HEALTH AND WELLBEING BOARD

AGENDA

Monday 4 March 2019

at 10 a.m.

in Committee Room B
Civic Centre, Hartlepool

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Buchan, Harrison and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Timlin and Nicola Bailey
Director of Public Health, Hartlepool Borough Council - Dr Pat Riordan
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

Other Members:
Chief Executive, Hartlepool Borough Council **–** Gill Alexander
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of the NHS England – Dr Tim Butler
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner
Representative of North Tees and Hartlepool NHS Trust – Deepak Dwarakanath / Julie Gillon
Representative of Cleveland Police, Jason Harwin
Representative of GP Federation – Fiona Adamson
Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Loynes

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 10th December 2018

3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 27th November 2018.

4. **ITEMS FOR CONSIDERATION**

4.1 Local Wealth Building - Presentation

4.2 Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19 – *Director of Adult's and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*

4.3 Annual Report of Local Safeguarding Children Board - *Director of Children's and Joint Commissioning Services and Independent Chair of Hartlepool Safeguarding Children Board*

4.4 Transforming Children's and Young People's Mental Health Provision – Refresh of Local Transformation Plans - *Chief Officer (Hartlepool & Stockton-on-Tees (HAST) Clinical Commissioning Group)*

4.5 CQC Local System Review – Monitoring Report - *Director of Adult and Community Based Services*

4.6 Better Care Fund 2018/19: Q3 Performance Update - *Director of Adult and Community Based Services)*

4.7 All Age Carers Strategy - *Director of Children's and Joint Commissioning Services and Director of Adult and Community Based Services)*

4.8 CQC Feedback – Presentation - *Tees, Esk and Wear Valley's NHS Foundation Trust)* - deferred from December meeting.

4.9 Health Inequalities Workshop – Feedback - *Director of Public Health*

4.10 Pharmaceutical Needs Assessment (PNA) - Supplementary Statements – *Director of Public Health*

4.11 Audit and Governance Committee's Final Report – Maternity Services and Elective Care in Hartlepool - *Chair of Audit and Governance Committee)*

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

Date of next meeting – to be confirmed

HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

10 December 2018

The meeting commenced at 10 am in the Centre for Independent Living, Hartlepool

Present:

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

Prescribed Members:
Elected Members, Hartlepool Borough Council – Councillors Buchan and Thomas
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and Karen Hawkins (as substitute for Nicola Bailey)
Interim Director of Public Health, Hartlepool Borough Council – Dr Peter Brambleby
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson
Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison
Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

Other Members:
Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston
Representative of the NHS England – Dr Tim Butler
Representative of GP Federation – Fiona Adamson
Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Loynes

Also in attendance:-
Steve Pett, North Tees and Hartlepool NHS Trust
Rebecca Jobson, Alice House Hospice

Hartlepool Borough Council Officers:
Dean Langstaff, Public Health Intelligence Specialist
Dr Pat Riordan, Director of Public Health (designate)
Joan Stevens, Statutory Scrutiny Manager
Amanda Whitaker, Democratic Services Team

25. Apologies for Absence

Elected Member, Councillor Harrison
Julie Gillon and Deepak Dwarakanath, North Tees and Hartlepool NHS Trust
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall
Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Nicola Bailey
Representative of Cleveland Police - Jason Harwin

26. Declarations of interest by Members

Councillor Akers-Belcher and Councillor Thomas reaffirmed interests as employees of Healthwatch Hartlepool.

27. The Motor Neurone Disease Charter *(Director of Adults and Community Based Services)*

The Board considered a report which had been considered by the Adult Services Committee on 12 July 2018 and which had been referred by the Committee to the Board with a recommendation that partners adopt the Motor Neurone Disease Charter. The report sought commitment from Board Members to adopt the Charter. The Chair welcomed members of the public who were in attendance at the Board meeting to support the adoption of the Charter by Partner organisations.

The Chair of Adult Services Committee referred to the adoption of the Charter by the Adults Services Committee and was pleased to report that as a consequence of the adoption of the Charter, there had been improvements to the service including the appointment of a dedicated social worker in Hartlepool for MND. It was highlighted that the Charter focused on 5 key statements and that the Local Authority was in a position to deal with a small element of those statements. A similar commitment was, therefore, necessary from other partners.

The Chair proposed that a letter be drafted to be sent to all partners requesting organisations to adopt the Charter and highlighting the support of the Board. It was agreed that a copy of the letter be sent to Mrs Hamilton who was in attendance at the meeting.

Decision

It was agreed that a letter be sent by the Chair of the Board to all partners encouraging those organisations to adopt the Motor Neurone Disease Charter.

28. Minutes

(i) The minutes of the meeting held on 14th September 2018 were

confirmed.

There were no matters arising from the minutes.

(ii) The minutes of the meetings of the Children's Strategic Partnership held on 10th July 2018, 4th September 2018 and 2nd October 2018 were received.

29. Update on Progress with Drugs and Alcohol Harm Reduction (*Interim Director of Public Health*)

The report updated the Board on progress following the needs assessment for drugs and alcohol in Hartlepool which had been considered at the September meeting of the Board. Board Members were advised that the focus had moved from assessing need to addressing need. Key elements of addressing the needs had identified the following:-

- A clear separation of commissioning and providing roles, with overall responsibility for governance located in the commissioning element
- A fresh identity as single service under single leadership, with scope to sub-contract specialist elements such as clinical input and needle exchange
- A fresh specification for the unified service
- The core element social and psychological support to be provided from the in-house service, which would be the first point of referral.
- Engagement with potential providers to secure the new clinical input, with facilities fit for in-reach "one-stop-shop" approach
- Therapy to begin from the first contact assessment
- A single key worker (or small team) to be identified to each client to promote continuity of care and facilitate a supportive and therapeutic relationship
- Clinical services to include not just prescribing but all clinical needs – eg blood-borne virus control, wound care, sexual health, primary health care, mental health
- Flexibility to explore and evaluate new models of provision and respond to local or national changes in policy or practice, eg prescribing of opioids and/or safe injecting facilities
- A stronger emphasis on prevention
- A reformulation of service standards, performance indicators and targets
- Greater integration with other in-house services such as 0-19 nursing services, adult social care and housing, leisure and activity
- Greater integration with related agencies such as police, probation, NHS, education
- A re-launched Drugs and Alcohol Harm Reduction Group under refreshed terms of reference and membership (appended to the report), reporting to the Safer Hartlepool Partnership
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Following clarification sought from the Head teacher's representative, the Interim

Director of Public Health provided assurance that the protection of children from the adverse effects of drugs and alcohol had been considered. The specification reflected the outcome of those considerations and also the function of the 0-19 service was highlighted. The Director of Children's and Joint Commissioning Services drew attention to the benefits arising from the public health function being part of the Children's Department.

Decision

That the Health and Wellbeing Board note the steps taken to address needs in drugs and alcohol services

30. Annual Report of the Director of Public Health (*Interim Director of Public Health*)

Board Members were advised that one of the statutory duties of a Director of Public Health, reiterated in the Health and Social Care Act 2012, was to produce "an independent annual report on the health of local communities". The Director of Public Health's Annual Report 2017/18 had been circulated. It was highlighted that last year's report focused on "ageing well". This year's report focused on "Starting well", and also picked up on some generic report items. The Director reported that the report which had been circulated was a draft report and acknowledged that there were some typographical errors included in the report. An updated version of the report would, therefore, be circulated to Board Members.

There were no questions arising from the report. The Chair thanked the Interim Director and commended him on his annual report which was appreciated, particularly given the short period of time which he had been the Interim Director. Positive feedback was received also from the representative of the NHS England who commented also in terms of communications and use of social media.

Decision

The Board noted the report and its conclusions.

31. JSNA Update (*Director of Children's and Joint Commissioning Services*)

The report updated Board Members on progress with regard to the refresh of the Hartlepool JSNA. The NHS Act 2007(updated in 2012) required Local Authorities and their partner CCGs to prepare a JSNA. The Hartlepool JSNA had not been formally refreshed since 2015. Work had commenced on the refresh in August 2018. It was agreed to restructure the previous Teeswide template in order to make it much more Hartlepool focussed and thus enable it to capture Hartlepool specific priorities. The vision for the refreshed JSNA was

to provide an intelligence resource that was available at community level. It was the intention that the JSNA should be used as a resource by all partners across Hartlepool. It was highlighted that the JSNA is a "live" process and as such would be systematically updated and added to through time. A demonstration was given at the meeting.

Board Members were advised that the JSNA was structured in order to support the priorities of the Health and Wellbeing Strategy and used the same headings to describe the different sections. In each of the sections the main issues were identified as set out in the document appended to the report. Based on the appendix, the Chair sought clarification regarding the content of the website with particular reference to the importance of the link with scrutiny outcomes ie. mental health and maternity investigations. The Statutory Scrutiny Manager provided assurance that data could be fed into the site.

Decision

Members noted the content of the report and approved the structure and content of the refreshed JSNA.

32. CQC Local System Review – Action Plan Update (*Director of Adult and Community Based Services*)

The report provided the Board with an update on progress against the action plan that had been developed following the Care Quality Commission's Local System Review in Hartlepool. The Care Quality Commission had undertaken a Local System Review in Hartlepool in September / October 2017. The final report had been published on the CQC website on 8 December 2017 following a Local Summit on 7 December 2017 where the CQC had presented the report and work had began to develop an action plan in response to the areas for improvement that had been identified. Following the review, the local system had been required to develop an action plan for submission to the Department of Health in January 2018. This had been reported to the Board in February 2018.

On 10 October 2018 CQC had contacted areas that had received a review to advise that the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government had asked CQC to monitor the improvements made in local areas since the local system reviews last year. The monitoring process involved CQC reviewing current performance against key indicators (including emergency admissions and readmissions and delayed transfers of care); a review of progress against the action plan and telephone interviews with key people responsible for overseeing progress. The updated action plan that had been submitted to CQC was appended to the report and interviews with key individuals from the Council, CCG and Foundation Trust were being scheduled in December. It was highlighted that the action plan

illustrated that only one action was 'amber' with all other actions completed.

Decision

(i) The Board noted the update regarding the monitoring process.
(ii) The positive progress made against the action plan was noted and all those involved in the process were commended by the Chair..

33. Better Care Fund 2018/19: Quarter 2 Performance Update (*Director of Adult and Community Based Services*)

The report provided the background to the Better Care Fund reporting arrangements and summarised the National Conditions and performance measures. Performance reports were submitted to NHS England on a quarterly basis. The Q2 return covering the period April – June 2018 had been submitted in July 2018 and had confirmed that all national conditions continued to be achieved. An analysis of performance data had also been provided which was summarised in the report.

Decision

The Board retrospectively approved the Hartlepool Better Care Fund Quarter 2 return and noted the current position in relation to performance.

34. Face the Public Event 2019 *(Statutory Scrutiny Manager)*

The Board was presented with proposals for the Health and Wellbeing Board's Face the Public event in 2019. Board Members were advised that Part 2 (Article 10) of Hartlepool Borough Council's Constitution required that the Safer Hartlepool Partnership and the Health and Wellbeing Board hold a Face the Public Event each year.

It was proposed that the Safer Hartlepool Partnership and Health and Wellbeing Board Face the Public Events both be held on the 11th March 2019, as detailed in the report. The holding of these two events consecutively on the same day, would allow the resources required for their organisation to be shared and duplication removed. It would also allow a potential crossover of attendees, giving those who attend the Health and Wellbeing Board event an opportunity to easily stay and participate in the Partnership event, and vise versa. The Board was asked to consider if it would support 'starting well' as a focus topic for the Health and Wellbeing Board event, this already being the focus of the Director of Public Health's Annual report and a priority outcome within the Joint Health and Wellbeing Strategy (2018 – 2025).

Decision

(i) The Board agreed that the Health and Wellbeing Board's Face the Public Event be held on the 11 March 2019, commencing at 3pm (duration 2 hours)

(ii) It was agreed that 'starting well' should be a focus topic for the Health and Wellbeing Board Face the Public Event in 2019 and that consideration should be given as to how to get information into schools in terms of that theme.

35. CQC Feedback - Presentation

Tees, Esk and Wear Valley's NHS Foundation Trust was not in attendance at the meeting. It was agreed, therefore, to defer the item for consideration at the next scheduled meeting of the Board.

Decision

That the presentation be deferred for consideration at the next scheduled Board meeting on 4th March 2019.

Prior to concluding the meeting, the Chair expressed his personal thanks to Dr Peter Brambleby at this last meeting he would attend as Interim Director of Public Health.

Meeting concluded at 10.55 a.m.

CHAIR

CHILDREN'S STRATEGIC PARTNERSHIP

MINUTES AND DECISION RECORD

27 November 2018

The meeting commenced at 10.00 am at the Centre for Excellence, Teaching and Learning, Brierton Lane, Hartlepool

Present:

Councillor: Brenda Harrison (In the Chair)

Martin Todd, Changing Futures North East (Vice Chair);
Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council;
Danielle Swainston, Assistant Director, Joint Commissioning, Hartlepool Borough Council;
Alan Chapman, Head Teacher, Hartlepool Special Schools;
Graham Alton, Jayne Moules and Richard Wrighton, Changing Futures North East/Healthy Relationships Partnership;
Christine Fewster, Hartlepool Carers.

In accordance with Council Procedure Rule 5.2 (ii) Lindsay Hildreth was in attendance as a substitute for Dave Wise (West View Project) and Chief Inspector Nigel Burnell was in attendance as a substitute for Superintendant Alison Jackson (Cleveland Police).

Officers: Jacqui Braithwaite, Principal Educational Psychologist
Angela Armstrong, Principal Democratic Services Officer

20. Apologies for Absence

Apologies for absence were received from Jo Heaney (NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group), John Graham (Durham Tees Valley Community Rehabilitation Company), Kay Glew (Thirteen Group), Dave Wise (West View Project, Voluntary and Community Sector), John Hardy (Head Teacher St John Vianney Primary School, Hartlepool Primary Schools), Mark Patton (Assistant Director, Education, Hartlepool Borough Council); Dr Peter Brambleby (Interim Director of Public Health, Hartlepool Borough Council), Superintendant Alison Jackson (Cleveland Police).

21. Declarations of Interest

None.

22. Minutes of the meeting held on 2 October 2018

Received.

23. Service Transformation Maturity Model (*Assistant Director, Joint Commissioning*)

The Assistant Director, Joint Commissioning referred to the Service Transformation Maturity Model and the fact that the Children's Strategic Partnership had to submit a self assessment and action plan before the end of 2019. The areas highlighted for consideration were:

1) Family Experience of Transformed Services;
2) Leadership (partnership and governance);
3) Strategy;
4) Culture;
5) Workforce Development; and
6) Delivery Structures and Processes.

It was suggested that members of the Partnership break out into small discussion groups to look at how the above was being developed from a Partnership viewpoint and from a local area viewpoint

The Assistant Director, Joint Commissioning indicated that the notes from the break out groups would be used to inform the self assessment and action plan for submission.

The Chair commented that on several occasions it had been noted that it may not always be appropriate for the Council's Lead Member for Children's Services to Chair the Children's Strategic Partnership. It was therefore agreed that the position of Chair rotate around the membership of the Partnership for all future meetings to encourage a shared identity. The Assistant Director, Joint Commissioning reiterated the priorities of the Partnership including Adverse Childhood Experiences highlighting that the Partnership should be part of a much wider vision through effective partnership working with other groups. A system architecture structure was tabled that showed the Children's Strategic Partnership reporting up to the Health and Wellbeing Board. In addition to this, there were the following sub-groups that report to the Partnership:

- SEND Improvement Board;
- Early Help Integrated Working Group;
- Emotional Health and Wellbeing Group; and
- Education Improvement Strategy Board.

It was suggested that the Health Relationships Board be added to the above list and to inform partnership working more effectively, the minutes of each of the above sub-groups be submitted to the Children's Strategic Partnership for consideration.

Decision

1) That the feedback from the break-out groups be used to inform the submission around Early Help.
2) That the Terms of Reference be amended to include that the position of Chair of the Children's Strategic Partnership rotate around members of the Partnership depending on the topics to be discussed.
3) That the minutes of the meetings of the above sub-groups be submitted to the Children's Strategic Partnership for consideration, once confirmed by that sub-group.
4) That the Health Relationships Partnership be added to the list of sub-groups noted above.

24. Healthy Relationships Partnership (*Project Lead, Changing Futures)*

Representative from the Health Relationships Partnerships (HRP) provided a presentation and video on the Department for Work and Pensions initiative Reducing Parental Conflict Programme. The HRP was currently looking at the requirements within Hartlepool, what was on offer and what was already being undertaken to ensure the most effective use of this Central Government Programme.

It was noted that discussions were ongoing with other local authorities in the north east and a strategic leadership scoping tool was being carried out which covers communications, key decision making, the local approach and workforce development. The Programme would enable access to £15k worth of funding to support the strategic element of the Programme to ensure the DWP understands the needs of Hartlepool. In addition to this funding, there was £30k available for training and awareness raising purposes which must be complete by the end of March 2019 to enable the Programme to be delivered on schedule.

This Programme will provide the most appropriate interventions for local authority practitioners to access for two years along with the opportunity for families in Hartlepool to access interventions free at the point of delivery. It was requested that all members of the Partnership release representatives from within their organisations to form a multi-agency group of practitioners to undertake training for this Programme and ultimately be willing to be trainers themselves. A representative from the HRP indicated that he would contact the members of the Partnership who were unable to attend this meeting to discuss their organisation's involvement with the Programme. It was suggested that this Programme be delegated to the Health Relationships Partnership with oversight from the Children's Strategic Partnership.

Decision

1) That the Children's Strategic Partnership support the proposals to

access the DWP's Reducing Parental Conflict Programme and that this be delegated to the Healthy Relationships Partnership with oversight of the Children's Strategic Partnership.

2) That the organisations within the membership of the Children's Strategic Partnership identify individuals from within their organisations to participate in the training and awareness raising of the Programme.
3) That representatives from the Health Relationships Partnership contact those members of the Children's Strategic Partnership who were unable to attend this meeting to discuss the involvement of their individual organisations in the Programme.

25. Adverse Childhood Experiences - Planning (*Assistant Director, Joint Commissioning)*

The Assistant Director, Joint Commissioning suggested that break out groups discuss the way forward to plan the approach to Adverse Childhood Experiences along with inclusion within the Children and Young People's Plan.

The groups provided feedback which highlighted that personal experiences and knowledge was not passed on through generations within families and this was challenging. The importance of how the Plan can support the work already ongoing across the Town was reiterated as well as empowering the workforce to assist families directly, potentially through joint commissioning.

Decision

The feedback provided would be utilised to inform the further development of the way forward for Adverse Childhood Experiences and the inclusion of this within the Children and Young People's Plan.

26. Any Other Items which the Chairman Considers are Urgent

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

Minute 27 – Celebration Event for Young People

27. Any Other Business – Celebration Event for Young People

The representative from the West View Advice and Resource Centre highlighted that a celebration event was being held on 6 December 2018 and would show a dvd produced by the young people with North East Ambulance Service.

The meeting concluded at 11.50 am

CHAIR

HEALTH AND WELLBEING BOARD

4 March 2019

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

Subject: TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 AND STRATEGIC BUSINESS PLAN 2018/19

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1. PURPOSE OF REPORT

1.1 To present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19.

2. BACKGROUND

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

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

3. PROPOSALS

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

- what it has done during that year to achieve its objective;
- what it has done during that year to implement its strategy;
- what each member has done during that year to implement the strategy;
- the findings of any safeguarding adults reviews which have concluded in that year;

- any reviews which are ongoing at the end of that year;
- what it has done during that year to implement findings of reviews; and
- where it decides during that year not to implement a finding of a review, the reasons for its decision.

3.2 The Teeswide Safeguarding Adults Board Annual Report for 2017/18 is attached as **Appendix 1**.

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

3.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2018/19 is attached as **Appendix 2**.

4. RISK IMPLICATIONS

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

5. FINANCIAL CONSIDERATIONS

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

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

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations associated with this report.

7. CONSULTATION

7.1 The TSAB uses a wide range of methods to engage with professionals, partners and the wider public including the TSAB website (www.tsab.org.uk), online surveys, conferences, foot-fall events, social media, focus groups, bulletins and media campaigns. A Communications & Engagement Sub Group is in place to oversee this work and a Communication & Engagement Strategy has been developed for 2018/19 which sets targets which enable these methodologies to be reviewed and evaluated. The strategy is underpinned by an operational work plan that is monitored by the Communications & Engagement Sub Group.

8. CHILD AND FAMILY POVERTY CONSIDERATIONS

8.1 No child and family poverty considerations have been identified specifically associated with this report, although it is recognised that there are links between the work of TSAB and Local Safeguarding Children's Boards. Work will continue to be undertaken to strengthen these links and to ensure that the 'Think Family' approach is embedded in practice.

9. EQUALITY AND DIVERSITY CONSIDERATIONS

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

10. STAFF CONSIDERATIONS

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

11. ASSET MANAGEMENT CONSIDERATIONS

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

12. RECOMMENDATIONS

12.1 It is recommended that the Health & Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19.

13. REASONS FOR RECOMMENDATIONS

13.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2017/18 and Strategic Business Plan 2018/19 set out how statutory requirements are being delivered.

14. CONTACT OFFICER

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

Teeswide Safeguarding Adults Board Annual Report

Period: 1 April 2017 to 31 March 2018

Teeswide Safeguarding Adults Board

Structure and Membership

Board Overview

Board members met on seven occasions throughout 2017-18 to discuss and agree the approach to adult safeguarding work across Tees.

The Independent Chair has led on the ongoing and constructive discussions with the local Safeguarding Children Boards and Community Safety Partnerships, on how best to work together.

The Board's structure continued to be reviewed, membership has grown, and attendance across all working groups has been very positive reflecting the increasing range of agencies engaging with the work of the Board. This expansion included the introduction of the Operational Leads Sub-Group.

Six Sub-Groups

Communication and Engagement
Aim: Improve awareness and involvement of adults at risk, carers and advocates.

Learning, Training and Development
Aim: Delivery of a multi-agency training plan designed to help protect adults at risk.

Operational Leads (December 2017)
Aim: Enable partners to share good practice, problem-solve and access support.

Performance, Audit and Quality
Aim: Oversight of the Board's role to promote inter-agency co-operation.

Policies, Procedures and Practice
Aim: Development, delivery, monitoring, evaluation and promotion of local practices.

Safeguarding Adults Review
Aim: Develop and implement Safeguarding Adults Review processes and procedures.

Six Task and Finish Groups in 2017-18

1. Conference Planning
2. Medication Errors
3. Prevention
4. Responding to and Addressing Serious Concerns
5. Self-Neglect
6. Training Needs Analysis

Vision Statement 2015-18

Ensuring our safeguarding arrangements act to help and protect adults.

Board Members

- Cleveland Police
- Hartlepool and Stockton-on-Tees Clinical Commissioning Group
- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- South Tees Clinical Commissioning Group
- Stockton-on-Tees Borough Council
- Care Quality Commission
- Catalyst (Voluntary Development Agency in Stockton-on-Tees)
- Cleveland Fire Brigade
- Community Rehabilitation Company: Durham Tees Valley
- Healthwatch Hartlepool
- Healthwatch Stockton
- Healthwatch South Tees
- HM Prison Service
- Middlesbrough Voluntary Development Agency
- National Probation Service
- North East Ambulance Service
- North Tees and Hartlepool NHS Foundation Trust
- Redcar and Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing Group

24 in total

Key Achievements

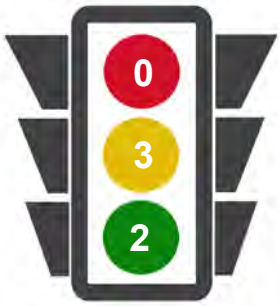
Learning and Networking

The Board facilitated and delivered an increasing number of successful learning, networking and face to face training events, which has helped to significantly improve the awareness of adult safeguarding issues across Tees.

This is influencing the increasing volume of activity outlined in this report, which is resulting in greater numbers of people accessing protective services.

Performance Indicators

Five Performance Indicators were agreed in 2017 that are informed by the data captured and evaluated by the Board. This is helping to determine how effectively policies and procedures are being delivered.



Three indicators were partially achieved with good progress being made.

Two indicators have already been fully achieved.

Medication Incidents

The medication incidents guidance for local providers and commissioners was published. This will have a big impact in promoting best practice in this crucial area of safeguarding related work.

Strategic Planning

The Board's first three-year strategic planning cycle came to an end and has been replaced with a new one-year strategy.

This has a clearer emphasis on prevention, and gives the Board's Sub-Groups more freedom to develop their own individual work programmes in 2018-19.

The outcomes from the five strategic Aims in 2017-18 are set out in this report.

Awareness Campaign

The Board delivered its first ever dedicated awareness campaign that ran throughout February 2018. This involved local radio and press, events engaging the public, as well as extensive on-line and social media activity. All of the objectives for the campaign were achieved, resulting in positive outcomes and feedback.

February 2018

By people and organisations working together in a 'whole community approach', we can help prevent and stop, both the risks and experience of abuse and neglect.

Ann Baxter
Independent Chair

Participants in the Awareness Campaign

Communication and Engagement

Communication and Engagement (CE) Strategy

The Board's CE Strategy was updated during the year to outline how the Board intended to connect with a wider range of agencies and groups across Tees, and improve engagement with marginalised communities.

Key CE Targets

100% of Board partners linked to the Board's website	900 members of the public engaged face to face at 60 events & forums	Over 50 local organisations supported the Feb awareness campaign

The Annual Communication and Engagement Report 2017-18 can be read here: https://www.tsab.org.uk/key-information/annual-reports/

Community Engagement

The Board developed a new radio advertisement that was broadcast throughout February 2018 by Smooth Radio across Tees, and Community Voices FM (CVFM) in central Middlesbrough. CVFM also hosted four interviews with colleagues from Aapna Services, The Halo Project, Middlesbrough Borough Council and Cleveland Police.

Adult Safeguarding Manager from Middlesbrough Borough Council talking about the reporting of adult abuse

Awareness Raising

Board Website

42,000 Page views
10,000 Users

16,000 Reached
490 New Followers
700 Tweets

250,000
Reached via Board's radio advert and live interviews

100,000
Reads of the Board's advert and local newspaper articles

8,000 Reads of Board E-Bulletins and Newsletters

Board Leaflets

2,000 Distributed in total

1,400 During Feb campaign
500 Translated versions

Impact of the Work

The Board's CE work is helping to bring partner agencies together in significantly improving awareness of adult safeguarding related issues across Tees.

Policy and Strategic Development

Medication Incidents Guidance for Commissioners and Care Providers

In response to the findings from the Medication Audit in 2016-17, work concluded to develop and publish guidance for commissioners and health and social care providers.

The guidance for commissioners was published in December 2017 and will support the development and monitoring of contracts in line with statutory guidance and best practice.

The guidance for service providers was published in February 2018, and includes an incident decision flowchart to improve the way medication errors are reported as Safeguarding Concerns.

Both sets of guidance can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Improving Data Collection

The information collected from the Board partner agencies has continued to grow and become more sophisticated. This is demonstrating how well adults are being safeguarded, supports risk management, and improves adult safeguarding practice.

Board Development

Board members and other invited leaders held their annual development day on 7 March 2018, spending time analysing the delivery and work of the Board over the previous year.

Operational Development

An operational leads development session was held for the first time on 12 October 2017 and included engagement with professionals from a wide range of agencies. The feedback from the delegates led to the introduction of the Operational Leads Sub-Group.

Annual Survey 2017-18

The survey indicated a change in the views of both members of the public and professionals, placing early help and prevention ahead of awareness raising in the list of priorities for the first time.

What should the priorities be for 2018-19?

1. Develop the approach to early help and prevention
2. Improve awareness of how people can protect themselves
3. Focus on breaking down barriers to reporting abuse and neglect

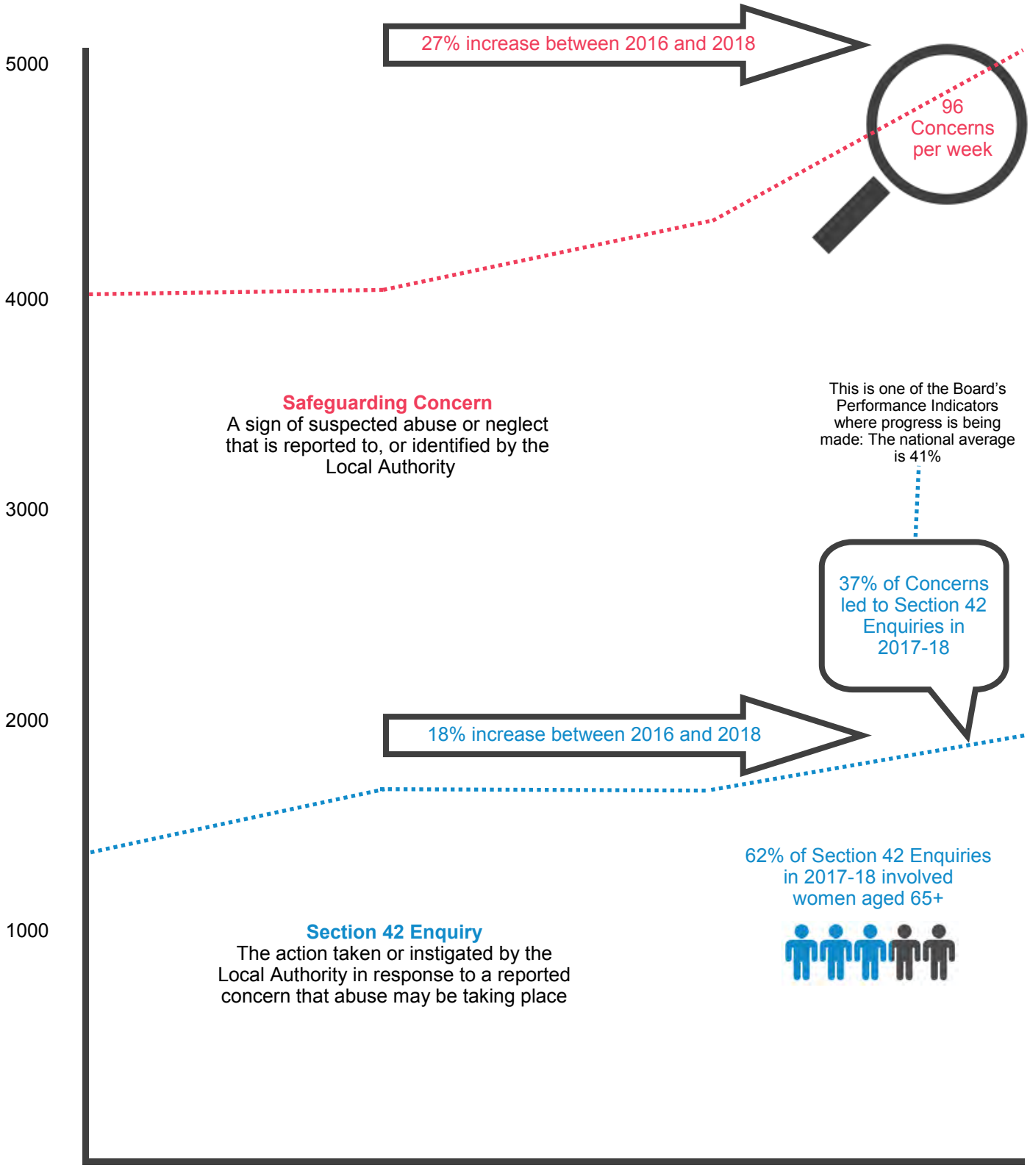
Repeat Occurrences of Abuse

21%

Data on this subject is being assessed as part of the Board's five Performance Indicators. The repeat occurrence rate in Tees is below the benchmark criteria of 25% for Local Authorities, and as such is one of the indicators being successfully achieved locally.

Increasing Volume of Activity

Safeguarding Concerns and Enquiries Teeswide



Adult Abuse in 2017-18

Who Reported Adult Abuse?

30%	Care Home
18%	NHS Secondary Care
13%	Social Care
10%	NHS Primary Care
10%	Other
6%	Family / Friend / Self
5%	Home Care
4%	Police
3%	Housing
1%	Mental Health

Where did Adult Abuse Occur?

Care Home	Own Home	Hospital	Other	Supported Living
46%	35%	8%	7%	4%

Types of Adult Abuse

Improving the Focus on Domestic Abuse

Multi-Agency Audit

Over the last year the Board has been committed to improving the focus of domestic abuse within adult safeguarding. Alongside other initiatives and activities this included a multi-agency audit into the subject:

Domestic Abuse Audit: What did we Learn?

Mental capacity issues were not consistently considered or evidenced.

The quality of referral information was good, and when information was missing, further enquiries were conducted.

Individual's views were not always recorded or evidenced.

There is a need to consider the 'Think Family' approach.

There was evidence of good multi-agency working to investigate the concerns and safety plan.

Domestic Abuse Conference

The Board held a Domestic Abuse Conference in May 2017. This was used to continue to raise awareness of the subject, develop multi-agency working, and also highlight the need to improve appropriate reporting into Local Authority adult safeguarding teams.

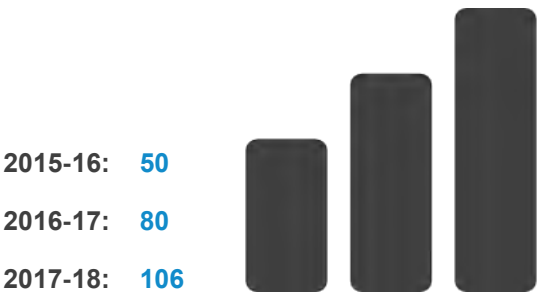
Yasmin Khan
CEO of the
HALO Project
speaking at the Board's
Domestic Abuse
Conference

This popular event was attended by 100 professionals and speakers, providing an important opportunity for delegates to network and discuss ways to improve partnership working arrangements.

Local Authority Enquiries

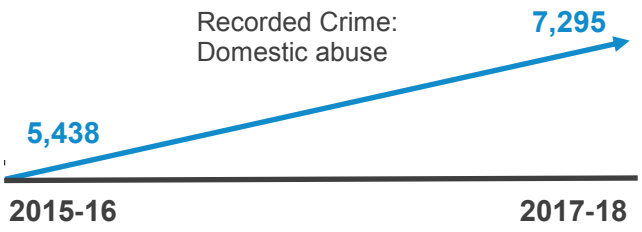
34% of Safeguarding Concerns for Domestic Abuse resulted in a Section 42 Enquiry being conducted by the four Local Authorities across Tees in 2017-18.

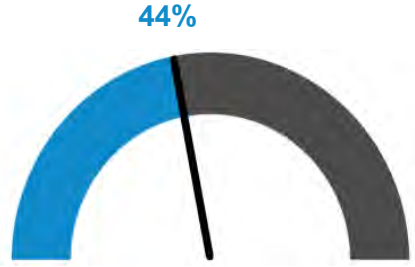
This is higher than the average for all other types of abuse in that year.



Total number of Section 42 Enquiries conducted by the four Local Authorities

Cleveland Police Data





Repeat Victims of Domestic Abuse

Providing an Effective Response

Serious Concerns

The Board reviewed the Serious Concerns Protocol during the year and re-published this in October 2017 as Responding to and Addressing Serious Concerns Procedures (RASC).

Ten services across Tees were managed under these procedures throughout 2017-18.

Partner agencies have been working with the service providers to improve standards and offer support.

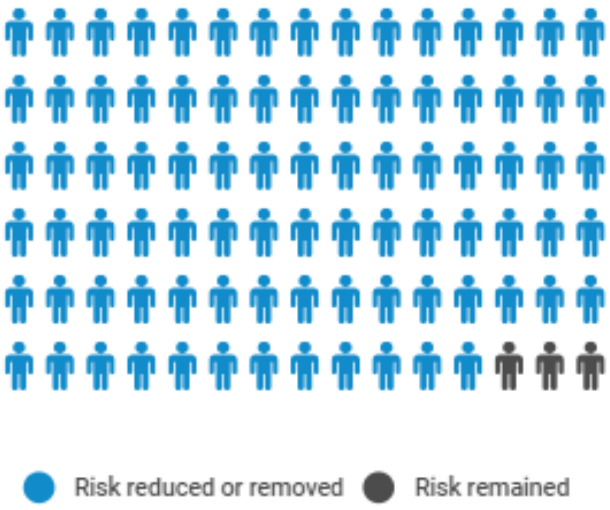
The RASC and other local policies and procedures can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Self-Neglect Policy and Guidance

This new guidance was published in October 2017 and seeks to encourage good practice in managing the balance between protecting adults from self-neglect, and their right to self-determination to live their lives as they choose.

Reducing Risk to the Adult

In 97% of the safeguarding cases investigated by the four Local Authorities across Tees, the risk to the adult was either completely removed or reduced. This was the second Performance Indicator that was achieved by Board partner agencies in 2017-18.



Generating a Collective Local Picture

The Care Quality Commission (CQC) publishes local statistics, and updates the Board on the quality of care provided by Care Homes and Home Care agencies across Tees. This helps to develop a picture on how well adults are protected from abuse and neglect.

Outstanding	4
Good	99
Requires Improvement	24
Inadequate	1

CQC Inspection Ratings 2017-18:
Care Home and Home Care Providers

Protective Options

The Board reviewed its **Find Support in Your Area** database to provide a resource for professionals in listing all the key agencies offering services linked to each strand of adult abuse: https://www.tsab.org.uk/key-information/find-support-in-your-area/

Impact of the Work

The consistent delivery of policy, combined with the drive to establish good practice is helping improve outcomes for adults, and reduce the number of repeat victims of adult abuse and neglect.

Person-Centred Practice

Learning and Networking Events

The Board jointly facilitated three successful learning and networking events in conjunction with the four Local Authorities in Tees, between October 2017 and March 2018.

192 Attended
100+ Agencies

These events were designed to increase the number of professionals and agencies working to prevent abuse and neglect, whilst providing an opportunity to hear about existing practice and ways to personalise the approach to protecting adults.

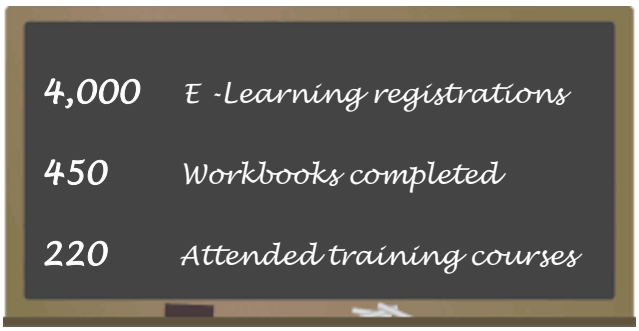
This also included input from adult service users:

Voice of the Adult

My care workers were not supporting me properly and some of the other residents where I lived were causing problems.

My Social Worker helped me to sort out the problems in the way that best suited me.

Training Delivered by the Board in 2017-18



Making Safeguarding Personal (MSP)

Training

The Board commissioned a new Making Safeguarding Personal course in February 2018. This aims to equip staff and managers with the knowledge, skills and confidence to ensure that all safeguarding related work involves the adult in determining and achieving their desired outcomes. **Feedback from delegates:**

"I will listen to the adult more
Really enjoyable
Excellent
I have more confidence now
This will change how I assess people"

Safeguarding Service Users

Two of the Board's Performance Indicators created in 2017 are linked to this subject. These are not yet fully achieved, although good progress is being made as partner agencies improve methods to collect the thoughts and feelings from those accessing services:

70% Were asked their desired outcomes

48% Were satisfied with their outcomes

The Board's MSP Guidance can be accessed here: https://www.tsab.org.uk/key-information/prevention/making-safeguarding-personal-tsab-guidance/

Impact of the Work

The delivery of training and events is being used to appropriately share the experiences of the adult, and help improve person-centred practice.

Multi-Agency Working

Teeswide Safe Place Scheme

These are venues in the community where people who need extra support can go to if they need help.

Those feeling vulnerable can use the scheme if they are feeling unsafe, but many who may benefit never actually use it, although the existence allows some people to feel safer and live more independently.

The scheme is supported by local Police, the Police and Crime Commissioner, the four Local Authorities across Tees and independent agencies who volunteer to help support and provide locations.

There have been notable additions to the scheme over the last twelve months, including Teesside Retail Park and Middlesbrough Football Club.

Picture taken at the launch of the scheme at Middlesbrough Football Club in November 2017

There are now **96** locations:

Hartlepool:	**25**
Middlesbrough:	**16**
Redcar & Cleveland:	**17**
Stockton-on-Tees:	**38**

Safeguarding Champions

This initiative was launched in 2017-18, which resulted in a diverse range of professionals from public, private and voluntary organisations signing up to the scheme.

Safeguarding Champions support the work of the Board by being the point of contact inside their agency and by helping raise awareness in the community.

Teeswide Safeguarding Adults Board Champions

66 Professionals Volunteered

Audit Programme

A programme of audits was conducted throughout 2017-18 which examined some of the key issues that had been highlighted for review across Tees.

Risk Register

The Board developed a Risk Register in September 2017 that is reviewed every six months.

This identified six key risks from the Strategic Business Plan 2017-18, which is now monitored as part of the Board's overall business planning processes.

Quality Assurance Framework (QAF)

The QAF is a self-audit process and tool used by Board partner agencies to provide assurances about services being delivered to adults in four key areas:

1. **Prevention and Personalisation**
2. **Leadership**
3. **Adult Safeguarding Practice**
4. **Professional Accountability**

Board partner agencies provide inter-agency oversight of the process by forming Evaluation Groups.

These have been drawn from a wider range of partner organisations in the last year, which is helping improve understanding of the framework and enhance multi-agency working.

9 non-statutory partners started the QAF process in 2017-18, with work continuing to complete and report on the findings.

Impact of the Work

Partner agencies are working together to co-ordinate safeguarding adults work, and provide assurances about services being delivered.

Lessons Learned

Safeguarding Adults Review (SAR) Definition

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

SAR - Carol

Professionals from the SAR Sub-Group and the Chair of the Board continued to oversee the delivery of the SAR-Carol review until the report was published on 13 June 2017. There was considerable coverage in the media on that day, and the report went on to become the most read document the Board has published, which is helping ensure the lessons are being shared.

1,650 reads
(31 March 2018)

The full report can be read here: https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

SAR Notifications and Non-Statutory Reviews

Three new notifications were considered by the Board and the SAR Sub-Group during the reporting period, although none progressed to a SAR as they did not meet the statutory criteria.

The group also continued to oversee the delivery of actions linked back to seven historical, non-statutory reviews or cases.

Good practice was developed in response to some of these cases and shared with relevant agencies.

The Board's SAR Policy and Procedures can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/

Lessons Learned Locally

Escalation of Risk
In some cases it was apparent that professionals had not identified the need, or had the opportunity due to the absence of a method to do so, to escalate risk.

Inter-Agency Working
Lack of inter-agency co-operation and working was also a contributing factor in many of the notifications and non-statutory reviews overseen.

Information Sharing
This continued to be a key feature in many cases, with professionals unable to efficiently and effectively share information with colleagues in other agencies.

Lessons Learned Nationally

Out of Area Placements and Provider Oversight
Two high profile SAR cases highlighted the potential risks in placing adults into care outside of the local area. In these instances this led to a lack of oversight by the hosting authority, and a lack of supervision by the placing authority.

Risk Assessment and Police Referrals
In other high profile SAR cases a critical feature was the lack of focus on risk assessment in relation to adults in care homes. This was combined in some homes with a failure to report serious sexual and other criminal behaviour appropriately to Police.

Mental Capacity Act (MCA)

Lessons learned from local and national cases also highlighted the need to improve understanding around MCA Assessments.

A summary of regional and national cases can be viewed here: https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

Impact of the Work

The focus on learning lessons from serious cases of abuse is helping to prevent further instances from occurring.

Planning for 2018-19

Strategic Themes across Tees

In March 2018 the Board published a report which highlighted three key areas to consider in 2018-19.

Developing Best Practice:
Further reduce volumes of repeat abuse, and in particular incidents between residents.

Communication & Engagement:
Continue to improve connections with ethnic minority communities and other marginalised groups across Tees.

Under Reported Types of Abuse in Tees:
Develop the profile of Domestic Abuse, Self-Neglect, Modern Slavery and Sexual Exploitation.

Development of the Strategic Business Plan

The Strategic Business Plan 2018-19 has been put together using the above findings, as well as feedback and evaluation from the Board's development days.

This has been combined with the data from the Board's Annual Survey 2017-18, and the information that is collated and monitored as part of the Board's quarterly performance reports.

The plan is less detailed than in the previous three years as it is designed to give the Board's Sub-Groups more autonomy in developing their work programmes.

A new Vision Statement has also been agreed, which reflects the feedback from professionals and members of the public to further prioritise prevention.

The Strategic Plan on a page can be viewed here: https://www.tsab.org.uk/key-information/annual-reports/

Vision Statement 2018-19

Our safeguarding arrangements will effectively prevent and respond to adult abuse.

Prevention
Aim:

We will develop strategies that reduce the risk of abuse

Protection
Aim:

We will work effectively together to ensure the protection of adults

Partnership
Aim:

We will develop a whole community approach to the prevention of abuse

Professional Accountability
Aim:

We will work to ensure the accountability of all partners in protecting adults at risk of abuse

Strategic Objectives and Actions for 2018-19

9 Objectives

16 Actions

Useful Contacts

Organisation	Telephone	Email
Business Unit Teeswide Safeguarding Adults Board	01642 527263	tsab.businessunit@stockton.gov.uk
First Contact and Support Hub Hartlepool Borough Council	01429 523390	fcsh@hartlepool.gcsx.gov.uk
First Contact Team Middlesbrough Borough Council	01642 065070	adultsafeguarding alert@middlesbrough.gov.uk
Access Team Redcar and Cleveland Borough Council	01642 065070	contactus@redcar-cleveland.gov.uk
First Contact Team Stockton-on-Tees Borough Council	01642 527764	firstcontactadults@stockton.gov.uk
Protecting Vulnerable Adults Unit Cleveland Police	999 Emergency or 101	
Tees Esk and Wear Valleys NHS Foundation Trust	01325 552000	tewv.enquiries@nhs.net
South Tees Hospitals NHS Foundation Trust	01642 850850	
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group	01642 745982	hstccg.hartlepoolandstocktonccg@nhs.net
NHS South Tees Clinical Commissioning Group	01642 263030	STCCG.enquiries@nhs.net
Patient Experience Team North Tees and Hartlepool NHS Foundation Trust	01642 624719	patientexperience@nth.nhs.uk
Children's Social Care Hartlepool Borough Council	01429 284284	childrenshub@hartlepool.gcsx.gov.uk
Children's Social Care Middlesbrough Borough Council	01642 726004	firstcontact@middlesbrough.GCSX.gov.uk
Children's Social Care Redcar and Cleveland Borough Council	01642 771500	firstcontact@redcar-cleveland.gcsx.gov.uk
Children's Social Care Stockton-on-Tees Borough Council	01429 284284	childrenshub@hartlepool.gcsx.gov.uk

Arch North East
Registered charity based in Tees offering free and confidential counselling and support to people who have been affected by rape or sexual abuse:
http://www.archnortheast.org/

Campaign to End Loneliness
Sharing research, evidence and knowledge with organisations and the public to make a difference to older people's lives:
https://www.campaigntoendloneliness.org/

Family Information Service - Middlesbrough
Accurate, high quality, accessible and impartial information, advice and guidance on services and activities:
http://fis.middlesbrough.gov.uk/kb5/middlesbrough/fsd/home.page

Hartlepool Now
Information for local help and support:
https://www.hartlepoolnow.co.uk/

Hope for Justice
National charity that exist to bring an end to modern slavery by preventing exploitation, rescuing victims, restoring lives, and reforming society:
http://hopeforjustice.org/

National Trading Standards - Friends Against SCAMS
Friends Against SCAMS is an initiative which aims to protect and prevent people from becoming victims by empowering communities to take a stand against scams:
http://www.nationaltradingstandards.uk/news/friends-against-scams/

People's Information Network - Adults Services Directory
Wide range of information from community based services and help-lines through to older people's services in Redcar & Cleveland:
http://www.peoplesinfonet.org.uk/kb5/redcar/directory/adult.page?adultchannel=0

Research in Practice for Adults (RiPfA)
Evidence from research, practitioner expertise and the experience of people accessing services to provide learning and development support for the health and social care sector:
https://www.ripfa.org.uk/

Stockton Information Directory
A website that provides details of services, advice and support for adults and families in Stockton-on-Tees:
http://stocktoninformationdirectory.org/kb5/stockton/directory/home.page

Stop Hate UK
National organisation working to challenge all forms of Hate Crime and discrimination, providing independent confidential and accessible reporting and support for victims, witnesses and third parties:
https://www.stophateuk.org/

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

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

Call your local Adult Social Care team:

Hartlepool	01429 523 390
Middlesbrough	01642 065 070
Redcar and Cleveland	01642 065 070
Stockton-on-Tees	01642 527 764
Evenings and Weekends	01642 524 552

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

Think Family

Consider risks to others which may include children or other adults with care and support needs. Should there be a concern that a parent may be neglecting children in their care, concerns should be reported to Children's Social Care.

Teeswide Safeguarding Adults Board

Strategic Business Plan 2018-19

Vision: Our safeguarding arrangements will effectively prevent and respond to adult abuse

Prevention

Aim:

We will develop strategies that reduce the risk of abuse

Objectives:

1. Ensure more people access early help and preventative services
2. Reduce barriers to reporting all forms of abuse
3. Help develop stronger communities

Protection

Aim:

We will work effectively together to ensure the protection of adults

Objectives:

1. Provide effective and consistent responses to reported abuse
2. Reduce repeat occurrences of reported abuse
3. Develop strategies and guidance for dealing with all forms of abuse

Partnership

Aim:

We will develop a whole community approach to the prevention of abuse

Objectives:

1. Ensure statutory agencies work together in an effective manner
2. Work more closely with partners in children's focussed and community safety services
3. Develop relevant partnerships around priority issues

Professional Accountability

Aim:

We will work to ensure the accountability of all partners in protecting adults at risk of abuse

Objectives:

1. Gain assurance about the effective delivery of services
2. Ensure the voice of the service user helps to shape professional practice
3. Deliver and achieve the Board's performance benchmarks

What we will do

Engagement

Actions:

1. Improve understanding and engagement with the diverse range of communities and individuals across Tees
2. Work closely with, and utilise existing community based resources to best effect
3. Help to reduce social isolation
4. Focus on less developed areas of work, including: domestic abuse, modern slavery and sexual exploitation

Person Centred

Actions:

1. Reinforce the need for the views, wishes and best interests of the adult to always be the primary focus of professional practice
2. Provide effective and appropriate feedback to adults and their advocates, as well as professionals involved in safeguarding services

Good Practice

Actions:

1. Consider and seek to improve the appropriate sharing of information in every aspect of the work of the Board and partner agencies
2. Highlight, develop and use good practice from any and all relevant sources
3. Make best use of available technology
4. Be ambitious

Measure Impact

Actions:

1. Measure the overall impact of the work delivered by the Board
2. Effectively deliver the Quality Assurance Framework
3. Deliver a multi-agency audit programme
4. Develop good practice by seeking and using appropriate peer review opportunities

HEALTH AND WELLBEING BOARD

04 MARCH 2019

Report of: Director of Children's and Joint Commissioning Services and Independent Chair of Hartlepool Safeguarding Children Board

Subject: ANNUAL REPORT OF LOCAL SAFEGUARDING CHILDREN BOARD

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1. PURPOSE OF REPORT

1.1 To share the Hartlepool Safeguarding Children Board (HSCB) Annual Report 2017/18 with members of the Health and Wellbeing Board.

2. BACKGROUND

2.1 Until recently, Local Safeguarding Children Boards have been the key statutory mechanism for agreeing how the relevant organisations in each local area co-operate to safeguard and promote the welfare of children, with the purpose of holding each other to account and ensuring that safeguarding children remains high on the agenda across the partnership area.

2.2 Following the Children and Social Work Act 2017, there is a new requirement on safeguarding partners, namely the Local Authority, Clinical Commissioning Group and Police, to create a Safeguarding Children Partnership which is currently operating in shadow form across the Hartlepool and Stockton on Tees partnership.

2.3 Until the new arrangements go live on 01 April 2019, Hartlepool Safeguarding Children Board continues to meet, made up of representatives from all partners that support children and their families.

3. PROPOSALS

3.1 It is a requirement of the Apprenticeships, Skills, Children and Learning Act 2009 for the Local Safeguarding Children Board to produce and publish an

Annual Report on the effectiveness of safeguarding arrangements in the local area.

3.2 The Annual Report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against a comprehensive analysis of the local area safeguarding context. It should recognise the achievements and the progress that has been made in the local areas as well as providing a realistic assessment of the challenges that still remain.

3.3 The Annual Report and Business Plan supports the following outcomes and priorities of Hartlepool Safeguarding Children Board:

- Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.
- Children and young people live free from the impact of Domestic Violence.
- Children and young people are supported to make safer choices and are safeguarded from significant harm particularly those who go missing and who are at risk of sexual exploitation.
- Staff working with children and young people are suitably trained to meet their needs.

3.4 The HSCB Annual Report for 2017/18 is attached at **Appendix 1**.

4. RISK IMPLICATIONS

4.1 There are no risk implications arising from this report.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial implications arising from this report.

6. LEGAL CONSIDERATIONS

6.1 Production of an Annual Report for HSCB ensures its compliance with the requirements of the Apprenticeships, Skills, Children and Learning Act 2009.

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

7.1 There are no equality and diversity considerations arising from this report.

8. STAFF CONSIDERATIONS

9.1 There are no staff considerations arising from this report.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There are no asset management considerations arising from this report.

10. RECOMMENDATIONS

10.1 Members of the Health and Wellbeing Board are asked to note the 2017/18 Annual Report of Hartlepool Safeguarding Children Board.

11. REASONS FOR RECOMMENDATIONS

11.1 Safeguarding children and young people is a statutory responsibility of all partner agencies on the Health and Wellbeing Board. The Annual Report 2017/2018 set out how these statutory requirements are being delivered.

12. BACKGROUND PAPERS

None

13. CONTACT OFFICER

Sally Robinson
Director, Children's and Joint Commissioning Services
Hartlepool Borough Council
sally.robinson@hartlepool.gov.uk

Hartlepool Safeguarding Children Board

Annual Report 2017-18

Foreword by the Independent Chair

I am proud to present the Hartlepool Local Safeguarding Children Report (HSCB) Annual Report for 2017-18 to you and thank you for taking the time to read it. It has been a busy year for me as chair and all the Board members as we continue to build on our strengths and further improve on how we conduct our business. This ensures that all children and young people in Hartlepool are as safe as possible and protected from harm to give them the best possible opportunities to flourish as they grow up.
To maximise the impact of the Board we have continued to develop a way of working and indeed a culture of seeking assurance with regard to:

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

To ensure continuity of business and to ensure the maximum possible impact the vision, our values and priorities have remained the same as last year. These are detailed in the report but in summary are:

- Preventing harm by ensuring the Board seeks assurance on effective multi and single agency responses to domestic abuse, mental well-being, substance misuse and early help
- Protecting vulnerable children by seeking assurance, in the same manner as above, with regard to vulnerable, exploited, missing and trafficked children
- Ensuring the Board's own development and impact.

You will find within the report how we have taken these priorities forward and the subsequent positive impact on professional practice and subsequently on the lives of children and young people.
The Board's Executive Group continues to drive forward business and oversee the work of the Boards sub-groups. This allows the HSCB meetings to become focussed on a thematic approach and ensure a detailed examination of the areas under scrutiny. Examples included:

- An education thematic examining the effectiveness of keeping children safe in education, safeguarding concerns with regard to Elective Home Education (EHE), Children Missing from Education (CME) and ensuring safeguarding implications were addressed by schools when considering exclusions. This also led the Board to write to the Secretary of State for Education highlighting issues over elective home education and ensuring the safety of children so educated. These views have been incorporated into proposed new legislation on EHE now progressing through Parliament.

- A domestic abuse thematic focusing on how agencies and partnerships were responding to the safeguarding of children and young people witnessing and or being subject to domestic abuse. This support and challenge lead to a range of questions re the effectiveness of response and preventative measures such as expanding Operation Encompass, family therapies and child focussed interventions. The answers to which have been reported back to the Board, which continues to monitor progress.

- Children and Young People (CYP) involved in Road Traffic Collisions (RTC's) lead to clarity with regard to multi-agency strategic ownership of road safety and the identification of the need to improve analysis of incidents involving CYP, thereby allowing targeted prevention initiatives.

HSCB published two Serious Case Reviews (SCR's), named 'Olivia' and 'Yasmin', which attracted significant national media interest. Although the tragic event which prompted the commissioning of the reviews could not have been predicted or prevented, the findings identified areas where practice could be improved. A comprehensive action plan has been developed and its progress is included in this report. As part of this plan a Neglect Statement of Intent was developed jointly with Stockton-on-Tees Local Safeguarding Children Board (SLSCB) and a Hartlepool and Stockton-on-Tees multi-agency adolescent neglect training day was delivered. Over 150 professionals attended the Neglect Conference which utilised nationally accredited presenters. The feedback from this training event was first class and immediately resulted in improved professional practice. Also, in November 2017 an unannounced Joint Targeted Area Inspection (JTAI) took place in Stockton-on-Tees. This involved four national inspecting bodies working together to examine how effective the multi-agency response to adolescent neglect is. Both the Neglect Statement of Intent and the training day were recognised as good practice by the JTAI.

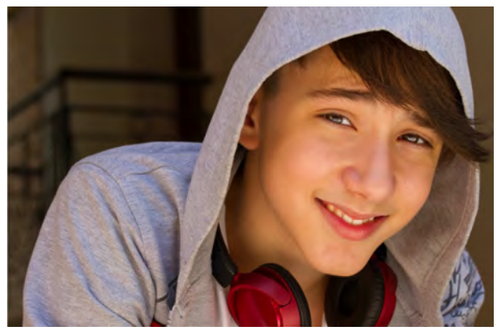
Working with, listening to and engaging with children and young people continues to be vital for the Board. In this year we were delighted to support the production and distribution of an excellent film produced by the Children in Care Council highlighting their experiences of being taken into care and living in care. In addition, we received a first-class presentation from a young person in care who had produced an on-line safety leaflet aimed at her peers which the Board was able to take forward.

The future structural arrangements for ensuring effective multi-agency safeguarding in localities is changing as a result of the Children and Social Work Act 2017. Safeguarding Boards will cease to exist at the latest by September 2019 and will be replaced by a new arrangement agreed by the Local Authority, Police and Clinical Commissioning Group. In the meantime, the Board remains entirely focussed on continuing to develop itself and successfully fulfil its role. We will also ensure the best possible business continuity during this period of change and will seek assurance as to the effectiveness of any future arrangements.

I would like to conclude by thanking all the Board members for their dedication, professionalism and a continuing desire to make a positive difference. Likewise, I would also like to pay tribute to all those practitioners working with children and young people for all they do to keep our children and young people safe from harm.

Dave Pickard
HSCB Independent Chair

Contents



About The Board

HSCB Responsibility, Aims and Vision

‘Safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.’

Working Together to Safeguard Children

Hartlepool Safeguarding Children Board (HSCB) is the key statutory body that is responsible for the oversight of multi-agency child safeguarding arrangements across Hartlepool. Established in April 2005, this partnership of local agencies works together to safeguard children and promote their welfare; by co-ordinating the safeguarding work of agencies and ensuring the effectiveness of services, in accordance with the Children Act 1989, Children Act 2004, Working Together to Safeguard Children and the LSCB Safeguarding Children Board Regulations 2006.

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

Hartlepool Safeguarding Children Board’s vision is:

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

The functions of the board in order to meet its statutory responsibilities and realise its vision are:

Ensuring co-ordination
Effective challenge
Enabling learning

These functions are achieved by:

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

HSCB Roles and Relationships

Key Roles:

Independent Chair:

The role of the Independent Chair is to provide an external perspective by which impartial challenge, support and co-ordination can be brought to any of the Board's member agencies. Dave Pickard has been the Independent Chair for HSCB since 2014. He is tasked with leading Board activity and ensuring it fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The HSCB Chair facilitates scrutiny and challenge, enabling agencies to hold each other to account for their role in safeguarding. Whilst the Chair and the Board are independent, the local authority is responsible for the support and maintenance of the board with the HSCB Business Manager employed by the council. The Chief Executive, in conjunction with the Leader of the Council and Lead Member for Children's Services, holds the Independent Chair to account for the effective working of the HSCB.

Agencies:

HSCB comprises of a range of partners (full membership is detailed in appendix 1), all of whom have a statutory responsibility to safeguard and promote the welfare of children. A number of partners have a statutory responsibility to be a member of the HSCB while others have been invited to be part of the partnership due to the significance of their work in Hartlepool. All partner agencies across Hartlepool are committed to ensuring the effective operation of HSCB. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.

Lay members

It is a statutory requirement that local safeguarding children boards take steps to appoint two lay members to make links with community groups, offer independent challenge and support stronger public engagement. HSCB has two committed lay members who add significant value to the Board and compliment the independence of the Chair.

Key relationships

Relationships with other Boards

HSCB is a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children. This is achieved through robust arrangements being sustained with key strategic bodies across the partnership.
During 2017/18, engagement continued with the Tees Safeguarding Adults Board (TSAB), the Health and Wellbeing Board and other key Partnerships across Hartlepool.

Health and Well-Being Board:

Hartlepool Health and Well-Being Board brings together a range of agencies for the joint ambition of supporting people to make healthier choices, maximise opportunities for wellbeing and ensure a healthy standard of living for all. A number of HSCB members are also members of this Board which aids in consistency of approach and reduced duplication.

Tees Safeguarding Adults Board (TSAB):

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

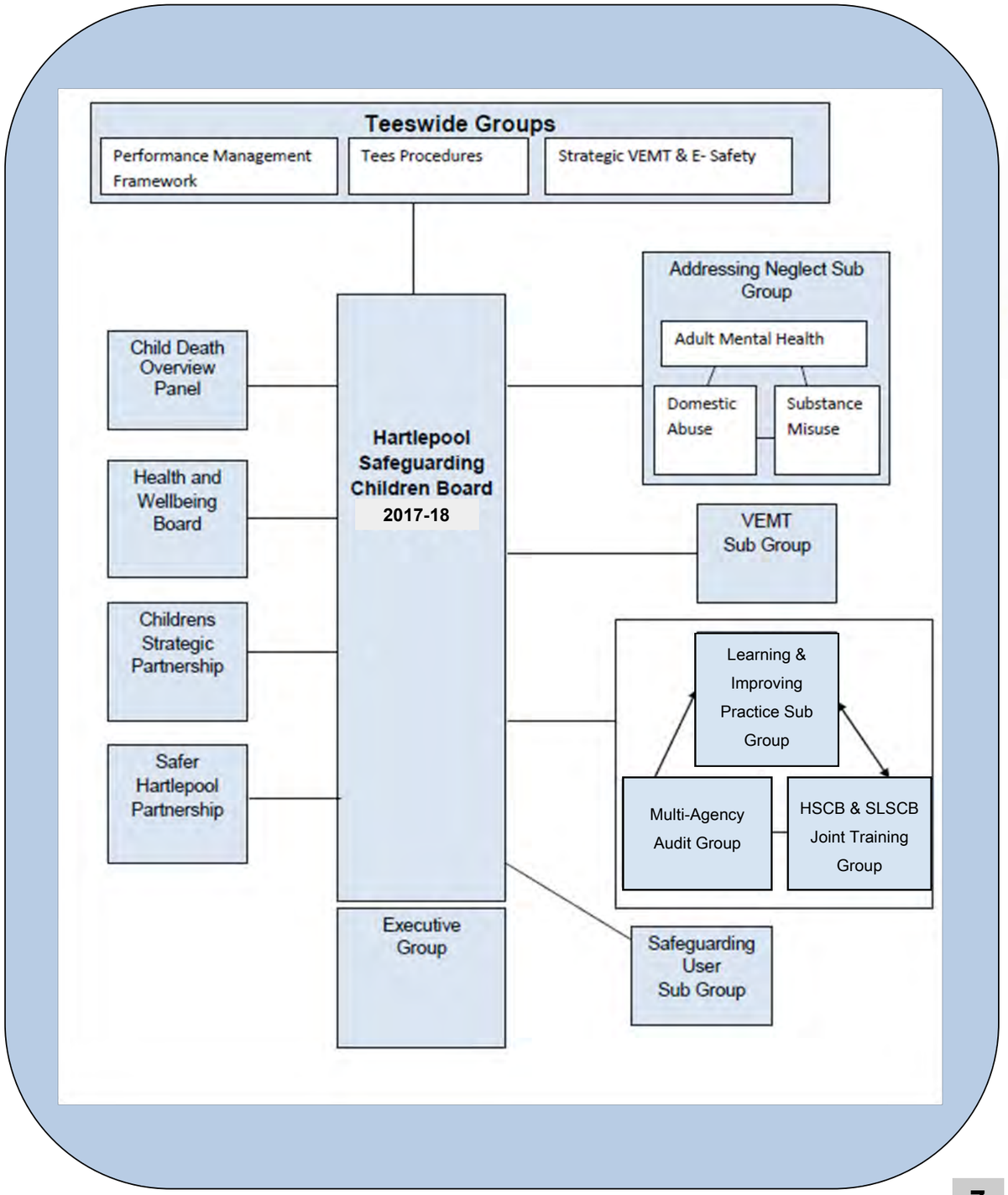
Children's Strategic Partnership:

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

Safer Hartlepool Partnership:

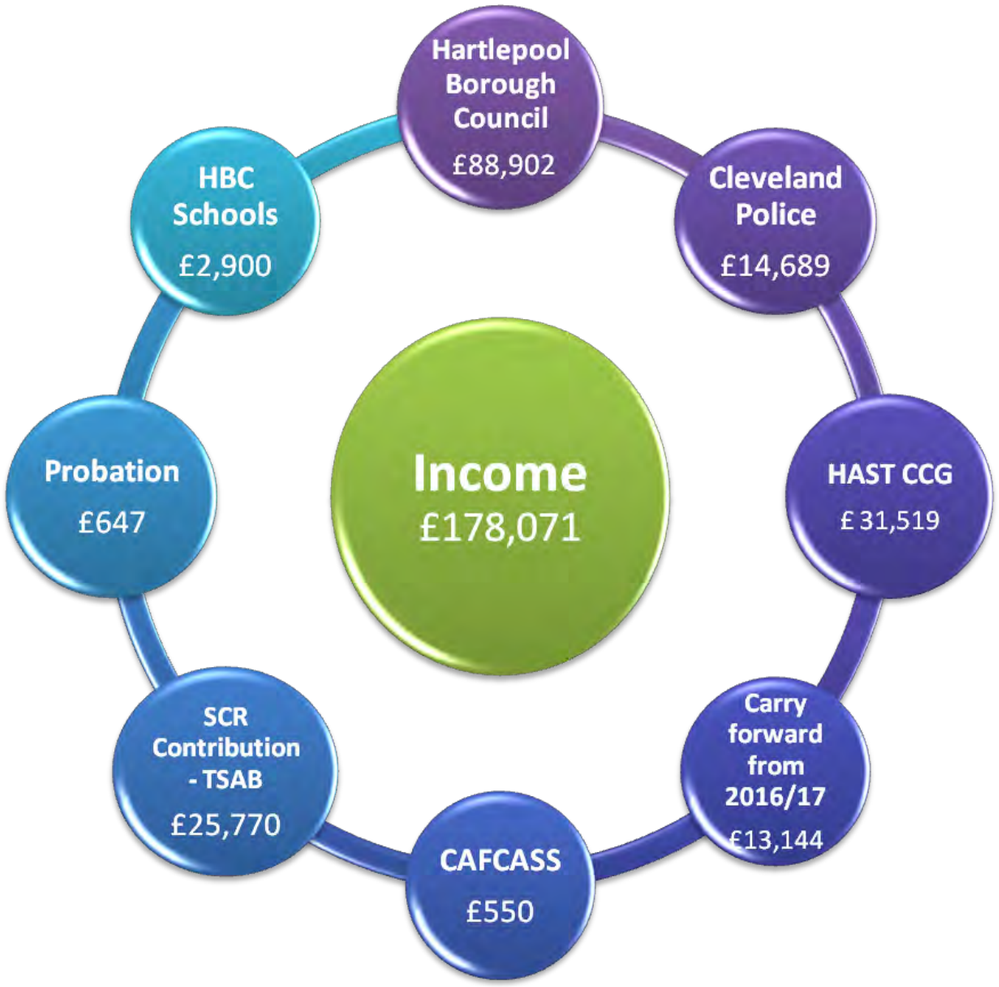
The Safer Hartlepool Partnership is a statutory board to prevent and reduce crime. It shares a number of priorities with the HSCB which includes: Domestic Abuse and Substance Misuse.
The Domestic Abuse sub group and Substance Misuse sub group of the Safer Hartlepool Partnership also act as a sub group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

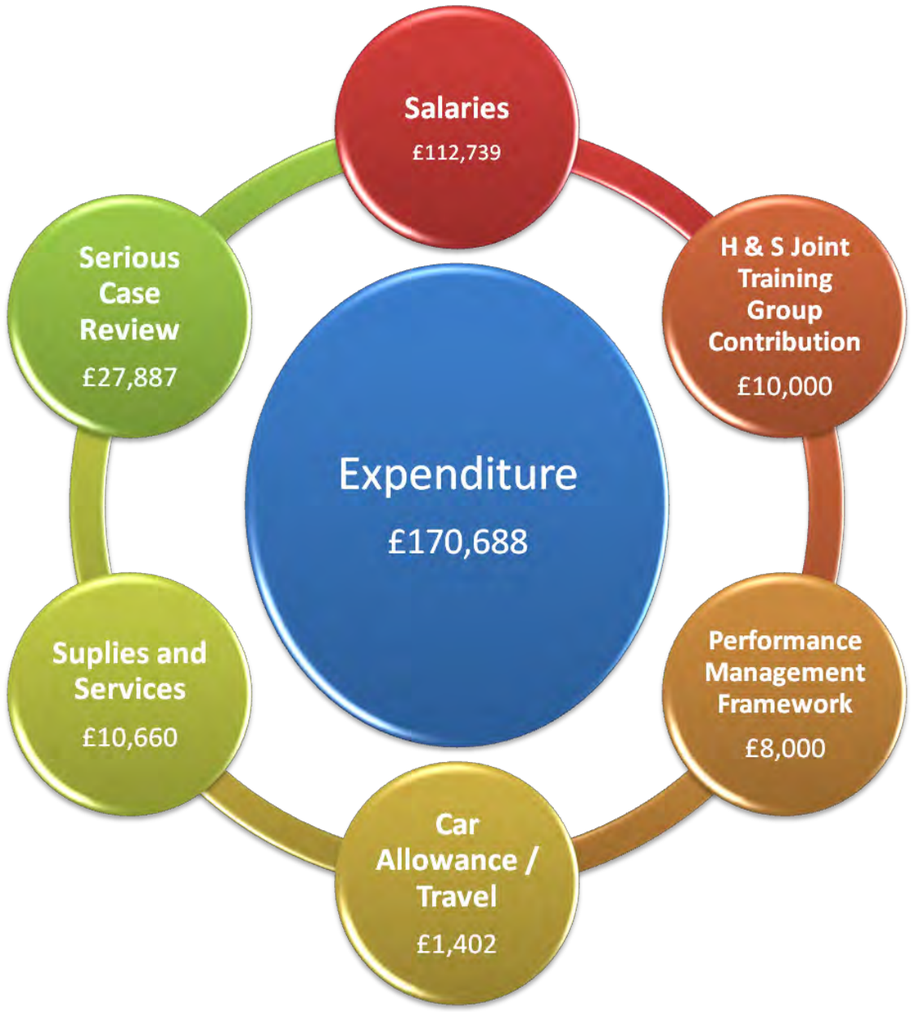
HSCB Structure



FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to HSCB's budget for 2017/18. This income ensured that the overall cost of running HSCB was met with a carry forward of £7,383 into 2018/19. Total spending in 2017/18 totalled £170,688.





Finance 2017-18	
Total Income	178,071
Total Expenditure	170,688
Reserves carried forward to 2018-19	7,383

WHAT OUR LAY MEMBERS SAY

The attendance of Lay Members at Board meetings has been key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

The Lay Members for HSCB have provided critical influence to the functioning of HSCB throughout 2017/18. They have engaged with discussions, challenging assurance reports and holding others to account and continue to offer a unique perspective to the Board based on their engagement in the communities with whom they are intrinsically connected. Lay Members continue to make links between HSCB and community groups, support stronger public engagement in local child safety issues and develop an improved public understanding of the HSCB's child protection work.

• The HSCB Lay Members have continued to demonstrate an unwavering commitment to the work of the Board in coordinating and ensuring the effectiveness of safeguarding arrangements.
• HSCB is hugely grateful to the Lay Members for their dedication, time and effort.
• Both regularly attended HSCB meetings.
• Both have participated fully in Board discussions; adding value through helping to seek assurance and providing scrutiny and challenge to the work of the Board and member agencies.

“ As a member of the board I play my part in the scrutiny of safeguarding arrangements , decisions made and policies adopted by the board; giving a lay person ’s view on matters discussed, in order to assist the agencies involved in the safeguarding of children. ”

“ Throughout this past year I have seen the commitment all the agencies have shown as they work together with respect and enthusiasm to improve outcomes for the vulnerable children in our town and beyond. The co-operation with other local authorities is impressive. ”

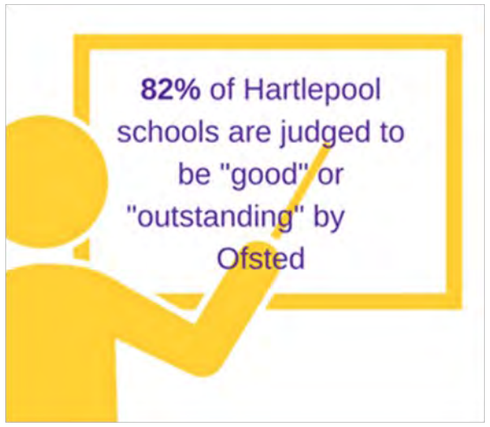
Anne Barberi, Lay Member

About Hartlepool

HARTLEPOOL DEMOGRAPHICS

With...

7130 CHILDREN IN POVERTY



Hartlepool Context

There are 39 schools in Hartlepool with 30 mainstream primary, 5 mainstream secondary, 1 independent school, 2 special schools (one primary, one secondary) and 1 Pupil Referral Unit. With 82% of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The number of children who are home educated is 44 (as of March 2018) which, although small when compared to all children accessing school, is monitored and reviewed by the Board annually to ensure oversight of this cohort of children and young people. Based on the 2018 January School census 14.9% of the school population were SEND (Special Educational Needs and Disabilities). This figure includes those that had an Education Health Care Plan (EHCP) /Statement and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans in Hartlepool is 362 (131 primary age children, 182 secondary, 49 post-16) .

In January 2018 the End Child Poverty data classified Hartlepool as being within the top 10% of the most deprived areas in the country. The proportion of children living in poverty being 34.1% (2018) compared to 29% across Teesside and 28% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health; including debt, poor housing, and low income (ASE Centre for Analysis of Social Exclusion, November 2017, and Children's Society, March 2016). A further report by the Joseph Rowntree Foundation (2016) revealed there to be a strong association between family poverty and a child's chance of suffering neglect. This in turn was said to have adverse effects upon adult economic circumstances in later life. It is therefore important for the Safeguarding Board to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the boards work programme as a priority group.

HARTLEPOOL SAFEGUARDING SNAPSHOT

Throughout 2017-18 there were approximately:

20,050 children & young people under 18

21.5% of total population

34.1% of children living in poverty

26.4% primary school children in receipt of free school meals (the national average is 13.7%)

457 average contacts to the Children's Hub per month

1230 referrals to children's social care

14% were re-referrals

882 Early Help Episodes were opened.

19.5% Early Help cases escalated to Social Care.

918 open Child in Need cases

169 children subject to a Child Protection Plan

149 children and young people receiving services through Special Educational Needs and Disability (SEND) support

25 children and young people identified as being at risk of Child Sexual Exploitation

621 missing episodes by 190 young people

157 missing episodes by 31 Hartlepool looked after young people

278 children and young people looked after

408 Children witnessing a domestic abuse incident

52 domestic abuse incidents witnessed by children within 12 months of a similar incident

112 cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

137 children involved in MARAC

48 referrals in relation to allegations against staff working with children and young people

2 new Private Fostering arrangements reported

CONTACTS, REFERRALS AND ASSESSMENTS

What does the performance data tell us?

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

Contacts:

- During 2017/18 the CHub has averaged **457** contacts per month which is a slight increase on the previous year from 432.

This increase may be attributed to the now well-established hub being promoted within all agencies, as well as with the public, and an increased awareness of the role and remit of the CHub.

Referrals for assessment:

- The number of referrals to children's social care was **1230 in 2017/18** which is a slight decrease of **61** on the previous year.
- The number of re-referrals to social care that occurred within 12 months of the previous referral closing continues to be approximately **14%** (broadly in line with 10% in the previous year), however due to the increased number of cases open within the teams this has **increased from 140 children to 181 children**.

The slight decrease in the number of referrals could be an indication that there is a growing awareness of the Threshold document; that professionals are using this when considering the level of support that is needed and are beginning to refer directly to the newly established early help locality teams where appropriate. Further awareness raising, scrutiny and challenge around the Threshold document is planned for 2018/19 (See Early Help pg 14) .

Rather than the increase in caseload being indicative of a rise in safeguarding need, it could be attributed to the new approaches of multi-agency working, in light of the, now well-established, Children's Hub reflecting improved multi-agency information sharing. This continues to be monitored and reviewed by the CHub to ensure that the % of re-referrals does not increase and the Board will seek assurance on this during 2018/19.

Multi-agency decision making and consensus:

- Hartlepool referrals that are taken through the Hub process (and shared with partners) result in consensus with **99.5%** of cases reaching an agreed decision and only 0.5% being subject to further debate.

This means that, in the vast majority of cases, the multi-agency partners that make up the Hub team agree on the recommended outcome for the child. It also confirms that the Hub has a common understanding amongst its partnership team of thresholds and levels of intervention required, which will in turn have positive implications for the children and young people.

Timeliness:

- The Hub has improved timeliness of decision making on each quarter it has been open with a 2017-18 quarterly average of **92.2%** of (Hartlepool) Hub referrals dealt with within one working day compared to a quarterly average of **79% in the previous year.**

This increase means that more children are receiving a more rapid response and as a result will receive a prompt pathway of support.

This is a three year upward trend:

EARLY HELP

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

Early Help:

- There were **882** early help episodes opened in 2017/2018. This is a slight increase from **698** in the previous year.
- The highest referring organisation to early help localities for additional support for children, young people and families continues to be schools with **138** referrals in 2017/18; self referral are the second highest with **126** requests for support and social care requests for continuing support after case closure are the third highest referrer at **91**. This mirrors the picture for the previous year and national figures.
- In 2017/18, **46%** of the cases passed to the integrated Early Help teams were from the Children's Hub.
- Of the Early Help cases that were supported by the integrated Early Help teams, **80.5%** were closed with 19.5% escalated to social care.

The significant remodelling of services to provide a Children's Hub has meant that the numbers of cases needing to be opened have reduced due to more effective information sharing during the initial stages of enquiry. Collaborative work is ongoing with all partners striving to improve the number and quality of Early Help Assessments in the forthcoming year.

The number of cases passed to the Early Help Teams from the Children's Hub implies that there is still a significant proportion of the workforce that do not fully understand the threshold for specialist intervention. Some of the work done to **improve awareness** of thresholds in 2017 -18 includes the delivery of training to Dedicated Safeguarding Leads in Hartlepool; delivery of presentations to schools and the voluntary sector on the use of the threshold document and the SAFER referral tool; discussed thresholds at CHub multi-agency partner meetings with Police, Health, Harbour, Child and Adolescent Mental Health Service (CAMHS) and at the Director of Children's Services' head teachers half-termly meeting. This will be explored further through a **Deep Dive** for Early Help that the Performance Management Sub group will be undertaking in 2018/19.

One indicator of success is the re-referral rate which for 2017/18 is **10.5%** and a decrease from 22% the previous year. This evidences the impact Early Help has had upon outcomes for Children and Young people. This is the second year that the re-referral rate has been captured and will continue to be closely monitored in 2018/19.

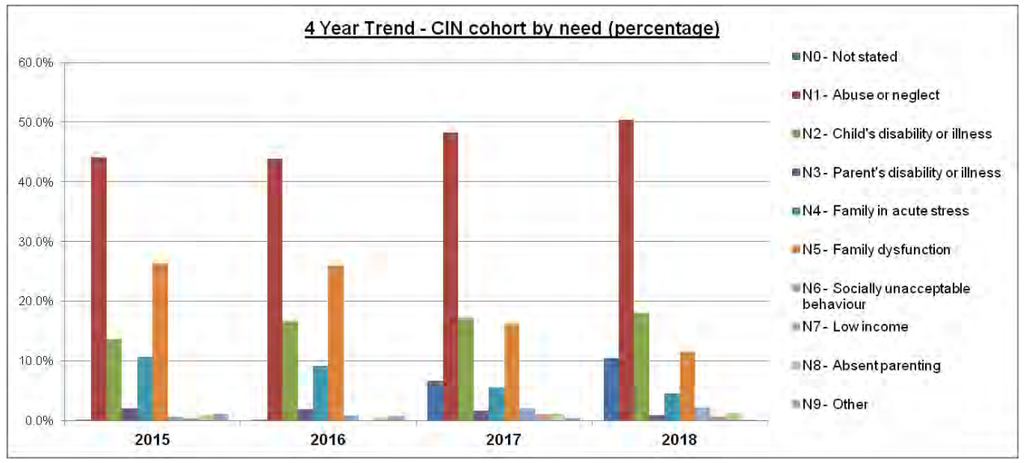
CHILDREN IN NEED OF SUPPORT

Child in Need (CIN):

- The number of children receiving support who are defined as children in need at the end of the 2017/18 is **918** which is an increase on the year before from **910** (2016/17).
- The number of children with disabilities being supported under Section 17 of the Children Act 1989 has increased from **113 to 149** and reflects the number of children with Education, Health and Care (EHC) Plans in Hartlepool.

This number of children receiving support is in-line with both Teeswide and North-East averages. To address the increase since 2016/17, the **Better Childhood** programme was introduced to improve the **Early Help** offer and reduce the demand for specialist services. Work has been undertaken to up-skill the workforce around understanding the thresholds and the application of thresholds are closely monitored through the performance tracking of the CHub. The rate in which this has increased since reporting in 2016-17 has slowed, with the 2015/16 figure being 715, which suggests that the work being undertaken is beginning to evidence impact and will continue to be monitored.

Children with disabilities are a vulnerable group and a SEND action plan is in place and was presented to Board in 2017. Further assurance reports from partner agencies were presented to the Board in February 2018 as part of the assurance cycle to explore the issues. Further updates to address the challenges will return to Board in 2018-19.



Abuse and neglect is still the highest cause of Children in Need of Support (CIN). This has implications on the Boards priorities and work plan moving forwards and requires close monitoring to ensure this aspect does not continue on an upward trend.

CHILDREN SUBJECT TO CHILD PROTECTION PLANS

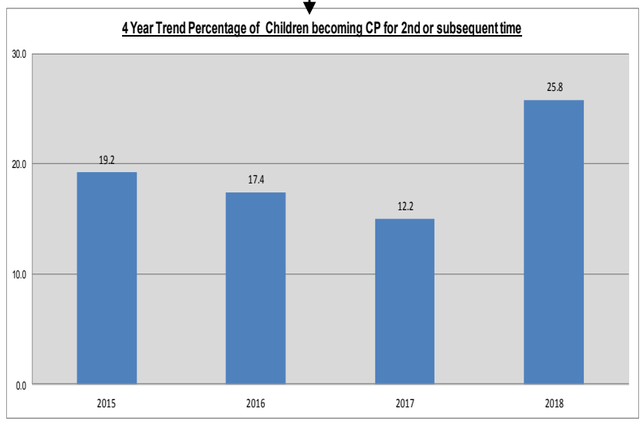
Child Protection (CP):

- At the end of 2016/17 **169 children** were subject to Child Protection Plans which is higher than previous years (156 in 2016-17 and 127 in 2015-16). This equates to a rate of **84.3 per 10,000.**
- The number of children with disabilities subject to a child protection plan has been **less than 10** for the last four years.
- The percentage of children who became subject to a CP Plan for a second or subsequent time, regardless how long ago the first plan ceased, is **25.8%** for 2017/18.

The number of children who are on a child protection plan is monitored on a weekly basis to continually track any further increase. A workforce development plan has been implemented to up-skill the workforce in key areas of demand (linked to Board priorities) with training such as **Signs of Safety** being provided in a bid to combat this increase. In addition, there is a focus on recruitment and retention of Social Workers to ensure caseloads are appropriate and impact upon the quality and accuracy of decisions, action planning and case recording.

The number of children with disabilities subject to a CP plan is low and will be explored further in the children with disabilities assurance report to be presented to the Board in 2018/19.

The increase in the percentage of children becoming subject to a CP Plan for a second or subsequent time, from **12.2.%** in 2016/17 to **25.8%** in 2017/18, will be monitored during 2018 -19 to seeks assurances that this is not an upward trend.

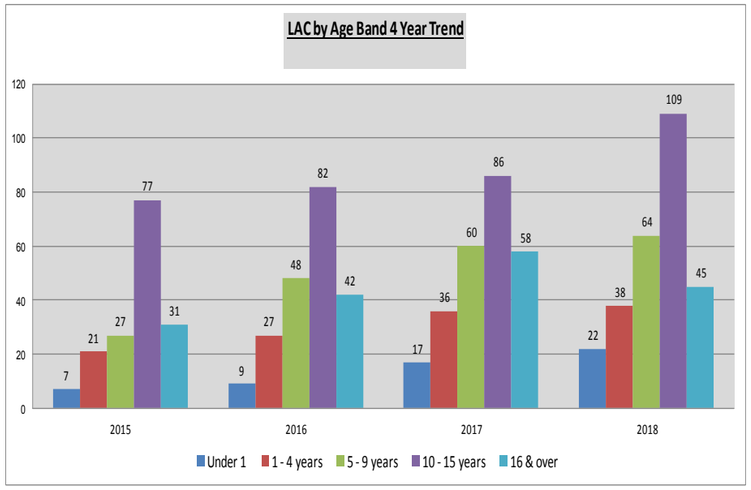


LOOKED AFTER CHILDREN

Looked After Children (LAC)/Care Proceedings :

- The number of care proceedings issued has significantly increased from 62 (2016/17) to **98** (2017/18).
- The number of looked after children as of 31st March 2017 is **278** compared to **258** in March 2017. This equates to **138.65 per 10,000.**

The Board challenged this increase and a review was undertaken on the reasons behind the increase. The findings indicated that there has been an increase in the needs within families with a particular focus on issues with parental substance misuse which has impacted upon the number of children becoming LAC, and indeed CIN or CP. **Substance misuse** continues to be a priority for the Board, however, it is clear that this issue is not a quick fix and the Board needs to continue to seek assurance that support for families with substance misuse issues are more effective. A large proportion of the children who became looked after in the period reviewed (41%) had had significant historical involvement with services which indicates that these services may not be as effective as needed. In order to further improve support to families to improve children's lives the effective implementation of the Signs of Safety framework by partners will continue to be a priority for the Board in 2018/19.

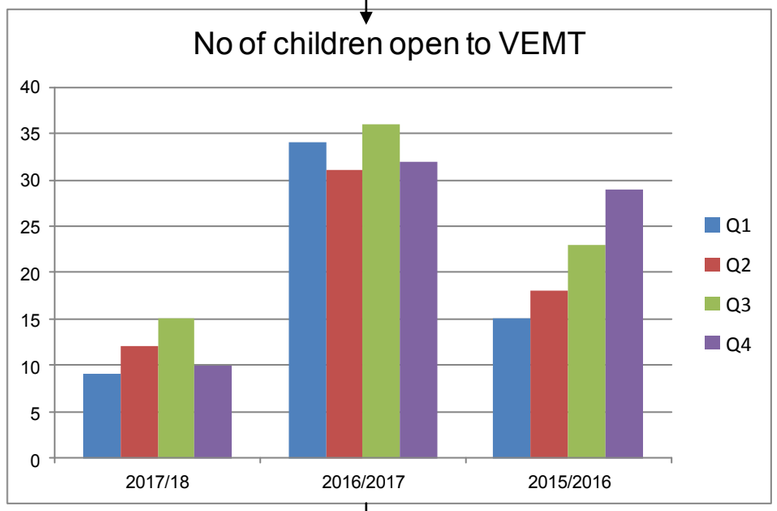


When looking more closely at the LAC data, the age break down leads to questions around the high proportion of adolescents in care and what additional work and support is needed. The majority of the children that became looked after were experiencing neglectful parenting for a range of reasons. The Board has reviewed its approach to neglect and the Neglect Statement of Intent has been launched. Its impact will be monitored and reported on in the 2018/19 Annual Report.

OTHER VULNERABLE CHILDREN AND YOUNG PEOPLE

Children and Young People at risk of exploitation:

- In 2017/18 there were no identified cases of children being trafficked.
- There were **40** cases of being at risk of sexual exploitation across all of 2017/18 compared to 50 in the previous year.



The decrease in children at risk of sexual exploitation can be attributed to the education of young people, parents and carers and the general public; which is positive in terms of education of children and young people leading to raised awareness and reduced risk.

Vulnerable, Exploited, Missing and Trafficked (VEMT) remains as a priority area for the Board with close monitoring of outcomes needed for this group of young people and assurances that prevention initiatives are in place as well as protection initiatives. An in depth look into this key priority can be seen on page 21.

Elective Home Education:

- There were **44 children being home educated** during 2017/18, a figure which has risen rapidly over the past four years.

Following an Education thematic Board meeting held in January 2017, a series of correspondence between the Board and the Education Secretary were exchanged to express the concerns of Board Members regarding this vulnerable cohort of young people, to outline what members feel are essential elements to be included within any new legislation and to also show support for the Home Education Bill. The Board continues to receive assurance reports annually to understand any issues in relation to the safeguarding of this group of children.

Children missing from home, care and education:

- There were **621** missing episodes from **190** children in 2017/18 compared to **566** for **186** the previous year (this includes LAC children placed in Hartlepool by other LAs).
- **60%** of those **190** children had no additional missing episodes.
- 98% of children missing from education (CME) referrals have been tracked, located and closed.

The increase in missing episodes from the previous year can be attributed to a small cohort of young people who were regularly being reported as missing. This cohort of young people were closely monitored through the Risk Management group and a task group established to have strategic multi-agency oversight and work closely with the young people to reduce risk. Initial results of this work is promising and the impact will be reported to Board in 2018/19.

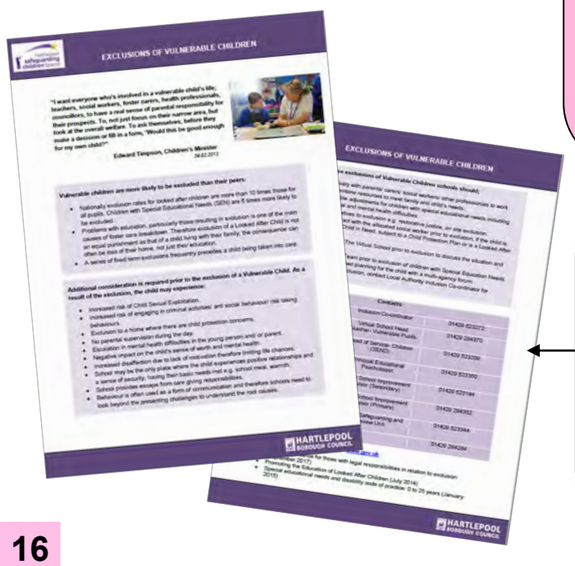
The high percentage of children who went on to have no other episodes can be attributed to amendments in return interview protocol. In 2015, the criteria changed so that *every* child that was reported missing received a return interview. Prior to this, a return interview was not offered to a child on their first episode of missing. This confirms the success and ongoing impact of the return interview process in identifying issues and providing appropriate support to deter repeat incidents.

The CCG have worked alongside the Local Authority to develop a flagging system which will alert primary care (GPs) when it is suspected that a child has left the area and is not attending school. Should the child attend the GP surgery or where the GP is notified that the child has attended an unscheduled care setting such as an Emergency Department or Urgent Care Centre, the Local Authority will be notified. This process will be rolled out in 2018-19 and the impact on CME will be reported in next years annual report.

Private Fostering:

- There have been **two new privately fostered cases** reported this year. This is a decrease from three the previous year.

Board members challenged whether this low number is accurate or whether there are potentially more arrangements in place which are not reported. Members recommended that further awareness raising was undertaken. The Business Manager attended the Head Teachers meeting to present a briefing on Private Fostering regulations to schools on notification requirements. Following the meeting, a power point presentation and leaflets were distributed to all schools for use within staff meetings for dissemination of the key messages. Leaflets for parents and pupils were also provided for display and distribution.



Following an Education Thematic in January 2018, where the vulnerability of children excluded from school was identified, the Independent Chair wrote to schools to challenge low / non attendance at Designated Safeguarding Leads (DSL) meetings, made a presentation to Head Teachers on exclusions and how this can increase vulnerability and risk. In addition, a leaflet was produced and distributed outlining safeguarding concerns in relation to exclusions.

Progress Against Priorities and Impact

PRIORITY 1: ADDRESSING THE IMPACT OF NEGLECT

What has been done and what is the impact?

Considerable work was carried out in 2017/18 to understand and address the impact of Neglect:

- The **Neglect Statement of Intent** has been published and implemented.
- The **Better Childhood Programme** has been progressed across Hartlepool with analysis provided on the 'Root Cause' of neglect.
- **Signs of Safety** continues to be implemented in Hartlepool to provide a model of practice to assess levels of risk.
- The **Serious Case Review's (SCR's)** were published and an action plan was developed in order to plan for identified learning.
- A series of **neglect-themed audits** were undertaken to further understand the impact of neglect, particularly in adolescence, and identify any multi-agency learning to be progressed. In addition, the audits served as a means to measure impact of any practice changes made in light of the Serious Case Reviews (SCR's) and respective action-planning.
- A multi-agency **neglect-themed conference** was held which aimed to increase practitioners' knowledge of the indicators of adolescent neglect, and explore the concept of neglect and its impact on young people.

In addition to the above, the Board's three Neglect Sub-Groups continued during 2017-18. These sub-groups each focus on one of the significant causational factors of a child suffering Neglect:

> Domestic Abuse

> Parental Mental Health

> Substance Misuse

Each sub-group has provided update reports to Board via the Executive Group and have sought to ensure a co-ordinated and focused approach in working to minimise the impact on children and young people, reducing duplication. The existing multi-agency domestic abuse working group, under the governance of the Community Safety Partnership, has been used to seek this assurance. The Substance Misuse sub-group, under the governance of the Safer Hartlepool Partnership, has likewise been utilised. A task and finish group led by a senior clinician from Tees, Esk and Wear Valley (TEWV) was continued to address Parental Mental Health. The Board have continued to scrutinise and seek assurances around the work of the sub-groups and the impact of this work in reducing the number of children and young people suffering from neglect. (See pages 18-21 for Neglect Sub-Group work and impact).

Monitoring and evaluation of these services throughout 2017/18 has shown the impact to be improved partnership working leading to improved services for clients and families.

Domestic Abuse

The incidents of domestic abuse reported to the Police have increased during 2017/18 when compared to 2016/17 from **2767** to **2972**. The number of children witnessing incidents of domestic abuse has increased from **326** to **408** with incidents witnessed by children within 12 months of a similar incident decreasing from **59** to **52**.

As might be expected, given the rise in recorded domestic abuse incidents reported to the Police, there has also been a rise in domestic abuse referrals into the specialist domestic abuse service. However, the increase in referrals to the outreach element of the specialist service, from **913** in 2016/17 to **1151** in 2017/18 (an increase of **20%),** suggests that from an early help perspective, Police and other partners are now more aware of the range of services available to victims of domestic abuse and their families and are ensuring they are provided with support at a much earlier stage. This is further evidenced by the fact that Police referrals into the service have increased, now accounting for almost half of the referrals into the service, whilst the number of self and social care referrals also remain high. Similarly, the reduction in referrals to the Multi-Agency Risk Assessment Conference (MARAC), i.e. those cases where there is a high risk of serious harm, has reduced by **21%**. The number of children in families engaged with the MARAC as of March 2018 was **137** representing a decrease of **18%** when compared to 2016/17. This is due to earlier intervention as a result of the above mentioned increased awareness. This in turn impacts in de-escalating levels of risk and therefore exposes fewer children to high risk of serious harm.

New specialist domestic abuse services were commissioned in March 2017 which have provided an emphasis on children and families. The service has sought to ensure appropriate support services are in place for children and young people affected by domestic abuse and includes new bench-marking measures that aim to capture the impact of interventions and outcomes for children and young people. The service includes:

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

What has been done?

In 2017, a detailed needs analysis in relation to domestic abuse was undertaken and a new three year **Domestic Abuse Strategy** for Hartlepool was introduced; the overall aim of which being to reduce the impact of domestic abuse on victims and their families. It includes the 'voice of the child' which has resulted in a child-centred focus. During 2017/18, the strategy has been implemented and progressed by the Domestic Abuse Sub-Group with a focus on the four key areas of: **Prevention**, **Partnership working**, **Provision of Services** and **Pursuing Perpetrators.**

Prevention:

- Continued a programme of healthy relationships in schools
- Researched the requirements of the White Ribbon campaign with a view to Hartlepool be coming a White Ribbon town
- Working with young people to develop a network of healthy relationship champions
- Promoted local services and 'online' training for practitioners with links to the Safer Lives knowledge hub also being promoted on the HSCB website

Partnership working:

- Evaluation of Operation Encompass completed and action plan progressing
- Established 'Couples' Therapy' pilot to reduce domestic abuse and parental conflict
- Undertaking a review into current Multi-Agency Risk Assessment Conference (MARAC) arrangements
- Progressed work with GPs following the 2016 inspection

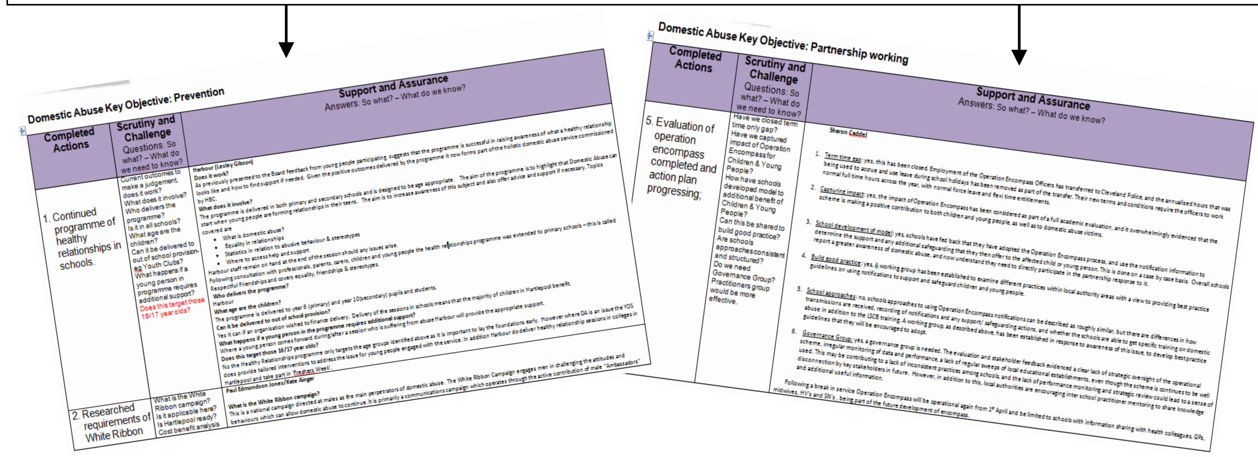
Provision of services:

- Undertaken a needs analysis and commissioned a new service with a focus on a 'whole family approach'
- Commissioned Domestic Abuse, Stalking and Harassment (DASH) risk assessment training; due to be rolled out from November 2017
- Successfully applied to the Department of Communities and Local Government for funding to support a Domestic Abuse Navigator and 'crash pad'

Pursuing perpetrators:

- Undertaken analysis on victim withdrawal rates with a view to increasing opportunities of bringing offenders to justice
- Explored options for live video link allowing vulnerable victims and witnesses to give evidence outside of courtroom setting

A **Domestic Abuse thematic** Board meeting took place in October 2017 to explore the four key areas of the Domestic Abuse Strategy. The chair of the sub-group presented the strategy and the progress of the four key areas outlined. Board members provided scrutiny and challenge questions, which the sub-group progressed, and assurance updates were given to the Executive group in March 2018. Board members praised the thoroughness of the planning and the work completed to date in order to improve outcomes for children and their families.



Operation Encompass identified approximately **267** children and young people who have been exposed to domestic abuse in 2017-18 resulting in **246** referrals to schools, academies, sixth form colleges and colleges of further education. Of those referred, almost two thirds (**65**%) were of primary school age. The Board's role in Operation Encompass was to improve information sharing with schools and ensure timely interventions for children who had witnessed domestic abuse in the home the previous day. In 2017, an evaluation of Operation Encompass was undertaken which identified impact and strengths as: improved communication between multi-agency professionals, the speed and timeliness of referrals and improved information sharing between agencies contributing towards enhanced early intervention and safeguarding for children and adults. The value of the initiative was also acknowledged by both children and parents. An action plan of key recommendations has been progressed by Cleveland Police and will be reported on in the 2018/19 annual report.

Following the 2016/17 recommendation that all agencies use the DASH (Domestic Abuse, Stalking and Honour Based Violence) risk assessment tool to ensure that children and young people are safeguarded against the risk of serious harm, a local domestic abuse specialist provider was commissioned to deliver DASH training to professionals working in Hartlepool. Feedback from the training has been positive with attendees feeling up-skilled to ask the right questions and being enthused with the proactive approach.

What has been the impact of this work on the children and young people of Hartlepool?

- The number of children involved in the MARAC decreased from 168 to 137.
- The number of MARAC repeat referrals also reduced when compared to the previous year.
- Practitioners are making more referrals into the outreach element of the specialist service with **652 referrals** being received by the service during Q1 of 2017/18 alone.
- **67% of children supported** by the specialist domestic abuse service say they **feel safer** as a result of support from the service.

Substance misuse

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

There are three priorities within the substance misuse strategy:

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

Prevention and Early Intervention:

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

Treatment and Support:

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

Crime Disorder and Community Safety

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

Following the substance misuse thematic in March 2017, in which the Board challenged:

- the lack of **focus on young people** within the strategy and action plan;
- the limited evidence of the '**Voice of the Child**' in the development of the strategy;
- the lack of **links between domestic abuse and mental health** and how information was to be shared across agencies;

It was agreed that all of these points would be developed further and the strategy was reviewed in 2017.

Some of the work arising from this challenge and strategy review resulted in:

- a **single point of contact for the Children's Hub** for substance misuse which has improved timeliness and information sharing.
- **Collaborative work** with Newcastle University to develop an in depth analysis on the "Effect of Substance Misusing Families on the Child" to inform strategy review. Whilst this has not yet directly impacted on the welfare and well-being of children and young people, its identification and prioritisation has impacted upon the shaping of child-centred services and service provision.

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

Parental Mental Health

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

The group have worked together to:

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

The group have identified implications for those service users whose mental health needs impact upon their ability to access services. Targeted work has begun to allow parents access to existing services of support. Regular updates on progress are provided at the Board and Executive groups. This group will continue to strengthen links with the Domestic Abuse and Substance Misuse sub-groups in 2018/19.

The Hartlepool Youth Council designed a leaflet to offer advice and guidance on mental health:

NEGLECT CASE STUDY

Background
A brother and sister (aged 12 and 13 years) had been subject to child protection plans due to domestic violence between their mum and dad. Their parents separated following an incident whereby dad attacked mum and was given a prison sentence. Both parents are substance users and mum has mental health issues.

Concerns
- Mum unable to implement rules and boundaries
- Mum's emotional state and mental health and its impact upon the children
- Mum's chaotic lifestyle; including a relationship with a 17 year old male
- Substance use of both Mum and Dad
- Both children have been witness to domestic abuse between parents, perpetrated by Dad
- Brother (13 years) regularly smoking cannabis
- Sister (12 years) displaying challenging behaviour in school
- Poor school attendance
- Risk of eviction
- Anti-Social Behaviour (ASB) reports

Actions
- Multi-agency 'Think family' email group set up to closely monitor progress and provide daily updates
- Outreach work was provided through **Harbour** and the children completed work with both children regarding ASB and with mum around domestic abuse
- Both children completed fortnightly intervention work with **Hartlepool Action Recovery Team (HART)** around misuse of substances
- Support from **Thirteen Group** who made referrals to tenancy support teams and financial advice
- Support from **Addaction** around mum's mental health
- **Intensive Response Team (IRT)** one to one work with brother and daily visits to mum providing support around home conditions and boundaries
- School support regarding attendance and food provisions

Successes
Co-ordinated multi-agency planning and intervention leading to:
- Children no longer witness domestic abuse
- Children are no longer suffering neglect but are safe from harm
- Children engaging with drugs services and ASB work
- Improved school attendance
- Improved home conditions

PRIORITY 2: REDUCING THE RISK OF CHILDREN WHO ARE VULNERABLE, EXPLOITED, MISSING OR TRAFFICKED (VEMT)

A significant amount of work has been undertaken in 2017/18 to build on the existing processes for **VEMT** and focusing on an improvement in quality across the workforce. There has also been a focus on raising awareness of VEMT across all agencies. The **Tees Strategic VEMT group**, which is chaired by the Detective Superintendent Head of Specialist Crime for Cleveland Police, sets the over-arching strategic plan for all Tees areas. Locally, there is a **VEMT sub-group** chaired by the Assistant Director of Children's Services, which oversees the implementation of the local plan and a **VEMT Practitioners Group (VPG)** that reviews the plans for children that are at risk of exploitation.

What has been done and what is the impact?

VEMT Strategic Group

- Reviewed the Running Missing Protocol 2018 to reflect the change in Police definitions and the National Parliamentary Group guidelines. This has assisted with decision-making and has resulted in return interviews being conducted for low, medium and high risk missing; with decisions around no apparent risk missing episode interviews to be made by the Local Authority.
- A **VEMT Child Sexual Exploitation (CSE) conference** was delivered in February 2018 with 129 multi-agency professionals being in attendance. Feedback from the conference evaluations evidenced that, by attending the conference, attendees felt that their understanding, knowledge, ability and confidence had increased in relation to CSE and the contributing factors that increase the risk of a child/young person being sexually exploited. The majority of attendees confirmed that this learning had resulted in an impact on their working practice and they would make improvements in their work. Some also highlighted that they would be more alert to causes and situation and also be more aware of what to look for. Others highlighted that they would relay key messages to their team members to ensure improvements in information sharing and ensuring the safety of children/young people. Some respondents added that they felt there is a need for more training for staff and for the LSCB to continue to raise the profile of Child Sexual Exploitation.

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

- Giving more consideration to Adverse Childhood Experiences (ACE's) and understanding how early childhood traumas impact the rest of the person's life.
- Listening to the child's story and looking at services through the eyes of the child.
- Challenge gender based assumptions; avoiding gender identity when assessing risk.
- Being mindful of female perpetrators and male victims.
- Ensure that reflective supervision is provided to practitioners working with children.
- Recognising signs of abuse; having a better awareness of how abuse can be hidden, how easily it is to miss and knowing how to identify subtle clues.

VEMT Strategic Sub-Group

- Revised the **return interview form** and carried out an audit of completed return interview forms in the new format. Findings from the audit demonstrated that the new form had strengthened the voice of the child with all 25 return interviews evaluated having been completed in conjunction with the young person, as well as improved clarity of case detail recording, quality of information gathering and the amount of intelligence captured.
- Delivered **running missing training** with a focus on improving the quality of the return interview.
- Carried out a **VEMT Audit** which included children who go missing .
- Receive a monthly **VEMT performance sheet** to illustrate the work done by the VEMT Practitioner Group. This provides essential, regular and consistent feedback, in order that the group may challenge any issues or trends and inform strategy.
- Developed **CSE awareness raising** posters in conjunction with parent forums.

VEMT Practitioners Group (VPG)

- Begun to send letters to the young people added to the VPG agenda and their parents. The letters inform them that they have been discussed at VPG and to ask for their feed-back.
- Moved from discussing the top 10 missing to any child with three or more missing episodes in 90 days .
- Begun to add children to the main VPG agenda under the category of missing
- Strengthened the processes of the **VEMT Practitioners Group**. Social workers are now included in the meetings to ensure richness of information when discussing risks.
- A **CSE worker** is in place to work on one to one cases. All children and young people's (CYP) parents/carers referred to the service are offered awareness sessions around CSE tailored to meet need. Training delivered to parents, foster carers and within residential care homes evidences an increased awareness of CSE. The established professional relationships developed between the CSE worker and Hartlepool sexual health staff has led to a significant change in waiting times when presenting a CYP at a clinic. CYPs are now seen quite promptly whereas previously they would have had to wait anywhere up to two hours. This has freed up more time to work with CYPs.

Young people have told us that people can use the following techniques to **manipulate** a young person in to **sexual activity:**

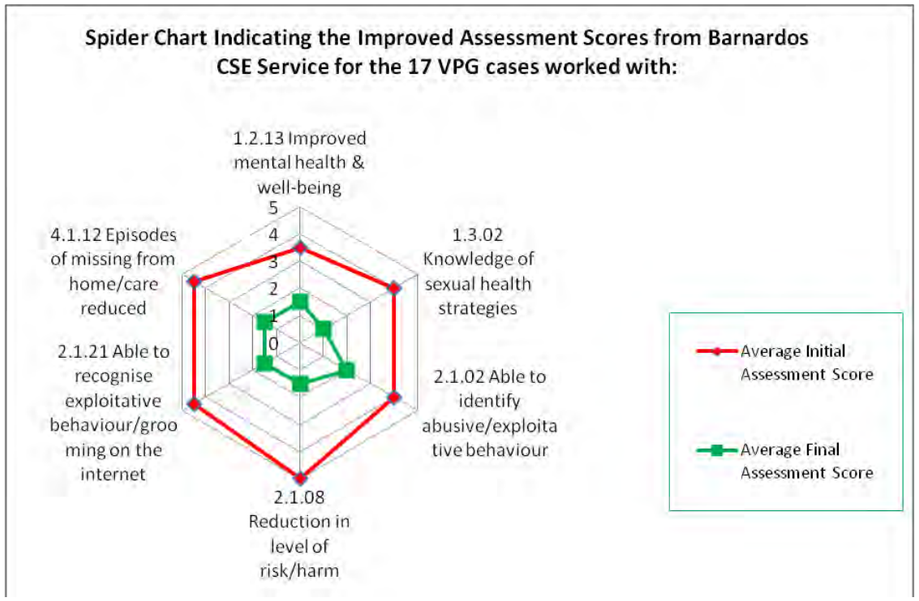
VEMT CASE STUDY

Background
A 17 year old female was referred to the VEMT Practitioners Group (VPG) due to having been contacted by an older male via social media; she responded by sending explicit images of herself at his request.

Concerns
- Low cognition/functioning; impacting upon level of understanding and capacity
- Associating with risky peers also known to VEMT
- Associating with adults online
- Frequenting locations known the VPG group as places of interest relating to CSE
- A total of three placements in a six month period
- Going missing with other young people/giving refuge to missing young people
- Self harming
- High risk CSE

Actions
- Education sessions about sexual exploitation
- Education sessions about how to keep herself safe online and in the community
- How to recognise grooming/unhealthy relationships
- Provided with supported lodging arrangements

Successes
- Increased understanding and awareness of risks
- Ability to recognise risks for self and others
- Young person reported other vulnerable and exploited young people; which resulted in them being safeguarded
- Intelligence provided by the young person; leading to disruption work being completed
- Now aware that she has a right to feel safe and now has high self-esteem and self-worth.
- No longer associating with risky peers and has a greater awareness of appropriate/ inappropriate relationships
- Fully engaged during the education sessions and was able to identify risky situations
- Supported lodgings working well with young person being settled in placement
- Is now safer both online and in the community
- Is aware of online dangers and grooming
- Has a greater understanding of healthy and unhealthy relationships



PRIORITY 3: STRENGTHENING PARTNERSHIPS ENSURING CONTINUOUS IMPROVEMENT

What has been done and what is the impact?

Allegations against professionals
Hartlepool's Local Authority Designated Officer is based within the Children's Hub which allows for sharing of information as appropriate to ensure children are safeguarded.
The number of referrals recorded by the LADO (Local Authority Designated Officer) during 2017/18 was **48**. In addition there were 49 "enquiries" recorded (enquiries relates to matters which did not meet the LADO criteria). Of the 48 LADO referrals recorded 13 (27%) resulted in LADO meetings taking place. The greatest number of referrals received came from local authority children's services with 11 (23%) received; Education was the next highest referrer with 8 (17%) referrals received.
Education remains the highest in terms of staff group with 16 (33%) of referrals. 8 of these relate to teachers, and the remainder to wider roles in education.
Allegations of physical abuse accounted for the greatest number of referrals in 2017/18 with 35% of the total referrals.

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

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

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

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

The procedures that were reviewed and agreed during 2017/18 were:

- Breast Ironing
- Child Death Overview Panel (CDOP) Procedures
- Child in Need (CiN) Procedures
- Child Protection Medical Assessments
- Children Missing from Home or Care
- Cross Boundary Procedure (CP transfers)
- CSE Screening Tool
- Dangerous Dogs Procedure & Risk Assessment Tool
- Discontinuing the CP Plan
- Parents Recording Professionals
- Quoracy at CP Conferences, Reviews and Core Groups
- Safeguarding Disabled Children

All procedures and guidance are placed on the Tees Child Protection Procedures website: www.teescpp.org.uk

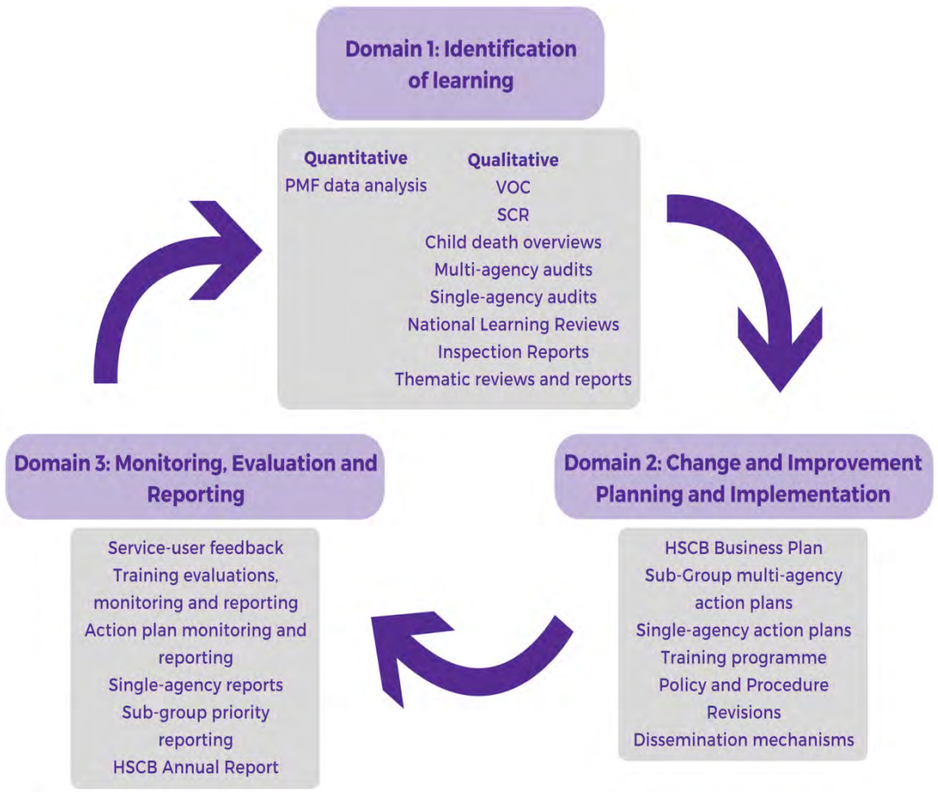
The content of this key Board priority can be found in full within the following section: **Learning and Improvement**.

Learning And Improvement

LEARNING AND IMPROVEMENT

'Working Together to Safeguard Children' states that "Local Safeguarding Children Boards should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result."

In 2017, HSCB developed a revised **Learning and Improvement Framework** whose aim was to improve links between the sub-groups and ensure the Learning and Improvement Cycle was a continuous circuit of learning, change and impact. HSCB's revised Learning and Improvement Cycle applies a focus on the following areas:



Since its implementation, there has been significant activity undertaken with a range of lessons having been identified leading to tangible impact and improvement across the safeguarding system. The learning identified, improvements made and evaluation of its impact as per the cycle above is outlined on pages 25-31.

LEARNING AND IMPROVING PRACTICE SUB-GROUP

The Learning and Improving Practice Sub-Group (LIPSG) of the Board, chaired by the Designated Nurse for Safeguarding and Looked After Children (NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)), take responsibility for the implementation of the Learning and Improvement Framework. In 2017, the group devised an assurance cycle which aimed to prioritise and timetable learning from a range of sources identified within the new Learning and Improvement Cycle. The learning identified by the group informed their action-planning process for change and improvement. This change and improvement planning feeds into the HSCB Business Plan, sub-group multi-agency action plans (eg: Joint Training Group, Multi-Agency Audit Group, Tees Procedures) as well as individual organisations via their rep on the group. The evaluation of impact from any changes made is monitored by LIPSG via feedback from the Training Group and Multi-Agency Audit Group and closes the loop of the Learning and Improvement Cycle.

Serious Case Reviews

Following the publication of the SCR's in June 2017, the Learning and Improving practice Sub-Group devised and implemented an action plan to ensure the identified learning led to change for improvement. The activity undertaken includes:

- Delivery of a multi-agency Neglect Conference; from which all attendees accessing the slido evaluation tool provided **positive feedback** outlining how it had impacted on their knowledge and understanding of the subject and many gave examples of changes they would make to their practice as a result.
- Development and implementation of a Hartlepool and Stockton Neglect Statement of Intent; which was praised by Ofsted during Stockton's Neglect Joint Targeted Area Inspection (JTAI) in November 2017 - saying that it was 'well-considered' and focused on **enhancing the knowledge and skills of front line staff** to support further progress.
- Commissioning of multi-agency 'Working with Troubled Adolescents' sessions; which have had **excellent feedback** prompting additional sessions to be commissioned.
- Implementation of 'Signs of Safety'; in which all delegates evaluating the course demonstrated an **increase knowledge and awareness** and the vast majority stated that they would change their practice as a result.
- Review of supervision processes; which led to amendments being made to some single-agency policy and practice.
- Neglect-themed multi-agency audits undertaken; which identified learning themes that were added to LIPSG's action plan *and* demonstrated some positive impact testing of the change for improvement made in light of the SCR action planning. Strengths identified demonstrated positive changes made in relation to adolescent neglect being recognised and addressed (Finding 1); responding to holistic needs of adolescents rather than relying on presenting problems (Finding 2); interventions in place which enable children and young people to remain in their families (Finding 4); and evidence of reflective supervision (Finding 6). Audits in 2018-19 will continue to test for Impact for all of the SCR findings with additional assurances being sought via LIPSG for any areas where evidence is less palpable.

SCR Continued

- Development of a 'Community Protection Team' made up of Local Authority, Police and Fire Service which are co-located. This integrated service delivery model is underpinned by a community engagement approach and has already shown to improve information sharing/ flow of community intelligence. An audit of cases is planned for September 2018 and will be reported upon in next year's report.
- Review of escalation and professional challenge procedures across Tees via the Tees Procedures Group; a Task and Finish group has been established and work by the group is envisaged to be completed in 2018.
- Undertaking a review of the Risk Management Group remit to facilitate the triangulation of high risk cases discussed in supervision and further inform front line practice; a report has been submitted to Board outlining the successful risk reduction for a sample of five cases discussed at the Risk Management Group demonstrating its impact on front line practice via management oversight band reflection.

The SCR's can be found in full at:

"Olivia" "Yasmine"

LIPSG also undertook two consideration requests in 2017-18, and, although neither of which met the criteria for SCR, the learning identified whilst carrying out the consideration request enabled the group to pinpoint some potential missed opportunities which informed the monitoring of themes on the learning and improvement action plan. The themes arising from the action plan continue to be monitored, planned for and reported to the Board.

Section 11 / Section 157/175 Auditing

Section 11 (S11) of the 'Children Act 2004' places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. A new process was established for Section 11 (S11) Audit in 2017/18 and an online survey was sent out to the organisations and services outlined in 'Working Together to Safeguard Children'. The survey aimed to seek assurances that agencies are doing what they can to ensure the safety and welfare of children and young people. Upon analysis of the returns, there were no major areas of concern raised in respect of the Section 11 returns.

At an Education-themed Board meeting in January 2018 members approved a proposal for a new process for the annual Safeguarding Audit for schools which will be progressed in 2018/19.

TEESWIDE PERFORMANCE MANAGEMENT FRAMEWORK

The four Tees LSCB's commission a Tees Performance Group, chaired by Director of Nursing and Quality, Hartlepool and Stockton-on-Tees CCG, to deliver a Tees-wide Performance Management Framework (PMF); which is a live document that aims to:

- Improve monitoring and accountability of all partners to the Boards.
- Inform decision making and prioritisation.
- Provide comparative information across Tees, the North East and England, as well as motion of travel over time.
- Improve outcomes for children and young people as a consequence of improved understanding of need and prevalence.

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

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

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

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

As a result of this assurance, impact has included:

- Clarification of leadership and co-ordination of road safety issues within Regeneration and Neighbourhoods
- Police attendance at strategy has significantly improved.
- Multi-agency planned implementation of Signs of Safety.

Work is ongoing to compliment the performance data with the publication of Deep Dive reports. In 2017 HSCB, alongside the other three Tees LSCB's, agreed a timetable of themed Deep Dive reports to provide further subject specific and in-depth analysis of the data; with detailed exploration of key issues for each LSCB. Unfortunately, the commencement of the first timetabled Deep Dive report on the theme of Early Help was delayed due to the complexity of the subject and in hindsight was considered an unsuitable topic for the first report of its kind. The CSE-themed report will now commence the series of Deep Dives and will be reported on in next year's annual report.

MULTI-AGENCY AUDIT GROUP

The HSCB Multi-Agency Audit Group is a sub-group of the Board which holds the responsibility for carrying out multi-agency audits of cases as part of its quality assurance role. Findings from audit activity feed into the Learning and Improving Practice Sub-Group, are disseminated directly to the front line practitioners involved in the cases and are reported to the Board.

In January 2018, HSCB reviewed their audit process and made significant changes to the audit tool and process itself. The new model is as follows:

1. Audit preparation

- Selection of cases to reflect HSCB priorities
- Details of cases and audit tool disseminated to multi-agency auditors
- Auditors, Board members and core group/ involved practitioners invited to attend the audit day
- Auditors complete the audit tool for their agency in conjunction with their core group representitive; which is submitted to HSCB and circulated to attendees

2. Audit Day

- Facilitated discussions take place to evaluate each agencies input into holistic multi-agency safguarding for each case audited
- Areas of strength and development are identified
- Auditors take responsibility for any immediate single-agency actions identified and dissemination of key messages within their respective organisations

3.Dissemination of learning , reporting and review

- Findings for individual cases and any arising multi-agency actions are fed back to core group / involved practitioners; who report progress back to the Business Manager
- The summary of findings are fed back to HSCB Learning and Improving Practice Sub-Group (LIPSG); in order that the group may action plan for any recurring themes
- LIPSG will advise the Multi-Agency Audit Group of any such themes which need to be revisited via the audit process as a means of impact-testing
- The Multi-Agency Audit Report is presented to Board for challenge and assurance purposes

Reflections on the new audit process for 2017-18 identified that the systematic multi-agency case auditing has allowed HSCB to deliver learning opportunities for front line workers; Directly engaging them in a process that reflects upon, assesses and measures the quality of professional practice.

The Multi-Agency Audit Group have responsibility for the planning, undertaking, reporting on and reviewing of the audit process. In 2017-18, the group undertook four Multi-Agency Audit Days which audited nine cases; all of which were Neglect-themed as per the Serious Case Review action plan agreed by the Board.

The multi-agency case auditing has identified numerous examples of positive safeguarding practice being undertaken by the partnership.

Strengths

- Good examples of direct work to capture the child's voice
- Evidence of trusting relationships between family and professionals
- Evidence of reflection; with workers showing an understanding of the complexity of the case
- Clear and concise reports from all agencies
- Good multi-agency attendance at core groups
- Evidence of successful planned interventions around reducing risks
- Prompt escalation where appropriate
- Good overall multi-agency response

Key Learning Themes

Objective Setting: Some objectives were considered generic rather than SMART (Specific, Measureable, Achievable, Relevant, Timely).

This finding reminded professionals that SMART objectives generally achieved greater results and made it easier to evidence the progress made and that interventions are most effective, and achieve greater progress and outcomes, when root causes were addressed and barriers overcome.

Challenging disengagement and fixed thinking : Where fixed thinking was not effectively challenged, engagement was less meaningful.

This highlighted the importance of effective strategies for challenging parental disengagement and fixed thinking, particularly in terms of troubled versus troublesome, in ensuring insight; leading to meaningful engagement and effective interventions.

Trusted relationships: Where a worker was changed or inconsistent, the engagement was less successful.

This finding reminded professionals that a trusted relationship can be the difference between effective or ineffective engagement and intervention for both the child and the parents.

Multi-Agency Documentation / Communication: Instances whereby representation is missing from key meetings, in person or via documentation impacted upon information-sharing and successful outcomes of the meeting.

This highlighted the importance of ensuring thoroughness of systems; for example sending invites, checking attendance, sharing documents and all agencies checking and challenging these; is essential to comprehensive oversight and effective multi-agency working.

Assessment: Where there are missed opportunities to share and analyse historical events which would lead to a more holistic case understanding.

This highlighted the importance of multi-agency professionals having longstanding knowledge of the child / family, sharing historical events at an early stage to aid in drawing together a fully holistic analysis and assessment.

The key learning themes identified feed into the LIPSG Action Plan and improvements made in light of these will be impact tested during 2018-19.

CHILD DEATH OVERVIEW PANEL (CDOP)

The Child Death Overview Panel (CDOP) is co-ordinated across the Tees local authorities and is chaired by the Director of Public Health for Middlesbrough and Redcar and Cleveland. The group monitors, scrutinises and analyses all child deaths and reports their findings to the Board on a bi-annual basis.

The role of the CDOP is to ensure that wherever child deaths occur, and under whatever circumstances, scrutiny of the cases results in recognised improvements that can be made to practice to improve the quality of care, as well as the safety of children. CDOP also identifies any relevant strategic issues and ensure that these translate into action within or between agencies. CDOP ensures that the team looking after children have the opportunity to discuss and reflect on the death, learn any lessons, and implement any helpful changes to practice or to systems of care.

Child Deaths 2014/15 to 2017/18				
2014/15	**2015/16**	**2016/17**	**2017/18**	**Total**
9(4)	7(4)	11(8)	5(2)	32(18)

***Numbers in brackets denote unexpected deaths**

There were a total of **5** child deaths in 2017/18, **2** of which were unexpected. **3** of the **5** deaths have been reviewed and **2** are awaiting review**.** This is due to the time it takes to receive all information to be able to review the cases.

Age Range of Deaths Reviewed in 2017/18						
Neonatal Deaths <4 weeks	**4-52 weeks**	**1-4 years**	**5-9 years**	**10-14 years**	**15 up to 18 years**	**Total**
4	**1**	**1**	**3**	**0**	**3**	**12**

Positive outcomes in relation to the work of Tees CDOP include:

Safe Sleep Campaign – Tees-wide
Once again all Tees LSCBs supported the Lullaby Trust's Safe Sleep Campaign during the week of 12 March to 16 March 2018.

Funding
The four Tees Directors of Public Health will continue to fund the Business Unit costs associated with Tees CDOP until 31 March 2019.

Cross Reviewing of Cases
An external reviewer continues to attend Neonatal Local Case Discussions to ensure independent scrutiny.

Obstetric Representation
Obstetric representatives are now routinely invited to Neonatal Local Case Discussions (LCD) to ensure appropriate and relevant information is shared and included within discussions.

Improved Links with GPs
In 2017/18, the Named GP for Safeguarding children became a standing member of Tees CDOP ensuring that the GPs are represented and where appropriate lessons learned are shared across the Tees.

Links with Education
The Education representative and other partners ensure that, where appropriate, identified risks and lessons learned are shared with Education establishments.

Improved Links with Health Visiting and School Nursing
In 2017/18 a representative from Health Visiting/School Nursing became a standing member of Tees CDOP.

Form Cs
The timeliness and quality of Form Cs (the form which records the case discussion) has improved during 2017/18, ensuring appropriate information is captured and recommendations highlighted. Work has been completed with Neonatal staff in respect of information provided in form Cs.

Tees CDOP is committed to continuous improvement and in 2018/19 there will be particular focus on:

- Information for Families
- External Review of Neonatal Deaths
- Supporting Families
- Supporting Practitioners
- Improving Communication
- Learning Lessons
- 'Children and Social Care Act 2017' and 'Working Together to Safeguard Children'
- Communication with the Coroner
- Designated Paediatrician for Child Death

THE CHILD ' S VOICE

The voice of the children and young people of Hartlepool continues to be a fundamental element threaded throughout all activity undertaken by the Board with partners having a strong ethos of engagement with children and young people, ensuring they are seen, heard and helped and that their voices influence both their own outcomes and that of how partners better safeguard children. Practitioners from all agencies gather the views of children and young people on a daily basis, from a home visit by a social worker to comments made to a teacher in the classroom. Taking a wider overview of wishes, opinions and feelings, the HSCB and partner agencies also undertake a range of activities to ensure the child's voice is central to our collective approach to learning and service improvement, and can be seen throughout the Board's priorities and business plan.

 Hartlepool Children in Care Council (CiCC) undertook some joint work around the procurement of supported accommodation provisions in Hartlepool. They were tasked to complete a piece of work set out to gather views and opinions from young people in supported accommodation provisions in the town. They devised a questionnaire which was user-friendly and accessible to young people and conducted interviews with the young people and the staff from each service.

From the results of the work completed, one of the accommodations was de commissioned as a housing provision for 16-25 year olds and a new service was introduced which is run by Sanctuary. The service has a night time concierge so there is always someone available for support, with two crash pads. The young people's views, wishes and recommendations were taking into consideration and acted upon to make for better supported accommodation provisions in Hartlepool for young people.

 The "nothing about us without us" event in October 2017 was designed as a consultation event where looked after children, young people, foster carers and social care staff were in attendance to be involved in a wider consultation around having a say in the Hartlepool Pledge, Care Leavers Charter and Care Leavers strategy.
A questionnaire was created to gather information from all looked after children and young people to have their say.

All the information gathered formed into the new 'Pledge' for looked after children and a 'Care Leavers Charter' was developed and designed. These are now displayed around departments and services for children and young people.

 The **Crucial Crew Event** is an annual event that takes place every year. All Year Six pupils across the town attended in 2015/16 to learn about a number of safeguarding issues. Young People assisted with the event to support the priorities of the board through sessions specifically exploring e-safety.

Feedback from the children attending showed an increased awareness of the issues surrounding e-safety and how to keep safe online.

 The CiCC wanted to find a way of distributing information to young people in way that would be more accessible and have undertaken work looking into subscribing to an app that would be useful for young people. Initially they reviewed existing Apps on the market and found that they weren't interactive or useful and wanted to be involved in designing an App of their own. Working with a company to develop this further, the CICC set out what information would be provided, how the App would be formatted in terms of the design and the arrangements in which the information would be provided to make it easy and accessible for young people.

The APP was launched in early 2018 and it's impact will be reported on in next years report.

 Young Futures was developed as a research project designed to enable children and young people to have an impact on their local health and social care services. The aim was to create alternative ways of collecting data and research from children and young people in Hartlepool, using techniques such as digital technology. The young people discussed health and well-being issues that matter to them and learned how to collaboratively undertake action research. The ways in which the data was recorded was both digitally and through creative art pieces i.e. posters, pottery and canvasses.

From this work, the Hartlepool Young Inspectors team requested to inspect and review leisure facilities within Hartlepool. It was highlighted from the data that children and young people find accessing or doing leisure activities helped with their emotional health and well-being. The art work from the project is now displayed in its permanent home at the Centre for Excellence in Creative Arts (CECA).

 The Hartlepool and Stockton Clinical Commissioning Group tasked the Young Inspectors with the job of consulting with young people around their views on developing an app around mental health. The inspectors consulted with 149 young people to see if they wanted an app available to them to manage any mental health problems when waiting for an appointment. The young people said no, they wanted to talk to someone.

The Clinical Commissioning group decided not to develop the app based on the feedback from young people.

The young inspectors have also conducted a number of inspections over the last year including leisure facilities and Hospital wards across Tees.

They are working on their final recommendations and report.

HARTLEPOOL AND STOCKTON JOINT TRAINING GROUP

Hartlepool and Stockton Joint Training Group, chaired by the Deputy Director of Nursing, Patient Safety and Quality, North Tees and Hartlepool NHS Foundation Trust, is a joint sub-group of the Board whose remit is to commission training. This training is delivered internally by Board agencies and also commissioned from external providers. The training programme for 2017/19 predominantly focused on Board priorities and training needs submitted by learning identified by the Learning and Improving Practice Sub-Group (LIPSG).

During 2017-18:

The interactive, multi-agency mixed group scenarios worked well. A really good mix of professionals' skills/ perspectives made the course more interesting.

(Family Support Worker)

A fantastic course! It gave me a deeper understanding of neglect and how this is defined, of the factors that cause neglect and also of how neglect impacts on a child.

(Student Social Worker)

This made me think about how previously I have accepted behaviours etc of children because they were deemed 'streetwise' or 'troublesome' when actually this should not be the case—it challenges your way of thinking, responding and working.

(Assistant Headteacher)

I feel more confident in identifying at risk young people and highlighting concerns.

(Consultant Paediatrician)

HSCB remains confident that single and multi-agency training continues to be of high quality, is valued by participants and is helping contribute towards positive outcomes for children and young people. The training opportunities offered by the Joint Training Group are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people or adult family members. Supported by a Multi-Agency Training Strategy that was refreshed in March 2017, the training programme focuses on areas of practice prioritised by the Board, with learning from local and national case reviews fully integrated into the training material.

The training commissioned is quality assured by the Joint Training Group to ensure that the training course content and delivery meet the quality standards of the LSCBs.

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

Priorities For 2018-19

PRIORITIES FOR 2018-19

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

- Implementation of Neglect Statement of Intent in addition to the current focus on Domestic Abuse, Parental Mental Health, Parental Substance Misuse and Parenting.
- Progress and Impact reporting on the Serious Case Review action plan.
- Further develop the multi-agency audit process, including an assurance cycle for themes to be audited.
- Continue to work with children and young people for them to challenge the effectiveness of our services.
- Refine use of performance management framework to understand HSCB effectiveness, ensuring that assurance reports and Deep Dives are presented timely to the Board.
- Work with partners to explore the implications of Working Together to Safeguard Children 2018 and implement changes as required.
- Review effectiveness of relationships between HSCB, other statutory partnerships and Voluntary Community Sector (VCS).

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

New Partnership Arrangements and Future Growth

'The Children and Social Work Act 2017' and 'Working Together to Safeguard Children 2018' set out the requirement to replace Local Safeguarding Boards with safeguarding partnerships. The Act defines safeguarding partners as:

> *"A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act 2017) as:*
> *(a) the local authority*
>
> *(b) a clinical commissioning group for an area any part of which falls within the local authority areas*
>
> *(c) the chief officer of police for an area any part of which falls within the local authority area"*

'Working Together to Safeguard Children' requires the three safeguarding partners to agree on ways to co-ordinate safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

In 2018-19 key partners will form project and planning groups and work to develop a Safeguarding Children Partnership model which will form the basis for future multi-agency safeguarding oversight. The structure and model for the future arrangements will be published in 2018-19.

Hartlepool Safeguarding Children Board

Annual Report 2017-18

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HEALTH AND WELLBEING BOARD

Monday 4th March 2019

Report of: Chief Officer (Hartlepool & Stockton-on-Tees (HAST) Clinical Commissioning Group)

Subject: Transforming Children & Young People's Mental Health Provision – Refresh of Local Transformation Plans

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1. PURPOSE OF REPORT

1.1 We ask that the Health and Wellbeing Board:

- Approve and sign off the overarching priorities of the refreshed Local Transformation Plan.
- Have sight of the final refreshed Local Transformation Plan.
- Agree to the financial proposals.

2. BACKGROUND

2.1 The Local Transformation Plan provides an update on the five year Children & Young People's Mental Health and Wellbeing Plan for Hartlepool and Stockton-On-Tees. The original plan was established in line with the national ambition and principles set out in *Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing.*

2.2 A requirement of *Future in Mind* is for areas to develop a local plan focused on improving access to help and support when needed and improve how children and young people's mental health services are organised, commissioned and provided.

2.3 There is a requirement that Local Transformation Plans are updated annually.

2.4 The transformation plan provides a framework to improve the emotional wellbeing and mental health of all Children and Young people across Hartlepool and Stockton-on-Tees. The aim of the plan is to make it easier for children, young people, parents and carers to access help and support when needed and to improve mental health services for children and young people.

2.5 The plan sets out a shared vision, reflects on the work already undertaken, sets high level objectives, and an action plan which takes into consideration specific areas of focus for local authority areas.

2.6 Since the inception of *Future in Mind*, the focus across the Hartlepool locality from a Local Authority perspective has been on utilisation of Assistant Education Psychologists in Hartlepool.

2.7 From a CCG perspective we have invested in CAMHS specialist services; enabling the Crisis Service to be available 24/7, supporting the development of a Tees-wide Eating Disorder Service, funding Primary Mental Health Support Workers (PMHW) and Early Intervention Psychosis.

2.8 Partnership working was also evident during the bidding process to be a Green Paper Trailblazer site; across HAST an expression of interest was produced through a multi-agency approach utilising knowledge and experience from the Local Authority, TEWV, schools, independent psychological providers, VCS and the CCG. Unfortunately HAST was unsuccessful in the Trailblazer bid however will continue to work as a partnership to achieve the priorities and utilise opportunities available through joint commissioning to pursue this vision. Wave 2 of submissions is scheduled for February 2019 and HAST will again bid to be a trailblazer site.

2.9 For the Hartlepool and Stockton agenda, the work will be driven through one working group which will sit across both locality areas. This is a change from current arrangements where there is a working group within each local authority. This will support closer working relationships and be more effective and efficient.

2.10 The Hartlepool and Stockton agenda will be supplemented by the Neurodevelopment Pathway work which remains ongoing.

3. FINANCIAL CONSIDERATIONS

3.1 Maximum estimate of £772,744 for HAST for 18/19.

3.2 It is proposed that for 19/20 expenditure we fund system change rather than individual posts within the local authority. It is expected that this would have greater impact and outcomes would be measurable.

4. RISK CONSIDERATIONS

4.1 The LTP is overseen by working groups and has a governance process to oversee the work, with accountability to the Health & Wellbeing Board and the CCG Executive Board.

5. LEGAL CONSIDERATIONS

5.1 There are no legal or regulatory implications.

6. PATIENT AND PUBLIC INVOLVEMENT/IMPLICATIONS

6.1 Children and young people in each CCG area have been involved in consultation exercises which are discussed within the LTP refresh. Their views will be incorporated into the work plans as to how we make improvements to the mental health system.

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

7.1 The LTP discusses/considers mental health provision for all children and young people within the HAST locality and offers equitable provision for all protected groups.

8. RECOMMENDATIONS

8.1 That the Health and Wellbeing Board:

- Approve and sign off the overarching priorities of the refreshed Local Transformation Plan
- Note the final refreshed Local Transformation Plan
- Agree to the financial proposals

9. BACKGROUND PAPERS

Hartlepool Stockton Local Transformation

10. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

4 March 2019

Report of: Director of Adult & Community Based Services

Subject: CQC Local System Review – Monitoring Report

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1. PURPOSE OF REPORT

1.1 To provide the Health & Wellbeing Board with an update on the recent monitoring exercise undertaken by the Care Quality Commission following the Local System Review in Hartlepool in 2017.

2. BACKGROUND

2.1 The Care Quality Commission (CQC) undertook a Local System Review in Hartlepool in September / October 2017 which was published in December 2017. This was part of a programme of twenty reviews that the CQC was commissioned to undertake by the Department of Health and focused on how the health and social care system supports older people:

- to remain independent in their normal place of residence;
- in a crisis such as a hospital admission; and
- to return to their normal place of residence following a crisis.

2.2 A wide range of system leaders and partners were involved in the review process including health and social care commissioners and providers, Healthwatch and voluntary sector organisations. The review also involved case tracking and focus groups with people who use services and carers.

2.3 The final report was published on the CQC website on 8 December 2017 following a Local Summit on 7 December 2017 where the CQC presented the report and work began to develop an action plan in response to the areas for improvement that had been identified.

2.4 Following the review, the local system was required to develop an action plan for submission to the Department of Health in January 2018. This was reported to Health & Wellbeing Board in February 2018 and it was noted that implementation and monitoring of the action plan would be overseen by the

Board, which involves representatives from all of the key partners. Progress updates were reported in June and December 2018.

3. CURRENT POSITION

3.1 On 10 October 2018 the CQC contacted areas that had received a review to advise that the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government had asked them to monitor improvements made in local areas since the local system reviews last year. The monitoring process involved the CQC reviewing current performance against key indicators (including emergency admissions and readmissions and delayed transfers of care); a review of progress against the action plan and telephone interviews with key people responsible for overseeing progress.

3.2 The updated action plan that was submitted to the CQC is attached as **Appendix 1.**

3.3 Interviews with key individuals from the Council, CCG and Foundation Trust took place in December and a draft report was shared in January for a factual accuracy review.

3.4 The final report, which is in the form of a presentation, was issued on 24 January 2019 and is attached as **Appendix 2**. The final report has been shared with the Department of Health and Social Care and will not be published.

4. RISK IMPLICATIONS

4.1 There are no risk implications specifically linked to this report. There are wider risks associated with ensuring that older people receive care and support that achieves the best possible outcomes for the individual, as well as maximising independence and wellbeing.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations specifically associated with this issue. Members of the Health & Wellbeing Board are familiar with the wider financial considerations associated with an ageing population; growing demand for services and the financial pressures on health and social care services.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations identified.

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 There are no identified child and family poverty considerations.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 There are no equality and diversity considerations identified.

9. STAFF CONSIDERATIONS

9.1 There are no staff considerations identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 There are no asset management considerations identified.

11. RECOMMENDATION

11.1 It is recommended that the Health & Wellbeing Board notes the outcome of the monitoring process that has been undertaken by the CQC.

12. REASONS FOR RECOMMENDATIONS

12.1 The Health & Wellbeing Board was identified by the CQC and the Department of Health as the appropriate body to oversee the implementation and monitoring of the action plan, which aims to ensure that older people in Hartlepool receive care and support that maximises their independence and wellbeing. The CQC specifically requested that the outcome of the monitoring exercise was shared with the Health & Wellbeing Board.

13. CONTACT OFFICER

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Area for Improvement	Update – October 2018
1. System leaders, including those representing the STP in Hartlepool, must continue to improve their working relationships and engagement to enhance system wide focus and commitment.	Responsible Person: STP Lead Working relationships are positive and continue to improve across the system. Examples of system wide focus and commitment include the Local A&E Delivery Board, the Integrated Hospital Discharge Team, the Care Quality Improvement Programme for care homes and the new Integrated Single Point of Access. STP leads provided LAs in the STP footprint with a summary of work-streams and work is ongoing to ensure that LAs are appropriately involved moving forward. The STP is evolving to become an Integrated Care System (ICS) and a series of ICS Aspirant Programme Workshops are planned with LAs encouraged to be involved.
2. Develop the partnership framework to support the governance of partnership working.	Responsible Person: HBC Chief Executive Partnership working is governed through a range of mechanisms overseen by the Health & Wellbeing Board, including implementation of the Hartlepool Matters priorities and oversight of the Better Care Fund plan and performance.
3. Continue to embed the Hartlepool Matters Implementation Plan.	Responsible Person: HBC Chief Executive Positive progress was made against the Hartlepool Matters Implementation Plan in the first year following the report being published. Outstanding priorities will now be progressed through the updated Joint Health & Wellbeing Strategy.
4. Ensure that there is effective use of the patient choice policy across the system.	Responsible Person: LA&EDB Chair The Regional Choice Policy has been implemented locally following feedback being provided by a range of local partners.

5. Review the purpose and function of the Holdforth Unit. Include in the review the criteria for admission and plans for patient flow, and also the use of community matrons on this unit and the impact this has on the skills and workforce available in the community.	Responsible Person: Interim Director of Operations The Holdforth Model has been reviewed with some revision of pathways and strengthening of the nurse leadership model. This is aligned to ongoing work relating to frailty, providing a more cohesive identity for the service. Further work is planned to develop a nurse led community hub.
6. System leaders should ensure there are robust and regularly evaluated plans to manage the complexity of commissioning to ensure a flexible and sustainable care market to address the current shortfall of care home provision for specialist beds for mental health and end of life care beds.	Responsible Person: HBC Director of Adult Services Enhanced pharmacy support and the training and education programme for care homes have been funded from BCF for a further two years. iBCF funded fee increases have been agreed and capital investment plans approved to support sustainability of the local care market. An additional 46 bed care home opened in January 2018 with provision for dementia nursing and potential to support people with more complex needs.
7. Evaluate CHC funding to aid better understanding of why a higher proportion of people who are entering into the CHC process were subsequently denied funding.	Responsible Person: HaST CCG Director of Nursing This issue is being addressed as part of the wider financial recovery plan across the 5 CCGs which includes a detailed review of the functions and processes associated with CHC provision.
8. Promote the use of pilots and initiatives system-wide to ensure these resources are used to their full potential. Continue to evaluate the effectiveness of these on completion to ensure best practice is promoted and shared.	Responsible Person: HaST CCG Director of Commissioning Hartlepool and Stockton on Tees CCG are working in collaboration with Hartlepool and Stockton Health (H&SH) Federation to establish a New Models of Care programme (NMoC) of work encompassing two distinct strands; Primary Care at Scale and Collaboration and integration of Services in order to secure operational stability, developing more effective ways of working and work towards future sustainability.

	To this end thus far 2 events (May and July 2018) have been held with practices to generate new ways of working both in primary care and to identify the benefits of engaging and working with wider stakeholders. The focus to date has been on establishing the primary care at scale arm, with project undertaken to: • Develop primary care resilience (bids submitted to national NHS England programme to attract dedicated funding to test new ways of working) • Time for care- Successful in wave 5 of NHS England programme for the Productive General Practice- 2 HaST practices took part- Kingsway and McKenzie- Looking at efficient processes, appropriate appointments, improving quality of data and data handling. Furthermore 4 practices from HaST and 1 member of the team from the federation took part in Fundamentals of Change programme developing quality improvement/ change management expertise. • 10 HIA- Practices are encouraged to implement the 10 high impact actions, as per the GP Forward View, to release time to care / capacity. So far- E-consultations has been launched in 17 practices; offering patients a new way to access healthcare advice and guidance from their GP practice, all practices have trained non clinical care navigators and a work plan has been agreed to develop templates and guidance to refer to alternative services. The CCG are supporting practices to reduce DNAs by sending text reminders to patients and social prescribing continues to progress through the care coordinators scheme linked to practices. • Education and training opportunities to offer practices dedicated time away from practice Through this programme of work additional projects and work streams will be identified to progress: • Further opportunities for general practice to work at scale • Workforce and workforce development; • Patient education and self-care;

	• Deliver the 10 HIA • Infrastructure to enable new ways of working • Development of overarching vision; • Opportunities for moving care closer to home; • Opportunities for integration across health, social care and the VCSE To progress this work a governance structure is proposed that will include a New Models of Care operational delivery group to bring together partner organisations to progress collaboration and integration across health and social care. The group will work across Hartlepool and Stockton on Tees localities and report through to the CCG Executive to the North of Tees Partnership Board and the respective Health and Well Being Boards in Hartlepool and Stockton on Tees. Care co-ordinators have been funded for a further 2 years providing the opportunity to embed a proactive approach To support Primary Care. The care co-ordinators are also establishing links with the integrated discharge team to explore how they can support the moderately frail older people, following their discharge from hospital; with a view to preventing further unplanned admissions or social deterioration.
9. Explore people's experiences of discharge through follow up by the integrated discharge team, so any changes in methodology or services can be considered. During this review evaluate the effectiveness of the discharge lounge and quality of discharge information particularly in respect of medicine administration	<u>Responsible Person: NT&H FT Interim Director of Operations</u> A new electronic version of the Friends and Family Test has been introduced into the Discharge Lounge and the new discharge service ambulance provider is collecting patient experience information that can be collated and analysed on a monthly basis. A new Operational Procedure for the Discharge Lounge has been developed with input from the Pharmacy Department and an alternative workforce model has been implemented within the discharge lounge with greater inclusion of pharmacy.

	An MDT frailty model has been implemented at front of house linked to the integrated discharge team and providing care management to those patients identified as frail, with a focus upon length of stay of over 21 days. Early feedback on the implementation of the red bag scheme has been positive with improved communication between the Trust and care home providers.
	<u>Responsible Person: HaST CCG Director of Nursing</u> Following the launch at a provider engagement event in September 2018, the red bag scheme commenced on 1 October 2018. All care homes have been provided with at least three red bags and the relevant documentation / instructions. Weekly monitoring and sharing of good practice / further areas to develop is taking place and early indications are very positive both from care homes and secondary care: communication is enhanced and less follow–up calls are required. Future plans are to survey staff and audit the compliance with the initiative after 3-6 months implementation.
10. Undertake an assessment of people's experiences in respect of access to primary medical services to evaluate the effectiveness of hub working in resolving issues identified by people.	<u>Responsible Person: HaST CCG Director of Commissioning</u> Two events have taken place (May and July 2018) with practices to generate new ways of working in primary care and to identify the benefits of engaging and working with wider stakeholders. From 140 ideas generated, 10 projects have been selected to focus upon: • Establishing the structure and governance required to support new ways of working • Home visiting • Hubs for acute presentation • Sharing expertise • Standardising business functions • Spirometry • Patient education and self-care

	• GP and nurse career start programmes • Wider workforce development • Implementing additional high impact actions (time for care) Additional projects will be agreed regarding collaboration and integration across health and social care, working with partners to identify priorities. In relation to the GP improved access service, 7 day access continues to be provided on evenings and weekends from 3 locations across Hartlepool and Stockton on Tees. The service is currently out to procurement, with the new service due to commence in April 2019. Alongside this, practices across Hartlepool and Stockton on Tees provided extended hours from individual practices to extend upon the core hours provided in general practice to improve access for patients on mornings, evenings and weekends. Patient experience and the impact of hub working will not be able to be measured until services commence.
11. Continue to develop integrated working to support effective use of resources and people only having to tell their story once	<u>Responsible Person: HBC Director of Adult Services</u> The Integrated Single Point of Access (iSPA) went live in April 2018, initially for a pilot period of 6 months which has been extended due to positive feedback. Early indications are that the iSPA is having a positive effect on the facilitation of safe and timely hospital discharge, the avoidance of A&E attendances and the avoidance of hospital admissions all of which releases system wide capacity which, in turn, enables the system to deal with the ever increasing demands from both a health and social care perspective.

	Responsible Person: HBC Director of Adult Services Work is underway to develop an integrated model for Intermediate Care. The scope has been agreed and current processes mapped out. The project is now entering the design phase and is on target to meet its original projected launch date of April 2019. Both HBC and the local acute trust are committed to this project and recognise the potential value of an integrated model.
12. Continue to develop relationships with social care providers so they play an active part in service provision and strategy, maintenance of people's health and wellbeing, managing crisis and the return from hospital.	Responsible Person: HBC Director of Adult Services Regular provider forums continue and feedback from providers remains very positive. An additional workshop was held for Care Home Managers and Activities Co-ordinators in April 2018 enabling providers to share good practice and develop links with Dementia Friendly Hartlepool and HBC Sport & Recreation Team. The latest provider forum in September 2018 included a focus on hydration and management of UTIs, proactive management of dementia and the red bag scheme.
13. Continue to embed the trusted assessor scheme.	Responsible Person: HaST CCG Director of Commissioning The High Impact Change Action Plan has been developed and linked to the work of the BCF Operational Group. Building on the success of the Elective Orthopaedic Trusted Assessor pathway, which remains embedded within the elective Orthopaedic ward, a similar Trusted Assessor pathway has been created within West View Lodge Rehabilitation and Recovery Unit. This Unit consists of 12 transitional / assessment beds and 8 rehabilitation beds overseen by an MDT approach consisting of both health and social care staff. The West View Lodge Trusted Assessor pathway not only facilitates safe and timely discharge

	from the Unit, but importantly it is coordinated by the staff who have been involved in the care whilst based on the Unit rather than additional staff coming to the Unit to facilitate the discharge. This frees up capacity within the wider system but more importantly helps to ensure that people using the service are only telling their story once. A Care Home Trusted Assessor model is being developed which aims to improve safe and more timely returns from hospital to home, be that a nursing care or residential care home in the first phase, with a view to exploring the option of the Trusted Assessor completing new assessments for nursing care or residential care places as the concept becomes more established. This will reduce DTOCs and improve flow. This pathway is seen as an enabler to other aspects of an integrated Intermediate health and social care system and initial discussions have been very engaging and positive. Documentation, including the assessment document, has now been developed.
14. Work with Health Education England and Skills for Care in respect of challenges with recruitment of nurses and ambulance staff and further develop a contingency plan while this work is underway.	<u>Responsible Person: HaST CCG Director of Commissioning</u> Regional STP Workforce event held on 20 February 2018 attended by representatives from the Hartlepool system. HBC presented social care perspective on+ workforce issues. NHS partners are fully engaged with Health Education England programmes of work, as well as overseas recruitment initiatives. The A&E Delivery Board has committed resilience funding to support capacity issues within the system. A regional approach to workforce challenges are being led through the work of the ICS both the CCG and LA are engaged **Primary care specific areas** **CEPN**

	Strategic primary care workforce meeting held on 13 September 2018; attended by key stakeholders for workforce across the North East and North Cumbria. Health Education England (HEE) shared draft proposals for the future Community Education Provider Network (CEPN) model; to have 1 Primary Care Training Hub for the Integrated Care System (ICS), with 4 Primary Care local spokes (one per Integrated Care Partnership). NHS partners remain committed to working with HEE, to support the development and delivery of a programme of work to support the Workforce Strategy for the ICS. **IGPR** NHS partners are fully engaged and committed to supporting the NHS England international GP recruitment programme, which aims to recruit 100+ GPs across Cumbria and the North East. Regional recruitment to the North East model commenced earlier this year
15. Evaluate the increasing emergency readmissions and timeliness of discharge to establish if there is any correlation between the two and take action as required to ensure patient flow and discharge are both efficient and safe.	<u>Responsible Person: NT&H FT Interim Director of Operations</u> No correlation has been established from previous audit activity. The BCF Operational Group has undertaken further work to review emergency admissions in the light of increasing readmissions and will continue to monitor this issue via the Integrated Single Point of Contact as the model develops.

Local system reviews

Progress monitoring

Hartlepool

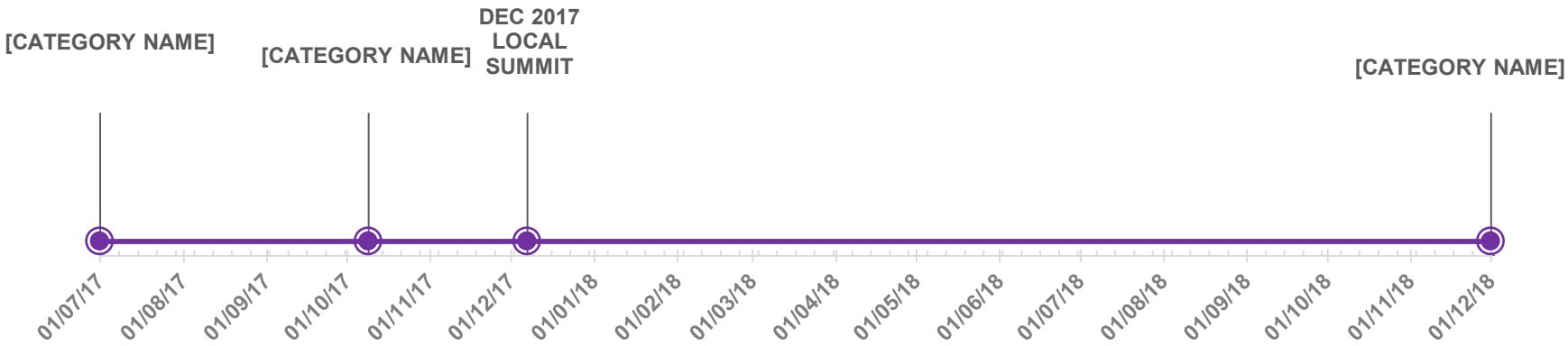
Introduction

Following CQC's programme of 20 local system reviews, we were asked by the Department of Health and Social Care and Ministry for Housing, Communities and Local Government to provide an update on progress in the first 12 areas that received a local system review.

Hartlepool's local system review took place in October 2017 (report here) and the system produced an action plan in response to the findings. This progress update draws on:

- Hartlepool's self-reported progress against their action plan (at 31.10.2018).
- Our trend analysis of performance against the England average for six indicators. With the exception of DToC, the data goes up to end 2017/18. DToC data goes up to July 2018.
- Telephone interviews with six system leaders involved in delivery and oversight of the action plan.

Timeline of activity



Overview progress against indicators

A&E attendances (65+)	Jumped in first quarter of 2017/18 from being below England average previously. Remained above England average and increased over 2017/18.
Emergency admissions (65+)	Remained above the England average, although it has stayed within the lower and upper limits of it's own average.
Emergency admissions from care homes (65+)	Remained above the England rate. Fluctuated within control limits of own average but does appear to have been increasing over 2017/18.
Length of stay (65+)	Stayed close to England average. Overall trend has reduced a little but performance remained within the lower and upper limits of it's own average.
Delayed transfers of care	Fluctuated around the England average and stayed within the upper and lower limits of its own average.
Emergency readmissions (65+)	Spiked in Q4 of 2016/17 to be significantly above its own average performance, then dropped to be below the England average throughout 2017/18.

Overview reported progress against action plan

Strategy and partnership working	Working relationships have continued to improve across the system. Hartlepool is engaged in the STP- the STP is becoming an Integrated Care System (ICS) and a series of ICS Aspirant Programme Workshops is underway with involvement of LAs. Partnership working is overseen by the Health and Wellbeing Board, including the implementation of 'Hartlepool Matters'. Positive progress was made against the Hartlepool Matters Implementation Plan in its first year, remaining priorities will be addressed through the updated Joint Health & Wellbeing Strategy.
Developing the adult social care market	To address the shortfall of care home provision experienced in recent years, an additional 46 bed care home opened in January 2018 with provision for dementia nursing and potential to support people with more complex needs. BCF and iBCF funds have been used to support the care home market through increasing fees and funding Enhanced pharmacy support and a training and education programme in care homes. Regular provider forums continue and feedback from providers remains very positive.
Workforce	Hartlepool is involved regional STP workforce planning and engaged with Health Education England programmes of work, as well as overseas recruitment initiatives. The A&E Delivery Board has committed resilience funding to support capacity issues within the system.
Evaluation and use of resources	Hartlepool and Stockton on Tees CCG are working in collaboration with Hartlepool and Stockton Health Federation to establish a New Models of Care programme of work encompassing two distinct strands; Primary Care at Scale and Collaboration and integration of Services. To progress this work a governance structure is proposed that will include a New Models of Care operational delivery group to bring together partner organisations to progress collaboration and integration across health and social care.

Overview reported progress against action plan

Access to and experience of community services	The Integrated Single Point of Access (iSPA) went live in April 2018, initially for a pilot period of six months which has been extended due to positive feedback. People's access and experience of primary care will be improved as part of the new models of care programme. Patient experience and the impact of hub working will not be able to be measured until services commence. Seven day access continues to be provided on evenings and weekends from three locations across Hartlepool and Stockton on Tees. Issues with the continuing healthcare processes are being addressed as part of the wider financial recovery plan across the five CCGs.

Discharge processes and pathways	Building on the success of the Elective Orthopaedic Trusted Assessor (TA) pathway, a similar TA pathway has been created within West View Lodge Rehab Unit. Care home TA model implemented in December 2019. The red bag scheme commenced on 1 October 2018, early indications is that it has enhanced communication. New processes are in place to gather feedback on people's experiences in the discharge lounge. There is greater inclusion of Pharmacy in the discharge lounge to improve medications. An MDT frailty model has been implemented at hospital front door linked to the integrated discharge team and providing care management to patients identified as frail. The Holdforth Model has been reviewed with some revision of pathways and strengthening of the nurse leadership model.

Patient choice	The Regional Choice Policy has been implemented locally following feedback being provided by a range of local partners.

Stakeholder reflections

Overall progress

Following the local system review in 2017, an action plan was developed by director leads for each partner organisation and is overseen by the Health and Wellbeing Board where it is reviewed every six months.

Relationships have continued to strengthen across the system, notably in the engagement between the local authority and the NHS trust. The Health and Wellbeing Board now has good representation and engagement across the system. There are plans to develop governance to support partnership working. The Partnership Board is being refreshed, and a New Models of Care Group is being developed, with increased engagement from primary care, which was previously a gap.

Joint roles have been created across the five CCGs including a single Accountable Officer. This is helping Hartlepool to link into the emergent Integrated Care System and share learning across neighbouring systems. The local authorities have been better engaged with the STP as it developed into and emergent ICS, and Hartlepool have been involved in ICS workstreams.

In 2017 we found that there were significant challenges in the capacity of the adult social care market, particularly in provision for people with dementia. System leaders said that the quality of adult social care provision has improved, and capacity has increased- including the block purchasing of beds for winter and the opening of two new care homes, one which can accommodate people with dementia.

Health and social care services are better integrated. An integrated single point of access was established in April 2018 between the NHS trust and the local authority. A multi-disciplinary virtual ward and an integrated intermediate care service have also developed. The established trusted assessor model has expanded, and very recently a trusted assessor model for care homes was coproduced with providers.

Hartlepool has seen an increasing number of older people attending A&E and consequently being admitted and so it is positive that a frailty front door service has been introduced to assess and triage people who attend A&E. In the community, a range of initiatives such as pharmacy input and training are supporting people in care homes. Our data up to April 2018 shows that admissions from care homes remained above the England average, however system leaders said that they have seen a recent improvement in this area.

New pathways have recently been put in place for continuing healthcare and an ambitious target was set for no assessments to be completed in an acute setting. Progress in this area was delayed by attempts to develop consistent processes across both Hartlepool and Stockton authorities.

Stakeholder reflections

Direction of travel

Relationships and partnership working have improved, as has the focus between partners to address system issues, as exemplified by the development of a more joined up approach to frailty across the system. The Partnership Board and New Models of Care forums will enable partners to come together to address system challenges.

Engagement with the ICS has improved since last year, but there are still challenges around the size of the ICS and this is an area requiring ongoing development. Hartlepool remains focused on developing local solutions and delivering Hartlepool Matters, while drawing on the ICS for challenges that are best addressed as part of a wider system.

The adult social care market is more robust than in previous years. With additional capacity in the market and improved flow through the hospital, system leaders are confident that this winter they are in stronger position than before.

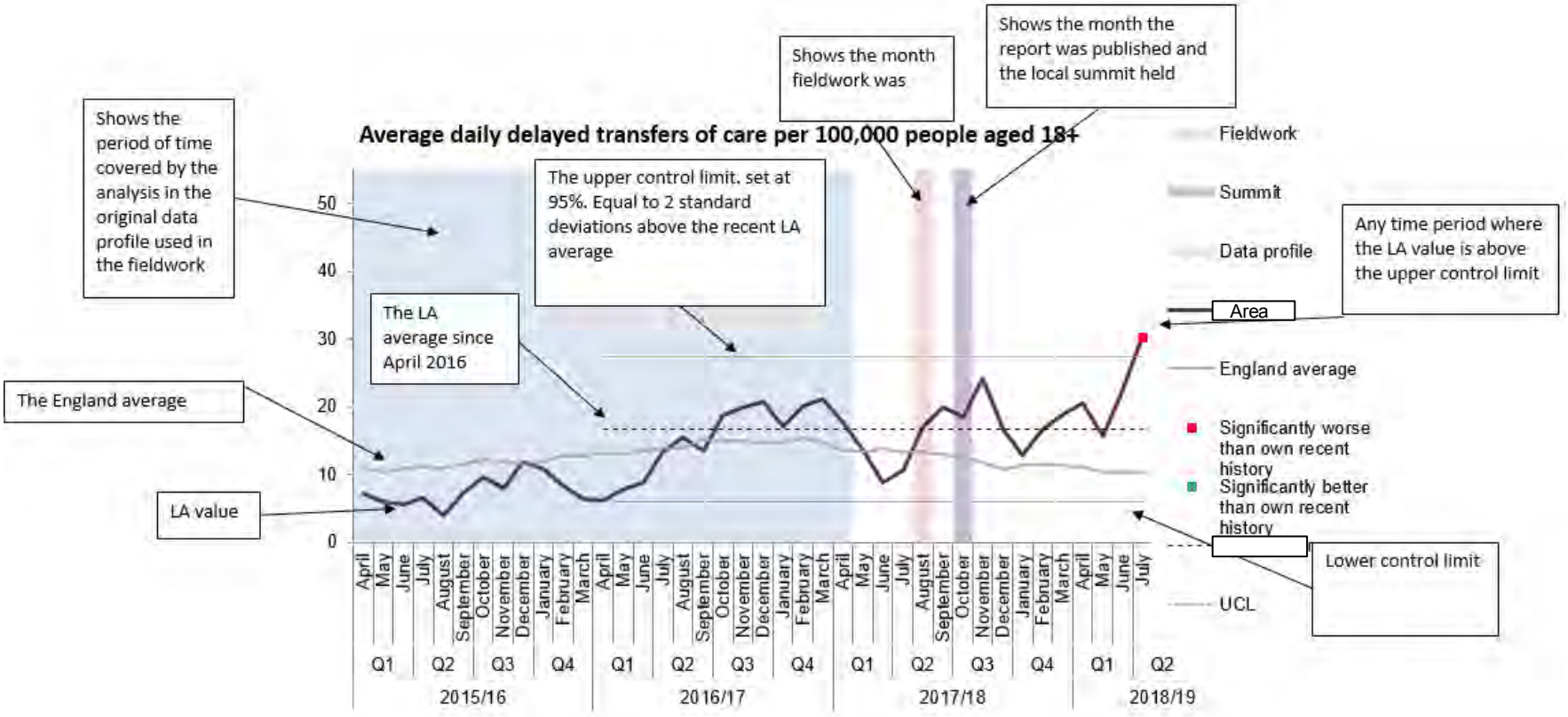
Hartlepool have developed a trusted assessor model that will allow community matrons to undertake assessments on behalf of care homes. That this model was coproduced with providers, and is providers preferred model, should make it more likely to succeed.

Areas of further development include developing system wide workforce plans. The NHS trust has done good proactive work around nursing roles which has made a real difference to their ability to recruit and retain staff. Work between the local authority, the trust and local collage to develop a health and social care academy will gather pace throughout 2019. There is gap around linking up local workforce activity with that of the ICS.

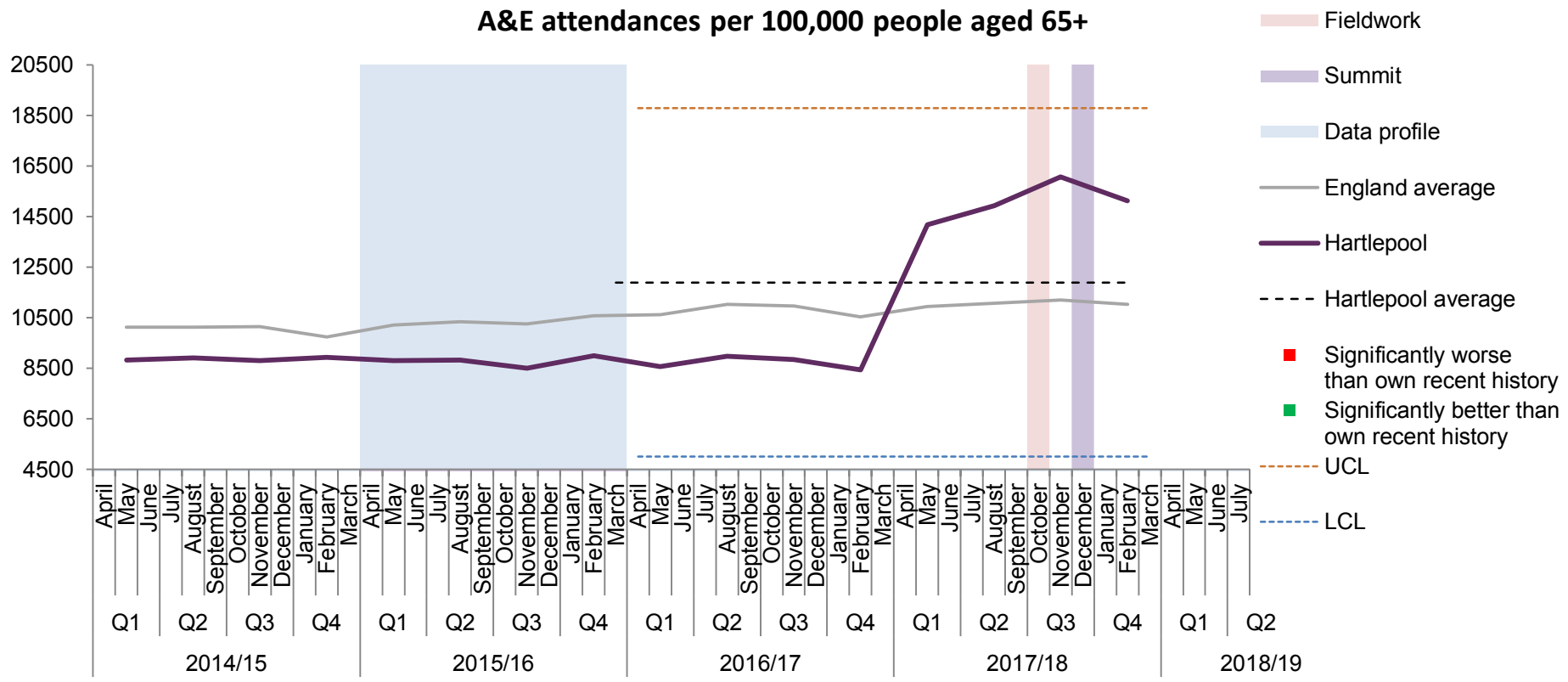
Risks for the system include the lack of a long term funding agreement. The system is increasingly being underpinned by non-recurring funding from winter monies and BCF/iBCF funds.

Appendix: Trend analysis introduction

The following slides present a trend analysis for six indicators. The **sample** diagram below shows how to interpret the graphs.

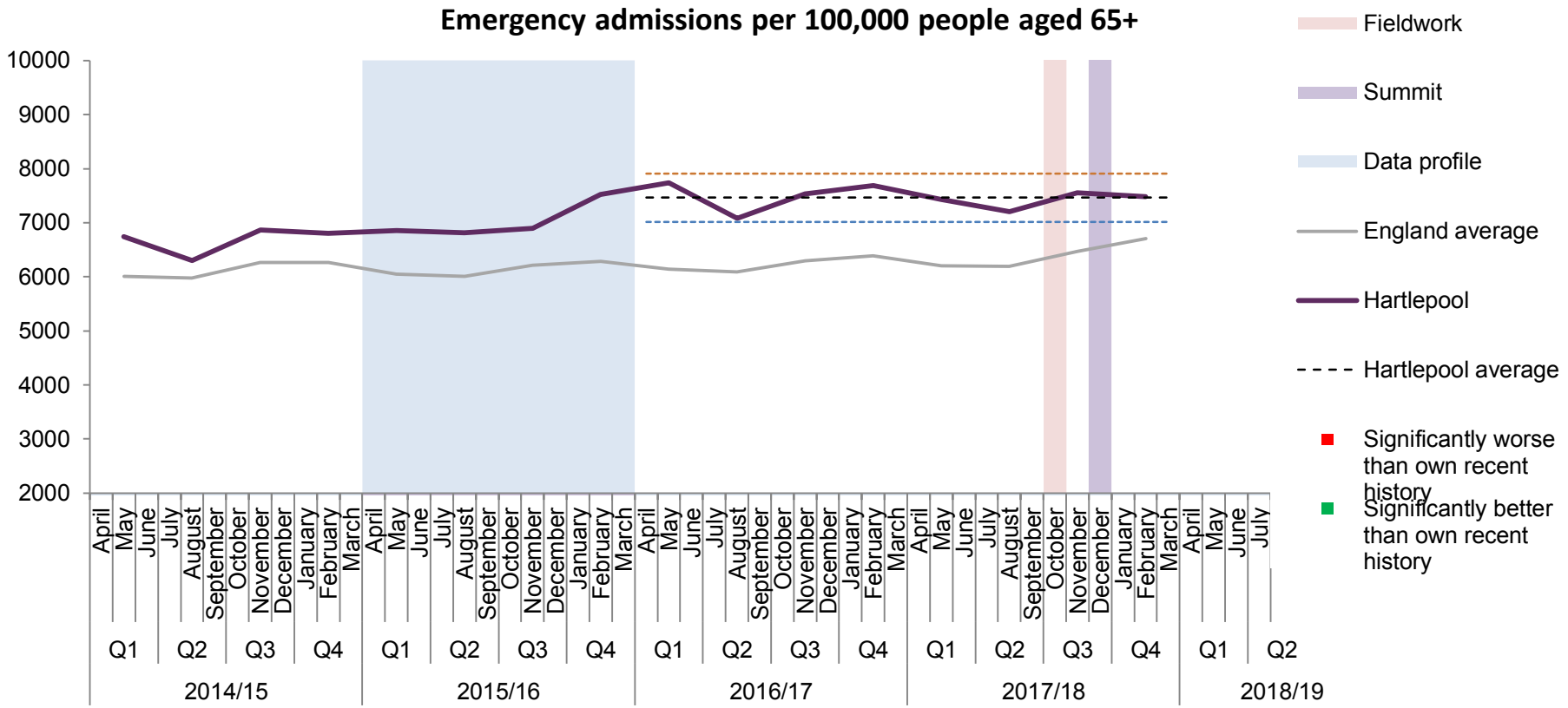


Appendix: A&E attendances



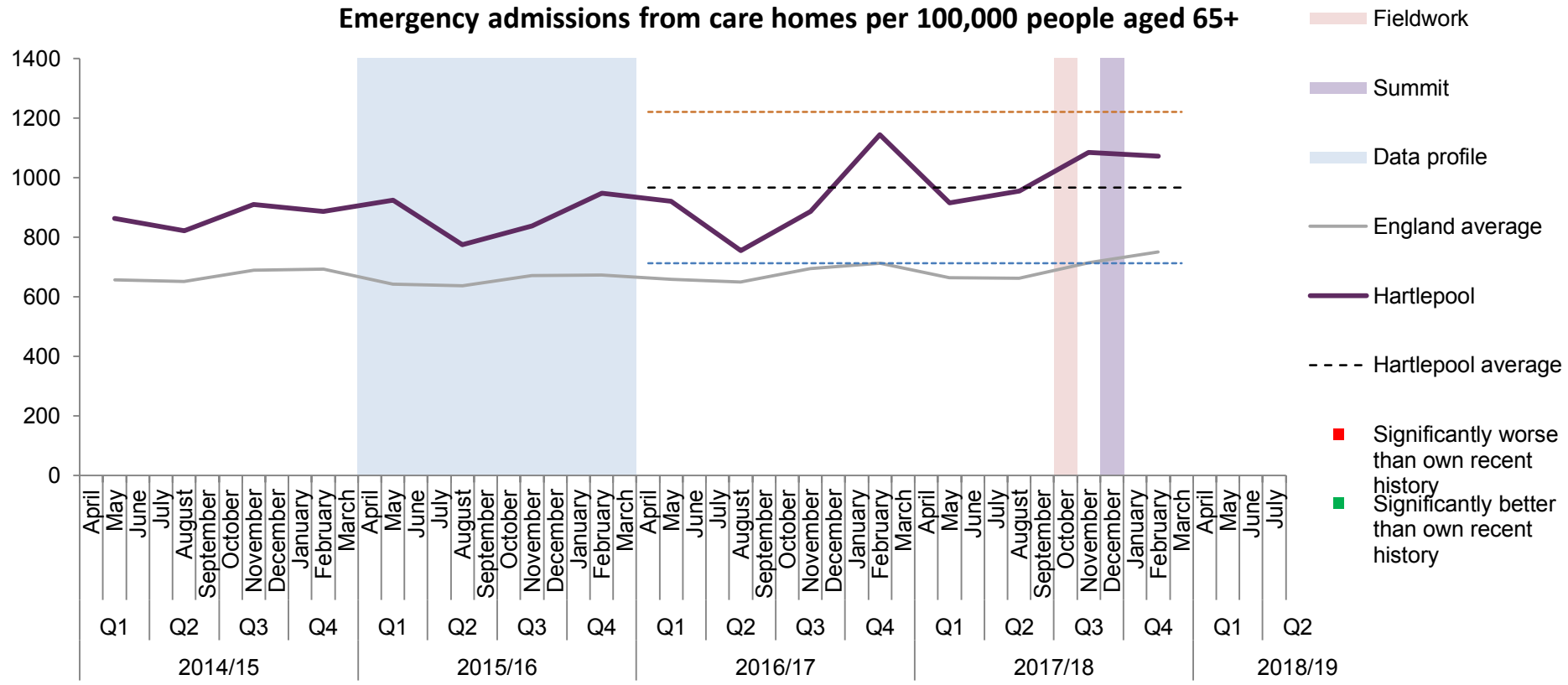
Since we produced the data profile for the original local system review Hartlepool's rate of A&E attendances (65+) jumped in the first quarter of 2017/18 from being below the England average previously. It remained above the England average and increased over 2017/18.

Appendix: Emergency admissions



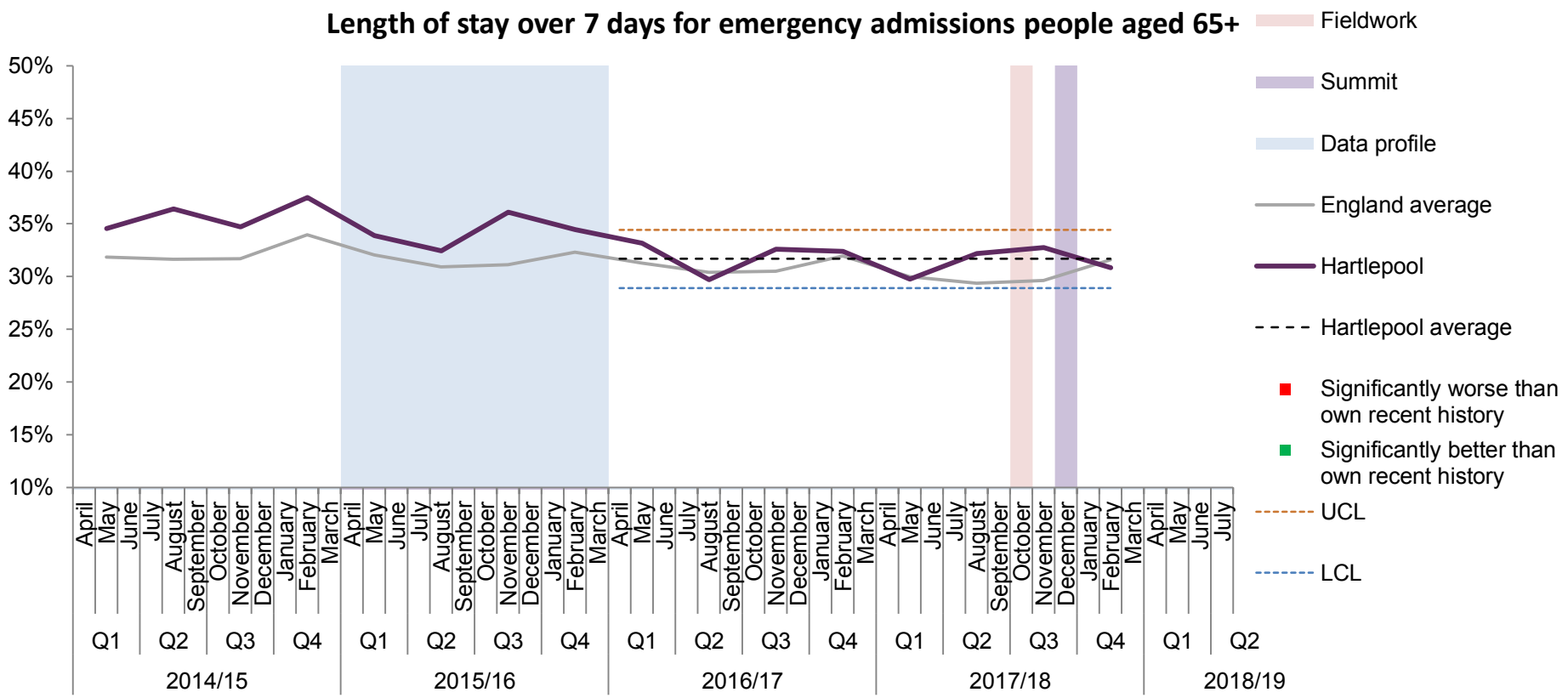
Since we produced the data profile for the original local system review Hartlepool's rate of emergency admissions (65+) have remained above the England average, although it has stayed within the lower and upper limits of it's own average.

Appendix: Emergency admissions from care homes



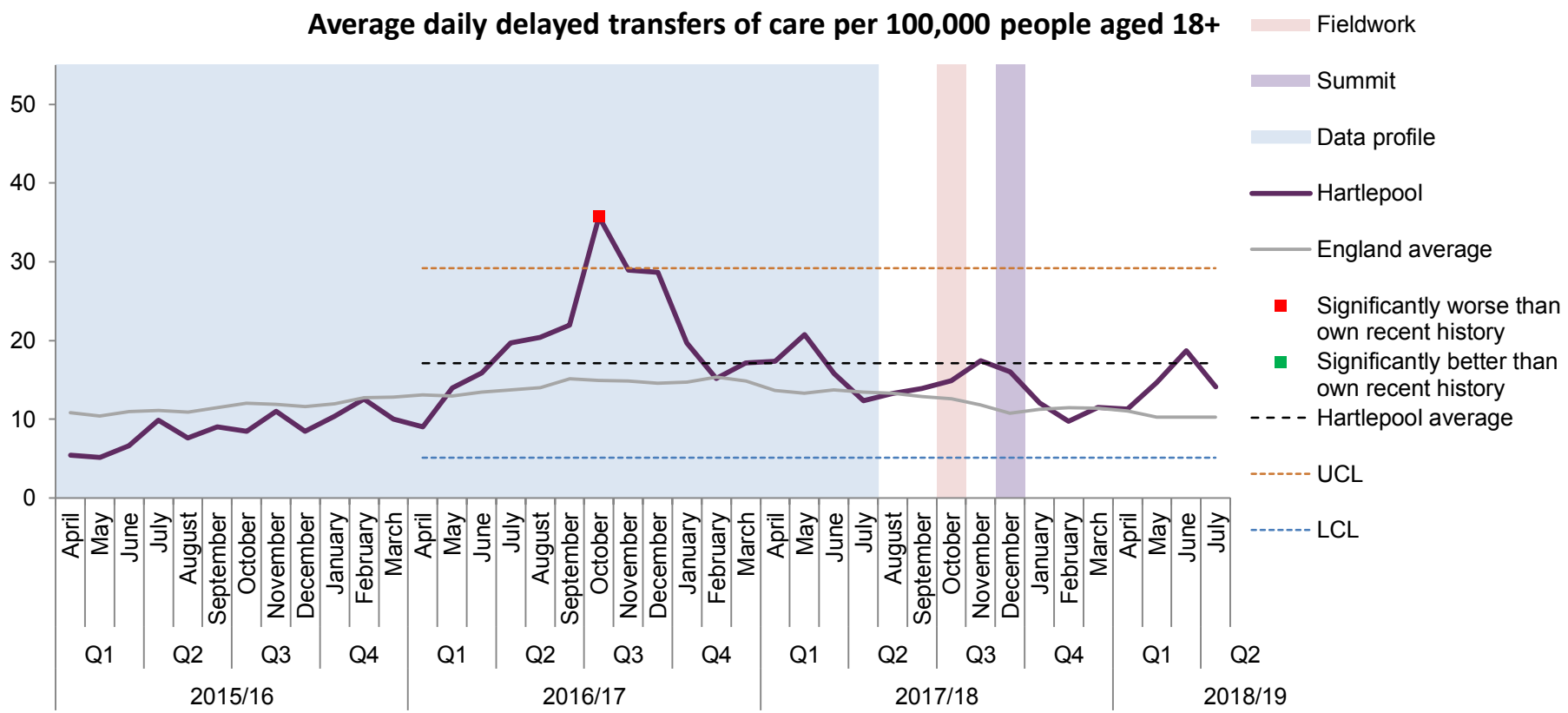
Since we produced the data profile for the original local system review Hartlepool's rate of emergency admissions from care homes (65+) has remained above the England rate, and although it has been fluctuating within its own control limits, it does appear to have been increasing over 2017/18.

Appendix: Lengths of stay over 7 days



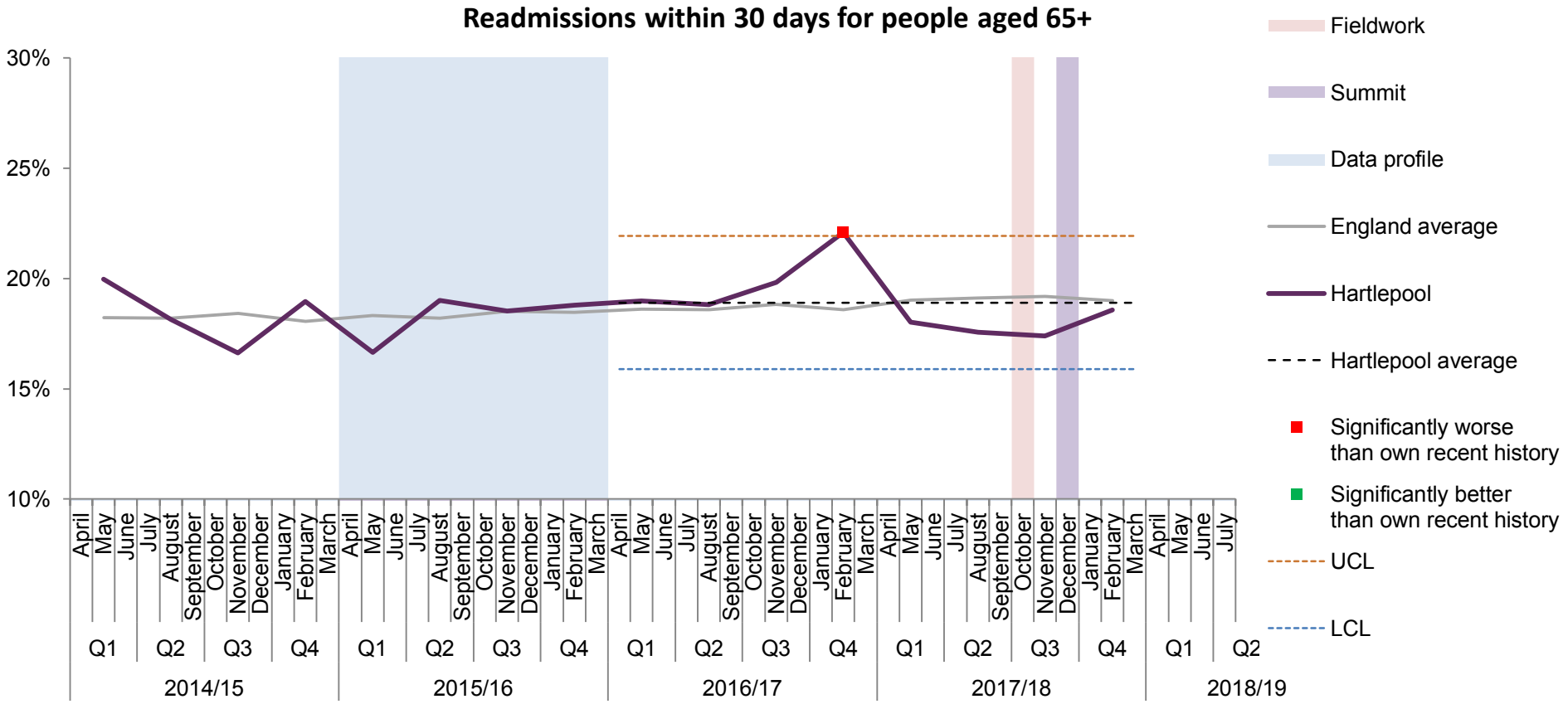
Since we produced the data profile for the original local system review, lengths of stay over 7 days (65+) in Hartlepool stayed fairly close to the England average. The overall trend looks to have reduced a little but performance has not changed significantly from it's own average over the last two years.

Appendix: Delayed transfers of care



Since we produced the data profile for the original local system review Hartlepool's DToC performance has fluctuated around the England average rate and stayed within the upper and lower limits of its own average.

Appendix: Emergency readmissions



Since we produced the data profile for the original local system review , emergency readmissions (65+) spiked in Q4 of 2016/17 to be significantly above its own average performance, it then dropped to be below the England average throughout 2017/18

HEALTH AND WELLBEING BOARD

4 March 2019

Report of: Director of Adult & Community Based Services

Subject: Better Care Fund 2018/19: Q3 Performance Update

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1. PURPOSE OF REPORT

1.1 To update the Health and Wellbeing Board on 2018/19 Q3 performance against the indicators in the Hartlepool Better Care Fund Plan.

2. BACKGROUND

2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.

2.2 The 2017 policy framework introduced two key changes requiring plans to be developed for the two year period 2017-2019 rather than a single year and reducing the number of national conditions from eight to four.

2.3 The four national conditions are:

1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the H&WB and by the constituent LAs and CCGs;
2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
4. Implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.

2.4 The reduction in national conditions does not diminish the importance of the issues that were previously subject to conditions as these remain key

enablers of integration. The Hartlepool plan describes how partners continue to build on improvements against these former conditions which relate to seven day services across, improved data sharing between health and social care and a joint approach to assessments and care planning.

2.5 In addition, local authorities now benefit from the additional funding for social care announced in the Spring Budget 2017 which must be pooled within the BCF Pooled Budget. This is a Direct Grant to Local Government for the purposes of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- Ensuring that the local social care provider market is supported.

2.6 The 2015 Spending Review set out the Government's intention that, by 2020, health and social care will be more fully integrated across England. BCF plans set out how CCGs and local authorities are working towards fuller integration and better co-ordinated care, both within the BCF and in wider services. Narrative plans set out the joint vision and approach for integration, including how the work in the BCF plan complements the direction set in the Next Steps on the NHS Five Year Forward View, the development of Sustainability and Transformation Partnerships (STPs), the requirements of the Care Act (2014) and wider local government transformation in the area covered by the plan.

2.7 The Hartlepool BCF Plan 2017-2019 was approved in October 2017, as reported to the Health & Wellbeing Board in December 2017.

3. PERFORMANCE UPDATE

3.1 BCF performance reports are submitted to NHS England on a quarterly basis. The Q3 return (covering the period October – December 2018) was submitted in late January 2018 and confirms that all national conditions continue to be achieved, as well as providing analysis of performance data, which is summarised below.

3.2 In relation to performance measures:

3.2.1 <u>Permanent Admissions to Residential and Nursing Care Homes</u>
The 2017/18 target for permanent admissions to care homes was met, which is a considerable achievement in the context of an ageing population and increased prevalence of dementia, and evidences that people are being supported in their own homes effectively for as long as possible. Based on performance at Q3 it is expected that the target will be achieved again in 2018/19.

Key actions:

- Continue to promote services that offer alternatives to 24hr care, which include assistive technology, housing related support, extra care, domiciliary care, personal budgets and support for carers.

- Continue to monitor occupancy levels, average age at admission and average length of stay which provide further information about the use of 24hr care.

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

The percentage of older people still at home 91 days after discharge into reablement / rehabilitation services was 80% in 2017/18, which was the target set for the year. The latest performance for 2018/19 is 94% and it is anticipated that the target will be comfortably achieved at the year end.

It should be noted that this measure of the effectiveness of reablement only captures a small subset of the total number of people accessing the service, with many people accessing reablement from the community as a preventative measure. Data indicates that approximately 75% of people have no ongoing social care needs after a reablement intervention, and over 95% of reablement goals are achieved at the end of a period of reablement.

Key action:

- Continue to monitor performance on a monthly basis and to capture other measures that demonstrate the effectiveness of reablement services.

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

New DToC targets were imposed on all localities from October 2018 using actual performance in Quarter 3 of 2017/18 as a baseline. For Hartlepool this meant an increase in the target from the previous year and gave a more realistic but still ambitious target to aim for.

The Q3 target is therefore 828 delayed days, rising from 625 and 631 in Q1 and Q2 respectively. The increase in target has coincided with a significant improvement in performance and although data is only currently available for October and November 2018 data is available, there is a significant degree of confidence that the Q3 target will be achieved. In October 18 there were 140 delayed days reported and in November 2018 164 delayed days were reported; this gives a total of 304 days for 2 months against a quarterly target of 828 days.

It is anticipated that achievement of this indicator will continue to be challenging throughout 2018/19, however, if current performance is maintained the target for this indicator will also be achieved in Q4.

Key actions:

- Build on the success of the Integrated Discharge Team.
- Further development of Trusted Assessor approaches following the successful pilot for the elective orthopaedic pathway.
- Continued support for care homes to ensure sustainability of the local care market.
- Continue to progress the CHC discharge pathway to enable assessments to be carried out in the community.

3.2.5 Total non-elective (NEL) admissions

In 2017/18 the annual target was achieved with 13,014 non-elective admissions against a target of 13,234. As with other indicators, this is a notable achievement in the context of an ageing population.

The 2018/19 target is taken directly from CCG Annual Plans with Q2 data demonstrating a 5.9% increase in activity compared to the previous year. In Q2 3,367 admissions against a target of 3,312, meaning that the target was not achieved.

Data is only currently available for October and November 2018 and this data indicates that NEL admissions for the 2 months total 2,300 against the Q3 target of 3,444. December 2018 performance is therefore key to determine whether the target for this indicator will be achieved in Q3.

It is positive to note however that there has been a reduction in NEL admissions from care homes, reflecting the impact of a range of BCF funded services that have been commissioned to support care homes, including enhanced pharmacy support and a training and education programme. There has also been a reduction in admissions linked to falls, which again evidences that initiatives introduced to prevent and more proactively manage people at risk of falls are having a positive impact.

Key actions:

- Continue to monitor the NEL position monthly.
- Build on the successes of interventions in 2017/18 such as the training and education programme for care homes, which will now be funded for a further two years following a successful evaluation.

4. RISK IMPLICATIONS

4.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This was reviewed and updated for the 2017-2019 plan.

5. FINANCIAL CONSIDERATIONS

5.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.

Confirmed allocations for Hartlepool for 2018/19 are as follows:

Funding	**2018/19**
CCG Minimum Contribution	£6,948,854
Disabled Facilities Grant	£997,971
IBCF Allocation	£3,737,159
TOTAL	**£11,683,984**

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

6. LEGAL CONSIDERATIONS

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

7. CHILD AND FAMILY POVERTY CONSIDERATIONS

7.1 None identified.

8. EQUALITY AND DIVERSITY CONSIDERATIONS

8.1 None identified.

9. STAFF CONSIDERATIONS

9.1 No staff considerations have been identified.

10. ASSET MANAGEMENT CONSIDERATIONS

10.1 No asset management considerations have been identified.

11. RECOMMENDATION

11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund Q3 return and notes the current position in relation to performance.

12. REASON FOR RECOMMENDATION

12.1 It is a requirement that Health & Wellbeing Boards approve performance reports in relation to the BCF.

13. CONTACT OFFICER

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HEALTH AND WELLBEING BOARD

4 March 2019

Report of: Director of Children's and Joint Commissioning Services and Director of Adult and Community Based Services

Subject: ALL AGE CARERS STRATEGY

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1. PURPOSE OF REPORT

1.1 To inform members of the Health and Wellbeing Board of the development of an all age Carers Strategy.

1.2 To request involvement of partners in the development of the all age Carers Strategy to ensure that there is a shared partnership approach.

2. BACKGROUND

2.1 Carers in Hartlepool provide a fundamental role within the community. Carers often provide better care than can be provided by a paid care worker, as they know the cared for person best. They are experts in their field and often are the person whom the individual with care needs would prefer to be supported by.

2.2 It is important that carers are supported and that health and social care partners listen to what is important to them.

National information shows:

- Around 1 in 10 of the population are carers (Census, 2011).
- Almost three quarters (72%) of carers in the UK suffer from mental ill health due to their caring role (Carers Trust 2018).
- Over half (61%) of carers said their physical health had worsened as a result of caring (Carers Trust 2018).
- More than 1.8 million unpaid carers are over the age of 60 in England with more than 87,000 over the age of 85.
- There are nearly 10,000 young carers under the age of eight in England and Wales who carry out unpaid care, with the most recent census in 2011 finding an 83% increase in the number of young carers aged 5-7 since 2001.

- 46% of young carers are getting up in the night to care for loved ones, missing out on their own sleep (Carers Trust national survey).
- More than 80% of young carers are carrying out caring duties every day or most days of the week (Snap shot national survey (Carers Trust).

2.3 The Care Act 2014 and Children and Families Act 2014 gave local authorities in England a legal responsibility to assess the needs of carers, support their eligible needs and promote their wellbeing. In addition to this, the Care Act and Children and Families Act require councils to provide personalised support and to prevent, reduce and delay escalation of needs.

2.4 The government's recent action plan includes a wider definition of what constitutes a carer than is defined in legislation:

"A carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer.
(Carers Action Plan 2018 -2020, Department of Health and Social Care).

2.5 The Care Act 2014 defines an adult carer as:

"Carer means an adult who provides or intends to provide care for another adult (an adult needing care)."

2.6 A young carer is defined as:

"…a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract) (Children and Families Act and Care Act 2014)

2.7 A national carers' Call for Evidence was launched by the government in 2016 with the following emerging as themes:

- Services and systems that work for carers;
- Employment and financial wellbeing;
- Supporting young carers;
- Recognising and supporting carers in the wider community and society; and
- Building research and evidence to improve outcomes for carers.

The government will address these themes within the forthcoming social care green paper however they have published an action plan for 2018-2020 to ensure that support to carers continues to improve.

2.8 The government action plan is attached at **Appendix A** and sets out a number of actions focused on improving outcomes for carers. The government will be monitoring progress against the action plan.

3. CONSULTATION

3.1 Recent consultation has taken place locally with young carers and all age carers with the following being identified as priorities:

3.2 Feedback from young carers:

What do young carers need?

- Emotional support – safe place to talk
- Help and support with bullying at school
- Need information about parental/ sibling illness
- One to one opportunity to talk to staff they know
- Help with homework and study
- Help to let people know such as their schools to understand their caring role

What would help young carers?

- A young carers card that identifies what I may struggle with
- Schools, GPs, hospitals and other professionals to understand what young carer means and how to support us
- More peer to peer support because talking to other young carers to really help
- More residential opportunities – we love the break from our caring roles
- To be listened to and respected when tasking our family members to appointments (we know who we care for and we should be taken seriously)
- Support to help me get around Hartlepool to access activities, as my family are poorly and cannot get me to things

3.3 All age carers identified the following as priorities:

1. Identify carers at an early age, recognising their contribution and involving local care in planning individual care packages.

2. Carers having a family and community life alongside caring personalised support for carers and providing good quality information, advice and support

3. Support carers to stay healthy – mentally and physically

4. Carers realising and releasing their potential in education and employment

5. Providing opportunities to help ex-carers sustain and fulfil healthy lives

6. Widen participation of carers to influence decision making at a local level

3.4 The information gathered in these consultation exercises will be used to inform the Carers Strategy for Hartlepool.

3.5 As part of the Adult Social Care Outcomes Framework, all Councils are required to issue a survey to carers every two years. The most recent results for Hartlepool (2016) were very positive:

- 78% of carers were happy with the support that the person they cared for received from Adult Services;
- 90% of carers reported they were able to spend time doing things they wanted to do, and had social contact with people they enjoyed spending time with; and
- 91% of carers reported that they had control over their daily lives.

These results are based on surveys returned by 354 carers.

4. RISK IMPLICATIONS

4.1 It is important that the Carers Strategy addresses the priorities identified by young carers and carers in Hartlepool. There is a risk that if carers aren't supported effectively at the earliest possible opportunity they will be unable to support those they care for, and are more likely to experience health problems themselves, placing further pressure on the community and on services.

5. FINANCIAL CONSIDERATIONS

5.1 There are no financial considerations.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations.

7. EQUALITY AND DIVERSITY CONSIDERATIONS

7.1 The strategy covers all carers and will ensure that all cohorts of carers are supported as required.

8. STAFF CONSIDERATIONS

8.1 There are no staff considerations

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 There are no asset management considerations.

10. RECOMMENDATIONS

10.1 It is recommended that members of the Health and Wellbeing Board support the development of an all age Carers Strategy and commit as partners to contribute to the strategy development.

10.2 An all age Carers Strategy to be presented to a future meeting of the Health and Wellbeing Board for approval.

11. REASONS FOR RECOMMENDATIONS

11.1 To ensure that carers are supported to prevent an escalation of needs and to ensure that those needing to be cared for are appropriately supported.

12. BACKGROUND PAPERS

None.

13. CONTACT OFFICER

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Department of Health & Social Care

Carers Action Plan 2018 - 2020

Supporting carers today

June 2018

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Carers Action Plan 2018 - 2020

Supporting carers today

Prepared by the Department of Health and Social Care

Contents

Foreword

Every year, more and more people take on a caring role. The enormous contribution of our country's carers not only makes an invaluable difference to the people they support, it is an integral part of our health and social care system and it deserves to be better recognised.

To doctors, carers are the experts-by-experience turning treatment plans into reality. To pharmaceutical companies, they can be an important influence towards the achievement of treatment success. To the people they help, they are the indispensable family members, friends, and neighbours that make each day possible. Within our communities they are vital partners, bridging the gap between local health and care services.

What none of us must forget is that carers have their own needs too. We must be alert and responsive to those needs, or we risk compromising their health and wellbeing and – by association – the recipients of their care.

Many of us will be a carer at some stage in our lives. Today around 1 in 10 of the population are carers (Census, 2011). The role can come about unexpectedly and many will put their own lives on hold to help someone close to them. While for most carers the experience of looking after someone close is rewarding and undoubtedly has an immeasurable impact on the people they care for, the hours can be long and their work is hard. Caring can take a toll on the carer's own health, relationships and finances.

The value and importance of carers to health and social care and broader society is ever-increasing with our ageing population. One estimate suggests that the number of disabled older adults (65+) receiving informal care in England will increase from around 2.2 million in 2015 to around 3.5 million by 2035, which represents an increase of 63% (Wittenburg and Hu, 2015). In the UK this care is worth billions of pounds to the economy each year.

However, too often carers feel they are on their own, do not feel respected, valued and supported for the huge contribution they make. They feel that what they do is sometimes taken for granted and overlooked, which often takes a toll on their own wellbeing. Not only do carers face emotional challenges but they sometimes navigate through complex systems with little formal guidance and direction (Carers Call for Evidence 2016 -Government response to the carers call for evidence).

Carers need to be recognised and valued. Carers need access to information and support to provide the best care they can. Carers need to be helped to balance their caring responsibilities with their own employment and to preserve their personal health and wellbeing. That is why we are publishing this Carers Action Plan. It sets out the practical actions we plan to take over the next two years working together across government and with partners beyond government.

As a mark of the Government's commitment to carers, we, Ministers from the Government Equalities Office, the Department for Digital, Culture, Media and Sport, the Department for Business, Energy and Industrial Strategy, the Department for Work and Pensions and the Department for Education have contributed to and are investing in this action plan, which we have signed alongside the Department of Health and Social Care.

The Government recognises that there is still more to do. That is why the needs of carers will also be central to the forthcoming social care green paper. Carers are vital partners in the health and social care system and a sustainable settlement for social care will simply not be possible without focusing on how our society supports carers.

Each of us must also do our bit to help recognise, value, support and celebrate carers, who make an amazing contribution looking after so many people in need of help and support.

Caroline Dinenage MP

Minister of State for Care

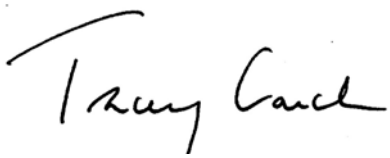
Department of Health & Social Care

Victoria Atkins MP

Minister for Women

Government Equalities Office

Tracey Crouch MP



Minister for Sports & Civil Society

Department for Digital, Culture Media & Sport

Andrew Griffiths MP

Minister for Small Business, Consumers and Corporate Responsibility

Department for Business, Energy & Industrial Strategy

Sarah Newton MP

Minister of State for Disabled People, Health and Work

Department for Work & Pensions

Nadhim Zahawi MP

Parliamentary Under Secretary of State for Children and Families

Department for Education

Introduction

The Carers Action Plan

This action plan outlines the cross-government programme of work to support carers in England over the next two years and builds on the National Carers Strategy. It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments. It sets out this Government's commitment to supporting carers through 64 actions across five priorities emerging from the carers' Call for Evidence. The actions focus on delivery and tangible progress that can be made in the near future, and give visibility to the wide range of work that is planned or already underway across government to support carers, their families and those they care for.

Although the term "carer" is defined in very specific terms for the purposes of the Care Act 2014, and for the purposes of claiming some benefits, this action plan recognises carers in a far broader sense. Thinking too narrowly risks people not getting the recognition and support they need. For the purposes of this action plan, a carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer.

The action plan builds on the Care Act 2014, a historic piece of legislation which introduced important new rights for carers, putting them on the same footing as the people for whom they care. Carers now have legal rights to an assessment of, and support for, their needs where eligible. Alongside the Care Act 2014, the Children and Families Act 2014 extended the right to a needs assessment to all young carers, regardless of who they care for or the type of care provided. This means that when a child is identified as a young carer, the needs of everyone in the family will be considered, triggering both children's and adult's support services.

Government is committed to supporting carers to provide care as they would wish, and to do so in a way that takes account of their own health and wellbeing, access to education, employment and life chances. However, some solutions reach beyond the health and care system, and indeed beyond the influence of Government. We also need businesses, local communities, the voluntary sector and individuals to play their part in addressing these challenges to make sure that caring is everybody's business.

At the root of this is the need to raise the profile of carers and caring – so that all of us recognise and value the contribution carers make within our families, communities, workplaces and society.

The Call for Evidence

In 2016, the Government launched a carers' Call for Evidence consultation, to which there were 6,802 responses. Carers told us about the pride and satisfaction they take in their caring roles, but also the many practical frustrations and difficulties they face and the profound impact caring can have on their own health, employment and lives outside caring.

A summary of the responses to this consultation is published alongside the action plan.

In developing this plan we have drawn on the thousands of responses, including those heard at focus groups and other events designed to capture carers' views. Five primary themes emerged from our analysis of the responses and these are reflected in the structure and contents of the action plan.

- **Services and systems that work for carers** - Carers often have extensive contact with the health and social care system, so it is important that services value and involve carers. Services and systems need to be aware of the diversity of carers and their circumstances, from an elderly neighbour, to a young adult carer even to someone serving in the armed forces. There is no such thing as a "typical carer". They also need to be responsive and flexible, recognising and supporting carers at different stages in the caring journey.
- **Employment and financial wellbeing** - Many carers told us about the difficulties they face balancing work and performing a caring role, and at the same time how they are struggling to make ends meet leading to financial hardship putting further pressure on them. Where an employer is made aware of an employee with caring responsibilities, employers can take simple, but effective action to enable carers to balance their caring and employment responsibilities. It makes good business sense to consider what flexible working practices might help both the employer and employee.
- **Supporting young carers** - Young carers can suffer with poorer health and wellbeing, often missing out on education and training opportunities. Improved identification of young carers, to enable assessments that identify support needs alongside flexible educational opportunities are vital to providing support so that young carers are able to access opportunities and have the same life chances as other young people without caring responsibilities.
- **Recognising and supporting carers in the wider community and society** - Many carers will have little contact with services for carers, and will not be receiving formal support in their caring role. It is therefore vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities.
- **Building research and evidence to improve outcomes for carers** - This helps to better understand what solutions would be most effective and helpful for carers, to strengthen areas where we identified gaps in knowledge through our Call for Evidence and to ensure that the development and delivery of future policies are informed by a strong evidence base.

The Call for Evidence was launched in preparation for a Carers Strategy. However, the announcement of a social care green paper, for publication this summer, presented an opportunity to take a more fundamental approach to tackling the challenges carers face. We will, therefore, consider them alongside our strategy for social care.

That said, we also recognise that there are specific actions needed to improve support for carers now. For this reason, we are bringing forward this action plan, setting out a cross-government programme of targeted work to be carried out over the next two years.

The action plan puts a focus on current delivery ahead of the forthcoming green paper and gives visibility to the work that is being done or is planned within government.

Making progress

We are committed to ensuring delivery of the programme of work on carers within the action plan. That is why the Minister for Care, Caroline Dinenage, will chair a review of progress on the commitments in the action plan twice a year.

At this stage the Department of Health and Social Care will provide a substantive update on many of the actions set out in the plan, and take stock of plans for future activity, in the wider context of the green paper.

Alongside this we will continue to work in partnership with carers organisations and a wide range of other stakeholders to ensure the actions set out in this plan are appropriately targeted and designed to achieve maximum impact, and to understand the progress made in supporting carers.

We want this action plan to improve the health and wellbeing of carers and to support a better experience for them. We will therefore seek to understand the extent to which these actions help to:

- Increase the number of employers who are aware of caring and the impact this has on their workforce;
- Support health and social care professionals to be better at identifying, valuing and working with carers;
- Improve access to appropriate support for carers, including respite care and carers breaks;
- Improve the evidence base on carers to inform future policy and decisions;
- Ensure that the needs of carers are recognised in relevant government strategies such as *Fuller Working Lives, Improving Lives: the Future of Work, Health and Disability and Loneliness*.

Looking forward - the social care green paper

The action plan will deliver improvements for carers but it is not the whole story. We also want carers to be at the heart of the social care green paper. Carers are vital partners in the health and social care system and the needs of carers will be an important part of our new social care strategy.

A sustainable social care system for the future is simply not possible without focusing on how our society supports carers. By considering the issues facing carers side by side with our strategy for social care, we will be able to take a more fundamental approach to the issues.

The green paper will also address other areas of importance to carers, including improving the quality of care, increasing personalisation and ensuring a sustainable financial system for care.

Chapter 1- Services and systems that work for carers

It is essential that all carers are recognised and supported by public services. In the Call for Evidence, 89% of the 6,275 participants who responded to this question felt strongly that it was important adult carers received better services and support in future. Carers pointed to the need for services that value and involve carers, because feeling respected and listened to is important to them.

Carers often have extensive contact with the health and social care system. They highlighted the importance of having their expertise recognised by the people they interact with in these services, so that their views are taken into account in decision making. Carers also talked about the importance of awareness raising and training for health and social care professionals, so that they can help to identify carers and be proactive in providing information and support.

We also heard that while carers frequently report the same difficulties, such as lack of time and energy or a lack of understanding from others, the impact of these factors depended on their particular circumstances and the nature of their caring role. They felt that services and systems needed to be flexible and responsive, to ensure they can recognise and support individuals across the full range of diverse caring roles, at different stages in the caring journey.

Many carers described how they feel tired and less resilient physically and mentally, and reported the value of inexpensive opportunities for respite or sitting services so they could try to balance life outside caring.

The actions below target the way health and care systems support carers. They are designed to improve awareness and understanding among health professionals and social workers, and work with local government to ensure carers are able to access the support they are entitled to, including a specific action on respite care.

"This year especially has been very hard for me. I was happy my doctor noticed this and offered me counselling at the surgery where I felt comfortable" (Kerry, West Midlands).

Raising awareness of and promoting best practice amongst health professionals

These actions seek to improve health professionals' awareness and identification of carers so that carers feel that they are listened to and their views are appropriately taken into account when the person they care for is in a healthcare setting. In addition, the Department of Health and Social Care has committed to reviewing the implementation of the Care Act in 2019.

No.		Lead	Delivery date
1.1	NHS England (NHSE) will work with the Care Quality Commission on the development of quality standards for carer-friendly GP practices, and is developing a framework of questions (quality markers) that can be used by doctors' surgeries to demonstrate how effective they are in recognising and supporting carers. The questions and ideas have been taken from what carers, and their representatives, have told NHS England matters to them.	NHSE	Spring 2019

1.2	NHS England is working with system and voluntary sector partners to identify exemplar bereavement care pathways focusing on improving the identification of and support for carers in relation to end of life care and bereavement. The work will include: • Scoping exemplar models for end of life and bereavement support for carers of all ages; • Working with voluntary sector partners to scope and understand the work of end of life care volunteer networks, including bereavement care, and strengthen the bonds that support dying people in their own communities; and • The development of commissioning support resources to connect commissioning processes to local population intelligence and positive practice models.	NHSE	March 2019
1.3	NHS England and the Ministry of Defence will work to improve support for armed forces carers, in keeping with the intent of the Armed Forces Covenant, whereby service personnel and their families are not disadvantaged as a consequence of service in the armed forces. NHS England will jointly raise awareness of the health-related aspects of support for carers in the armed forces and will make sure this work reaches relevant stakeholders at their annual armed forces carers conferences. The Ministry of Defence and NHS England will continue to work together to support armed forces carers, particularly through the work of the Ministry of Defence on the UK armed forces families strategy and work regarding safeguarding. The commitment to the Covenant considers adult, young adult and young carers, and acknowledges the need to best support a community that often does not have access to broader familial support. A holistic approach to armed forces carers recognises the need for timely access to care and services. Further details about armed forces healthcare in the NHS is here: https://www.nhs.uk/NHSENGLAND/MILITARYHEALTHCARE/Pages/Militaryhealthcare.aspx Information about the UK armed forces and families strategy is here: https://www.gov.uk/government/publications/uk-armed-forces-families-strategy	NHSE / MoD	Ongoing

1.4	NHS England is working on a project to identify exemplar models for identification of and support for older carers and carers of people with dementia. The findings of the scoping work on exemplar models will be shared via NHS England networks and will look to identify key factors that will enable positive practice to be spread.	NHSE	March 2019
1.5	As part of the programme of work on implementation of the Dementia 2020 Challenge:		
	• NHS England is working to ensure that GPs are playing a leading role in ensuring coordination and continuity of care for people with dementia and their carers. The next phase will be to establish a nationally agreed set of codes for the dementia care plan in 2018.	NHSE	Review 2018 Delivery 2020
	• Skills for Care (SfC) is working in partnership with Health Education England (HEE), Alzheimer's Society (AS), and Association of Directors of Adult Social Services (ADASS) to ensure that people with dementia and their carers are supported by health and care staff that have undertaken appropriate levels of dementia awareness and training. Progress will be assessed as part of the review of implementation of the Dementia 2020 Challenge in late 2018.	SfC, HEE, AS, ADASS	Review 2018 Delivery 2020
	• The Department of Health and Social Care (DHSC) is working with the Dementia Action Alliance to increase the numbers of hospitals who have signed up to the Dementia Friendly Hospitals Charter: https://www.dementiaaction.org.uk/joint_work/dementia_friendly_hospitals and to explore options for increasing the number of volunteers in hospitals to support people with dementia.	DHSC	Delivery 2020
1.6	Public Health England (PHE) is working with internal and external partners, including a carers' organisation, to develop a 'productive healthy ageing' action plan, with a focus on reducing health inequalities. This action plan will promote productive healthy ageing and dementia risk reduction messages, including those that impact on carers.	PHE	2018/19
1.7	Health Education England will work with unpaid carers and their representative organisations to consider healthcare education and training needs for unpaid carers, to empower and equip them with the knowledge and skills they need. Early work is underway between Health Education England and Carers UK to	HEE & DHSC	Autumn 2018

develop actions to be included in the Health and Social Care Workforce strategy in the summer of 2018.

Raising awareness amongst social workers

These actions seek to improve social workers' awareness and identification of carers so that carers feel they are properly listened to and that their views are appropriately taken into account.

No.		Lead	Delivery date
1.8	The Department of Health and Social Care and Research in Practice for Adults (RiPfA) will support implementation of social work practice guidance with carers with Principal Social Workers and Carers leads. This will involve following up on the carers resources published in 2017 to see how well they have been implemented and what more is needed to improve social work practice with carers.	DHSC / RiPfA	2018/19
1.9	The Department of Health and Social Care will consult on and publish a knowledge and skills statement for social work supervisors to improve the quality of practice including practice with carers.	DHSC	2018/19
1.10	The Department of Health and Social Care will work with the Principal Social Workers network to undertake an awareness raising campaign of best social work practice with carers through the Chief Social Worker for Adults' communications with the sector. This will include agreeing ways to evidence the impact of the campaign e.g. social care customer surveys and increasing numbers of carers' assessments.	DHSC	2018/19
1.11	The Department of Health and Social Care has worked with the James Lind Alliance to involve carers in agreeing research priorities for social work with adults, to better understand which social work interventions and approaches work and why. This will help to make sure that future research answers the questions that are important for social workers and the people they work with. It will also inform social work practice development and decisions, enabling carers and others to receive the best possible social work support.	DHSC / James Lind Alliance	Autumn 2018

Supporting requirements of the 2014 Care Act and the 2014 Children and Families Act

These actions seek to support carers to benefit fully from the support, information and advice they are entitled to under both Acts.

No.		Lead	Delivery date
1.12	The Department of Health and Social Care will work with local government on a sector-led improvement programme of work focused on the implementation of the Care Act duties for carers.	DHSC	2018/19 & 2019/20
1.13	The Department of Health and Social Care will fund a project on actions to promote best practice for local authorities, clinical commissioning groups, and other service providers and commissioners on carer breaks and respite care. This will include promotion of the existing option for carers and individuals to use personal budgets or direct payments to help pay for alternative care arrangements while carers take a break.	DHSC	2018/19
1.14	The Department of Health and Social Care will fund a project to support parent carers to navigate the transition from child to adult services as their child approaches the age of 18.	DHSC	2019/20

Personalisation

These actions seek to ensure that individuals are able to access health and social care services in a way that is personal to them. This includes using holistic approaches when considering the needs of unpaid carers.

No.		Lead	Delivery date
1.15	The Department of Health and Social Care and NHS England have recently launched a consultation on extending legal rights for personal health budgets and integrated personal budgets, to groups who we believe could benefit from access to a more personalised approach to their health and care. More personalised and integrated commissioning offers an opportunity to develop a more person-centred and integrated approach when identifying, assessing, and supporting the health and wellbeing needs of both the individual, and any carers involved. The outcome of this joint assessment can then be incorporated into a single, integrated plan, to make sure that the needs of both the individual and carer are met. Personalised approaches can also deliver transformational change by working with carers as expert care partners; fundamental in the planning, design and shaping of services.	DHSC	2018/19

	The consultation can be responded to at https://consultations.dh.gov.uk/commissioning-integration-and-transformation/extending-rights-to-personalised-budgets. **The closing date for submissions is 8 June 2018, with a response due in summer.**		
1.16	Three pilots in Gloucestershire, Lincolnshire and Nottinghamshire have recently been announced that will test a more integrated, single assessment process. Over the next two years, every single person accessing adult social care in these three areas will be given a joint health and social care assessment - including a needs assessment, and subsequently a single, joint plan that will meet the bespoke needs of the individual. All assessments and plans will take into account the role, health and wellbeing of their carers as a fundamental part of the process.	DHSC	2018/19 & 2019/20

Mental Health Act 1983 and supporting carers

This action considers how support for carers of people subject to the Mental Health Act 1983 could be improved.

No.		Lead	Delivery date
1.17	The independent review of the Mental Health Act 1983 will consider further: • How to improve dignity and respect for service users and carers; and • Other mechanisms through which the carers, families and friends of people who are detained can be supported to be involved in the care of the person they support. The review's interim report can be found here: https://www.gov.uk/government/publications/independent-review-of-the-mental-health-act-interim-report	DHSC	End 2018

Chapter 2 Employment and financial wellbeing

Around one in nine working people are also carers (Census, 2011) and indeed the largest proportion of carers are in employment, whether full or part time. Yet we know that many carers experience substantial challenges in balancing employment and their caring responsibilities.

Through our Call for Evidence, carers told us how important they thought it was to support working carers. Many carers spoke about how difficult they found it to balance work, look after their own health and wellbeing and perform a caring role, and in some cases how they needed to give up work altogether because there were no alternatives.

Feedback highlighted the practical challenges of maintaining employment, the positive and negative treatment experienced from employers, and a desire for more flexible working.

Financial support and advice is of primary importance to adult carers. There was evidence of the short and long term impacts on carers and their finances from having to make compromises around work. Most of the responses that mentioned financial support wanted advice about where to find more information about benefits, grants and financial management.

The actions here seek to address a number of these themes, through initiatives to support employers to improve working practices and flexible working to help carers to stay in work, as well as to support carers returning to work and improving advice on financial support for carers.

"I have been able to negotiate my own flexible working pattern that now enables me to work full-time. Previously I was unable to do this and for eight years I had to work just 12 hours per week in order to be able to manage my daughter's care. Employers need to recognise better the importance of flexible working and to offer paid time off with regard to the additional education or medical appointments that carers usually need" (Rachel, Yorkshire and Humberside).

Improve working practices

These actions seek to raise the profile of carers with employers and encourage employers to improve their working practices, to enable carers to continue to work alongside their caring role.

No.		Lead	Delivery date
2.1	The Department of Health and Social Care has been working with Employers for Carers to develop a carer-friendly employer benchmarking scheme. The scheme will have three levels and will help employers to measure the robustness of their support arrangements for carers and to identify their outcomes. A pilot will be completed in July 2018. Following that, the Department of Health and Social Care and Employers for Carers will work together to roll out and promote a self-sustaining employer benchmarking scheme available to all employers.	DHSC	July 2018
2.2	The Department of Health and Social Care has worked with Employers for Carers on extending their umbrella membership model which enables local authorities to engage local small and medium-sized enterprises by making their	DHSC	Ongoing

	resources available for them free of charge. Employers for Carers is extending umbrella membership to an additional ten local councils in order to influence and support more small and medium enterprises to implement workplace policies and culture. In addition to benefitting local councils, small and medium enterprises in their localities and working age carers, the project is seeking to capture the impacts in those local areas to help develop the evidence base and influence further local authorities and local employers to pay to join Employers for Carers. http://www.employersforcarers.org/about-us/efc-umbrella-membership		
2.3	The Department for Business, Energy and Industrial Strategy (BEIS) are considering the question of dedicated employment rights for carers alongside existing employment rights (such as the right to request flexible working and the right to time off for family and dependents). We have set up an official level working group (the Department of Health and Social Care, the Department for Work and Pensions (DWP), the Department for Business, Energy and Industrial Strategy and HM Treasury) to work on this. This includes considering the crucial questions that arise around introducing dedicated employment rights with the support of analysts so that any emerging carers leave proposal is most effective.	BEIS, DHSC & DWP	2018/19 & 2019/20
2.4	Civil Service Employee Policy (CSEP) is working in partnership with Departments in building on existing policies and processes to support carers working in the Civil Service. The Civil Service will encourage greater use of the carer's passport and the wider adoption by Departments of a carers' charter, bringing together the support they offer. Civil Service Employee Policy will be working closely with the Charity for Civil Servants and all Government Departments.	CSEP, Cabinet Office	June 2018
2.5	A Ministry of Defence "Defence People with a Significant Illness" project is in the process of creating policy to support both carers in the armed forces and the management overseeing them. To understand the demographic for this, the Ministry of Defence launched an Armed Forces Carer's Survey in May 2018 and will form from this, an Armed Forces Carers working group. Results are expected shortly.	MOD	Ongoing
2.6	The Department for Work and Pensions is working with Business in the Community to continue to share best practice of carer policies and practices, such as that of Aviva, utilising our relationship with Business in the Community and the Business Champion for Older Workers, particularly in the	DWP	Ongoing

	context of Fuller Working Lives.		
2.7	NHS Improvement is working with NHS England on retention of carers in the NHS workforce. NHS Improvement, as part of the national retention programme, is working in partnership with Carers UK and will be running masterclasses on how the NHS can be a more carer friendly employer and encouraging greater family and carer flexibility in employment practice. This links to the direct support programme involving over 100 trusts, which seeks to ensure flexible employment practices are in place. NHS England will then build on this approach in primary care. This will help to improve recognition and support for carers in the workforce, and improve retention.	NHS Improvement/ NHSE	Summer 2018

Flexible working

These actions seek to specifically promote flexible working and its benefits to employers to increase the opportunities for carers to return to work or continue to work alongside their caring role.

No.		Lead	Delivery date
2.8	The Department of Health and Social Care is working with Timewise Foundation on a project to promote best practice in the use of employment flexibilities to support carers. In April, Timewise launched a new Carers' Hub. The hub is a one-stop shop for support, advice and flexible job opportunities to help carers balance their responsibilities with fulfilling careers, as well as offering best practice guidance on flexible working and flexible hiring practices, in order to help employers find and keep talented employees who want or need to work in this way. Both partners will continue to promote, disseminate and evaluate the scheme: https://www.timewisejobs.co.uk/caring-for-a-relative/.	DHSC	2018/19
2.9	In the Government's response to the Taylor Review of modern employment practices the Department for Business Energy and Industrial Strategy announced a flexible working taskforce. The taskforce will tackle issues around flexible working that are key to improving the recruitment, retention and progression of informal carers and other groups. There will also be an evaluation of the right to request flexible working which will take place in 2019. https://www.gov.uk/government/publications/government-response-to-the-taylor-review-of-modern-working-practices.	BEIS	2018/19

Returning to work

These actions seek to provide support and training to carers to help them to return to work, and at a level that is commensurate with their skills and experience.

No.		Lead	Delivery date
2.10	The Department of Health and Social Care is working with Carers	DHSC	2018/19

	UK to develop an e-learning resource which will help carers to recognise the skills they have developed through caring and to think about ways in which they can use these skills. The resource looks at opportunities for learning, volunteering and work. Carers UK is now exploring the possibility of peer validation of the learning through digital credentialing and considering potential delivery mechanisms for the roll out of the e-leaning including, for example, through its networks, the Department for Work and Pensions (Jobcentre Plus) and City & Guilds.		
2.11	The Government Equalities Office (GEO) is working to support people who have taken time out of the labour market for caring – whether as parents, or carers – to return to paid work at a level commensurate with their skills and experience. There are four new returner programmes in the public sector for allied health professionals, social workers, those that wish to become civil servants and teachers. The first three programmes have launched already and the teaching programme will launch later this year.	GEO	2018/19
2.12	The Government Equalities Office is working with employers to increase opportunities for returners in the private sector. It has launched a £1.5m fund to support projects across England aimed at returners of all skill levels and backgrounds. The first set of grants will be awarded in Summer 2018. The Government Equalities Office is working with employers across the private sector to understand how returners can be supported. It has published best practice guidance and a toolkit to help employers run effective returner programmes, and has commissioned a toolkit to support returners to get back into paid employment. The toolkit for returners will be published this summer. For best practice guidance: https://www.gov.uk/government/publications/set-up-a-returner-programme For the toolkit: https://www.womensbusinesscouncil.co.uk/wp-content/uploads/2018/03/toolkit-Women-in-businessv.7.pdf	GEO	Summer 2018
2.13	The Government Equalities Office has commissioned research to understand more about returners. This includes qualitative research among employers who have run returner programmes and analysis of the call for evidence. The majority of the responses to the call for evidence were from returners and potential returners highlighting the barriers they face in returning to work and the support they may require to get back into the workplace. The reports were published in March 2018. Further quantitative analysis of returners will be published and publicly available and	GEO	2018/19

	should help employers to access the returner talent pool and returners to get back into meaningful work.		
2.14	To support the objectives of the Government Equalities Office to raise awareness of the returner talent pool and create new high quality work opportunities for returners, they are to act as sponsor for two returner awards as part of the Working Families Best Practice Awards and Working Mums Top Employer Awards. The awards seek to reward employers who exhibit best practice in the way they run their returner programmes and support those who have been out of paid work due to caring responsibilities back into the workplace. For Working Families Best Practice Awards: https://www.workingfamilies.org.uk/employers/bestpracticeawards/ For Working Mums Top Employer Awards: https://www.workingmums.co.uk/top-employer-awards/categories/best-for-returners/	GEO	2018
2.15	The Department of Health and Social Care and the Department for Work and Pensions are working in partnership through the joint Work and Health Unit on taking forward the strategy *"Improving Lives – the Future of Work, Health and Disability"*, which sets out the Government's commitment to see 1 million more disabled people in work over the next 10 years. This will benefit carers, including improving advice and support for employers, helping to create healthier and more inclusive workplaces. https://www.gov.uk/government/publications/improving-lives-the-future-of-work-health-and-disability	DHSC & DWP	2018/19
2.16	The Department for Work and Pensions is working with the Department of Health and Social Care and the Department for Business, Energy and Industrial Strategy to create a package of analysis and research across government aiming to understand the key barriers for carers remaining in and returning to employment. This will aim to support policy priorities and identify target areas for potential intervention.	DWP	Ongoing

Financial support

These actions seek to ensure carers have access to financial support when they need it.

No.		Lead	Delivery date
2.17	The Department for Work and Pensions will ensure that benefits for carers (including Carer's Allowance and Universal Credit) meet the needs of carers and support employment for those carers who are able to work.	DWP	Ongoing

2.18	The Department for Work and Pensions will review and improve the information and signposting available to carers who visit Jobcentres to seek support in finding employment.	DWP	Ongoing

Chapter 3 Supporting young carers

The Government is committed to making sure young carers are not left behind. While some caring can be rewarding for young carers, they can experience poorer mental and physical health, and miss out on opportunities in education and employment as a result of their caring responsibilities.

The Call for Evidence highlighted that more needs to be done to support young carers. In their responses 400 current or past young carers (67% of respondents) told us that they had not received any support as young carers.

Suggestions for supporting young carers included groups to share experiences, mental health support or counselling, information provision through schools and educational establishments, and flexible educational support and careers planning.

The actions aim to do this by focusing on improving the identification of young carers; improving their educational opportunities and outcomes; providing support to young carers, particularly to vulnerable children; and improving access to services. In supporting the transition for young adult carers, Government seeks to identify and disseminate effective approaches to transition assessments that will translate into support that enables young adult carers to make positive transitions between the ages of 16-24.

"When I was a young carer, my mother had agoraphobia and couldn't leave the house and she also suffered with depression. I didn't understand it but was left for ages with her. I had no siblings and my father worked as a long-distance lorry driver. I had little or no support but didn't know I needed the help. I thought everyone else lived like I did" (John, Yorkshire and Humberside).

Identification of young carers

These actions seek to improve identification of young carers to enable them to get early access to support services, and enable safeguarding arrangements to be put in place quickly where necessary.

No.		Lead	Delivery date
3.1	The Department of Health and Social Care is working with Carers Trust on a young carers identification project which will develop and deliver a 'train the trainer' model to support local areas to identify potential young carers and enable individuals working with them to engage sensitively and signpost them to relevant services. Both partners will continue to promote, disseminate and evaluate the model. The materials for the model can be freely accessed from the Carers Trust Professionals website: https://professionals.carers.org/.	DHSC	2018/19
3.2	We will conduct a review of best practice in identification of young carers and access to support. The review will involve experts and look at existing practice, as well as identifying good practice and opportunities for improvement, and will report back by Easter 2019. It will build on existing work, including the young carers identification project, led by DHSC and the Carers Trust.	DHSC/ DfE	Easter 2019

3.3	The Department for Education (DfE) will improve information sharing to safeguard vulnerable children. This will support stronger multi-agency working between practitioners and enable better assessments and decision making within children's social care. Better information sharing across agencies will help to identify children who are young carers.	DfE	Ongoing
3.4	The Department of Health and Social Care will fund a project which focuses on young carers from disadvantaged and seldom heard groups, to increase the timely identification of particularly hidden young carers and to support better identification among Black, Asian and minority ethnic families.	DHSC	2019/20

Improving educational opportunities and outcomes

These actions seek to improve young carers' educational opportunities and outcomes to enable them to achieve their full potential.

No.		Lead	Delivery date
3.5	The Department for Education is undertaking a review of *Children in Need*, which includes young carers, to understand the challenges these pupils face and the support that best improves their educational outcomes, both in and out of school. The findings from the review will inform how best to support Children in Need in order that they achieve their full potential. https://www.gov.uk/government/publications/review-of-children-in-need	DfE	Ongoing
3.6	The Learning and Work Institute (LWI) and the Department for Work and Pensions launched customer information materials setting out the rules for students claiming Carer's Allowance in September 2017. The impact of this activity will be evaluated and consideration given to further activity in due course. http://www.learningandwork.org.uk/resource/carers-allowance-leaflets-and-posters/	LWI & DWP	Summer 2018

Improving access to support services

These actions seek to improve young carers' access to support services to make sure they are properly supported at an early stage and interventions are put in place promptly where necessary.

No.		Lead	Delivery date
3.7	NHS England will embed and develop the Young Carer Health Champions programme, which was established to support improved confidence in using health services, promote health and wellbeing, and develop the capacity of young carers to participate in the planning and development of young carer friendly services.	NHSE	2018/19

3.8	The mental health needs of young carers were recognised in the recent Green Paper*, Transforming Children and Young People's Mental Health*, which closed for consultation on 2 March 2018. The Green Paper will improve the offer of mental health support for all children and young people, recognising the need for early intervention and prevention. The Department of Health and Social Care and the Department for Education are analysing consultation responses and will publish a government response in due course.	DHSC	2018/19

Transition for young adult carers

This action seeks to improve support for young adult carers to enable them to make positive transitions between the ages of 16-24

No.		Lead	Delivery date
3.9	The Department of Health and Social Care will fund a project on transitions for young adult carers. The project will look to identify and disseminate effective practices to support and enable young adult carers to make positive transitions between the ages of 16-24, and identify the types of practical and emotional support that can enable a young adult carer to achieve a positive transition.	DHSC	2018/19

Chapter 4 Recognising and supporting carers in the wider community and society

Many carers have little contact with services for carers and are not receiving formal support in their caring role. It is, therefore, vital that we work with partners beyond government to raise awareness of caring among the wider population to build carer friendly communities.

Responses to the Call for Evidence emphasised the importance of working with the voluntary and community sector. Charities were highlighted as a source of information and support for carers. There was also a desire for carer-led and community-led support, with carers saying they would value local action groups, social activities and peer support.

Carers also felt there was a need to raise awareness among employers, the public and professionals so that people are more aware of what carers do and how important their role is for the community and the economy.

They described some of the practical frustrations they face when trying to use businesses and services. This can include fitting appointments around caring responsibilities and difficulty accessing businesses and services flexibly to reflect the fact that caring roles do not fit within regular working patterns. Many of these may not seem substantial in themselves, but collectively and over time make some caring roles more challenging than they need to be.

The actions set out in this chapter aim to raise awareness of caring to build carer-friendly communities that recognise carers, and better support them, including in employment and in combating loneliness.

They also seek to encourage innovation, working across government and with our partners in the voluntary and community sector to look beyond statutory services and find creative ways to support carers.

In *Improving Lives: The Future of Work, Health and Disability* and the *Industrial Strategy* the Government has set out how it expects the use of technology to help disabled people live more independently in future. Improved use of assistive technology will have benefits for those who are providing care.

"Without information and advice about my parents' dementia, services available locally and benefits/legal advice, I would not have been able to cope for as long as I did and give the best support to them" (Sue, North West).

Technology and innovation

These actions seek to raise societal awareness of carers and help create carer friendly communities by using innovative ideas supported by technology to improve carers' everyday experiences.

No.		Lead	Delivery date
4.1	The Department of Health and Social Care will launch a £0.5 million Carer Innovations Fund to identify and promote creative and cost-effective models that look beyond statutory services to develop carer friendly communities. For example, this could include providing advice and information for carers, use of technology to assist caring responsibilities, early intervention and crisis prevention support.	DHSC	Summer 2018

4.2	The Department of Health and Social Care have funded work in partnership with Carers UK and Digital Health and Care Alliance on a project to support greater awareness (of the availability and potential of technology and products to support carers) among carers, support groups, commissioners, health professionals, local authorities, service providers and potential developers of technologies. The Department of Health and Social Care will continue to promote, disseminate and evaluate the work. For professionals - Digital Health and Care Alliance: https://dhaca.org.uk/carers-tech-toolkit/ For carers - Carers UK: http://www.carersuk.org/tech	DHSC	2018/19
4.3	The Government has launched an Ageing Grand Challenge which will aim to catalyse joint working between government, industry and civil society. In aiming to support society to age better and improve quality of life, the Grand Challenge will explore how it can support carers better through innovation and new ways of working. https://www.gov.uk/government/news/live-longer-better-healthier-new-innovation-funding	BEIS	Ongoing
4.4	The Industrial Strategy Challenge Fund 'Healthy Ageing' programme will invest £98 million in innovations aimed at supporting people to age well, including looking at innovations which can support people to have happier, healthier and more independent lives. Many of these innovations should be applicable to people of any age. Through developing new technologies and approaches to support individuals, it will provide carers with reassurance and new ways to support those they care for. https://www.gov.uk/government/collections/industrial-strategy-challenge-fund-joint-research-and-innovation#healthy-ageing	BEIS	Ongoing

Recognition of carers

These actions seek to increase recognition of carers in society and their local communities and to improve their everyday experiences.

No.		Lead	Delivery date
4.5	In partnership with Carers UK and Carers Trust, the Department of Health and Social Care funded a project to develop a national Carer Passport project (recognition of carers which aids them to access services and community facilities). This included the development and promotion of a toolkit and resources for local organisations and systems to develop their own Carer Passport offer. The Department of Health and Social Care will continue to promote, disseminate and evaluate the scheme. https://carerpassport.uk/	DHSC	2018/19

4.6	NHS England will sponsor a "System-led Support for Carers Award" for clinical commissioning groups and local authority integrated commissioning for carers and a Royal College of Nursing Institute Award for "Commitment to Carers".	NHSE	2018/19
4.7	The Department of Health and Social Care is researching ways in which to improve provision of Changing Places toilets in healthcare settings. These toilets have extra equipment and space compared to standard accessible toilets, to meet the needs of people with profound and multiple disabilities. Increasing provision would improve the experience of disabled people, their families and carers when accessing health services.	DHSC	2018/19

Community engagement

These actions seek to improve the way communities understand and support carers to improve carers' their experiences, health and wellbeing.

No.		Lead	Delivery date
4.8	The Office for Civil Society (within DCMS) is supporting an End of Life Social Action tool-kit to support more social action and volunteering at end of life, which is based on work with Hospice UK and seven local providers. The tool-kit provides practical guidance for those providing volunteer befriending services. This will allow volunteers to train to visit people in their homes to provide a range of non-medical support i.e. emotional and practical support, which will complement the support provided by carers.	DCMS	2018
4.9	The Office for Civil Society is looking at ways to use social action to encourage better self-care for people living with long-term conditions and/or mental health issues. The Office for Civil Society will consider carers and former carers as part of this work.	DCMS	Ongoing
4.10	The Department of Health and Social Care will work with the Department for Digital, Culture, Media and Sport (DCMS) to reflect issues affecting carers in the forthcoming Civil Society Strategy. The Civil Society Strategy will help shape government's work with and for civil society over the next ten years. It intends to support public policy across government. At its core, the Civil Society Strategy is about building opportunity and optimism and unlocking potential.	DHSC & DCMS	Autumn 2018

4.11	As part of the programme of work on implementation of the Dementia 2020 Challenge, the Department of Health and Social Care is leading on a Citizens Engagement Programme to improve the lives of people with dementia and their carers. Progress will be assessed in late 2018.	DHSC	Review 2018 Delivery 2020
4.12	The Department for Education has provided grant support for Parent Carer Forums since 2008 to help ensure they have a voice in local decision making on policy and service delivery for children and young people with special educational needs and disabilities. The Department for Education is providing a further £4.6m to these forums up until March 2020.	DfE	2018/19 & 2019/20
4.13	Public Health England will be running a national public mental health campaign to help people become better informed about mental health. The campaign will use interactive content, including a series of videos, to support and encourage self-help and support of others, including signposting to organisations who can provide advice and support on factors which may influence their mental health, including being a carer.	PHE	2018/19

Loneliness

This action seeks to better understand how loneliness affects carers and find ways to combat it.

No.		Lead	Delivery date
4.14	We know that, as a group, carers are particularly susceptible to experiencing loneliness and as such they will be considered in the development of the cross-government loneliness strategy.	DCMS	2018/19

Chapter 5 Building research and evidence to improve outcomes for carers

The Call for Evidence has provided a rich and informative evidence base on the experience of carers across the country and the changes they would like to see. The process has also revealed gaps in our knowledge and we recognise that there is more we can do to develop the evidence base.

We know that as our population continues to age and more people live longer, the numbers of people providing unpaid care will also increase. Therefore it is increasingly important to do full justice to the role carers play so that future policies to ensure carers are supported are underpinned by a strong evidence base.

The following actions seek to strengthen the information on unpaid carers to make sure that future policies are informed by a strong evidence base and are able to take into account the wide range of caring roles provided by unpaid carers.

"I do feel there is a lack of understanding generally about the huge impact that caring can bring" (Carer, West Midlands).

Research to improve the evidence base

These actions seek to improve the information and data available on carers to ensure that future strategies are informed by a strong evidence base.

No.		Lead	Delivery date
5.1	The Department of Health and Social Care will fund research to improve the information available on carers to ensure that future strategies and project work are informed by a strong evidence base. It will do this by: • exploring the primary drivers influencing the availability of unpaid carers; • aiming to produce projections of the numbers of informal carers; • taking forward work on the economics of informal care; and • exploring evidence on the costs and benefits of informal care.	DHSC	2018/19 & 2019/20
5.2	The Department of Health and Social Care will carry out insight work exploring attitudes to informal care and factors influencing propensity to care.	DHSC	2018/19 & 2019/20
5.3	The Department of Health and Social Care, in partnership with NHS Digital, will commission survey data on experiences of carers in England (to update on 2009/10 Survey of Carers in Households	DHSC	2019/20

5.4	The Department of Health and Social Care will work with NHS Digital, the Local Government Association/Association of Directors of Adult Social Services, and NHS England to improve existing data sources on carers, including the biannual Personal Social Services (PSS) Survey of Carers and the NHS General Practice patient survey.	DHSC	2018/19 & 2019/20
5.5	The Department for Work and Pensions, the Department for Health and Social Care and the Government Equalities Office will carry out digital discovery work to understand the extent to which carers' needs are currently met by the information available to them online, with a particular focus on combining caring and working. They will work closely with a range of information providers, including GOV.UK, Carers Direct and third sector organisations, as well as other government departments (including the Department for Business, Energy and Industrial Strategy) to identify improvements to the information offer.	DHSC, GEO, BEIS & DWP	2018/19 & 2019/20
5.6	The Open University is working in partnership with DHSC to maintain the currency of the international Carer-Related Research and Evidence Exchange Network. This is a freely accessible resource which provides up to date organised information and evidence about carers and meets the need for multidisciplinary knowledge exchange nationally and internationally around carer research evidence, practice, policy and innovation. www.open.ac.uk/caren	Open University /DHSC	Ongoing

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HEALTH AND WELLBEING BOARD

4th March 2019

Report of: Director of Public Health

Subject: HEALTH INEQUALITIES WORKSHOP - FEEDBACK

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1. PURPOSE OF REPORT

1.1 To provide the Health and Wellbeing Board with a summary of feedback on discussions at the Health Inequalities Workshop held on the 10th December 2018.

2. BACKGROUND

2.1 The Health and Wellbeing Board held a Workshop on the 10th December 2018, focusing on inequalities in the uptake of services and how we tackle them together.

2.2 The Workshop was attended by representatives from a variety of partner organisations and details of the format for the session are provided in **Appendix A**. A further summary of the discussions as part of the Workshop is also provided at **Appendix B**.

2.3 The Boards attention is drawn to the following outcomes of the small group exercise that looked at "What is driving inequality of access and how can partnerships help?". The following comments were made as part of discussions.

Examples from the discussion:

Service(s)	Client(s)	Barrier(s)	Partnerships and comments
Drug and alcohol services	People with drug and alcohol dependency	Physical (e.g. prisoners) Stigma Fear of violence	Renewed drug and alcohol service specification; pharmacies, police, probation and prisons. Reduction of stigma. Dispersal of groups hanging around outside

			treatment centres. Residential and domiciliary outreach
Child and adolescent mental health	Children and adolescents with mental health needs	Timing and availability of appointments	NHS primary and secondary care, schools, school nursing. Avoid appointments in school hours, better anticipation of "no-show" chaotic family so support attendance, more prevention /emotional resilience work in schools, reduce school exclusions
Breast feeding initiation and support	Pregnant mums (and dads)	Financial Cultural Misinformation	NHS commissioning and midwifery, media (including social media), HBC breast-friendly town, health visiting, voluntary sector (including peer mentors). Celebrity endorsement, eg from entertainment or sport. Social media campaign. Recruitment of peer mentors via midwifery/health visiting. Reappraise possible financial perverse incentives (vouchers for formula milk) and introduce vouchers to reward breast feeding. Respect mothers' wishes – no shaming.
Seasonal flu immunisation	Over-65s and clinical at risk groups	Age Misinformation	Lobby DH and Public Health England to make coverage universal.

Primary health care to Syrian families and other refugees	Overseas arrivals, especially Syrian resettlement	Language, culture and religion	Look for solutions within that community, e.g. existing doctors/nurses or select suitable candidates for such training here.

3. RECOMMENDATIONS

3.1 That the Health and Wellbeing Board:

i) Note feedback from the Workshop and consider how it wishes to respond to the comments made.

ii) Evaluate the benefits of the Workshop and indicated if it wishes further sessions to be organised.

iii) If a further Workshop is to be organised, identify a preferred topic.

4. REASONS FOR RECOMMENDATIONS

4.1 To feedback the outcome of discussions and seek a view on potential future workshops.

5. BACKGROUND PAPERS

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

6. CONTACT OFFICER

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Appendix A

Health and Wellbeing Board Workshop, 10 December 2018

PROGRAMME

Please note the new venue at the Centre for Independent Living (Map attached)

Time table for 10 December 2018
10:00-12:00 – Formal meeting of Health and Wellbeing Board
12:00-13:00 – Buffet lunch
13:00-15:00 – Workshop session: ***"Inequalities in uptake of services"***

Objectives for workshop session

- To provide time and space for more in-depth problem-sharing and problem-solving.
- To build a sense of common purpose and develop the Board as a team.
- To move forward on a topic of common interest – inequalities in uptake of services

Background and purpose

- The purpose of Health and Wellbeing Boards can be summarised in the word "jointness". The Boards exist in every local authority area to develop a joint understanding of the nature and scale of threats to health and wellbeing (the Joint Strategic Needs Assessment); a joint appreciation of each others' assets and scope for meeting those threats (the Health and Wellbeing Strategy); joint commissioning intentions to coordinate investment and activity to tackle those threats and joint appraisal of how they are doing (Public Health Outcomes Framework and similar indicators).
- In practice, agendas are broad, time for discussion is limited, and operational pressures can take over from thinking-time and team-building.
- The topic for this workshop is "Inequalities in uptake of services". After a brief introduction and facilitation, setting out some examples of variation in uptake, round-table groups will address these from their unique perspectives.
- The event is, in effect, 2 hours of free expert consultancy, the expertise coming from within the group.

Attendees and evaluation
All Health and Wellbeing Board members are invited, and strongly encouraged, to attend. In order to broaden benefits, each member may bring a "plus one" to contribute and learn.

This will be a learning and developmental exercise and it will not be open to the public. An evaluation will be conducted and, if deemed a success, will be repeated for other topics.

Appendix B

Notes on the Health and Wellbeing Board workshop session on tackling inequalities together
10 December 2018

Objectives for the workshop

- Explore and understand inequalities in more depth – especially access to services
- To use each other as an expert resource
- To come up with some practical steps

Introductory remarks – a few illustrative facts

Inequality in life expectancy at birth (most versus least affluent 10% of population), for males in Hartlepool is 11.7 years

Inequality in life expectancy at birth (most versus least affluent 10% of population), for females in Hartlepool is 10.2 years

Inequality in ***healthy*** life expectancy at birth for males in Hartlepool is 17.2 years

Inequality in ***healthy*** life expectancy at birth: females in Hartlepool is 14.9 years

The contributory factors to loss of healthy life are mental health, mobility and sensory ailments in the main.

Healthy life expectancy for males: England 63.3 years, Hartlepool 57.7 years (5.6 year gap)

Healthy life expectancy for females: England 63.9 years, Hartlepool 57.4 years (6.6 year gap)

Dying from "preventable causes" (per 100,000 pop) : England 182, Hartlepool 252
% working days lost to sickness: England 1.1%, Hartlepool 2.5%

Fast food outlets per 100,000 population: England 88, Hartlepool 144

Breast feeding initiation: England 75% , Hartlepool 38%

First exercise (identifying barriers)

How do you stop someone getting from A to B?

The group came up with 10 main headings:

1. Physical barriers
2. Misinformation or missing information
3. Inaccessibility, e.g. transport links, phone coverage
4. Financial incentives and disincentives
5. Legislation, local and national policies
6. Violence and threats
7. Removal of B
8. Introduction of “C” as an attractive alternative
9. Positive and negative role models and celebrity endorsement
10. Religio-cultural inducements or obstacles

Second exercise (small groups). "What's driving inequality of access and how can partnerships help?"

- Taking the list above, look for a service and client group affected, eg physical barriers might affect prisoners in jail, people with physical or sensory disability who can't get about.
- Look for a partner agency that can assist overcoming that barrier

Examples from the discussion:

Service(s)	Client(s)	Barrier(s)	Partnerships and comments
Drug and alcohol services	People with drug and alcohol dependency	Physical (eg prisoners) Stigma Fear of violence	Renewed drug and alcohol service specification; pharmacies, police, probation and prisons. Reduction of stigma. Dispersal of groups hanging around outside treatment centres. Residential and domiciliary outreach
Child and adolescent mental health	Children and adolescents with mental health needs	Timing and availability of appointments	NHS primary and secondary care, schools, school nursing. Avoid appointments in school hours, better anticipation of "no-show" chaotic family so support attendance, more prevention /emotional resilience work in schools, reduce school exclusions
Breast feeding initiation and support	Pregnant mums (and dads)	Financial Cultural Misinformation	NHS commissioning and midwifery, media (including social media), HBC breast-friendly town, health visiting, voluntary sector (including peer mentors). Celebrity endorsement, eg from entertainment or sport. Social media campaign. Recruitment of peer mentors via midwifery/health visiting. Reappraise possible financial perverse incentives (vouchers for formula milk) and introduce vouchers to reward breast feeding. Respect mothers' wishes – no shaming.

Seasonal flu immunisation	Over-65s and clinical at risk groups	Age Misinformation	Lobby DH and Public Health England to make coverage universal.
Primary health care to Syrian families and other refugees	Overseas arrivals, especially Syrian resettlement	Language, culture and religion	Look for solutions within that community, eg existing doctors/nurses or select suitable candidates for such training here.

Third exercise (personal pledges)

- Looking across these areas, participants in the workshop were invited to write a personal pledge about one new contact they would make during 2019, on an issue of reducing inequality, and its intended outcome.

- This is the personal "New year's revolution"!

- Pledges were placed in self-addressed envelopes to be mailed back to participants in the new year as a reminder of the workshop's discussion and their personal intention to take at least one action to keep the momentum going.

Closing reminder of the workshop's objectives

- Explore and understand inequalities in more depth – especially access to services
- To use each other as an expert resource
- To come up with some practical steps

HEALTH AND WELLBEING BOARD

4 March 2019

Report of: Director of Public Health

Subject: Pharmaceutical Needs Assessment (PNA) 2018 - Supplementary Statements

1. PURPOSE OF REPORT

1.1 The seek ratification of Supplementary Statements issues since publication of the Pharmaceutical Needs Assessment 2018.

2. BACKGROUND

2.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment in March 2018 and on the 5 March 2018 approved the continued delegation of authority to the Director of Public Health (in conjunction with the Chair of the HWB) to approve as required:

- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor adjustments to opening hours and service contracts that do not impact on need);

- Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;

- Any response behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;

- Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and

- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be ratified by the HWB at suitable periodic intervals (e.g. annually) as required.

2.2 In accordance with the agreed process for the periodic ratification of Supplementary Statements by the HWB, the Board is advised that one Statement has been issued since publication of the PNA in March 2018. A copy of the Statement is attached at **Appendix A**.

3. RECOMMENDATIONS

3.1 It is recommended that the HWB notes and ratifies the Supplementary Statements issued since publication of the PNA 2018.

4. REASONS FOR RECOMMENDATIONS

4.1 Included in the body of the report.

5. BACKGROUND PAPERS

5.1 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349

5.2 The National Health Service (Pharmaceutical Services, Changes and Prescribing)(Amendment) Regulations 2016

6. CONTACT OFFICER

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Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2018

Date Pharmaceutical Needs Assessment Published: March 2018

Date Supplementary Statement Issued: 17/04/2018

CHANGE TO OPENING HOURS:

M Whitfield Ltd
Birkdale,
30 Victoria Road,
Hartlepool,
Cleveland,
TS26 8DD

Existing hours

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Tuesday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Wednesday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Thursday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Friday	09:00-13:00; 14:00-18:00	08:30-09:00	08:30-13:00; 14:00-18:00
Saturday	Closed		Closed
Sunday	Closed		Closed

Revised hours with effect from 13th April 2018

Days	Contracted Hours	Supplementary hours (if any)	Total hours
Monday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Tuesday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Wednesday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Thursday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Friday	09:00-13:00; 14:00-18:00		09:00-13:00; 14:00-18:00
Saturday	Closed		Closed
Sunday	Closed		Closed

Please note that the total hours column represent the times that a pharmacist will be available to the public.

Dr Paul Edmondson-Jones MBE
Interim Director of Public Health

HEALTH AND WELLBEING BOARD

4th March 2019

Report of: Chair of the Audit and Governance Committee

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

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1. PURPOSE OF REPORT

1.1 To present the Audit and Governance Committee's report following conclusion of its investigation into 'The Provision of High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool'.

2. BACKGROUND

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 if its investigation the report attached at **Appendix A** has been compiled and will to be presented to the Health and Wellbeing Board by the Chair of the Audit and Governance Committee.

2.3 The Board is asked to receive the report and consider the implementation of its recommendations, with a response to be submitted to the Audit and Governance Committee in writing within 28 days.

3. RECOMMENDATIONS

3.1 That the Health and Wellbeing Board receive the report and consider the implementation of its recommendations through the relevant partner organisations.

4. REASONS FOR RECOMMENDATIONS

4.1 To progress presentation of the report and seek implementation of its recommendations.

5. BACKGROUND PAPERS

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

6. CONTACT OFFICER

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Hartlepool Borough Council
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

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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 rational 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 location 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 ≤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 <u>all</u> 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 15 minutes 90th centile response time	On average calls will be responded to within 7 minutes 90% of calls will be responded to within 15 minutes
Category 2	Potentially serious condition.	18 minutes mean response time 40 minutes 90th centile response time	On average calls will be responded to within 18 minutes 90% of calls will be responded to within 40 minutes
Category 3	Urgent problems not immediately life threatening.	120 minutes 90th centile response time	90% of calls will be responded to within 120 minutes
Category 4	Less Urgent	180 minutes 90th 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 Hartlepool[2]

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.

<u>Performance</u>

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 2018[5], 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 Plan[6], 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 minutes[7], 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:

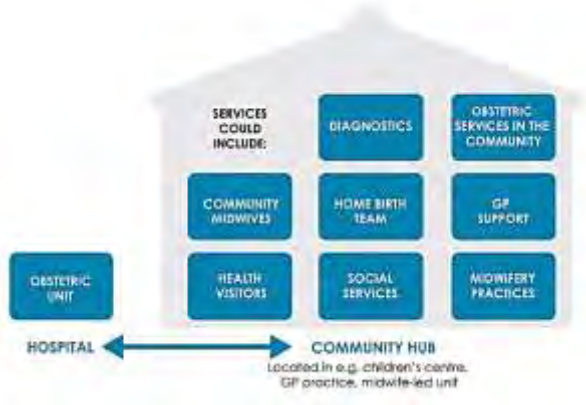
- Personalised care*
- Continuity of care*
- Safer care*
- Better postnatal and perinatal mental health*
- Multi-professional working*
- Working across boundaries*

*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 services[8].

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 a10,000 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 my Members and as expected highlighted negative feedback in relation to disappointment at not being able to deliver in the Birthing Centre.

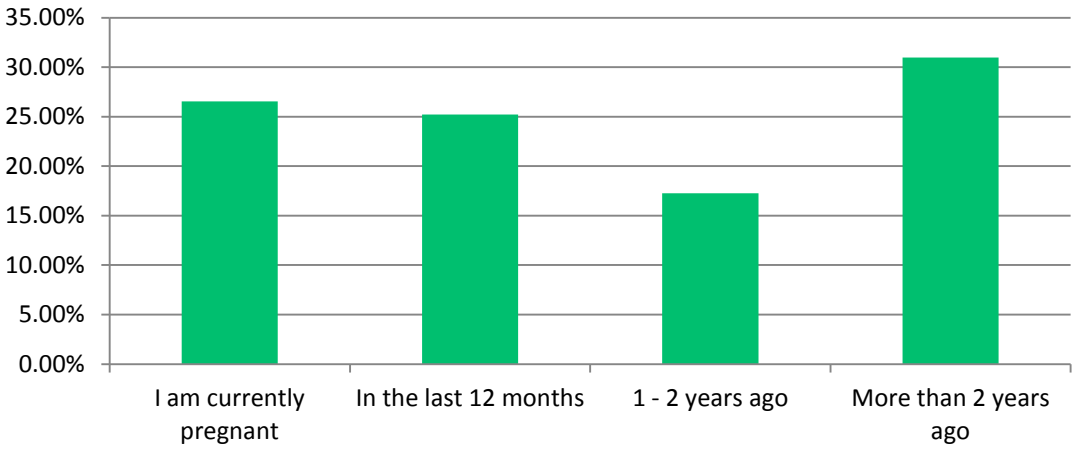
Table 7 – Friends and Family Test Feedback

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

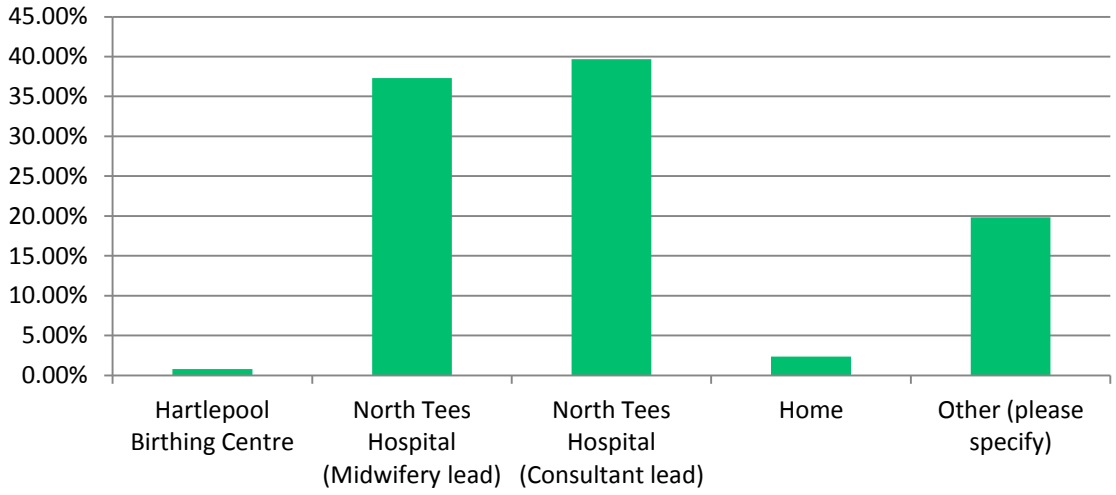
10.5 Between the 10th October 2018 and the 21st November 2018, the Committee undertook a survey to seek resident's opinions and experiences of antenatal and postnatal services in Hartlepool. A total of 452 individuals responded with 69% of responders either currently pregnant or having used the services 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).

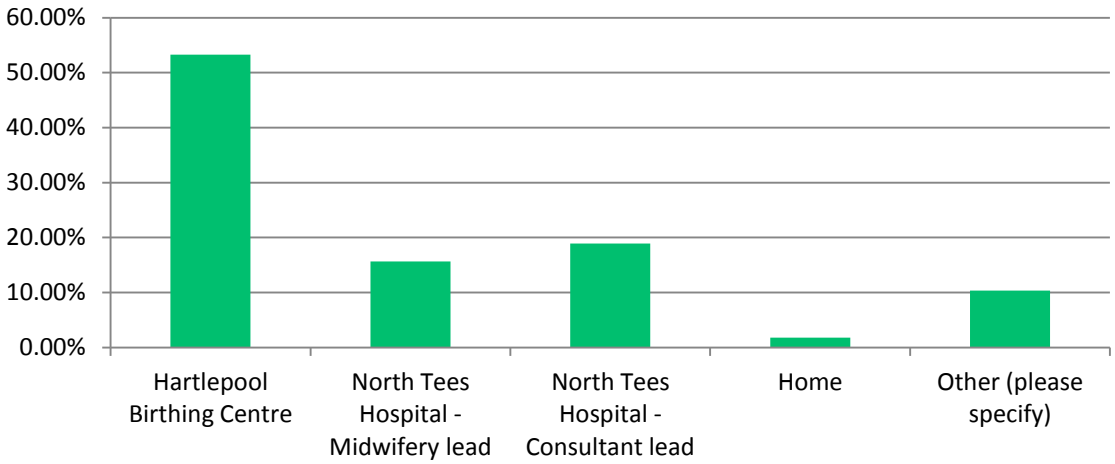
Graph 9 - Where did you have your baby?



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 midwifes 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

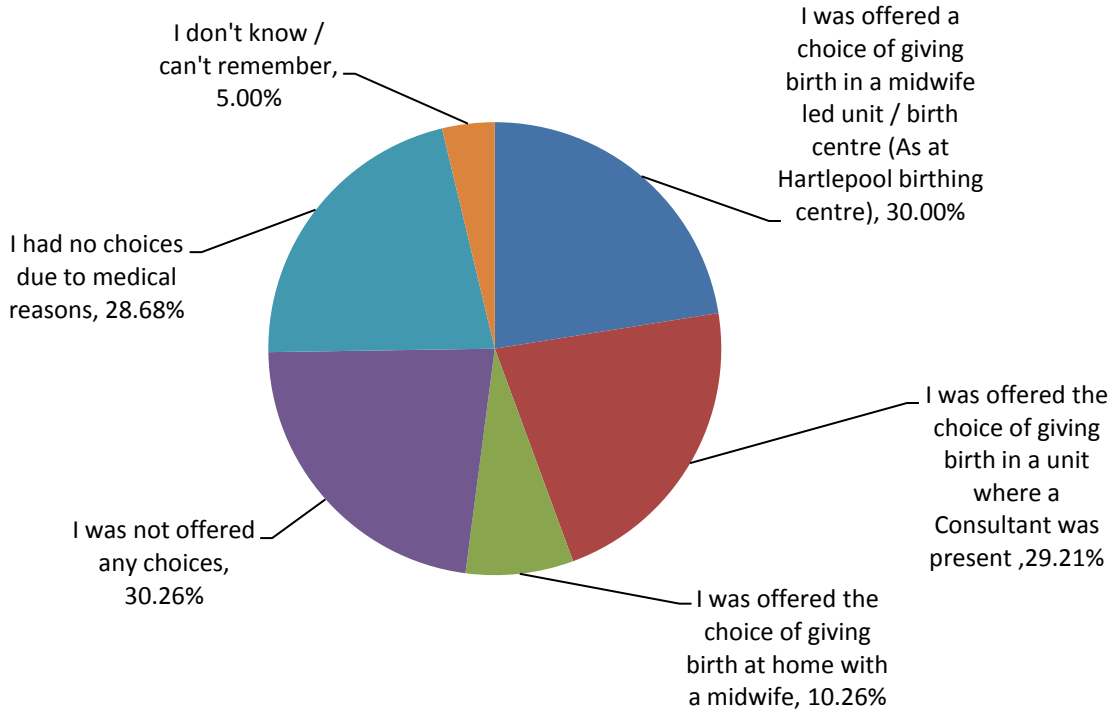
the Audit and Governance Committee during the course of the investigation (as detailed **in Appendix 3**).

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?



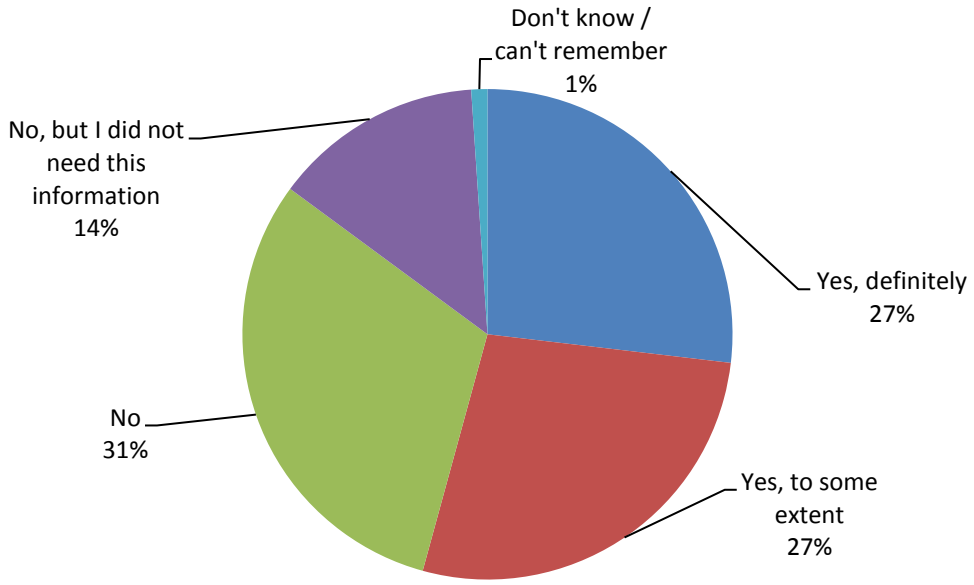
10.12 The Committee welcomed reassurances from the NTHFT that they were committed to the provision of advice and guidance and it was noted that 54% of those who responded felt that they had totally, or to some extent, received enough information to enable them to make an informed decision about the location 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%).

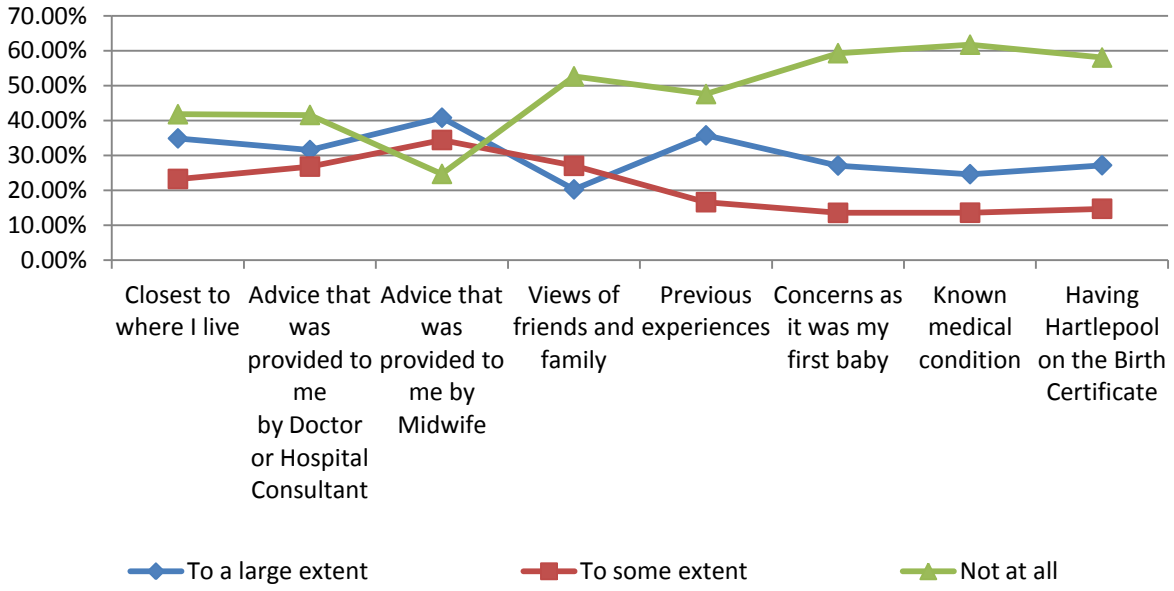
iii) The top three factors that do not at all influence the choice of birth place:

- Known medical condition (62%)

- Concern as it is my first baby (59%)

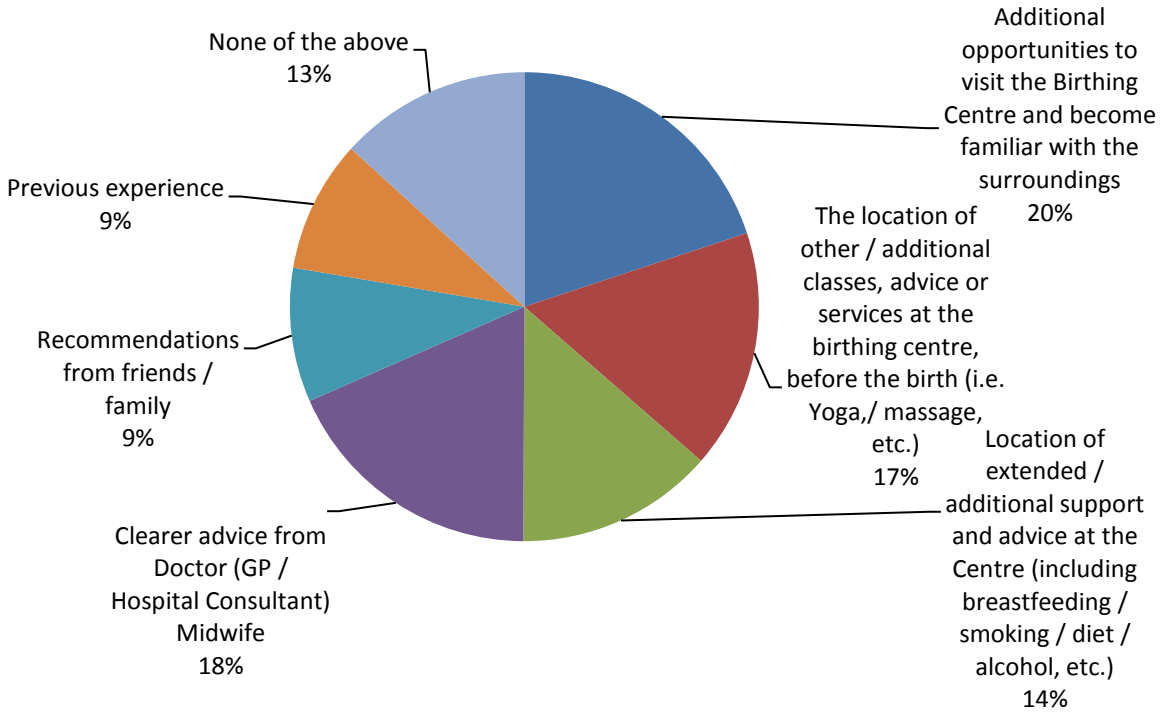
- Having Hartlepool on the Birth Certificate (58% - although it was recognised a very significant one for some individuals in terms of their identity as a 'Hartlepudlian').

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?



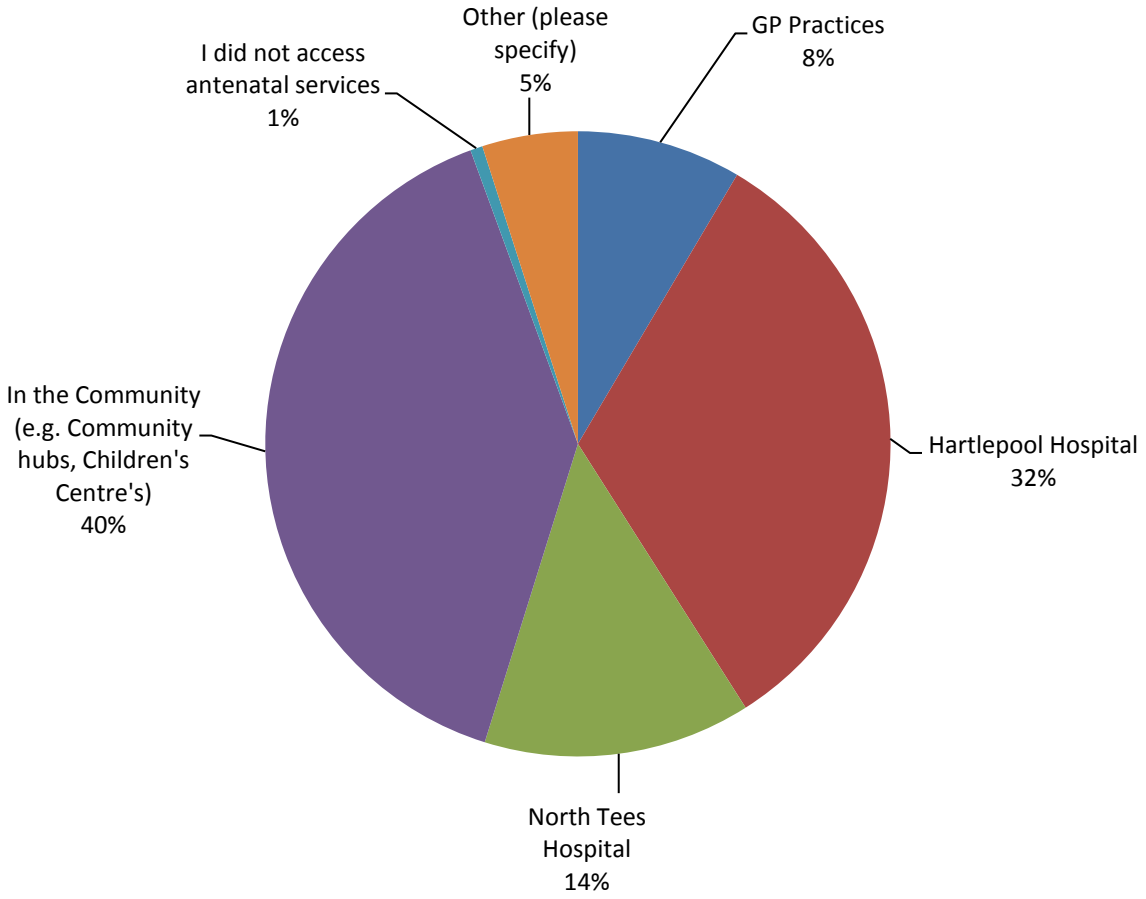
10.15 In addition to the above, Members learned that there was support for the provision of advice and other services at the Birthing Centre, with 31% of responders indicating that an increase in services such as classes (yoga, massage, etc) and advice (breastfeeding, smoking, diet, etc) would encourage 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.

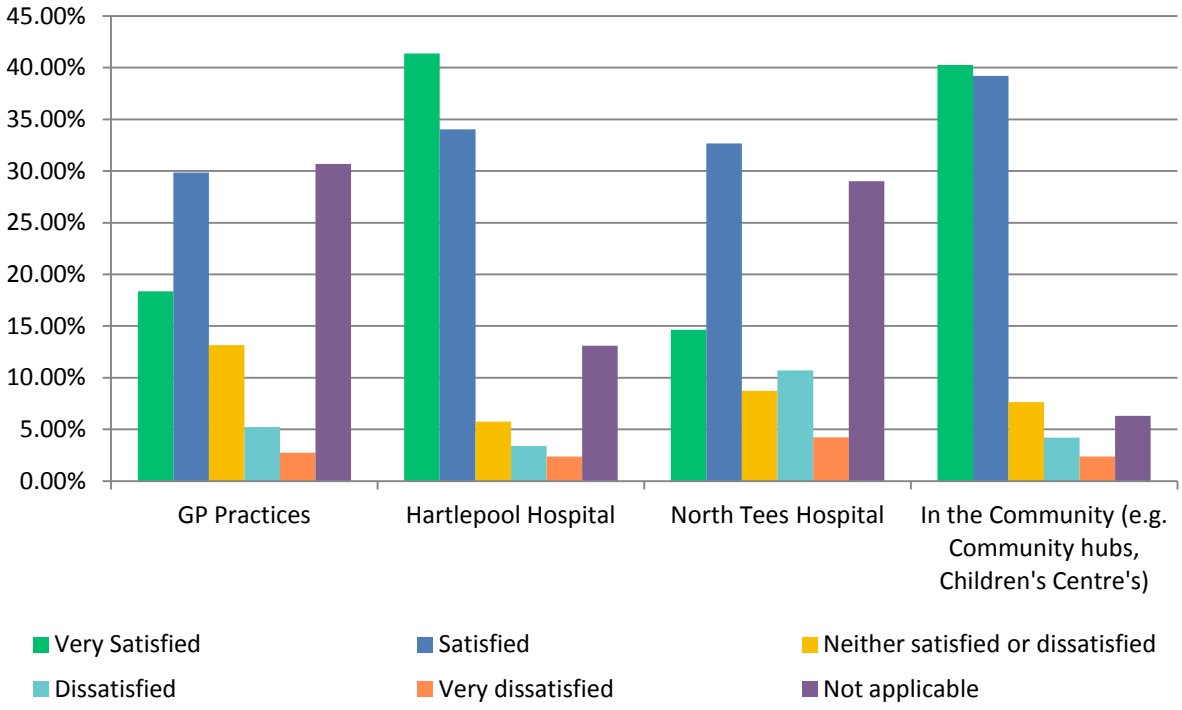
Antenatal Services

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?

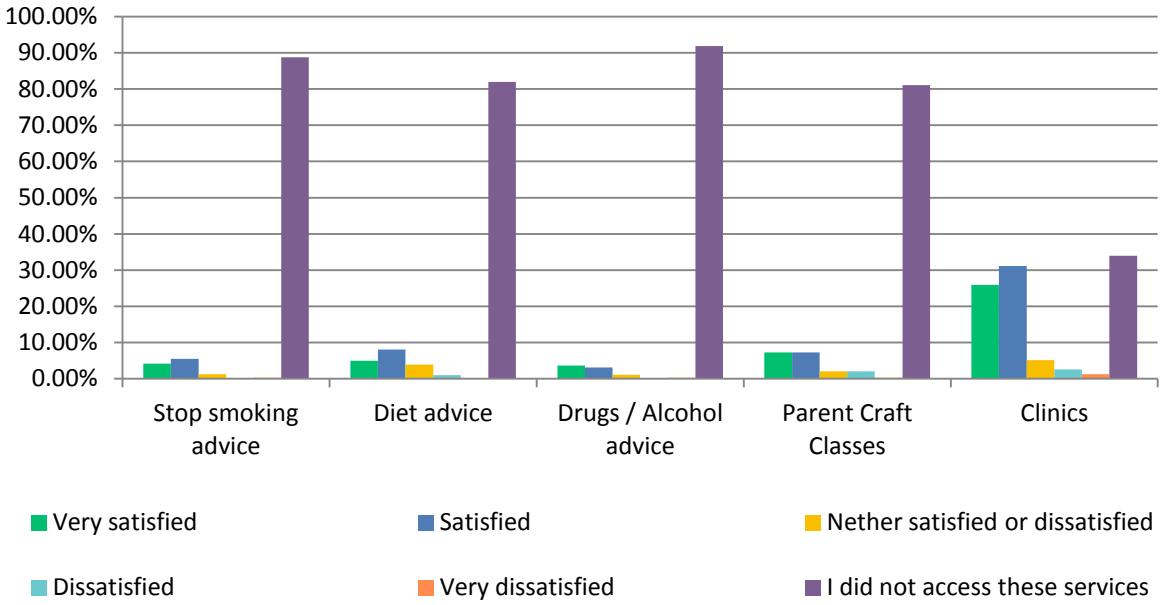


Graph 16 - How satisfied were you with the overall antenatal care you received?



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.

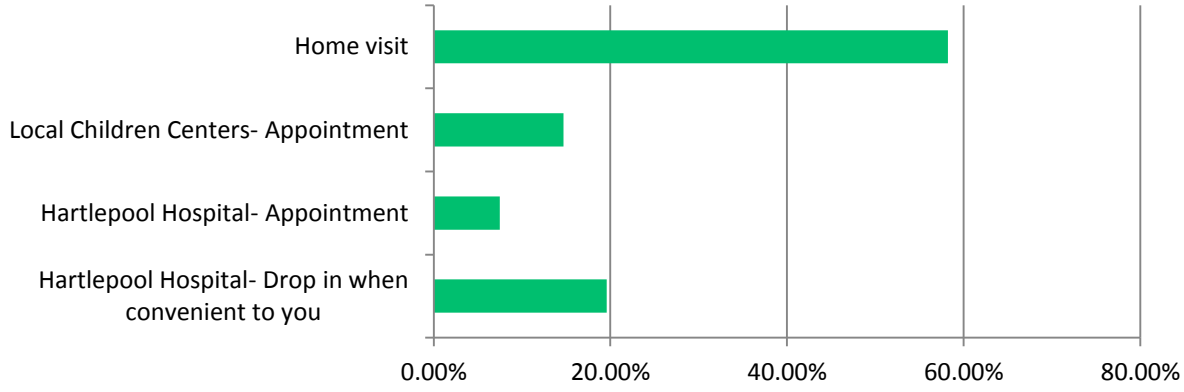
- Breastfeeding clinic was very poor and uninformative with bad advice being given.

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 excelled 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.

<u>Postnatal Services</u>

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

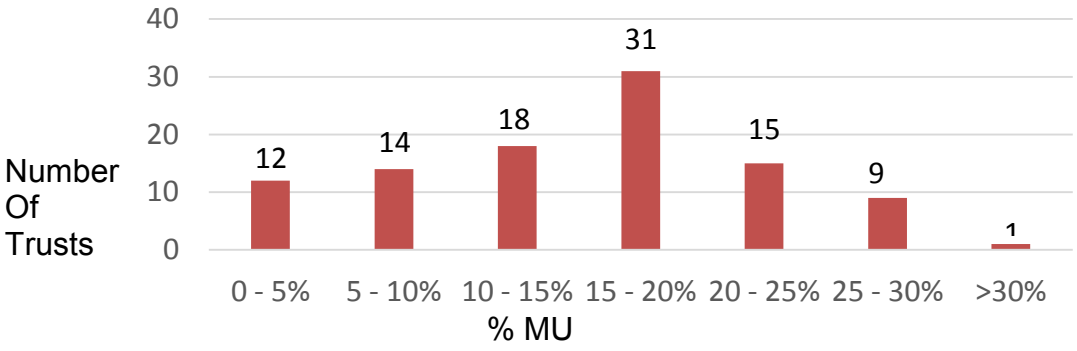
11.1 In obtaining an independent view of the provision of midwife led maternity units, the Committee welcomed evidence from Dr Walsh, Associate Professor in Midwifery at the University of Nottingham (author of a two year study[9] of midwifery led units).

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 Trust[10]



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 midwifes, 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 480[11] 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 540,000[12], 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.

<u>Visit to Hartlepool Midwife-led Birthing Unit (University of Hartlepool)</u>

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 Matters[13] 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
- Urology
- Obstetrics
- General Surgery
- Bariatric Surgery
- Breast Services
- Ophthalmology
- Dermatology
- ENT
- Vascular
- Colorectal
- Upper GI
- Gynaecology
- 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

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CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE

February 2018

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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

Terms of Reference for the Investigation **Appendix A**

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.

APPENDIX C

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.