

HEALTH AND WELLBEING BOARD AGENDA



2 December 2019

at 10.00 a.m.

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

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Thomas, Moore and Ward.
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 (2). Margaret Wrenn and Ruby Marshall

Other Members:

Chief Executive, Hartlepool Borough Council (1) – Gill Alexander

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

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 Woodall

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, Lisa Orchard

Representative of GP Federation – Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council

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 23 September 2019



4. ITEMS FOR CONSIDERATION

- 4.1 Healthwatch Hartlepool and Hartlepool Deaf Centre Joint Deaf Patient Experience Consultation – Update – *Healthwatch Hartlepool and Hartlepool Deaf Centre*
- 4.2 Annual Report of Local Safeguarding Children Board – *Director of Children's and Joint Commissioning Services and Independent Chair of Hartlepool Safeguarding Children Board*
- 4.3 SEND (Special Educational Needs and Disabilities) Improvement Plan Progress – *Director of Children's and Joint Commissioning Services and Stockton-on-Tees Clinical Commissioning Group*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – 9 March 2020 at 10.00 a.m. at the Civic Centre, Hartlepool.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

23 September 2019

The meeting commenced at 10 am in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Thomas and Councillor Cartwright (as substitute for Councillor Ward)

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Michael Houghton (as substitute for 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:

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of the NHS England – Dr Tim Butler

Representative of Cleveland Police – T/ACC Lisa Orchard

Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Karen Gibson (as substitute for Tracy Woodall)

Representative of Headteachers – Julie Thomas

Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Hall

Also in attendance:-

Jo Heaney, Head of Commissioning and Strategy, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Caroline Robinson, Joseph Rowntree Trust

Christine Fewster and Paula Fewster, Hartlepool Carers.

Hartlepool Borough Council Officers:

Joan Stevens, Statutory Scrutiny Manager

Amanda Whitaker, Democratic Services Team

12. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Ward
Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and Nicola Bailey
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council - Denise McGuckin
Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall
Representative of Tees, Esk and Wear Valley NHS Trust – Dominic Gardner

13. Declarations of interest by Members

The following declarations were made at the meeting:-

Councillor Cartwright – as an employee of Home Group
Councillor Thomas – as an employee of Healthwatch.

14. Minutes

The minutes of the meeting of the Board held on 1 July were confirmed.

15. All Age Carers Strategy *(Director of Children's and Joint Commissioning Services and Director of Adults and Community Based Services)*

A report had been presented to the Health and Wellbeing Board on 4th March 2019 setting out the development of a Carers Strategy. The priorities had been developed through consultation with young carers and carers. Board Members were advised that further consultation had taken place with the Council's Children's Services Committee and the Adults and Community Based Services Committee. Feedback from both Committees was summarised in the report and all feedback from the Committees had been incorporated into the final strategy appended to the report.

Board Members welcomed the Strategy as the basis for an excellent way forward in developing support for carers and paid tribute to the service provided by Hartlepool Carers. The Chief Executive Officer, Hartlepool Carers, was in attendance at the meeting and advised Board Members of a bid which the organisation had submitted recently to develop the carer respite service, in recognition of the importance of the service which had been highlighted in the meeting by Board Members. In concluding the debate, the Chair expressed appreciation of all those who had been involved in the Strategy and reiterated the commitment required of all Board Members.

Decision

- (i) The Board approved the All Age Carers Strategy.
- (ii) Board Members committed to supporting the development of an action plan in order to implement the strategy.

16. Clinical Commissioning Group Annual Report 2018/19

(Director of Commissioning, Strategy and Delivery (Locality Commissioning Director, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Darlington Clinical Commissioning Group)

The Annual Report, which had been appended to the report to the Board, provided an overview of the CCG's purpose and main activities during 2018/19. It set out the challenges experienced during the year along with the organisation's achievements and the financial position within the organisation.

The salient issues included in the report were highlighted at the meeting by the Director of Commissioning, Strategy and Delivery. The Board noted the collaborative working approach implemented during 2018/19 with the appointment of a single Accountable Officer and examples of collaborative projects to improve the commissioning and provision of services.

The Board was advised that the CCG's financial position had been maintained during the year reflecting the strong financial management within the organisation. The report highlighted, however, the challenging NHS financial climate and that CCGs are facing significant financial pressures. With regards to performance against national targets, the CCG generally performed well. Areas for improvement were identified and the CCG continued to work with its providers to understand the challenges faced and identify ways to improve compliance against these important targets to benefit local people.

The Director of Commissioning, Strategy and Delivery responded to clarification sought from Board Members arising from the report. The Director acknowledged issues which had been raised with Healthwatch regarding lack of progress in screening adults with learning difficulties and assured the Board that the CCG was working with providers to identify improvements to services. The Director agreed to a request for a report to be submitted to a future meeting of the Board in relation to progress on that particular issue.

The Director undertook also to review the recruitment process in relation to employment of community health ambassadors, to clarify the meaning of the acronym 'WGA' and to circulate the action plan to address issues relating to ambulance response times. Following concerns regarding engagement with Hartlepool based organisations, the Director undertook to consider the issues highlighted following the meeting.

Decision

The Board noted the content of the Annual Report.

17. **SEND (Special Educational Needs and Disabilities) Improvement Plan Progress** *(Director of Children's and Joint)*

The Board was advised of progress on the local areas SEND Improvement Plan. Hartlepool had been inspected in October 2016 and had been found to have four areas of weaknesses. Subsequently the area had been revisited in January 2019 to review progress in each of the areas of weakness. Inspectors had felt that the area had not made sufficient progress in two of the areas as outlined in the report.

The improvement plan had been submitted to the Department for Education and was appended to the report. The plan has been updated up to reflect the position at the end of August 2019 and would be updated following the next SEND operational group against the end of September milestones. This would be reported to the SEND governance group meeting on 8th October and then to the next meeting of the Health and Wellbeing Board.

The Board was assured that actions within the plan had been reviewed and the report detailed where milestones had not been met together with details of remedial actions which were being undertaken.

In response to frustrations highlighted at the meeting in relation to effective communication between Partners, the Head of Commissioning and Strategy (HAST CCG) advised that a designated clinical officer was in post to act as a conduit and encouraged Board Members to advise her, outside of the meeting, of any specific examples of concern.

Decision

- (i) The Board noted the progress of the SEND Improvement Plan and the remedial actions being taken where milestones had not been met/changed.
- (ii) Members of the Board reflected on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.

18. Improving Outcomes for Children and Young People (Integrated Working) *(Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

It was reported that in January 2019 an event had been hosted by the CCG, and facilitated by the Advisory Board to explore both the potential and appetite for working systematically across the children and young people's agenda. The areas that had been identified for initial further exploration were emotional health and wellbeing and SEND. A steering group that was representative of all partners working within the children and young people's system was established following this event in order to take the work forward.

The Board was advised that a Compact Agreement, which was appended to the report, had been jointly developed which outlined the strategic goals, principles, behaviors, commitments, risks and sustainability which the group would work to when working as an integrated system. The Compact had been reviewed by each organisation separately and supported as a way of working for the children and young peoples' agenda. The series of workshops had concluded with outputs being presented to the integrated group for review and agreement around actions to be taken forward. These recommendations were presented to the Board as a separate agenda item. The Board was requested to act in a governance capacity as all partners were represented and it provided an obvious place for escalation and resolution if required.

A Board Member reiterated concerns expressed earlier in the meeting regarding engagement with Hartlepool based organisations with particular reference to the potential Stockton focus of Catalyst. Concerns were expressed also by another Board Member regarding funding which had been allocated to the Hartlepool Voluntary Development Agency (HVDA) and whether that funding had come back to Hartlepool when the HVDA had closed. The Head of Commissioning and Strategy undertook to clarify the situation with regard to the funding following the meeting.

Decision

- (i) The Board endorsed the agreement set out within the compact and supported the principles as the way of working for all children and young people's development/commissioning when there is more than one strategic partner involved.
- (ii) The Board agreed to provide oversight/governance to the priority group and act as a point of escalation/resolution where required.

19. **Children and Young People's Mental Health – Local Transformation Plan** (*Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Director of Children's and Joint Commissioning Services*)

In February 2019, the Board had been provided with an updated Future in Mind Local Transformation Plan for Children's & Young People's Mental Health provision. A series of three workshops had been held during June and July 2019 with a group of staff from across a number of agencies in Hartlepool and Stockton on Tees. The report provided the Board with an update on the outcome of the workshops. The Board was advised that outputs from the workshops had identified 5 main areas of work which needed further defining and exploration through task & finish groups. It was proposed that Task & Finish groups are established within each identified area and plans further developed.

Board Members were advised that although high level priorities had been set as part of the Local Transformation plan which the Board had previously agreed, the Board was requested to agree that the available funding of £329,000 available for the financial year 19/20 be utilised as proposed in the report.

It was noted that in order to support the Children & Young People's mental health agenda, there had been a number of developments which would support and work alongside the proposals outlined in the report. Those developments, since the last report to the Board in February 2019, were outlined in the report.

One of the developments highlighted in the report was the purchase of an online digital platform, Kooth. Whilst the digital platform was welcomed by the Council's Director of Children's and Joint Commissioning Services, the Director highlighted the need for the platform to be rolled out to schools and young people in a consistent and safe manner. An assurance was provided by the Clinical Commissioning Group's Head of Commissioning and Strategy.

A member of the public in attendance at the meeting addressed the Board and informed Board Members of a number of issues and concerns. The Chair highlighted that the issues raised did not relate to the agenda item and advised that he would meet after the meeting to discuss the concerns raised.

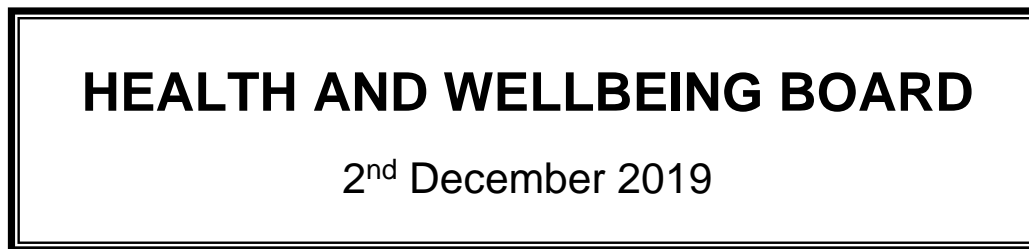
Decision

- (i) Board Members noted the progress of the children and young people's mental health local transformation plan.
- (iii) The Board approved the overarching proposals for the available funding and agreed the associated work to be taken forward.

Prior to concluding the meeting, the Chair reminded Board Members of a Workshop organised for 8th November 2019.

Meeting concluded at 11.20 a.m.

CHAIR



Report of: HealthWatch Hartlepool and Hartlepool Deaf Centre

Subject: HealthWatch Hartlepool and Hartlepool Deaf Centre Joint Deaf Patient Experience Consultation - Update

1. PURPOSE OF REPORT

- 1.1 To inform the Health & Wellbeing Board of progress against recommendations made in the Joint Healthwatch Hartlepool/Hartlepool Deaf Centre report which examined Deaf patient experience of local GP and Hospital based services.

2. BACKGROUND

- 2.1 HealthWatch Hartlepool is the independent consumer champion for patients and users of health & social care services in Hartlepool. To support our work we have appointed a member led Steering Group, which enables us to feed information collated through our communication & engagement plan to form the strategic vision. This ultimately should lead to influence of all services within the borough. Further information relating to the work of Healthwatch can be viewed via www.healthwatchhartlepool.co.uk
- 2.2 The Deaf patient experience consultation was included in the 2017/18 work programme of Healthwatch Hartlepool as a result of concerns raised regarding the experiences of Deaf patients when accessing local GP and Hospital based services.

3. PROPOSALS

- 3.1 Established under the Health and Social Care Act 2012, the requirements set out in the legislation mean HealthWatch Hartlepool will be expected to:
- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those

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

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

4. EQUALITY & DIVERSITY CONSIDERATIONS

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

5. RECOMMENDATIONS

- 5.1 That the Health and Wellbeing Board note the contents of the Update Report and that immediate consideration is given to addressing outstanding areas of concern identified in the delivery and commissioning of services for Deaf Patients.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The recommendations are based on feedback from Deaf patients and other service monitoring since the release of the initial Deaf Patient Experience report in 2017.

7. BACKGROUND PAPERS

- 7.1 None

8. CONTACT OFFICER

**Stephen Thomas - HealthWatch Development Officer
Healthwatch Hartlepool
ORCEL Centre
Wynyard Road
Hartlepool
TS25 3LB**

Progress on Deaf Patient Experience of Local G.P. and Hospital Services – October 2019

Local G.P. Surgeries

(i) Appointments

Very little progress to report on an accessible appointment procedure. The introduction of online services may help some people but it is not clear if online appointments facilitate the request for an interpreter, due to the often lengthy wait for an interpreter supported appointment. Most Deaf patients still physically walk into their surgery to request an appointment with interpreter support.

Referrals from G.P.'s to secondary care do not routinely state that the patient is Deaf, that they require communication support or that they require an accessible way to contact the department to set the date for a booking appointment. Hartlepool Deaf Centre (HDC) regularly makes phone calls to hospital departments because this is the only contact information available.

(ii) Booking an appointment

Since the original report there has been a change in the contract for BSL/English interpreter services for G.P surgeries. It appears that interpreters are becoming more difficult to source and Deaf patients face a lengthy wait to get an appointment with their G.P.

In September 2019 Hartlepool Deaf Centre supported the submission of two complaints to local G.P surgeries. In the space of one week, two patients sought help and support as they were feeling vulnerable and frightened. They both endured two consecutive appointments with their G.P without interpreter support. Both patients were in chronic pain and one had no access to prescribed medication due to the breakdown in communication.

One patient requested an urgent appointment with their G.P in the knowledge an interpreter would not be available. They brought hand written notes from the G.P to HDC for interpretation. The notes explained both surgical and non-surgical options to manage their condition, and they were able to give informed consent. This consent was immediately communicated to the G.P surgery but a further two weeks passed without an appointment to action the options for pain management.

Surprised to learn the person had not yet accessed treatment, HDC called the surgery with the offer of a signing friend to accompany the patient and an appointment was made available for first thing the following morning. This illustrates the disparity between Deaf and hearing patients when trying to access primary care services.

G.P surgeries appear not to have considered any alternate ways to support communication with Deaf patients on the occasions when an interpreter is not available.

(iii) Getting test results

Very little progress has been made to address the communication barriers for a Deaf person to find out their test results. Relying on family members to telephone the surgery is a very

risky approach to patient confidentiality and the same applies for test results by letter when the person receiving the letter requires support to understand written English.

(iv) BSL interpreters

Progress has been made and G.P surgeries know they need to book an interpreter, though it is still unclear if this is automatically flagged up or if the patient is still making the request on each occasion.

The issue now seems to lie with the availability of interpreters for G.P appointments and it is suspected that commissioning arrangements are having a detrimental effect on interpreter availability.

NHS England & NHS Improvement commission interpreter services for all Teesside G.P surgeries. In April 2018 NHS England changed how they commission these services and moved BSL translation to a Crown Commercial Services Framework Agreement. This placed BSL translation alongside the wider translation contract and effectively removed local or small and specialist agencies from applying for they could not meet all of the tender requirements (250 plus languages and dialects).

There are only 42 qualified BSL/English Interpreters in the North East region who are self-employed and can accept or refuse any work offered to them. Many local interpreters have boycotted the company awarded the G.P translation services contract, refusing to work for them on ethical grounds. This appears to be a stalemate situation and it is having a detrimental impact on Deaf access to primary care.

HDC continues to raise these concerns with NHS England & NHS Improvement and an open meeting has been arranged for 11th November 2019.

There does not appear to be a system for logging 'failure to fill' appointments from the G.P end of the relationship, rather relying on the service provider to monitor and report this information, despite this being a key performance indicator at contract management meetings.

In summer 2019 HDC circulated a survey to all G.P surgeries to ask for feedback on any issues with the current interpreter situation, no replies have been received to date.

(v) Attending a G.P appointment without an interpreter

The Accessible Information Standards state explicitly that where communication support is identified, services must ensure that a suitably qualified and experienced professional is in place.

The Standards make it clear that it should be the exception for a family member to step in to support communication with a patient, because ultimately the standard aims to support individual's rights to access health and social care services independently.

The Standards also set guidance for the use of video interpreting services for urgent or emergency care settings.

(vi) G.P surgery waiting rooms

It is unclear what progress has been made to make G.P waiting areas more accessible to Deaf patients or reception staff more Deaf aware.

HDC was invited to deliver a short awareness course to G.P practice nurses at a training event in July 2019.

(vii) Repeat prescriptions

There was a change to repeat prescriptions effective 1st September 2019 and Deaf patients were sent the standard letter informing them of the change and the move to the online service. This was another missed opportunity to get communication right for those in the community with sensory loss.

HDC contacted the accessible information provider on the leaflet and requested a BSL video but despite assurances it has yet to materialise.

HDC contacted G.P practices and found an alternate route to repeat prescriptions for Deaf or vulnerable people. This has been communicated in an accessible way so that Deaf people can access this important piece of health information.

(viii) Accessible Information Standards 2016

Since the original report was published the implementation of the Accessible Information Standards and its associated legislation has had over 3 years to take effect. It is disappointing that the standards have had so little impact locally and many in the health service appear not unaware of their existence and the requirements they place on services to make improvements for those with sensory loss.

Proposals for G.P Services:

1. Explore Short Message Service (SMS) to create an accessible appointment process with G.P surgeries
2. How are Deaf patients flagged up at G.P surgeries and how is this communicated to other health services?
3. Research the waiting times for a Deaf person to see their G.P with interpreter support, create guidelines and a procedure.
4. Create a system that logs 'failure to fill' appointments when interpreter support is required, that feeds back and informs the commissioners of the service.
5. Explore the use of video interpreting services for urgent or emergency situations.
6. Consult with local G.P's on the merits or challenges of the current language service provider / use of CCS Framework Agreement; accessibility of the surgery / test results.

North Tees & Hartlepool Hospitals

(i) Patient Experience

Progress has been made with interpreter bookings and the language service provider appears to be working well with the hospital staff to meet the communication needs of Deaf outpatients.

There are times when this doesn't work, changing appointments times can result in the interpreter being cancelled for the original appointment and then not re-booked. The patient experience team are investigating two complaints highlighting this issue and HDC expect there will be learning outcomes that can be applied.

Accessible information is another area of concern, but HDC has met with representatives from Clinical Governance and the Specialist Services Team and improvements have been identified but a timeframe has not been communicated to ensure these will become effective. It is hoped the Trust's Sensory Impairment Strategy will set out the steps they plan to take to achieve these areas of improvement.

Deaf patients who require a longer stay in hospital may still feel isolated but the Trust has started to train up more Sensory Support Champions. This is to be welcomed but further work is still required to develop the effectiveness of this approach.

It is unclear what arrangements have been put in place for communication support at discharge and during operations or lengthy stays in hospital. The Trust have a commitment to get inpatients back home at the earliest opportunity and this is a challenge as it is documented that Deaf patients generally stay longer in hospital than their hearing peers.

Hospital departments do not have an accessible way for Deaf patients to contact them, at both appointment stage and at discharge, only telephone numbers are provided should a patient need to contact the department.

(ii) BSL interpreters

Supported communication in emergency situations is something the Trust are looking to implement. They are working with their language service provider to initiate a workable system and HDC look forward to a progress update at the next Sensory Impairment Strategy Group meeting.

(iii) Hospital Waiting Rooms

It is unclear what progress has been made to the environment or approach of staff to make hospital waiting rooms more Deaf friendly.

HDC has been asked to provide a volunteer who can 'walk through' services to comment on Deaf access and any issues that come up. This has yet to be implemented by the Trust.

(iv) Complaints

The Patient Experience Team are responsive and communicative and offer several options for how the complaint can proceed.

HDC have supported the submission of two complaints and these are in the process of investigation but so far the experience has been swift and efficient with a person centred approach.

(v) Independent Complaints Advocacy (ICA)

Statistics of complaints submitted to ICA are shared with Healthwatch Hartlepool.

HDC promote the work of ICA and know they can work in partnership to support patients who wish to raise concerns about their treatment.

Proposals for North Tees & Hartlepool Hospitals

1. Procedures for when outpatient appointments change date or time and how to ensure interpreter support is requested.
2. A clearly defined action plan to address issues with accessible information and the use of standard issue letters being sent to Deaf patients.
3. Accessible ways to contact hospital departments that do not rely on the person being able to make telephone calls.
4. A clearly defined procedure for what communication support is available for inpatients and at discharge including accessible information about medications and follow up treatment.
5. Implementation of video interpreting services for emergency situations (24 hours)
6. Action a Deaf volunteer to 'walk through' the hospital and select departments and identify issues from Deaf person's perspective.

Rachel Austin

Coordinator – Hartlepool Deaf Centre

29th October 2019

HEALTH AND WELLBEING BOARD

2 December 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

1. PURPOSE OF REPORT

- 1.1 To share the Hartlepool Safeguarding Children Board (HSCB) Annual Report 2018/19 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, a new requirement was placed on safeguarding partners, namely the Local Authority, Clinical Commissioning Group and Police, to establish a Safeguarding Children Partnership.
- 2.3 The Hartlepool Safeguarding Children Board continued to meet throughout 2018-19 to ensure co-ordination of safeguarding services across Hartlepool, carry out challenge and assurance activity and enable learning to be identified and shared across partner agencies.
- 2.4 In addition, HSCB carried out project planning and development work throughout 2018-19 in order to prepare for the new partnership arrangements; which went live in April 2019.

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 for the year 2018/19:
- 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 2018/19 is attached at **Appendix 1**. This will be the final LSCB Annual Report presented to the Health and Wellbeing Board as the Hartlepool and Stockton Safeguarding Children Partnership came into being on 01 April 2019.

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 2018/19 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 2018/2019 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 2018-19

Foreword by the Independent Chair

It gives me great pleasure to introduce the Hartlepool Safeguarding Children Board annual report to you and may I also thank you for taking the time to read it. This year the Board continued to build on its success in ensuring agencies and partners work together to keep our children and young people as safe as possible and therefore also help them reach their full potential.

It is particularly fitting that I write the same introduction as the Independent Chair for both the Hartlepool and Stockton Safeguarding Children Boards. Over the last two years both Boards have adopted a co-ordinated way of working in ensuring challenge, co-ordination and enabling learning thereby maximising positive outcomes for children, carers and professionals. The alignment in the priorities of the Boards has achieved a more cost effective and efficient way of addressing issues across all partner members and has facilitated a smooth transition to the new Hartlepool and Stockton-on-Tees Safeguarding Children Partnership, which went live in April 2019, six months ahead of the Government's deadline for establishing the new children safeguarding partnerships.

A significant amount of both Board's time and energy was invested in helping to design, test and challenge the new Partnership arrangement led by Hartlepool and Stockton-on-Tees Borough Councils, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Cleveland Police. The Boards acting as a 'critical friend' have successfully ensured, that as they came to an end in March 2019, there was effective business continuity. This took into account the strengths of both Boards and a renewed and necessary focus on active learning into the new safeguarding children partnership. Details of the new partnership can be found in this report. At a time of significant organisational change in the arrangements for safeguarding children, running alongside ever-increasing demand for service and challenging resource, I would like to congratulate all those for making the early adoption of the new arrangements a smooth process. The newly created Hartlepool and Stockton-on-Tees Safeguarding Children Partnership will be the subject of an interim review in November 2019 and will involve previous Board members to ensure it is fulfilling its objectives.

In addition to the work carried out above I would also like to highlight some further areas of impact for the Boards that are included in the report:

- The joint Neglect Statement of Intent, already identified by Ofsted as good practice, is being successfully embedded into operational practice by the delivery of some excellent neglect active learning.
- The work undertaken with frontline practitioners to better understand the barriers to addressing mental health and substance misuse identification, prevention and early intervention.
- An improved multi-agency audit process identifying key learning themes.

I would like to conclude by expressing my thanks to all those who work to protect and help our children and young people. Frequently safeguarding children is a complex and very challenging task and, in my experience, the overwhelming majority of practitioners in this field do so with humility, passion, commitment and professionalism. This too applies to all the Board members and staff I have had the honour and privilege to work with. Thank you for the positive difference you have made to the quality and effectiveness of safeguarding Children.



Dave Pickard
HSCB Independent Chair



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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 2018



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 \(2018\)](#) 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 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 Teeswide 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. The HSCB Chair facilitates scrutiny and challenge, enabling agencies to hold each other to account for their role in safeguarding.

Agencies:

HSCB comprises of a range of partners, 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 2018/19, engagement continued with the Tees Safeguarding Adults Board (TSAB), the Health and Wellbeing Board and other key Partnerships across Hartlepool.

Child Death Overview Panel:

The Child Death Overview Panel (CDOP) is a Teeswide group that monitors, scrutinises and analyses all child deaths and reports their findings to the Board on a bi-annual basis.

The CDOP annual report 2018-19 can be found [here](#).



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.

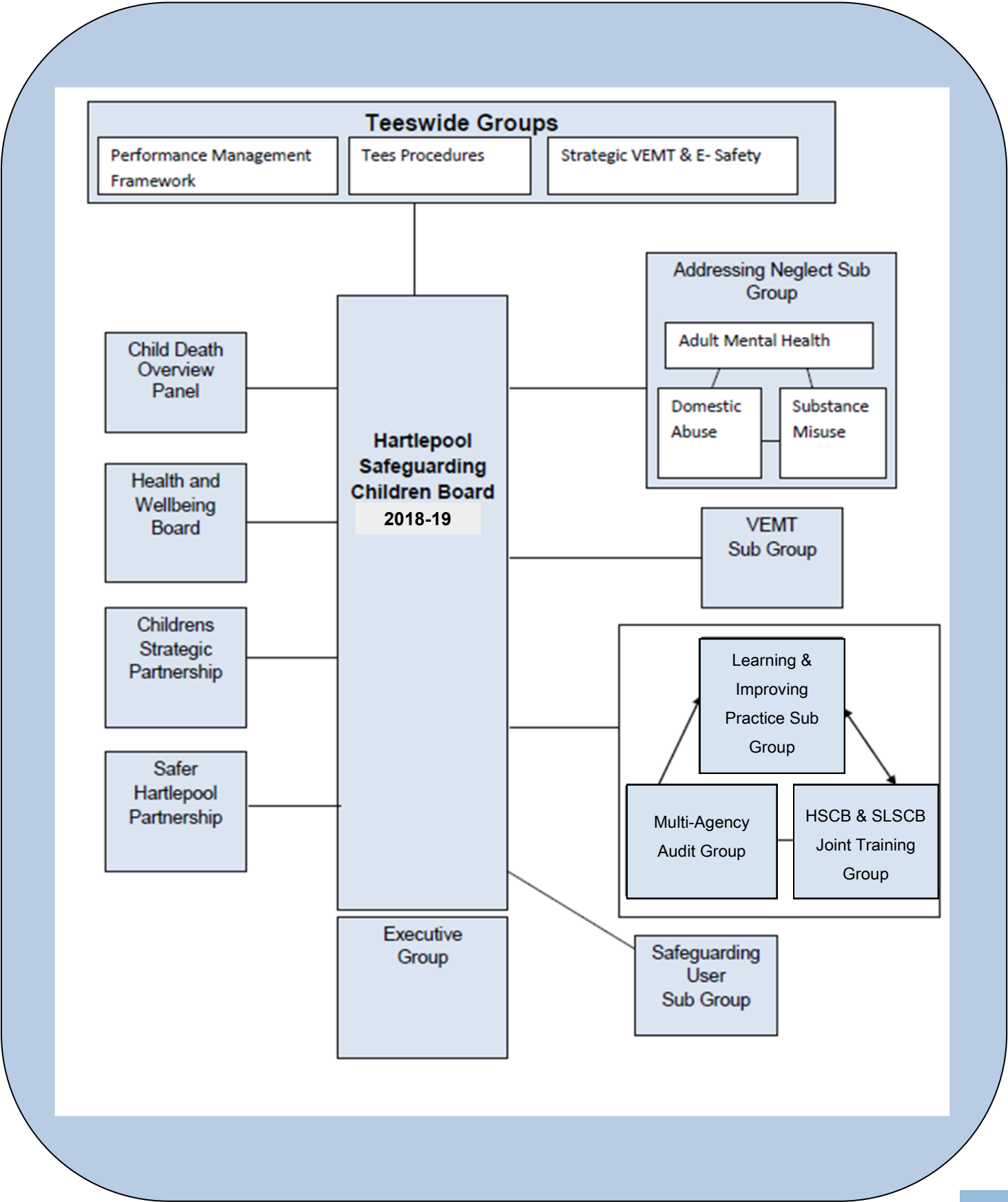
Health and Well-Being Board:

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):

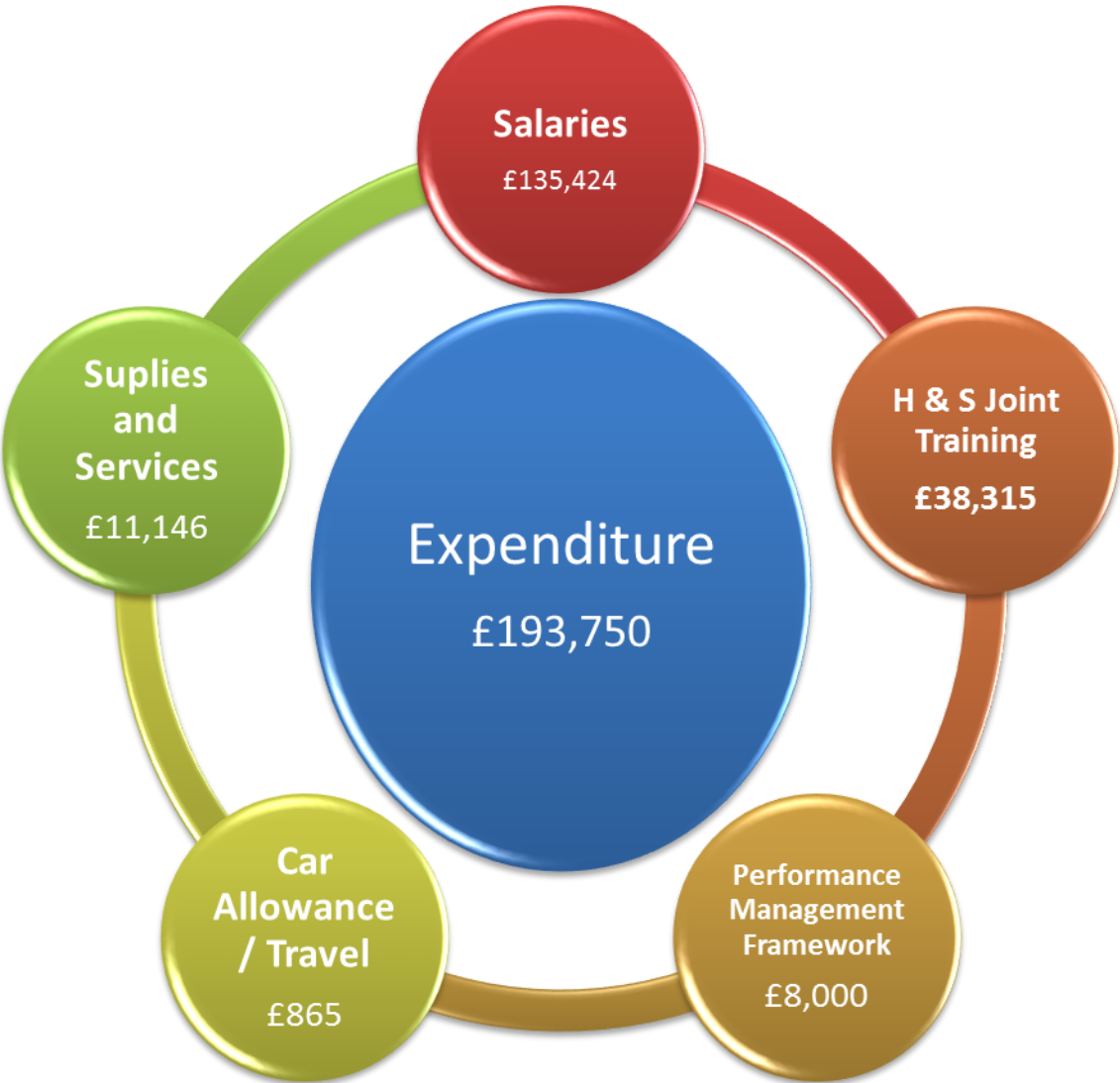
Stronger links have been developed with TSAB with the chairs meeting on a regular basis. The effectiveness of this became even more apparent when the chairs agreed to commission jointly for the Serious Case Reviews (SCR's) and the Serious Adult Review (SAR) for Yasmin, Olivia and Carol.

HSCB Structure



FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to HSCB’s budget for 2018/19. This income ensured that the overall cost of running HSCB was met; with a total carry forward of £69,686 into 2019-20.

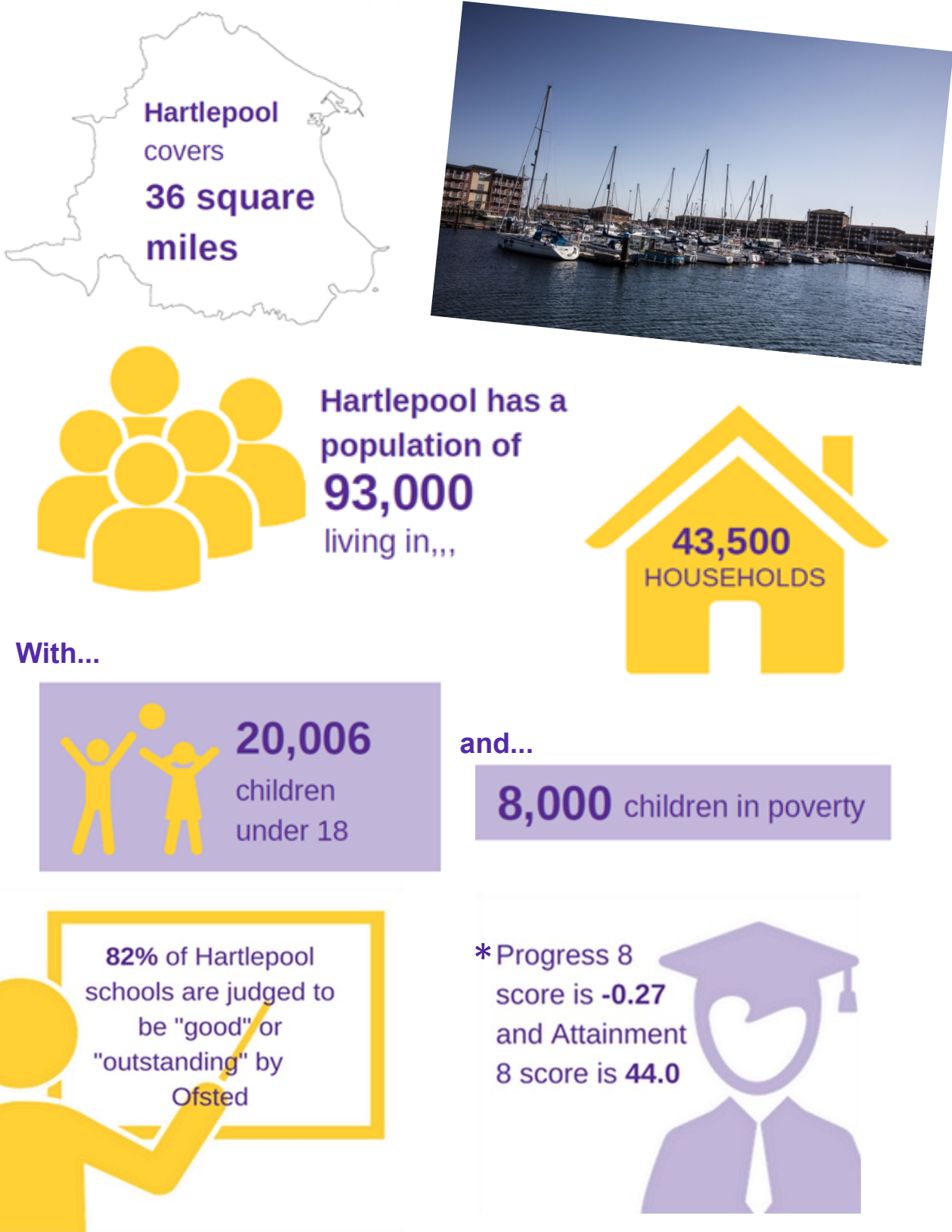


Finance 2018-19	
Income	206, 994
Expenditure	193,750
Reserves subtotal	13,224
HSCB carry forward from 2017-18	11,399
H & S Joint training carry forward from 2017-18	45,043
Carry forward subtotal	56,442
Total reserves carried forward into 2019-20	69,686

The closing balance for Stockton’s Local Safeguarding Children’s Board in 2018/19 was £28,000. This was transferred across to the new joint Hartlepool and Stockton Safeguarding Partnership in April 2019, making a total opening balance in reserves across the two Local Authority areas of £69,686.

About Hartlepool

HARTLEPOOL DEMOGRAPHICS



* NB: National Progress 8 score is 0, meaning Hartlepool sits just below the national average for progress. National Attainment 8 score is 46.5, meaning Hartlepool is just below the national average for GCSE attainment.

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 87% 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 54 (as of March 2019) 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 2019 January School census 15.9% 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 407 (153 primary age children, 205 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 36% (2019) compared to 29% across Teesside and 30% 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 (Child Welfare Inequalities Project 2019 and ASE Centre for Analysis of Social Exclusion, November 2017). 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 2018-19 there were approximately:


20,006 children & young people under 18

21.5% of total population

 **36%** of children living in poverty


 **32.7%** primary school children in receipt of free school meals (the national average)


 **404** average contacts to the Children's Hub* per Month


 **1263** referrals to children's social care





 **7.7%** were re-referrals


 **458** Early Help episodes were opened.

 **27.5%** Early Help cases escalated to Social Care.


 **983** open Child in Need cases


 **129** children subject to a Child Protection Plan

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


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


 **528** missing episodes by 199 young people


 **274** missing episodes by 49 Hartlepool looked after young people

 **284** 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

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

 **190** children involved in MARAC

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

 **2** new Private Fostering arrangements reported

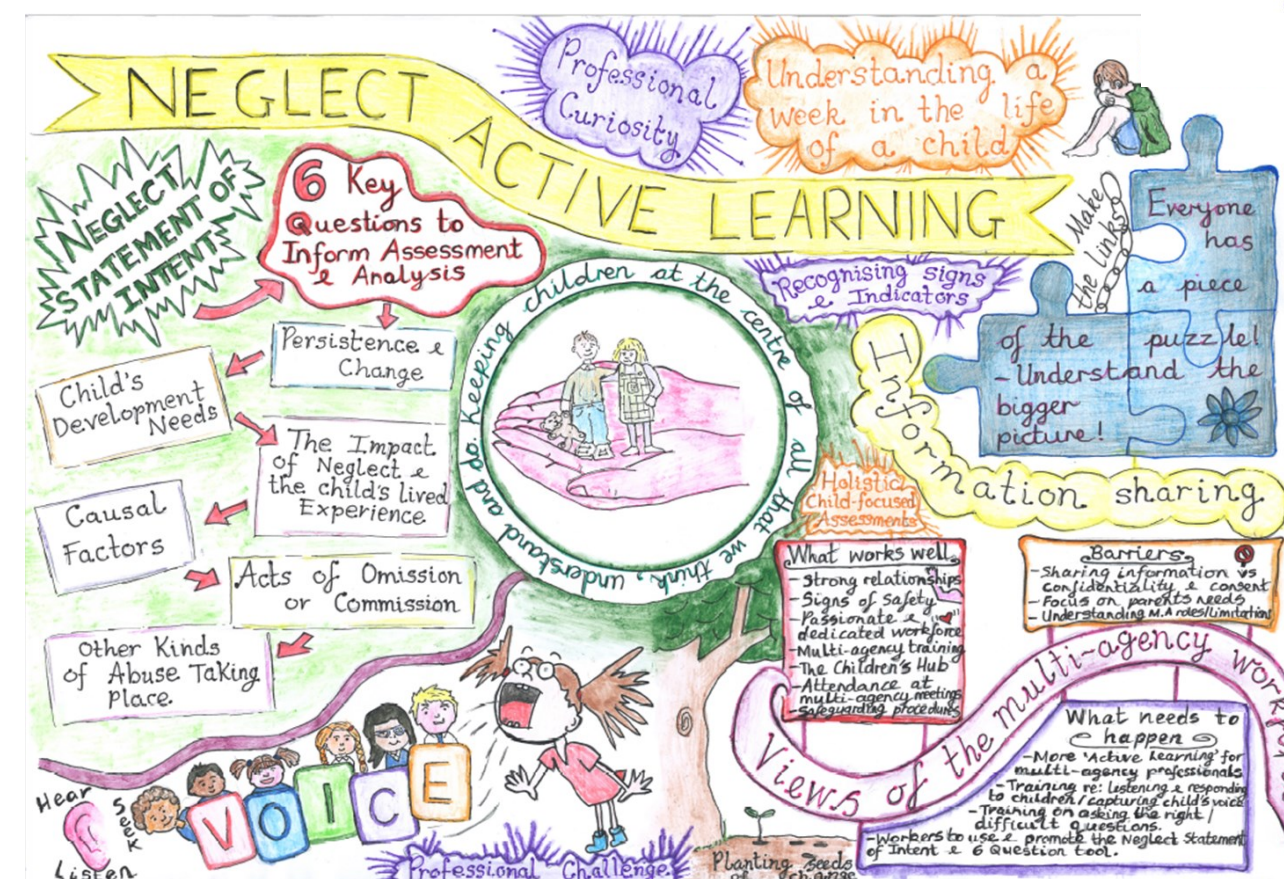
* NB: The Children's Hub is the multi-agency front door for referrals into Children's Social Care.

Key Successes and Achievements

PRIORITY 1: ADDRESSING THE IMPACT OF NEGLECT

Children experiencing and living with neglect in Hartlepool are affected in many ways. Some examples of the impact of neglect and the child's lived experience can be found in Section 4 of the [Neglect Statement of Intent](#); which was developed following the two 2017 Hartlepool Serious Case Reviews. Across Hartlepool in 2018-19 the impact of neglect led to:

- ➡ **69%** of Child Protection Plans, active in March 2019, were under the category of neglect; higher than the national average of approximately 50%.
- ➡ **61%** of children becoming looked after were under the category of neglect.



To address the impact of Neglect, 2018-19 saw the formal launch of the Neglect Statement of Intent. The Hartlepool and Stockton Joint Training Group planned and delivered Neglect Active Learning Days to promote the Statement of Intent, with a focus on the key priorities it identified. The aim of the Active Learning was to develop:

- **professional curiosity** across the multi-agency workforce;
- confidence in **identifying children experiencing neglect**;
- understanding of what life is like for a child living with neglect and the **impact of neglect**; and
- confidence in undertaking thorough assessments.

The implementation of the Statement of Intent, along with the 'Six Questions to Inform Assessment and Analysis' tool contained within, aims to ensure early identification of neglect leading to early intervention and a reduction in the long-term impacts that can result.

- ➡ **99%** of attendees said that the Neglect Active learning Day made them think differently or refocus their thinking in relation to neglect.
- ➡ **81%** of attendees said that they would change their practice after attending the event.
- ➡ **76%** of attendees said that they had shared key learning points from the event with colleagues in their organisations.

Neglect Active Learning Day feedback from Practitioners was positive:

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)

It was great to have the opportunity to apply the 6 Question Tool. It provides a good assessment structure and prompts you to include relevant information and also highlights the things you don't yet know.

(Family Support Worker)

Next Steps for 2019-20:

Further Neglect Active Learning Days are planned for 2019-20. In addition, further impact testing may include:

- an audit of SAFER referrals made in relation to neglect;
- an audit of a sample of neglect cases those who have attended are working on; to understand the impact on understanding life for the child and professional curiosity;
- action planning in relation to the barriers identified by practitioners and their recommendations for change.

PRIORITY 1: ADDRESSING THE IMPACT OF NEGLECT

The Board's three Neglect Sub-Groups continued during 2018-19. These sub-groups each focus on one of the significant causal 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.

Domestic Abuse

The existing multi-agency domestic abuse working group, under the governance of the Community Safety Partnership, meet regularly to ensure implementation of the Domestic Abuse Strategy. The group have continued to work collaboratively to deliver timely and responsive services to those who are impacted upon by domestic abuse. The group have:

- Contributed into the development of multi Agency Tasking and Co-ordination process (MATAC).
- Co-ordinated local '16 Days of Activism' events; recognising the international campaign against gender based violence to women and girls.
- Recruited a Domestic Abuse Navigator to work in securing accommodation and the provision of appropriate support for victims of domestic abuse who have complex needs who could not otherwise access the refuge.
- Sourced emergency accommodation (crash pad) in Hartlepool which can accommodate 3 clients at any one time. The accommodation provides a short-term (up to 4 weeks) safe space whilst analysis is undertaken to identify and address the immediate needs of the victim and their family, and to find suitable longer term accommodation.

The above has enabled the domestic abuse service to try some new ways of working at a different pace and with a different approach allowing slow and intense support leading to sustained changes for service users.

In 2019-20 an updated needs assessment will be completed and the new Strategy will be developed.

Mental Health and Substance Misuse

Co-ordinated work took place in 2018-19 in relation to mental health and substance misuse. Interface, a national leading expert in early intervention and prevention, were commissioned to undertake a piece of work to explore:

- the views of front-line practitioners when working together to address parental mental ill-health and/or substance misuse;
- any barriers to working together both within children's services and adult services (including substance misuse services, acute mental health trusts, other mental ill-health providers and acute trusts, primary care, etc);
- whether staff have the correct skills to ask the right and difficult questions around parental mental health and/or substance misuse;
- whether existing processes when dealing with parental mental ill-health and/or substance misuse are working.

Facilitated events were undertaken and a report was presented at a joint Hartlepool and Stockton Board meeting in January 2019. The output from the events and report are to feed into the new Hartlepool and Stockton-on-Tees safeguarding Partnership for further action in 2019-20.



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

A significant amount of work has been undertaken in 2018-19 to build on the existing processes for **VEMT** with a focus on an improvement in quality and consistency across the workforce.

The **Tees Strategic VEMT group** have:

- Reviewed their overarching strategic plan for all Tees areas;
- Conducted observations of each areas local VPG meeting and provided feedback to ensure consistency across Tees;
- Reviewed and refreshed the Tees Missing from Home / Care Protocol

The **VEMT Chairs group** had been established to assist in the delivery of the strategy within each locality. They have:

- Reviewed the Tees VEMT Screening Tool to include indicators of child criminal exploitation;
- Begun to add children who are criminally exploited to their respective area agendas;
- Worked closely together to ensure consistency across each of the Tees areas.

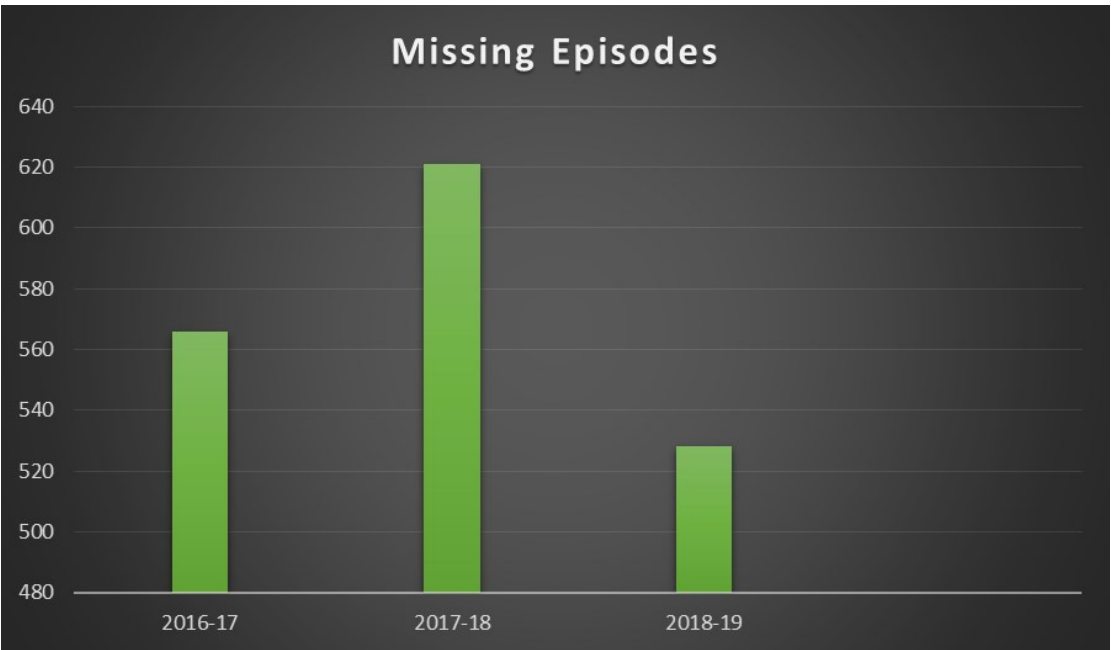
The Hartlepool **VEMT Practitioners Group (VPG)** that reviews the plans for children that are at risk of exploitation has:

- Developed VEMT induction packs to provide resources, advice and guidance to the children added to the VEMT agenda and their families;
- Developed evaluation templates to enable children open to VEMT the opportunity to put forward their views at the beginning and end of the process;
- Begun to accept referrals from children at risk of criminal exploitation.

There has also been a focus on raising awareness of VEMT across all agencies.

Children missing from home, care and education:

- There were **528** missing episodes from **199** children in 2018/19 compared to **621** for **190** the previous year (this includes LAC children placed in Hartlepool by other LAs).
- **60%** of those **199** children had no additional missing episodes.
- **98%** of children missing from education (CME) referrals have been tracked, located and closed.



A total of **247** multi-agency professionals attended face-to-face VEMT-related training.

A further **248** multi-agency professionals completed VEMT-related e-learning.

46 new Hartlepool VPG referrals were received during 2018-19.

30 of these were added as new cases.

28 children were removed from the agenda throughout the year.

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

(Consultant Paediatrician)

Next Steps for 2019-20:

- Implement the revised Teeswide VEMT strategy
- Further develop the resource packs to include CCE
- Existing work to feed into the new safeguarding partnership

PRIORITY 3: ENSURING CONTINUOUS IMPROVEMENT

Tees procedures

Tees Procedures Group (TPG) is a multi-agency Teeswide 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 Teeswide 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.

The procedures that were reviewed and agreed during 2018/19 were:

- Blood Born Virus / HIV Procedures
- Chronologies Guidance
- CIN Cross Boundary Procedure
- Immobile Babies (Bruising in Children) Procedure
- Initial Child Protection Conference Procedure
- Investigating Complex (organised or multiple) Abuse Procedure
- Parental Mental Illness Procedure
- Professional Challenge, Escalation and Dispute Resolution Procedure
- Recording Professionals Guidance Leaflet
- SAFER Referral Form
- Strategy Discussion Procedure
- Unborn Baby Conference Procedure
- Website Review

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

Multi-Agency Audit

HSCB undertook three multi-agency audit days in 2018-19. The first audit day focussed up on neglect, the second on safeguarding children and young people with special educational needs and disabilities and the third was completed in conjunction with Stockton-On-Tees multi-agency professionals, as part of the move towards the new partnership arrangements, and focussed on sexual abuse in the family environment.

The multi-agency case auditing has identified numerous examples of positive safeguarding practice being undertaken by the partnership, as well as themes for learning.

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 : Where disengagement was not challenged progress in relation to plans were not as successful.

This highlighted the importance of effective strategies for challenging parental disengagement to develop parental insight of the impact of parenting; 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.

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 fed into the LIPSG Action Plan and will transfer into the new partnership arrangements in 2019-20

PRIORITY 3: ENSURING CONTINUOUS IMPROVEMENT



Hartlepool and Stockton Joint Training Group planned, developed, observed and quality assured the 2018-19 training programme which predominantly focused on Board priorities and training needs submitted by learning identified by audit and learning lessons.

This training has been delivered both internally by Board agencies and also commissioned from external providers with a view to develop multi-agency professionals safeguarding knowledge and skills and to strengthen partnership working.

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

(Health Visitor)

The day of active learning with other agencies is so beneficial. Very interactive multi-agency to blend with a wide range of knowledge and experience .

(Police Officer, Child Abuse Investigation Unit)

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.

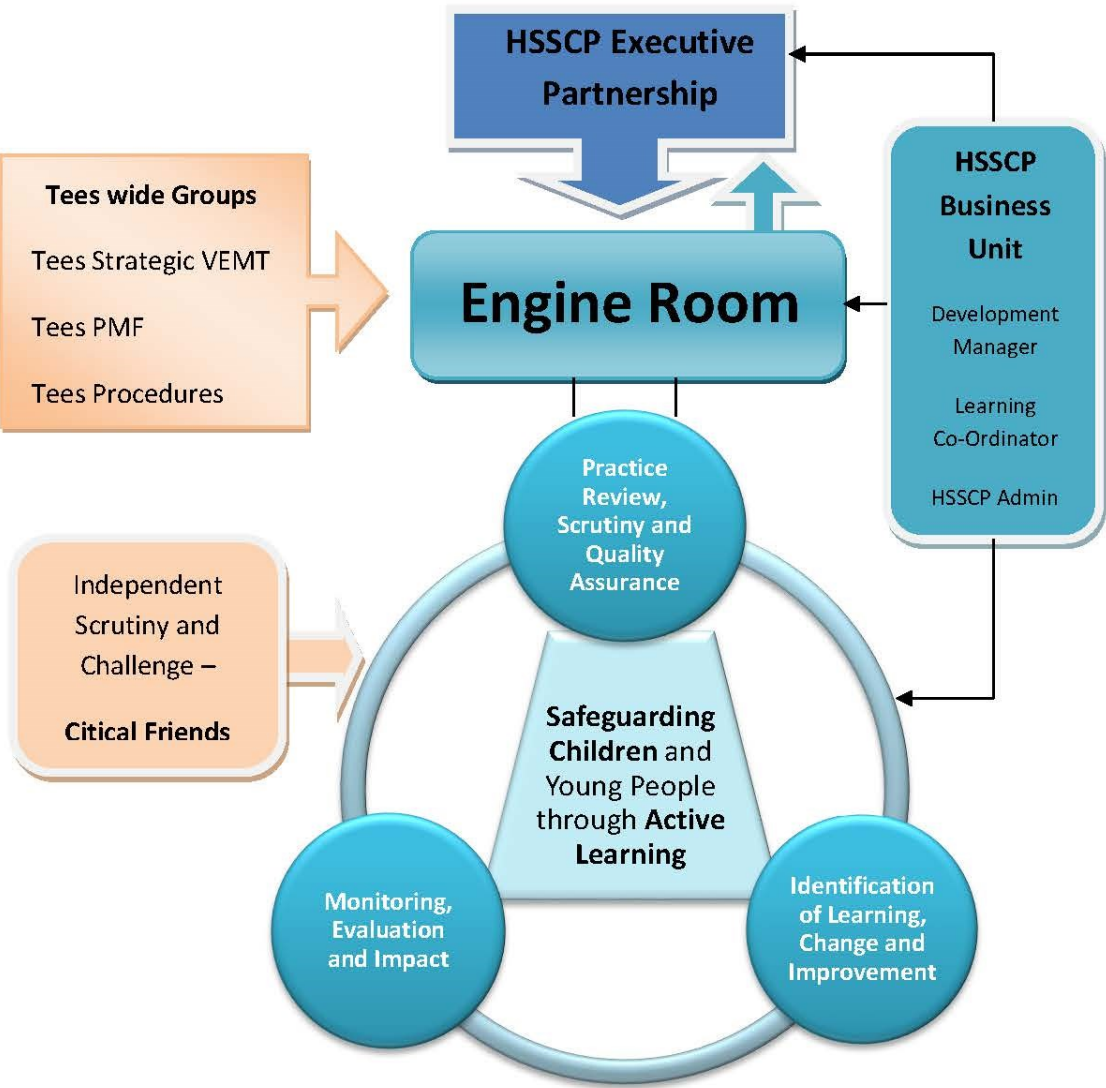
(Assistant Headteacher)

Practice has improved as the staff member now feels confident and able to use her intuitive in monitoring and evidencing.

(Manager Impact Evaluation of Residential Social Care Officer)

PRIORITY 3: STRENGTHENING PARTNERSHIPS

In light of the changes in Working Together 2018, outlining that Safeguarding Children Boards are to be replaced by Safeguarding Children Partnerships, 2018-19 has been a year of planning and change. Throughout 2018-19, HSCB has completed project planning work to develop the new Safeguarding Children Partnership Arrangements that commence in April 2019. The new arrangements aim to build upon and strengthen the existing partnership working between all Board partners. HSCB is excited about the new partnership model which is to be a joint Hartlepool and Stockton-On-Tees Partnership:



In addition to the HSCB consultation processes, two joint Hartlepool and Stockton Board meetings took place in 2018-19 to consult on the development of the new partnership, as well as a joint Executive meeting.

The agreed vision for Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSCP) is to ensure:

“Every child in Hartlepool and Stockton feels safe, secure and is protected from harm, enabling them to reach their full potential.”

Intrinsic to the new partnership model is its ‘Active Learning’ approach (as seen in the diagram to the left). It’s aim is to understand what is working well, what needs further development in our collective safeguarding practice to achieve this vision and how to address areas that do not meet the required standards.



The new arrangements can be explored in more detail on the new partnership [website](#).

Hartlepool Safeguarding Children Board

Annual Report 2018-19

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HEALTH AND WELLBEING BOARD

2nd December 2019



Report of: Director of Children's and Joint Commissioning Services and Stockton-on-Tees Clinical Commissioning Group

Subject: SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) IMPROVEMENT PLAN PROGRESS

1. PURPOSE OF REPORT

- 1.1 To share with members of the Health and Wellbeing Board progress on the local area's SEND Improvement Plan.
- 1.2 For members to be sighted on the progress in relation to SEND and offer challenge and support on areas that are not making sufficient progress.
- 1.3 For members to consider the SEND JSNA and make any suggestions for additional information to be included.
- 1.4 For members to agree the strategic joint commissioning priorities set out in the JSNA.

2. BACKGROUND

- 2.1 The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014. This act sets out duties for all partners with a particular focus on the local authority, CCG (Clinical Commissioning Group) and education providers. From September 2014, children or young people who are newly referred to a local authority for assessment are considered under the new Education, Health and Care (EHC) plan assessment process.
- 2.2 The SEND code of practice: 0 to 25 gives detailed information on the reforms. The Code of Practice provides guidance to help the Local Authority, schools, health services and social care more identify children with SEN.

- 2.3 Ofsted and CQC have been commissioned to undertake inspections of local areas in their implementation of the Code of Practice and Hartlepool was inspected in October 2016 and found to have four areas of weaknesses.
- 2.4 Subsequently the area was revisited in January 2019 to review progress in each of the areas of weakness. Inspectors felt that the area had not made sufficient progress in two of the areas:
- a) Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities
 - b) Weaknesses in the strategic joint commissioning of services for children and young people who have special educational needs and/or disabilities

3. PROGRESS

- 3.1 A review meeting took place with DfE on the 30th September 2019. The updated improvement plan was shared as attached as **Appendix A**. The plan has been updated up to reflect the position at the end of September 2019 as per the milestones within the plan. A letter was received following the review meeting which is attached as **Appendix B**.
- 3.2 Actions within the plan have been reviewed with the following areas being of particular attention:
- Development of an outcome star continues to be an action that is not on target. Recently, a regional group has been established to review outcomes frameworks for SEND and agree a shared process that will be implemented across the region. In these circumstances, it is proposed that it would be better to be part of this piece of work so we are not producing something and working completely differently to the rest of the region. Officers from the local authority are discussing this with DfE SEND adviser.
 - A sample of audits were moderated by our regional DfE SEND adviser and officers received feedback in September. In light of this feedback we have reviewed the plan format and have made amendments as advised.
 - The balanced scorecard has been produced and is attached as **Appendix C**. This sets out a 2018/19 academic year baseline position; it will be updated on a termly basis (next update January 2020) and reported to the Health and Wellbeing Board.
 - The JSNA (Joint Strategic Needs Assessment) has been produced and is attached as **Appendix D** (to follow).

4. RISK IMPLICATIONS

- 4.2 There is a risk that if agencies do not work together that the system will be difficult to navigate for children with SEND and their families. This will

prevent children and young people improving their outcomes and reaching their full potential.

- 4.1 There is a risk that if leaders do not hold each other to account to ensure that the improvement plan is implemented the Secretary of State will intervene.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no specific financial considerations within this report.

6. LEGAL CONSIDERATIONS

- 6.1 There are no specific legal considerations within this report, however all partners must ensure they are meeting their duties within the Children and Families Act 2014.

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

- 7.1 The services discussed in this report support children with additional needs.

8. STAFF CONSIDERATIONS

- 8.1 There are no staff considerations within this report.

9. ASSET MANAGEMENT CONSIDERATIONS

- 9.1 There are no asset management considerations within this report.

10. RECOMMENDATIONS

- 10.1 That members of the Health and Wellbeing Board note the progress achieved in implementing the SEND improvement plan.
- 10.2 That members of the Health and Wellbeing Board reflect on their duties for children under the Children and Families Act 2014 to ensure that children with SEND are supported as appropriate.
- 10.3 For members to consider the SEND JSNA and make any suggestions for additional information to be included.
- 10.4 For members to discuss and agree the strategic joint commissioning priorities set out in the JSNA.

11. REASONS FOR RECOMMENDATIONS

- 11.1 To ensure that children with SEND are appropriately supported and services are commissioned to meet their needs.

12. BACKGROUND PAPERS

SEND Code of Practice

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

13. CONTACT OFFICER

Danielle Swainston, Assistant Director, Children and Families Services,
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A joint local area inspection of Hartlepool's effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND) took place in October 2016. This inspection identified four areas of significant weakness which were detailed in a written statement of action (WSOA). The local area jointly submitted an action plan to tackle the areas of weakness which was declared fit for purpose by Ofsted on 24 April 2017.

The local area convened an Improvement Board that oversaw the implementation of the action plan which made some positive progress to deliver the required improvements. In January 2019, Ofsted and the Care Quality Commission revisited Hartlepool to assess whether the local area had made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action. During the revisit, inspectors found that we had not made sufficient progress in two of the four areas included in the Written Statement of Action, although acknowledged that we had undertaken significant work in tackling these outstanding issues. During the revisit, the inspectors told us that our governance arrangements were not robust enough as our SEND Improvement Board, established in February 2017, had responsibility for delivering the improvements as well as holding ourselves to account on the effectiveness of this. This resulted in a lack of progress in the two areas:

- Inconsistencies in the timeliness and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities; and
- Weaknesses in the joint commissioning of services for children and young people who have special educational needs and/or disabilities.

As a consequence of the insufficient progress made in the above detailed areas of weakness, a further, more rigorous improvement plan has been produced to accelerate the pace of change to tackle these two outstanding weaknesses.

The Hartlepool local area is committed to delivering this plan to improve the quality of services provided to children and young people with special educational needs and disabilities, ensuring their needs are identified and assessed in a timely way and the arrangements for joint commissioning are substantially improved resulting in a more responsive service.

The timescales detailed within this action plan will be monitored by a newly formed Strategic Group of accountable officers who will receive six weekly reports from the Operational Group and in turn be accountable to the Hartlepool Health and Wellbeing Board. Within 12 months, the Health and Wellbeing Board will have received the report of a Local Government Association Peer Review which will demonstrate that the improvement plan has been delivered and the local area has implemented the necessary improvements to the quality of services to children and young people with Special Educational Needs and / or Disabilities.

Hartlepool SEND Improvement Plan

April 2019 (updated September 2019)

Weakness to be addressed: System governance for delivery of SEND services for the children and young people of Hartlepool.									
We will know this is working well when: The effectiveness of the local system is held to account by itself and internal and external scrutiny									
Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status/ Evidence	By 30/09/19	Status/ Evidence	By 31/03/20	Status/ Evidence
<p>The governance arrangements provide effective strategic and operational accountability.</p> <p>Clearly identified action plan to deliver improvements with robust accountability and reporting arrangements.</p> <p>Local area leaders are sighted on delivery of this improvement plan and hold those working within the system to account to achieve the required improvements.</p> <p>Local leaders take swift action to address barriers, delays or systemic issues that impact on progress.</p> <p>Strategic leaders are individually responsible for the implementation of this improvement plan within their own organisation and escalate risk to their own internal governance. Collectively HWB board will hold strategic leaders to account for the delivery of this plan.</p>	<p>Implement revised governance arrangements for local area SEND ensuring there is clear understanding of accountability and governance across all stakeholders.</p> <p>Workstreams produce 6 weekly reports which track progress, milestones, issues and risks for strategic group. Strategic group will be responsible for tracking progress against milestones within this action plan and taking remedial action where these are not achieve.</p>	<p>Local governance arrangements hold all organisations to account for the delivery of the SEND Strategy and the improvement of performance including related outcomes for children and young people with SEND.</p> <p>Evidence by: Minutes of meetings and action logs demonstrating timely discussions and monitoring of the plan</p> <p>Children, young people, parents, family members and carers will understand how the system is working to deliver SEND services and improvements.</p> <p>Children, young people, parents and carers will feel that the system works for them and shape and design the development of services.</p> <p>Children, young people and parents/ carers will provide feedback on the effectiveness of the local arrangements leading to evaluation and continuous improvement.</p> <p>Evidence by: Parents and Carer representation attend strategic/decision making meetings. Minutes of governance meetings.</p>	<p>Director of Children's and Joint Commissioning Services</p> <p>HAST CCG Director for Childrens Services</p> <p>Chair of Health and Wellbeing Board</p> <p>Chair of One Hart, One Mind, One Future (PCF)</p> <p>HeadTeacher representative</p>	<p>New governance arrangements in place:</p> <ol style="list-style-type: none"> 1. Separation of current Improvement Board into distinct Operational and Strategic functions. 2. Revised Terms of Reference in place outlining lines of accountability including to Health and Wellbeing Board. <p>First Progress Report presented to strategic group.</p> <p>All organisations understand the challenges and need for accelerated progress and understand their role in delivering this action plan.</p> <p>Local balanced scorecard produced which details performance measures of compliance, impact and effectiveness.</p>	<p>Complete - Minutes ToR</p> <p>Complete - Minutes, ToR</p> <p>Complete-report to HWB</p> <p>Complete-HWB mins</p> <p>Complete-BSC</p>	<p>Health and Wellbeing Board holds challenge session to review the effectiveness of new governance arrangements in ensuring all partners are fulfilling their responsibilities to deliver this improvement plan and system change.</p> <p>Second Progress Report presented to Health and Wellbeing Board, CCG Exec/Governing Body and LA committees. Any risks escalated to Audit and Governance Committee.</p> <p>Balance scorecard shows improvements in performance.</p> <p>Findings from audits of EHC Plans received by strategic group identifying areas of strength and areas for improvement and actions required to tackle these.</p>	<p>Complete – HWB report and minutes</p> <p>Complete – HWB report</p> <p>Balance score card has been produced with baseline information populated – to be updated quarterly</p> <p>Audit completed Findings being presented to Strategic group on 8/10/2019</p>	<p>One year on report presented to Health and Wellbeing Board demonstrates areas of weakness fully addressed and significantly improved performance in compliance, impact and outcomes.</p> <p>Peer review completed and findings presented to Health and Wellbeing Board confirming Improvement Plan delivered.</p> <p>Systems improvement embedded business as usual in good performing local area.</p>	

Hartlepool SEND Improvement Plan

April 2019 (updated September 2019)

Weakness to be addressed: Limited and inconsistent assurance around the timeliness, quality and effectiveness of the local area's arrangements for identifying and assessing children and young people's special educational needs and/or disabilities

We will know this is working well when: Local area effectively identifies and assesses children and young people with SEND through timely high quality and effective plans that lead to improved outcomes

Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status/ Evidence	By 30/09/19	Status/ Evidence	By 31/03/2020	Status/ Evidence
<p>80% of EHC Plans completed within 20 week timescale.</p> <p>For those not completed within timescales this is Identified at the earliest possible opportunity and based on the best interests of the child and family.</p> <p>Performance in relation to timeliness of assessments is rigorously monitored by strategic group and reported to the HWB and action taken where the above two actions have not been met.</p>	<p>Strategic group to receive report on the baseline position and 6 weekly thereafter in relation to timeliness and compliance. These reports will also include an analysis of reasons for non-compliance and remedial action being undertaken.</p>	<p>An increase in the completion in high quality effective EHC plans within statutory timescales</p> <p>Strategic group has accurate and real time performance information to address areas for improvement within individual organisations and across system</p> <p>Well trained and skilled workforce that understands its role within the EHC Plan process and consistently provide high quality information in a timely manner that leads to good plans being developed within timescales that meet need.</p> <p>Evidence by: Balance scorecard including parental satisfaction</p>	<p>Head of SEND, HBC</p> <p>Director of Nursing North Tees and Hartlepool NHS Foundation Trust</p> <p>School reps - SENDCO from each school cluster</p> <p>Locality Manager (CAMHS) Tees Esk and Wear Valley NHS Foundation Trust</p> <p>Local area operational group</p>	<p>Baseline report and action plan on timeliness and compliance outlining performance on an individual agency basis considered by strategic group.</p>	Complete - SEN2	<p>70% of EHC plans completed within 20 week timescale</p> <p>6 weekly reports received by strategic group</p>	<p>75% completed within timescale SEN2</p> <p>Have achieved 75% therefore have amended action: <i>Balance scorecard populated and reported to strategic group quarterly</i></p>	<p>80% of EHC Plans completed within 20 week timescale.</p> <p>100% of identified practitioners participated in SEND workforce development programme.</p> <p>Workforce development programme continuously updated as per feedback from participants and established as within core workforce development offer to staff.</p>	
	<p>Performance report to be shared with all partners and a system action plan developed to address barriers impacting on compliance.</p>			<p>SEND training offer reviewed and dates set throughout the year for the roll out of the revised workforce development plan.</p>	Complete – training offer, attendance lists	<p>40% of identified practitioners have engaged in SEND workforce development programme.</p>	Complete Attendance list Training evaluation forms		
	<p>A review of the SEND training offer to be completed and updated to address any workforce development needs based identified areas for improvement.</p>			<p>Workforce development plan identifies targeted staff who need to participate in training.</p>	Complete – registration / attendance list	<p>Workforce development offer evaluated based on feedback from participants and improvements identified.</p>	Complete Attendance list Evaluation forms		
	<p>Workforce development plan with named lead facilitators to be published on Local Offer with strategic partners identifying key staff within their organisations to attend.</p>					<p>Parental satisfaction survey undertaken</p>	Complete Survey report		

Hartlepool SEND Improvement Plan April 2019 (updated September 2019)

EHC plans are of high quality and are effective leading to improved outcomes for children and young people with SEND	Undertake a piece of work to identify best practice regionally and nationally in EHC plans using PCF and their networks to identify excellence.	All Hartlepool EHC Plans are legally compliant. EHC plans are consistently of a high quality individualised and meet needs the child / young person.	Head of SEND, HBC Assistant Director, Education, HBC Director of Nursing North Tees and Hartlepool NHS Foundation Trust Locality Manager (CAMHS) Tees Esk and Wear Valley NHS Foundation Trust Local area operational group	Best practice identified and benchmark set	Complete QA framework QA tool	Two audit days completed.	One day completed Audit report Second day 1 st October 2019	LGA Peer Review completed of the local area SEND arrangements including a case review of the timeliness, quality and effectiveness of EHC plans.	
	Define and develop a quality audit tool against which to understand baseline of local performance and improvements required. Implement quarterly audit activity which will be reported within balanced scorecard to strategic group and HWB. Delivery of audit improvement plan to meet identified areas of concern to drive continuous improvement in the quality of EHC plans.	All EHC Plans are outcome focused with SMART objectives to enable impact to be measured. SMART objectives are based upon stretch targets for the individual child / young person. Language used within the plan enables clarity of understanding by child / young person / family / carer / professionals. Ensuring that specialist advice and guidance within plans are of high quality and accessible to families. Evidence by: Balance scorecard audit activity which shows improving picture.		Quality assurance tool devised and date set for first audit. Multi-agency quality assurance cycle established, date set for first audit and audit team identified including representatives from PCF.	Complete Schedule of audits Complete Schedule of audits	Report of audit findings prepared including plan to address of areas for improvement. Report presented to Strategic Group and HWB Audit activity evidences improvement in quality of plans. Target: > 60 %judged good or better DfE SEND Professional adviser to moderate audit findings and reports and advice local area to add value. Parental satisfaction survey in partnership through PCF	Complete Audit report 8/10/19 Strategic Group 02/12/19 HWB board Amended action: <i>Audit sets baseline for plans meetings minimum standards of CoP</i> Audit report Complete Survey report	LGA Peer Review report presented to HWB Audit activity evidences improvement in quality of plans. Target: > 80 % judged good or better	

Hartlepool SEND Improvement Plan April 2019 (updated September 2019)

Weakness to be addressed: Weaknesses in the joint commissioning of services for children and young people who have SEND.

We will know this is working well when: We have a detailed and comprehensive understanding of the needs of children and young people with SEND and their families. Services are commissioned in a more integrated way and working together effectively to meet need.

Objective	Actions	Intended Outcomes/ Impact Measures	Responsible Person(s) / Post	Milestones					
				By 31/05/19	Status/ Evidence	By 31/09/19	Status/ Evidence	By 31/03/19	Status/ Evidence
To understand current and projected need of children and young people with SEND.	A systematic review of all available data which will include prevalence data, analysis and forward projection of needs of the SEND population.	The JSNA and sufficiency assessment will provide local leaders with an understanding of need and the gaps in service provision to allow for the effective joint planning and commissioning of services.							
	<p>Joint Strategic Needs Analysis will detail an evidence based robust needs analysis of the local area's SEND population</p> <p>A sufficiency assessment will be prepared based on refreshed JSNA. This will identify gaps in service provision and areas where services need to be developed, wherever possible, through a joint commissioning approach.</p>	<p>The sufficiency assessment will identify specific service areas that require review and/or re-commissioning and /or decommissioning. These areas will be addressed within the joint commissioning strategy.</p> <p>Evidenced by: Sufficiency assessment published JSNA refreshed Joint commissioning plan that is SMART</p> <p>Local area will jointly commission services for children and young people with SEND that have high levels of user satisfaction.</p> <p>Evidenced by: CYP families report they are satisfied with services provided.</p>	<p>Assistant Director, Joint Commissioning, HBC</p> <p>Head of Commissioning and Strategy, CCG</p> <p>Director of Public Health</p> <p>Schools</p> <p>Parent Carer Forum</p>	<p>Consultation to inform needs assessment and potential joint commissioning opportunities with all schools</p> <p>Accurate local Information provided, collated and analysed and shared with strategic group</p> <p>Updated qualitative JSNA completed which reflects joint priorities and targets across education, health and care.</p>	<p>Complete - Info gathered from school consultations</p> <p>Complete - Info gathered from all partners</p> <p>Complete - JSNA</p>	<p>Needs assessment, sufficiency assessment and draft joint commissioning strategy presented to Strategic Group and Health and Wellbeing Board</p>	<p>Completed needs assessment/ strategy Strategic Group 8/10/19 HWB 02/12/19</p>	<p>Year 1 priorities services jointly commissioning and commenced delivery</p> <p>First quarter contract information presented to Health and Wellbeing Board</p> <p>Health and Wellbeing board receives a progress report against the joint commissioning plan</p>	
To jointly commission services that meet the needs for children and young people with SEND and their families	<p>Review TOR for joint commissioning workstream</p> <p>Develop and implement local area Joint commissioning Strategy and three</p>	<p>Partners are jointly commissioning services based on needs and priorities.</p> <p>Evidenced by: Commissioning Strategy approved and published</p>	<p>Assistant Director, Joint Commissioning, HBC</p> <p>Head of Commissioning</p>	<p>Revised Terms of Reference for joint commissioning workstream in place</p> <p>Joint Commissioning workstream has met and developed timeline for</p>	<p>Complete - ToR</p> <p>Complete - timeline</p>	<p>Draft joint commissioning strategy approved by Health and Wellbeing Board</p>	<p>Completed strategy HWB 02/12/19 (due to availability of meetings) – JSNA and strategy</p>	<p>Year 1 priorities services jointly commissioning and commenced delivery</p>	

Hartlepool SEND Improvement Plan April 2019 (updated September 2019)

	<p>year plan which identifies agreed priorities between education, health and Local Authority.</p> <p>Develop and implement system wide reviews of service provision across health, education and social care.</p>	<p>Commissioning plan approved and published</p> <p>There is a mechanism for addressing the commissioning requirements needed to deliver the Joint Commissioning strategy and action plan. Evidenced by: Action logs of operational group</p> <p>The joint commissioning strategy and plan is co-produced by Children, young people and their families Evidenced by: Commissioning process paperwork PCF minutes Operational strategic group minutes</p>	<p>and Strategy, CCG</p> <p>Head of Strategic Commissioning, (Childrens), HBC</p> <p>Director of Public Health</p>	development and implementation of strategy		System wide review of service provision has commenced.	This has commenced	<p>First quarter contract information presented to Health and Wellbeing Board</p> <p>Health and Wellbeing board receives a progress report against the joint commissioning plan.</p> <p>System wide review of service provision has been completed and presented to HWB.</p> <p>All redesigned and or commissioned services for children and young people with SEND will have a positive impact on outcomes</p>	
Measure the impact of the effectiveness of services in improving outcomes for children and young people with SEND.	<p>Refine and conclude the implementation of our approach to evaluating and measuring outcomes.</p> <p>Strengthen the review process in measuring the impact of the plan in improving outcomes for children and young people.</p>	<p>Children experience improved outcomes from the implementation of effective EHC plans</p> <p>Local leaders know if services are making a positive impact on the lives of children, young people with SEND and their families. If children are not making expected progress local leaders understand why and work together to address system issues.</p> <p>All services for children and young people with SEND will have a positive impact on outcomes.</p> <p>Evidenced by: Balanced scorecard reports to strategic group and HWB.</p>	<p>Operational group</p> <p>Strategic group</p>	<p>Pilot within SLT and Education completed and outcomes framework refined from findings of pilot.</p> <p>Develop an outcomes star to show progress of children and young people with SEND.</p>	<p>Completed and shared findings with Ops group – discussion supported development of QA framework</p> <p>Complete</p>	<p>Implement outcomes star</p> <p>Commence roll out of outcomes framework starting with Physio, OT and social care with review processes in place (SLT and education to continue)</p> <p>Reporting template developed and impact and outcomes reported to strategy group</p>	Not completed Remedial action – see risk register below	<p>Outcomes star and outcomes framework fully implemented across all services and report of impact presented to HWB</p> <p>Outcomes framework embedded within balanced scorecard.</p>	

Hartlepool SEND Improvement Plan April 2019 (updated September 2019)

SEND Improvement Risk Register (September 2019)

Identified Risk/ Barrier/Area of concern	Responsibility	Risk Mitigation (remedial actions to accelerate progress)	Milestones
Implementation of outcome star		<ul style="list-style-type: none"> PfA information circulated to Ops group to ensure all members are sighted on the PfA outcomes to inform development SEND Ops group main agenda item on 23rd September - Preparing for Adulthood outcomes agreed as the focus All members of the Ops group to consult with their representative organisation <ul style="list-style-type: none"> ➤ SEN officers consulted on use of the outcome star ➤ SENCOs consulted ➤ Parents ➤ Children and Young People ➤ SALT/OT ➤ CAMHS Training commissioned and implemented 	<p>9th September 2019</p> <p>23rd Sept – agree format</p> <p>Week beginning 30th September 2019 feedback returned by 20th October 2019</p> <p>By end of November 2019</p>
Monitoring of outcome star progress		<ul style="list-style-type: none"> EHC paperwork amended to include the outcome star Audit to be undertaken to review use of outcome star CYP and parent survey/ consultation to review implementation of the outcome star 	<p>December 2019</p> <p>March 2020</p> <p>March 2020</p>



Department
for Education

Department for Education
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

Tel: 0370 0012345

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

Nicola Bailey, CCG Chief Officer
Danielle Swainston, Local Area Nominated Officer
Alex Sinclair, CCG Director Lead

11 October 2019

Dear Sally, Nicola, Danielle and Alex,

SIX MONTH PROGRESS REVIEW AGAINST HARTLEPOOL'S SEND ACTION PLAN

Thank you for attending a meeting with DfE and NHS England officials on Monday 30 September to review the progress you have made against your SEND action plan over the last six months.

We were reassured to hear that new governance arrangements in Hartlepool are beginning to bed in, and that there are clear lines of accountability running through your operational and strategic groups and up to the Health and Wellbeing Board. I hope that the Board will continue to offer constructive challenge to your two improvement groups over the coming months and will build on its commitment to driving improvements for children and young people with SEND.

Regarding the identification of needs in Hartlepool, and the timeliness of your response, it is encouraging to know that these have both improved. This is particularly evident in the increased consistency of your Education, Health and Care plans, where you also report that more than 75% are now deemed to be child-centred.

You are also making progress on joint commissioning and planning and we know you are planning to share your JSNA with Cath Hitchen and Chris Brown shortly, before taking to the Health and Wellbeing Board in early December. We were particularly interested to hear about your tripartite commissioning of some services, such as support for speech, language and communications, where you have involved the local authority, the Clinical Commissioning Groups and schools. We share your expectation that this will have a positive impact on waiting times for diagnosis, access to local services and improving rates of parental satisfaction.

We know that parents are closely involved in all aspects of your work but, unfortunately were not able to attend this meeting so we are grateful to your Parent Carer Forum for providing a written statement reflecting their views. Their statement confirms that Hartlepool benefits from an active and engaged parental community and that they have been fully engaged in developing your local offer, leading the

communications strand of your workplan and suggesting improvements for the short breaks service.

We are also grateful for the input provided by your headteacher representative, Leanne Yates. We are encouraged to hear about ongoing work to improve levels of consistency around SEN support and about schools' involvement in the JSNA panel and on Hartlepool's operational and strategic boards. This should ensure that they maintain their ownership of this important agenda going forwards.

Our primary concern at this stage is around how you are measuring the impact of the actions you are taking and ensuring an evidence-led and impact-focused approach to continuous improvement. We ask that you focus on this issue as a key driver for your new governance structures, and for the performance scorecard you are developing with partners, to help you accelerate your progress and impact. It was disappointing not to have had an – even partially – populated scorecard in advance of your review, but we know that you have been revising it to ensure the widest range of measures and that you will be providing it to the Department by 18 October. Please send the document to the implementation mailbox at SEN.IMPLEMENTATION@education.gov.uk, and share it with Cath and Chris.

Going forward, we would also ask you to update your risk register to address the following potential concerns:

- A risk around levels of capacity and commitment as a result of recent staff changes, the structure of the CCGs and other issues
- A risk around the timeliness of data collection and its effective use – including by senior leaders
- A risk around the effectiveness of your governance arrangements in monitoring impact and driving improvement

Provided that you have completed your peer review by then, your next six-month review meeting should take place on Wednesday 8 April. I would be grateful if you could let me have your peer review dates, once confirmed, and accept the 8 April meeting date via the Implementation Mailbox at SEN.IMPLEMENTATION@education.gov.uk.


In the meantime, Cath Hitchen will remain your link to the Department for Education. If you have any questions or need any further support, please contact Cath in the first instance. Chris Brown will remain your link to NHS England.

I am copying this letter to Gill Alexander (Chief Executive), Christopher Akers-Belcher (Leader of the Council) and to your DfE and NHS England Advisers.

Yours sincerely,



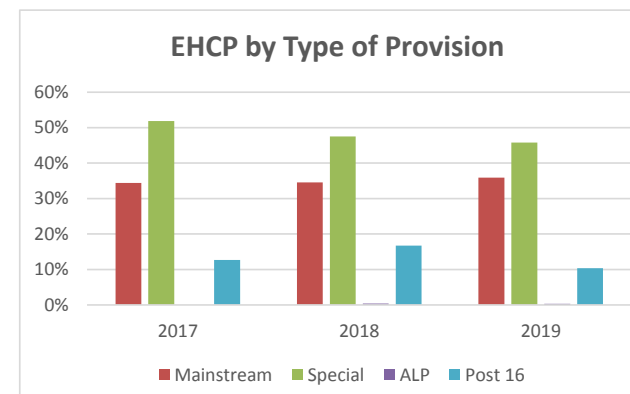
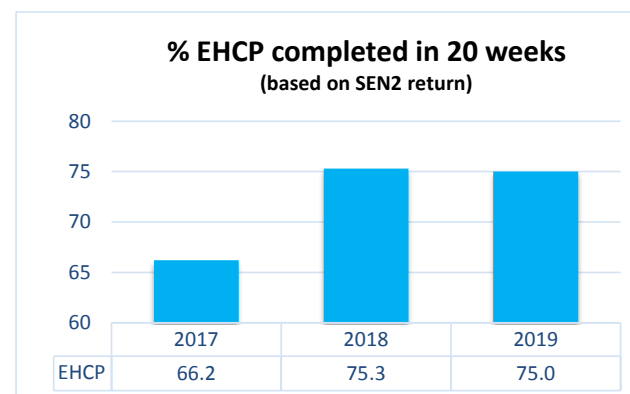
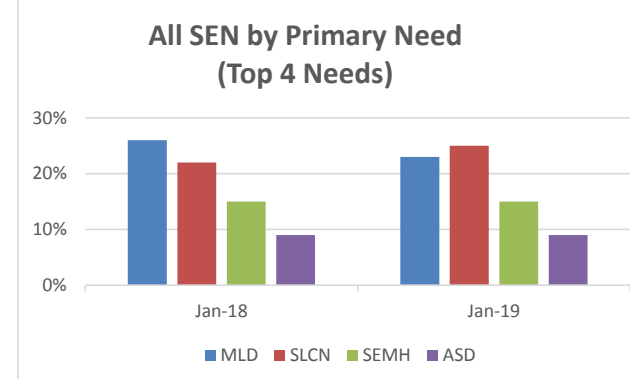
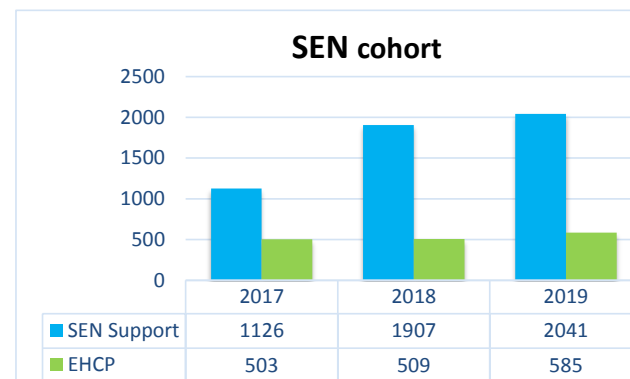
Laura Bond
Assistant Director
Special Educational Needs and
Disability Unit
Department for Education



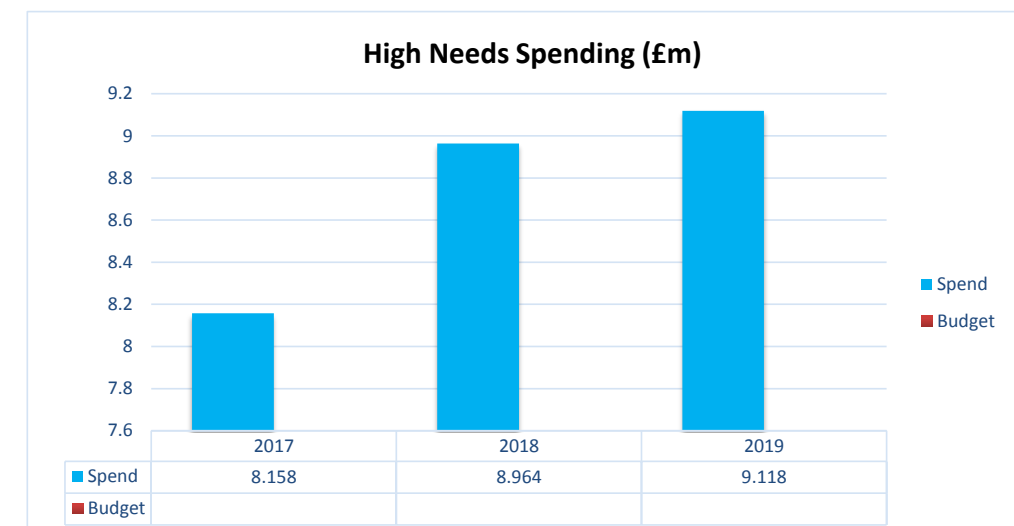
Kate Yeung
Assistant Director
Special Educational Needs and
Disability Unit
Department for Education

SEND BALANCED SCORECARD 2019/2020 SUMMARY

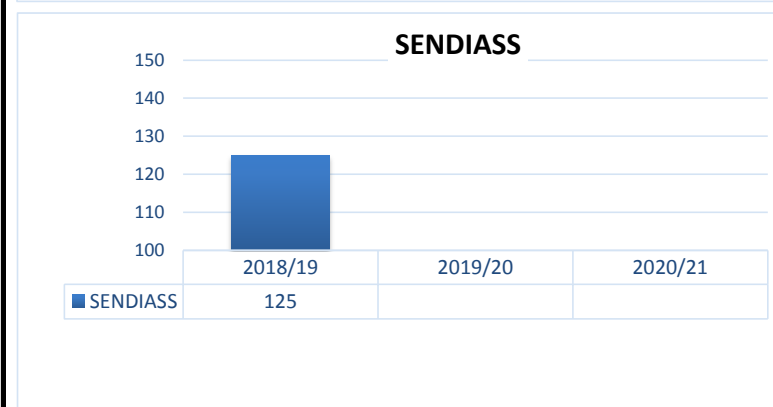
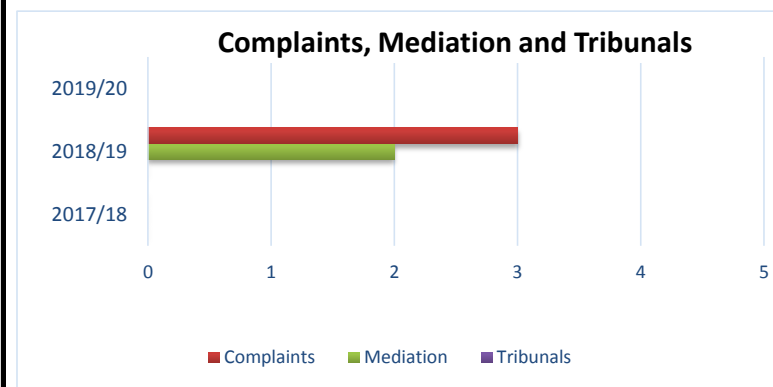
PERFORMANCE



FINANCIAL



USER/CUSTOMER



Parental survey 2018/19 headlines

83% said they did get the info, advice and support during process

56% felt easy to understand with 17% strongly disagreeing

65% felt their wishes and opinions were included

26% felt their child's wishes and opinions were included

47% agreed that the EHCP included preparation for child's next move

60% felt that the EHCP led to their child getting support they needed

ORGANISATION

2018/2019

LA STAFFING

1 x Head of SEND
3 x SEN officers
1 x admin

VACANCIES

None

CASELOADS

SEN officer 1 192
SEN officer 2 195
SEN officer 3 193

SICKNESS

Total of 14.5 days to sickness absence
= average of 3.05 days lost per FTE employee.

Workforce 2018 /2019

Training attendance

Autism	52
Makaton	19
Safeguarding children with complex needs	24
Communicating with children with complex needs	15
CDC - outcomes	43

Parental Survey

90% of parents felt that staff were knowledgeable about the process

80% of parents felt different services work together to develop the EHCP

SEND BALANCED SCORECARD 2019/20

					Provisional 2019/20			
Objective	SUMMARY	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	Comments
Effectively identify, assess and meet the needs of children and young people who have special educational needs and disabilities	1.1	Number children/young people receiving SEN support	2041					
	1.2	Number children / young people referred for EHCP assessment	125					
	1.3	Number and % EHCP assessments agreed	83 (100%)					
	1.4	Number of EHCP issued and % within 20 weeks		↑				8 EHCPs started in 2017-18 but completed in 2018/19 and completed within timescales. 29 within current year completed within timescales within the year. 20 carried forward to 2019/20 and in timescales.
	1.5.0	% of professional advice received within timescales: School/ college	92%	↑				
	1.5.1	% of professional advice received within timescales: Education psychology	81%	↑				
	1.5.2	% of professional advice received within timescales: Social care	45%	↑				
	1.5.3	% of professional advice received within timescales: Paediatrics	70%	↑				
	1.5.4	% of professional advice received within timescales: SALT	74%	↑				
	1.5.5	% of professional advice received within timescales: Physiotherapy	77%	↑				
	1.5.6	% of professional advice received within timescales: Occupational therapy	74%	↑				
	1.5.7	% of professional advice received within timescales: CAMHS	40%	↑				
	1.6.0	Average waiting times: Paediatric SALT	18 weeks	↓				
	1.6.1	Average waiting times: Paediatric Physiotherapy	18 weeks	↓				
	1.6.2	Average waiting times: Paediatric Occupational therapy	18 weeks	↓				
	1.6.3	Average waiting times: Paediatric CAMHS	6 weeks	↓				
	1.7.0	Autism: No. of children on existing waiting list for full assessment	99	↓				
	1.7.1	Autism: No. of children on existing waiting list for full assessment: Longest wait	89 weeks	↓				
	1.7.2	Autism: No. of children on existing waiting list for full assessment: Average wait	34 weeks	↓				
	1.8	% of children with learning disabilities attending GP annual checks	62%	↑				

SEND BALANCED SCORECARD 2019/20

					Provisional 2019/20			
Objective	SUMMARY	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	Comments
Children, young people and their families have a positive experience of the SEND system and get the right support at the right time	2.1.0		4 (50%)	↑				
	2.1.1	Number of EHCP reviews held and % within: 6 months of previous (early years)	498 (57%)	↑				
	2.2.0	Number of EHCP reviews held and % within: 12 months of previous (5+)	0	↑				
	2.2.1	% reviewed EHCP issued within: 6 months of previous (early years)	15%	↑				
	2.3.0	% reviewed EHCP issued within: 12 months of previous (5+)	89%	↑				
	2.3.1	% children with EHCP have education/care needs met within in Hartlepool	6%	↓				
	2.3.2	% children with EHCP have education/care needs met within 20 miles of Hartlepool (but outside of Hartlepool)	5%	↓				
	2.4	% children with EHCP have education/care needs met > 20 miles from Hartlepool	125					
	2.5	Number of families supported by SENDIASS	3					
		Total number of local authority SEND complaints:	0					
		% fully upheld	3					
		% partially upheld	0					
	2.6	% not upheld	2					
	2.7	Number of SEND appeals involving mediation	0					
	2.8	Number of SEND tribunals	20					
	2.90	Number of multi agency audits of EHCPs completed	55%	↑				
	2.10.0		60%	↑				
	2.10.1	Summary of parent survey information: % overall satisfaction	60%	↑				
	2.10.2	Summary of parent survey information: % satisfied with care and support for child and family	65%	↑				
	2.10.3	Sig + on Raise Full Report	55%	↑				

SEND BALANCED SCORECARD 2019/20

					Provisional 2019/20			
Objective	SUMMARY	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	Comments
Children and young people with SEND are achieving good and improving outcomes	3.1.0	Attainment of children and young people with SEND: % EYFS - GLD	18.2	↑				
	3.1.1	Attainment of children and young people with SEND: Key stage 1 - % Average RWM combined at expected or above	22.6	↑				
	3.1.2	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Reading	-0.44	↑				
	3.1.3	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Writing	-1.39	↑				
	3.1.4	Attainment of children and young people with SEND: Key stage 2 - Average Progress in Maths	-0.96	↑				
	3.1.5	Attainment of children and young people with SEND: Key stage 4 - Average Progress 8	-0.73	↑				
	3.1.6	Attainment of children and young people with SEND: Key stage 4 - Average Attainment 8	29.4	↑				
	3.2.0	Young people with EHCP who are NEET/not known: 16-18	3	↓				Data are from systems which have transitioned. Reported in Academic Year Groups.
	3.2.1	Young people with EHCP who are NEET/not known: 19-25	11	↓				Data are from systems which have transitioned. Reported in Academic Year Groups.
	3.3.0	% pupils at SEN support receiving: Fixed Term Exclusion - Primary	0.8	↓				Exclusions collected from Jan/May Census for 2018 & 2019. % used is of all SEN support or EHCP cohort on January census for relevant year and relevant school category e.g. Primary.
	3.3.1	% pupils at SEN support receiving: Fixed Term Exclusion - Secondary	19.8	↓				
	3.3.2	% pupils at SEN support receiving: Permanent Exclusion - Primary	0.1	↓				
	3.3.3	% pupils at SEN support receiving: Permanent Exclusion - Secondary	0.6	↓				
	3.4.0	% pupils with EHCP receiving Fixed Term Exclusion Primary	4.4	↓				
	3.4.1	% pupils with EHCP receiving Fixed Term Exclusion Secondary	19.6	↓				
	3.4.2	% pupils with EHCP receiving Fixed Term Exclusion Special	0.4	↓				
	3.4.3	% pupils with EHCP receiving Permanent Exclusion Primary	0	↓				
	3.4.4	% pupils with EHCP receiving Permanent Exclusion Secondary	0	↓				
	3.4.5	% pupils with EHCP receiving Permanent Exclusion Special	0	↓				
	3.4.6	% of Fixed Term Exclusions involving SEN Support Pupils	28.3	↓				
	3.4.7	% of Fixed Term Exclusions involving pupils with an EHCP	4.4	↓				
	3.4.8	% of Permanent Exclusions involving SEN Support Pupils	35.7	↓				
	3.4.9	% of Permanent Exclusions involving pupils with an EHCP	0					
	3.5.0	% pupils with SEN support electively home educated	0.7					
	3.6	% pupils with EHCP electively home educated	0.8					
	3.7.0	% pupils with SEN Support who moved school (managed move or in year transfer) Primary	18.7					Percentage used is of all pupils with SEN Support or EHCP by Primary or Secondary.
	3.7.1	% pupils with SEN Support who moved school (managed move or in year transfer) Secondary	11.8					
	3.8.0	% pupils with EHCP who moved school (managed move or in year transfer) Primary	48.8					
	3.8.1	% pupils with EHCP who moved school (managed move or in year transfer) Secondary	11.2					
	3.9.0	% outcomes stars showing improvement at review in: Education and employment	In Development					
	3.9.1	% outcomes stars showing improvement at review in: Health	In Development					
	3.9.2	% outcomes stars showing improvement at review in: Family/Community/Relationships	In Development					
	3.9.3	% outcomes stars showing improvement at review in: Independence	In Development					
	3.10.0	% pupils SEN support attendance - Primary Persistent absence	14.2	↓				2018/19 percentages from Autumn 18 & Spring 19
	3.10.1	% pupils SEN support attendance - Primary Overall absence	5.2	↓				
	3.10.2	% pupils SEN support attendance - Secondary Persistent absence	28.1	↓				
	3.10.3	% pupils SEN support attendance - Secondary Overall absence	9.1	↓				

SEND BALANCED SCORECARD 2019/20

					Provisional 2019/20			
Objective	SUMMARY	Measure	Baseline data 2018/19	Intended Direction of travel	Autumn	Spring	Summer	Comments
	3.10.4	% pupils EHCP attendance Primary Persistent absence	20.1	↓				Attendances.
	3.10.5	% pupils EHCP attendance Primary Overall absence	6.6	↓				
	3.10.6	% pupils EHCP attendance Secondary Persistent absence	15.6	↓				
	3.10.7	% pupils EHCP attendance Secondary Overall absence	6.1	↓				