM
43	only offered group counselling and I felt I didn't want to talk in front of others at the time.	12/23/2018 7:50 AM
44	No one seems to know that you can go to mind (IAPT) without having a gp referral. You can just self refer	12/22/2018 4:56 PM
45	The doctor I spoke to was very sympathetic but could only offer pills or a referral to mind which takes 10 weeks. Some other options would have been helpful.	12/21/2018 10:05 PM
46	Follow the care act 2014 would be a start.	12/21/2018 6:56 PM
47	consultation appointments need to be speeded up. Six weeks for a consultation is far too long. I have had two comrades take their life because of these delays.	12/20/2018 6:39 PM
48	Doctor Listing	12/20/2018 6:20 PM
49	I did not really need advice to find services, it was more about how very busy the Mental Health services were at the time..	12/20/2018 5:46 PM
50	My GP seemed very uninterested in providing a resolution and refused to provide any measure of referral. When attending Mind's Hartlepool branch I was treated with far more respect and received very good advice and treatment.	12/20/2018 5:27 PM
51	Wasn't relevant to the patient at the time	12/20/2018 5:12 PM

52	Just better advice given if needed	12/20/2018 3:29 PM
53	Be correct to the mental health provider...	12/20/2018 3:26 PM

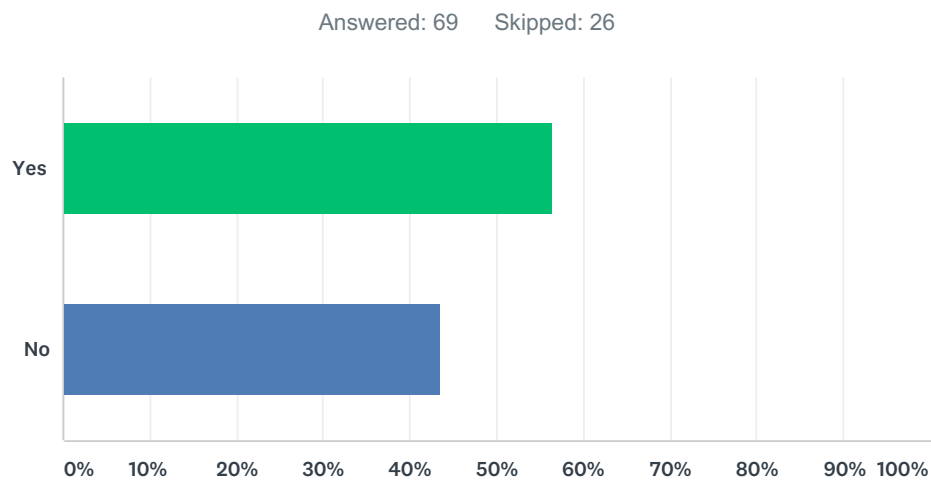
Q7 Please tell us which services you accessed. (Please tick all that apply)

Answered: 73 Skipped: 22



ANSWER CHOICES	RESPONSES	
Self directed support	38.36%	28
Facilitated self help	49.32%	36
Targeted support	50.68%	37
Specialist support whilst living at home	28.77%	21
Specialist support away from home	13.70%	10
Total Respondents: 73		

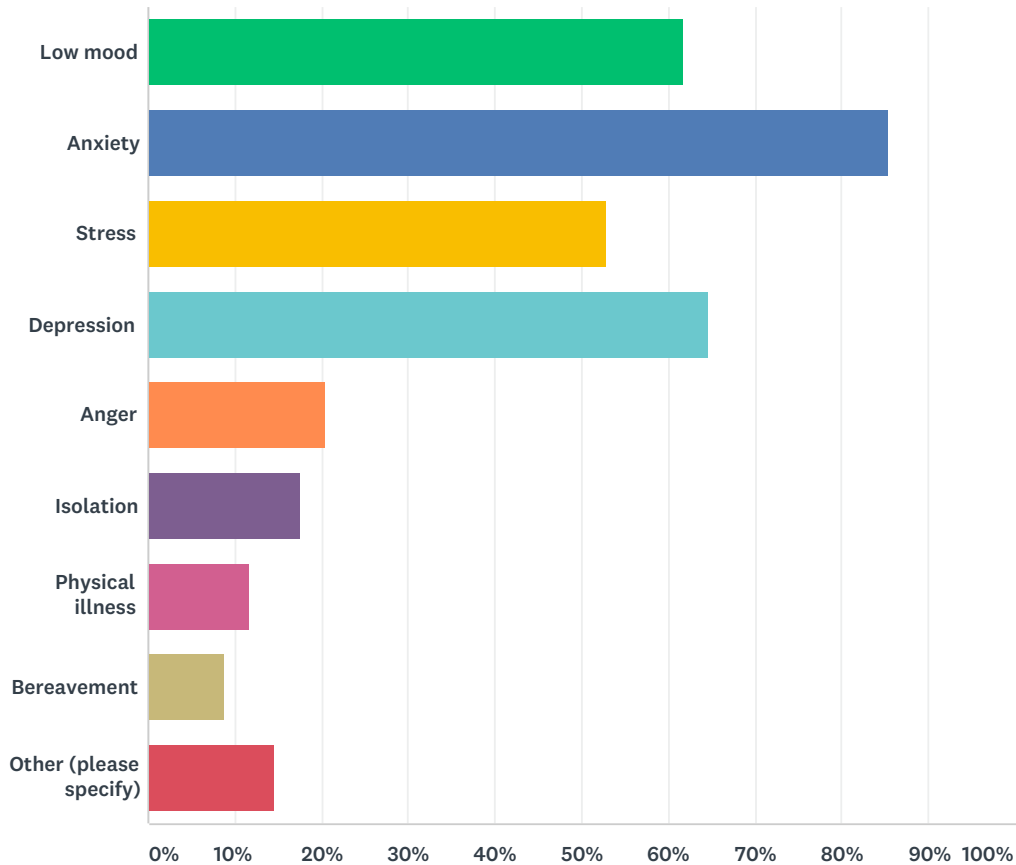
Q8 Did you receive self directed support?



ANSWER CHOICES		RESPONSES	
Yes		56.52%	39
No		43.48%	30
TOTAL			69

Q9 If yes, what condition did you receive treatment for? (Please tick all that apply)

Answered: 34 Skipped: 61



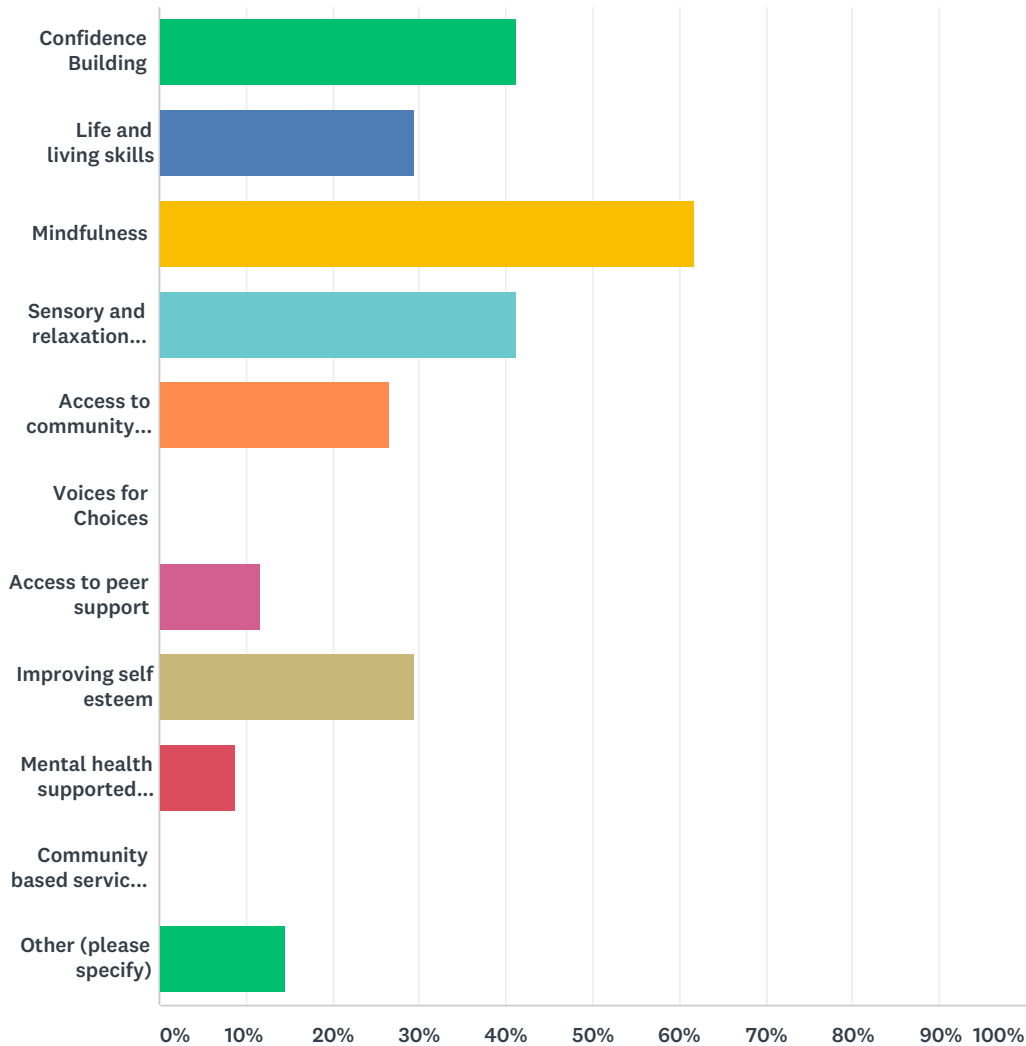
ANSWER CHOICES		RESPONSES
Low mood		61.76% 21
Anxiety		85.29% 29
Stress		52.94% 18
Depression		64.71% 22
Anger		20.59% 7
Isolation		17.65% 6
Physical illness		11.76% 4
Bereavement		8.82% 3
Other (please specify)		14.71% 5
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
1	PTSD	1/25/2019 8:00 AM

2	Weight management	1/24/2019 9:13 PM
3	Councilling	1/24/2019 8:19 PM
4	Adhd	1/24/2019 3:03 PM
5	dementia	1/2/2019 10:03 AM

Q10 What kind of treatments did you initially receive? (Please tick all that apply)

Answered: 34 Skipped: 61



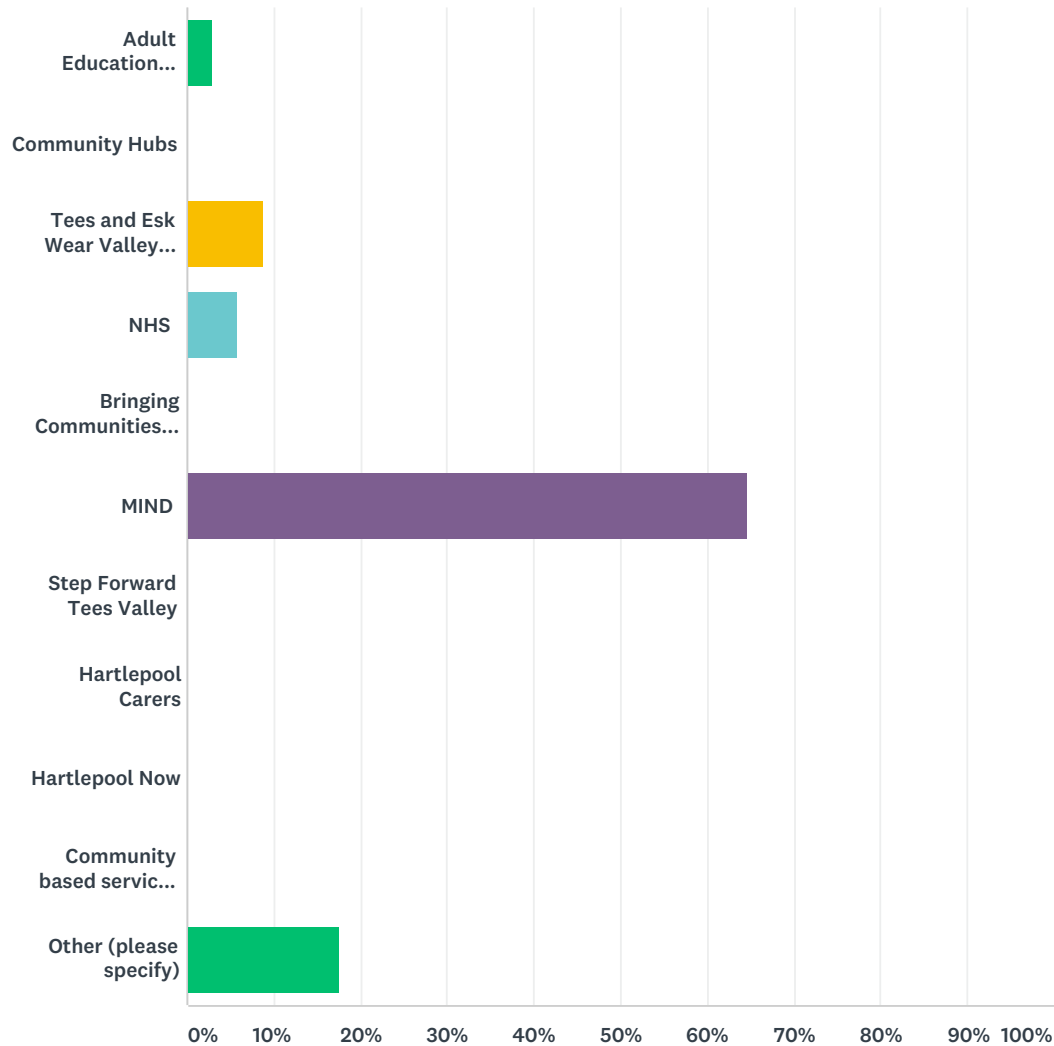
ANSWER CHOICES	RESPONSES	
Confidence Building	41.18%	14
Life and living skills	29.41%	10
Mindfulness	61.76%	21
Sensory and relaxation techniques	41.18%	14
Access to community advisors	26.47%	9
Voices for Choices	0.00%	0
Access to peer support	11.76%	4
Improving self esteem	29.41%	10
Mental health supported employment services	8.82%	3

Community based services - e.g. Waverly Allotment Group	0.00%	0
Other (please specify)	14.71%	5
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
1	Mind	1/25/2019 8:00 AM
2	Just a chance to air thoughts to someone	1/5/2019 11:42 AM
3	Cbt	12/26/2018 11:26 PM
4	Counselling	12/21/2018 12:16 PM
5	just an initial assessment for now	12/20/2018 3:28 PM

Q11 Where did you receive your initial treatment from?

Answered: 34 Skipped: 61



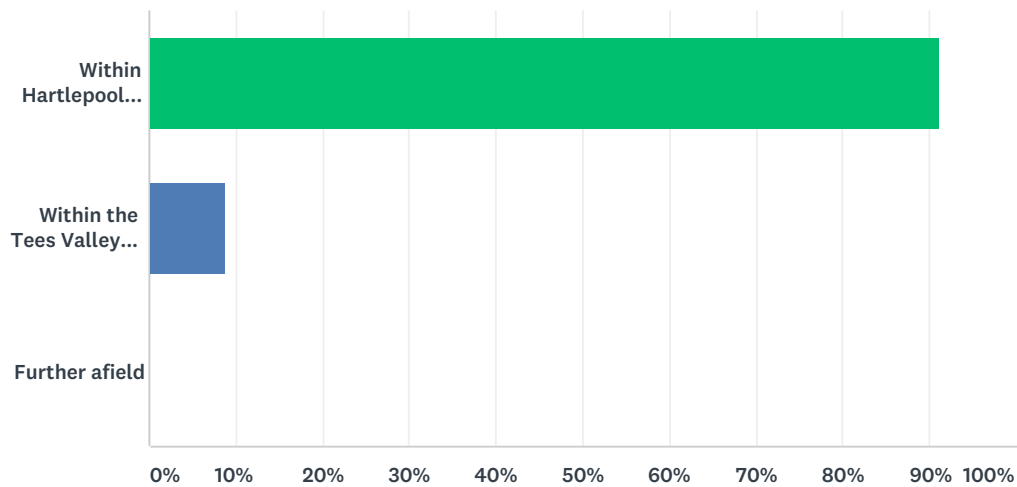
ANSWER CHOICES	RESPONSES	
Adult Education facilities	2.94%	1
Community Hubs	0.00%	0
Tees and Esk Wear Valley Mental Health Trust (TEWV)	8.82%	3
NHS	5.88%	2
Bringing Communities Together/Be Crafty	0.00%	0
MIND	64.71%	22
Step Forward Tees Valley	0.00%	0
Hartlepool Carers	0.00%	0
Hartlepool Now	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0

Other (please specify)	17.65%	6
TOTAL		34

#	OTHER (PLEASE SPECIFY)	DATE
1	Orcel centre	1/24/2019 9:13 PM
2	Artrium	1/24/2019 4:29 PM
3	Cahms	1/24/2019 3:03 PM
4	School support, this is for my 9yo boy	1/5/2019 11:41 AM
5	GP	12/27/2018 10:57 AM
6	Starfish	12/24/2018 12:46 AM

Q12 How far did you have to travel from home to receive your treatment?

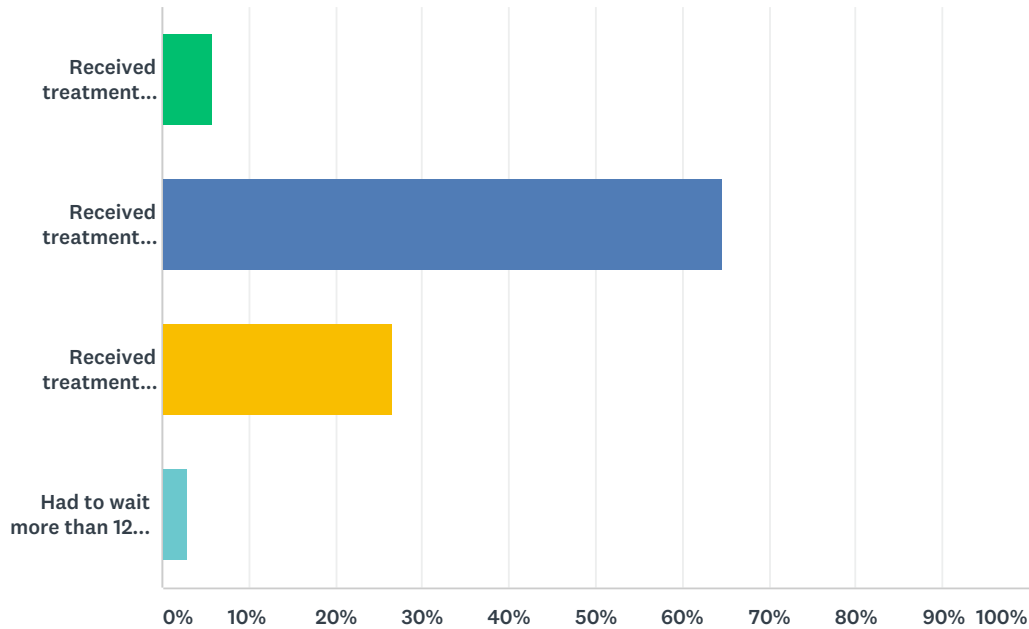
Answered: 34 Skipped: 61



ANSWER CHOICES	RESPONSES	
Within Hartlepool Borough	91.18%	31
Within the Tees Valley e.g. Middlesbrough, Darlington, Stockton or Redcar area	8.82%	3
Further afield	0.00%	0
TOTAL		34

Q13 How long did you have to wait for treatment following your initial request?

Answered: 34 Skipped: 61

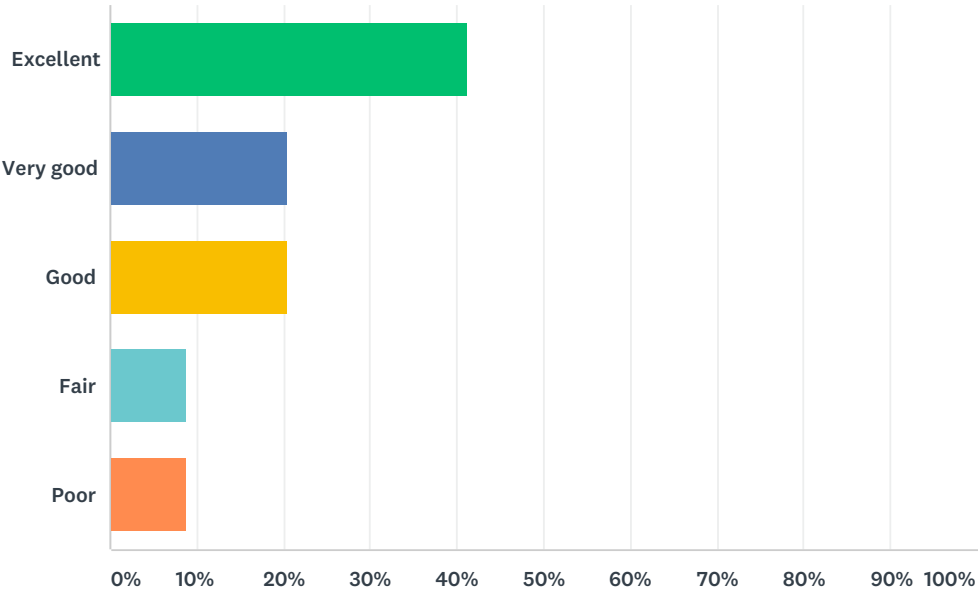


ANSWER CHOICES		RESPONSES	
Received treatment immediately		5.88%	2
Received treatment within 6 weeks		64.71%	22
Received treatment between 6 and 12 weeks		26.47%	9
Had to wait more than 12 weeks.Please use the space below to tell us how long you had to wait:		2.94%	1
TOTAL			34

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE USE THE SPACE BELOW TO TELL US HOW LONG YOU HAD TO WAIT:	DATE
1	12 weeks	1/5/2019 10:15 AM

Q14 Overall, how would you rate the initial service or treatment you received from the service provider?

Answered: 34 Skipped: 61



ANSWER CHOICES	RESPONSES	
Excellent	41.18%	14
Very good	20.59%	7
Good	20.59%	7
Fair	8.82%	3
Poor	8.82%	3
TOTAL		34

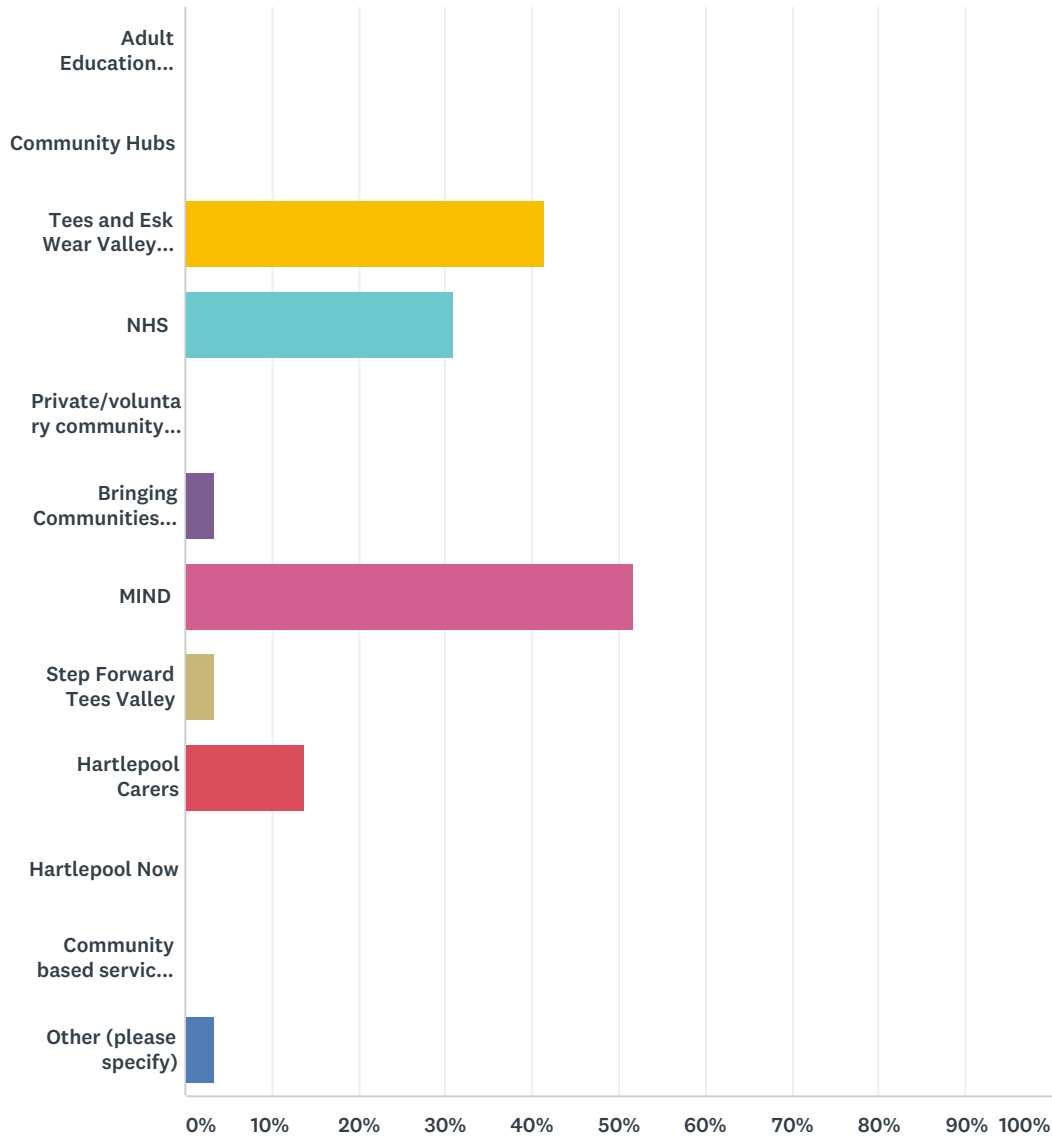
Q15 Please tell us how you feel this initial service could be improved?

Answered: 24 Skipped: 71

#	RESPONSES	DATE
1	They could not deal with PTSD	1/25/2019 8:00 AM
2	Better waiting times	1/24/2019 9:52 PM
3	For me it couldn't - I was told it would take approx 12 weeks and it was 3	1/24/2019 9:13 PM
4	Only improvements would be more support from my GP before accessing this service. This service was second to none - fantastic!	1/24/2019 8:19 PM
5	Additional funding	1/24/2019 4:29 PM
6	Clear explanation of referral process and timescales	1/24/2019 3:03 PM
7	More indepth	1/24/2019 2:21 PM
8	It was very limited. Relaxation music and meditation advice. Wasn't very relevant or useful. TEWV wasn't very helpful and were negligent.	1/6/2019 1:12 AM
9	As it is a self referral, for someone with anxiety and depression, it's hard to find drive and motivation to attend, the service doesn't really provide any support or encouragement to attend appointments, if you miss one, that is it, you are left to it	1/5/2019 11:42 AM
10	It couldn't	1/5/2019 11:41 AM
11	N/A	1/5/2019 10:58 AM
12	When I attended this I felt they did know anything to do with my illness.. so I struggled with their advice	1/5/2019 10:25 AM
13	I found that the services were not what I needed at the time but I don't think that anything needs to be changed	1/5/2019 10:15 AM
14	Shorter waiting times	1/5/2019 10:10 AM
15	00	1/2/2019 10:03 AM
16	N/a	12/27/2018 10:57 AM
17	Was good at first but didn't seem to go any further it seemed the same thing every 2 weeks. I wasn't getting anything from it	12/24/2018 12:46 AM
18	only got 3 counselling sessions however they were excellent	12/23/2018 7:57 AM
19	More understanding of your conditions	12/22/2018 6:37 PM
20	No improvement required	12/21/2018 4:56 PM
21	personal thing	12/21/2018 10:01 AM
22	initial mental health assessment could have told me that the reason there was a six week wait for CBT therapy was because it takes that long to get balanced on medication	12/20/2018 5:51 PM
23	I believe the weak link of this service lies in getting GP services more up to speed with what is offered by MIND and other similar groups. In my experience they had little respect for the service and brushed it off as ineffective. Having local GP trained in ways to effectively recognise and appropriately refer patients rather than leave them with minimal information to follow up on themselves (especially when it comes to issues of low mood) would make the services far more effective and better at reaching the people that need them.	12/20/2018 5:36 PM
24	It was all directed at what you had to do for yourself in such a way as to re-emphasise the it was your problem so deal with it. An initial one-to-one meeting to assess whether a group tutored self-help focus was best for me as an individual would have helped first.	12/20/2018 3:43 PM

Q16 Have you received any additional treatment from the services below? (Please tick all that apply)

Answered: 29 Skipped: 66



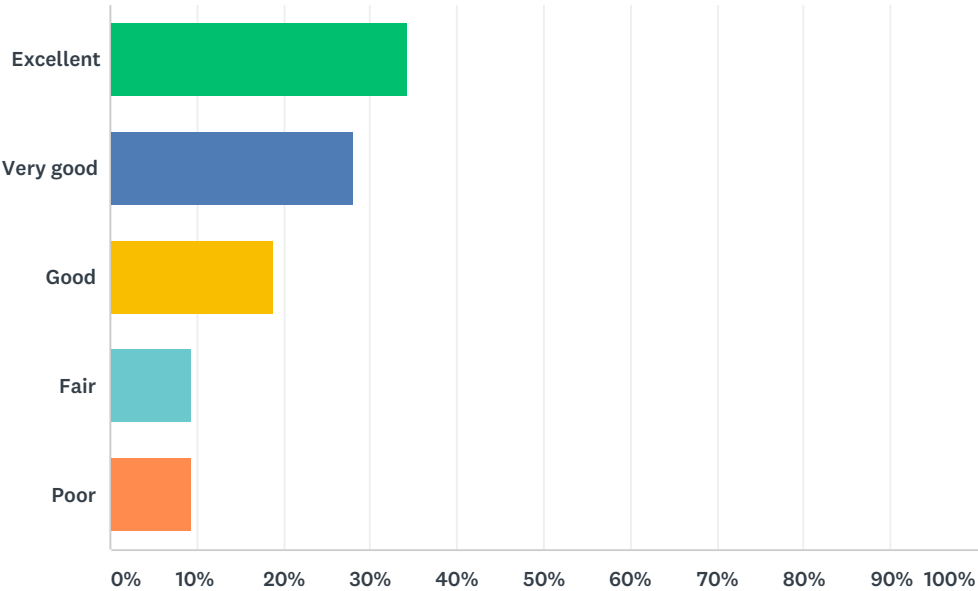
ANSWER CHOICES	RESPONSES	
Adult Education facilities	0.00%	0
Community Hubs	0.00%	0
Tees and Esk Wear Valley Mental Health Trust (TEWV)	41.38%	12
NHS	31.03%	9
Private/voluntary community groups	0.00%	0
Bringing Communities Together/Be Crafty	3.45%	1
MIND	51.72%	15

Step Forward Tees Valley	3.45%	1
Hartlepool Carers	13.79%	4
Hartlepool Now	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0
Other (please specify)	3.45%	1
Total Respondents: 29		

#	OTHER (PLEASE SPECIFY)	DATE
1	No none offered	1/24/2019 3:03 PM

Q17 Overall, how would you rate any of the other services or treatments you received from the service providers?

Answered: 32 Skipped: 63



ANSWER CHOICES	RESPONSES	
Excellent	34.38%	11
Very good	28.13%	9
Good	18.75%	6
Fair	9.38%	3
Poor	9.38%	3
TOTAL		32

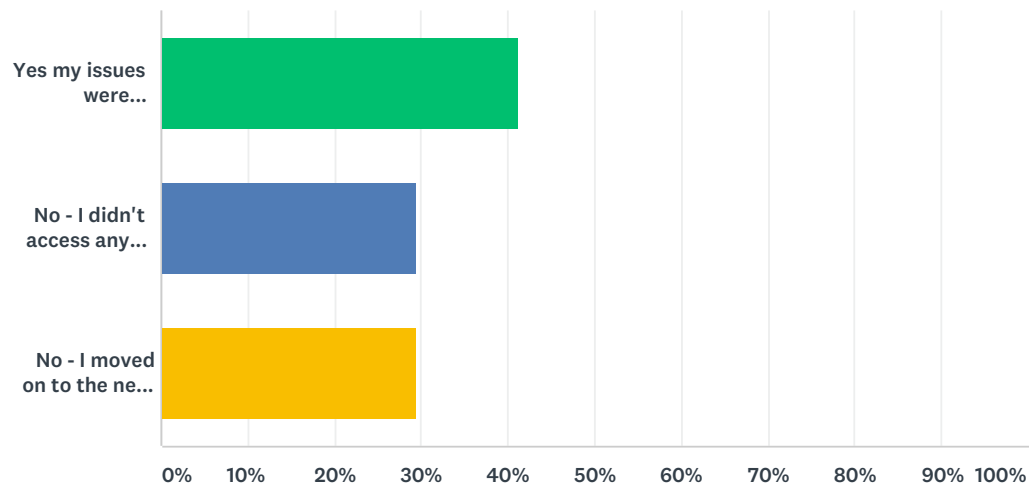
Q18 Please tell us how you feel these services could be improved

Answered: 23 Skipped: 72

#	RESPONSES	DATE
1	Ongoing treatment, not just a one off assessment	1/25/2019 8:00 AM
2	Not letting you slip through the net	1/24/2019 9:52 PM
3	For me they couldnt	1/24/2019 9:13 PM
4	More evening appointments for those that work full time and struggle to get time off	1/24/2019 8:19 PM
5	Na	1/24/2019 4:29 PM
6	Mm we'd to be made aware of them	1/24/2019 3:03 PM
7	They all could be improved but it always comes down to funding, more sessions, better activities etc	1/24/2019 2:21 PM
8	TEWV was very unhelpful and negligent.	1/6/2019 1:12 AM
9	Easier access	1/5/2019 11:42 AM
10	The time could be spent with the child not just parents	1/5/2019 11:41 AM
11	N/A	1/5/2019 10:58 AM
12	I go to alliance in the orical centre well did .. the lady I saw was moved to Stockton and I felt I couldn't get there every week only when a family member was available.... I put my trust in this lady and it took a while do now I'm waiting till February to see if I can get to see her	1/5/2019 10:25 AM
13	Nothing	1/5/2019 10:15 AM
14	More access to support more Days available	1/5/2019 10:10 AM
15	feel that as I am "managing" availability of services are not pushed or have any urgency	1/2/2019 10:03 AM
16	na	12/27/2018 10:57 AM
17	NHS should follow NICE guidelines	12/26/2018 11:26 PM
18	I felt the treatment I was receiving wasn't suited to me didn't help me I needed something else but didn't get it I just got dropped	12/24/2018 12:46 AM
19	Feel like some of the staff have no empathy and real understanding of mental health	12/22/2018 6:37 PM
20	Can't be as was given great help and advice which included preventative measures	12/21/2018 4:56 PM
21	personel	12/21/2018 10:01 AM
22	c	12/20/2018 5:51 PM
23	Again, everything was saying it's your problem so you deal with it. Nothing was delivered as saying you have a problem, how can we help?	12/20/2018 3:43 PM

Q19 Was your issue resolved at this point?

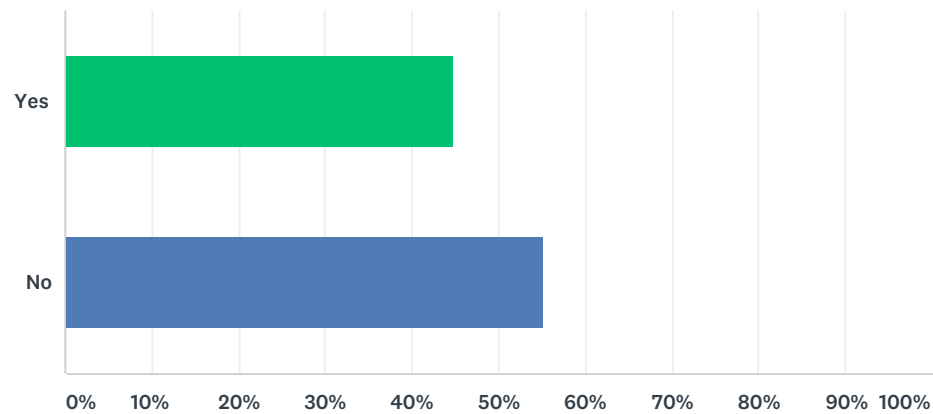
Answered: 34 Skipped: 61



ANSWER CHOICES		RESPONSES	
Yes my issues were resolved/managed		41.18%	14
No - I didn't access any further services		29.41%	10
No - I moved on to the next level of services		29.41%	10
TOTAL			34

Q20 Did you receive facilitated self help?

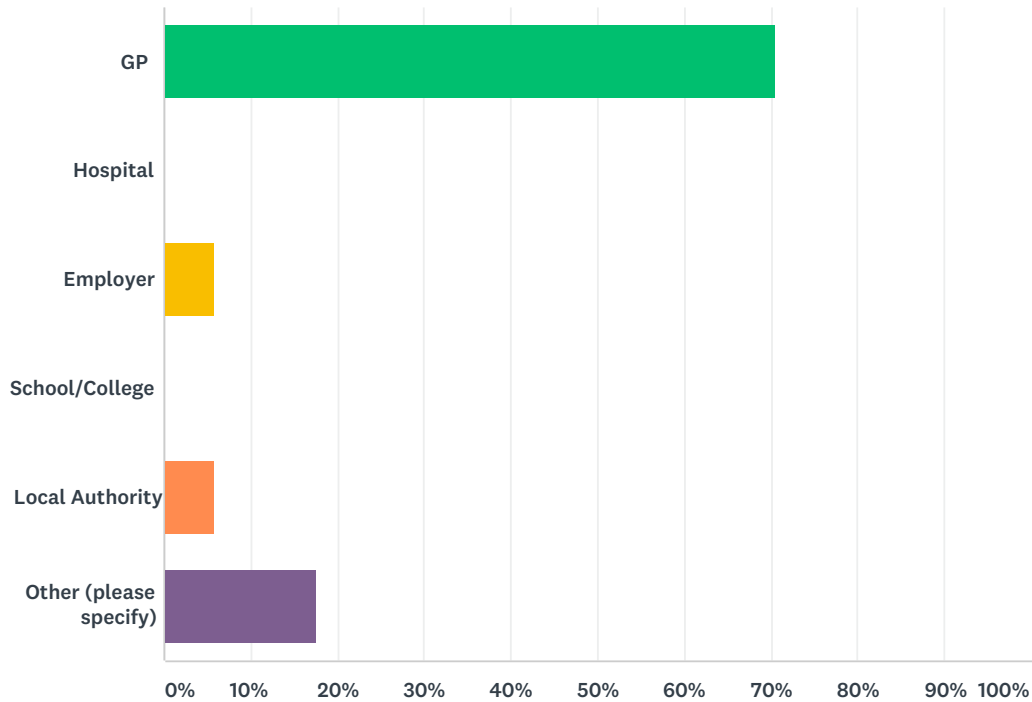
Answered: 38 Skipped: 57



ANSWER CHOICES		RESPONSES	
Yes		44.74%	17
No		55.26%	21
TOTAL			38

Q21 Please tell us who referred you to the facilitated self help services

Answered: 17 Skipped: 78

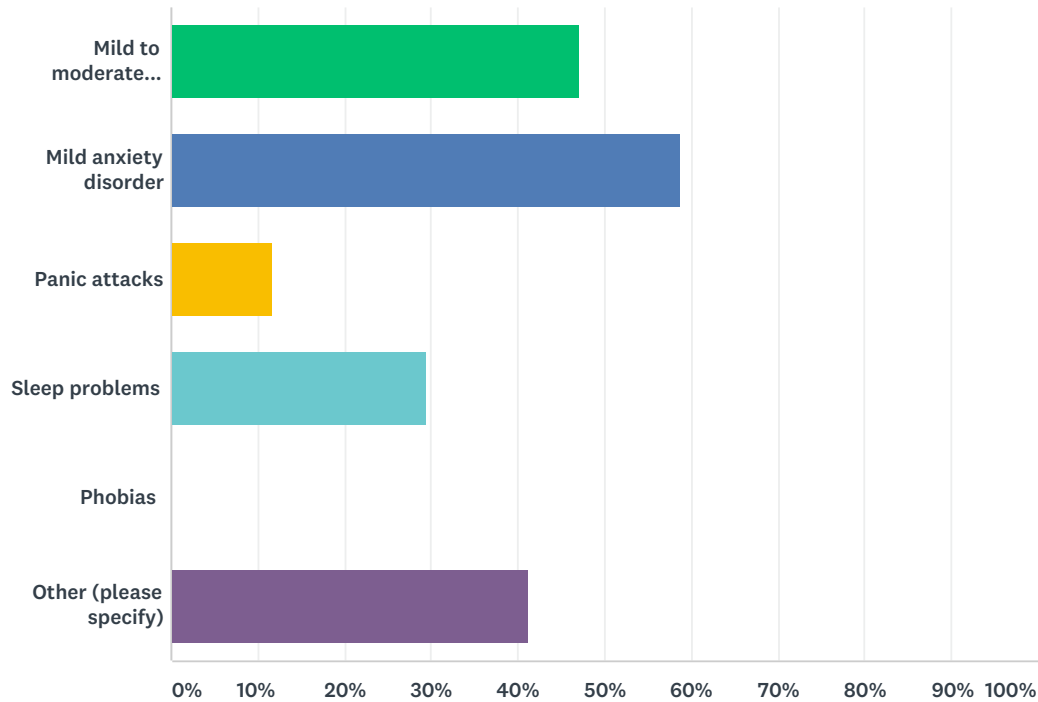


ANSWER CHOICES	RESPONSES	
GP	70.59%	12
Hospital	0.00%	0
Employer	5.88%	1
School/College	0.00%	0
Local Authority	5.88%	1
Other (please specify)	17.65%	3
TOTAL		17

#	OTHER (PLEASE SPECIFY)	DATE
1	Self	1/24/2019 7:36 PM
2	Online recovery college	12/20/2018 5:54 PM
3	Myself	12/20/2018 3:32 PM

Q22 What condition did you receive treatment for?

Answered: 17 Skipped: 78

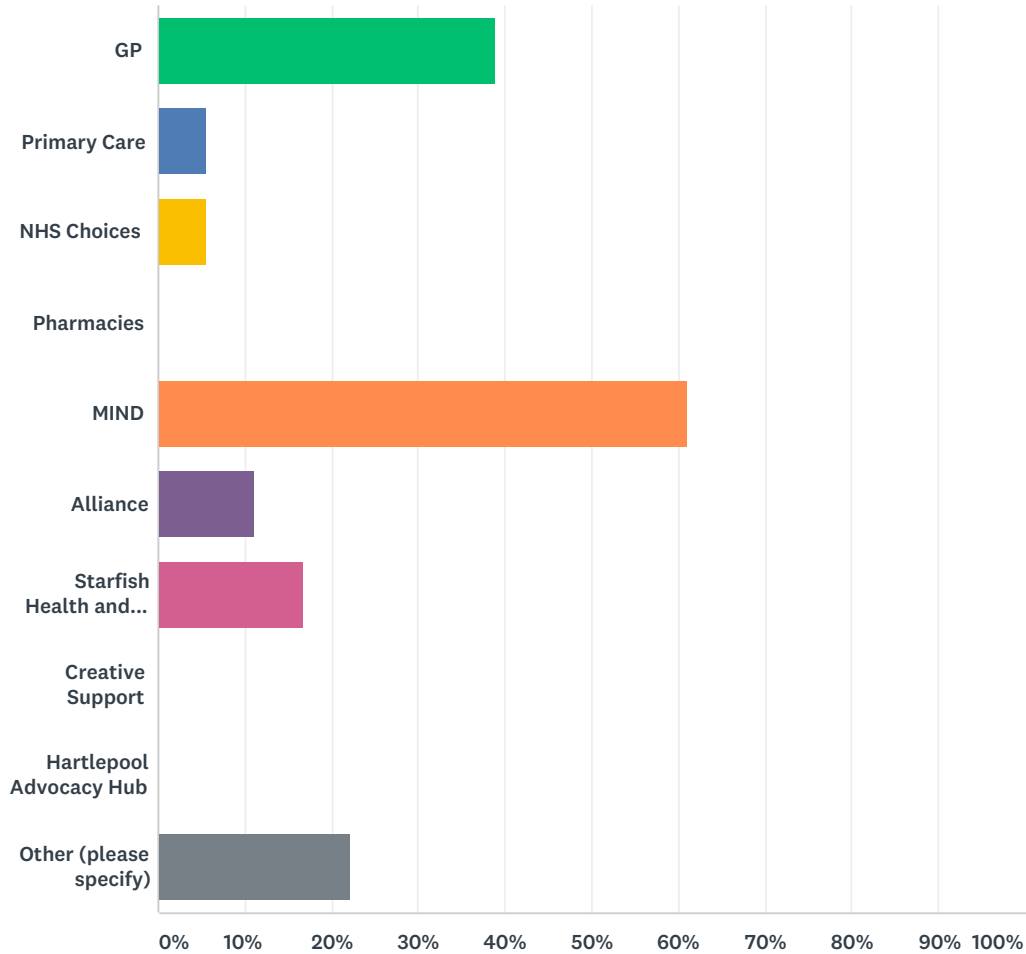


ANSWER CHOICES	RESPONSES	
Mild to moderate depression	47.06%	8
Mild anxiety disorder	58.82%	10
Panic attacks	11.76%	2
Sleep problems	29.41%	5
Phobias	0.00%	0
Other (please specify)	41.18%	7
Total Respondents: 17		

#	OTHER (PLEASE SPECIFY)	DATE
1	Weight management	1/24/2019 9:14 PM
2	Severe depression and anxiety	1/24/2019 7:36 PM
3	bullying	1/11/2019 6:51 AM
4	I am just starting treatment on my issues but do require CBT and other things once they work on uplifting my mood	1/3/2019 12:42 PM
5	PTSD	12/20/2018 6:43 PM
6	Schizophrenia	12/20/2018 5:17 PM
7	Anxiety and Depression	12/20/2018 3:32 PM

Q23 Please tell us where did you receive treatments

Answered: 18 Skipped: 77

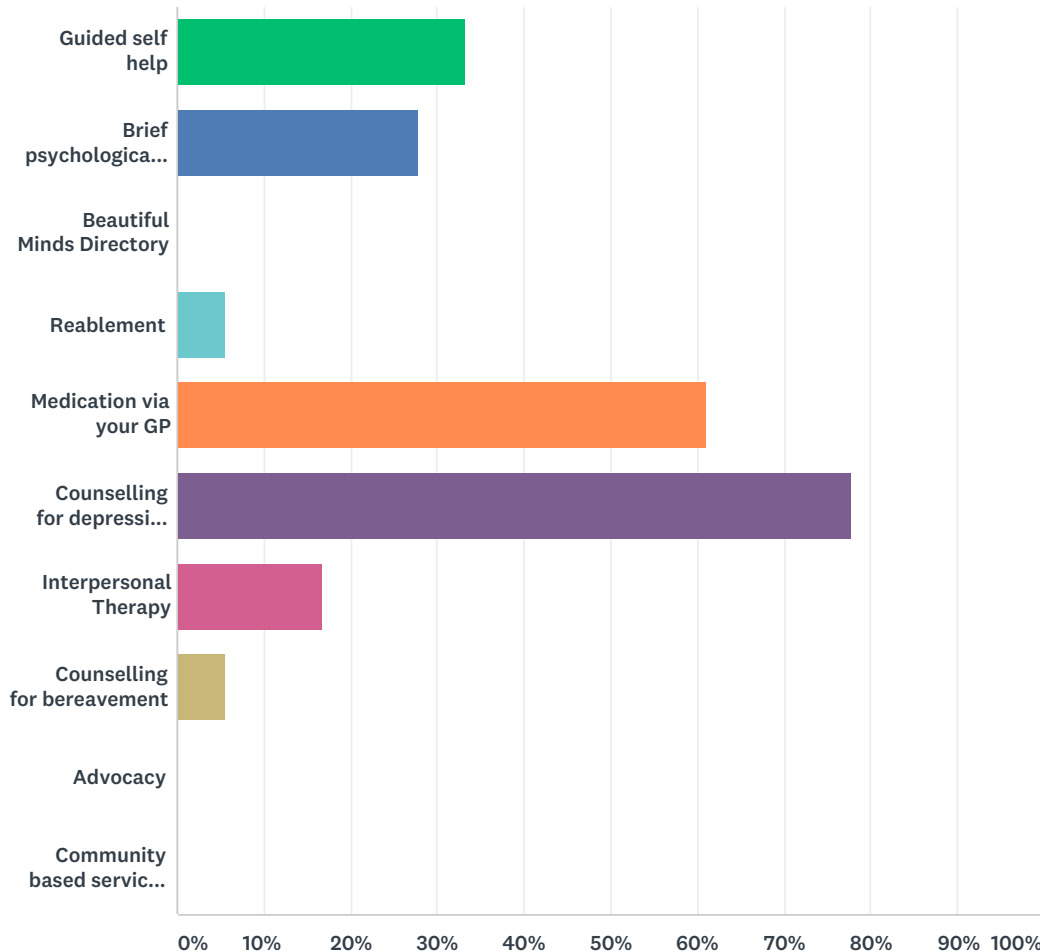


ANSWER CHOICES	RESPONSES	
GP	38.89%	7
Primary Care	5.56%	1
NHS Choices	5.56%	1
Pharmacies	0.00%	0
MIND	61.11%	11
Alliance	11.11%	2
Starfish Health and Wellbeing	16.67%	3
Creative Support	0.00%	0
Hartlepool Advocacy Hub	0.00%	0
Other (please specify)	22.22%	4
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	CAMHS	1/5/2019 11:43 AM
2	council referral	1/3/2019 12:42 PM
3	NRGDC	1/3/2019 9:18 AM
4	Military Rehabilitation Centre, Catterick.	12/20/2018 6:43 PM

Q24 Please tell us what kind of treatments you received (please tick all that apply)

Answered: 18 Skipped: 77

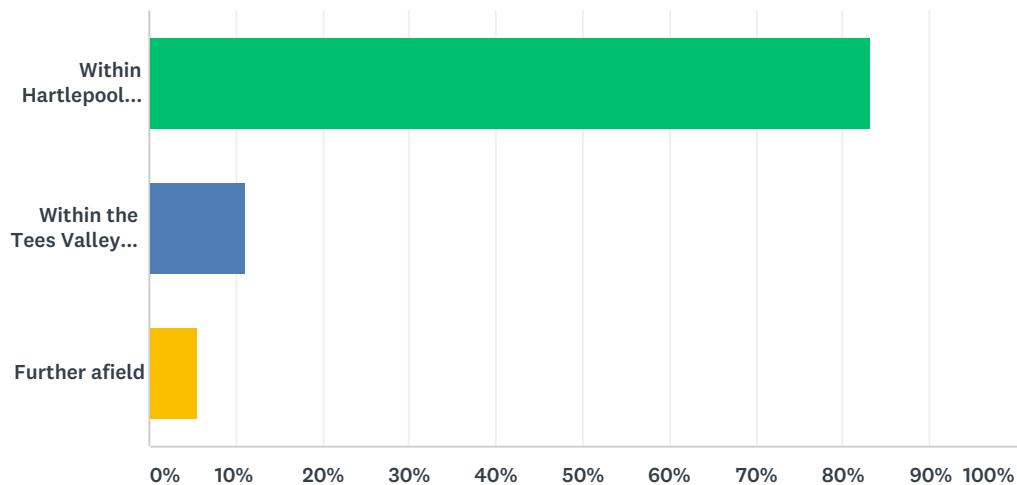


ANSWER CHOICES	RESPONSES	
Guided self help	33.33%	6
Brief psychological interventions	27.78%	5
Beautiful Minds Directory	0.00%	0
Reablement	5.56%	1
Medication via your GP	61.11%	11
Counselling for depression and/or anxiety	77.78%	14
Interpersonal Therapy	16.67%	3
Counselling for bereavement	5.56%	1
Advocacy	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0

Total Respondents: 18	
-----------------------	--

Q25 How far did you have to travel from home to receive your treatment?

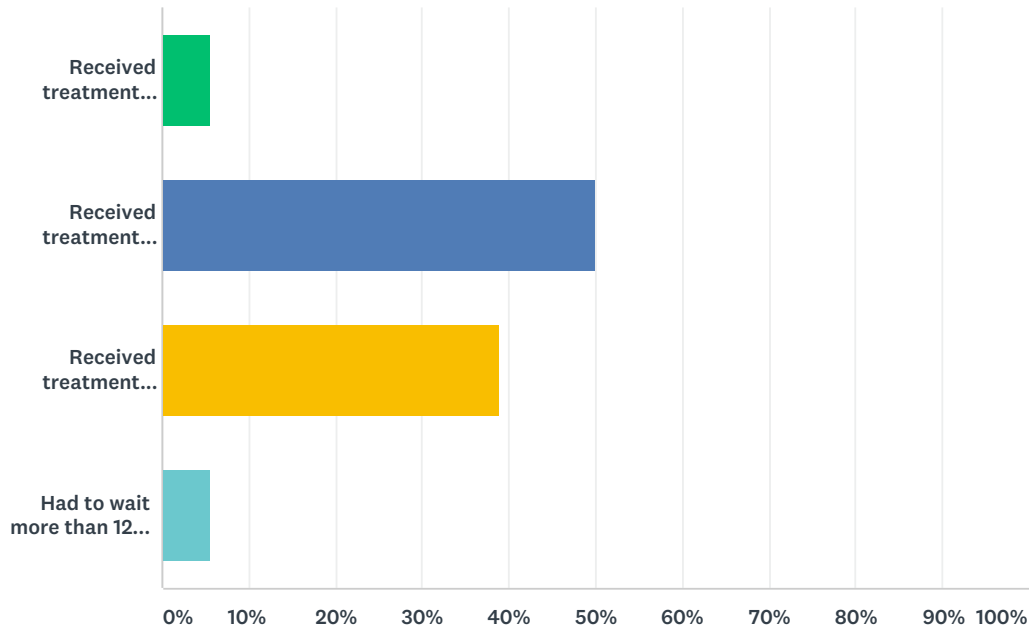
Answered: 18 Skipped: 77



ANSWER CHOICES	RESPONSES	
Within Hartlepool Borough	83.33%	15
Within the Tees Valley e.g. Middlesbrough, Darlington, Stockton or Redcar area	11.11%	2
Further afield	5.56%	1
TOTAL		18

Q26 How long did you have to wait for treatment following your referral?

Answered: 18 Skipped: 77

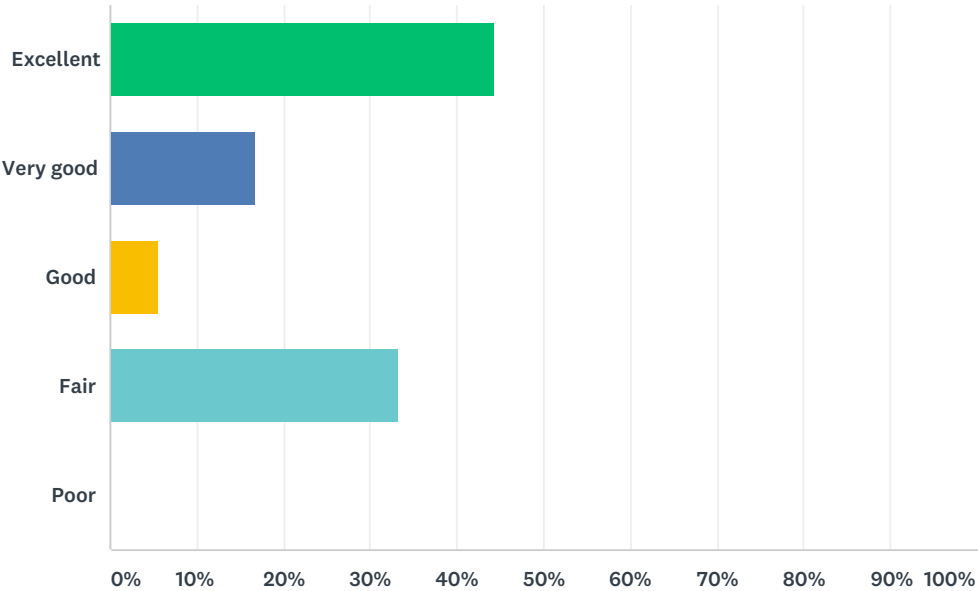


ANSWER CHOICES		RESPONSES	
Received treatment immediately		5.56%	1
Received treatment within 6 weeks		50.00%	9
Received treatment between 6 and 12 weeks		38.89%	7
Had to wait more than 12 weeks.Please use the space below to tell us how long you had to wait:		5.56%	1
TOTAL			18

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE USE THE SPACE BELOW TO TELL US HOW LONG YOU HAD TO WAIT:	DATE
1	I would have had to wait this long, luckily work referred me for 6 x sessions still ongoing	1/3/2019 12:42 PM

Q27 Overall, how would you rate the service or treatment you received from the service provider?

Answered: 18 Skipped: 77



ANSWER CHOICES	RESPONSES	
Excellent	44.44%	8
Very good	16.67%	3
Good	5.56%	1
Fair	33.33%	6
Poor	0.00%	0
TOTAL		18

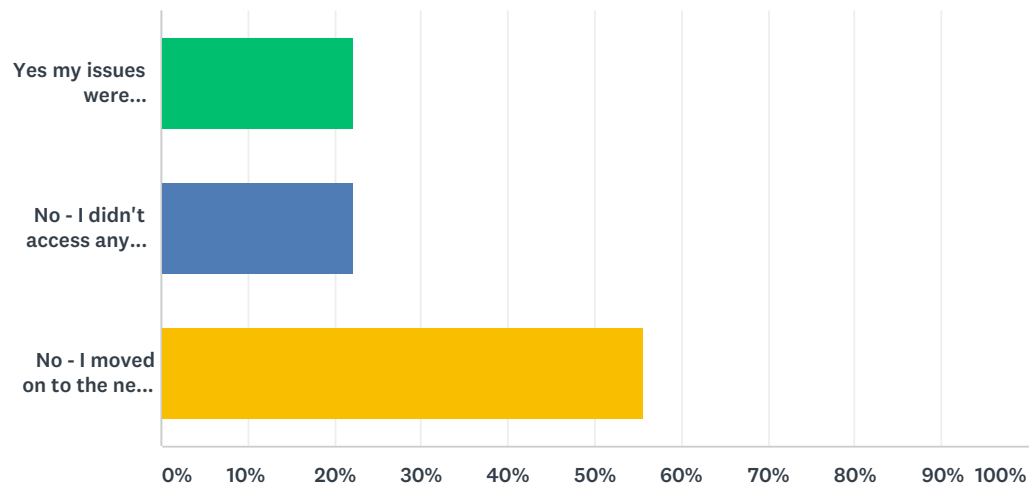
Q28 Please tell us how you feel these services could be improved

Answered: 12 Skipped: 83

#	RESPONSES	DATE
1	Could be abit more structured, I was just allowed to talk about anything that I wanted to that was happening that week but I thought I should be talking about my past experiences plus only 6 sessions	1/24/2019 2:23 PM
2	recovery college which is based in HEDM so bad you come out worse then you went in	1/11/2019 6:51 AM
3	CBT is ineffective and nothing else was offered. Discharged with issues ongoing.	1/6/2019 1:14 AM
4	More time with child not just parents	1/5/2019 11:43 AM
5	The support from Mind was excellent. The support from GP was very poor. Seen GP once to administer medication when medication was due again the GP would leave a prescription at reception without speaking with me. GP mental health services must be improved	1/5/2019 11:01 AM
6	Nothing	1/5/2019 10:17 AM
7	I haven't used them fully yet	1/3/2019 12:42 PM
8	As stated previously, I have accessed the service numerous amounts of times. As you only receive 6 sessions, this never gave you the opportunity to develop a relationship with your therapist. Over time I realised that I need more in depth treatment and I am on a long term plan with my current therapist. I think the service should assess you as a person and not try and fit you into a box of what treatment you need... then the services would end up with a better recovery rate.	1/2/2019 2:42 PM
9	Other options being put forward other than medication.	12/21/2018 10:10 PM
10	Just because a patient can tick the right boxes does not mean that he is OK. Many of the guys I visit should still be sectioned, not left to get on with it themselves.	12/20/2018 6:43 PM
11	c	12/20/2018 5:54 PM
12	If there was less of a waiting time for treatment	12/20/2018 3:32 PM

Q29 Was your issue resolved by using facilitated self help services

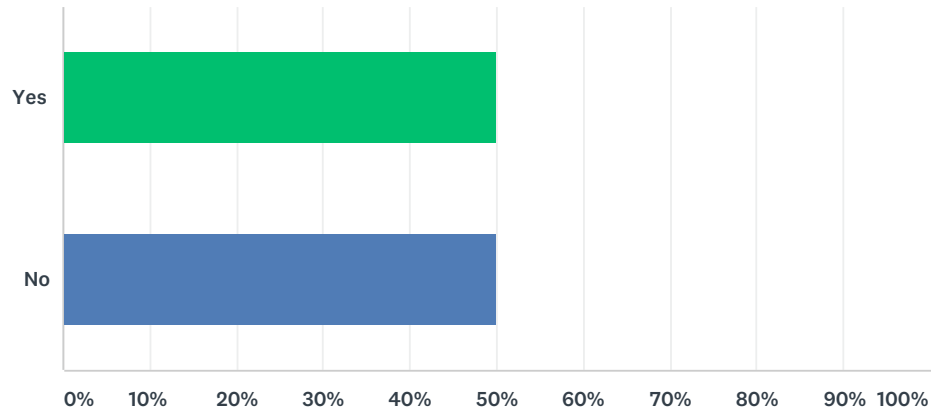
Answered: 18 Skipped: 77



ANSWER CHOICES	RESPONSES	
Yes my issues were resolved/managed	22.22%	4
No - I didn't access any further services	22.22%	4
No - I moved on to the next level of services	55.56%	10
TOTAL		18

Q30 Did you receive either targeted or specialised support in the last 3 years?

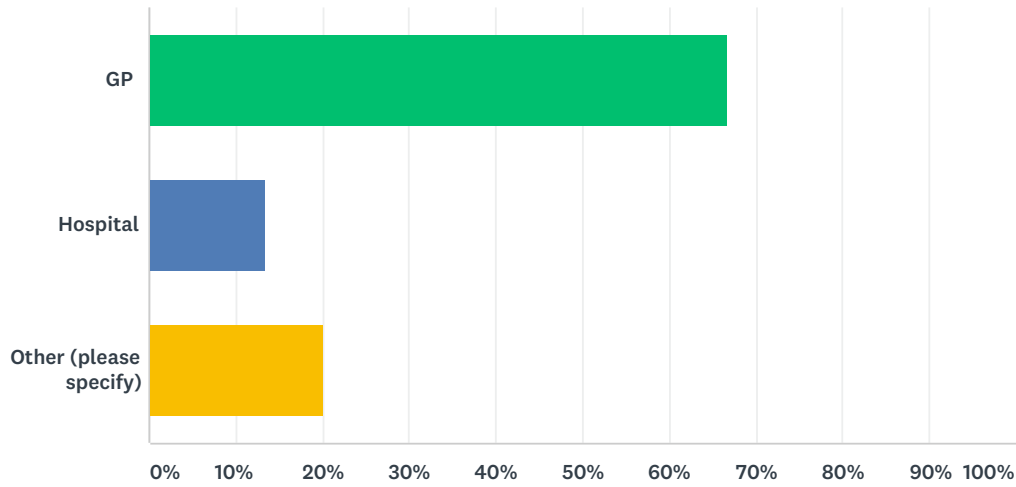
Answered: 28 Skipped: 67



ANSWER CHOICES	RESPONSES	
Yes	50.00%	14
No	50.00%	14
TOTAL		28

Q31 Who referred you on to these higher level services?

Answered: 15 Skipped: 80

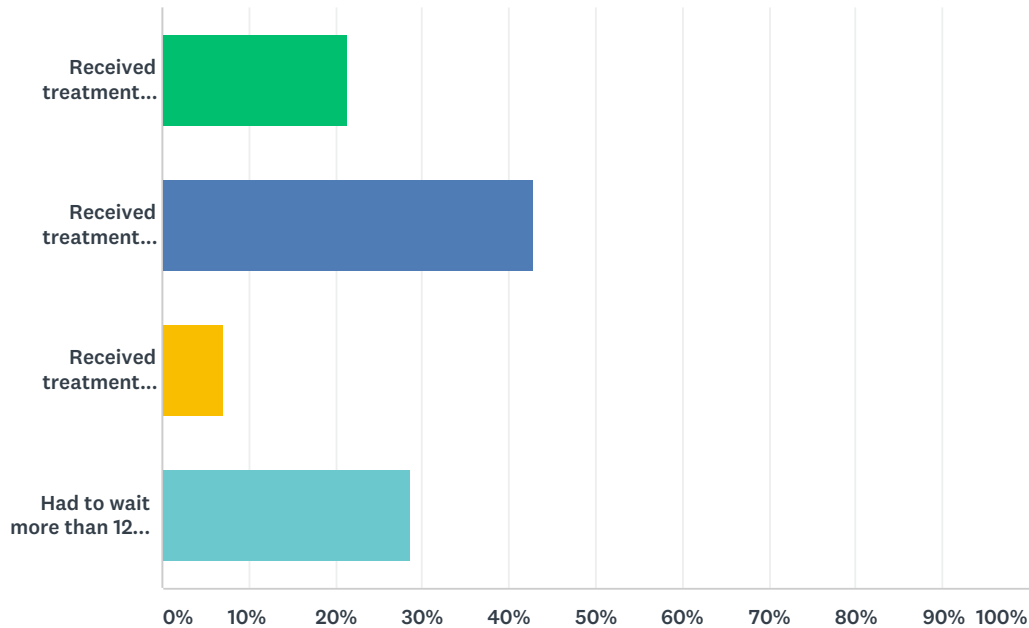


ANSWER CHOICES	RESPONSES
GP	66.67% 10
Hospital	13.33% 2
Other (please specify)	20.00% 3
TOTAL	15

#	OTHER (PLEASE SPECIFY)	DATE
1	myself	1/2/2019 2:44 PM
2	Already in servicrs	12/21/2018 6:59 PM
3	MH services	12/20/2018 3:31 PM

Q32 How long did you have to wait for treatment following your referral?

Answered: 14 Skipped: 81

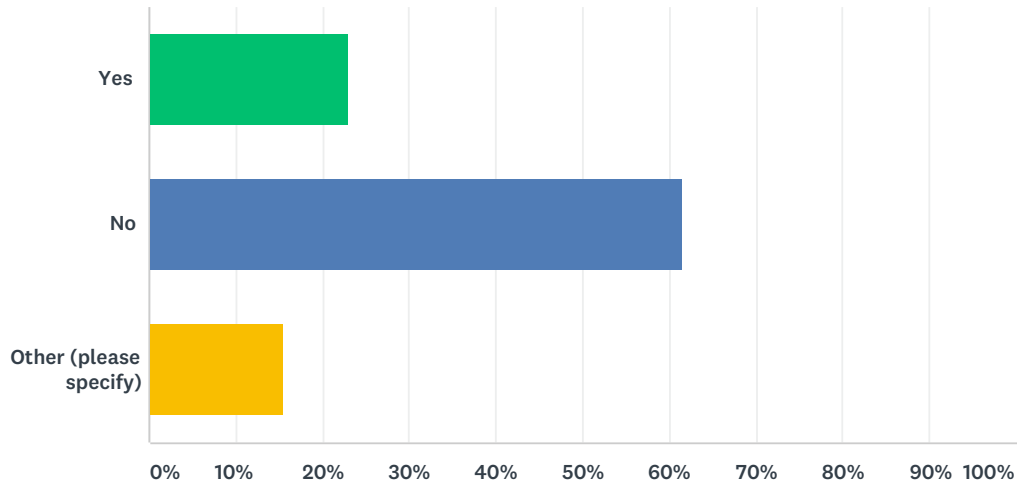


ANSWER CHOICES		RESPONSES	
Received treatment immediately		21.43%	3
Received treatment within 6 weeks		42.86%	6
Received treatment between 6 and 12 weeks		7.14%	1
Had to wait more than 12 weeks.Please tell us in the space below how long you had to wait before receiving treatment:		28.57%	4
TOTAL			14

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE TELL US IN THE SPACE BELOW HOW LONG YOU HAD TO WAIT BEFORE RECEIVING TREATMENT:	DATE
1	8 years and yes I do mean years	1/24/2019 9:17 PM
2	7 months	1/2/2019 2:44 PM
3	approx 15weeks	12/21/2018 11:02 AM
4	On behalf of individual - still ongoing from November 2018	12/20/2018 3:31 PM

Q33 If there was a delay in starting to access treatment were you offered support in the interim?

Answered: 13 Skipped: 82



ANSWER CHOICES		RESPONSES	
Yes		23.08%	3
No		61.54%	8
Other (please specify)		15.38%	2
TOTAL			13

#	OTHER (PLEASE SPECIFY)	DATE
1	NA	1/24/2019 2:24 PM
2	Patient refuses treatment due to illness	12/20/2018 3:31 PM

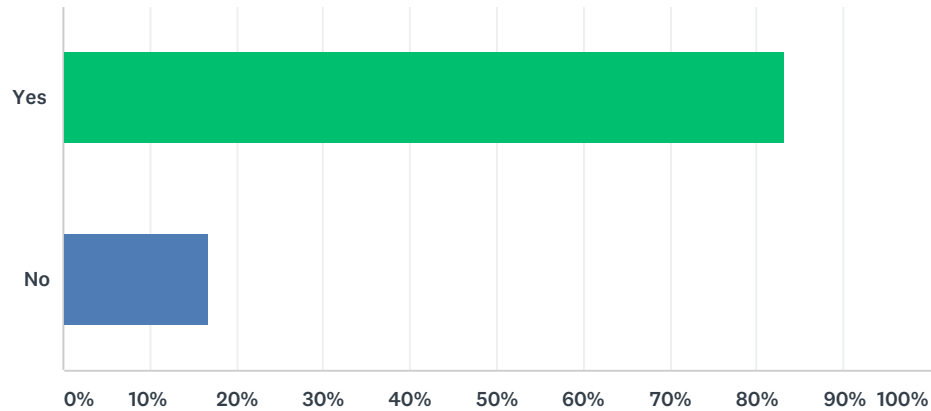
Q34 If yes, what support was offered?

Answered: 5 Skipped: 90

#	RESPONSES	DATE
1	Na	1/24/2019 9:53 PM
2	Na	1/5/2019 1:48 PM
3	Support groups rather than 1-1 Support	1/5/2019 11:02 AM
4	Medication and a referral to higher up services	1/5/2019 10:18 AM
5	I had my initial assessment in the June (after referring myself in May) and was given a phone number to contact if I needed any help. I didn't have my first appointment till the November...	1/2/2019 2:44 PM

Q35 At your first appointment did you meet the required criteria to continue to access the targeted support?

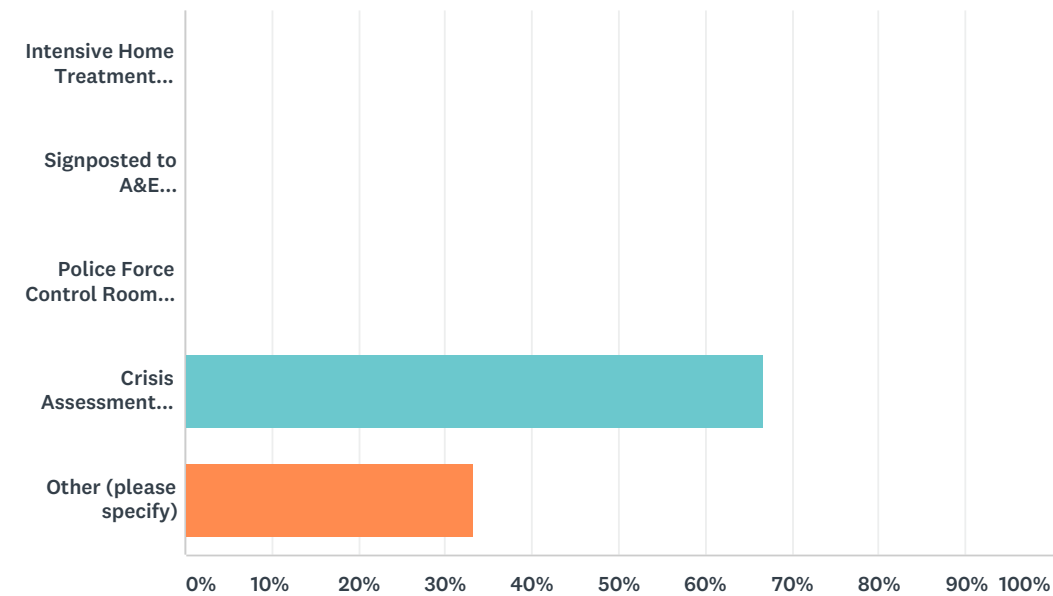
Answered: 12 Skipped: 83



ANSWER CHOICES		RESPONSES	
Yes		83.33%	10
No		16.67%	2
TOTAL			12

Q36 If no, what other support were you offered?

Answered: 3 Skipped: 92

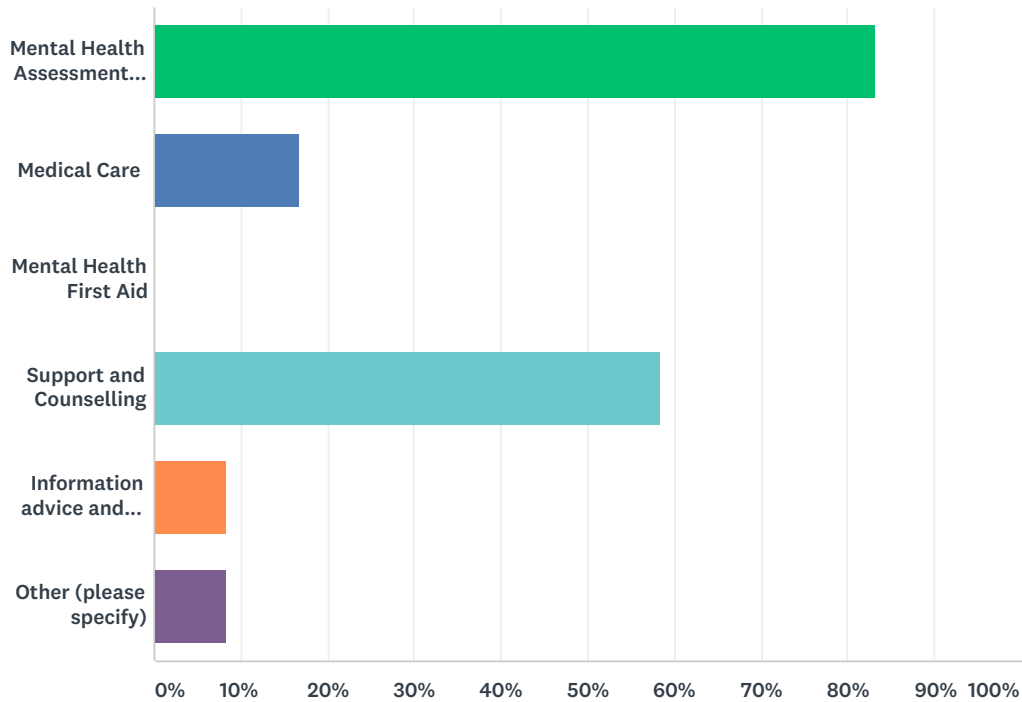


ANSWER CHOICES		RESPONSES	
Intensive Home Treatment Service		0.00%	0
Signposted to A&E (Psychiatric Liaison)		0.00%	0
Police Force Control Room (Mental Health Worker)		0.00%	0
Crisis Assessment Suite (CAS)		66.67%	2
Other (please specify)		33.33%	1
TOTAL			3

#	OTHER (PLEASE SPECIFY)	DATE
1	Nothing I was put on a waiting list	1/24/2019 9:17 PM

Q37 If yes what treatment did you receive? (Please tick all that apply)

Answered: 12 Skipped: 83

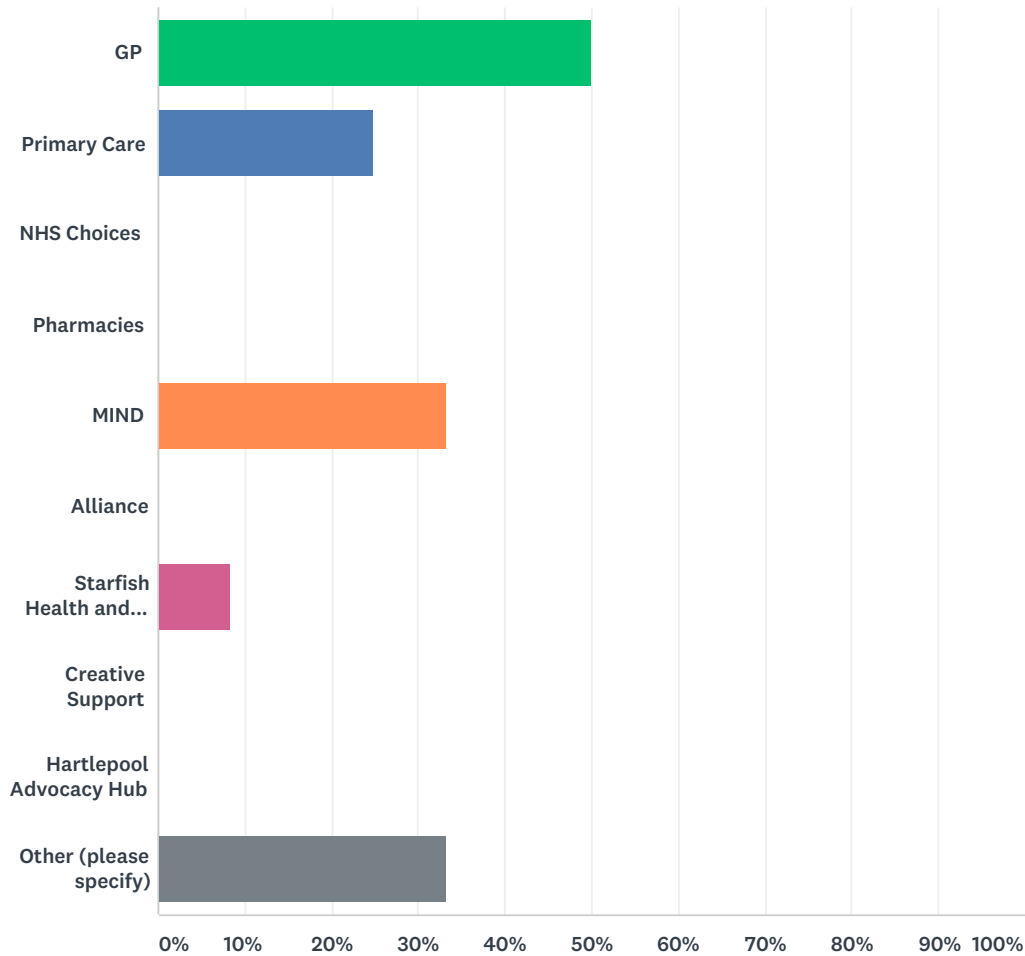


ANSWER CHOICES		RESPONSES	
Mental Health Assessment (Approved mental Health Professional)		83.33%	10
Medical Care		16.67%	2
Mental Health First Aid		0.00%	0
Support and Counselling		58.33%	7
Information advice and guidance		8.33%	1
Other (please specify)		8.33%	1
Total Respondents: 12			

#	OTHER (PLEASE SPECIFY)	DATE
1	Medication	1/5/2019 10:18 AM

Q38 Please tell us where did you receive treatments

Answered: 12 Skipped: 83

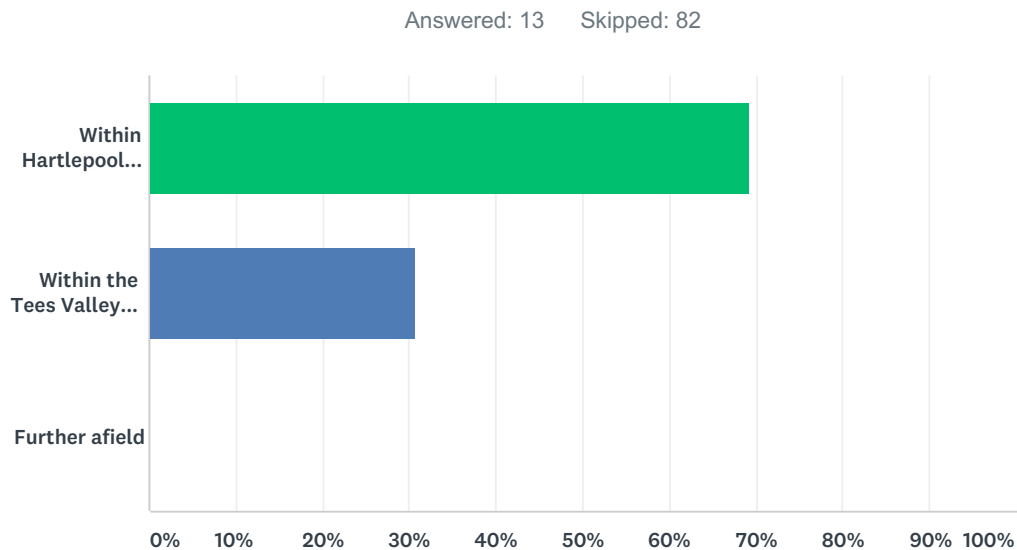


ANSWER CHOICES	RESPONSES	
GP	50.00%	6
Primary Care	25.00%	3
NHS Choices	0.00%	0
Pharmacies	0.00%	0
MIND	33.33%	4
Alliance	0.00%	0
Starfish Health and Wellbeing	8.33%	1
Creative Support	0.00%	0
Hartlepool Advocacy Hub	0.00%	0
Other (please specify)	33.33%	4
Total Respondents: 12		

Experiences of Mental Health Services

#	OTHER (PLEASE SPECIFY)	DATE
1	Home	1/24/2019 5:30 PM
2	Stewart House	1/24/2019 2:25 PM
3	Sandwell Park	1/11/2019 1:46 PM
4	TEWV	1/6/2019 1:15 AM

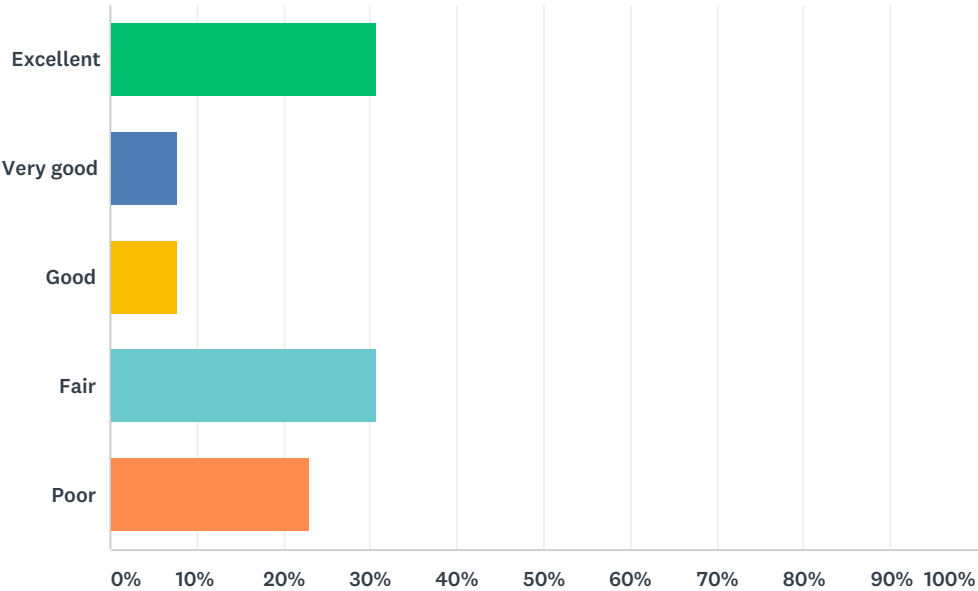
Q39 How far did you have to travel from home to receive your treatment?



ANSWER CHOICES	RESPONSES	
Within Hartlepool Borough	69.23%	9
Within the Tees Valley e.g. Middlesbrough, Stockton, Darlington or Redcar area	30.77%	4
Further afield	0.00%	0
TOTAL		13

Q40 Overall, how would you rate the service or treatment you received from the service provider?

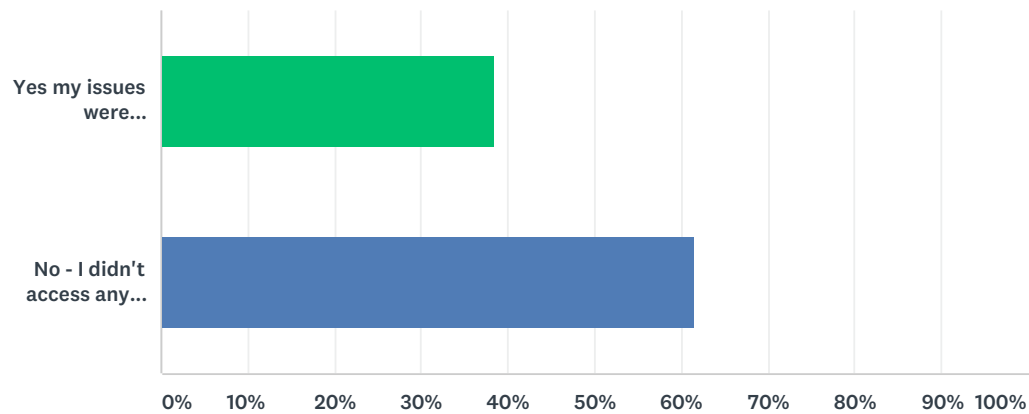
Answered: 13 Skipped: 82



ANSWER CHOICES	RESPONSES	
Excellent	30.77%	4
Very good	7.69%	1
Good	7.69%	1
Fair	30.77%	4
Poor	23.08%	3
TOTAL		13

Q41 Was your issue resolved by using targeted and specialist support?

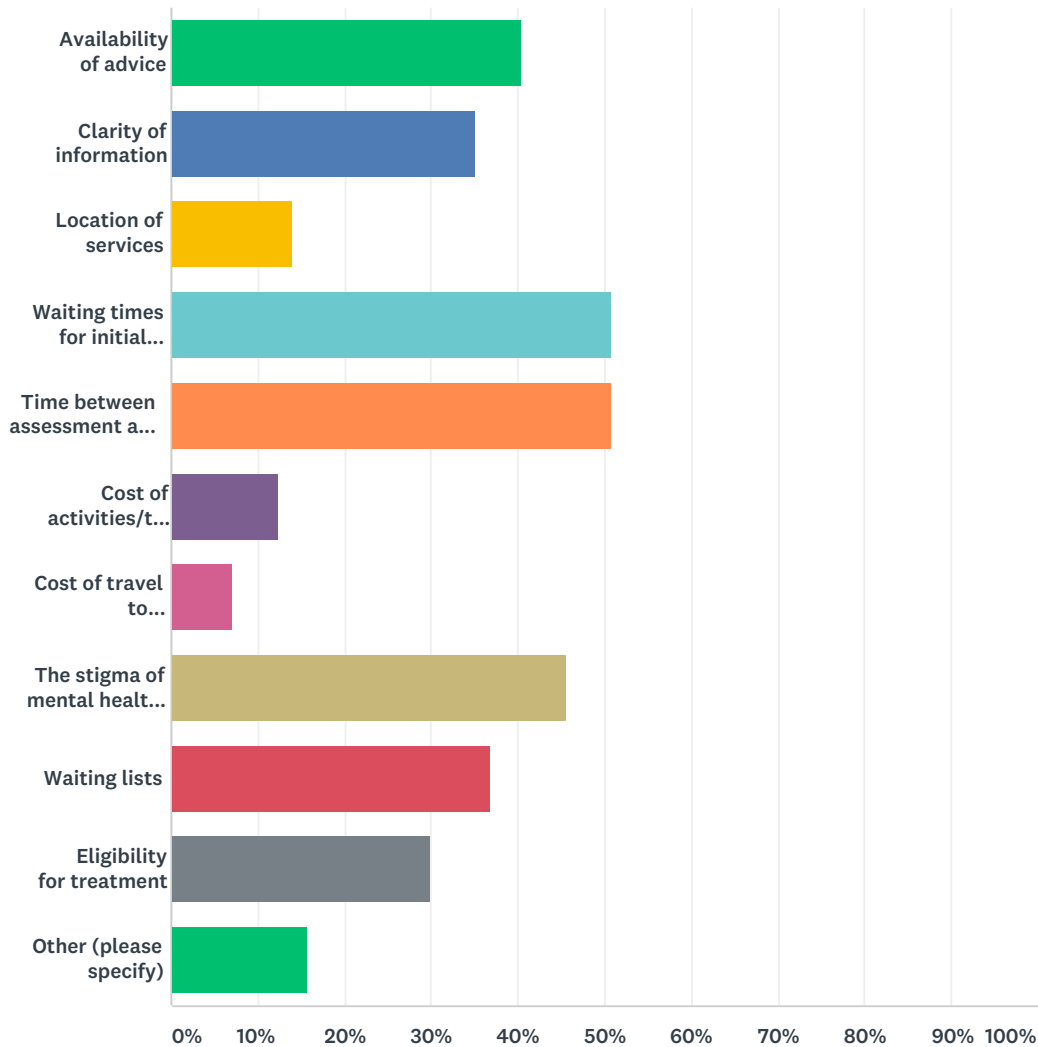
Answered: 13 Skipped: 82



ANSWER CHOICES		RESPONSES	
Yes my issues were resolved/are being managed		38.46%	5
No - I didn't access any further services		61.54%	8
TOTAL			13

Q42 Please can you tell us what you feel are the main barriers or challenges to accessing mental health services in Hartlepool. (please tick all that apply)

Answered: 57 Skipped: 38



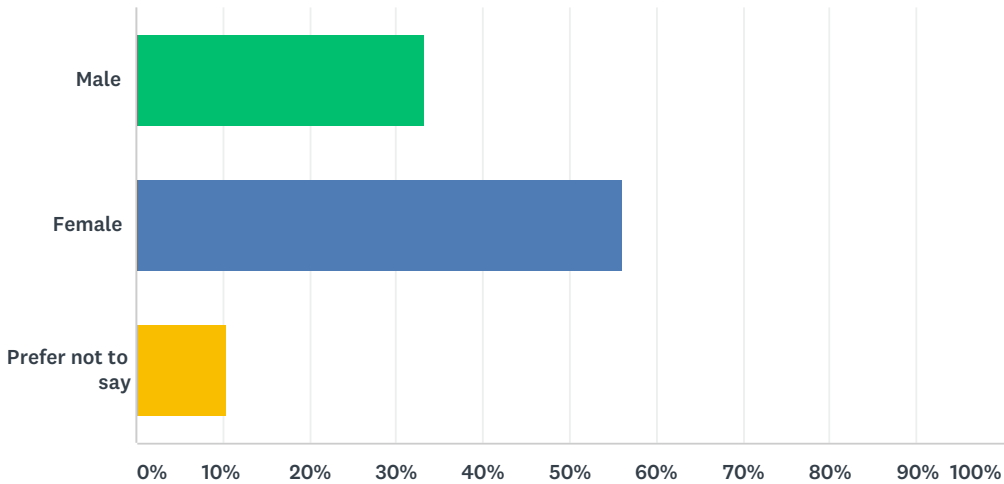
ANSWER CHOICES	RESPONSES	
Availability of advice	40.35%	23
Clarity of information	35.09%	20
Location of services	14.04%	8
Waiting times for initial assessment	50.88%	29
Time between assessment and treatment	50.88%	29
Cost of activities/tools eg online subscriptions, cost of books etc	12.28%	7
Cost of travel to service/treatments	7.02%	4
The stigma of mental health issues	45.61%	26

Waiting lists	36.84%	21
Eligibility for treatment	29.82%	17
Other (please specify)	15.79%	9
Total Respondents: 57		

#	OTHER (PLEASE SPECIFY)	DATE
1	No specialist service for PTSD	1/25/2019 8:01 AM
2	Moving from child to adult mental health took to long, the same level of care is not there, no one rings you back and you can never get to speak to anyone, still trying to sort medication out 20 m later, shocking service	1/24/2019 3:05 PM
3	The nature of some mental health issues actually stop you accessing what you need without human help.	1/15/2019 2:22 PM
4	Giving people false hope	1/10/2019 6:53 PM
5	Lack of treatment choices. Limited to CBT or counseling, which don't work.	1/6/2019 1:17 AM
6	No help for serious conditions	12/24/2018 6:30 AM
7	Lack of specialist services	12/24/2018 12:49 AM
8	Not seeing the same person all the time	12/20/2018 6:22 PM
9	On behalf of patient: Communication and lack of proactivity of MH staff.	12/20/2018 3:36 PM

Q43 Are you....

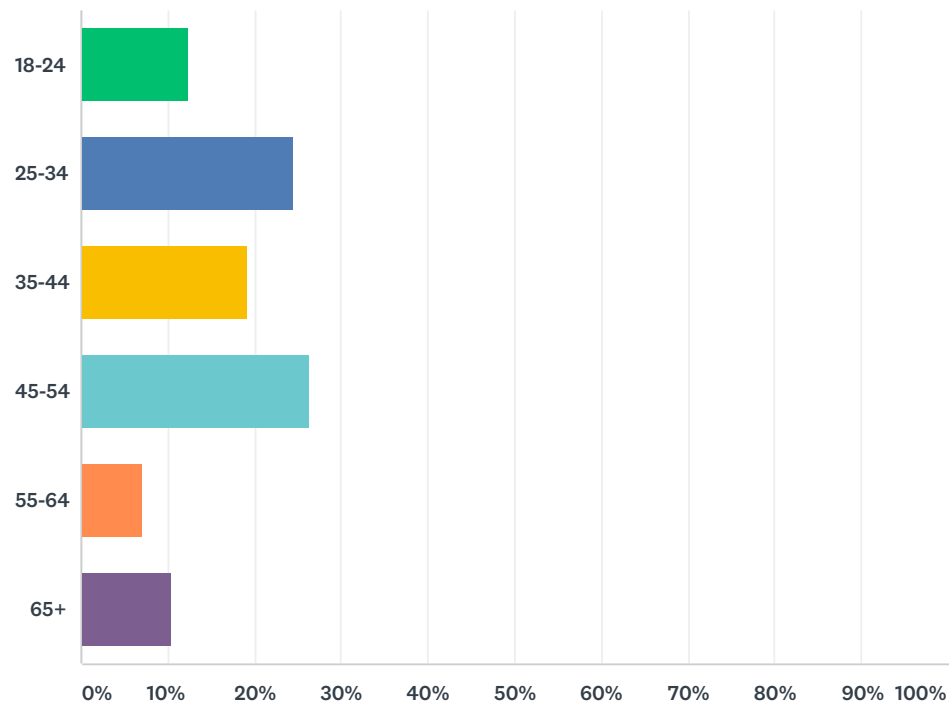
Answered: 57 Skipped: 38



ANSWER CHOICES		RESPONSES	
Male		33.33%	19
Female		56.14%	32
Prefer not to say		10.53%	6
TOTAL			57

Q44 Please tell us how old you are:

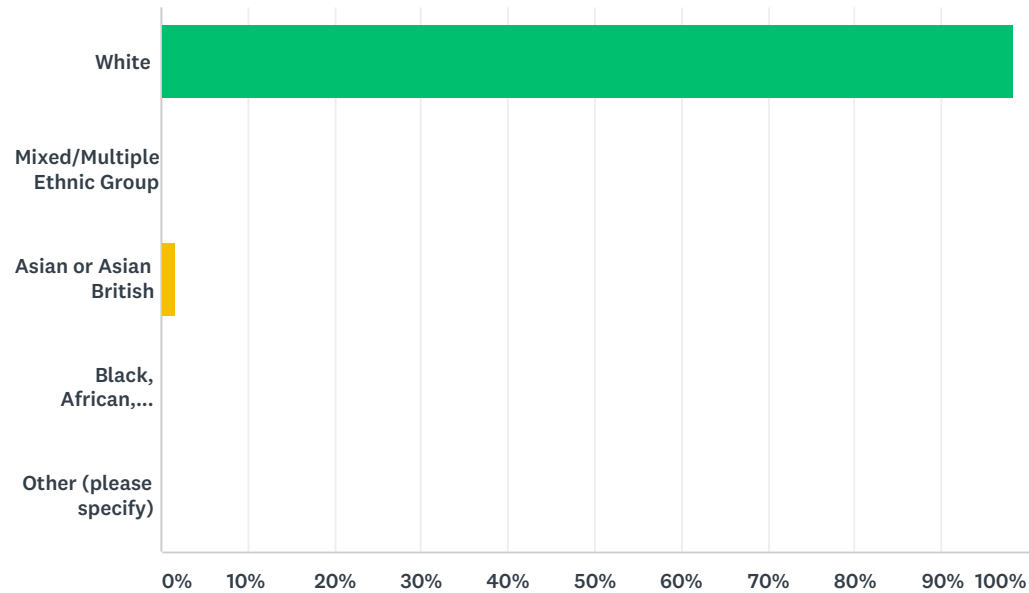
Answered: 57 Skipped: 38



ANSWER CHOICES	RESPONSES	
18-24	12.28%	7
25-34	24.56%	14
35-44	19.30%	11
45-54	26.32%	15
55-64	7.02%	4
65+	10.53%	6
TOTAL		57

Q45 Please tell us your ethnicity

Answered: 58 Skipped: 37

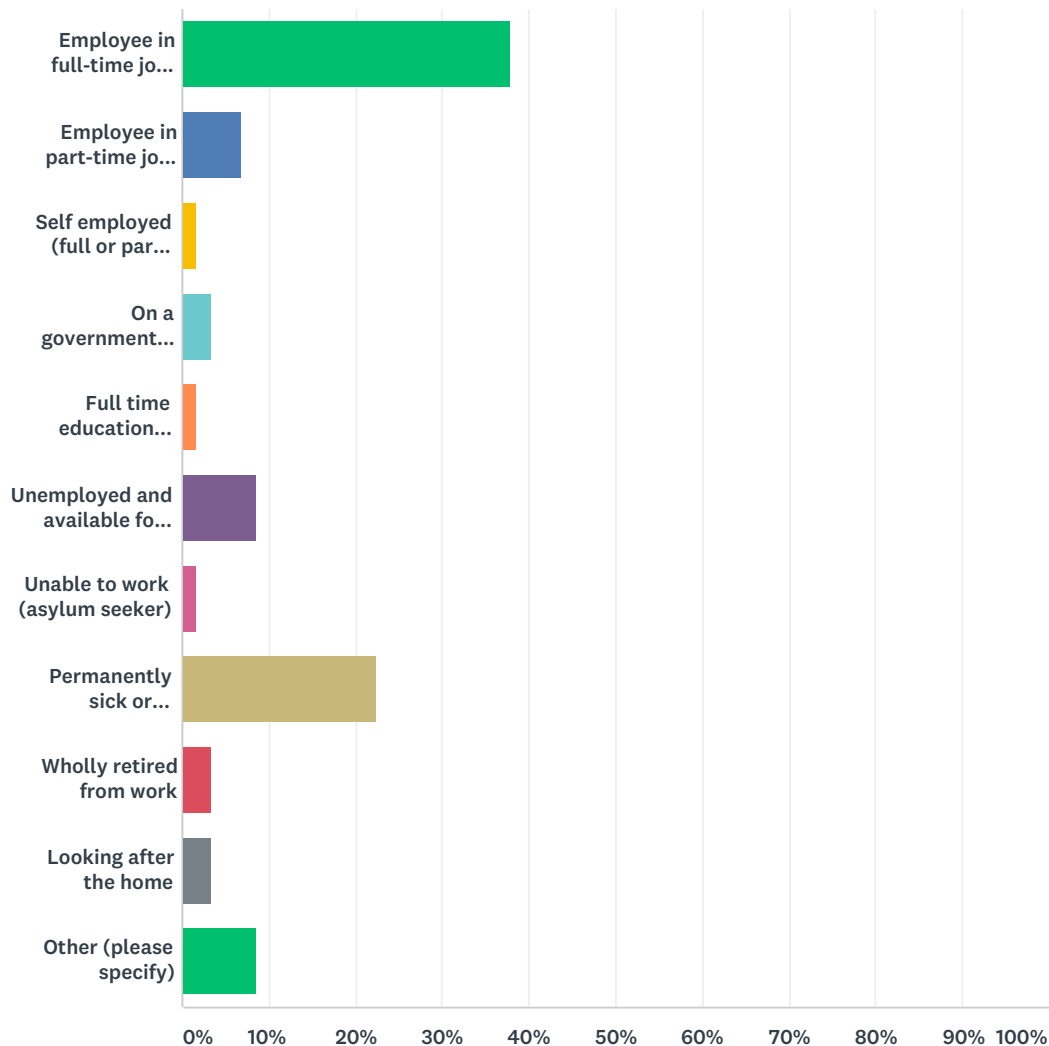


ANSWER CHOICES		RESPONSES	
White		98.28%	57
Mixed/Multiple Ethnic Group		0.00%	0
Asian or Asian British		1.72%	1
Black, African, Caribbean or Black British		0.00%	0
Other (please specify)		0.00%	0
TOTAL			58

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q46 Which of the following best describes what you are doing at present (please tick one box only)

Answered: 58 Skipped: 37



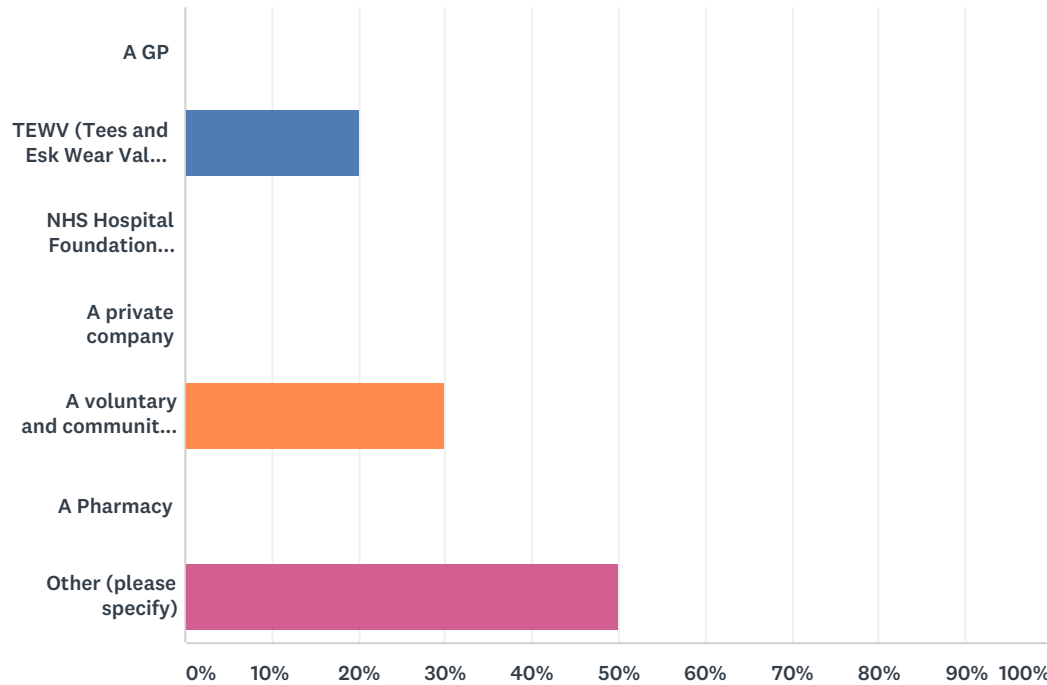
ANSWER CHOICES	RESPONSES	
Employee in full-time job (30 hours plus per week)	37.93%	22
Employee in part-time job (under 30 hours per week)	6.90%	4
Self employed (full or part time)	1.72%	1
On a government supported training programme (e.g. Modern Apprenticeship)	3.45%	2
Full time education school, college or university	1.72%	1
Unemployed and available for work	8.62%	5
Unable to work (asylum seeker)	1.72%	1
Permanently sick or disabled	22.41%	13
Wholly retired from work	3.45%	2

Looking after the home	3.45%	2
Other (please specify)	8.62%	5
TOTAL		58

#	OTHER (PLEASE SPECIFY)	DATE
1	Mother looking after son who accesses adult mental health service	1/24/2019 3:06 PM
2	Carer for my child who needs help but can't get any	1/24/2019 1:50 PM
3	Part-time Volunteer (under 30 hours per week)	1/12/2019 10:05 AM
4	My illness & disability stops me going to work before this I was employed for 27 years at my last employer..	1/5/2019 10:28 AM
5	part time contracted but work additional 20 hours making 40 total.	12/20/2018 5:38 PM

Q1 What type of provider are you?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES
A GP	0.00% 0
TEWV (Tees and Esk Wear Valley NHS Foundation Trust)	20.00% 2
NHS Hospital Foundation Trust	0.00% 0
A private company	0.00% 0
A voluntary and community sector organisation	30.00% 3
A Pharmacy	0.00% 0
Other (please specify)	50.00% 5
TOTAL	10

#	OTHER (PLEASE SPECIFY)	DATE
1	local authority	1/10/2019 3:41 PM
2	N.A	12/30/2018 11:40 AM
3	I'm not a provider, I access services	12/23/2018 11:37 PM
4	Teeswide Safeguarding Adults Board - Bus Unit	12/21/2018 12:37 PM
5	Voluntary Community Service	12/21/2018 12:10 PM

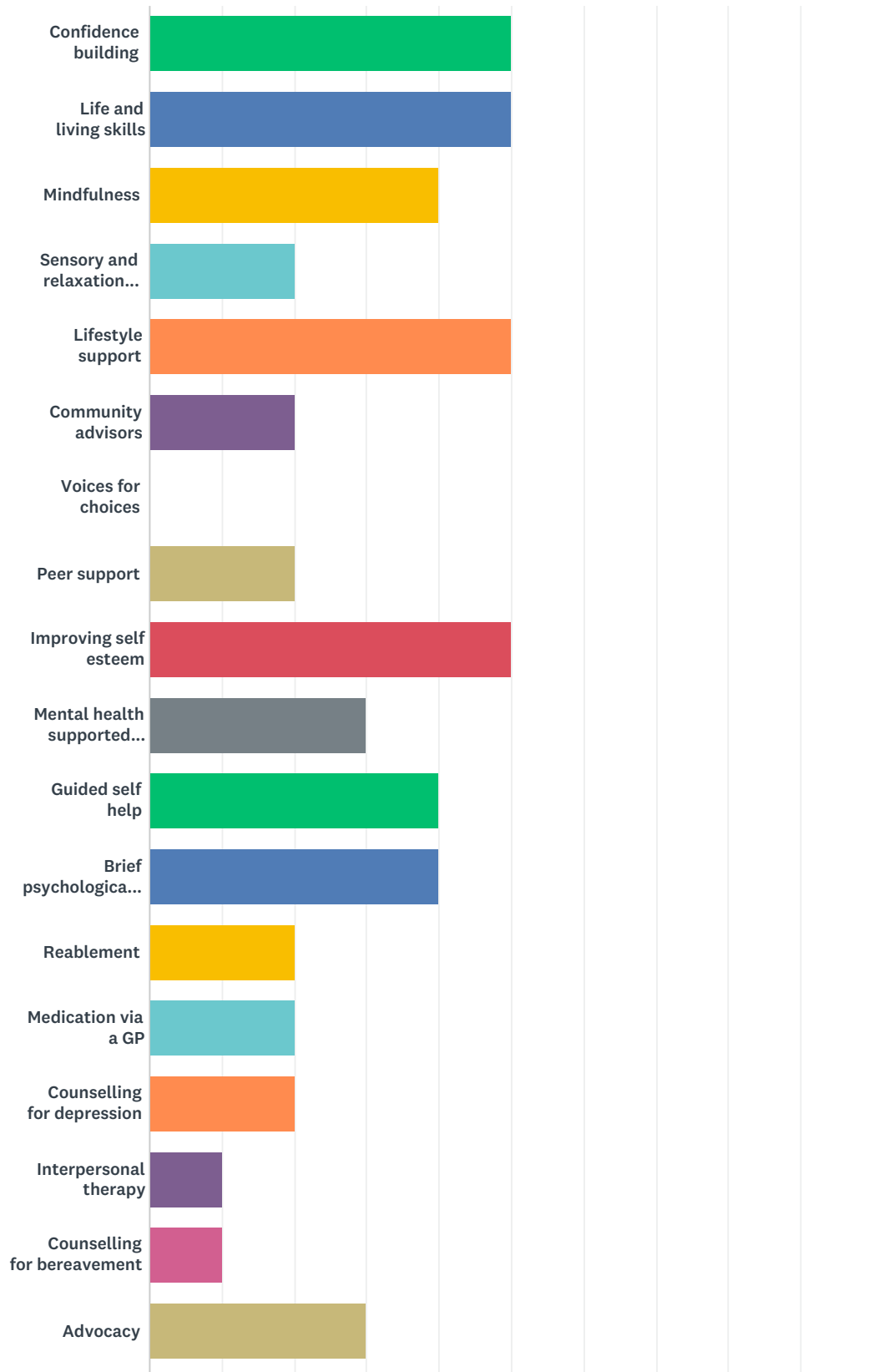
Q2 Please tell us the name of the body/service area you are from?

Answered: 9 Skipped: 1

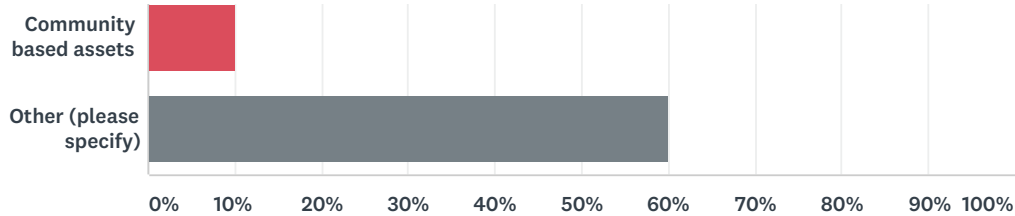
#	RESPONSES	DATE
1	HBC	1/10/2019 3:41 PM
2	hartlepool	1/2/2019 9:45 AM
3	N.A	12/30/2018 11:40 AM
4	TEWV CAMHS	12/28/2018 11:57 AM
5	Hartlepool	12/23/2018 11:37 PM
6	Hartlepool Affective (AMH)	12/21/2018 12:58 PM
7	Teeswide Safeguarding Adults Board - Bus Unit	12/21/2018 12:37 PM
8	Hartlepool Carers	12/21/2018 12:10 PM
9	Hartlepool Citizens Advice Bureau	12/21/2018 11:59 AM

Q3 What types of preventative treatment services do you provide? (Please tick all that apply)

Answered: 10 Skipped: 0



Mental Health Services - Providers

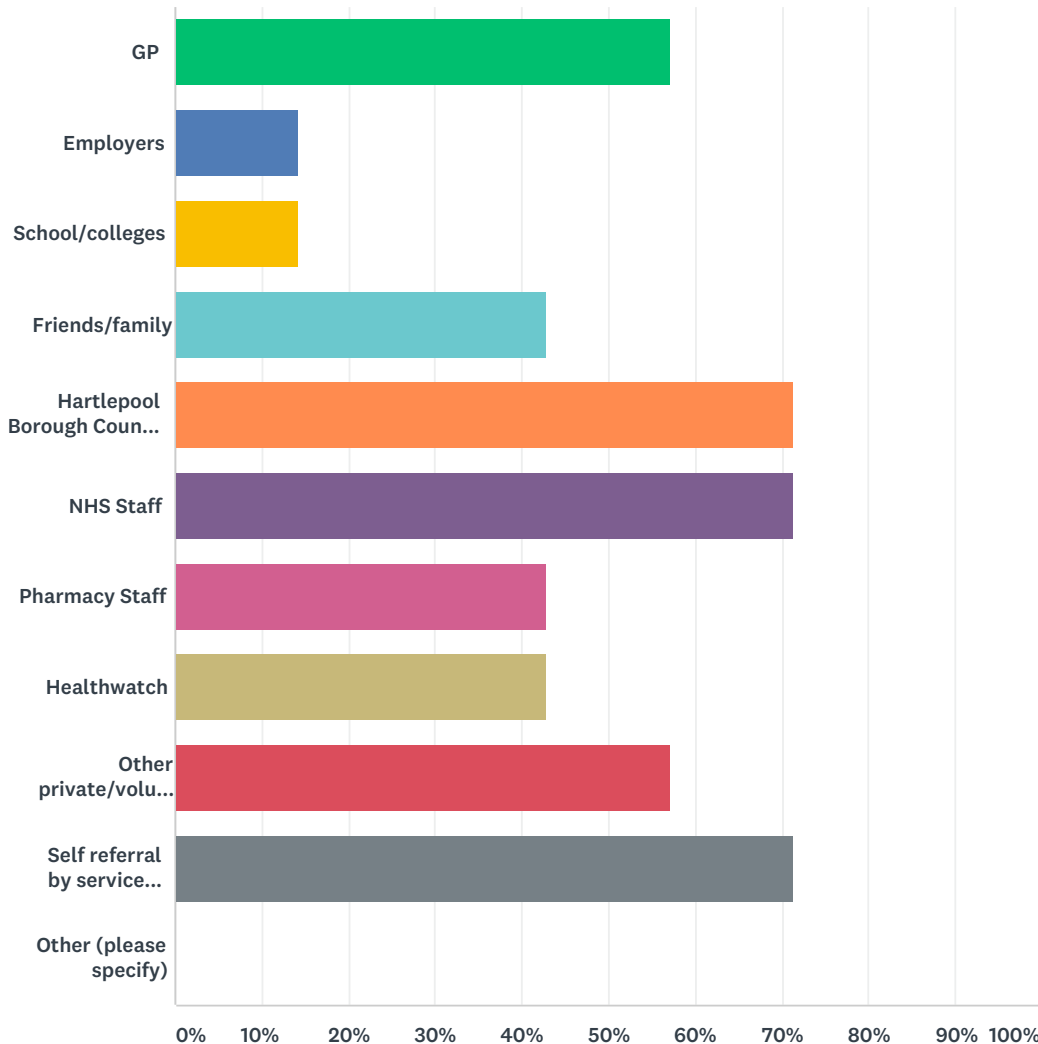


ANSWER CHOICES	RESPONSES	
Confidence building	50.00%	5
Life and living skills	50.00%	5
Mindfulness	40.00%	4
Sensory and relaxation techniques	20.00%	2
Lifestyle support	50.00%	5
Community advisors	20.00%	2
Voices for choices	0.00%	0
Peer support	20.00%	2
Improving self esteem	50.00%	5
Mental health supported employment services	30.00%	3
Guided self help	40.00%	4
Brief psychological intervention	40.00%	4
Reablement	20.00%	2
Medication via a GP	20.00%	2
Counselling for depression	20.00%	2
Interpersonal therapy	10.00%	1
Counselling for bereavement	10.00%	1
Advocacy	30.00%	3
Community based assets	10.00%	1
Other (please specify)	60.00%	6
Total Respondents: 10		

#	OTHER (PLEASE SPECIFY)	DATE
1	mentarl.health concordat	1/8/2019 2:40 PM
2	N.A	12/30/2018 11:40 AM
3	I access I don't provide	12/23/2018 11:37 PM
4	Medication review, OT, Psychological therapy e.g. DBT, CBT, etc.	12/21/2018 12:58 PM
5	Training linked to this subject and signposting to services	12/21/2018 12:37 PM
6	Advice on a range of issues	12/21/2018 11:59 AM

Q4 Thinking about the last 12 months, please tell us where your referrals come from (please tick all that apply)

Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
GP	57.14%	4
Employers	14.29%	1
School/colleges	14.29%	1
Friends/family	42.86%	3
Hartlepool Borough Council Staff	71.43%	5
NHS Staff	71.43%	5
Pharmacy Staff	42.86%	3
Healthwatch	42.86%	3
Other private/voluntary and community groups	57.14%	4

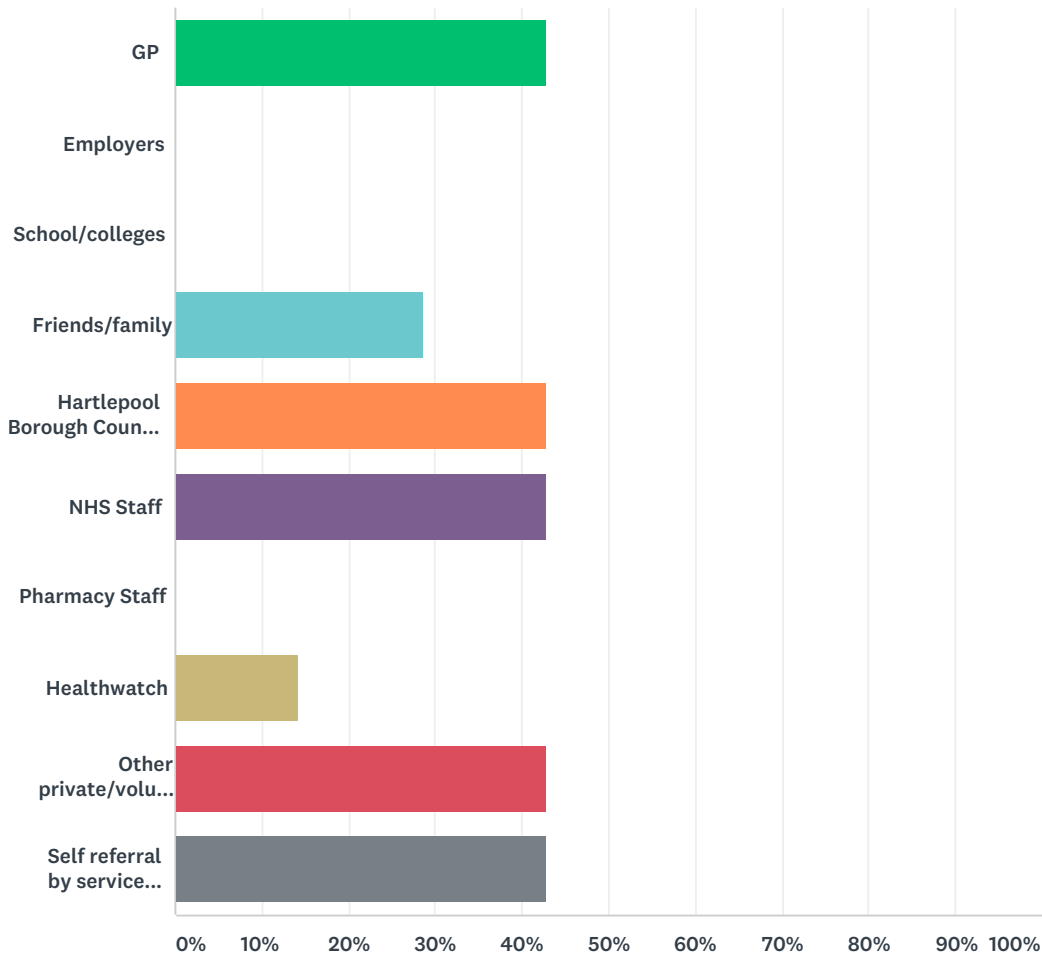
Mental Health Services - Providers

Self referral by service users	71.43%	5
Other (please specify)	0.00%	0
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q5 Again thinking about the last 12 months, we would like to know where you get the most referral from - please tick your top three from the list below.

Answered: 7 Skipped: 3

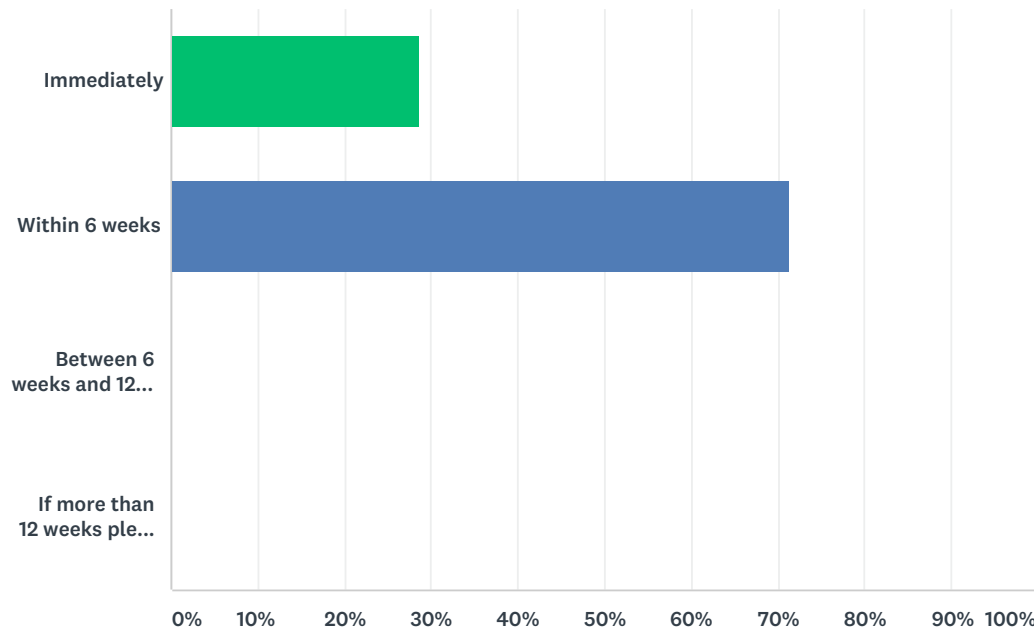


ANSWER CHOICES	RESPONSES	
GP	42.86%	3
Employers	0.00%	0
School/colleges	0.00%	0
Friends/family	28.57%	2
Hartlepool Borough Council Staff	42.86%	3
NHS Staff	42.86%	3
Pharmacy Staff	0.00%	0
Healthwatch	14.29%	1
Other private/voluntary and community groups	42.86%	3
Self referral by service users	42.86%	3

Total Respondents: 7

Q6 Still thinking about the last 12 months how long, on average, does it take for someone to begin to access your services?

Answered: 7 Skipped: 3

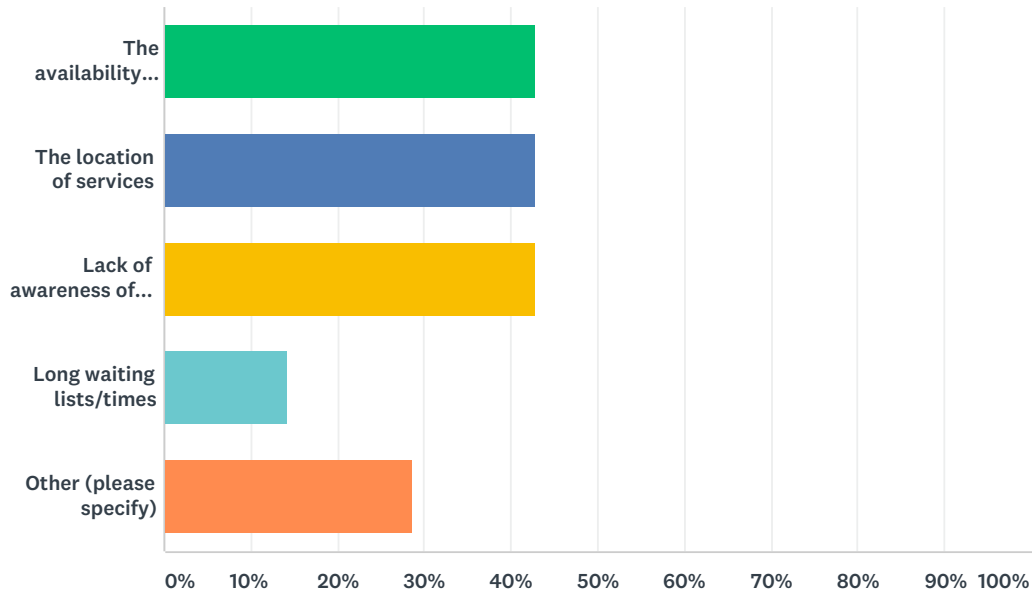


ANSWER CHOICES	RESPONSES	
Immediately	28.57%	2
Within 6 weeks	71.43%	5
Between 6 weeks and 12 weeks	0.00%	0
If more than 12 weeks please tell us how long you think the average is	0.00%	0
TOTAL		7

#	IF MORE THAN 12 WEEKS PLEASE TELL US HOW LONG YOU THINK THE AVERAGE IS	DATE
	There are no responses.	

Q7 What do you feel are the barriers to users accessing your services? (Please tick all that apply)

Answered: 7 Skipped: 3

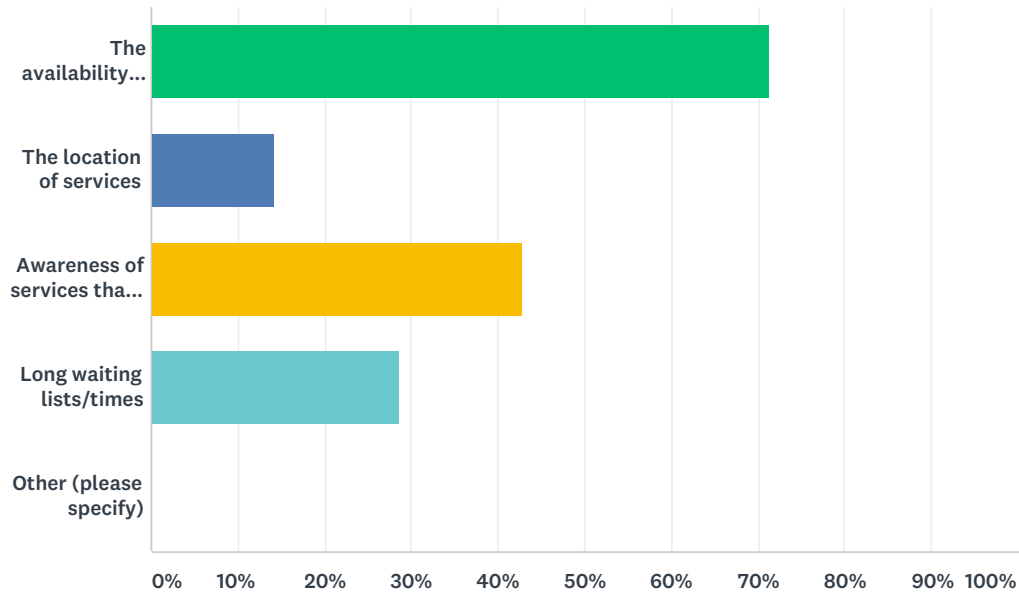


ANSWER CHOICES	RESPONSES	
The availability of the services/lack of resources	42.86%	3
The location of services	42.86%	3
Lack of awareness of services available	42.86%	3
Long waiting lists/times	14.29%	1
Other (please specify)	28.57%	2
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
1	Knowledge that we exist and access to IT	12/21/2018 12:39 PM
2	No particular barriers	12/21/2018 12:00 PM

Q8 What are the key barriers for your to referring clients on to further services? (Please tick all that apply)

Answered: 7 Skipped: 3

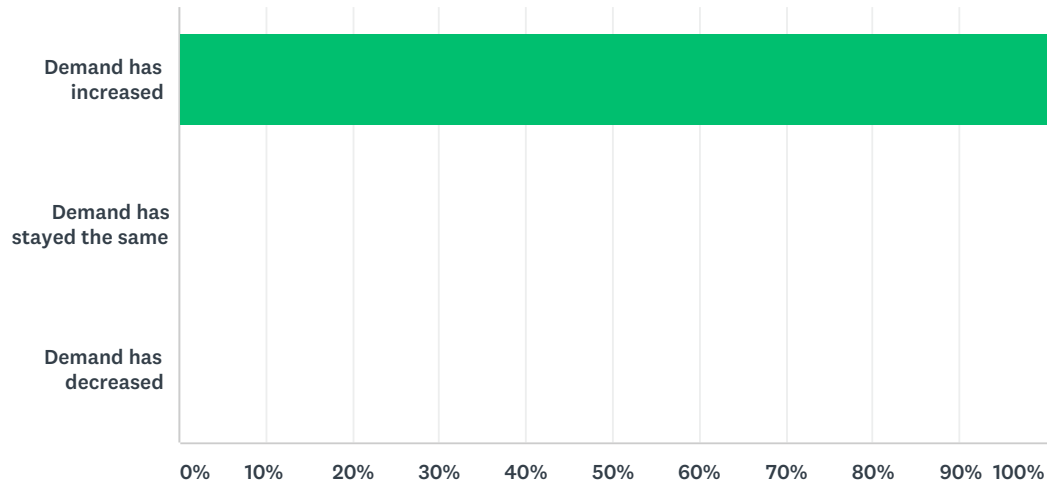


ANSWER CHOICES	RESPONSES	
The availability of services	71.43%	5
The location of services	14.29%	1
Awareness of services that are available	42.86%	3
Long waiting lists/times	28.57%	2
Other (please specify)	0.00%	0
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q9 Now thinking about the last 5 years how has the demand changed for your services?

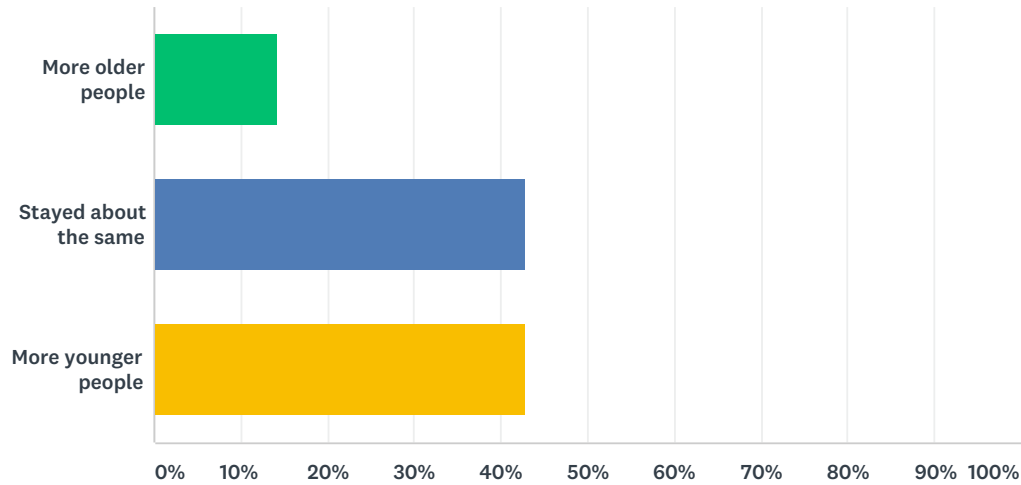
Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
Demand has increased	100.00%	7
Demand has stayed the same	0.00%	0
Demand has decreased	0.00%	0
TOTAL		7

Q10 Again over the last 5 years has the age of your service users changed?

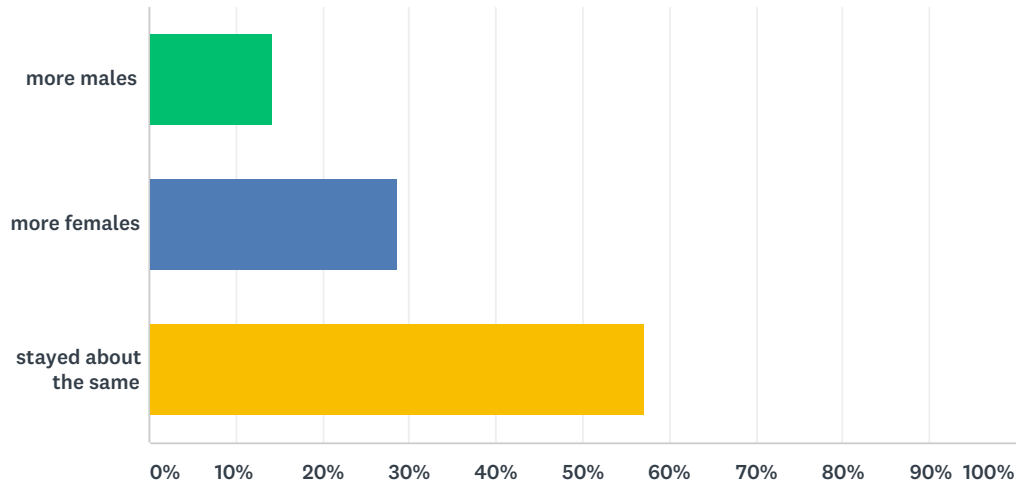
Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
More older people	14.29%	1
Stayed about the same	42.86%	3
More younger people	42.86%	3
TOTAL		7

Q11 And now thinking about the gender of your service users do you have...

Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
more males	14.29%	1
more females	28.57%	2
stayed about the same	57.14%	4
TOTAL		7

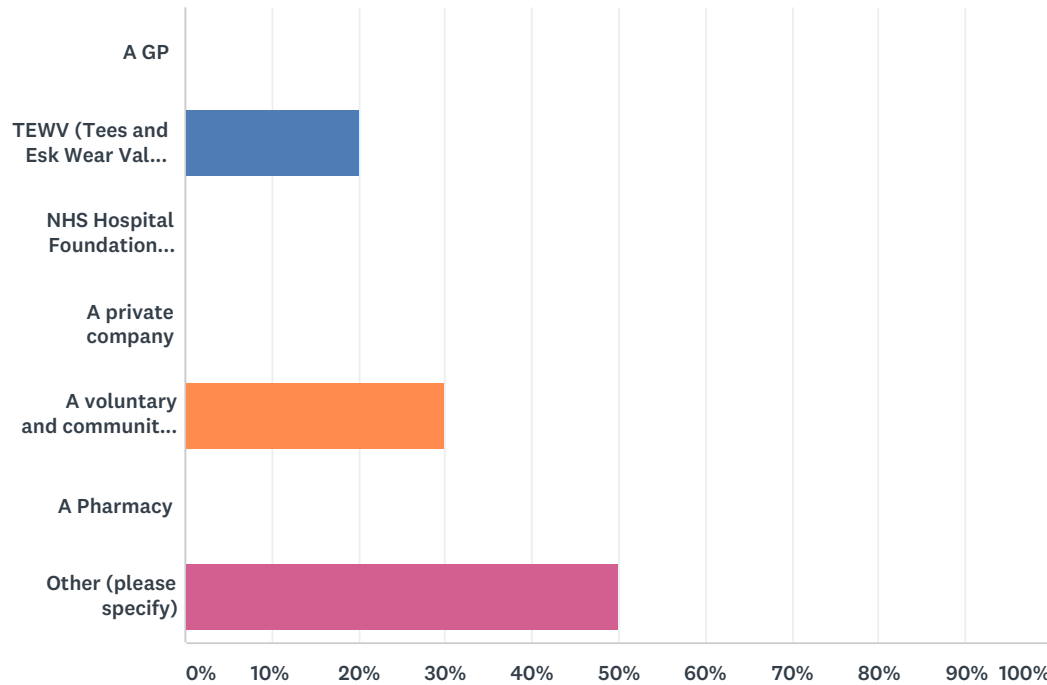
Q12 Finally how do you think services across the sector could be improved?

Answered: 6 Skipped: 4

#	RESPONSES	DATE
1	Improved information & support for self help & community assets. Improved access via single point, increased crisis support for MH/Social Care needs, ie crisis bed/sanctuary	1/10/2019 3:43 PM
2	bring services back to Hartlepool	1/8/2019 2:45 PM
3	Challenges are high DNA rate in access, few place to refer to from access- MIND, Alliance and Harbour. Alliance seem to put many blocks to accepting referrals to a point where some of our clinicians are avoiding referring into Alliance.	12/21/2018 1:05 PM
4	Should be an overall greater focus on primary prevention, and although crisis services offer secondary prevention, the funding framework needs to shift towards the primary end of the spectrum, which fits with the TSAB's Vision.	12/21/2018 12:43 PM
5	Further financial investment to continue services that are working for our community. Increased joined up working and sharing of resources. To listen to our community and recognise the need for preventative measures rather than working with the community when needs are higher, requiring more specialist intervention.	12/21/2018 12:15 PM
6	Better understanding of who does what and what services they provide.	12/21/2018 12:01 PM

Q1 What type of provider are you?

Answered: 10 Skipped: 0



ANSWER CHOICES	RESPONSES	
A GP	0.00%	0
TEWV (Tees and Esk Wear Valley NHS Foundation Trust)	20.00%	2
NHS Hospital Foundation Trust	0.00%	0
A private company	0.00%	0
A voluntary and community sector organisation	30.00%	3
A Pharmacy	0.00%	0
Other (please specify)	50.00%	5
TOTAL		10

#	OTHER (PLEASE SPECIFY)	DATE
1	local authority	1/10/2019 3:41 PM
2	N.A	12/30/2018 11:40 AM
3	I'm not a provider, I access services	12/23/2018 11:37 PM
4	Teeswide Safeguarding Adults Board - Bus Unit	12/21/2018 12:37 PM
5	Voluntary Community Service	12/21/2018 12:10 PM

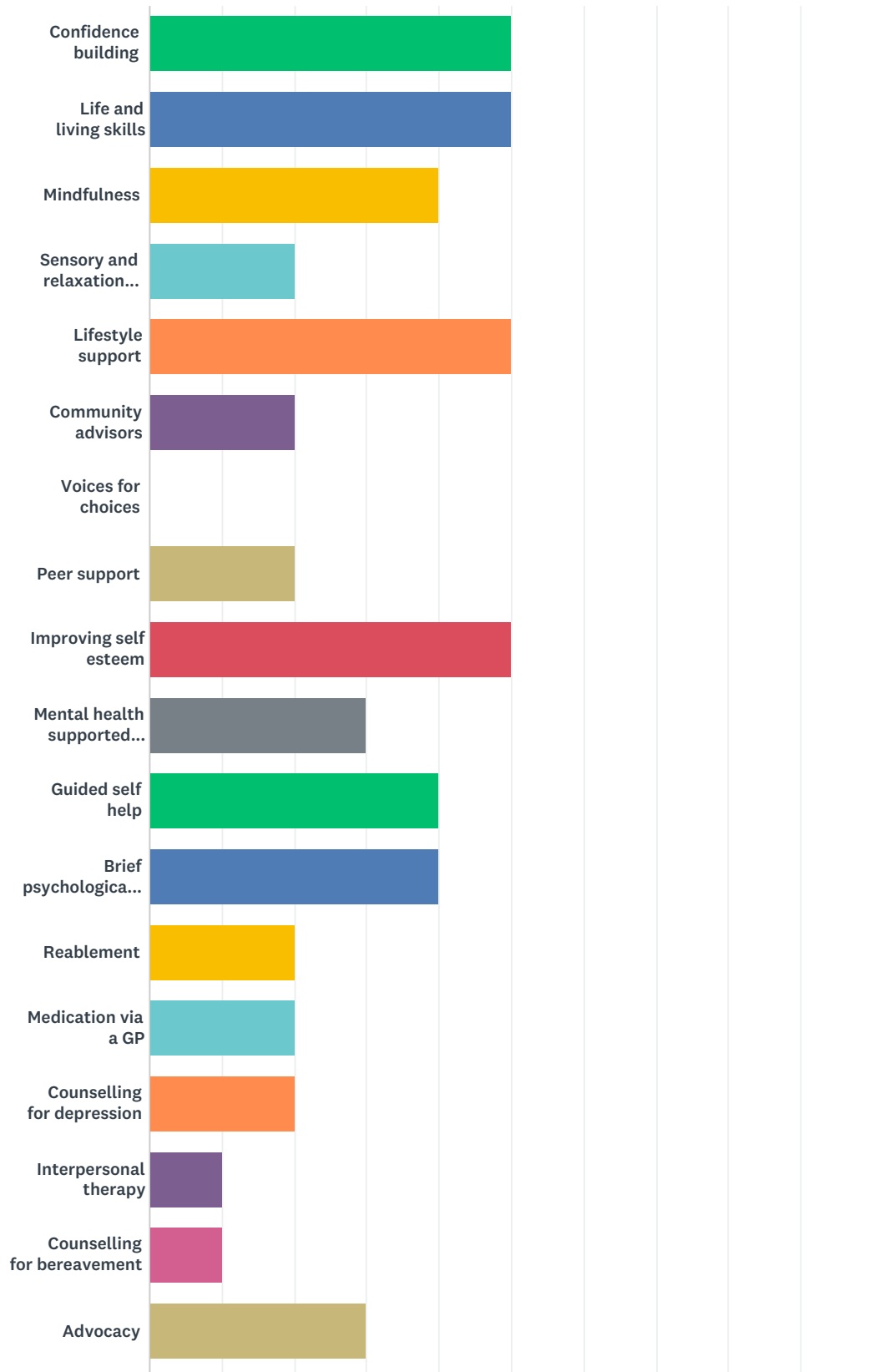
Q2 Please tell us the name of the body/service area you are from?

Answered: 9 Skipped: 1

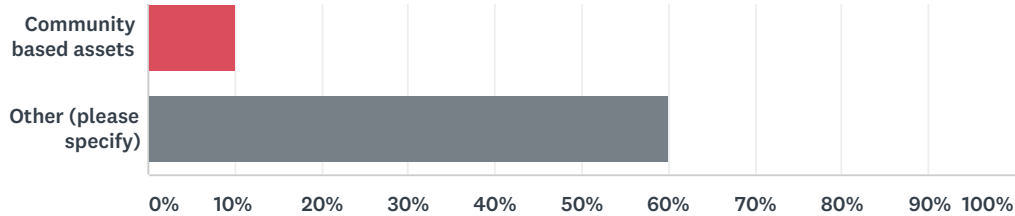
#	RESPONSES	DATE
1	HBC	1/10/2019 3:41 PM
2	hartlepool	1/2/2019 9:45 AM
3	N.A	12/30/2018 11:40 AM
4	TEWV CAMHS	12/28/2018 11:57 AM
5	Hartlepool	12/23/2018 11:37 PM
6	Hartlepool Affective (AMH)	12/21/2018 12:58 PM
7	Teeswide Safeguarding Adults Board - Bus Unit	12/21/2018 12:37 PM
8	Hartlepool Carers	12/21/2018 12:10 PM
9	Hartlepool Citizens Advice Bureau	12/21/2018 11:59 AM

Q3 What types of preventative treatment services do you provide? (Please tick all that apply)

Answered: 10 Skipped: 0



Mental Health Services - Providers

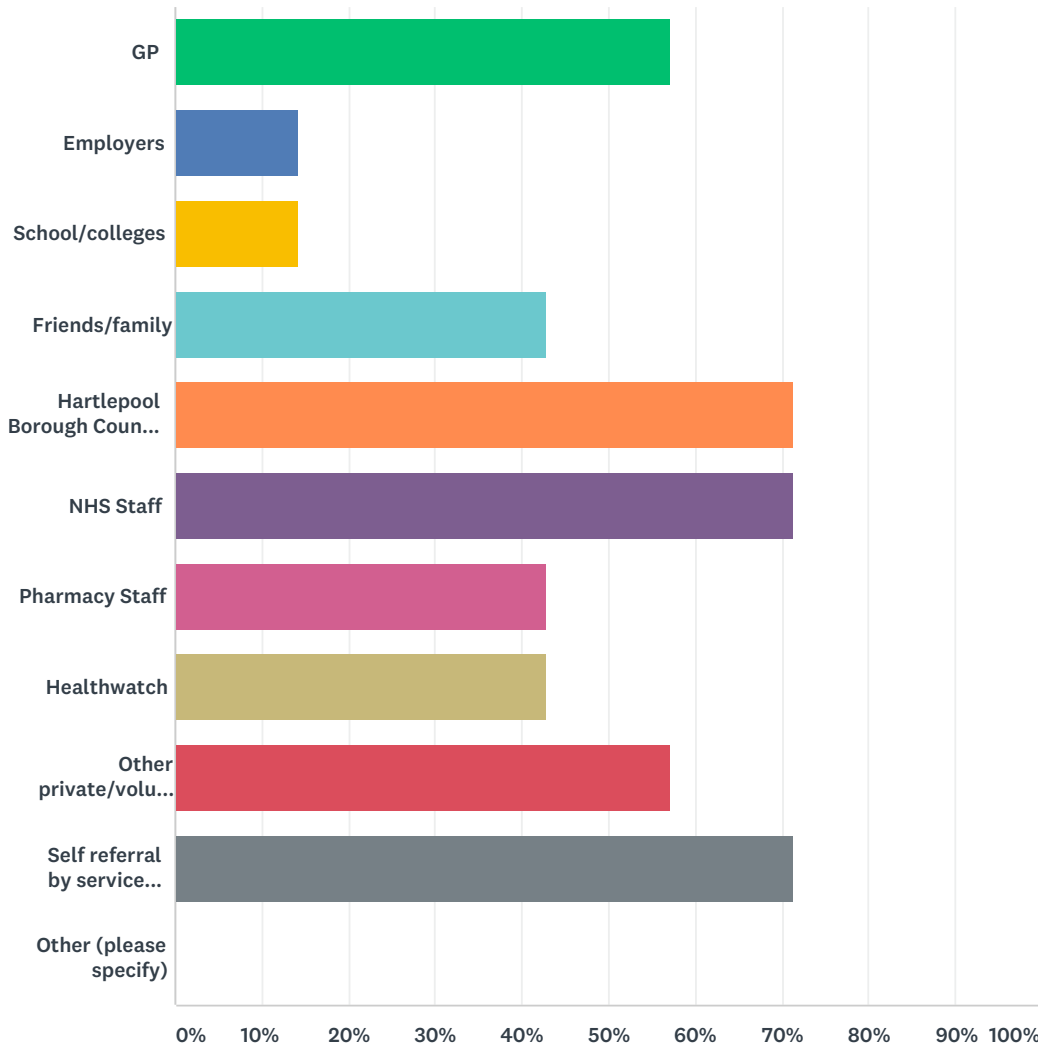


ANSWER CHOICES	RESPONSES	
Confidence building	50.00%	5
Life and living skills	50.00%	5
Mindfulness	40.00%	4
Sensory and relaxation techniques	20.00%	2
Lifestyle support	50.00%	5
Community advisors	20.00%	2
Voices for choices	0.00%	0
Peer support	20.00%	2
Improving self esteem	50.00%	5
Mental health supported employment services	30.00%	3
Guided self help	40.00%	4
Brief psychological intervention	40.00%	4
Reablement	20.00%	2
Medication via a GP	20.00%	2
Counselling for depression	20.00%	2
Interpersonal therapy	10.00%	1
Counselling for bereavement	10.00%	1
Advocacy	30.00%	3
Community based assets	10.00%	1
Other (please specify)	60.00%	6
Total Respondents: 10		

#	OTHER (PLEASE SPECIFY)	DATE
1	mentarl.health concordat	1/8/2019 2:40 PM
2	N.A	12/30/2018 11:40 AM
3	I access I don't provide	12/23/2018 11:37 PM
4	Medication review, OT, Psychological therapy e.g. DBT, CBT, etc.	12/21/2018 12:58 PM
5	Training linked to this subject and signposting to services	12/21/2018 12:37 PM
6	Advice on a range of issues	12/21/2018 11:59 AM

Q4 Thinking about the last 12 months, please tell us where your referrals come from (please tick all that apply)

Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
GP	57.14%	4
Employers	14.29%	1
School/colleges	14.29%	1
Friends/family	42.86%	3
Hartlepool Borough Council Staff	71.43%	5
NHS Staff	71.43%	5
Pharmacy Staff	42.86%	3
Healthwatch	42.86%	3
Other private/voluntary and community groups	57.14%	4

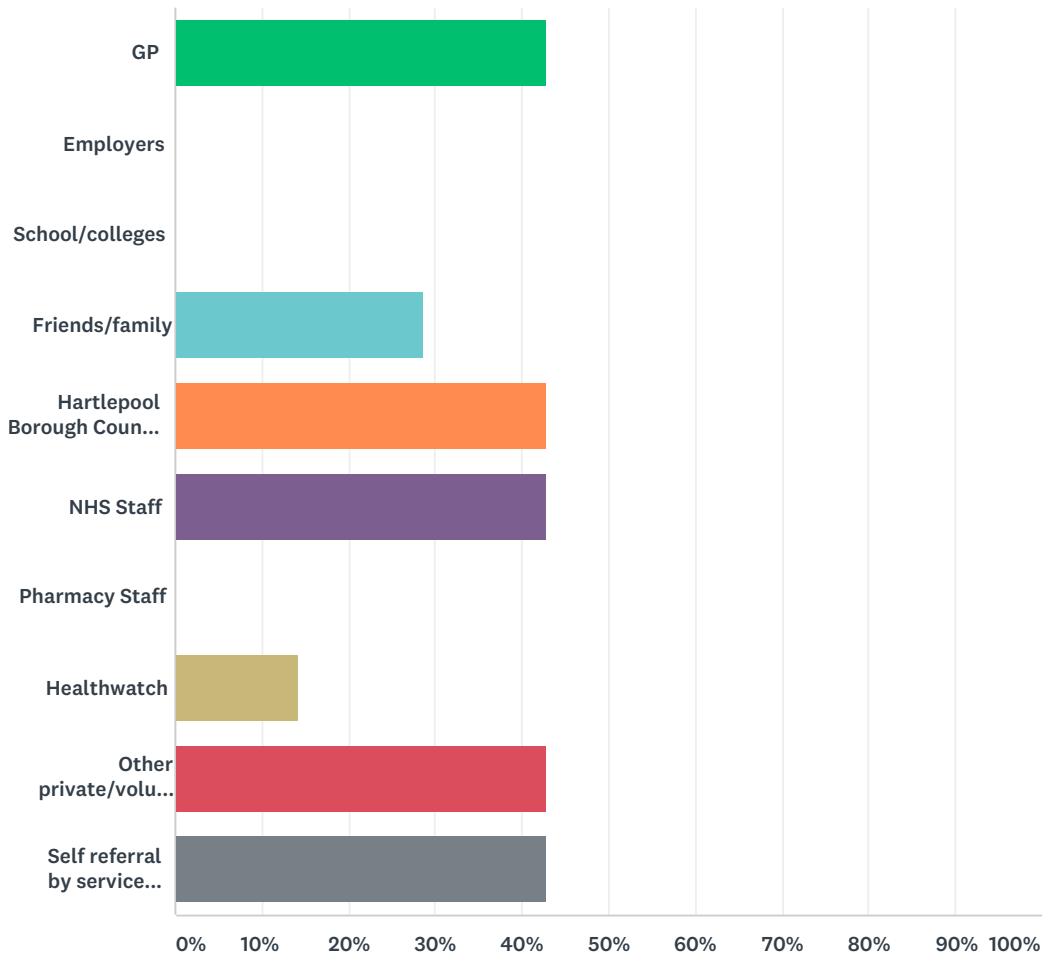
Mental Health Services - Providers

Self referral by service users	71.43%	5
Other (please specify)	0.00%	0
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q5 Again thinking about the last 12 months, we would like to know where you get the most referral from - please tick your top three from the list below.

Answered: 7 Skipped: 3

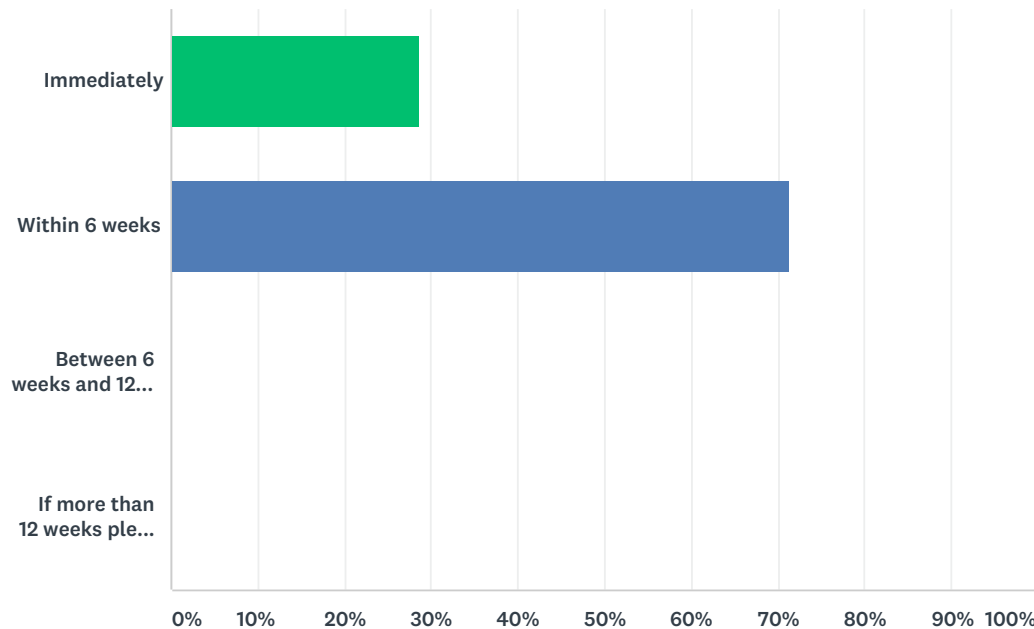


ANSWER CHOICES	RESPONSES	
GP	42.86%	3
Employers	0.00%	0
School/colleges	0.00%	0
Friends/family	28.57%	2
Hartlepool Borough Council Staff	42.86%	3
NHS Staff	42.86%	3
Pharmacy Staff	0.00%	0
Healthwatch	14.29%	1
Other private/voluntary and community groups	42.86%	3
Self referral by service users	42.86%	3

Total Respondents: 7

Q6 Still thinking about the last 12 months how long, on average, does it take for someone to begin to access your services?

Answered: 7 Skipped: 3

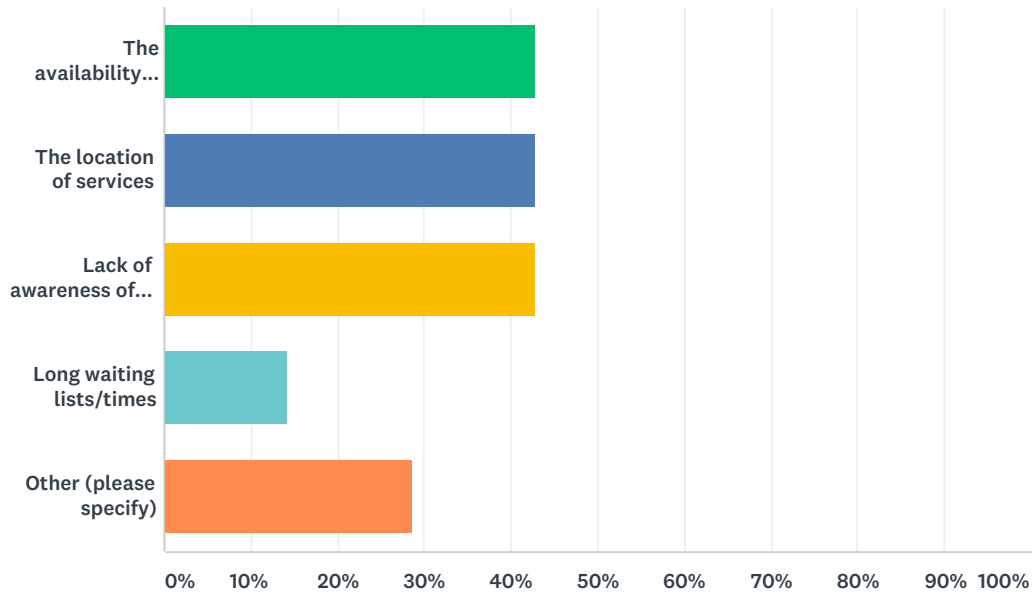


ANSWER CHOICES	RESPONSES	
Immediately	28.57%	2
Within 6 weeks	71.43%	5
Between 6 weeks and 12 weeks	0.00%	0
If more than 12 weeks please tell us how long you think the average is	0.00%	0
TOTAL		7

#	IF MORE THAN 12 WEEKS PLEASE TELL US HOW LONG YOU THINK THE AVERAGE IS	DATE
	There are no responses.	

Q7 What do you feel are the barriers to users accessing your services? (Please tick all that apply)

Answered: 7 Skipped: 3

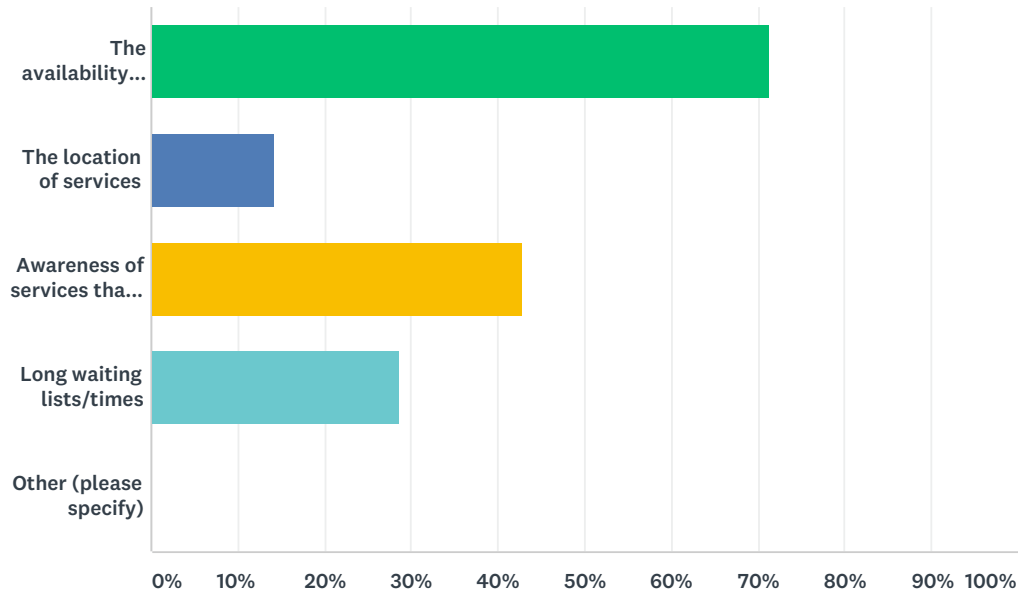


ANSWER CHOICES	RESPONSES	
The availability of the services/lack of resources	42.86%	3
The location of services	42.86%	3
Lack of awareness of services available	42.86%	3
Long waiting lists/times	14.29%	1
Other (please specify)	28.57%	2
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
1	Knowledge that we exist and access to IT	12/21/2018 12:39 PM
2	No particular barriers	12/21/2018 12:00 PM

Q8 What are the key barriers for your to referring clients on to further services? (Please tick all that apply)

Answered: 7 Skipped: 3

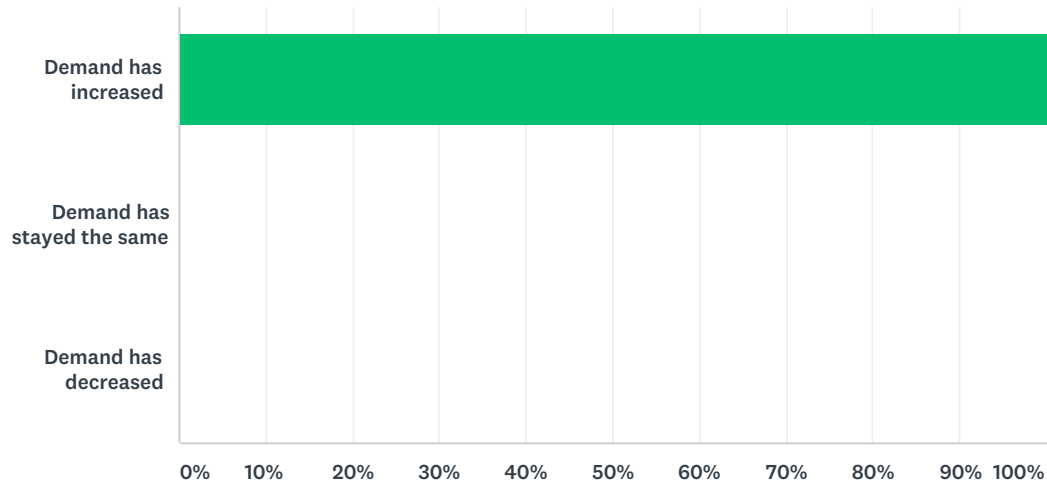


ANSWER CHOICES	RESPONSES	
The availability of services	71.43%	5
The location of services	14.29%	1
Awareness of services that are available	42.86%	3
Long waiting lists/times	28.57%	2
Other (please specify)	0.00%	0
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q9 Now thinking about the last 5 years how has the demand changed for your services?

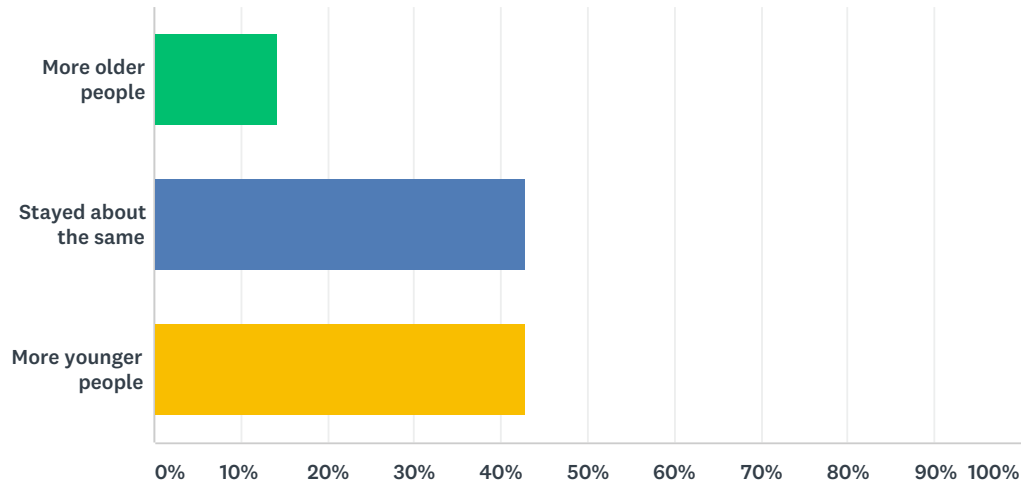
Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
Demand has increased	100.00%	7
Demand has stayed the same	0.00%	0
Demand has decreased	0.00%	0
TOTAL		7

Q10 Again over the last 5 years has the age of your service users changed?

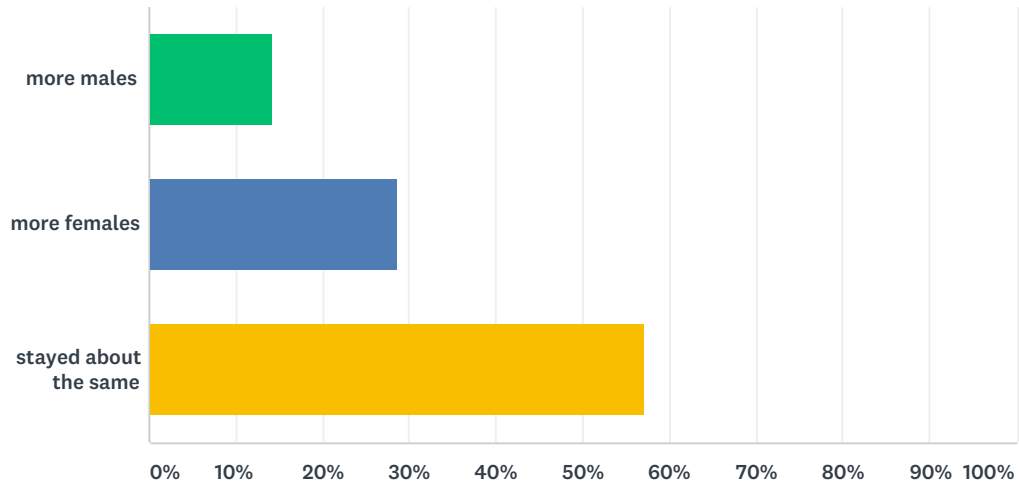
Answered: 7 Skipped: 3



ANSWER CHOICES	RESPONSES	
More older people	14.29%	1
Stayed about the same	42.86%	3
More younger people	42.86%	3
TOTAL		7

Q11 And now thinking about the gender of your service users do you have...

Answered: 7 Skipped: 3



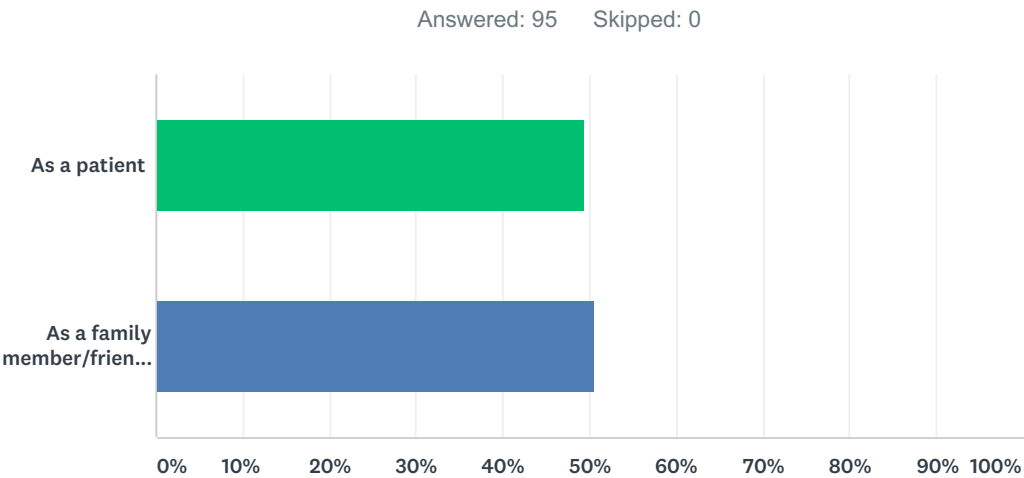
ANSWER CHOICES	RESPONSES	
more males	14.29%	1
more females	28.57%	2
stayed about the same	57.14%	4
TOTAL		7

Q12 Finally how do you think services across the sector could be improved?

Answered: 6 Skipped: 4

#	RESPONSES	DATE
1	Improved information & support for self help & community assets. Improved access via single point, increased crisis support for MH/Social Care needs, ie crisis bed/sanctuary	1/10/2019 3:43 PM
2	bring services back to Hartlepool	1/8/2019 2:45 PM
3	Challenges are high DNA rate in access, few place to refer to from access- MIND, Alliance and Harbour. Alliance seem to put many blocks to accepting referrals to a point where some of our clinicians are avoiding referring into Alliance.	12/21/2018 1:05 PM
4	Should be an overall greater focus on primary prevention, and although crisis services offer secondary prevention, the funding framework needs to shift towards the primary end of the spectrum, which fits with the TSAB's Vision.	12/21/2018 12:43 PM
5	Further financial investment to continue services that are working for our community. Increased joined up working and sharing of resources. To listen to our community and recognise the need for preventative measures rather than working with the community when needs are higher, requiring more specialist intervention.	12/21/2018 12:15 PM
6	Better understanding of who does what and what services they provide.	12/21/2018 12:01 PM

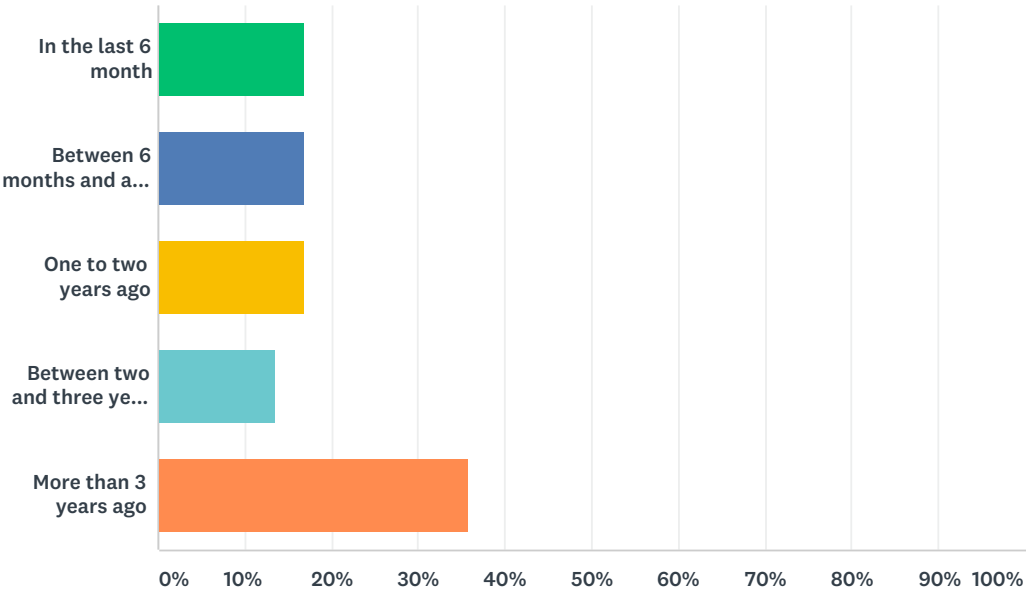
Q1 Please tell us if you are answering this survey as a patient who has experienced mental health services or as a family member/friend on behalf of a patient who has used mental health services in the last 3 years.



ANSWER CHOICES	RESPONSES	
As a patient	49.47%	47
As a family member/friend on behalf of a patient	50.53%	48
TOTAL		95

Q2 How long ago did you first start to access Mental Health Services?

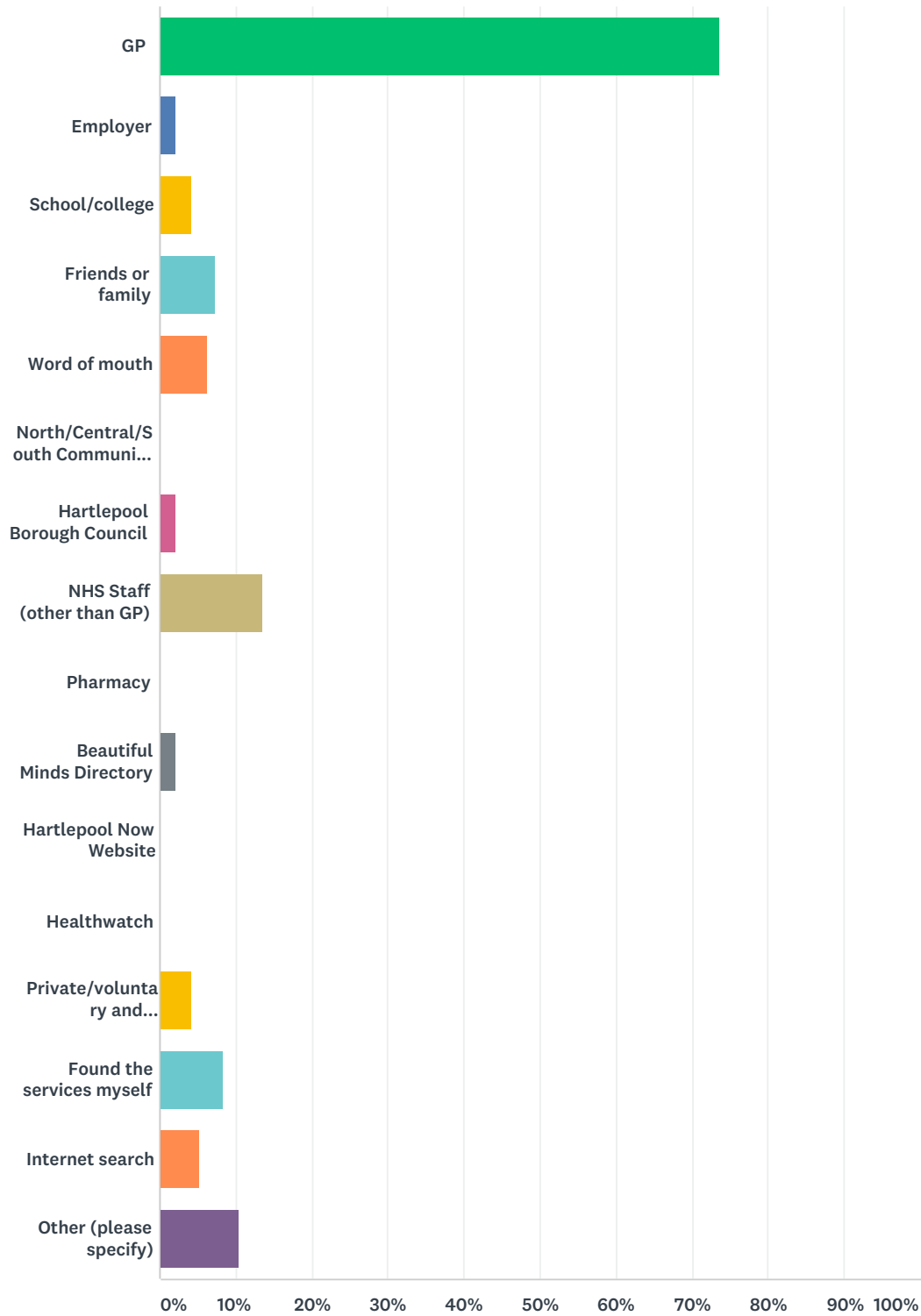
Answered: 95 Skipped: 0



ANSWER CHOICES	RESPONSES	
In the last 6 month	16.84%	16
Between 6 months and a year ago	16.84%	16
One to two years ago	16.84%	16
Between two and three years ago	13.68%	13
More than 3 years ago	35.79%	34
TOTAL		95

Q3 Where did you first go to find out what help was available?

Answered: 95 Skipped: 0



ANSWER CHOICES	RESPONSES	
GP	73.68%	70

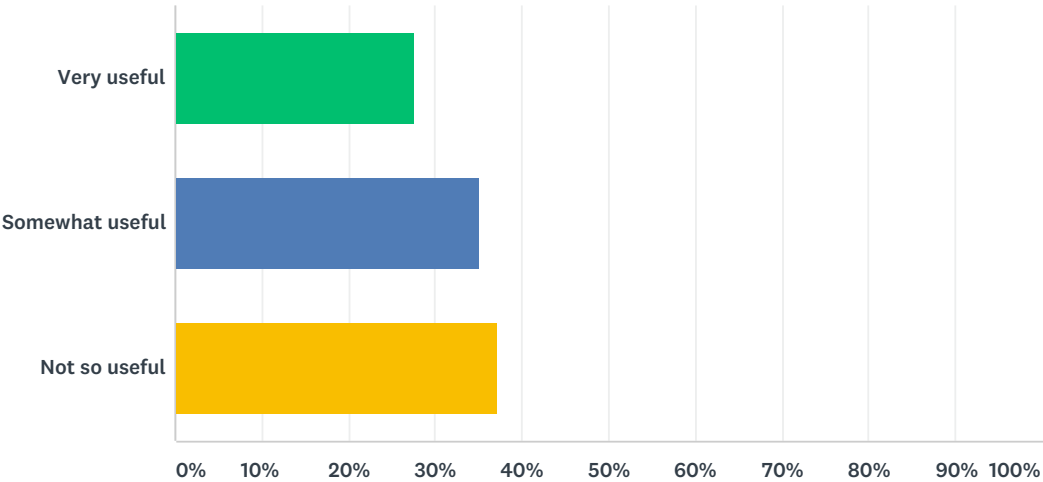
Experiences of Mental Health Services

Employer	2.11%	2
School/college	4.21%	4
Friends or family	7.37%	7
Word of mouth	6.32%	6
North/Central/South Community Hub	0.00%	0
Hartlepool Borough Council	2.11%	2
NHS Staff (other than GP)	13.68%	13
Pharmacy	0.00%	0
Beautiful Minds Directory	2.11%	2
Hartlepool Now Website	0.00%	0
Healthwatch	0.00%	0
Private/voluntary and community groups	4.21%	4
Found the services myself	8.42%	8
Internet search	5.26%	5
Other (please specify)	10.53%	10
Total Respondents: 95		

#	OTHER (PLEASE SPECIFY)	DATE
1	Referred when leaving the army	1/25/2019 7:57 AM
2	learning disability services	1/24/2019 2:29 PM
3	The gp put me forward to go to alliance	1/5/2019 10:17 AM
4	transfer in from another LA	1/5/2019 10:12 AM
5	X	12/22/2018 6:32 PM
6	Via voluntary hospital admission	12/21/2018 6:56 PM
7	Roseberry House, M'bro	12/20/2018 6:39 PM
8	Hartlepool Mind	12/20/2018 5:46 PM
9	Referred by hospital	12/20/2018 5:12 PM
10	Knowledge	12/20/2018 3:28 PM

Q4 Was the initial advice or signposting you received....

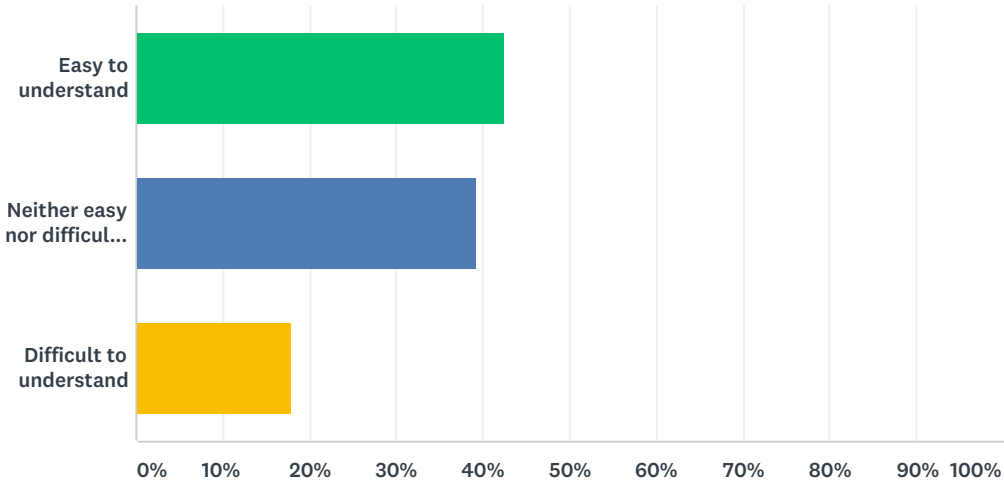
Answered: 94 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very useful	27.66%	26
Somewhat useful	35.11%	33
Not so useful	37.23%	35
TOTAL		94

Q5 Was the initial advice or sign posting

Answered: 94 Skipped: 1



ANSWER CHOICES		RESPONSES	
Easy to understand		42.55%	40
Neither easy nor difficult to understand		39.36%	37
Difficult to understand		18.09%	17
TOTAL			94

Q6 How could that initial advice or signposting be improved upon?

Answered: 53 Skipped: 42

#	RESPONSES	DATE
1	Better information should be given at diagnosis. I was just given a piece of paper and told my child had Autism. I had no idea what to do next.	1/26/2019 8:38 AM
2	Make it more available.	1/25/2019 7:57 AM
3	More sympathetic	1/24/2019 9:50 PM
4	I am a bad person to ask about this as it took 8 years from trying to see someone to seeing someone	1/24/2019 9:15 PM
5	For me, they couldn't	1/24/2019 9:10 PM
6	My go gave me a leaflet and said to call them. It wasn't a very friendly or understanding experience but once in contact with Mind, my experience was fantastic	1/24/2019 8:16 PM
7	Not sure.	1/24/2019 7:31 PM
8	Give independent charities funding to operate. They save the NHS a small fortune yet do not receive funding	1/24/2019 4:27 PM
9	Needs to be explained better, and clear timescales given for referral process	1/24/2019 2:59 PM
10	Not sure,	1/24/2019 2:15 PM
11	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:05 PM
12	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:04 PM
13	GP Happy to refer daughter, CAHMS rejected referral and said it needed to come from HV.	1/24/2019 2:04 PM
14	Age ranges and specialist areas	1/24/2019 1:48 PM
15	By being more empathetic with patients who need help but are unable to vocalise effectively or communicate without becoming distressed. My personal experience was very upsetting. I have been here since June and the only help I got was a scrap of paper flung at me telling me to call the number on it. I suggest if you giving authority to people to sigh post they should also be told how to do it without causing even more distress to patients.	1/15/2019 2:17 PM
16	There is only limited counselling support available as the contracts are for about 6 weeks.	1/13/2019 10:03 PM
17	x	1/12/2019 10:03 AM
18	More discussion about what services can offer and how to access, waiting times etc	1/11/2019 1:41 PM
19	take mind skills out of hartlepool mind as there are pulling mind down badly.... very bad mind skills reovery collage	1/11/2019 6:45 AM
20	More understanding in mental health from the mental health professionals themselves	1/10/2019 6:51 PM
21	Making sure all Services said are reality and not just a marketing picture to look good	1/6/2019 12:25 PM
22	Better diagrams better support offer maps with better access	1/6/2019 12:03 PM
23	Feel like you got to jump through hoops for support	1/5/2019 9:47 PM
24	It could be more direct and individualistic	1/5/2019 5:32 PM
25	More knowledge from Gp around available services and signposting I felt he did his best but was a bit lost and expected me to know if I wanted tablets or therapy	1/5/2019 3:04 PM
26	Proper contact details provided, rather than I'll write a letter, get back in touch if you don't hear anything by...	1/5/2019 1:47 PM

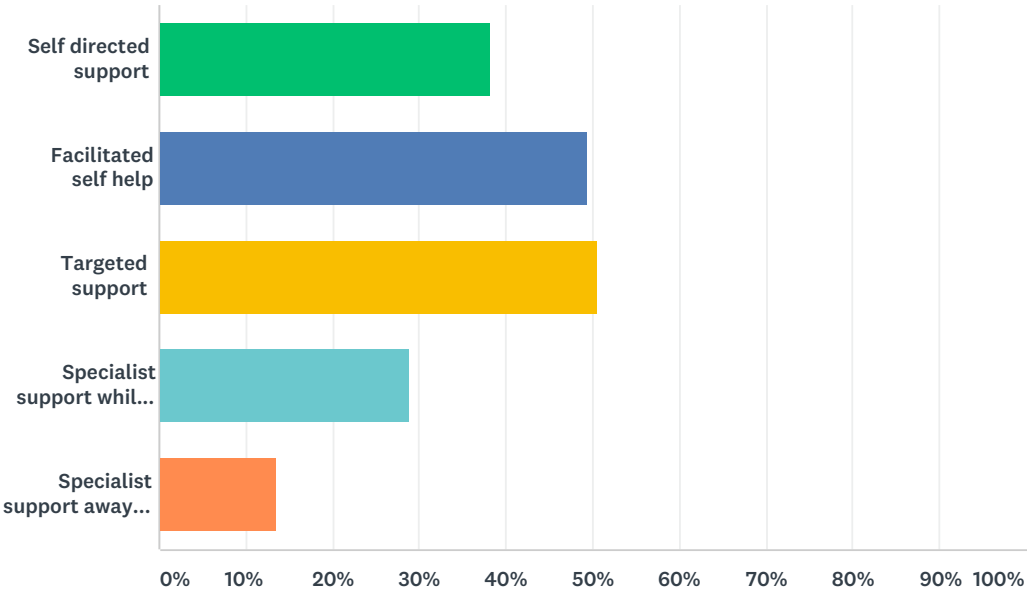
Experiences of Mental Health Services

27	More support, rather than the GP advising - do a self referral to Mind, you are more likely to go. Or being told there was no primary mental health services to be referred to, for talking therapies, when at the time there was (I am a mental health nurse so I knew they were available). GP's need better training and awareness of mental health and their services, instead of leaving patients to find out themselves, or only intervening once things have progressed to a worse state, when it could have been prevented early on	1/5/2019 11:38 AM
28	In our case it was perfect.	1/5/2019 11:38 AM
29	N/A	1/5/2019 10:56 AM
30	A Facebook page dedicated to what services are available, how to access them and things like recourses to help	1/5/2019 10:11 AM
31	More info	1/5/2019 10:08 AM
32	A Facebook page showing what's on offer and how to access the support	1/5/2019 10:07 AM
33	Its confusing when your mind isn't working on where you go, I found it hard to ring round and find who had the earliest place, when I couldn't think correctly, this should be booked in for you..I was lucky work helped me get in very quickly	1/3/2019 12:37 PM
34	Have accessed the service on 4 occasions (have learnt that I can now self-refer). Originally accessed the service through a GP, who could give no context to what would happen etc.	1/2/2019 2:37 PM
35	Not sure	12/28/2018 7:30 AM
36	Not sure	12/28/2018 7:30 AM
37	N/a	12/27/2018 10:55 AM
38	All information in one central point	12/26/2018 11:22 PM
39	Stop leaving people with serious mental health problems with no help, my son begged for help from gp, Stewart house, roseberry park and police as did I because we knew he had serious issues, he was ignored and went on to self harm, cutting his arms and throat, tried to hang himself and finally set his bed on fire in a cry for help. He was sent to prison for nearly 3 years and still no intervention from mental health even though psychiatrist has just diagnosed him with schizophrenia, no doubt he will be released back into community after sentence with no help again. He has never been to prison before and this could have been avoided if he had received the correct help. MIND are no good for people with serious mental health disorders, they need to be seen by a psychiatrist and correct help provided	12/24/2018 6:29 AM
40	People who ask for help should be taken more seriously. When they beg for help because they know something is wrong in their brain they should be referred to a psychiatrist not MIND	12/24/2018 6:15 AM
41	I was diagnosed with postnatal depression and then left to deal with it myself. No extra support, no signposting to other groups or support.	12/24/2018 12:48 AM
42	.	12/24/2018 12:40 AM
43	only offered group counselling and I felt I didn't want to talk in front of others at the time.	12/23/2018 7:50 AM
44	No one seems to know that you can go to mind (IAPT) without having a gp referral. You can just self refer	12/22/2018 4:56 PM
45	The doctor I spoke to was very sympathetic but could only offer pills or a referral to mind which takes 10 weeks. Some other options would have been helpful.	12/21/2018 10:05 PM
46	Follow the care act 2014 would be a start.	12/21/2018 6:56 PM
47	consultation appointments need to be speeded up. Six weeks for a consultation is far too long. I have had two comrades take their life because of these delays.	12/20/2018 6:39 PM
48	Doctor Listing	12/20/2018 6:20 PM
49	I did not really need advice to find services, it was more about how very busy the Mental Health services were at the time..	12/20/2018 5:46 PM
50	My GP seemed very uninterested in providing a resolution and refused to provide any measure of referral. When attending Mind's Hartlepool branch I was treated with far more respect and received very good advice and treatment.	12/20/2018 5:27 PM
51	Wasn't relevant to the patient at the time	12/20/2018 5:12 PM

52	Just better advice given if needed	12/20/2018 3:29 PM
53	Be correct to the mental health provider...	12/20/2018 3:26 PM

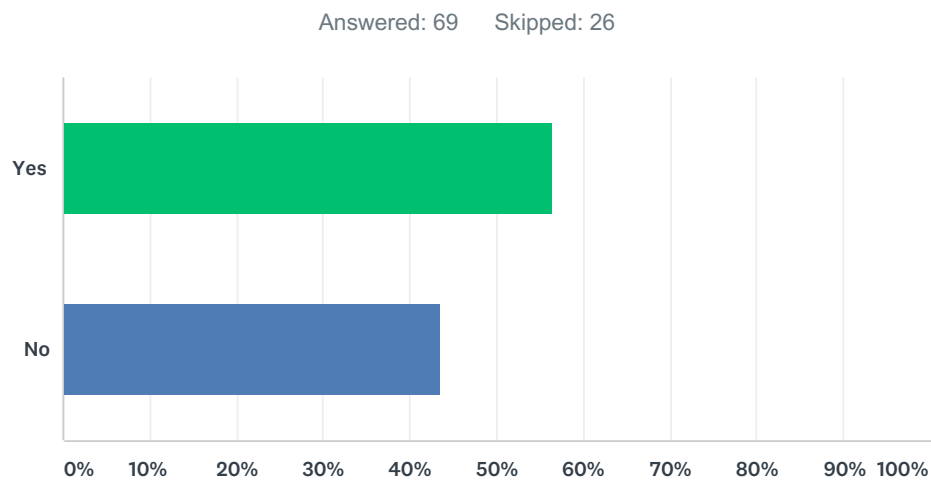
Q7 Please tell us which services you accessed. (Please tick all that apply)

Answered: 73 Skipped: 22



ANSWER CHOICES	RESPONSES	
Self directed support	38.36%	28
Facilitated self help	49.32%	36
Targeted support	50.68%	37
Specialist support whilst living at home	28.77%	21
Specialist support away from home	13.70%	10
Total Respondents: 73		

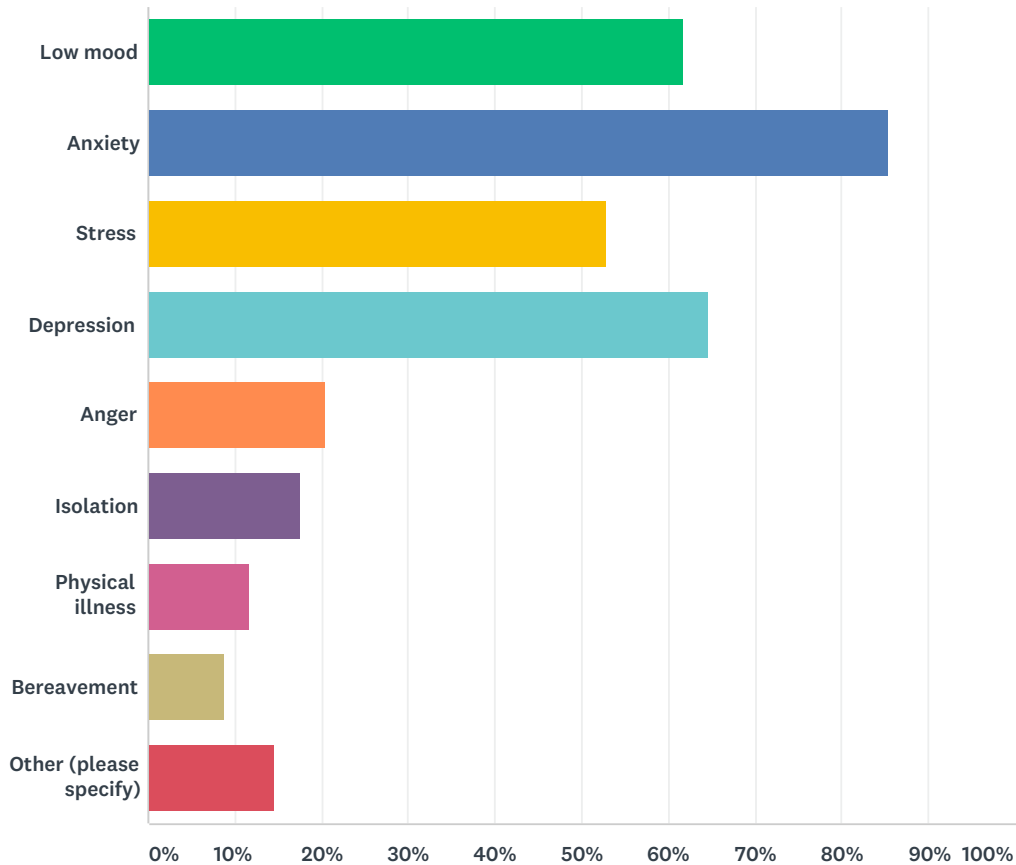
Q8 Did you receive self directed support?



ANSWER CHOICES		RESPONSES	
Yes		56.52%	39
No		43.48%	30
TOTAL			69

Q9 If yes, what condition did you receive treatment for? (Please tick all that apply)

Answered: 34 Skipped: 61



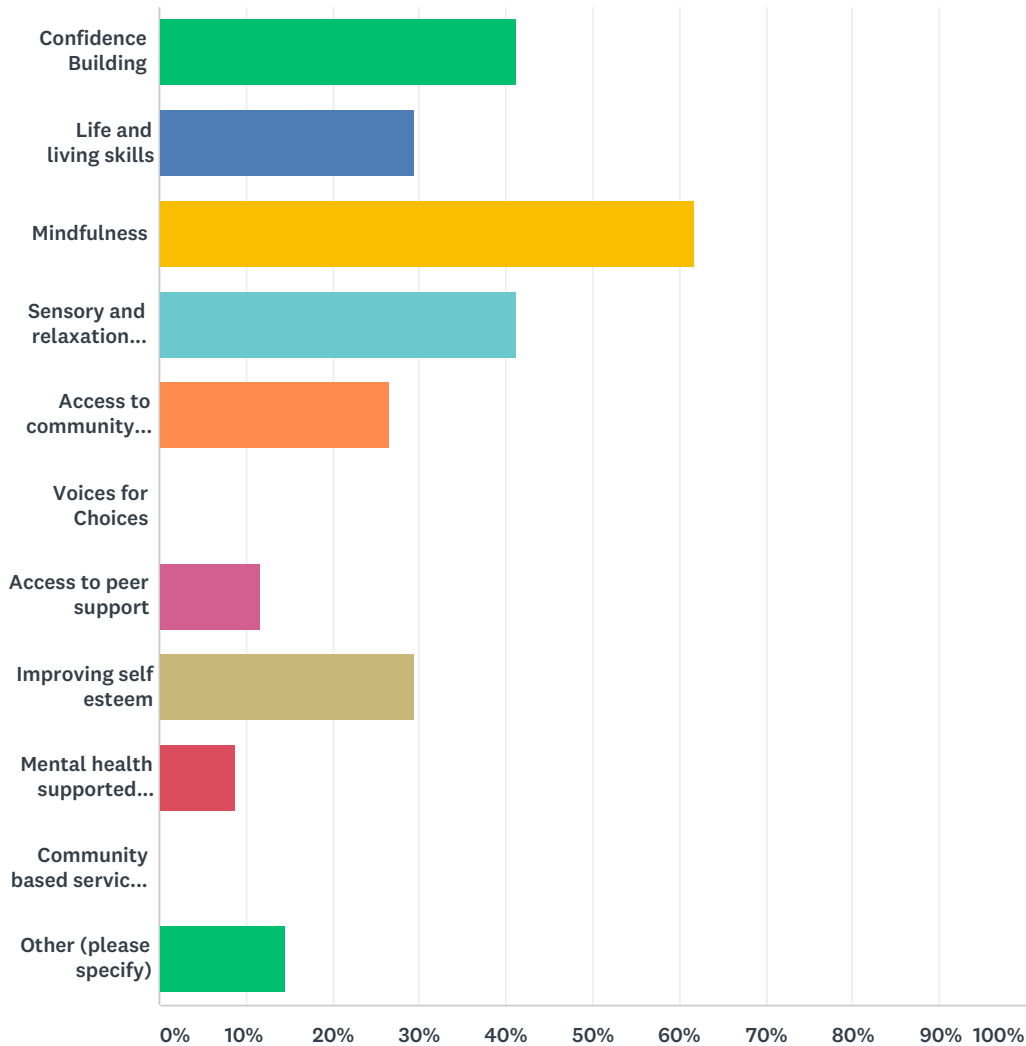
ANSWER CHOICES		RESPONSES
Low mood		61.76% 21
Anxiety		85.29% 29
Stress		52.94% 18
Depression		64.71% 22
Anger		20.59% 7
Isolation		17.65% 6
Physical illness		11.76% 4
Bereavement		8.82% 3
Other (please specify)		14.71% 5
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
1	PTSD	1/25/2019 8:00 AM

2	Weight management	1/24/2019 9:13 PM
3	Councilling	1/24/2019 8:19 PM
4	Adhd	1/24/2019 3:03 PM
5	dementia	1/2/2019 10:03 AM

Q10 What kind of treatments did you initially receive? (Please tick all that apply)

Answered: 34 Skipped: 61



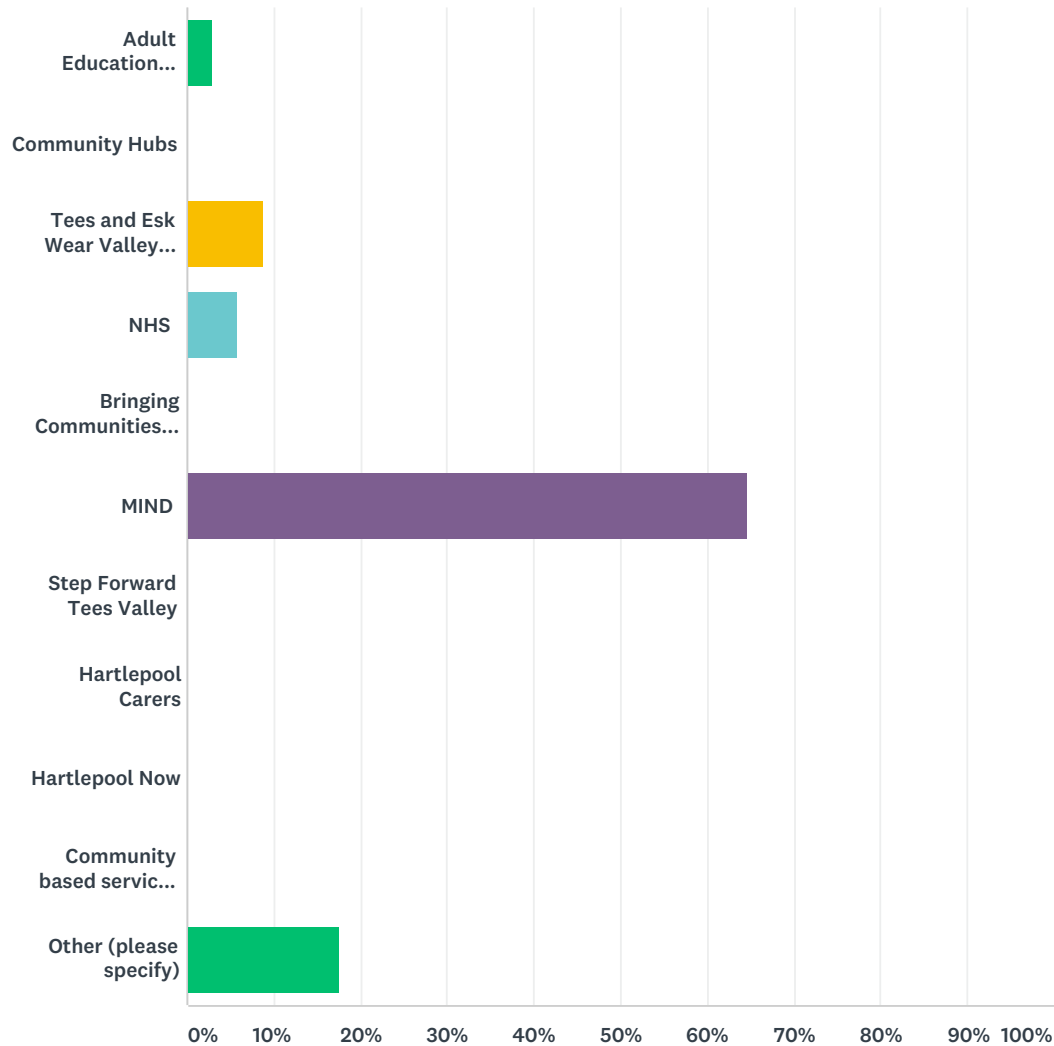
ANSWER CHOICES	RESPONSES	
Confidence Building	41.18%	14
Life and living skills	29.41%	10
Mindfulness	61.76%	21
Sensory and relaxation techniques	41.18%	14
Access to community advisors	26.47%	9
Voices for Choices	0.00%	0
Access to peer support	11.76%	4
Improving self esteem	29.41%	10
Mental health supported employment services	8.82%	3

Community based services - e.g. Waverly Allotment Group	0.00%	0
Other (please specify)	14.71%	5
Total Respondents: 34		

#	OTHER (PLEASE SPECIFY)	DATE
1	Mind	1/25/2019 8:00 AM
2	Just a chance to air thoughts to someone	1/5/2019 11:42 AM
3	Cbt	12/26/2018 11:26 PM
4	Counselling	12/21/2018 12:16 PM
5	just an initial assessment for now	12/20/2018 3:28 PM

Q11 Where did you receive your initial treatment from?

Answered: 34 Skipped: 61



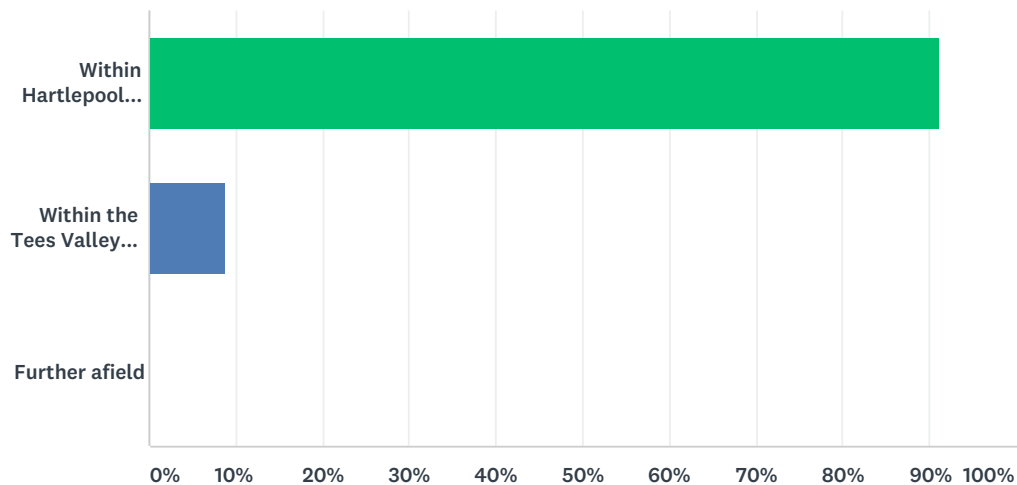
ANSWER CHOICES	RESPONSES	
Adult Education facilities	2.94%	1
Community Hubs	0.00%	0
Tees and Esk Wear Valley Mental Health Trust (TEWV)	8.82%	3
NHS	5.88%	2
Bringing Communities Together/Be Crafty	0.00%	0
MIND	64.71%	22
Step Forward Tees Valley	0.00%	0
Hartlepool Carers	0.00%	0
Hartlepool Now	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0

Other (please specify)	17.65%	6
TOTAL		34

#	OTHER (PLEASE SPECIFY)	DATE
1	Orcel centre	1/24/2019 9:13 PM
2	Artrium	1/24/2019 4:29 PM
3	Cahms	1/24/2019 3:03 PM
4	School support, this is for my 9yo boy	1/5/2019 11:41 AM
5	GP	12/27/2018 10:57 AM
6	Starfish	12/24/2018 12:46 AM

Q12 How far did you have to travel from home to receive your treatment?

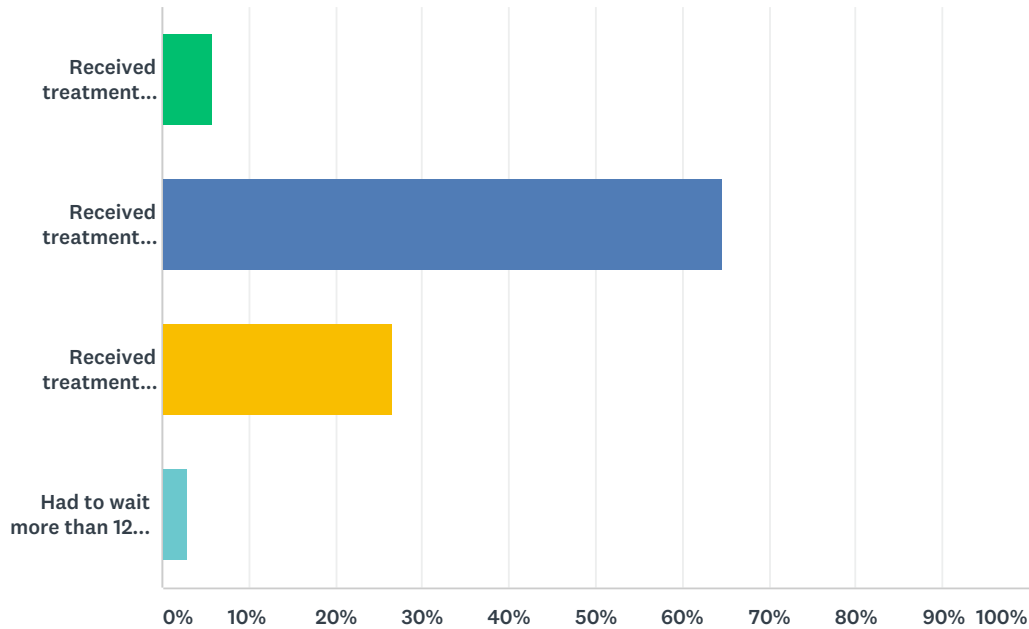
Answered: 34 Skipped: 61



ANSWER CHOICES	RESPONSES	
Within Hartlepool Borough	91.18%	31
Within the Tees Valley e.g. Middlesbrough, Darlington, Stockton or Redcar area	8.82%	3
Further afield	0.00%	0
TOTAL		34

Q13 How long did you have to wait for treatment following your initial request?

Answered: 34 Skipped: 61

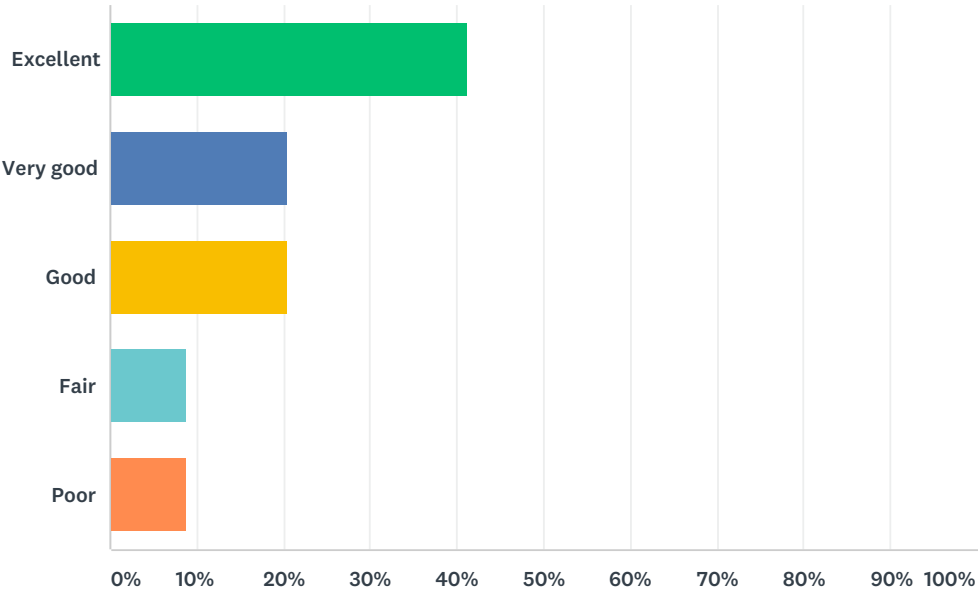


ANSWER CHOICES		RESPONSES	
Received treatment immediately		5.88%	2
Received treatment within 6 weeks		64.71%	22
Received treatment between 6 and 12 weeks		26.47%	9
Had to wait more than 12 weeks.Please use the space below to tell us how long you had to wait:		2.94%	1
TOTAL			34

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE USE THE SPACE BELOW TO TELL US HOW LONG YOU HAD TO WAIT:	DATE
1	12 weeks	1/5/2019 10:15 AM

Q14 Overall, how would you rate the initial service or treatment you received from the service provider?

Answered: 34 Skipped: 61



ANSWER CHOICES	RESPONSES	
Excellent	41.18%	14
Very good	20.59%	7
Good	20.59%	7
Fair	8.82%	3
Poor	8.82%	3
TOTAL		34

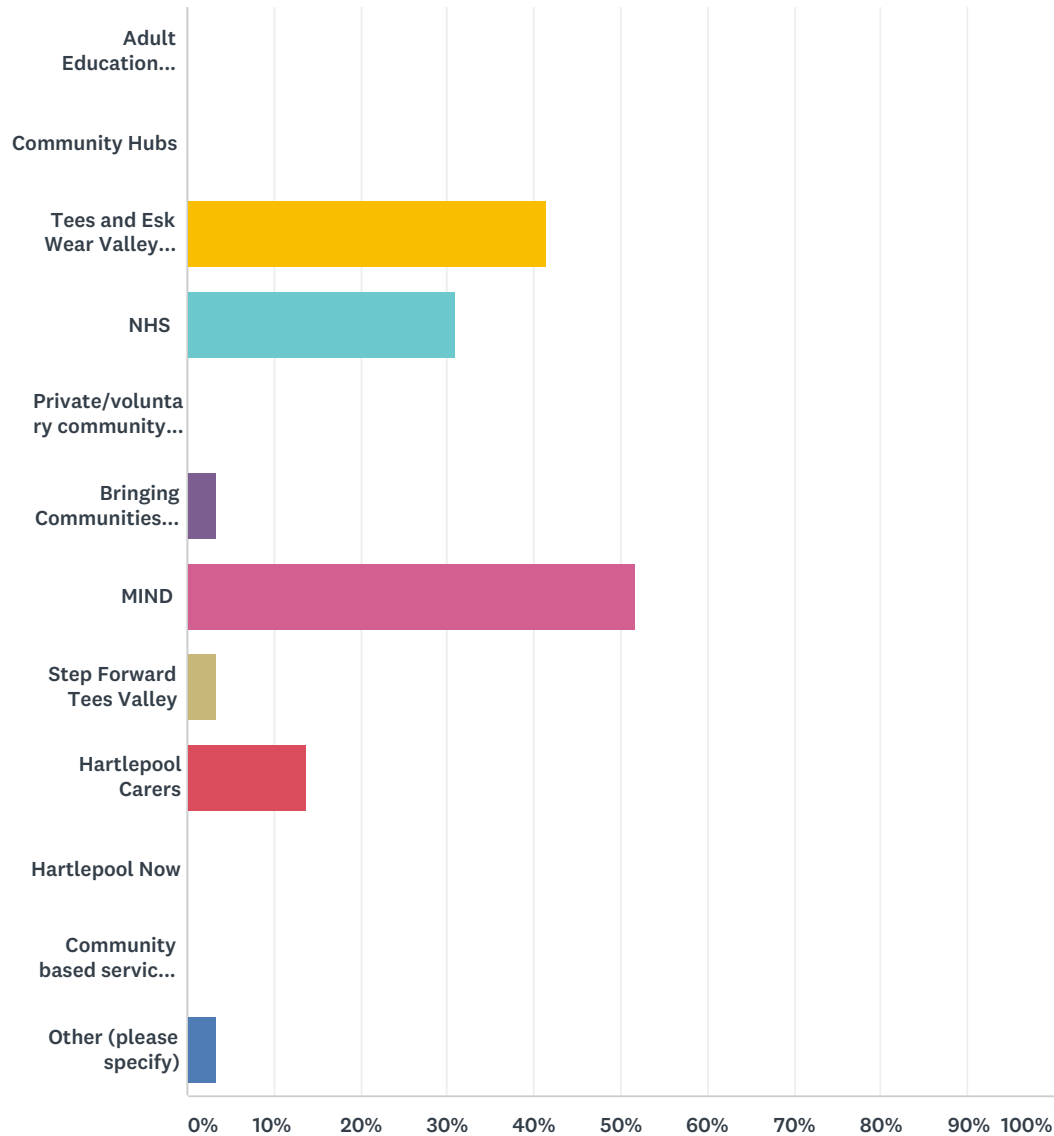
Q15 Please tell us how you feel this initial service could be improved?

Answered: 24 Skipped: 71

#	RESPONSES	DATE
1	They could not deal with PTSD	1/25/2019 8:00 AM
2	Better waiting times	1/24/2019 9:52 PM
3	For me it couldn't - I was told it would take approx 12 weeks and it was 3	1/24/2019 9:13 PM
4	Only improvements would be more support from my GP before accessing this service. This service was second to none - fantastic!	1/24/2019 8:19 PM
5	Additional funding	1/24/2019 4:29 PM
6	Clear explanation of referral process and timescales	1/24/2019 3:03 PM
7	More indepth	1/24/2019 2:21 PM
8	It was very limited. Relaxation music and meditation advice. Wasn't very relevant or useful. TEWV wasn't very helpful and were negligent.	1/6/2019 1:12 AM
9	As it is a self referral, for someone with anxiety and depression, it's hard to find drive and motivation to attend, the service doesn't really provide any support or encouragement to attend appointments, if you miss one, that is it, you are left to it	1/5/2019 11:42 AM
10	It couldn't	1/5/2019 11:41 AM
11	N/A	1/5/2019 10:58 AM
12	When I attended this I felt they did know anything to do with my illness.. so I struggled with their advice	1/5/2019 10:25 AM
13	I found that the services were not what I needed at the time but I don't think that anything needs to be changed	1/5/2019 10:15 AM
14	Shorter waiting times	1/5/2019 10:10 AM
15	00	1/2/2019 10:03 AM
16	N/a	12/27/2018 10:57 AM
17	Was good at first but didn't seem to go any further it seemed the same thing every 2 weeks. I wasn't getting anything from it	12/24/2018 12:46 AM
18	only got 3 counselling sessions however they were excellent	12/23/2018 7:57 AM
19	More understanding of your conditions	12/22/2018 6:37 PM
20	No improvement required	12/21/2018 4:56 PM
21	personal thing	12/21/2018 10:01 AM
22	initial mental health assessment could have told me that the reason there was a six week wait for CBT therapy was because it takes that long to get balanced on medication	12/20/2018 5:51 PM
23	I believe the weak link of this service lies in getting GP services more up to speed with what is offered by MIND and other similar groups. In my experience they had little respect for the service and brushed it off as ineffective. Having local GP trained in ways to effectively recognise and appropriately refer patients rather than leave them with minimal information to follow up on themselves (especially when it comes to issues of low mood) would make the services far more effective and better at reaching the people that need them.	12/20/2018 5:36 PM
24	It was all directed at what you had to do for yourself in such a way as to re-emphasise the it was your problem so deal with it. An initial one-to-one meeting to assess whether a group tutored self-help focus was best for me as an individual would have helped first.	12/20/2018 3:43 PM

Q16 Have you received any additional treatment from the services below? (Please tick all that apply)

Answered: 29 Skipped: 66



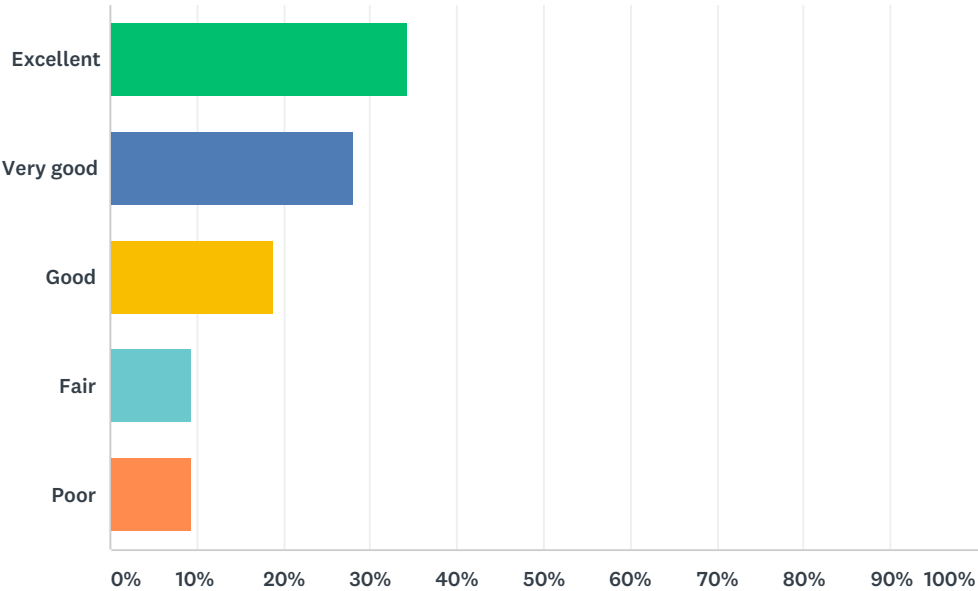
ANSWER CHOICES	RESPONSES	
Adult Education facilities	0.00%	0
Community Hubs	0.00%	0
Tees and Esk Wear Valley Mental Health Trust (TEWV)	41.38%	12
NHS	31.03%	9
Private/voluntary community groups	0.00%	0
Bringing Communities Together/Be Crafty	3.45%	1
MIND	51.72%	15

Step Forward Tees Valley	3.45%	1
Hartlepool Carers	13.79%	4
Hartlepool Now	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0
Other (please specify)	3.45%	1
Total Respondents: 29		

#	OTHER (PLEASE SPECIFY)	DATE
1	No none offered	1/24/2019 3:03 PM

Q17 Overall, how would you rate any of the other services or treatments you received from the service providers?

Answered: 32 Skipped: 63



ANSWER CHOICES	RESPONSES	
Excellent	34.38%	11
Very good	28.13%	9
Good	18.75%	6
Fair	9.38%	3
Poor	9.38%	3
TOTAL		32

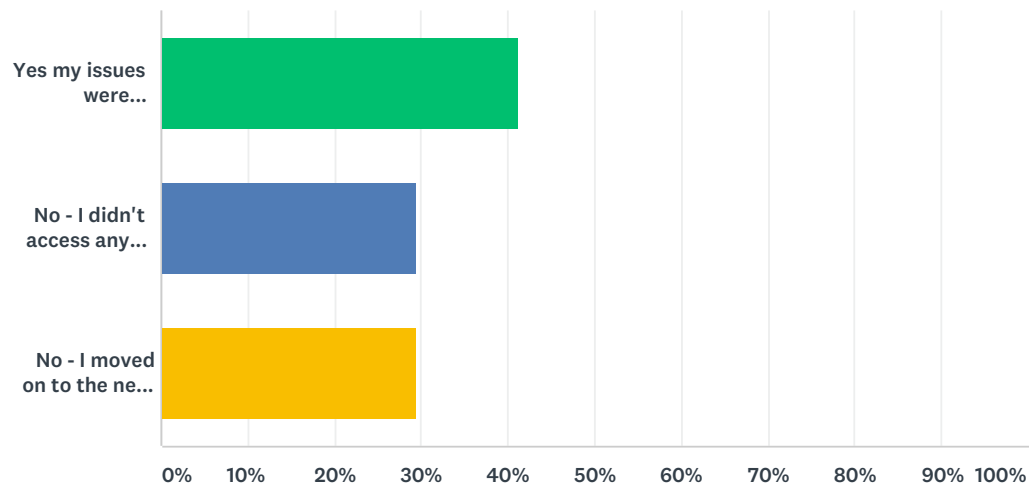
Q18 Please tell us how you feel these services could be improved

Answered: 23 Skipped: 72

#	RESPONSES	DATE
1	Ongoing treatment, not just a one off assessment	1/25/2019 8:00 AM
2	Not letting you slip through the net	1/24/2019 9:52 PM
3	For me they couldnt	1/24/2019 9:13 PM
4	More evening appointments for those that work full time and struggle to get time off	1/24/2019 8:19 PM
5	Na	1/24/2019 4:29 PM
6	Mm we'd to be made aware of them	1/24/2019 3:03 PM
7	They all could be improved but it always comes down to funding, more sessions, better activities etc	1/24/2019 2:21 PM
8	TEWV was very unhelpful and negligent.	1/6/2019 1:12 AM
9	Easier access	1/5/2019 11:42 AM
10	The time could be spent with the child not just parents	1/5/2019 11:41 AM
11	N/A	1/5/2019 10:58 AM
12	I go to alliance in the orical centre well did .. the lady I saw was moved to Stockton and I felt I couldn't get there every week only when a family member was available.... I put my trust in this lady and it took a while do now I'm waiting till February to see if I can get to see her	1/5/2019 10:25 AM
13	Nothing	1/5/2019 10:15 AM
14	More access to support more Days available	1/5/2019 10:10 AM
15	feel that as I am "managing" availability of services are not pushed or have any urgency	1/2/2019 10:03 AM
16	na	12/27/2018 10:57 AM
17	NHS should follow NICE guidelines	12/26/2018 11:26 PM
18	I felt the treatment I was receiving wasn't suited to me didn't help me I needed something else but didn't get it I just got dropped	12/24/2018 12:46 AM
19	Feel like some of the staff have no empathy and real understanding of mental health	12/22/2018 6:37 PM
20	Can't be as was given great help and advice which included preventative measures	12/21/2018 4:56 PM
21	personel	12/21/2018 10:01 AM
22	c	12/20/2018 5:51 PM
23	Again, everything was saying it's your problem so you deal with it. Nothing was delivered as saying you have a problem, how can we help?	12/20/2018 3:43 PM

Q19 Was your issue resolved at this point?

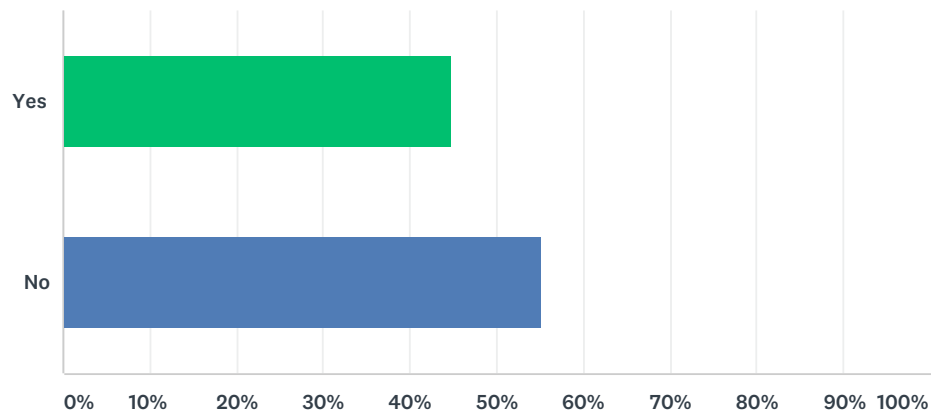
Answered: 34 Skipped: 61



ANSWER CHOICES		RESPONSES	
Yes my issues were resolved/managed		41.18%	14
No - I didn't access any further services		29.41%	10
No - I moved on to the next level of services		29.41%	10
TOTAL			34

Q20 Did you receive facilitated self help?

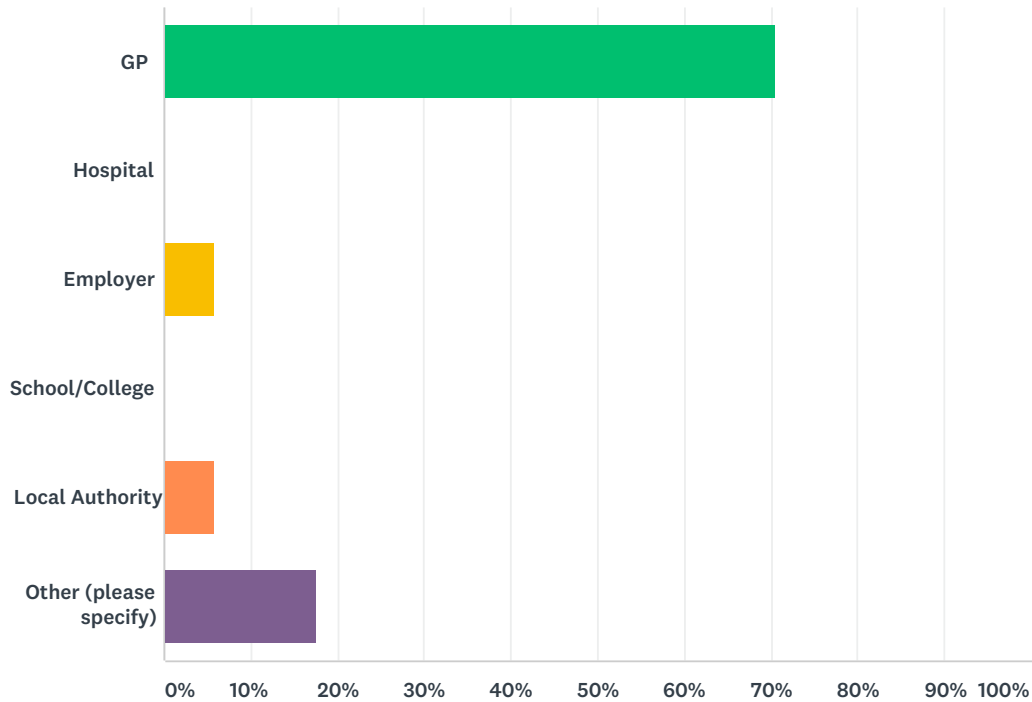
Answered: 38 Skipped: 57



ANSWER CHOICES		RESPONSES	
Yes		44.74%	17
No		55.26%	21
TOTAL			38

Q21 Please tell us who referred you to the facilitated self help services

Answered: 17 Skipped: 78

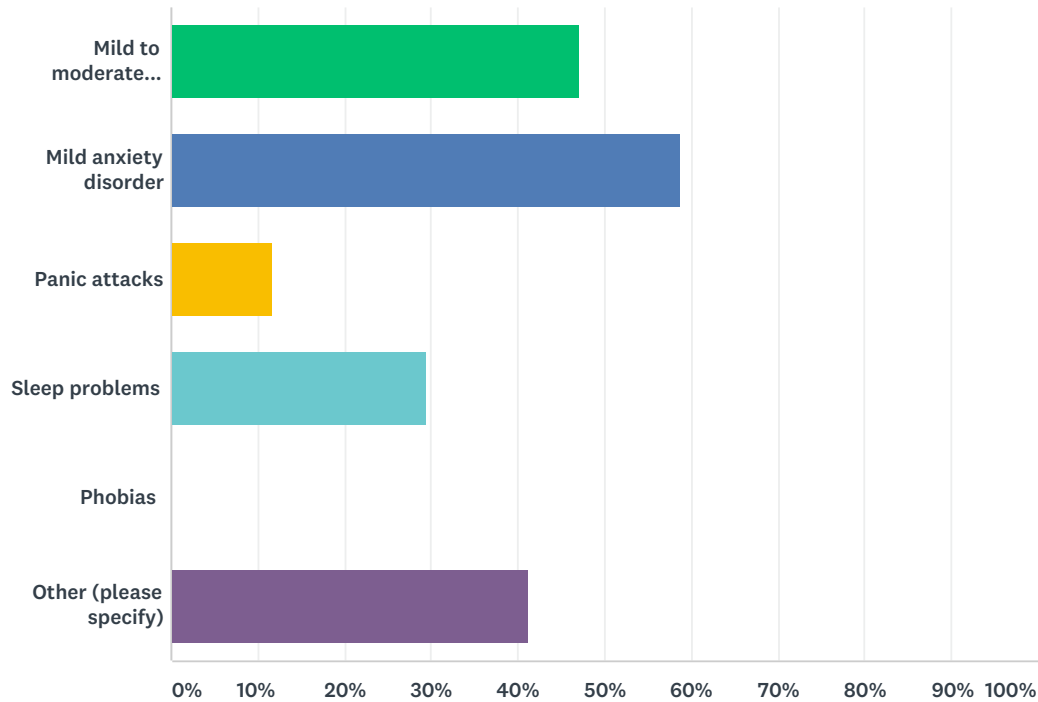


ANSWER CHOICES	RESPONSES	
GP	70.59%	12
Hospital	0.00%	0
Employer	5.88%	1
School/College	0.00%	0
Local Authority	5.88%	1
Other (please specify)	17.65%	3
TOTAL		17

#	OTHER (PLEASE SPECIFY)	DATE
1	Self	1/24/2019 7:36 PM
2	Online recovery college	12/20/2018 5:54 PM
3	Myself	12/20/2018 3:32 PM

Q22 What condition did you receive treatment for?

Answered: 17 Skipped: 78

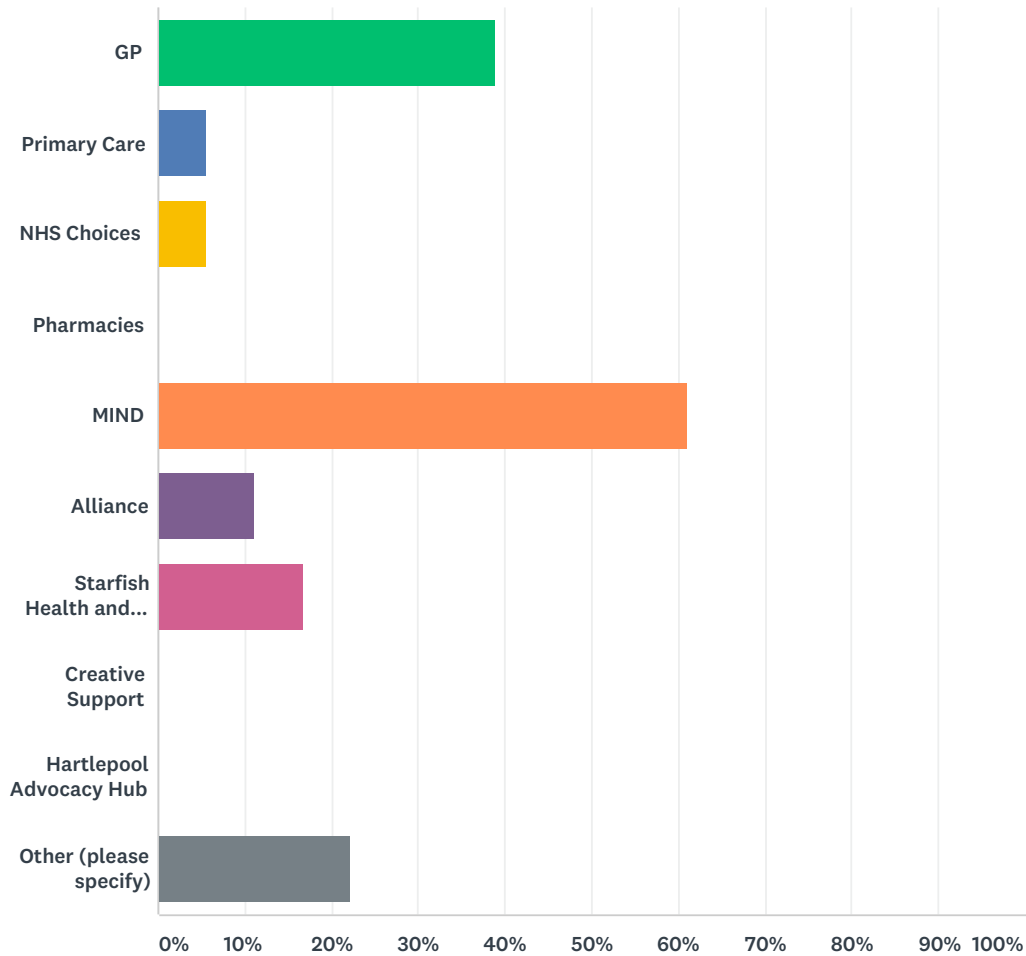


ANSWER CHOICES	RESPONSES	
Mild to moderate depression	47.06%	8
Mild anxiety disorder	58.82%	10
Panic attacks	11.76%	2
Sleep problems	29.41%	5
Phobias	0.00%	0
Other (please specify)	41.18%	7
Total Respondents: 17		

#	OTHER (PLEASE SPECIFY)	DATE
1	Weight management	1/24/2019 9:14 PM
2	Severe depression and anxiety	1/24/2019 7:36 PM
3	bullying	1/11/2019 6:51 AM
4	I am just starting treatment on my issues but do require CBT and other things once they work on uplifting my mood	1/3/2019 12:42 PM
5	PTSD	12/20/2018 6:43 PM
6	Schizophrenia	12/20/2018 5:17 PM
7	Anxiety and Depression	12/20/2018 3:32 PM

Q23 Please tell us where did you receive treatments

Answered: 18 Skipped: 77

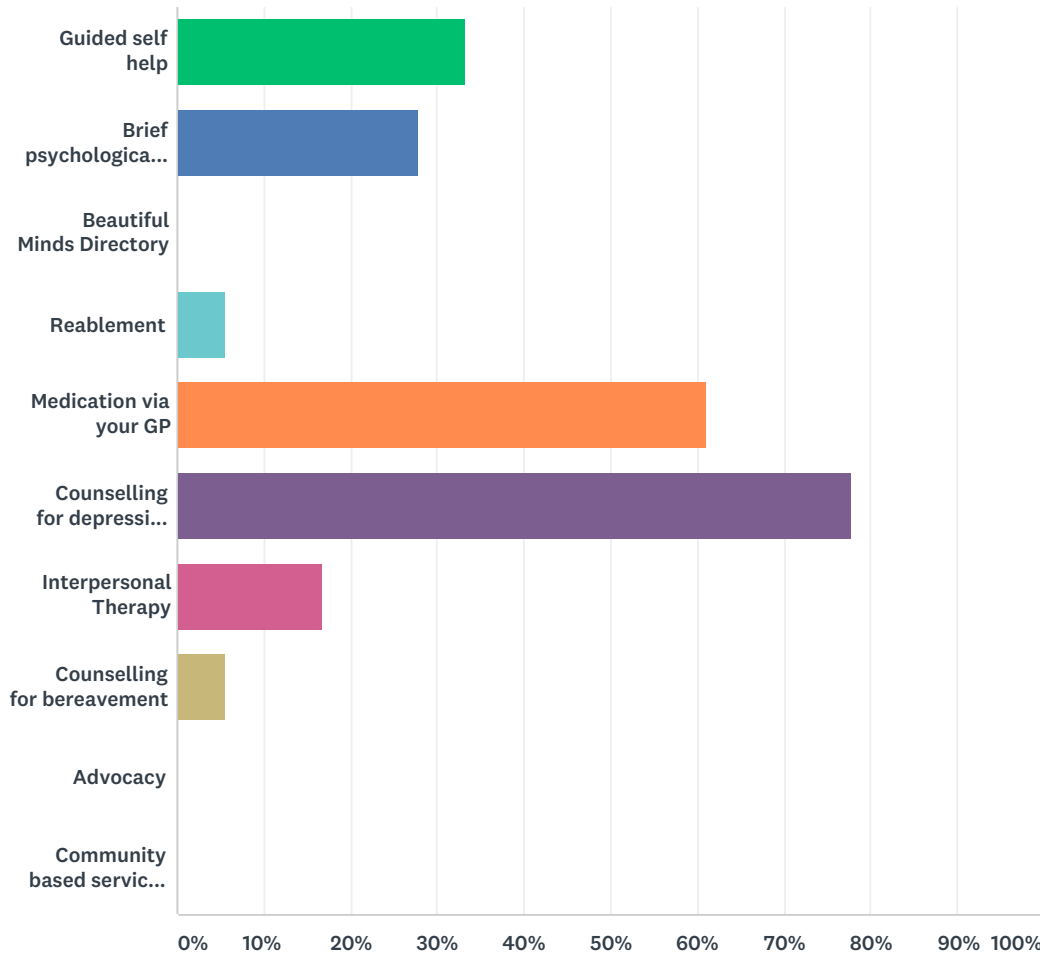


ANSWER CHOICES	RESPONSES	
GP	38.89%	7
Primary Care	5.56%	1
NHS Choices	5.56%	1
Pharmacies	0.00%	0
MIND	61.11%	11
Alliance	11.11%	2
Starfish Health and Wellbeing	16.67%	3
Creative Support	0.00%	0
Hartlepool Advocacy Hub	0.00%	0
Other (please specify)	22.22%	4
Total Respondents: 18		

#	OTHER (PLEASE SPECIFY)	DATE
1	CAMHS	1/5/2019 11:43 AM
2	council referral	1/3/2019 12:42 PM
3	NRGDC	1/3/2019 9:18 AM
4	Military Rehabilitation Centre, Catterick.	12/20/2018 6:43 PM

Q24 Please tell us what kind of treatments you received (please tick all that apply)

Answered: 18 Skipped: 77

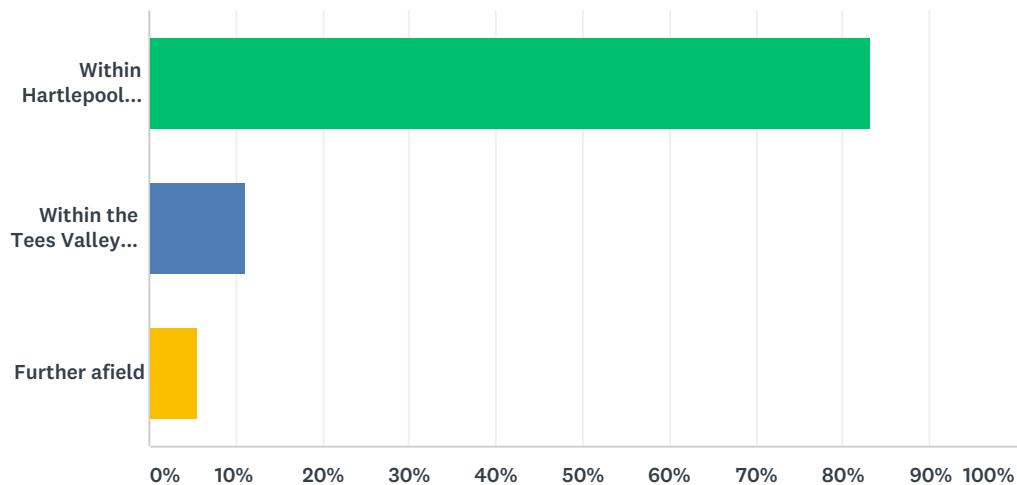


ANSWER CHOICES	RESPONSES	
Guided self help	33.33%	6
Brief psychological interventions	27.78%	5
Beautiful Minds Directory	0.00%	0
Reablement	5.56%	1
Medication via your GP	61.11%	11
Counselling for depression and/or anxiety	77.78%	14
Interpersonal Therapy	16.67%	3
Counselling for bereavement	5.56%	1
Advocacy	0.00%	0
Community based services (e.g. Waverly Allotments)	0.00%	0

Total Respondents: 18	
-----------------------	--

Q25 How far did you have to travel from home to receive your treatment?

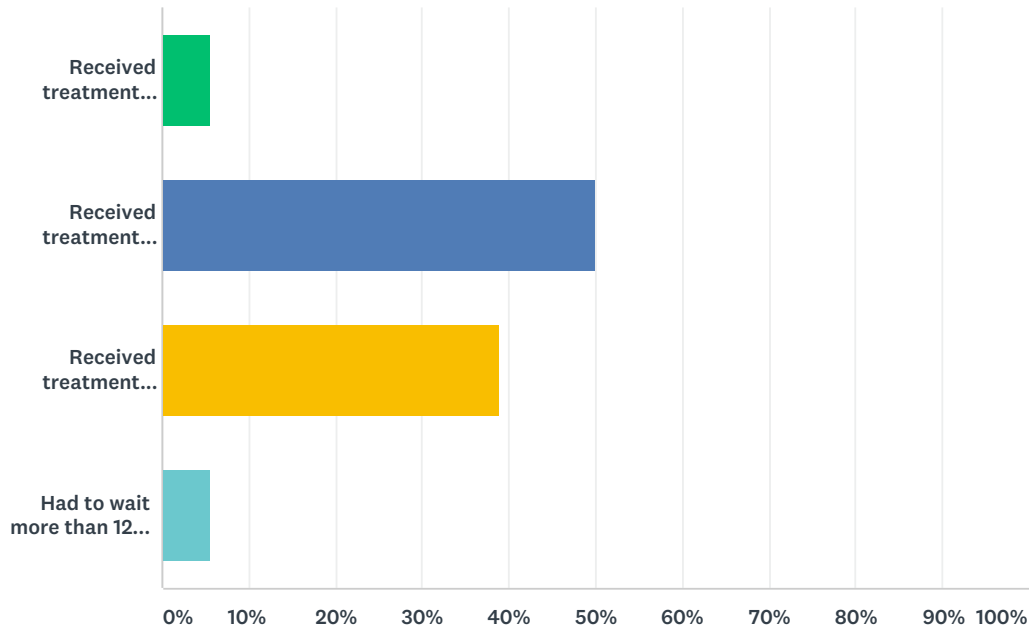
Answered: 18 Skipped: 77



ANSWER CHOICES		RESPONSES	
Within Hartlepool Borough		83.33%	15
Within the Tees Valley e.g. Middlesbrough, Darlington, Stockton or Redcar area		11.11%	2
Further afield		5.56%	1
TOTAL			18

Q26 How long did you have to wait for treatment following your referral?

Answered: 18 Skipped: 77

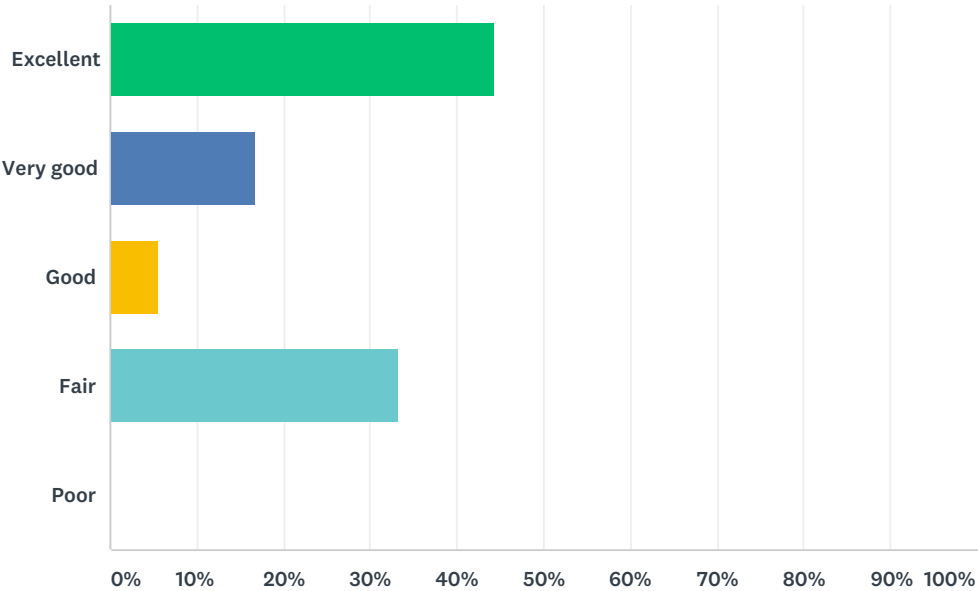


ANSWER CHOICES		RESPONSES	
Received treatment immediately		5.56%	1
Received treatment within 6 weeks		50.00%	9
Received treatment between 6 and 12 weeks		38.89%	7
Had to wait more than 12 weeks.Please use the space below to tell us how long you had to wait:		5.56%	1
TOTAL			18

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE USE THE SPACE BELOW TO TELL US HOW LONG YOU HAD TO WAIT:	DATE
1	I would have had to wait this long, luckily work referred me for 6 x sessions still ongoing	1/3/2019 12:42 PM

Q27 Overall, how would you rate the service or treatment you received from the service provider?

Answered: 18 Skipped: 77



ANSWER CHOICES	RESPONSES	
Excellent	44.44%	8
Very good	16.67%	3
Good	5.56%	1
Fair	33.33%	6
Poor	0.00%	0
TOTAL		18

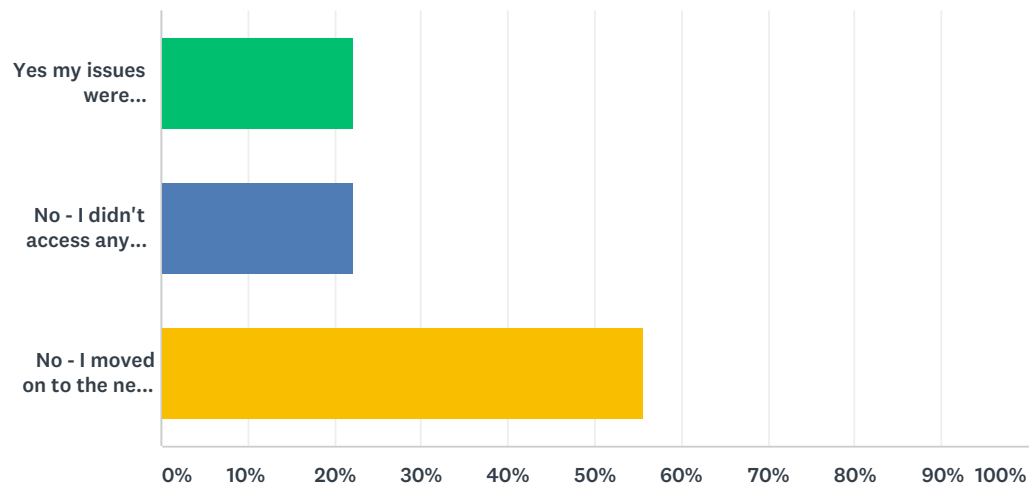
Q28 Please tell us how you feel these services could be improved

Answered: 12 Skipped: 83

#	RESPONSES	DATE
1	Could be abit more structured, I was just allowed to talk about anything that I wanted to that was happening that week but I thought I should be talking about my past experiences plus only 6 sessions	1/24/2019 2:23 PM
2	recovery college which is based in HEDM so bad you come out worse then you went in	1/11/2019 6:51 AM
3	CBT is ineffective and nothing else was offered. Discharged with issues ongoing.	1/6/2019 1:14 AM
4	More time with child not just parents	1/5/2019 11:43 AM
5	The support from Mind was excellent. The support from GP was very poor. Seen GP once to administer medication when medication was due again the GP would leave a prescription at reception without speaking with me. GP mental health services must be improved	1/5/2019 11:01 AM
6	Nothing	1/5/2019 10:17 AM
7	I haven't used them fully yet	1/3/2019 12:42 PM
8	As stated previously, I have accessed the service numerous amounts of times. As you only receive 6 sessions, this never gave you the opportunity to develop a relationship with your therapist. Over time I realised that I need more in depth treatment and I am on a long term plan with my current therapist. I think the service should assess you as a person and not try and fit you into a box of what treatment you need... then the services would end up with a better recovery rate.	1/2/2019 2:42 PM
9	Other options being put forward other than medication.	12/21/2018 10:10 PM
10	Just because a patient can tick the right boxes does not mean that he is OK. Many of the guys I visit should still be sectioned, not left to get on with it themselves.	12/20/2018 6:43 PM
11	c	12/20/2018 5:54 PM
12	If there was less of a waiting time for treatment	12/20/2018 3:32 PM

Q29 Was your issue resolved by using facilitated self help services

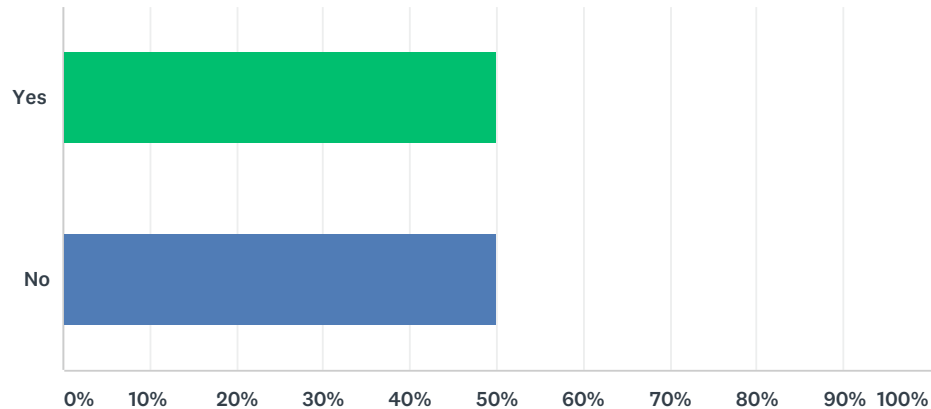
Answered: 18 Skipped: 77



ANSWER CHOICES	RESPONSES	
Yes my issues were resolved/managed	22.22%	4
No - I didn't access any further services	22.22%	4
No - I moved on to the next level of services	55.56%	10
TOTAL		18

Q30 Did you receive either targeted or specialised support in the last 3 years?

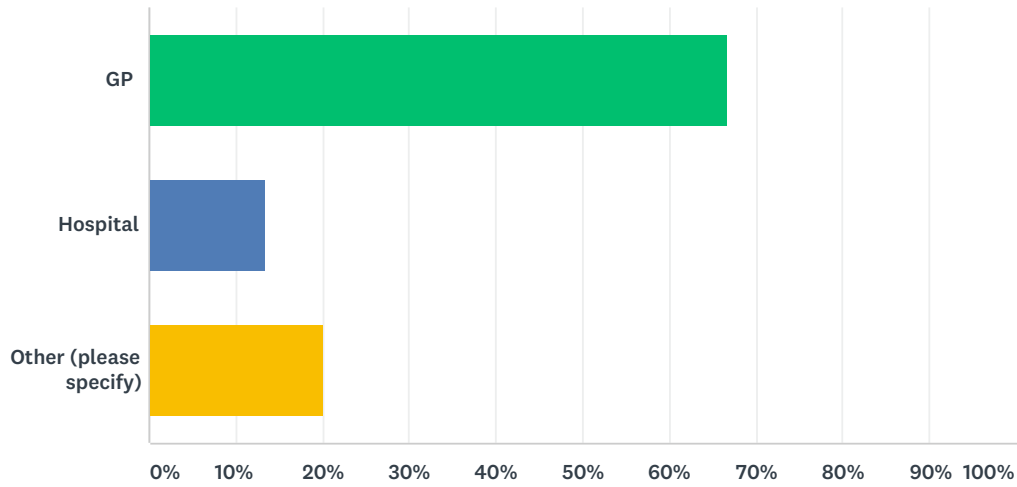
Answered: 28 Skipped: 67



ANSWER CHOICES	RESPONSES	
Yes	50.00%	14
No	50.00%	14
TOTAL		28

Q31 Who referred you on to these higher level services?

Answered: 15 Skipped: 80

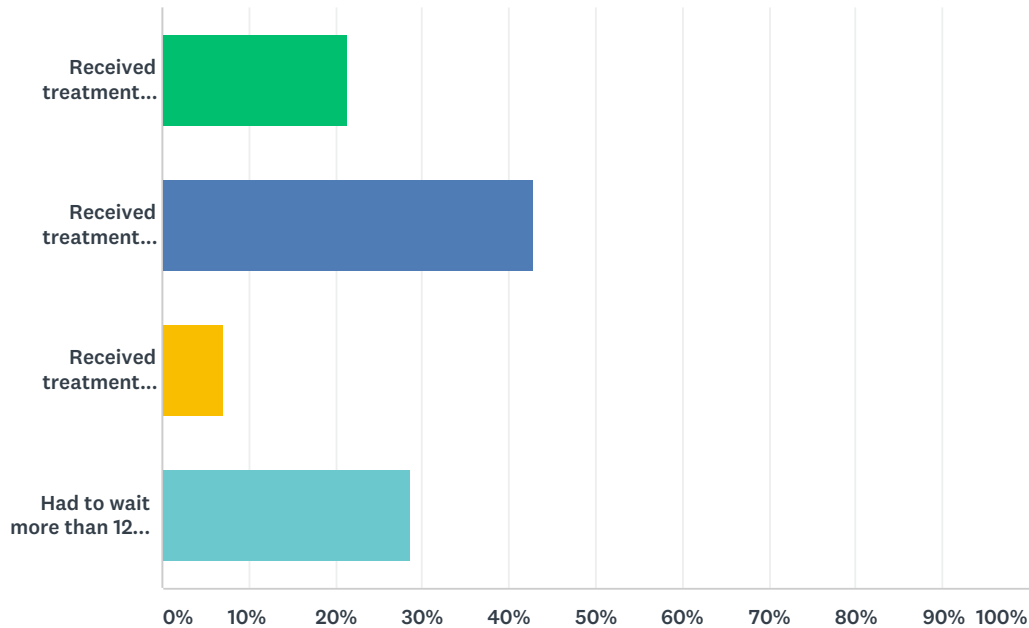


ANSWER CHOICES	RESPONSES
GP	66.67% 10
Hospital	13.33% 2
Other (please specify)	20.00% 3
TOTAL	15

#	OTHER (PLEASE SPECIFY)	DATE
1	myself	1/2/2019 2:44 PM
2	Already in servicrs	12/21/2018 6:59 PM
3	MH services	12/20/2018 3:31 PM

Q32 How long did you have to wait for treatment following your referral?

Answered: 14 Skipped: 81

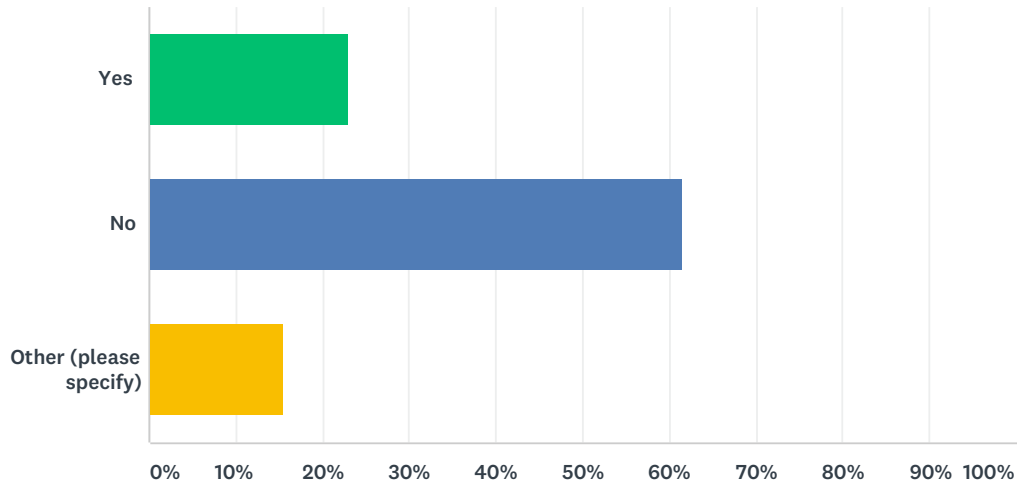


ANSWER CHOICES		RESPONSES	
Received treatment immediately		21.43%	3
Received treatment within 6 weeks		42.86%	6
Received treatment between 6 and 12 weeks		7.14%	1
Had to wait more than 12 weeks.Please tell us in the space below how long you had to wait before receiving treatment:		28.57%	4
TOTAL			14

#	HAD TO WAIT MORE THAN 12 WEEKS.PLEASE TELL US IN THE SPACE BELOW HOW LONG YOU HAD TO WAIT BEFORE RECEIVING TREATMENT:	DATE
1	8 years and yes I do mean years	1/24/2019 9:17 PM
2	7 months	1/2/2019 2:44 PM
3	approx 15weeks	12/21/2018 11:02 AM
4	On behalf of individual - still ongoing from November 2018	12/20/2018 3:31 PM

Q33 If there was a delay in starting to access treatment were you offered support in the interim?

Answered: 13 Skipped: 82



ANSWER CHOICES		RESPONSES	
Yes		23.08%	3
No		61.54%	8
Other (please specify)		15.38%	2
TOTAL			13

#	OTHER (PLEASE SPECIFY)	DATE
1	NA	1/24/2019 2:24 PM
2	Patient refuses treatment due to illness	12/20/2018 3:31 PM

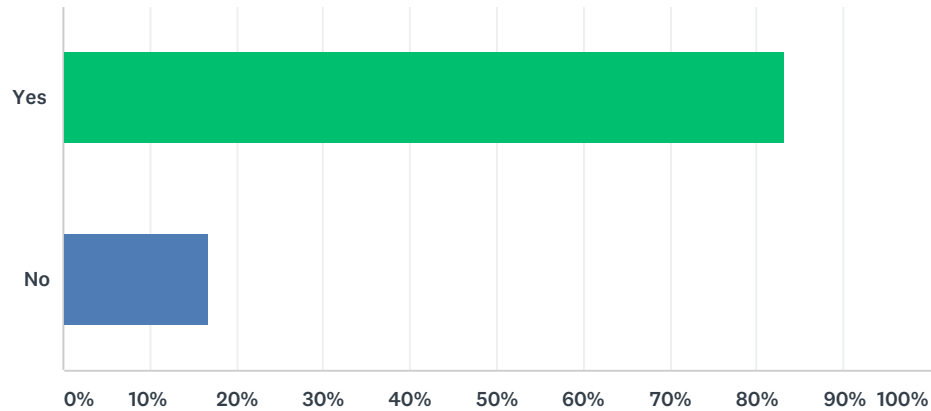
Q34 If yes, what support was offered?

Answered: 5 Skipped: 90

#	RESPONSES	DATE
1	Na	1/24/2019 9:53 PM
2	Na	1/5/2019 1:48 PM
3	Support groups rather than 1-1 Support	1/5/2019 11:02 AM
4	Medication and a referral to higher up services	1/5/2019 10:18 AM
5	I had my initial assessment in the June (after referring myself in May) and was given a phone number to contact if I needed any help. I didn't have my first appointment till the November...	1/2/2019 2:44 PM

Q35 At your first appointment did you meet the required criteria to continue to access the targeted support?

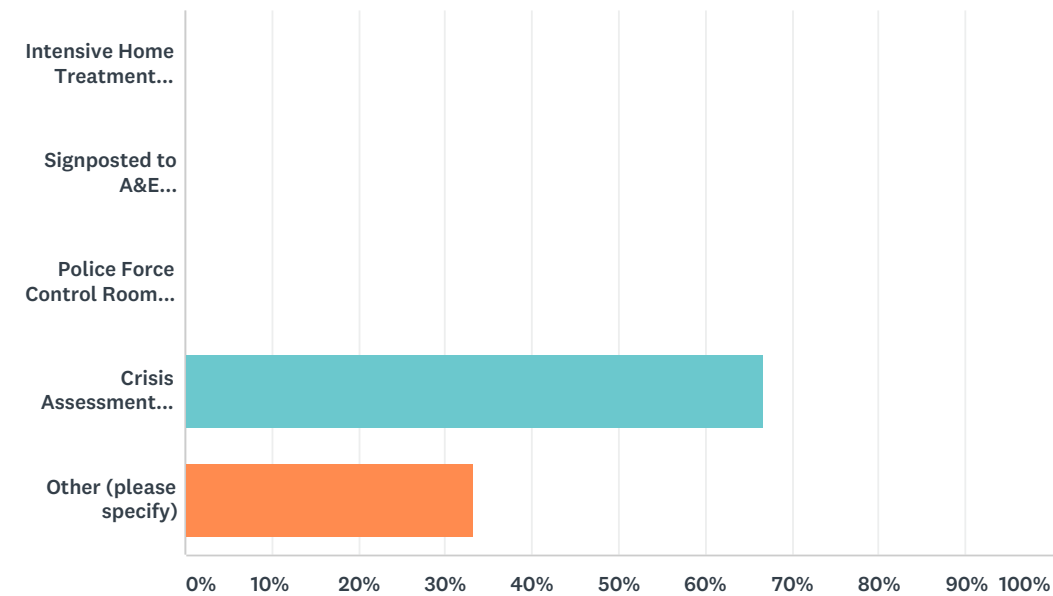
Answered: 12 Skipped: 83



ANSWER CHOICES	RESPONSES	
Yes	83.33%	10
No	16.67%	2
TOTAL		12

Q36 If no, what other support were you offered?

Answered: 3 Skipped: 92

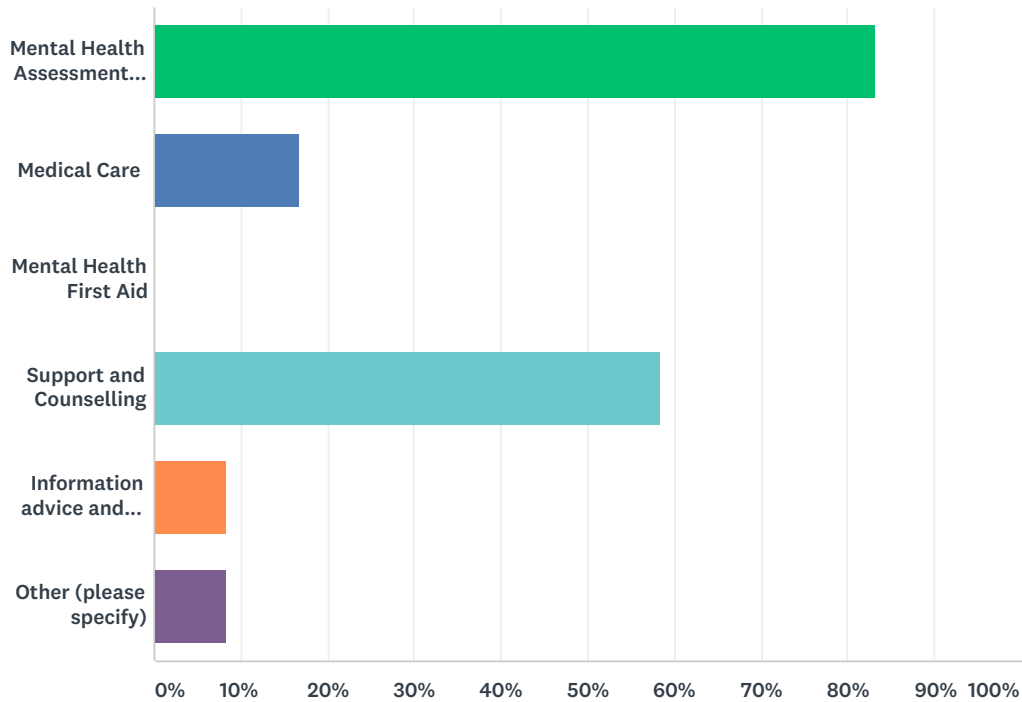


ANSWER CHOICES		RESPONSES	
Intensive Home Treatment Service		0.00%	0
Signposted to A&E (Psychiatric Liaison)		0.00%	0
Police Force Control Room (Mental Health Worker)		0.00%	0
Crisis Assessment Suite (CAS)		66.67%	2
Other (please specify)		33.33%	1
TOTAL			3

#	OTHER (PLEASE SPECIFY)	DATE
1	Nothing I was put on a waiting list	1/24/2019 9:17 PM

Q37 If yes what treatment did you receive? (Please tick all that apply)

Answered: 12 Skipped: 83

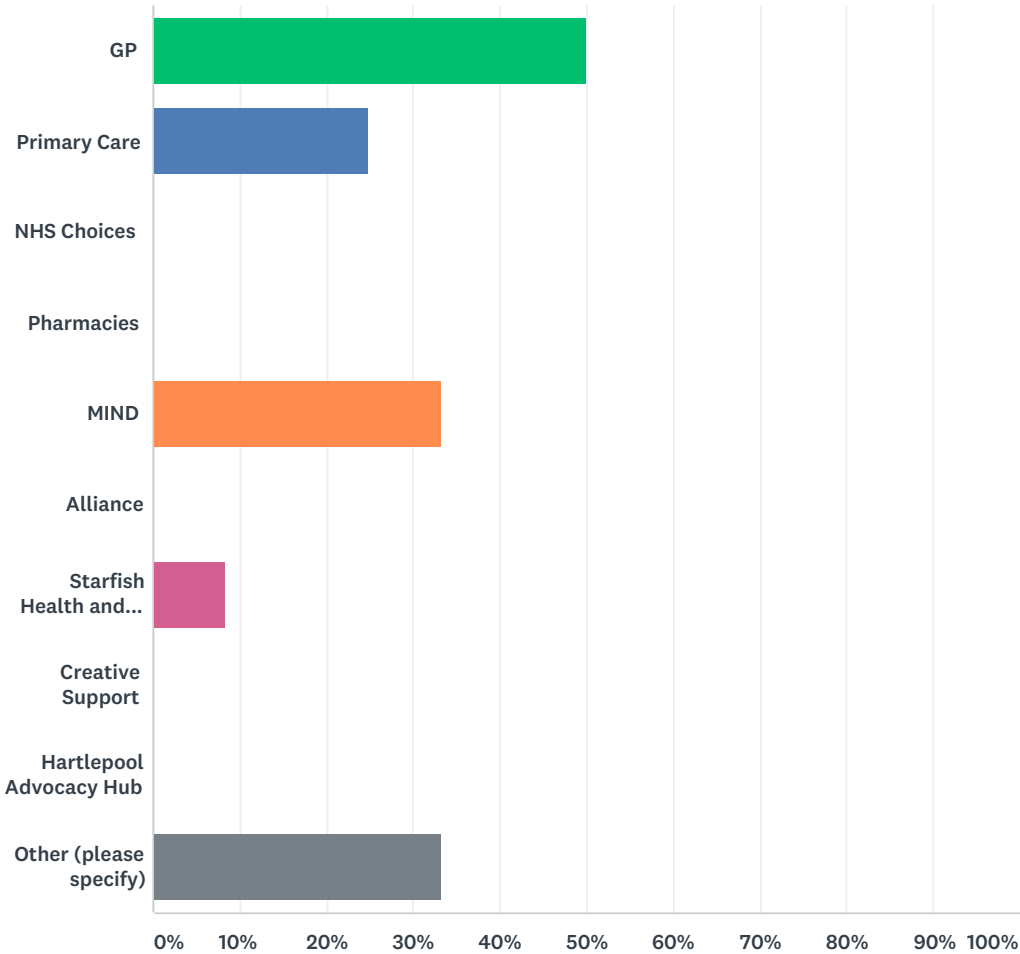


ANSWER CHOICES	RESPONSES	
Mental Health Assessment (Approved mental Health Professional)	83.33%	10
Medical Care	16.67%	2
Mental Health First Aid	0.00%	0
Support and Counselling	58.33%	7
Information advice and guidance	8.33%	1
Other (please specify)	8.33%	1
Total Respondents: 12		

#	OTHER (PLEASE SPECIFY)	DATE
1	Medication	1/5/2019 10:18 AM

Q38 Please tell us where did you receive treatments

Answered: 12 Skipped: 83

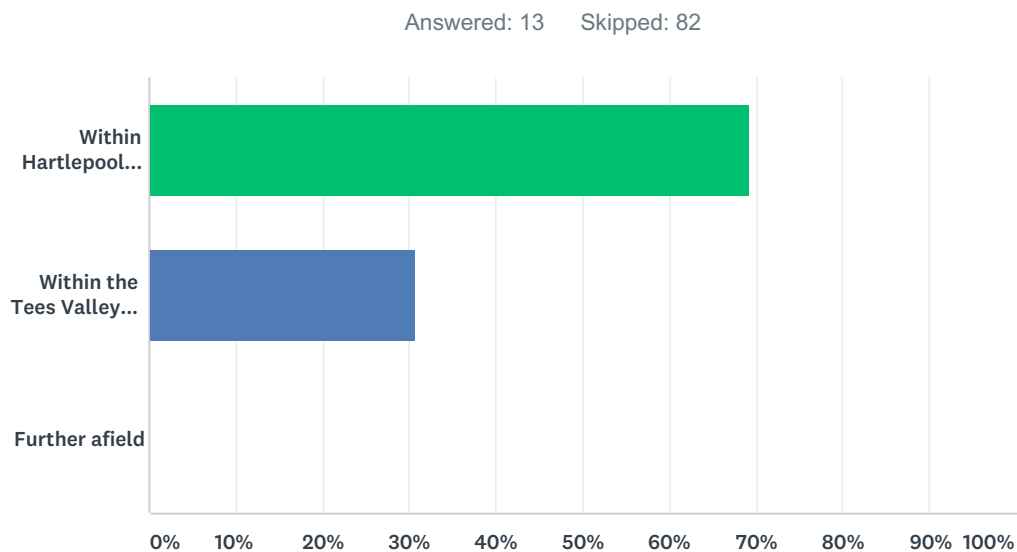


ANSWER CHOICES	RESPONSES	
GP	50.00%	6
Primary Care	25.00%	3
NHS Choices	0.00%	0
Pharmacies	0.00%	0
MIND	33.33%	4
Alliance	0.00%	0
Starfish Health and Wellbeing	8.33%	1
Creative Support	0.00%	0
Hartlepool Advocacy Hub	0.00%	0
Other (please specify)	33.33%	4
Total Respondents: 12		

Experiences of Mental Health Services

#	OTHER (PLEASE SPECIFY)	DATE
1	Home	1/24/2019 5:30 PM
2	Stewart House	1/24/2019 2:25 PM
3	Sandwell Park	1/11/2019 1:46 PM
4	TEWV	1/6/2019 1:15 AM

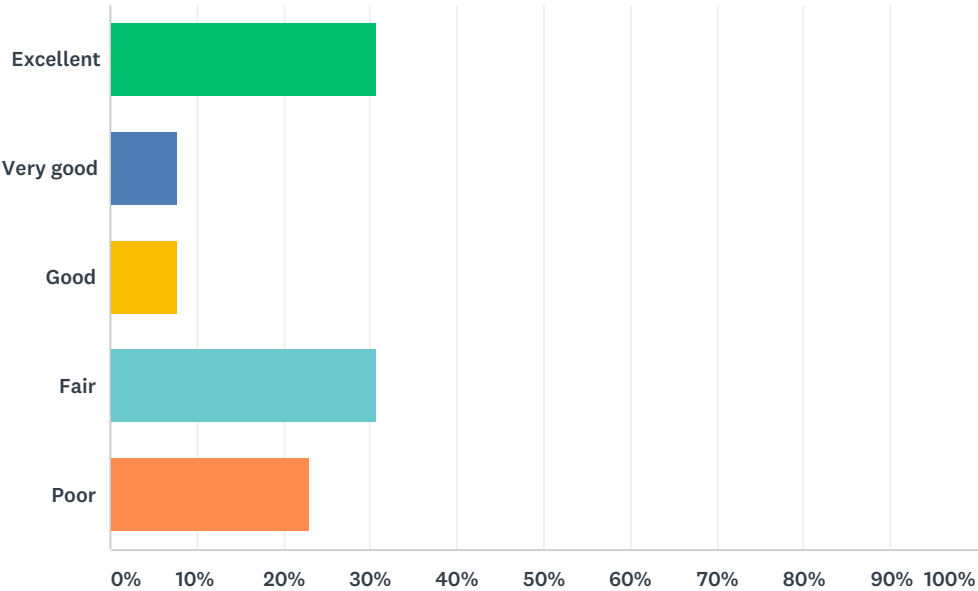
Q39 How far did you have to travel from home to receive your treatment?



ANSWER CHOICES	RESPONSES	
Within Hartlepool Borough	69.23%	9
Within the Tees Valley e.g. Middlesbrough, Stockton, Darlington or Redcar area	30.77%	4
Further afield	0.00%	0
TOTAL		13

Q40 Overall, how would you rate the service or treatment you received from the service provider?

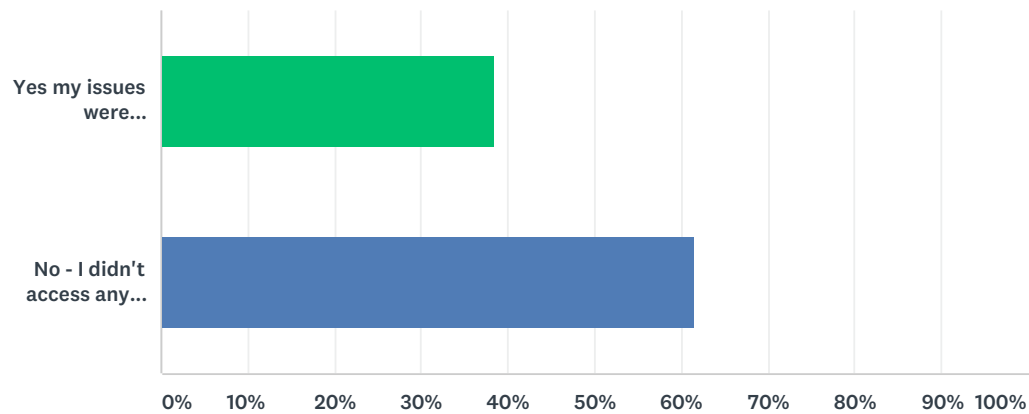
Answered: 13 Skipped: 82



ANSWER CHOICES	RESPONSES	
Excellent	30.77%	4
Very good	7.69%	1
Good	7.69%	1
Fair	30.77%	4
Poor	23.08%	3
TOTAL		13

Q41 Was your issue resolved by using targeted and specialist support?

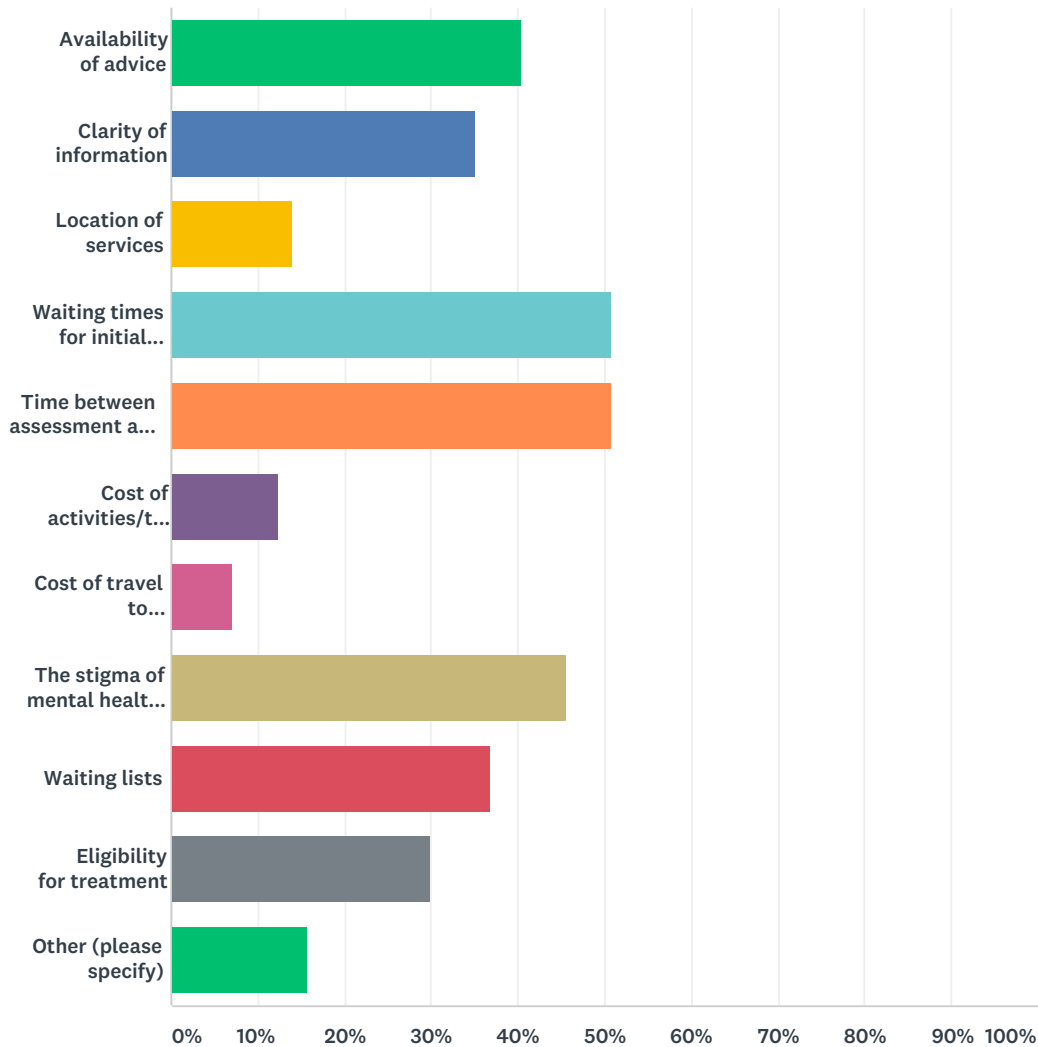
Answered: 13 Skipped: 82



ANSWER CHOICES		RESPONSES	
Yes my issues were resolved/are being managed		38.46%	5
No - I didn't access any further services		61.54%	8
TOTAL			13

Q42 Please can you tell us what you feel are the main barriers or challenges to accessing mental health services in Hartlepool. (please tick all that apply)

Answered: 57 Skipped: 38



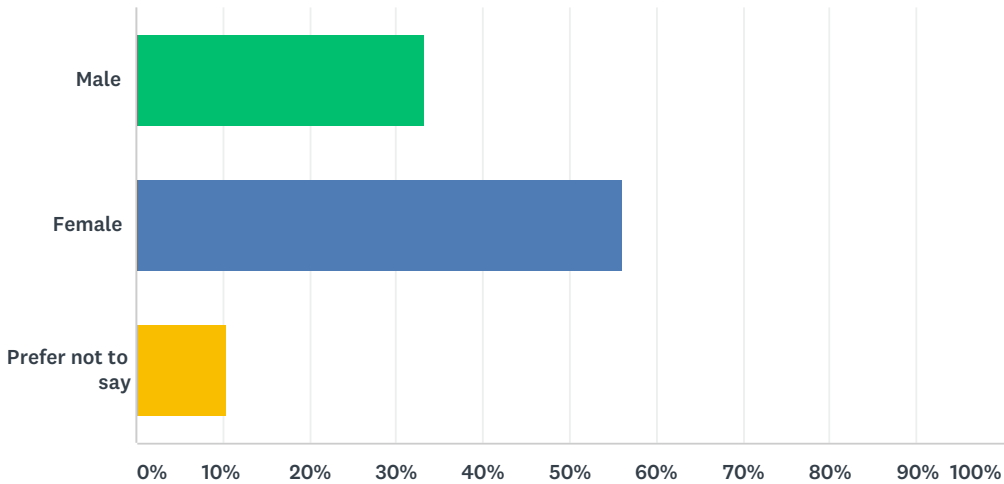
ANSWER CHOICES	RESPONSES	
Availability of advice	40.35%	23
Clarity of information	35.09%	20
Location of services	14.04%	8
Waiting times for initial assessment	50.88%	29
Time between assessment and treatment	50.88%	29
Cost of activities/tools eg online subscriptions, cost of books etc	12.28%	7
Cost of travel to service/treatments	7.02%	4
The stigma of mental health issues	45.61%	26

Waiting lists	36.84%	21
Eligibility for treatment	29.82%	17
Other (please specify)	15.79%	9
Total Respondents: 57		

#	OTHER (PLEASE SPECIFY)	DATE
1	No specialist service for PTSD	1/25/2019 8:01 AM
2	Moving from child to adult mental health took to long, the same level of care is not there, no one rings you back and you can never get to speak to anyone, still trying to sort medication out 20 m later, shocking service	1/24/2019 3:05 PM
3	The nature of some mental health issues actually stop you accessing what you need without human help.	1/15/2019 2:22 PM
4	Giving people false hope	1/10/2019 6:53 PM
5	Lack of treatment choices. Limited to CBT or counseling, which don't work.	1/6/2019 1:17 AM
6	No help for serious conditions	12/24/2018 6:30 AM
7	Lack of specialist services	12/24/2018 12:49 AM
8	Not seeing the same person all the time	12/20/2018 6:22 PM
9	On behalf of patient: Communication and lack of proactivity of MH staff.	12/20/2018 3:36 PM

Q43 Are you....

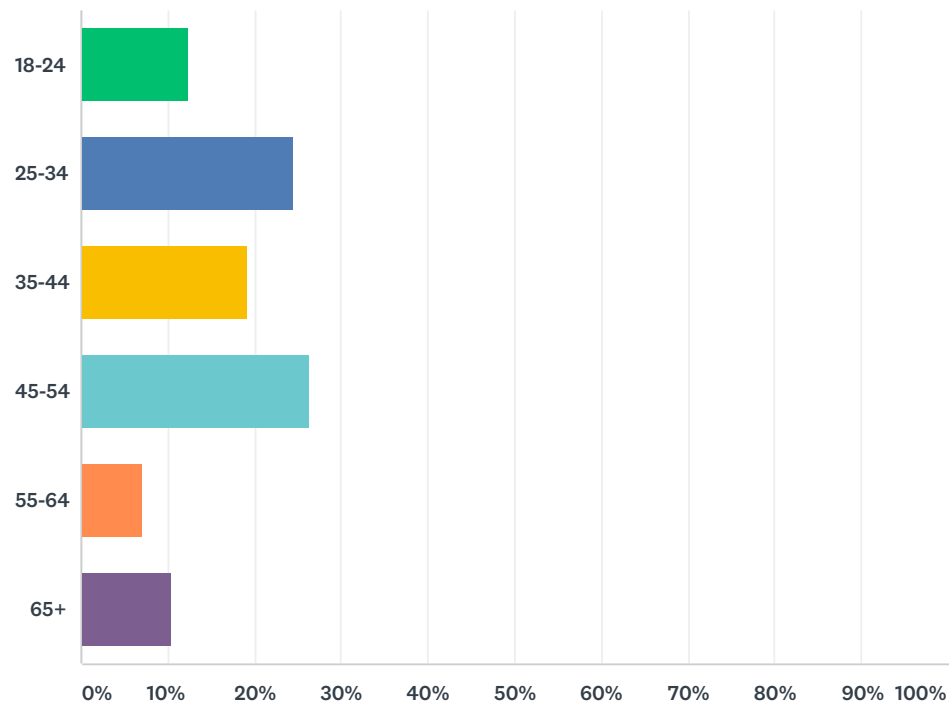
Answered: 57 Skipped: 38



ANSWER CHOICES		RESPONSES	
Male		33.33%	19
Female		56.14%	32
Prefer not to say		10.53%	6
TOTAL			57

Q44 Please tell us how old you are:

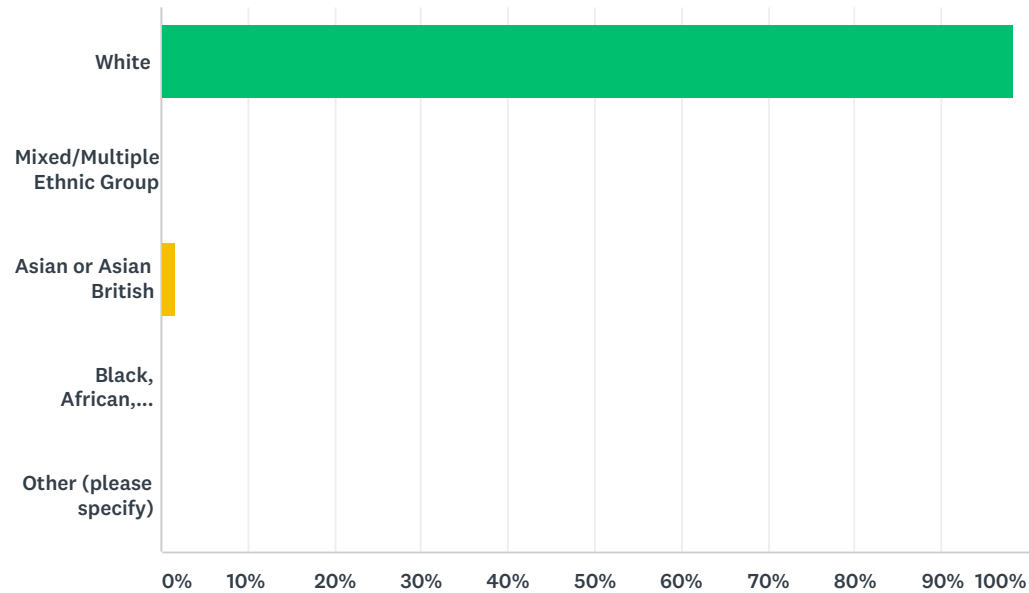
Answered: 57 Skipped: 38



ANSWER CHOICES	RESPONSES	
18-24	12.28%	7
25-34	24.56%	14
35-44	19.30%	11
45-54	26.32%	15
55-64	7.02%	4
65+	10.53%	6
TOTAL		57

Q45 Please tell us your ethnicity

Answered: 58 Skipped: 37

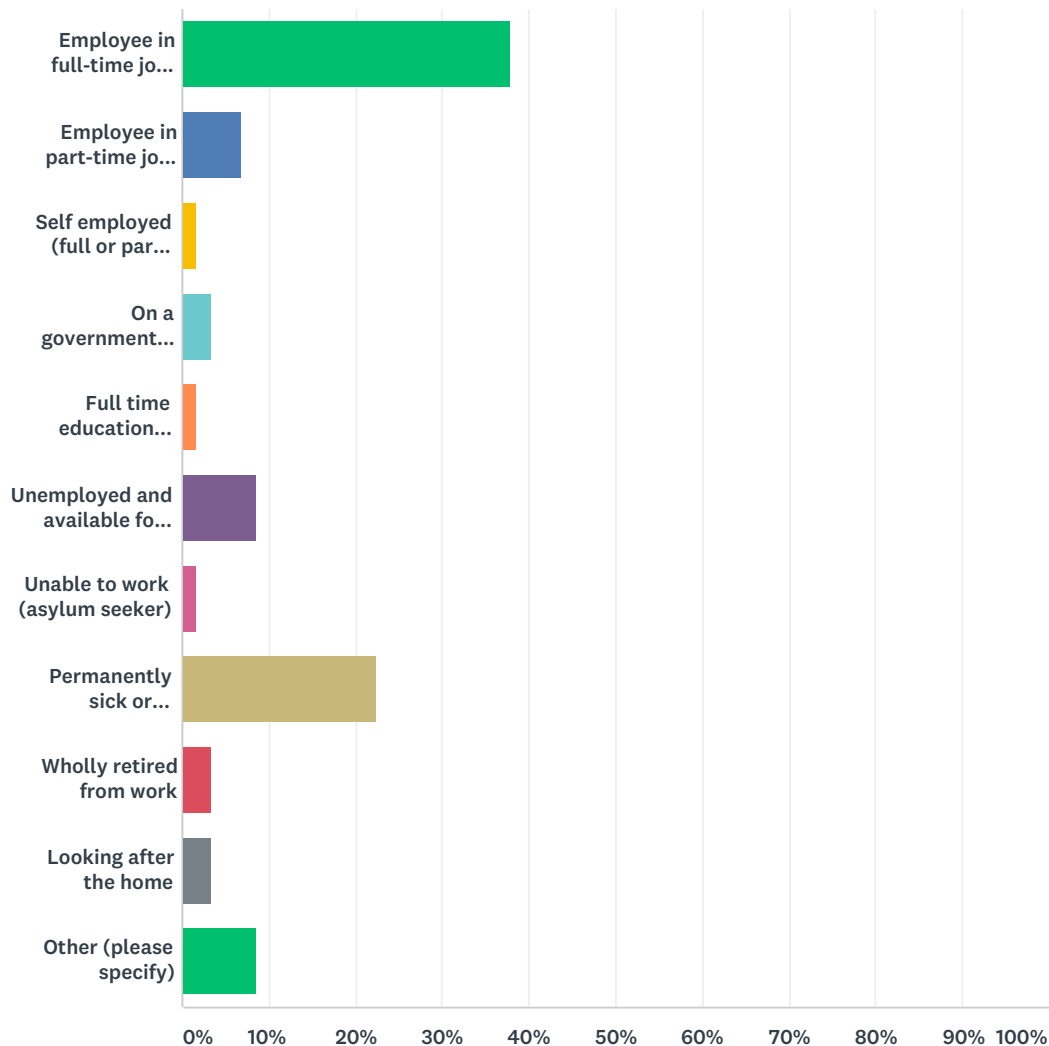


ANSWER CHOICES		RESPONSES	
White		98.28%	57
Mixed/Multiple Ethnic Group		0.00%	0
Asian or Asian British		1.72%	1
Black, African, Caribbean or Black British		0.00%	0
Other (please specify)		0.00%	0
TOTAL			58

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q46 Which of the following best describes what you are doing at present (please tick one box only)

Answered: 58 Skipped: 37



ANSWER CHOICES	RESPONSES	
Employee in full-time job (30 hours plus per week)	37.93%	22
Employee in part-time job (under 30 hours per week)	6.90%	4
Self employed (full or part time)	1.72%	1
On a government supported training programme (e.g. Modern Apprenticeship)	3.45%	2
Full time education school, college or university	1.72%	1
Unemployed and available for work	8.62%	5
Unable to work (asylum seeker)	1.72%	1
Permanently sick or disabled	22.41%	13
Wholly retired from work	3.45%	2

Looking after the home	3.45%	2
Other (please specify)	8.62%	5
TOTAL		58

#	OTHER (PLEASE SPECIFY)	DATE
1	Mother looking after son who accesses adult mental health service	1/24/2019 3:06 PM
2	Carer for my child who needs help but can't get any	1/24/2019 1:50 PM
3	Part-time Volunteer (under 30 hours per week)	1/12/2019 10:05 AM
4	My illness & disability stops me going to work before this I was employed for 27 years at my last employer..	1/5/2019 10:28 AM
5	part time contracted but work additional 20 hours making 40 total.	12/20/2018 5:38 PM

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Statutory Scrutiny Manager

Subject: INVESTIGATION INTO THE PROVISION OF PREVENTATIVE MENTAL HEALTH SERVICES FOR HARTLEPOOL RESIDENTS – FEEDBACK FROM VISITS

1. PURPOSE OF REPORT

- 1.1 To present to the Committee with feedback from visits to voluntary and community providers of help, advice, guidance and signposting to preventative mental health services for Hartlepool residents.

2. BACKGROUND INFORMATION

- 2.1 During the course of the Committee's discussions, Members became aware of the role played by external companies and voluntary and community sector (VCS) groups in help, advice, guidance and signposting to preventative mental health services for Hartlepool residents. An open invitation to participate in the investigation to participate in the investigation was extended to all VCS with a valuable contribution provided at the meeting held on the 17 January 2019.
- 2.2 In addition to involvement at formal meetings, Members were keen to hear firsthand the experiences of these individuals who access services and a request was made for any groups / bodies who would be interested in facilitating these discussions. Hartlepool Carers welcomed the opportunity to be involved.

3. VIEWS AND COMMENTS FROM USERS OF HARTLEPOOL CARERS SERVICES

- 3.1 On the 15 January 2019, the Councillors Hamilton and Lindridge visited Hartlepool Carers and met with a variety of both adults and young people. In gaining an understanding of their experiences, views and comments expressed are summarised as follows:
- i) Carers felt like they have no one to turn to until they found Hartlepool Carers.
 - ii) There was concern in accessing some services (i.e. drugs and alcohol support) in that information could be passed to other areas of the system, with a detrimental effect on the perception of their abilities and the real cause of problems.

- iii) Experiences of early diagnosis of mental health issues had been poor. An example of this being a child who had been in over 10 schools and was not diagnosed with autism and ADHD until the ages of 4 and 7 years respectively. The reason being that it had been felt he was too young to access.
- iv) Social isolation is a real issue for some children with complex needs with them removed from classrooms, and taught on their own, to avoid disruption. There was concern that this further exasperated problems.
- v) Social Workers can change frequently - one individual had 5 different Social Workers.
- vi) There had been problems accessing CAHMS services, with one individual experiencing a 12 month wait and some children with issues failing to meet the required criteria.
- vii) Whilst there is support for the child or adult, there is insufficient support for carers. Potentially resulting in depression and risk of suicide. In addition to this, there was concern that the Child protection meeting process could make parents feel like they were doing something wrong, when they just needed help and were not receiving it.
- viii) There is limited or no preventative support for carers and it is only when they hit crisis that something is done. Carers won't let the 'cap off' their emotions as they are afraid they won't get it back on!
- ix) Stigma is a real issue.
- x) Practitioners need to remember that they aren't talking to another professional – carers are just family / parent doing their best.
- xi) What would really of helped would have been:
 - The primary school listening and something being done then.
 - Quicker access to CAHMS services.
 - Earlier intervention and continuity of support (people and services).
- xii) Carers feel that they are failing if they are struggling. There needs to be positive reinforcement for all the things that they are achieving.
- xiii) EHC Plans often out of date as needs change and contact in care plans were often not happening.
- xiv) No one knows the route into Crisis Teams.
- xv) Little choice with respite provision. Told when and how – not always the most suitable for the carer.
- xvi) It took 9 years for one carer to get residential help.
- xvii) Services are needed to the gap before the CAHMS threshold.

3.2 Staff from Hartlepool Carers reported a huge increase in the number of carers presenting to them with mental health issues. Figures in relation to this are attached at **Appendix A**. Attention was drawn to the Safe Space Scheme for 5-18 year olds, aimed at supporting families for those who do not meet the CAHMS criteria and providing very early support. However, it was noted that funding for this was to cease in March 2019.

3.3 Additional comments made included:

- i) Early intervention is essential.
- ii) There are 2000 young carers in Hartlepool (2011 Census).
- iii) There is a need for services that meet the gap before the CAHMS threshold.
- iv) There is a gap in services for young carers. Adults can be referred to Alliance and Starfish but there is nothing for young carers that don't necessarily need CAHMS.
- v) There needs to be a place to provide talking therapies for young people.
- vi) 40% of young carers miss school and end up as NEET, in low paid employment or unemployed.
- vii) It is essential to work with the whole family and not just the individual. It's recognised that Social Worker do try to do this but they have such heavy workloads and are short of time.
- viii) There is a risk that when young carers are referred the Hartlepool carers they can fall through the gaps. There needs to be a process to review, perhaps once a year with Hartlepool carers, Social Workers, etc.
- ix) Young carers don't get respite.
- x) Young people can't go to their GP's for help as the GP won't see them without a parent or carer. GP's need to recognise young carers.
- xi) Hartlepool Carers are trying to tie in to GP surgeries and schools to offer 'Carer Aware' training to help break down barriers to 'what is a carer' and identify them before they move into crisis. It is, however, proving hard to engage with either.
- xii) Young carers aren't always known to schools. The introduction of a Young Carers Card could be beneficial, with the involvement of schools.
- xiii) Young Carer in Schools Award needs to be promoted in Hartlepool.
- xiv) There is a real problem for young carers accessing services in terms of physically getting to them.

4. RECOMMENDATIONS

- 4.1 That the Audit and Governance Committee noted the results of the visit.

BACKGROUND PAPERS

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

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



SAFE SPACE PROJECT

Review

JANUARY 18, 2019
HARTLEPOOL CARERS
19a Lowthian Rd, Hartlepool.

Hartlepool Carers – Safe Space Project

Supporting CYP Low Level Emotional Health and Well-being

1.1 Overview

Hartlepool Carers Safe Space Project Pilot has been funded under Health Initiative Funding via Hartlepool and Stockton Clinical Commissioning Group to provide children and young people with low level mental health intervention.

The project focuses on 5-18 year olds who are presenting with low level mental health needs, both young carers and other CYP have had the opportunity to access this programme.

The project commenced October 2017 for a 12 month period and further extended for 6 months.

The programme offers seven sessions tailored to individual needs. The seven areas focus on:

1. Individual and family resilience
2. Positive Mental Health (Identifying emotions and feelings)
3. Benefits of Physical Activity and Nutrition
4. Mindfulness
5. Confidence and Self Esteem
6. Importance of engaging in Education and Learning
7. Social Opportunities, including where to go for support.

We encourage family involvement to ensure strategies and coping mechanisms are built into family life. The impact from the pilot programme has shown significant improvement and prevention results for CYP and their families.

Key areas of improvement:

- Improved engagement within learning and education (Improved attendance and engagement within the classroom)
- Improved relationships within families and social circles (Families feel they can cope with their child's behaviour and have the skills to talk to their child about their wellbeing)
- Improved engagement in physical activity and increased awareness of healthy life styles.
- Improved CYP awareness of their emotions and wellbeing providing coping strategies CYP can use.
- Improved CYP resilience, allowing them to cope with stressful situations
- Improved CYP awareness of positive Mental Health.
- Improved CYP awareness of local services including dentists, GPs, Opticians and social opportunities.

We also have evidence from families and schools the programme has prevented CYP from being referred into specialist services such as CAMHS and need for additional support.

1.2 Referral Process

The first 12 months of the contract focused on referrals coming directly from schools to allow us to build relationships and trial various approaches within a number of school settings. The trial process allowed to find the most effective approach, to ensure maximum benefits could be achieved.

To the latter end of the contract referral routes opened up to allow self-referrals and referrals from other agencies. This was to gain a clear understanding of the needs of our community and explore CYPs needs outside of the school environment.

Working alongside CAMHS, Social Care and Early help it was evident there was a need for early intervention for low level mental health support.

It is widely known the demand for specialist CAMHS services is at crisis point and placing high demands on local teams.

Since opening up the referral route and giving families opportunities to participate in early intervention support we have established a new pathway to prevent the need for families self-referring into specialist services.

The programme has also provided family support whilst CYP are awaiting further intervention from specialist services.

We have evidence to suggest that the coping skills gained from our programme are a great benefit not just the CYP but the wider family members.

Hartlepool Carers - Safe Space Project			
Referral Route	CYP Complete/Planned	Waiting List	Total
Dyke house Secondary School	4		4
St Aidens School	12		12
Catcote School	1		1
High Tunstal School	4		4
FE College	1		1
Stranton School	1		1
Fens School	16		16
Lynnfield School	4		4
Grange School	7		7
Sacred Heart School	3		3
Rift House School	2		2
St Josephs School	1		1
St Cuthberts	22		22
Holly Trinity	1		1
Ward Jackson	3		3
Greatham School	1		1
Jesmond Gardens	27	10	37
St Hilds School	4		4
Manor Accadamy	3		3
Early Help Worker	2	1	3
Self Referral	27	19	46
St Helens School	2		2
St Begas School	1		1
CAMHS	20	18	38
Throston School	3	2	5
Total Number of CYP	172	50	222

The table shows referral breakdown for a 15 month period. We have currently delivered the seven week programme to 172 children using a mixture of 1:1 and group activities. We have 50 CYP on waiting list to receive service as of Jan 2019.

1.3 Cost Analysis

The total annual cost of the current programme is £33,868.76p which funds one 35 hour post, staff expenses, resources and management of the programme.

Developing the pilot has provided the opportunity to explore various approaches to find the most beneficial way of delivery to maximise impact for children and young people.

Analysing the financial accounts in relation to this project it is envisaged that the programme can be delivered up to 300 CYP (depending on individual need) at the cost of

£31,548, average cost per child/per session £15.00 including all materials. Sessions delivered are a minimum of 90 minutes.

1.5 Monitoring Impact

Monitoring through the pilot period has allowed us to gain valuable feedback directly from participants and their families as well as other professionals involved within their lives.

In the most recent monitoring 93% showed an overall improvement in all seven areas.

Families reported:

“My daughter is not as angry anymore”

“I have seen a big different in his attitude and brought us closer as a family”

“It’s really nice to see him happy”

“She is more confident and telling us what she has achieved in school”

“He uses the resources at home and it’s really helped him and us”

CYP reported

“I have enjoyed doing the work”

“I have more friends because I can stop getting angry with them”

“It’s nice to have someone to speak to”

“I feel better now”

“I am going to more afterschool groups because I feel like I can now”

“I have enjoyed doing the calming bottles”

“I am not as angry now cause I know I can calm down”

Schools reported

“We have seen a big difference in him since starting the group sessions”

“She is coming back into class so happy and engaging in class”

“It has helped school as we can now remind her about the strategies developed within Safe Space”

Appendices provide individual case studies.

1.4 Conclusion

Safe Space Project will cease on **31st March 2019**, with 50+ CYP failing to be enrolled onto the programme. On reviewing local services it is evident Hartlepool lack opportunities for CYP to participate in early intervention programmes to support their mental health needs.

The Children’s Society have published that 10% of CYP have a diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficient early age.

Research shows mental health illnesses are the leading cause of health related disabilities in CYP and can have adverse and long lasting effects, leading to increased risk of smoking, alcohol and drug misuse.

Hartlepool Safe Space Programme is a local research based tool that provides CYP and their families with low level emotional wellbeing support.

It is evident Hartlepool follows national trends and preventative programmes such as Safe Space are vitally important in creating stronger more resilient families.

Early intervention through this programme has shown to prevent the need for specialist services and increased levels of support as well as preventing Children and Young people entering into the criminal justice system.

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: Statutory Scrutiny Manager

Subject: FINAL REPORT - INVESTIGATION INTO THE PROVISION OF HIGH QUALITY MATERNITY SERVICES AND ELECTIVE SURGERY AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To present to the Committee its final report in relation to 'The Provision of High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool'.

2. BACKGROUND INFORMATION

- 2.1 As part of the requirements of the Health and Social Care Act 2012, the Council's Audit and Governance Committee explored potential issues for investigation under its statutory health scrutiny responsibilities. In considering potential topics, it was clear that changes to maternity services were particularly emotive for residents of Hartlepool. The Committee was also aware of issues raised in the 'Hartlepool Matters' report relating to the take up of elective surgery services.
- 2.2 In response to the above, the Audit and Governance Committee approved a two part investigation into the provision of high quality maternity and elective surgery services at the UHH. Following completion of its investigation the report attached at **Appendix A** has been compiled and Members are asked to consider its approval, for consideration by the Health and Wellbeing Board (HWB), Hartlepool and Stockton NHS Clinical Commissioning Group (HaST CCG) and North Tees and Hartlepool NHS Foundation Trust (NTHFT).

3. RECOMMENDATIONS

- 3.1 That the Audit and Governance Committee approves the reports contents and recommendations for consideration by the HWB, HaST CCG and NTHFT.

4. BACKGROUND PAPERS

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

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



AUDIT AND GOVERNANCE COMMITTEE
DRAFT FINAL REPORT
HIGH QUALITY MATERNITY SERVICES AND
ELECTIVE SURGERY AT THE UNIVERSITY
HOSPITAL OF HARTLEPOOL SITE AND
FEBRUARY 2019

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019



Report of: **Audit and Governance Committee**

Subject: HIGH QUALITY MATERNITY SERVICES AND ELECTIVE SURGERY AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL SITE - DRAFT FINAL REPORT

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Audit and Governance Committee's investigation into the provision of 'High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool Site'.

2. SETTING THE SCENE

- 2.1 As part of the requirements of the Health and Social Care Act 2012, the Council's Audit and Governance Committee explored potential issues for investigation under its statutory health scrutiny responsibilities.
- 2.2 In considering potential topics, Members reiterated concerns regarding the impact of changes to services from the University Hospital of Hartlepool (UHH) and the potential impact of changes that may result from the ongoing Sustainability Transformation Plan (STP)¹ / Integrated Care System (ICS) process.
- 2.3 Of the changes implemented in recent years, it was clear that those made to maternity services were particularly emotive for residents of Hartlepool. This, together with an acknowledgement that the provision of maternity services had been raised as part of the development of the 'Hartlepool Matters' and the ongoing STP / ICS process, reinforced the importance of this issue as a topic for more detailed investigation. The Committee was also aware of issues raised in the 'Hartlepool Matters' report relating to the take up of elective surgery services and the subsequent recommendation that 'options be explored to increase the levels of planned surgery undertaken on the site'.
- 2.4 In response to the above, the Audit and Governance Committee approved a two part investigation into the provision of high quality maternity and elective surgery services at the UHH, as its primary focus for 2017/18. It was, however, recognised that the duration of the investigation may need to be extended into 2018/19 to allow both issues to be explored fully.

¹ Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby Sustainability Transformation Plan (STP)

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 To examine how a high quality integrated service can be provided for Hartlepool residents, focusing on high quality maternity and elective surgery services from the University Hospital of Hartlepool Site (UHH).

4. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

- 4.1 The membership of the Audit and Governance Committee was as detailed below:-

Councillors Belcher, Cook, Hall, Hamilton, Lindridge, Loynes and Tennant. Standards Co-opted Members; Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.

5. TERMS OF REFERENCE AND METHODS OF INVESTIGATION

- 5.1 Members of the Audit and Governance Committee met formally during 2017/18 to discuss and receive evidence relating to its investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services and a summary of the terms of reference and methods of investigation are outlined in **Appendix 1**.

6. FINDINGS - MATERNITY SERVICES

6.1 HOW ARE MATERNITY SERVICES CURRENTLY PROVIDED

- 6.1.1 As a starting point for the investigation, the Committee considered how maternity services are provided across the North Tees and Hartlepool NHS Foundation Trust (the Trust) and gained an understanding of the variation in provision between the University Hospital of Hartlepool (UHH) and the University Hospital of North Tees (UHNT).

- 6.1.2 The Committee learned that maternity services were delivered in a number of forms across the Trust:

- Obstetric Unit (**provided at UHNT**);
- Alongside midwifery unit (**provided at UHNT**);
- Freestanding Birthing Centre (has no Consultants on site and is also known as a Midwife-led unit) (**provided at UHH**); and
- Home births (**support provided from both UHH and UHNT**).

- 6.1.3 Definitions of each being:

- Obstetric Unit (OU): Traditional Labour Ward – Consultant led
- Alongside Midwifery Unit: separate facility with birth rooms for low risk women to give birth, adjacent to an OU.

- Free-standing Midwifery Unit: separate facility with birth rooms for low risk women to give birth but at another geographical location, ambulance journey to OU.

6.1.4 Looking in greater detail at the level, and type, of maternity services available, the Committee was advised of wider package of maternity services were delivered as part of the Community Hub approach. Detailed as follows:-

University of Hartlepool Hospital

- i) Midwife led Birthing Unit - Service include the four en-suite birthing rooms which offered a variety of birthing experience (i.e. one with a birthing pool and one active birthing room, offering alternatives to traditional delivery).
- ii) First contact in early pregnancy with expectant mothers / antenatal and postnatal assessments.
- iii) Antenatal Consultant led clinics - Consultant Led obstetric clinics for high risk pregnancy i.e. Diabetes, and Twins, supported by Specialist Midwives. All aspects of antenatal care are delivered in Hartlepool.
- iv) Midwifery Led Assessment Unit; Monday to Friday (08:30-17:00)
- v) Obstetric ultrasound scan service.
- vi) Antenatal screening services (including glucose tolerance tests, screening bloods, Nuchal scans and specialist growth scans; Baby Clear and active intervention).
- vii) Community Midwifery service based at Hartlepool Hospital.

University of North Tees

- i) Consultant led, Obstetric unit with alongside midwifery-led care fourteen delivery rooms (one including a birthing pool), all offering a variety of birthing options and en-suite rooms; four rooms dedicated to midwifery led low risk care. Two high risk antenatal rooms and Two dedicated bereavement rooms for families.
- ii) 24 hour Anaesthetic cover and epidural service.
- iii) Two designated Obstetric Operating theatre.
- iv) Neonatal intensive care unit to support any baby that requires additional help; (this is now a special care baby unit serving babies above 30 weeks, babies needing intensive care will be stabilised and transferred to James Cook University Hospital (JCUH)).
- v) Consultant led Antenatal Clinics for high risk pregnancies, supported by Specialised Midwives.
- vi) Community Drop-in Clinics, based at children centres and University Hospital of North Tees.
- vii) Day Assessment Unit; (Seven days week service weekdays 09:00-21:30/ weekends 09:00-17:00.
- viii) Inpatient services. 28 bed Antenatal/Postnatal ward.
- ix) Obstetric Ultra Sound service.
- x) Community Midwifery Service based at Children Centres.

6.1.5 The Committee noted with interest the breadth of services provided and the variety of locations (hospital and community) within which they are accessed, as detailed in **Table 1** over the page.

Table 1 - Hartlepool Planned Contacts

Weeks of pregnancy (approximately)	Type of contact	Location
10-12 weeks	Pre-Booking Appointment	Children's Centre Hartlepool & Hartlepool Birthing Centre
	Booking	Hartlepool Birthing Centre
	Dating scan/combined screening	University Hospital Hartlepool (UHH)
16 weeks	Home Assessment by Maternity Assistant to help the parents start to plan environment for the new baby.	Home
	Anomaly scan	UHH
24 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
28 weeks	Ante Natal check and Rhesus status/Antibodies for women with Rhesus negative blood group	Children's Centre Hartlepool/ Hartlepool Birthing Centre
31 weeks	Ante Natal check (1st pregnancy only)	Children's Centre Hartlepool/ Hartlepool Birthing Centre
34 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
36 weeks	Birth plan completion	Children's Centre Hartlepool/ Birthing Centre
38 weeks	Ante Natal check	Children's Centre Hartlepool/ Birthing Centre
40 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
41 weeks	Ante Natal check	Hartlepool Children's Centre/ Hartlepool Birthing Centre
Ante Natal Parent craft	4 sessions are offered to all parents.	Hartlepool Birthing Centre and Children's Centre Hartlepool
Post natal contacts (after the baby's birth)	3 -4 home visits depending on the need of the family with further visits scheduled to support breastfeeding if necessary.	Weekend Postnatal Clinic Hartlepool Birthing Centre, weekday Drop in postnatal clinics and Home Visits

- 6.1.6 The Committee identified that the primary difference between the UHH and UHNT was the availability on site of a team of obstetricians, anaesthetists, Paediatricians and theatre staff, to respond to needs as required. In addition to this, a special care baby unit was available at the UHNT to support any baby that required additional help.
- 6.1.7 It was noted that provision at UHH had changed in 2008, in response to the requirements of the Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care. This resulted in a reconfiguration of maternity services at both sites, with the removal of Consultants Obstetricians from Hartlepool and creation of a midwife led 'open when required' birthing centre. In 2013 a further requirement was introduced to provide a 98 hour on-site consultant presence in labour wards and it was highlighted that nationally the operation of midwife led units was seen as good practice and had been adopted by an increasing number of maternity units, as a means of delivering high quality locally delivered services.

- 6.1.8 In making the decision to open as required, the Committee queried the rationale for keeping the unit open and welcomed an assurance from the Trust that the Community Hub approach provided the necessary continuity for mothers and ensured the appropriate levels of skill retention. This provided the sustainability required for the Birthing Centre at UHH on an 'open when required' basis.
- 6.1.9 Members reiterated the local view that services should be returned to the UHH, and that factors (i.e. staffing shortages and changing standards) which drive service change needed to be resolved without penalising local communities. It was, however, acknowledged that the requirements of these standards (i.e. Consultant numbers and their need to be located in proximity to other services in the event of delivery problems), meant that this was not feasible. However, increasing delivery numbers at the Hartlepool Birthing Centre remained a priority and options to achieve this are explored later in the report.
- 6.1.10 Clarification was provided that as a result of the absence of on-site Consultants, delivery in Hartlepool's Birthing Centre was restricted to low risk ladies only (assessed in accordance with NICE guidance). For these mums all delivery options were available, i.e.
- Home Birth (although the North East has a low home birth rate $\leq 1\%$);
 - The Birthing Centre in Hartlepool;
 - The midwife led unit at UHNT; and
 - Consultant led, maternity unit at UHNT (also James Cook / Sunderland / Durham hospitals)
- 6.1.11 The Committee was assured that these choices were being made available to all eligible women. However, Members expressed concern that some mothers appeared to either not be offered the Hartlepool Birthing Centre or were being deterred from using it on safety grounds due to the potential for an emergency ambulance transfer, should problems occur.
- 6.1.12 In exploring the basis for these concerns, Members were informed that women are informed of the possibility of transfer during labour, and that this 'informed consent' is required to allow women to make an informed decision around their place of delivery. Members also learned that national statistics showed that 36 out of 100 first time mums, and 9 out of 100 second time mums, would undergo a transfer to hospital from a freestanding midwife led unit, as detailed in Table 2 below.

Table 2 - Transfer Numbers



Date from 'Which' Birth Choice

- 6.1.13 With the above in mind, it was acknowledged that how long an ambulance would take to get to the Birthing Centre, and the distance between UHH and UHNT, was a very significant concern for mums. In relation to this, Members discovered that the categories of response that the North East Ambulance Services (NEAS) was required to implement had been changed in October 2018:

Table 3 – NEAS Response Categories

Categories	Definition	National Standard	Meaning
Category 1	Time critical / life threatening event.	7 minutes mean response time	On average calls will be responded to within 7 minutes
		15 minutes 90 th centile response time	90% of calls will be responded to within 15 minutes
Category 2	Potentially serious condition.	18 minutes mean response time	On average calls will be responded to within 18 minutes
		40 minutes 90 th centile response time	90% of calls will be responded to within 40 minutes
Category 3	Urgent problems not immediately life threatening.	120 minutes 90 th centile response time	90% of calls will be responded to within 120 minutes
Category 4	Less Urgent	180 minutes 90 th centile response time	90% of calls will be responded to within 180 minutes

- 6.1.14 As well as calls being categorised from 1 to 4 there are occasions where calls within the same category require prioritisation. Where a situation arises where the Ambulance service was facing severe pressure from increased demand, NEAS will prioritise calls that are not from a 'place of safety' above calls from locations that are designated as 'place of safety' such as a GP practice or a Hospital.
- 6.1.15 Members were advised that maternity calls are assessed against these categories, in the same way as all other 999 calls, and depending on individual circumstances would most likely be Category 1 (On average responded to within 7 minutes). However, the location of the Birthing Centre at the UHH means that it is designated as a 'place of safety'.
- 6.1.16 Designation as a 'place of safety' subsequently means that if NEAS is under severe pressure, and not able to respond immediately to all Category 1 calls, patients not in a place of safety (e.g. road accident or at home) would be prioritised and the response time to the Birthing Centre maybe be above the average 7 minute response time. Members were concerned to learn that this was the case and emphasised the importance of being able to ensure the highest possible priority for response calls from the Birthing Centre, if mums were to be encouraged to deliver in the unit. To this end, the Committee supported an approach to the Hartlepool and Stockton NHS Clinical Commissioning Group (HaST CCG), as the commissioner of ambulance services, to renegotiate with NEAS to remove the designation of the Birthing Centre as a 'place of safety' and ensure the highest priority response time for calls from the Centre.
- 6.1.17 In addition to these concerns there appeared to be a perception that the Birthing Centre was in fact closed and a combination of these factors was resulting in a large number of even low risk Hartlepool mums, who would be eligible to use the Hartlepool Birthing Centre, preferring to use the midwife-led birthing centre

located alongside the conventional, consultant-led maternity unit. Further details of usage are outlined in Section 8 of this report, however, it was noted that there was a national reduction in the number of deliveries at midwife led units, with a cultural change in mothers deciding to go where there was full specialist support rather than a midwife led birth.

- 6.1.18 In relation to ‘high risk’ ladies, it was confirmed that delivery in the Hartlepool Birthing Centre was not an option and that these mums were required to go to a Consultant led unit, such as that at the UHNT. Members welcomed assurances that the majority of services leading up to, and following births, could still be accessed in Hartlepool by high risk mums and that low risk mums could access all their services with no need to travel out of town. However, whilst the importance of mother / baby safety was recognised by the Committee, disappointed was expressed at the need to restrict access and the implications of this on the number of eligible mums.
- 6.1.19 The Committee was keen to observe facilities in a number of locations, and explore best practice, and in doing so visited both the Hartlepool Birthing Centre and the freestanding birthing centre at Blackburn. Details of feedback from the visits are outlined in Section 12 of this report.

7. MATERNITY SERVICE – USAGE FIGURES AND PERFORMANCE

Usage Figures

- 7.1 Members were concerned to learn that the number of births at the UHH had dropped significantly between 2009 and 2018, following the transfer of the Unit from Consultant-led to a Midwife-led (as detailed in Table 4 below).

Table 4 - Births in University Hospital of Hartlepool²

Year	Total No. of Births	Births at UHH (Birthing Centre)	Hartlepool Births (at home of BBA)
2007-08 (Obstetric Unit at UHH)	379 (2008)		
2008-09 (Midwife led Unit created)	452 (2009)		
2009-10	301 (2010)		
2010-11	282 (2011)		
2011-12	235 (2012)		
2012-13	170 (2013)		
2013-14	133 (2014)		
2014-15	118 (2015)	96	22 (6 Home and 16 BBA ³)
2015-16 (Birthing Team around the Centre created)	42 (2016)	22	20 (4 Home and 16 BBA)
2016-17	24 (2017)	9	15 (4 Home and 11 BBA)
2017-18	18 (2018) (compared to 953 Hartlepool babies registered in Stockton ⁴)	3	15 (5 Home and 10 BBA)

² Data provided by NTHFT

³ BBA – Birth before arrival / on route to hospital

⁴ Data provided by Stockton Registration Service

- 7.2 It was noted that between April 2017 and January 2018, there had been 89 deliveries to women cared for by the Birthing Team in Hartlepool and of these 87 babies were born at UHNT and 2 at the Hartlepool Birthing Centre. Members emphasised the importance of continuity of care and welcomed an assurance that it was high priority for the Hartlepool Midwife Birthing Team. Concern was expressed, however, that as a result of staff sickness and vacant posts, only 36 of the 78 mums who delivered at the UHNT had been supported by Birthing Team midwives.
- 7.3 Members had gained an understanding of the factors that influence the eligibility of mums to deliver at the Birthing Centre and noted with concern the impact of a national increase in the number of women being seen with raised BMI, complex medical conditions, diabetes/gestational diabetes, pre-eclampsia, social deprivation and safeguarding issues. All of which resulted in the classification of mums as 'high risk'.
- 7.4 This increase in potentially high risk births was reflected regionally and had been another contributory factor in the reduction of mums eligible to deliver in a midwife birthing unit. It was also noted that the North East as a region has a very low home birth rate, with less than 1% of births at home.
- 7.5 In looking at the reasons for the reduction in the number of babies born at the Hartlepool Birthing Centre in more detail, Members concluded that whilst numbers reflected a national downward trend across standalone midwife led units, there were other contributory factors specific to Hartlepool. These being:
- The absence of a Consultant on site (although it was recognised that a Birthing Centre is a Midwifery Led Service with no consultant presence);
 - A perception that the Birthing Centre is closed;
 - Operation of the Centre on an 'open when required' basis (Centre not staffed);
 - The potential need to be 'blue lighted' to UHNT in the event of a problem (connected to concerns in terms of ambulance response times / distance to UHNT); and
 - A lack of promotion of the Birthing Unit with new mums (whilst recognising the need to be clear in terms).
- 7.6 Each of these factors contribute to a position where even low risk Hartlepool mums, who would be eligible to use the Hartlepool Birthing Centre, reluctantly agree to use the alongside midwifery unit at UHNT. As such, these factors needed to be addressed if the downward trend in birth numbers was to be turned round.

Performance

- 7.7 A key element of the investigation was to ascertain how local maternity services are performing. Members noted with interest that the Care Quality Commission's (CQC) inspection, published in March 2018⁵, had given maternity services at

⁵ https://www.cqc.org.uk/sites/default/files/new_reports/AAAG9921.pdf

both the UHNT and UHH an overall 'good' rating. This represented an improvement since the CQC's last inspection, in 2015.

7.8 Looking particularly at the UHH, Members welcomed indications that overall maternity services had improved, with the CQC finding that:-

- i) Women and their families are protected from avoidable harm and abuse, with:
 - Effective systems in place to report, investigate and share the learning from incidents; and
 - The content of obstetric mandatory training continually monitored and adapted according to themes arriving from incidents.
- ii) Women had good outcomes because they received effective evidence based care and treatment, which met their needs. The service has systems in place to ensure that staff has the right skills, knowledge and experience to provide effective care and treatment. Women and their families are supported to live healthier lives.
- iii) Women and their families are supported and treated with dignity, respect, kindness and compassion.
- iv) Services are tailored to meet the needs of individual women and their families and delivered in such a way, which ensured flexibility, choice and continuity of care.
- v) The leadership, governance and culture within the service promoted the delivery of high quality person-centred care.

7.9 Concern was, however, expressed that whilst five out of six indicators were 'good', one area had been identified as 'requires improvement', as shown in Table 5 below.

Table 5 – CQC Ratings for University Hospital of Hartlepool (March 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires Improvement ↓ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Outpatients and Diagnostic imaging	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Requires Improvement Feb 2016	Good Feb 2016
Overall*	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires Improvement ↔ Mar 2018	Good ↑ Mar 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

- 7.10 The area in question related to the responsiveness of the service and Members note with concern that the CQC felt that services were not being delivered in a way in which focused on women's holistic needs. The Committee also welcomed confirmation that the CQC shared its concerns that the choice women were offered to deliver at the birth centre was dependant on the ability of a second midwife to be released from the delivery suite at the University Hospital of North Tees. The Inspection report making specific reference to:-
- i) Whilst there was some flexibility taken women's individual needs, this did not meet the needs of all those who requested to book at the birth centre, as women were only able to deliver there if staff could be released from the University Hospital of North Tees site; and
 - ii) Some women not being able to access services for assessment, diagnosis or treatment when they needed. The day assessment unit was open between 08.30 to 17.00 Monday to Friday; however, outside of these hours and weekends women were required to travel to the UHNT site.
- 7.11 Members were, however, pleased to hear the CQC's comments in support of the service in that:-
- i) Care and treatment is coordinated with other services and other providers, including liaison with families and carers to ensure that all services were informed of any diverse needs that need to be addressed;
 - ii) Women and their families were confident that complaints would be treated with compassion, in an open and transparent way;
 - iii) All of policies and guidelines were based on current NICE guidance and the United Nations Children's Fund (UNICEF) baby friendly initiative had been implemented to support women in their feeding choices;
 - iv) There is good multidisciplinary working between medical and midwifery staff, with staff working closely with community services to ensure communication was as effective as possible;
 - v) Staff are consistent and proactive in supporting people to live healthier lives, with antenatal assessments identifying where support could be provided to improve the health and wellbeing of women and their families; and
 - vi) Messages coming through from patients were positive.
- 7.12 The Committee was reassured to learn that an action plan had been devised to respond to the issues identified in the inspection and that it was to be monitored by the CQC, with engagement with providers' right across the year to ensure there was no drifting in its delivery.

8. ADVICE AND GUIDANCE PROVIDED FOR MUMS

- 8.1 The Committee explored the role of information for expectant mums, and their right to be informed of all options in choosing where to have their baby, whether that be in a midwifery unit, at home or on a hospital labour ward. In doing so, Members noted examples of specific guidance:-
- i) National Institute for Health and Care Excellence (NICE) Guidance – The guidance indicating that ‘planning to give birth at home, or in a midwifery unit, is particularly suitable for women with straightforward pregnancies who have already had a baby’.
 - ii) Advisory Statement from ‘Which’ – The statement indicating that ‘If you’re a healthy first time mum and having a straightforward pregnancy, planning to give birth in a birth centre is particularly suitable for you because it’s as safe for your baby as planning to give birth in a labour ward, and you’re less likely to have medical interventions. Similarly, if this is your second, third or fourth baby then birth in a birth centre is as safe as giving birth in a labour ward but with a reduced chance of medical interventions.’
- 8.2 Members noted with interest that concerns regarding maternity services in Hartlepool had been reiterated during discussion as part of the formulation of the Hartlepool Matters Plan⁶, with emphasis on the need to comply with NICE Guidance. The Plan suggesting that *‘Jointly all commissioners and relevant providers of care for Hartlepool residents should make public all the facts and issues relating to the suitability of giving birth at Hartlepool Birthing Centre’*.
- 8.3 The Trust assured the Committee that information was provided in accordance with NICE Guidance and that pregnant women, at around 10-12 weeks, received information from the Birthing Team at the Pre Booking Appointment. One element of this information was a Birth Place Choices leaflet, public comments on which had been received by the Committee. Members noted comments / views that the leaflet was ‘poorly designed, skewed to make mums choose a hospital birth and it did nothing at all to promote the Hartlepool birthing centre’.

Examples of residents concerns /comments (outside the survey):-

- i) **Some mums are automatically ruling themselves out of using the Birthing Centre on the grounds that the leaflet states that you can't use Hartlepool if you have any medical conditions or concerns.** For one mum this had been clarified with the midwife, with an indication that she could go ahead with Hartlepool because her medical issues did not affect the baby’s delivery. This position needed to be made clear in the leaflet provided.
- ii) The pictures in the leaflet favour UHNT over UHH, with UHNT looking like a more professional environment.

⁶ Hartlepool Matters Plan https://www.hartlepool.gov.uk/downloads/file/2709/hartlepool_matters

Examples of residents concerns /comments (continued):-

- iii) Some mums find the leaflet confusing to say the least and would not have even considered questioning the information on the leaflet if it wasn't for family pressure to get answers.
- iv) The ultimate deciding factor revolves around patient transfers in the event of emergencies:
 - If a mum found herself in a situation where she needed to be transferred to hospital it would take approximately 30 minutes to go from UHH to UHNT. In addition to this, whilst ambulances would respond to a home delivery as a 'red call', the same would not apply to birthing unit mothers as they would be seen to be in a 'place of safety'.
 - National statistics showed that 36 out of 100 first time mums, and 9 out of 100 second time mums, would undergo a transfer to hospital from a freestanding midwife led unit (the same type of unit as in UHH) act as a deterrent to mums.

- 8.4 From the evidence provided, it was clear to the Committee that the provision of effective advice and guidance for Hartlepool mums was essential in the provision of a personalised pathway of care, to meet their health and social needs. Members recognised the Trusts responsibility to ensure that prospective mums are fully aware of potential risks but reiterated the need for information and advice to be correctly balance risk against the need for promotion of the Centre (where appropriate). It was felt that the existing leaflet needed to be improved to achieve this, with a more balanced slant on the national statistics, in that 64% of first time mums, and 91% of second time mums deliver in freestanding units without the need to transfer. It was also suggested that the inclusion of reference to the fact that 98% of complications were not urgent, and could safely be transferred in 30-45 minutes⁷, would be helpful in providing a more balanced approach.

9. WHAT WILL INFLUENCE SERVICE PROVISION IN THE FUTURE

- 9.1 During the course of the investigation, Members considered the reviews and standards that had and would in the future shape the provision of maternity services, including:
- The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care (2007) referenced in Section 6.1.7 of this report; and
 - The National Maternity Review (2016) which set out a vision for maternity care across England called 'Better Births'. The vision being to provide 'Safer, more personalised, kinder, professional and more family friendly maternity care across England; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances'.

⁷ Data provided by Dr Walsh, Associate Professor in Midwifery at the University of Nottingham

- National Maternity Transformation Programme (to deliver the National Maternity reviews vision for 'Better Births') as part of which Local Maternity Systems were created to deliver local transformation.
- The Better Health Programme (BHP) – Feeding in to the work of the STP.
- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS).
- NHS Ten Year Plan - A move towards a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.

9.2 Of interest to the Committee were the recommendations of the National Maternity Review, and the work of the Local Maternity Systems, which drew attention to the need to focus on:

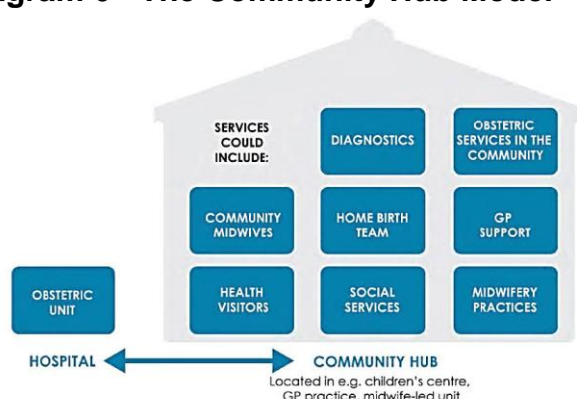
- Personalised care*
- Continuity of care*
- Safer care*
- Better postnatal and perinatal mental health*
- Multi-professional working*
- Working across boundaries*

*Full definitions detailed in **Appendix 2**.

9.3 Particular attention was drawn to the creation of 'community hubs' (as detailed in Diagram 6) commissioned to serve as a bridge between the local services and specialist care where needed, with the potential to:

- Act as a one stop shop, enabling women to access a range of services under one roof; and
- Provide a fast effective referral service to the right expert if a women and her baby needs to access more specialist services⁸.

Diagram 6 - The Community Hub Model



9.4 In relation to the creation of a maternity hub model for Hartlepool, the Trust highlighted the following possible benefits:

- Midwives to spend more time in the Birthing Centre, increasing staffing levels and cover to enable it to be fully open during the day;

⁸ Implementing Better Births – Resource Pack for Local Maternity Systems

- The Centre to be open every day, rather than on an 'open when required'. This removing a significant concern for mums in the need to call the unit when they go into labour; and
- Increasing familiarity / confidence in the Centre to encourage low risk mums to choose the Hartlepool Birthing Centre over the midwife led service at UHNT.

9.5 Members were interested in the potential for the creation of a 'maternity hub' based around the Hartlepool Birthing Centre, however, it was noted that emphasis on the provision of midwife appointments in the Centre, rather than home visits, did contradict the suggestion of mums who had responded to the survey undertaken as part of the investigation, Mums suggesting that the number of home visits be increased going forward. Further details of the results of the survey are outlined in Section 11 of the report.

9.6 In looking at programmes that are influencing the provision of services going forward, Members also noted that considerable work had and continued to be undertaken as part of the Better Health Programme and Sustainability and Transformation Plan (STP) / Integrated Care System (ICS). Members learned that data obtained as part of Better Health Programme pre-consultation research (June 2017) reinforced the view that mums prioritise the following in the services they receive:-

i) Antenatal and Postnatal Services:

- Availability of staff with the right skills and experience.
- Caring and compassionate staff.
- Having a range of different services available under one roof.
- Distance to travel.
- Having all of your care before and after giving birth led by the same small team of midwives.
- Flexible appointment times.
- Ease of access.

ii) Labour and Delivery

- Availability of consultant doctors.
- Range of pain relief available.
- Having your baby delivered by the same small team of midwives who provided care during pregnancy.
- Distance to travel to your delivery setting.
- Pleasant and relaxing environment.
- Facilities for birthing partners, including somewhere to stay.
- Availability of birthing pools.

iii) Preferences for delivery setting:

- Alongside midwife-led unit.
- Consultant-led unit.
- Standalone midwife-led unit.
- Home birth.

iv) Location of Services:

- Over half of respondents would expect to travel 16 to 30 minutes to a unit to give birth.

- A majority of women would be willing to travel further for specialist care should this be required.

- 9.7 The Committee welcomed indications that this data supported the evidence obtained as part of its investigation, with the availability of staff possessing skills and experience a key priority across antenatal and postnatal care, and labour and delivery. Members were surprised to find a preference for midwife-led delivery setting (over consultant led), but unsurprised that this related to alongside units' where there was easy access to Consultants and emergency services should they be required. It was noted that the split of views in terms of distance to travel was also reflected in Hartlepool, with it being either a very high priority or a very low priority across the whole maternity pathway.
- 9.8 In terms of the STP, the Lead Officer provided clarification in terms of progress both locally and nationally in relation to the Sustainability and Transformation Plan (STP) / Integrated Care System (ICS), with assurances that:-
- i) The focus of the STP was the provision of the right balance of services, maintaining as many local services as **possible**, with a focus on continuity of one to one care with a midwife. There is however a recognition that there is a national shortage of midwives and Consultants.
 - ii) An action plan was being developed around personal choice for expectant mothers, with representatives from the clinical service, providers, Public Health England and two lay members sitting on a Board. Attention was drawn to the absence of elected member representation in the process and requested that consideration be given to the inclusion of a Member on the Board.
- 9.9 Most importantly, the Committee welcomed an assurance that whilst there were maternity workforce pressures across all Trusts, the consultant led service at North Tees Hospital, and the midwife led service at Hartlepool, would be maintained. There was no desire or intention to merge with the James Cook Hospital Unit to create a 10,000 births a year unit.

10. VIEWS OF SERVICE USERS

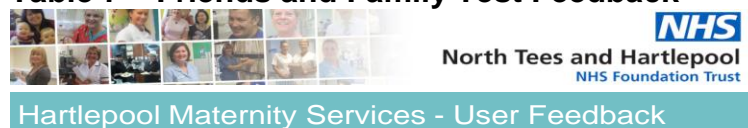
- 10.1 An essential element of the investigation was the identification of the views and comments of service users. In doing this, the Committee considered information from a variety of sources.

NHS Friends and Family Test

- 10.2 Members learned that the NHS Friends and Family Test for Maternity Services were introduced in 2013, as an anonymous way for Mothers and Mothers to be to give feedback to service providers. Responses are collected for all North Tees and Hartlepool Maternity services, with the aim being to help service providers and commissioners understand whether Mothers are happy with the service provided, or to identify where improvements are needed.

- 10.3 A summary of the 96 responses received (covering the period March to November 2017) highlighted the continued support that exists for Hartlepool's midwives. This supported the anecdotal evidence received by Members and as expected highlighted negative feedback in relation to disappointment at not being able to deliver in the Birthing Centre.

Table 7 – Friends and Family Test Feedback



Positive patient experience feedback

- Thank you for an amazing team
- Very helpful giving advice when needed
- The midwives were very friendly and helpful through my whole pregnancy and also afterwards.
- Highly recommend antenatal service
- Staff always listen
- Professional & friendly service
- Everyone I have seen has been friendly, supportive and helpful



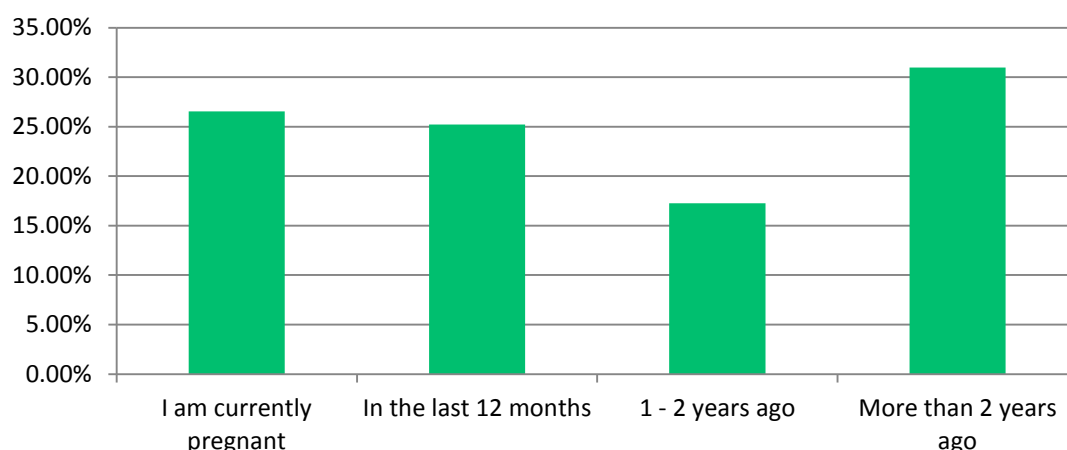
- 10.4 Whilst Members noted the responses of the Friends and Family Test, it was felt that a further, more in depth survey, was needed to inform the work of the Committee. On this basis, an independent Survey Monkey consultation was undertaken, the results of which are outlined in Sections 11.5 onwards.

Independent Survey Monkey Consultation

- 10.5 Between the 10th October 2018 and the 21st November 2018, the Committee undertook a survey to seek resident's opinions and experiences of antenatal and postnatal services in Hartlepool. A total of 452 individuals responded with 69% of responders either currently pregnant or having used the services in the last two years. A further breakdown is provided in Graph 8 below.

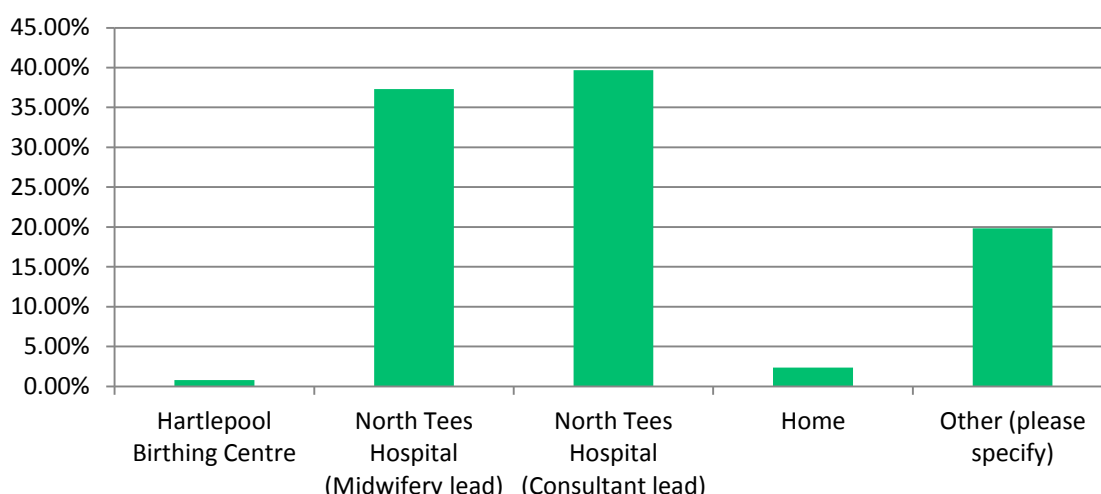


Graph 8 - When did you have your baby?



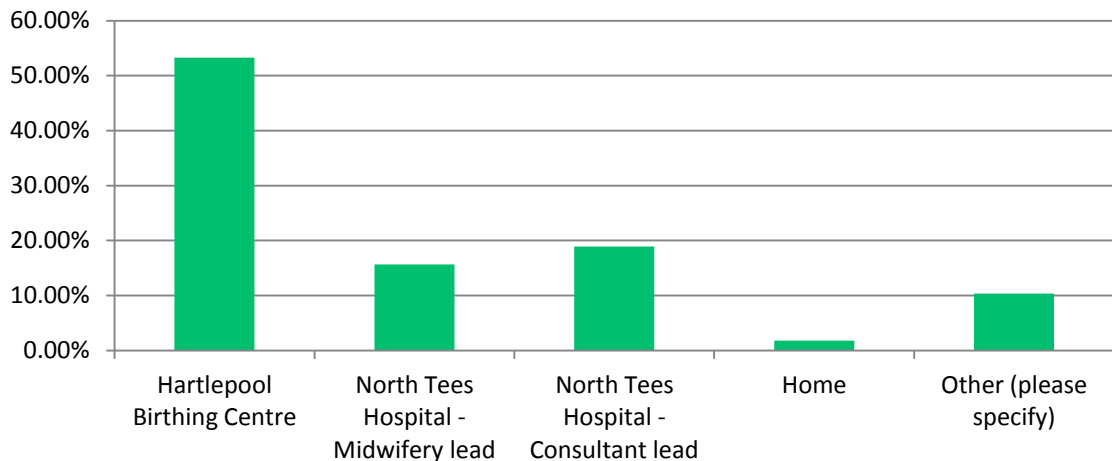
- 10.6 Data from the survey confirmed that the national trend, of mums moving away from delivering at stand alone midwife led units, was being mirrored in Hartlepool, with only one of the responders delivering in Hartlepool's Birthing Centre. This compared to the 97 who chose to go to the UHNT (as illustrated in Graph 9 below).

Graph 9 - Where did you have your baby?



- 10.7 The Committee was concerned to learn that, despite being eligible to use the Hartlepool Birthing Centre, 37% of 'low risk' mums had chosen the UHNT midwife led unit over the Birthing Centre, and although this figure could be higher with some low risk mums potentially also opting for the Consultant led unit. Equally concerning was that a larger number of mums had chosen a home birth over a delivery at the Birthing Centre.
- 10.8 In terms of the reasons for this position, Members were interested to find that 53% of responders had chosen Hartlepool Birthing Centre as their initial first choice for the location of their baby's birth. However, 50% of these mums had changed their minds during their pregnancies, with only one of the remaining 50% actually delivering in Hartlepool. Graph 10 illustrates further details of initial first choice.

Graph 10 - When you first found out you were pregnant, where was your initial first choice for the birth?



10.9 Reasons for changes of mind included those detailed below. It was clear to Members that the primary factors preventing / deterring mums were staffing concerns (availability of midwives and Consultants), the 'open when required' status of the Birthing Centre, ambulance response and transfer times and a lack of promotion of the services available at the Birthing Centre:-

- i) Following assessment categorised as 'high risk' (BMI, planned C Section, gestational diabetes).
- ii) No emergency care / Consultants / lack of staff at Hartlepool.
- iii) Hartlepool Birthing Centre is not staffed.
- iv) Made aware that if I needed to be transferred to North Tees an ambulance could have delays of up to 60 minutes.
- v) Complications during pregnancy.
- vi) Told the service was no longer available / Centre closed.
- vii) Although Hartlepool delivery suite was offered, the impression given was that midwives did not want to promote the Birthing Centre due to the lack of births and consultants there.
- viii) Wanted the same midwife as had with previous pregnancies and she wasn't based within the Hartlepool birthing centre.
- ix) Being in labour is an anxious and worrying time. Did not want to be in the position where there would be no midwives available to staff the birthing centre when it came to being in labour.

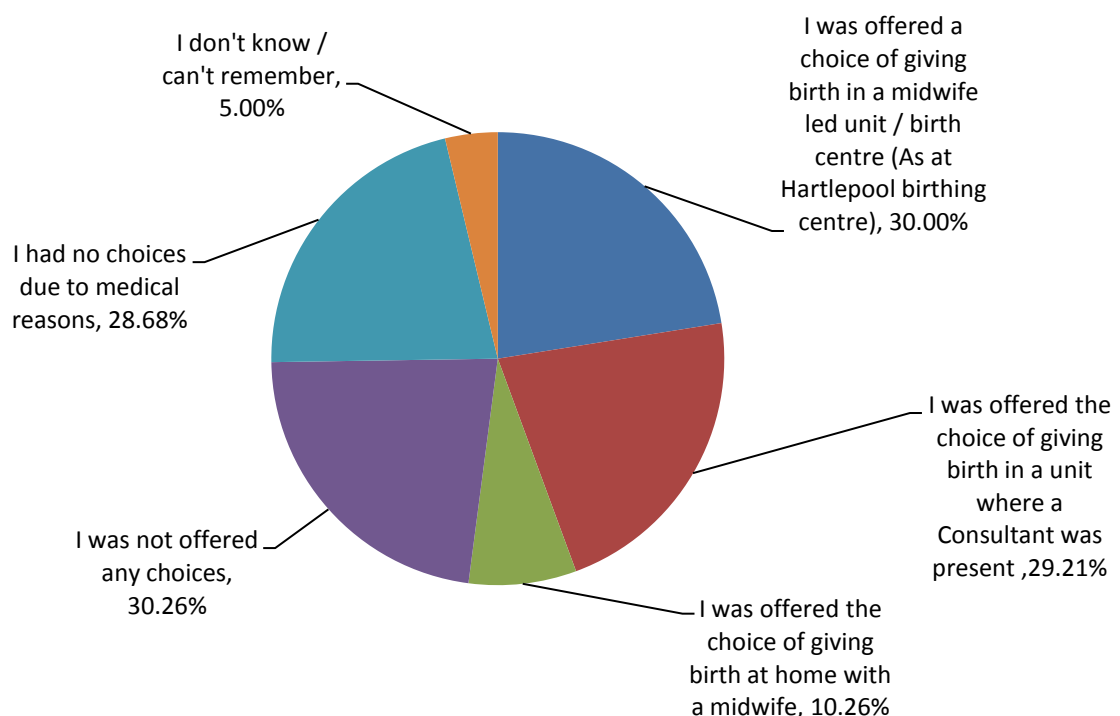
10.10 In exploring individual comments, Members identified that a number of the mums felt that a choice of location of birth was either not provided, or that sufficient explanations were not provided as to why they were 'high risk' and not able to deliver in Hartlepool. Evidence from the consultation supported this, with 30% of responders indicating that they had not been offered any choices. This position was further highlighted by individual statements submitted directly to the Chair of

the Audit and Governance Committee during the course of the investigation (as detailed in **Appendix 3**).

10.11 These findings were balanced against indications that:

- 69% of responders had been given one or more choices.
- 30% of responders had been offered a midwife led unit (at UHH or UHNT). This, however, resulted in < 1% of responders actually delivering in the Hartlepool Birthing Centre. Graph 11, over the page, provides further details of the breakdown of choices provided.

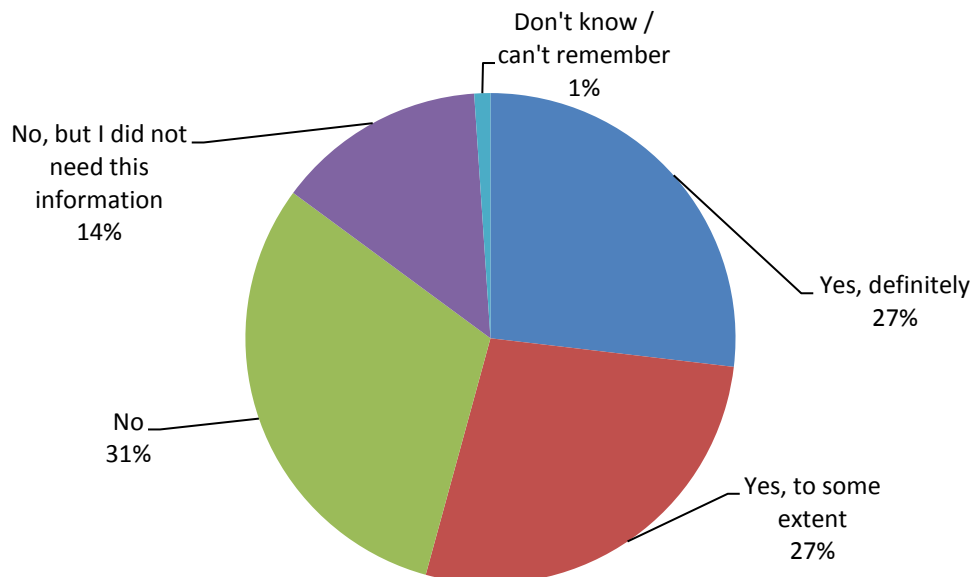
Graph 11 - Were you offered any of the following choices about where to have your baby?



10.12 The Committee welcomed reassurances from the NTHFT that they were committed to the provision of advice and guidance and it was noted that 54% of those who responded felt that they had totally, or to some extent, received enough information to enable them to make an informed decision about the location for the birth of their babies (as detailed in Graph 12 over the page). 31% of responders had, however, been unhappy with the information provided and Members were concerned that there appeared to be an inconsistency in the information and guidance provided. In addition to this, there was concern that choice appeared to be being hindered by a lack of effective explanation of why the Birthing Centre was not suitable and poor promotion of the Hartlepool Birthing Centre. This was supported by examples of experiences obtained by the Committee:-

- i) I am high risk for no apparent reason. I have to have it at North Tees or James Cook. Second choice would be James Cook but midwife is forcing me to go to North Tees.
- ii) Got told where I was having my baby wasn't a choice.
- iii) Because I was told that Hartlepool birthing unit was unavailable to me, despite the fact that I live locally and my first baby was born in Hartlepool in 2010. I was told I would have to go to North Tees, even though my first pregnancy/delivery was free from complications and North Tees is further away than Hartlepool.

Graph 12 - Do you feel you received enough information to help you decide where to have your baby?

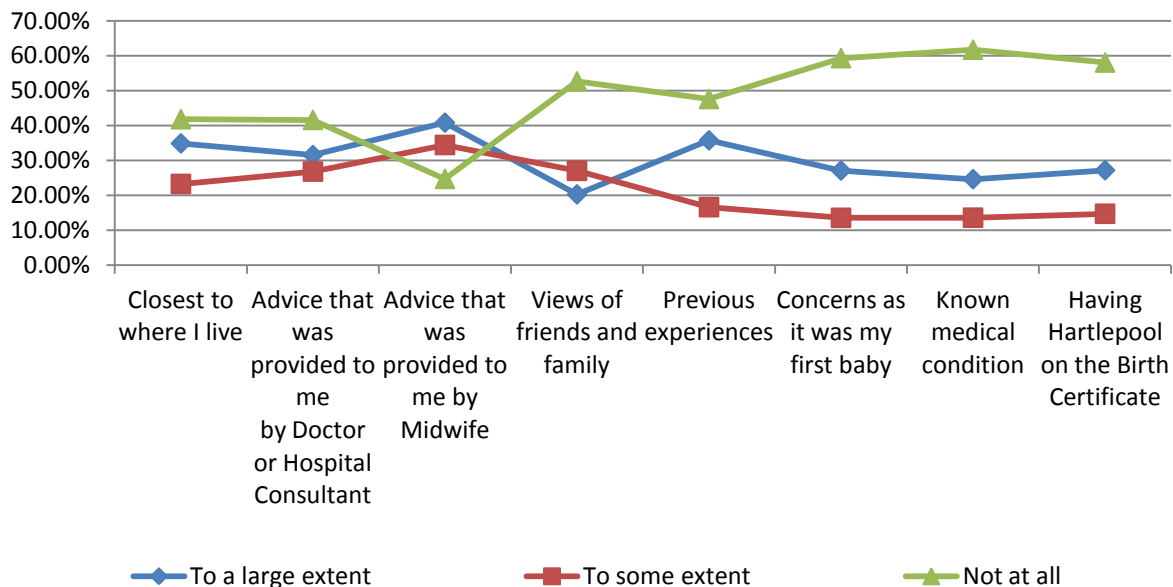


10.13 With a view to gaining an understanding of what influences the choice of location for births, Members were interested to find the following, with a more detailed breakdown provide in Graph 13 over the page:-

- i) The Top Three factors that influence the choice of birth place:
 - Advice from the Midwife (41%)
 - Previous experiences (36%)
 - Closest to where I live (35%)
- ii) Least likely factor to influence the choice of birth place:
 - Views of friends and family (20%).
- iii) The top three factors that do not at all influence the choice of birth place:

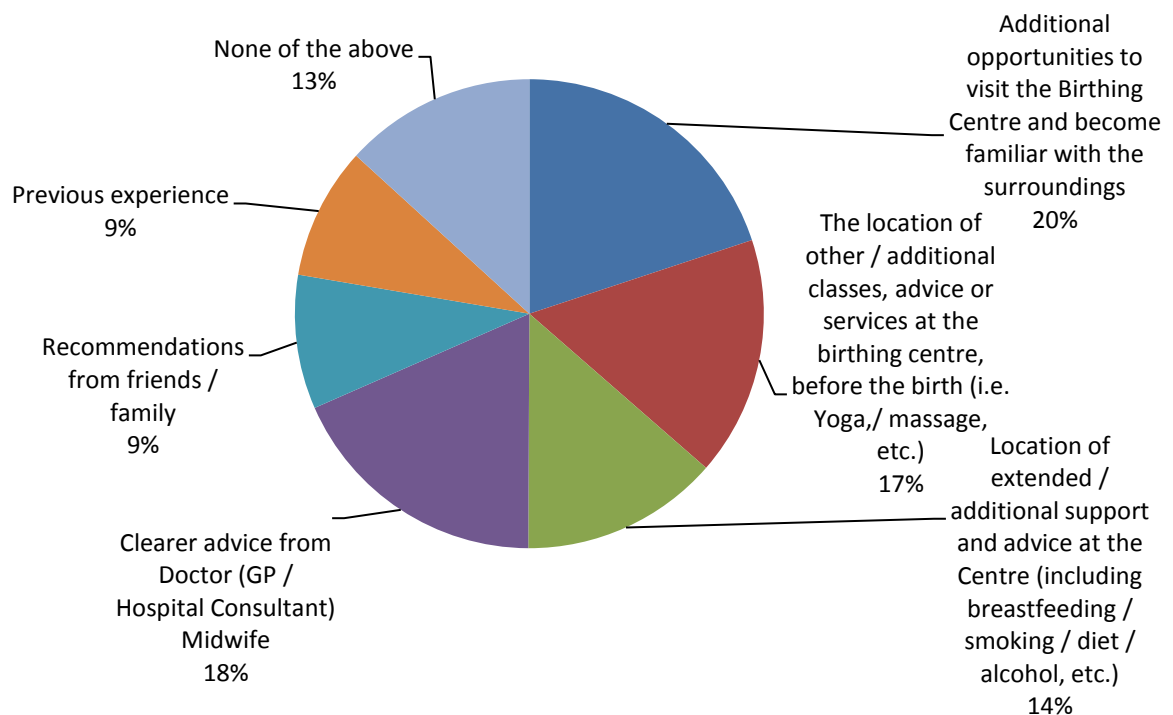
- Known medical condition (62%)
- Concern as it is my first baby (59%)
- Having Hartlepool on the Birth Certificate (58% - although it was recognised a very significant one for some individuals in terms of their identity as a 'Hartlepudlian').

Graph 13 - To what extent did the following influence your decision about where to have your baby?



10.14 The Committee also explored what would encourage mums to choose the Hartlepool Birthing Centre, as detailed in Graph 14. Members were interested to learn that of the options provided, the top two encouragements would be the provision of additional opportunities to visit the Birthing Centre (20%) and clearer advice from midwives / GP / Consultants (18%). Over and above these, it came as no surprise to the Committee that additional comments reiterated the need to reintroduce consultants, increase the number of midwives and have the Centre fully open and staffed.

Graph 14 - What would encourage you to choose Hartlepool Birthing Centre above the other options available?



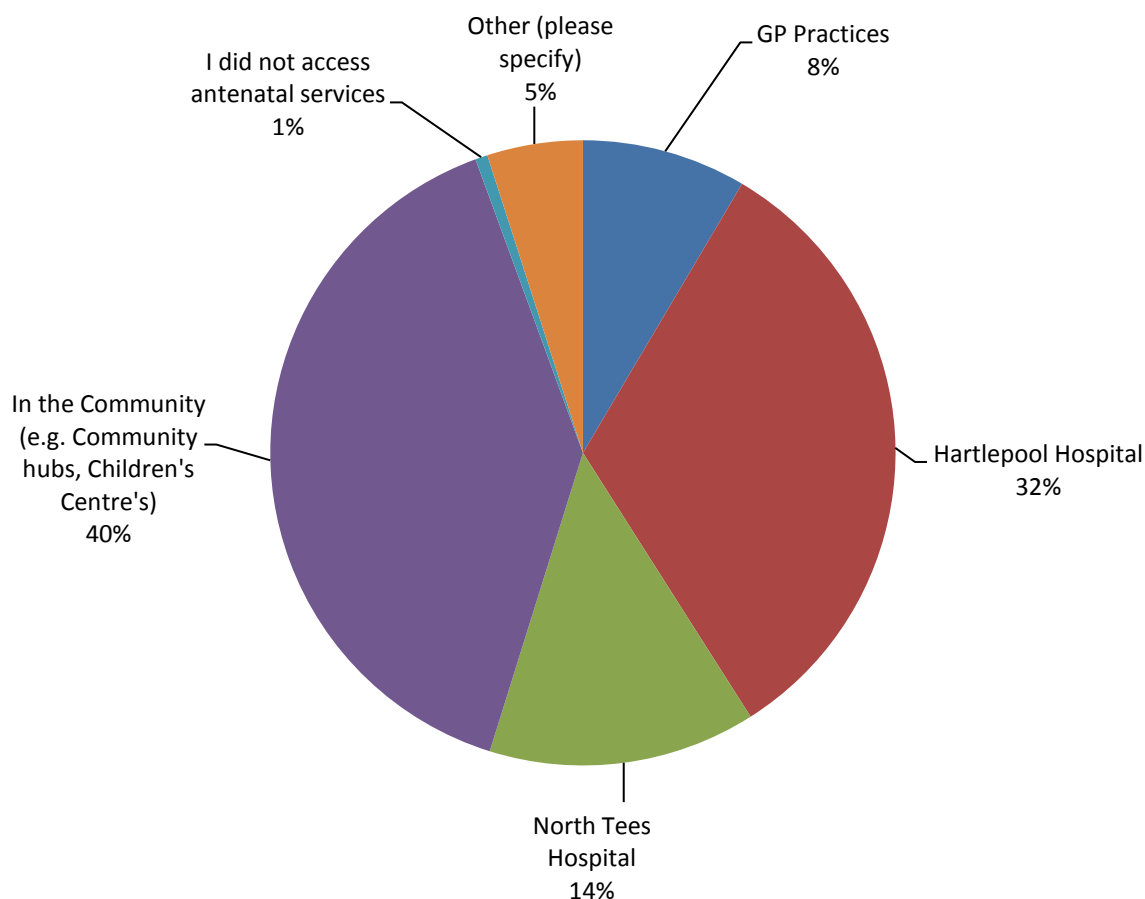
10.15 In addition to the above, Members learned that there was support for the provision of advice and other services at the Birthing Centre, with 31% of responders indicating that an increase in services such as classes (yoga, massage, etc) and advice (breastfeeding, smoking, diet, etc) would encourage use of the Centre. Members supported the importance of the provision of a wide breadth of services from the Centre and the positive benefits they would have on the wider health and wellbeing of mums and the provision of ‘the best start in life’ for Hartlepool’s children.

10.16 These additional services form part of the package of antenatal and postnatal services accessed by mums, which the Committee explored as part of the investigation.

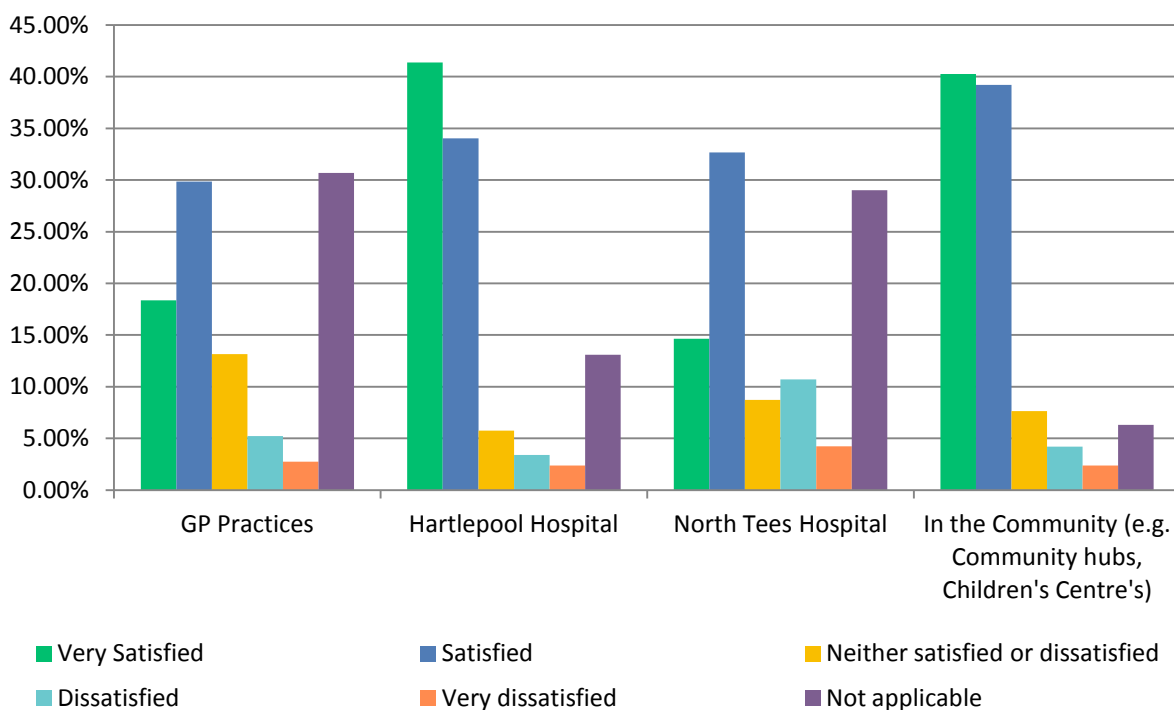
Antenatal Services

10.17 The consultation showing that 40% of mums accessed their antenatal services in the community (Community Hubs / Children’s Centres), compared to 32% in UHH and 27% elsewhere. Members were pleased to find that in terms of satisfaction, those in community settings and the UHH received the highest satisfaction rating (79% and 75% respectively). At the same time, just under 50% of mums were happy with their experience of services in GP Practices and UHNT. Details of these results are outlined in Graphs 15 (below) and 16 (over the page).

Graph 15 - Where did you go for your antenatal care?

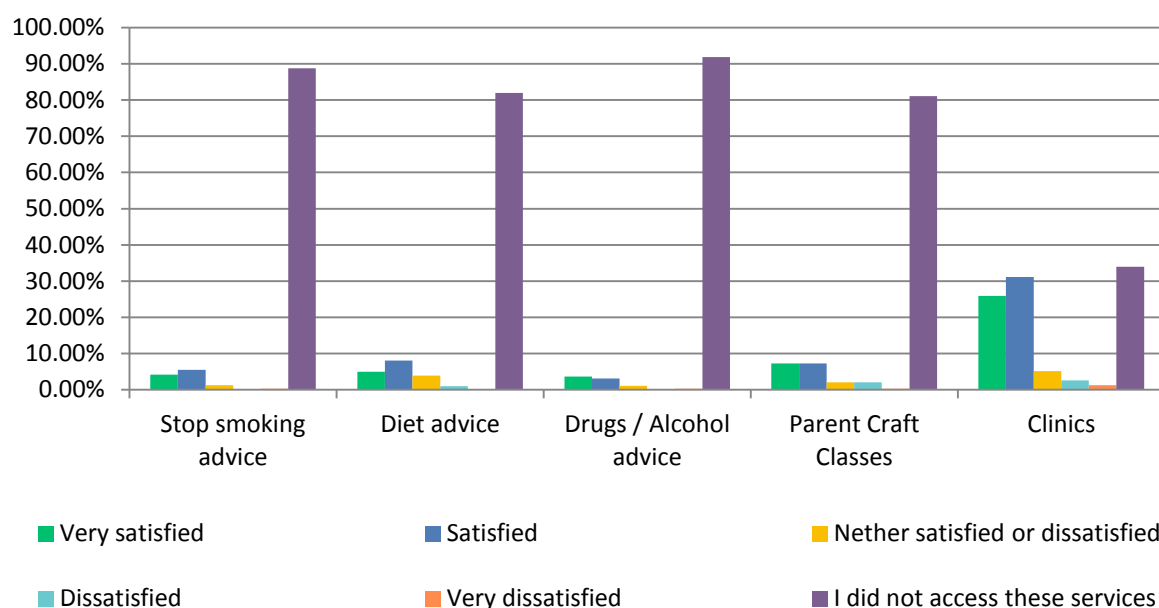


Graph 16 - How satisfied were you with the overall antenatal care you received?



- 10.18 With reference to the 27% of responders who were accessing antenatal services in GP Practices, hospitals (including UHNT and James Cook, etc) and at home, Members acknowledged that some specialist services needed to be provided in hospital environments outside Hartlepool. However, they were concerned to find that 80%+ of mums had not accessed parent craft classes or smoking, diet, drugs and alcohol services. Even more surprising was that 34% of mums hadn't accessed clinics (as detailed below in Graph 17).

Graph 17 - Did you access any of the antenatal care services listed below, and if so how satisfied were you with them?



- 10.19 In addition to the statistical data, the Committee explored a variety of individual views / comments. The information provided demonstrated a range of positives and negatives experiences, including:

Negatives:

- The midwives I've met have been awful. The receptionists at Phoenix centre are poorly trained; same again at Hartlepool Hospital.
- Never knew about most of these services / was not offered any of these services.
- Dissatisfied, due to no service available for those who work.
- At North Tees, the care I received following the birth of my son was atrocious. I was induced at midnight with my first child, and I'd had him by 5:55 with no birthing partner around. At 20 years old, I went through a very traumatic birth on my own (my midwife was incredible!!!).
- No service offered for mental health.
- I had no idea who my midwife was. I had to attend a clinic, which I did not get to choose which one I went to, and my antenatal care I must've seen 6 midwives.
- As a new first time mother who'd had a busy career, the chance to develop some friendships in town with other mothers would have been very welcome, but there was nothing to support this.
- The fathers don't like the breathing exercises" so we ended up accessing private classes via NCT.

- Breastfeeding clinic was very poor and uninformative with bad advice being given.

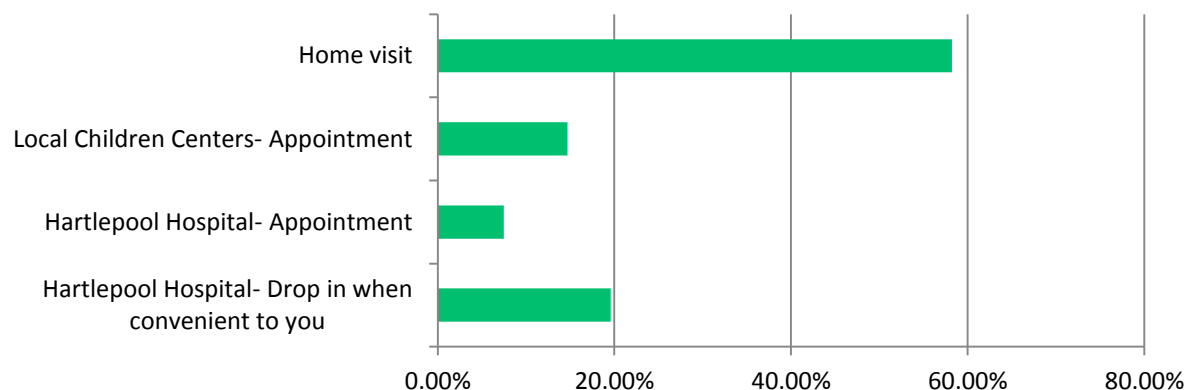
Positives:

- I was blown away by the care and facilities I had access to at Hartlepool hospital. I received much more personal care at Hartlepool and I appreciated the option to be able to give birth at Hartlepool.
- Weighing clinics always welcoming.
- I had to go out of town to access a postnatal depression Peer Support group ran by Raindrops to Rainbows who helped me more than any other health professionals/services.
- The breast feeding clinic (near Headland) was amazing! I felt much more knowledgeable about what is 'normal' in breast feeding and therefore much more prepared. As a result, I managed to breastfeed till my little boy was 11 months.
- I think the Hartlepool midwives provide excellent advice and care throughout the whole process. A real credit to the NHS.
- Fantastic service from the Rossmere Centre (Bump to baby classes extremely helpful and easy to access.

Postnatal Services

- 10.20 In looking at future provision, the Committee welcomed the opportunity to gain a first-hand view of how postnatal services should be developed. It was clear that the single most popular option is the provision of home visits, with drop-in's the second most popular. As detailed in Graph 18 over the page.

Graph 18 - Where would you prefer to had your postnatal checks (including baby's weight and blood spot test)



- 10.21 The evidence provided illustrated to the Committee that whilst services were in the main well received promotion of services and classes could be improved to increase take up. There was also an issue about the availability of services for working mums and this is something that needs further exploration.
- 10.22 It was clear that many of the services are, and need to continue to be, provided from Community Hubs and Children's Centres to provide true service choice. With a focus on the potential for the development of the Birthing Unit in to a Maternity Hub, it was felt that an evaluation of what and where services are provide would be beneficial to ascertain the right mix of provision for mums.

Emphasis was placed upon the importance of including wider health and wellbeing services, as provided through Public Health, and the need to tie into the 0-19 year's service provided by the Local Authority.

11. UNIVERSITY OF NOTTINGHAM STUDY INTO MIDWIFERY LED UNITS

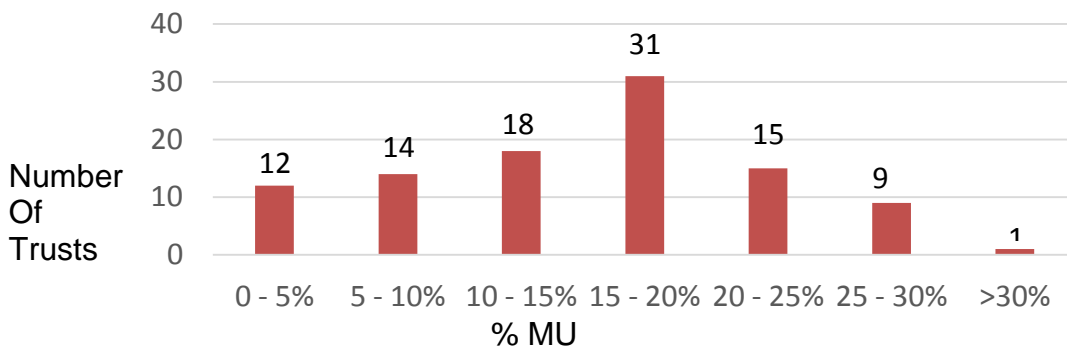
11.1 In obtaining an independent view of the provision of midwife led maternity units, the Committee welcomed evidence from Dr Walsh, Associate Professor in Midwifery at the University of Nottingham (author of a two year study⁹ of midwifery led units).

11.2 Dr Walsh revealed that over the last 6 years the number of:

- Alongside midwifery units had almost doubled, from 53 to 97 during the period 2010 to 2016,
- Freestanding units had remained relatively stable; and
- Hospital obstetric units had reduced by 10% reduction, from 177 to 159.

11.3 Despite the increase in alongside midwifery units it was clear that there was room for further improvement. It was estimated that 35% of all women should be giving birth in midwife led units and, as shown in Graph 19 over the page, for the majority of Trusts this was happening in less than 20% of cases.

Graph 19 - Utilisation of Midwife Units: % of Midwife Units Births per Trust¹⁰



11.4 In addition to the above, Members were disappointed to find that 25% of all NHS Trusts in England still had no midwifery units, denying women the opportunity to access this type of care, which had been shown to provide personalised care to women, to decrease caesarean birth rates and costs per birthing. These concerns were shared by the Chief Executive of the Royal College of Midwives had commented that

“It is disappointing to see that a quarter of trusts do not have midwifery units. It is also disappointing that there has been such a small increase in the number of freestanding midwife-led units. I hope this will begin to change as a result of the Government’s National Maternity Review in England. This promises much more maternity care right in the heart of our communities. I think there is also an onus

⁹ <https://www.nottingham.ac.uk/research/groups/mhw/projects/mu-project/index.aspx>

¹⁰ Data from Dr Walsh

on trusts and the Government to raise awareness of freestanding midwifery led units, and of midwife-led care in general, so that women are aware that this choice exists and can make that choice.”

- 11.5 With declining births at the Hartlepool Birthing Unit a significant concern for Members, the information provided enabled the Committee to put the performance of the Unit in context. Members were disappointed to discover whilst all freestanding units feel the strain of smaller numbers and financial pressures, usage of Hartlepool's Birthing centre was exceptionally poor in comparison to others, with nationally:
- Five units with more than 400 births each year (the largest unit providing care in labour to 650);
 - More than half of units (58%) with fewer than 200 births a year; and
 - 37% of units with fewer than 100 births.
- 11.6 Dr Walsh had been shocked at the exceptionally low number of births at the Hartlepool Birthing Unit and highlighted the pressures such small numbers placed on the viability of units. In terms of Hartlepool, whilst the number of birth had been a concern in terms of its ongoing viability, it had been made clear to the Committee that the NTHFT are committed to the provision of choice for mums in Hartlepool and that the future of the unit was safe. The NTHFT was keen, however, to see the number of births increased and supported the exploration of ways to extend usage of the centre, including the potential provision of additional services (i.e. clinics and other groups, etc) as part of a 'Maternity Hub'. The creation of a Maternity Hub was something that the Committee would support.
- 11.7 Dr Walsh also shared Members concerns regarding the effectiveness of promotion and in considering how this could be improved, it was suggested that emphasis be placed on engaging with local community groups and holding open evenings at the unit. The benefits of such publicity activities were demonstrated by the success of the Blackburn / Burnley freestanding midwifery unit, which the Chair of the Committee had suggested members visit as part of the investigation.
- 11.8 There were a number of further recurring issues upon which the Committee welcome a view from Dr Walsh. Members learning that:-
- i) The contentious issue of safe transfer times between freestanding units and hospitals, 98% of complications were not urgent and could safely be transferred in 30-45 minutes.
 - ii) Whilst there is a national shortage of midwives, recruitment and retention rates for midwives is higher in midwifery units as they are given more autonomy and the environment was less frenetic and stressful than traditional labour units.
 - iii) The creation of 'mega units', of 10 thousand deliveries a year, was counterproductive, resulting in an assembly line attitude to birth. Members shared this view and welcomed an assurance that it was not the intention as part of the STP / ICS process to close the obstetric unit at the UHNT, to create such a 'mega unit'.

iv) The barriers that need to be addressed to improve the provision of midwife led units, consideration needed to be given to how to:

- Change beliefs and implement evidence based practice.
- Get midwife led units prioritised in terms of resources.
- 'Champion' midwife units at all levels of organisation, through the introduction of obstetric and midwife champions.
- Develop staff skills, competence and confidence in a 'low risk' context.
- Engage with service users to increase acceptance of service change.

11.9 Members recognised the importance of prioritising and promoting the provision of midwife led services, not only from a front line service perspective, but also a higher level strategic / organisational perspective. One suggestion to that the Committee thought should be explored by the NTHFT to achieve this is the introduction of obstetric and midwife champions.

12. VISITS TO FREESTANDING MIDWIFE LED CENTRES

Best Practice Visit to Blackburn Birthing Centre

12.1 Following the identification of the Blackburn (freestanding) Birthing Centre as an example of good practice by Dr Walsh, the Committee undertook a site visit to how it was being operated and speak to staff. The unit as also operated as a Maternity Hub and Members were joined by representatives from both the UHNT and UHH sites. Input from these maternity professionals was welcomed by the Committee.

12.2 During the course of the visit, Members were advised that the Centre became fully operational in November 2010 and provided services to women in the local authority areas of Blackburn with Darwen, Burnley, Pendle, Rossendale, Hyndburn and Ribble Valley. Members were interested to find that the Centre delivered 480¹¹ babies in 2016-17, with a transfer rate of only 12%, compared to the national rate of 36%, and was quickly becoming one of the largest free standing birth centres in the country.

12.3 Whilst it was recognised that the overall population of the region served by the Blackburn Birthing Centre, at in the region of 540,000¹², was larger than that covered by the Hartlepool Birthing Centre, it was felt that lessons could be learned. Similarities in the ethos of the Blackburn and Hartlepool Centres, in the provision of a relaxed 'home from home' environment for low risk mums by dedicated and enthusiastic midwives were welcomed, alongside areas where the operation of the Blackburn Centre differed from the Hartlepool centre. The Blackburn Centre being:-

- i) Open on a 24 hour / 7 days a week basis, with midwives available at anytime for advice and support in matters relating to pregnancy (including support

¹¹ Which - <https://www.which.co.uk/birth-choice/maternity-units/fmu-blackburn-birth-centre-unit-blackburn-birth-centre>

¹² Date from the Lancashire County Council

regarding choice of feeding). Staffed on a roster basis, with a minimum of 2 staff (ideal 3).

- ii) Operated on a Community Hub model, offering a range of services including postnatal and antenatal appointments, council run exercise classes, meetings, breastfeeding and health visitors, etc and free parking on site. This includes promotion of the Centre by holding meetings and fund raising events.
- iii) Able to:
 - Free up midwives to staff the birthing centre as a result of post natal appointments being offered in birthing centre. This had been a preference for women, rather than waiting in for midwife.
 - Guaranteed an 8 minute response rate from the ambulance service to transfer to the consultant led unit 14 miles away. In addition, there is the ability to request an ambulance from the A&E half a mile away should it be required.
- iv) Able to provide 'skill drills' removing the need for midwives to consultant led unit to keep skills up, alongside the provision of staff newsletters to relay points of learning/improvements.
- v) Keen to accommodate all mums. Where a mum doesn't fit the criteria she is referred to a 'place of birth' clinic where she meets with midwives to discuss all risks. Every effort is made to accommodate choice and empower mums.

- 12.4 Members were impressed by the commitment of staff to promote the unit and accommodate the needs of as many mums wherever possible. It was recognised that the proximity of the unit to an accident and emergency unit made a difference to the attractiveness of the unit for mums. An assurance from NEAS that the Unit would be given the highest possible priority in response to calls would help address that and should be pursued by the HaSt CCG as the commissioner of the service. This together with the creation of the Hartlepool Birthing Centre as a Maternity Hub could be a solution.

Visit to Hartlepool Midwife-led Birthing Unit (University of Hartlepool)

- 12.5 The Committee took advantage of an opportunity to visit the Hartlepool Birthing Unit. In doing so, Members were exceptionally impressed with 'first class' facilities at the Centre, including the four en-suite birthing rooms which offered a variety of birthing experience (i.e. one with a birthing pool and one active birthing room, offering alternatives to traditional delivery). Equally impressive was the provision of one-to-one care in a home from home, calm relaxing and quiet environment and Members commended the commitment and passion of the Centre's staff in achieving this.
- 12.6 It was clear to Members that staff shared their disappointment that the unit had to be open on an 'open required' basis. However, it was reiterated to the Committee that the model had been introduced due to the small number of deliveries and that the poor utilisation of staff when provided 24/7, had impacted on staff satisfaction and retention. Members learned that the NTHFT are carrying 8

midwife vacancies and that unlike doctor vacancies it is not possible to fill these from abroad due to differing standards and training. Members were pleased to be informed, however, that the number of NTHFT midwife vacancies was less than other Trusts primarily due to the organisational culture that had been created. In addition to the preference for midwives to work in maternity led units over obstetric units, as a result of the better working environments.

- 12.7 Those staff members who the Committee spoke to during the course of the visit, expressed support for the principle of the transition of the Birthing Centre into a Maternity Hub. The opening of the Centre full time would be a welcome result, although Members acknowledged that the requirement to reconfigure community midwife services to bring appointments in to the Hub might be controversial. However, the introduction of other services from the Hub could create a location to support mums that would be attractive to them. It was suggested that this could potentially include free parking.

13. ELECTIVE SURGERY SERVICES AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL (UHH)

13.1 As part of the second part of their investigation, Members were reminded that one of the recommendations in the Hartlepool Matters¹³ report had been to review existing arrangements for the provision of elective care in Hartlepool and explore options to increase the levels of planned surgery undertaken from the Hartlepool hospital site.

13.2 Members learned that elective surgery is planned and scheduled in advance because it does not involve a medical emergency. Elective care services include:-

i) Outpatient services:

- | | |
|---------------------|---------------|
| - Orthopaedics | - Dermatology |
| - Urology | - ENT |
| - Obstetrics | - Vascular |
| - General Surgery | - Colorectal |
| - Bariatric Surgery | - Upper GI |
| - Breast Services | - Gynaecology |
| - Ophthalmology | - Paediatrics |

ii) Diagnostic Services:

- Medical Physics
- MRI
- Endoscopy
- CT
- Plain Film x ray
- Phelbotomy
- Pre operative assessment

iii) Day Case Services:

- Orthopaedics
- General Surgery
- Gynaecology
- Urology
- Vascular
- Breast surgery / breast reconstructions
- Pain management procedures

iv) Pre Assessment Services

v) Inpatient Services:

- Orthopaedics
- Primary hip and knee replacements / revision replacement surgery / ACL reconstruction / Foot and Ankle Surgery
- General Surgery e.g. gall bladders / hernia's
- Breast surgery / breast reconstructions
- Pain management procedures and some Children's Surgery

13.3 Members welcomed confirmation of the significant range of elective surgeries that could be accessed at the UHH site and were encouraged to find a concentration of lower limb services (including hip and knee replacements) at Hartlepool, with limited surgery carried out on the UHNT site for this sub speciality. In addition to this, the majority of elective surgical outpatient services, diagnostics and follow up care was also provided at the UHH.

¹³ Hartlepool Matters – Shaping the Future of Health and Social Care in Hartlepool

- 13.4 Members were reassured that the aim of the NTHFT was to provide as much of every patients care pathway as close to home as possible and expressed a hope that more services could be returned, based on the success of those already in place.

14. USAGE OF ELECTIVE CARE SERVICES AT UHH

- 14.1 The Committee explored elective care, and outpatient, activity at the UHH over a three year period and was interested to find that, between 2015 and 2018, there had been an 18.77% increase in the use of elective care services. In addition, there had been an increase in outpatient activity and a shift in inpatient elective procedures, from the North Tees site, had resulted in approximately 36% of Hartlepool patients now receiving their elective Inpatient surgery at UHH. This represented a 6% increase in comparison to 2015/16 and included hip and knee replacements and breast cancer surgery.

Table 20 - Elective and Out-patient Activity at the UHH
Elective Activity at UHH

	2014/15	2015/16	2016/17	Variance 2015/16 from 2014/15	Variance 2016/17 from 2015/16
Elective	1148	1285	1582	10.66%	18.77%
Daycase	15833	15371	14033	-3.01%	-9.53%
All Elective	16981	16656	15615	-1.95%	-6.67%

Out-patient Activity at UHH

	2014/15	2015/16	2016/17	Variance 2015/16 from 2014/15	Variance 2016/17 from 2015/16
New	25,768	23032	23235	-11.88%	0.87%
Review	59,334	40874	46455	-45.16%	12.01%

Includes Consultant and Non Consultant led, excludes DNA's

- 14.2 Members were pleased to find that there had been an increase in the take up of elective, inpatient and outpatient services. However, they were disappointed to find that Day Case activity had decreased by 9.53% in 2016/17. Data showed that approximately 72% (7500) of Hartlepool patients received their Day Case treatments/diagnostics on the Hartlepool site in 2016/17. This compared to 2800 who received their Day Case treatment/diagnostics on the North Tees site.
- 14.3 In considering the reasons for the drop in Day Case activity, concern was expressed that people were not being offered UHH as a choice. This view was supported by anecdotal evidence, with indications that patients who knew there was the potential of receiving treatment at UHH, had to ask for it as an option.
- 14.4 Members appreciated an assurance from the NTHFT that outpatient, diagnostics and routine elective treatments continued to be delivered from the UHH site and acknowledged that patient choice could be a factor, where an earlier date is available at UHNT than UHH. However, disappointment was reiterated that the needs of patients with more complex needs (i.e. required full Intensive Care

support) could not be treated in Hartlepool and that services at the UHH were not being promoted effectively.

15. WHAT WILL INFLUENCE SERVICE PROVISION IN THE FUTURE

- 15.1 Members considered the process of change to elective services arising from the STP and noted its impact on the high level of organisations to allow the lower, local, level of health delivery to define services that best meet the needs of local people. The STP had not been intended to direct how services are delivered locally. It should be noted that the evidence presented was considered by the Committee prior to the creation of Integrated Care System (ICS), however, the position has not changed, with no decisions yet on the delivery of services across the region from the STP / ICS. Members remained frustrated with the lack of progress, a view shared across all North East Local Authorities.

16. CONCLUSIONS

Maternity Services

- 16.1 The Audit and Governance Committee concluded that:-

- i) The first preference for the provision of maternity services in Hartlepool would always be the re-establishment of a consultant led service at the UHH;
- ii) Whilst the Committee fully supports the need to ensure that mums are aware of all potential risks, work is needed to address the perception that a genuine choice is not available in Hartlepool and that information is biased towards maternity services at the UHNT, over those at the UHH;
- iii) The quality of services across the entire maternity pathway are in the main well received and support was expressed for the 'first class' facilities, and passion and commitment of staff, at the Hartlepool Birthing Centre;
- iv) The number of mothers delivering in the Hartlepool Birthing Centre has fallen to an all time low and in order to increase these numbers mothers must have confidence in the quality and safety of the service provided. The ultimate wish will always be to see the return of services to UHH, however, it was acknowledged that:
 - Standards dictate required Consultant numbers / staffing hours, alongside the need for them to be located in proximity to other services in the event of delivery problems. Increasing the number of deliveries at the Centre remains a priority, with options to achieve this including improved service confidence; and
 - A significant deterrent for even low risk mums is the time it takes for an ambulance to reach the Hartlepool Birthing Unit and transfer to the UHNT. The distance between UHH and UHNT cannot be reduced, however, actions should be explored to reduce the time taken for an ambulance to

reach the Hartlepool Birthing Centre, the aim being to obtain an assurance from NEAS that the calls for assistance from the Centre would be given the highest possible priority;

- v) The following fear factors contribute to a position where even low risk Hartlepool mums who would be eligible to use the Hartlepool Birthing Centre agree (often reluctantly) to use the alongside midwifery unit at UHNT. These factors need to be addressed if the downward trend in birth numbers is to be turned round:
 - Staffing concerns (The absence of a Consultant on site, although it was recognised that a Birthing Centre is a Midwifery Led Service with no consultant presence);
 - A perception that the Birthing Centre is closed;
 - Operation of the Centre on an 'open when required' basis (Centre not staffed);
 - Ambulance response and transfer times (the potential need to be 'blue lighted' to UHNT in the event of a problem); and
 - A lack of promotion of the Birthing Unit with new mums (whilst recognising the need to be clear in terms).
- vi) Whilst there is a national shortage of midwives, the NTHFT are commended on their activities in recruiting and retaining midwives, resulting in the Trust carrying a lower number of vacancies than its geographical neighbours;
- vii) The increase in mums with more complex needs over the last 4-5 years, as a result of associated conditions (obesity, etc), reduced the number of mums suitable for delivery in midwife led units. This trend was reflected in the Hartlepool population and reinforced the importance of role of Public Health activities, and the 0-19 service, in addressing these co-morbidities as part of the maternity pathway from preconception, to delivery;
- viii) The development of the Birthing Unit into a Maternity Hub would enable the provision of a fully staffed and open freestanding midwife led unit. This would, however, be reliant on a change in operational practices for midwives;
- ix) It was clear that many services are, and need to continue to be provided, from Community Hubs and Children's Centres in order to provide true service choice. With a focus on the potential for the development of a Maternity Hub, with all services provided, an evaluation of what and where services are provide would be beneficial to ascertain the right mix of location and provision for mums;
- x) The prioritisation of midwife led services on an organisational level is essential going forward and in helping deliver this, the introduction of obstetric and midwife champions by the NTHFT is supported; and
- xi) Members welcomed the high priority placed on continuity of care by the Hartlepool Midwife Birthing Team but expressed concern at the impact on this of staff sickness and vacant posts.

Elective Surgery

16.1 The Audit and Governance Committee concluded that:-

- i) Whilst 72% of Hartlepool patients were still receiving their Day Case treatments/diagnostics at the UHH, this activity had decrease and there was concern that people were not being offered UHH as a first choice;
- ii) Disappointment was reiterated that the needs of patients with more complex needs (i.e. required full Intensive Care support) could not be treated in Hartlepool and that services at the UHH were not being promoted effectively; and
- iii) It was encouraging to see that the there had been an increase in the take up of elective, inpatient and outpatient services at UHH.

17. RECOMMENDATIONS

17.1 The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations in relation to the provision of **maternity services** from the UHH. The Committee's key recommendations are as outlined below.

a) Service Delivery:-

- i) That the preferred option for the provision of maternity services in Hartlepool continues to be the re-establishment of a consultant led maternity unit;
- ii) That a 'Maternity Hub' be created on the UHH site, with midwife appointments provided from the Hub to secure appropriate levels of staffing on site to enable it to be fully open and operational, replacing its current 'open when required' status.
- iii) That a review be undertaken of all maternity services and classes provided in Community Hubs, Children's Centres and other venues across the town, with the aim of:
 - Better co-ordinating and building upon the existing services to meet the holistic needs of Hartlepool mum; and
 - Ensuring that services meet the needs of all sections of the population, including working mums.
- iv) That opportunities be explored to co-ordinate the provision of Public Health, and 0-19 Services, to help address the increase in co-morbidities that have seen an increase in the number of 'high risk' mums, and provide every child in Hartlepool with the best start in life; and

- v) A Task and Finish Group, of the Audit and Governance Committee, be established to monitor the implementation of the recommendations of the investigation.

b) Promotion and Marketing:-

- i) That a marketing plan be put in place to promote the breadth of services available for mums in Hartlepool, leading up to the birth, for the birth and after, with particular emphasis on:
 - Promotion of the Hartlepool Birthing Unit; and
 - The review of promotional material and websites (including the 'Birthplace Choices' leaflet) to showcase services across the UHH and UHNT equally.
- ii) That staff training be reviewed to ensure consistency of professional advice in terms of options for births, including the promotion where appropriate of the Hartlepool Birthing Centre.

c) Commissioning:-

- i) That the Hartlepool and Stockton Clinical Commissioning Group (HaST CCG), as the commissioner of ambulance services, renegotiate their contract with NEAS to remove the designation of the Birthing Centre as a 'place of interest' and provide an assurance that calls for assistance from the Centre would be given the highest possible priority.

19.1 The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations in relation to the provision of Elective Surgery from the UHH. The Committee recommended that:

- a) Whilst the increase in the take up of elective, inpatient and outpatient services at UHH is encouraging, further work needs to be undertaken to ensure that all patients (from Hartlepool and elsewhere) are fully aware of the options available for treatment at the UHH.

ACKNOWLEDGEMENTS

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Dr Paul Edmondson-Jones, Interim Director of Public Health
Dr Peter Brambleby, Interim Director of Public Health
Sally Robinson, Director of Children's and Joint Commissioning Services

External Representatives:

Hartlepool and Stockton-on-Tees Clinical Commissioning Group:

- Karen Hawkins, Director of Commissioning & Transformation
- Julie Lane, Director of Nursing, Patient Safety and Quality, North Tees and Hartlepool NHS Foundation Trust (NTHFT)
- Lynn Kirby, Assistant Director, Operations, NTHFT
- Jane Barker, General Manager, Women and Children's Services, NTHFT
- Janet Mackie, Head of Midwifery, NTHFT

Professor Dr Denis Walsh, University of Nottingham

North Tees and Hartlepool NHS Foundation Trust:

- Jane Barker
- Elaine Gout
- Louise Johnson
- Lynn Kirby
- Janet Mackie
- Kevin Moore
- Tess Moore
- Linda Wildberg

Hartlepool Healthwatch:

- Lynn Allison
- Judith Gray

**COUNCILLOR BRENDA LOYNES
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE**

February 2018

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

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

(i) National Maternity Review

<https://www.england.nhs.uk/wpcontent/uploads/2016/02/national-maternity-reviewreport.pdf>

ii) The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at

https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp

iii) The Hartlepool Matters report can be viewed at

https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report

iv) The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at

https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp

v) The Hartlepool Matters report can be viewed at

https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report

Maternity Services

- (a) To identify the maternity services that are provided at the UHH to understand local need and demand;
- (b) To explore the variability of access to maternity services at North Tees and Hartlepool NHS Foundation Trust (NTHFT), focusing on the quality of care, outcomes and differences between a mid-wife led unit and a consultant led unit, including the factors that determine where a baby will be born;
- (c) To examine the usage figures for the maternity services provided by NTHFT for the past three years to determine whether the services have seen an increase / decrease in usage and the reasons for this;
- (d) To examine the usage figures of comparative NHS Trusts that provide mid-wife led units to establish whether or not they have seen a rise/fall in the number of births at the units over the past three years;
- (e) To consider expert evidence to understand how high quality safe services can be achieved and maintained in order to provide the best outcomes for mothers and their babies;
- (f) To examine how maternity services at NTHFT will be provided in the future, taking into account potential changes that may emerge as part of the Sustainability and Transformation Partnerships (STP) or any future service reconfigurations; and
- (g) To ensure that Members are fully informed to participate in the broader STP.

Elective / Planned Surgery Services

- (h) To identify the elective surgery services that are provided at the UHH to understand local need and demand;
- (i) To explore the variability of access to elective surgery services, focusing on the quality of care and outcomes at the UHH;
- (j) To examine the number of patients using the elective surgery services at the UHH over the past three years to determine whether the services have seen an increase/decrease in usage and the reasons for this;
- (k) To explore how a high quality integrated service can be provided for Hartlepool residents at the UHH for elective surgery and consider expert evidence to understand how this can be achieved;
- (l) To examine how elective surgery at NTHFT will be provided in the future, taking into account potential changes that may emerge as part of the Sustainability and Transformation Partnerships (STP) or any future service reconfigurations; and
- (m) To ensure that Members are fully informed to participate in the broader STP.

Methods of Investigation

- (a) Detailed Officer reports supplemented by verbal evidence;
- (b) Evidence from the Authority's Leader and Chair of the Health and Wellbeing Board;
- (c) Site visits to:
 - Hartlepool Midwife-led Birthing Unit (University of Hartlepool) to observe the facilities and speak to staff; and

- Blackburn Birth Centre (East Lancashire Hospitals NHS Trust) to observe the facilities and speak to staff as an example of good practice in the provision of maternity services.
- (d) Evidence received from:
- North Tees and Hartlepool NHS Foundation Trust;
 - Hartlepool and Stockton-on-Tees NHS Clinical Commissioning Group;
 - Dr Dennis Walsh, Senior Midwife and Associate Professor in Midwifery at Nottingham University;
 - Evidence from the Care Quality Commission, NHS England; Royal College of Obstetricians and Gynaecologists and Royal College of Midwives;
 - The North East Ambulance Service; and
 - Hartlepool Healthwatch.
- (e) Survey of users of maternity services in Hartlepool (including antenatal groups, mother and baby groups);
- (f) Evidence received from the town's Member of Parliament; and
- (g) The views of local residents.

APPENDIX B

Recommendations of the National Maternity Review, and the work of the Local Maternity Systems, focusing on the need to focus on:

- Personalised care: Access to unbiased information allowing them to make the right choices about their care, based on their individual circumstances.
- Continuity of care: Allowing mothers to build relationships of mutual trust with midwives and other professionals involved in their care is recognised as essential for their wellbeing and satisfaction.
- Safer care: All professionals involved in women's care should work together, providing integrated care where women can be referred to different services quickly and efficiently.
- Better postnatal and perinatal mental health: Services should address deficits in maternity mental health care and other areas of postnatal care. Better resourcing of services and more efficient transition from hospital to midwife, GP, health visitor and other community services are areas highlighted for improvement.
- Multi-professional working: Different maternity professionals and providers ideally would not only work together, but also train together.
- Working across boundaries: The creation of 'community hubs' that are commissioned to serve as a bridge between the local services and specialist care where needed.

Comments from Hartlepool Mums*

Mum 1 - 'I am due this month and was told in my first midwife appointment around February time that due to staff shortages it would be unlikely that I could give birth in Hartlepool birthing centre, but I still put my name down for Hartlepool in hope that the staffing levels would be resolved, unfortunately it was then confirmed in August when all women in the Hartlepool antenatal classes were told - Hartlepool is not an option for births due to staffing so to arrange to go to north tees or have a home birth.'

Mum 2 – 'Why is it that I am not **allowed** to choose to give birth at the hospital in Hartlepool? The midwives I have spoken to are just saying "there isn't enough staff" yada yada but last year when I was pregnant (which ended in a miscarriage) I was able to chose Hartlepool over North Tees or James Cook. Now I have only been give the choice between North Tees and James Cook. Options that I am not very interested in or happy with!

How it is that woman are discouraged and/or not given the option to birth in Hartlepool? Is it still open? Is it an option? Are we being misinformed and lied to?'

*All issues raised are being investigated by the North Tees and Hartlepool Foundation Trust.

SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

27 November 2018

The meeting commenced at 4.00 pm in the Civic Centre, Hartlepool.

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Jim Lindridge
Denise Ogden, Director of Regeneration and Neighbourhoods
Tony Hanson, Assistant Director, Environment and
Neighbourhood Services
Peter Brambleby, Interim Director of Public Health
Superintendent Alison Jackson, Cleveland Police
Barry Coppinger, Office of Police and Crime Commissioner for
Cleveland
Chief Inspector Nigel Burnell, Chair of Youth Offending Board
Ann Powell, National Probation Service
John Graham, Durham Tees Valley Community Rehabilitation
Company
Sally Robinson, Director of Children's and Joint Commissioning
Services
Jill Harrison, Director of Adult and Community Based Services

Libby Griffiths was in attendance as substitute for Chris Joynes
and Martyn Challoner was in attendance as substitute for Alan
Brown

Also Present:

Councillor John Tennant
Simon Smart and Jo Wright, Victim Care and Advice Service
Dave Mead, Office of Police and Crime Commissioner for
Cleveland

Officers: Rachel Parker, Community Safety Team Leader
Kate Ainger, Research Officer, Hartlepool Community Safety
Team
Steve Hilton, Public Relations Officer
Denise Wimpenny, Principal Democratic Services Officer

30. Apologies for Absence

Apologies for absence were submitted on behalf of Alan Brown, Cleveland Fire Authority and Chris Joynes, Thirteen Group.

31. Declarations of Interest

None.

32. Minutes of the meeting held on 12 October 2018

Confirmed.

33. Chair's Update /Briefing Note from Hartlepool Community Safety Team

The Chair welcomed Alison Jackson, who was the new Superintendent of Cleveland Police, and had replaced Alastair Simpson as Vice-Chair on the Partnership.

The Chair referred to the recent media attention in recent weeks in relation to crime related issues in Hartlepool. Disappointment was expressed in terms of the inaccuracies reported in the media around vigilante type activities in the Foggy Furze ward of the town. The Chair emphasised that the reports were not a true reflection of the Ward he represented. It was highlighted that whilst a number of residents in the Ward adopted a neighbourhood watch type approach, there was no evidence of vigilante activities.

Reference was made to the vast amount of work had been done to promote Hartlepool as an excellent place to live, work and invest and the Council, along with the police were, in extremely difficult circumstances, given that this was the worst possible funding regime for decades, trying to provide the best possible service to the community. The Chair spoke in support of the benefits of the recent development of the place based joint Community Safety Team and invited Chief Inspector Nigel Burnell who was also the Chair of the Community Safety Partnership, to update Partnership Members on the work that had been done on the ground to tackle crime and improve safety in Hartlepool.

The Chief Inspector circulated a briefing note which outlined the recent and ongoing work of the Hartlepool Community Safety Team which included information on days of action, key issues together with key outputs, a summary of which was provided:-

- Monday 20 August – Dent Street and surrounding streets
- Tuesday 16 October – Wynyard Mews – Operation Otley

- Tuesday 30 October to 6 November – Rossmere Park
- First Criminal Behaviour Order granted in September 2018
- Harrassment Injunction granted
- Town Centre Anti-Social Behaviour – Operation Shrewsbury
- Premise Closure Order (Operation Otley)
- Night Time Economy Operation
- Domestic Abuse Communications Campaign

The Police and Crime Commissioner and Superintendent Alison Jackson spoke in support of the initiative and took the opportunity to thank Chief Inspector Burnell and the team for their hard work to date and commented on the challenges and priorities for the future and the commitment of the police and all partners to deal with issues of concern to the local community.

In the discussion that followed Partnership Members as well as members of the public shared with the Partnership their disappointment regarding the recent television coverage and the negative impact this portrayed for Hartlepool as a town. A Member referred to comments made at a previous meeting regarding the importance of improving communication with Elected Members in terms of sharing information in advance of planned ward activities to enable Members to feed information of this type into community groups and ward surgeries.

A lengthy question and answer session followed during which members of the public, who were in attendance at the meeting, were invited to speak:-

- (i) A Member of the public reported on a recent letter that had been sent to the Council and the Police and Crime Commissioner on his behalf from his MP in relation to a number of long standing anti-social and threatening behaviour issues which were having a detrimental impact on his family life, details of which were shared with the Partnership. The Chair provided assurances that the issues raised would be investigated immediately following the meeting.
- (ii) In response to concerns raised in relation to drug related crime problems in the town and the impact of a reduced police presence, the Police and Crime Commissioner shared these concerns in terms of the impact of continuing reductions in Central Government funding on police resources within the area and highlighted that a Working Group had recently been established to explore alternative approaches to tackling these issues.
- (iii) Reference was made to the week of action in Rossmere Park and the need to install CCTV cameras in this location was suggested. It was also reported that a CCTV camera in Jutland Road was also out of action. The Chair agreed to investigate the issues raised.

Decision

- (i) That the information given and comments of Members and attendees be noted and actioned as appropriate.
- (ii) That the issues raised around long standing anti-social and threatening behaviour issues be investigated following the meeting.
- (iii) That the suggestions, as outlined above, in relation to CCTV cameras in Rossmere Park and Jutland Road be explored.

34. Victim Care and Advice Service Presentation
(Representative from Victim Care and Advice Service)**Issue(s) for consideration**

A representative from the Victim Care and Advice Service, who was in attendance at the meeting provided the Partnership with a presentation in relation to the work of the Victim Care and Advice Service, which was a commissioned service to support victims of crime across Cleveland and Durham. The presentation focussed on the following:-

- Referral processes
- Performance data
- Details of the number of people supported (by crime type)
- Friends against scams/call blocker initiative

In concluding the presentation the representative advised that representatives would be more than happy to attend meetings in the community and were also available to provide a personalised service to individuals who were victims of crime.

The Chair thanked the representative for his attendance and for sharing the work of the Service with the Partnership.

Decision

That the contents of the presentation be noted.

35. Community Payback Presentation (Representative from Durham Tees Valley Community Rehabilitation Company)**Issue(s) for consideration**

A representative from Durham Tees Valley Community Rehabilitation Company (DTVCR) provided the Partnership with a presentation in

relation to the Community Payback Scheme. The presentation included details of the role and remit of the DTVCRC's role and remit which was to supervise and manage around 4,000 participants (400 in Hartlepool) to deliver unpaid work and programmes for the National Probation Service as well as Durham Tees Valley cases. The presentation included details of the following:-

- Around £500k invested in service development in last twelve months
- Purpose of unpaid work – assists in re-integration and must not replace paid employment
- Review of unpaid work undertaken in 2016
- Programme of work with local authorities
- Volumes are lower than predicted – low numbers of participants available during the week therefore less visibility of unpaid work
- DTVCRC – Hartlepool
 - 3 Hubs
 - People's Centre 5 days per week
 - Waverley Project 3 days per week
 - St Joseph's Church Hall 1 day per week
- Unpaid work initiatives include Waverley Project and Tofts to Seaton walkway

In the discussion that followed presentation of the report the representative responded to queries raised arising from the presentation. The Partnership was advised that there were currently 400 participants currently being supervised in Hartlepool.

Decision

That the contents of the presentation be noted.

36. Divert Deferred Prosecution Scheme *(Representative from Office of the Police and Crime Commissioner for Cleveland)*

Purpose of report

To provide the Partnership with an update in relation to the implementation of the Cleveland Divert deferred prosecution scheme.

Issue(s) for consideration

It was reported that Cleveland had some of the highest re-offending rates for adults in the country with Hartlepool figures currently some of the highest of the group. The Divert model and scheme would look to reduce re-offending and improve the life chances of its clients. An early intervention strategy would ensure that the needs of the individual and their

victims were given priority.

Details of the purpose as well as the potential benefits of a deferred prosecution approach were provided, as set out in the report. In a deferred prosecution, instead of charging a suspect immediately, the suspect was given a time bound opportunity to voluntarily enter into a contract/ agreement with specific conditions. If the conditions were met the prosecution would not proceed. The Divert Team would assess and identify the needs of the individual and look to address the underlying causes of the offending behaviour. A personal agreement, based on the individuals needs and victims' needs, would be drawn up to support them. Should the individual fail to comply with the agreement the police would have the right to invoke a criminal prosecution.

Representatives from the Divert Team were in attendance and provided the Partnership with a detailed and comprehensive presentation in support of the report.

In the discussion that followed, representatives responded to issues raised arising from the presentation. Clarification was provided regarding the monitoring arrangements in place to measure the success of the programme and the Chair was keen for the Partnership to receive feedback in relation to costs, benefits and outcomes of the scheme.

In response to comments made regarding the need for additional support for victims, the Partnership was advised that one of the key components of the agreement was to hold victim awareness sessions and to ensure victim choice. Partnership Members discussed the benefits of approaches of this type and it was noted that studies suggested that victim satisfaction rates increased as a result of restorative justice approaches of this type.

Members of the public raised concerns regarding the limited police resources in the town. Superintendent Alison Jackson indicated that she was keen to divert resources away from low level crime to support issues that were important to communities, examples of which were provided.

Decision

- (i) That the contents of the presentation and comments of Members be noted.
- (ii) That the Partnership be provided with an update report to include monitoring information in relation to costs, benefits and outcomes of the scheme.

37. Domestic Abuse Strategic Group Update *(Director of Children's and Joint Commissioning Services)*

Purpose of report

To provide an overview of work undertaken by the Hartlepool Domestic Abuse Strategy Group over the last year.

Issue(s) for consideration

The report provided background information to the purpose of the Domestic Abuse Group. The Partnership was referred to the action plan, appended to the report, which provided an update on progress to date and incorporated the four key strategic objectives in terms of prevention of abuse, partnership working, provision of services and pursuing perpetrators.

The Director of Children's and Joint Commissioning Services reported that the Group had met on two occasions this year due to changes in the chairing arrangements and officer availability. Details of progress made to date on the work of the Domestic Violence and Abuse Group were provided together with details of proposed future work.

Decision

- (i) The contents of the report and progress made to date on the work of the Domestic Violence and Abuse Group be noted.
- (ii) The Partnership agreed the proposal to concentrate on the development of an updated needs assessment and new strategy for approval in 2019.

38. Anti-Social Behaviour Awareness Day *(Director of Regeneration and Neighbourhoods)*

Purpose of report

- 1. To provide feedback to the Safer Hartlepool Partnership on the Anti-Social Behaviour Awareness Day (ASBAD) held in March 2018
- 2. To consider the forthcoming ASBAD event in April 2019 and potential support from SHP Partners.

Issue(s) for consideration

The Community Safety Team Leader presented the report which provided

the background to the Anti-Social Behaviour Awareness Day which was undertaken on behalf of the Safer Hartlepool Partnership. Details of the aims of the event were included in the report including the young people targeted for involvement. An overview of the sessions and the organisations involved in delivery were provided. Feedback on the event had been received with 100% of teachers involved in the event enjoying it and praising the organisation and delivery of the event and it was noted that the Life Choices and Youth Court scenes had been the favourite event of the majority of teachers.

An analysis of student feedback had shown that 100% of students had enjoyed the event and had identified the Community Safety Team and Youth Offending Team scenes as their joint favourite. In comparison to teachers, fewer students (67%) had considered anti-social behaviour to be a problem in their local area. In terms of event outcomes, more than 98% of the young people at the event stated they had a greater understanding of anti-social behaviour and its impact as a result of attending the event.

It was proposed that given the continued success of ASBAD, a further event would be delivered in 2019 between the 1st and 2nd of April 2019. Details of the sessions that would be delivered during this event were provided, as set out in the report.

Members were disappointed to note that two schools in Hartlepool had not participated in the event in 2018, one of whom had confirmed that they would not be participating in the 2019 event.

Decision

- (i) That the contents of the report and comments of Members be noted and be utilised to inform the development of the event.
- (ii) The Partnership supported the delivery of the event in April 2019.

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

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2018 to September 2018 (inclusive).

Issue(s) for consideration

The report provided an overview of the Partnership's performance during Quarter 2, as set out in an appendix to the report. Information as a

comparator with performance in the previous year was also provided. In presenting the report, the Research Officer highlighted salient positive and negative data and responded to queries in relation to crime figures by type.

In response to a query regarding the accuracy of the figures relating to fires, the Director of Regeneration and Neighbourhoods indicated that the information reported to the Partnership was high level performance data and any areas of concern were discussed direct with the Police and Fire Service.

Decision

That the Quarter 2 performance figures be noted.

40. Date and Time of Next Meeting

The Chair reported that the next meeting would be held on Friday 11 January 2019 at the rescheduled time of 1.00 pm.

The meeting concluded at 5.50 pm.

CHAIR