

# HEALTH AND WELLBEING BOARD AGENDA



**7 September 2020**

**at 10.00 a.m.**

**in the Civic Centre,  
Victoria Road, Hartlepool**

**PLEASE NOTE: this will be a 'remote meeting', a public link to which will be available on the Hartlepool Borough Council website at least 24hrs before the meeting**

**MEMBERS: HEALTH AND WELLBEING BOARD**

**Prescribed Members:**

Elected Members, Hartlepool Borough Council - Councillors Buchan, Thomas, Moore and Ward.  
Representatives of NHS Tees Valley Clinical Commissioning Group - Dr Timlin and David Gallagher

Acting Director of Public Health, Hartlepool Borough Council – Craig Blundred

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 Vacancy

**Other Members:**

Managing Director, Hartlepool Borough Council – Denise McGuckin

Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson

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 - Superintendent Sharon Cooney

Representative of GP Federation - Fiona Adamson

Representative of Headteachers - Vacancy

Observer – Councillor Hall, 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 26 June 2020 (attached)
- 3.2 To consider the minutes of the meeting of the Outbreak Control Engagement Working Group held on 27 July 2020 (attached)

### **4. ITEMS FOR CONSIDERATION**

- 4.1 Teeswide Safeguarding Adults Board Annual Report 2018/19 and Strategic Business Plan 2020/21 (*Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*)
- 4.2 Better Care Fund Update (*Director of Adult and Community Based Services*)
- 4.3 Health and Wellbeing Board Terms of Reference - Refresh (*Acting Director of Public Health and Director of Children and Joint Commissioning Services*)
- 4.4 Coronavirus in Hartlepool - Update Presentation (*Acting Director of Public Health*)
- 4.5 Former Hartlepool and Stockton on Tees Clinical Commissioning Group Annual Report 2019/20 (*Director of Commissioning, Strategy and Delivery*)
- 4.6 Annual Report of the Director of Public Health - 2019 (*Acting Director of Public Health*) (to follow)

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

Date of next meeting – 7 December 2020 (at 11.00 am)



# **HEALTH AND WELLBEING BOARD**

## **MINUTES AND DECISION RECORD**

26 June 2020

The meeting commenced at 12.30 pm and was an online remote meeting in compliance with the Council Procedure Rules Relating to the holding of Remote Meetings and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Buchan, Thomas and Ward

Representatives of NHS Tees Valley CCG – Dr Nick Timlin and Michael Houghton (as substitute for David Gallagher)

Deputy Director of Public Health, Hartlepool Borough Council – Craig Blundred (as substitute for 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 – Christopher Akers-Belcher as substitute for Margaret Wrenn

Other Members:

Chief Executive, Hartlepool Borough Council – Gill Alexander

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

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

Representative of Cleveland Police – Chief Inspector Matthew Reeves as substitute for Superintendent Sharon Cooney

Representative of Tees, Esk and Wear Valley NHS Trust – Sean Mayo as substitute for Dominic Gardner

Representative of North Tees and Hartlepool NHS Trust – Hilton Heslop as substitute for Deepak Dwarakanath

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodall

Representative of Hartlepool and Stockton Health GP Federation – Fiona Adamson

Also in attendance:-  
Councillor Brenda Harrison

Officers: Joan Stevens, Statutory Scrutiny Manager  
Amanda Whitaker and Denise Wimpenny, Democratic Services Team

Prior to the commencement of the meeting, the Chair welcomed all attendees and the Board observed a one minute silence in memory of those lost during the COVID-19 pandemic and in memory of Rub Marshall who had been the Healthwatch Representative on the Board since its formation.

#### **40. Apologies for Absence**

Dr Pat Riordon – Director of Public Health, Hartlepool Borough Council  
Mr David Gallagher – NHS Tees Valley CCG  
Mrs Margaret Wrenn – Healthwatch  
Mr Deepak Dwarakanath – North Tees and Hartlepool NHS Trust

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

Councillor Thomas – as an employee of Healthwatch.  
Councillor Ward – as a holistic practitioner at Alice House Hospice.  
Christopher Akers Belcher – as Chief Executive, Health Watch

#### **42. Minutes**

The minutes of the meeting held on 9 March 2020 were confirmed.

#### **43. Presentation – Local Outbreak Engagement Board – Review of Terms of Reference and Membership of Health and Wellbeing Board – *Director of Public Health***

The Director of Children's and Joint Commissioning Services provided the Board with a detailed and comprehensive presentation in relation to the requirement to create a Local Outbreak Engagement Board, which included a need to review the Health and Wellbeing's Terms of Reference and membership to undertake the functions of engaging stakeholders and the wider community in the ongoing response to preventing and containing local outbreaks of Covid-19 and in tackling the wider physical and mental health impacts of the virus. Details of background information was provided as well as the role and function of the Local Outbreak Engagement Board and the role of the Health and Wellbeing Board in terms of Covid-19. The Board was requested to consider the following options:-

- Option 1 – Health and Wellbeing Board absorb the Engagement Board responsibilities into its own Terms of Reference and extend its membership
- Option 2 – Health and Wellbeing Board create a working group to undertake the responsibilities of the Engagement Board
- Option 3 – A separate Engagement Board be created

In the debate that followed, Board Members went on to consider the options as well as the following questions:-

- Which option provides local area best mechanism to deliver the purpose of the Engagement Board to provide political ownership and public facing engagement and communication for the outbreak response?
- What changes are needed to the Terms of Reference and what additional responsibilities should be included linked to Covid-19 response and recovery?
- How should revised Terms of Reference be approved. Delegation to Chair?

A representative from Healthwatch spoke in support of option 2 and highlighted the commitment of Healthwatch to provide support and participate on the Working Group. A number of Board Members expressed support for option 2 outlining the benefits as a result. A Member whilst expressing support for Option 2, placed emphasis upon the importance of governance arrangements in terms of transparency and inclusivity and sought assurances in this regard.

In relation to comments raised in relation to the Joint Strategic Needs Assessment (JSNA), the Chair requested that a copy of the refresh document be provided to Healthwatch as well as all interested parties including members of the public.

With regard to membership of the Working Group, in addition to the interest from Healthwatch further expressions of interest were received from the following:-

Councillor Steve Thomas as Local Mental Health Champion  
Councillor Brenda Harrison as Looked After Children Champion  
NHS Tees Valley Clinical Commissioning Group  
Hartlepool and Stockton Health GP Federation  
Cleveland Police  
The Voluntary and Community Sector

### **Decision**

- (i) That the contents of the presentation and comments of Board Members be noted and actioned as appropriate.

(ii) The Board supported Option 2 (creation of a Working Group) as the best mechanism to deliver the purpose of the Engagement Board to provide political ownership and public facing engagement and communication for the outbreak response.

(iii) That the Terms of Reference for the Health and Wellbeing Board be refreshed to update any factual inaccuracies and an addendum added to reflect the creation of the role and responsibilities of the Working Group.

(iv) That membership of the Working Group include:-

One representative from the below:-

- Healthwatch
- Hartlepool and Stockton Health GP Federation
- NHS Tees Valley Clinical Commissioning Group
- Cleveland Police
- Voluntary and Community Sector

The following Council Member Champions:-

- Councillor Steve Thomas (Local Mental Health Champion)
- Councillor Brenda Harrison (Looked After Children Champion)

(v) That the JSNA refresh document be widely circulated to include Healthwatch as well as all interested parties and members of the public.

#### **44. Coronavirus Update – Presentation/Joint Report -** *Director of Public Health/ Director of Children's and Joint Commissioning Services/Direct of Adult and Community Based Services*

The Deputy Director of Public Health presented a report, supported by a detailed presentation, which provided a comprehensive update of data on the progress of the Coronavirus disease in Hartlepool and priorities for moving forward. Statistical information provided included weekly totals of Covid-19 cases recorded, cumulative totals, Hartlepool's case rate per 100,000 as well as death rates in Hartlepool as a comparator with the national picture.

In the discussion that followed, Board Members debated issues arising from the presentation and the Deputy Director of Public Health provided clarification in response to queries raised. A number of concerns were raised around the impact for Hartlepool in terms of the national proposals to relax restrictions given the latest data presented that Hartlepool was in the highest 15% in the country for Covid 19 death rates per 100,000 population. Reference was made to the level of health inequalities in Hartlepool and the increased risk and vulnerability of such communities in the town as a result of pandemics of this type. Further views were expressed around the impact of easing lockdown restrictions in Hartlepool and the need to focus on the Hartlepool picture as opposed to the national position was reiterated.

**Decision**

That the update and comments of Board Members be noted.

**45. Coronavirus – Hartlepool Outbreak Control Arrangements – Covering Report – *Director of Public Health***

The report set out the background to the Council's and key local partners role in preventing and controlling local outbreaks in line with the Government's Test and Trace service which was a central part of the Covid-19 recovery strategy and the Government's request that individual Covid-19 Outbreak Plans be developed by all Councils by the end of June 2020. Board Members views were sought on the draft Outbreak Control Plan for Hartlepool, attached at Appendix 1, which would inform the final version of the Plan to be produced by the end of June.

Board Members debated issues arising from the report. In relation to issues raised around the need to strengthen links and engagement with NHS partners, it was suggested that arrangements be made for the Council's Deputy Director of Public Health to meet with the representative from North Tees and Hartlepool NHS Foundation Trust to progress this following the meeting.

Reference was made to the challenges around the accuracy and effectiveness of the national test and trace system and the importance of significant local data gathering processes to ensure control of local outbreaks. In terms of going forward, emphasis was placed upon the need to establish links with the Working Group, as agreed under the previous agenda item, to identify vulnerable groups with underlying health conditions, health inequalities as well as access to information and treatment. The Deputy Director of Public Health provided clarification in response to issues raised in relation to the challenges around the data gathering process and provided assurances that work was ongoing regarding the prevention agenda indicating that the work with care homes and schools would expand into community settings as part of the outbreak control plan arrangements.

The importance of providing regular and timely communications to the public and the need to explore health inequalities and data by community/ward was highlighted. Support from Healthwatch was expressed in terms of ensuring effective communications with the public. The Deputy Director of Public Health agreed to consider the communications strategy element within the Outbreak Control Plan.

**Decision**

- (i) That the draft Outbreak Control Plan be supported.
- (ii) That the comments of Board Members be noted and actioned as appropriate.

Meeting concluded at 1.40 pm.

CHAIR



# HEALTH AND WELLBEING BOARD (OUTBREAK CONTROL ENGAGEMENT WORKING GROUP)

## MEETING NOTES

The meeting commenced at 1.30 pm and was an online remote meeting in compliance with the Council Procedure Rules Relating to the holding of Remote Meetings and the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020.

### Present:

Gill Alexander (Chief Executive, Hartlepool Borough Council)  
Councillor Thomas (Mental Health Champion)  
Councillor Harrison (Children in Care Champion)  
Denise McGuckin (Hartlepool Borough Council)  
Dr Tim Butler (form NHS England)  
Dr Nick Timlin and Michael Houghton (NHS Tees Valley Clinical Commissioning Group)  
Lesley Wharton (North Tees and Hartlepool NHS Trust)  
Craig Blundred (Acting Director of Public Health, Hartlepool Borough Council)  
Peter Graham as substitute for Sharon Cooney (Cleveland Police)  
Jill Harrison (Hartlepool Borough Council)  
Ed Turner (Hartlepool Borough Council)  
Christopher Akers-Belcher (Healthwatch)  
Julian Penton (VCS – Hartlepower)  
Dr Jacqueline Mckenzie\_(Primary Care Network)

### Also in attendance:-

Officers: Dean Langstaff, Public Health Intelligence Analyst  
Joan Stevens, Statutory Scrutiny Manager  
Amanda Whitaker, Democratic Services Team Manager

As the Chair, Councillor Moore, had submitted apologies for the meeting, the meeting was chaired by Gill Alexander, Chief Executive, Hartlepool Borough Council.

## 1. Apologies for Absence

Councillor Moore (Chair of the Health and Wellbeing Board), Sally Robinson (Director of Children's and Joint Commissioning Services), Supt Sharon Cooney (Cleveland Police), Tony Hanson (Assistant Director, Environment

and Neighbourhoods), Fiona Adamson (GP Federation), Graham Trory (Primary Care Network) and Carl Parker (Primary Care Network)

## **2. Terms of Reference**

A draft terms of reference document for the working group had been circulated prior to the meeting. On presenting the document, the Acting Director of Public Health highlighted the following omissions from the document:-

- The requirement to appoint a Vice-Chair of the Working Group
- That the Chief Executive, Hartlepool Borough Council, is a member of the Working Group and should, therefore, have been included in section 2 – membership. It was noted, however, that following the retirement of the Chief Executive, the membership would change to include the Managing Director, Hartlepool Borough Council.

The terms of reference were agreed subject to the additions detailed above. With regard to the Vice-Chair, it was agreed that nominations should be submitted by the end of the week.

## **3. Current Outbreak Situation**

The Acting Director of Public Health updated the working group on the current outbreak situation in the Borough. Craig Blundred advised that more test and trace data was now being received from PHE. There had been an increase in cases but it was not yet clear if this was due to increased testing or other issues of concern.

It was intended to continue to monitor data and develop reports which would inform meetings of this Group. The Group considered useful data for future meetings and identified the following:

- Occupations / Sectors - Data not yet meaningful as occupation fields are not always completed. Especially useful for the Group to share data across sectors (i.e. NHS / Community).
- Workplaces.
- Key High Risk Settings.
- Trends / Patterns / Hot Spots.
- Schools.
- Health Care Settings.

The Group was advised that representations were being made in order to improve data received.

An elected member shared community concerns and the balance of providing reassurance whilst still in a pandemic situation was recognised. It was agreed

that it was important to find a way to make the public more confident to go out but with a true understanding of the local data (provided in a meaningful way) linked to a maintained emphasis on social distancing and hygiene.

The Chair concluded that the debate had been helpful in terms of moving forward and stressed the importance of having information presented to the Working Group to ensure that the Group was aware of the outbreak situation.

## **4. Outbreak Control Plan – Update**

Gill Alexander referred the Working Group to new local lockdown legislation / powers.

Craig Blundred advised that a HBC and LRF exercise held the previous week had gone well. In testing the HBC OCP a small number of additions had been identified including the following:-

- Inclusion of an escalation criteria for larger incidents.
- Clarification of who declares outbreaks.
- How we communicate with communities and who does that.
- The role of local knowledge.
- Cross boarder responses and the importance of consistency in OCP's for partners who provide services across local authority areas.

It was suggested that best practice in terms of other areas OCP's be explored (inc. Leicester, Blackburn and Darwin). Gill Alexander referred to a presentation by Leicester which it was agreed should be circulated to members of this working group.

## **5. Communication Plan**

Craig Blundred advised that the OCP included a Communication Plan but the role of the Working Group in engaging with the public from both an outbreak and prevention perspective was also recognised.

It was suggested that a mapping exercise be undertaken to identify the role each partner organisation / sector could play in the communication / engagement process.

A review of HBC communication as part of the pandemic response had shown support for:

- The tailoring of a local response (even when it differed from the national position)
- The success of the mix of communication mediums implemented.
- The need to continue the implementation of a population wide message.

- Promotion of healthier life styles as a means of helping reduce the impact of Covid-19 on individuals.
- Further work on ways of improving digital inclusion (including language and other impairments e.g. hearing and sight).
- Use of leaflets had been effective and was to continue in conjunction with other activities.

The Working Group supported the above views and highlighted a number of other key messages as follows:

- The impact of existing health inequalities and the need to emphasise the importance of continuing access to treatment for none Covid-19 conditions. A joined up message is needed across partners (e.g. how to tie into the CCG cancer campaign across the Tees Valley). An additional benefit being that resources could also be shared / optimised.
- The VCS is key to any communication strategy as a link to all communities (including those that are hard to reach).
- Addressing the digital divide is to be key.
- Charities provide a key part in supporting communities. Ways of supporting charities through the impact of Covid-19 need to be explored.
- Need to ensure that when the OCP is enacted with the right partner (relevant to the location and level of outbreak) at the forefront of messaging.
- Need to recognise the impact of mental health and communicate / promote the availability of services (across sectors) as then come back on line following lockdown.
- We should not be promoting social distancing – we should be promoting physical distancing in our messaging.
- The availability of services such as Happy Cactus and Kooth.
- Need to get message out that hospitals are safe!

It was considered that an edition of the newsletter to be used to sign post services and spotlight issues. The following members of the Working Group volunteered to participate in the development of the newsletter:-

- Elected member (as community leaders)
- Healthwatch
- VCS – Hartlepower
- NHS Tees Valley Clinical Commissioning Group
- Primary Care Network
- North Tees and Hartlepool NHS Trust
- Cleveland Police

Ed Turner agreed to progress:

## **6. Any other Business**

None

## **7. Date of next meeting**

It was noted that the next meeting of the Working Group would be held on 11 September at 3pm.

Gill Alexander referred to her impending retirement and conveyed her best wishes to members of the working group in their continued collaboration dealing with the pandemic.

Meeting concluded at 2.50 p.m.

CHAIR

# HEALTH AND WELLBEING BOARD

7 September 2020



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

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD  
ANNUAL REPORT 2018/19 AND STRATEGIC  
BUSINESS PLAN 2020/21

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## 1. PURPOSE OF REPORT

- 1.1 To present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2018/19 and Strategic Business Plan 2020/21.

## 2. BACKGROUND

- 2.1 The Tees-wide Safeguarding Adults Board (TSAB) was established in order to meet the requirements of the Care Act 2014, which created a legal framework for adult safeguarding, requiring all Local Authorities to set up Safeguarding Adults Boards (SABs) for their areas.
- 2.2 The four Tees Local Authorities have worked together for a number of years along with strategic partners to promote cooperation and consistency in relation to safeguarding adults work, and this collaborative working has continued, with the statutory responsibility now resting with the TSAB.

## 3. PROPOSALS

- 3.1 It is a requirement of the Care Act 2014 that a SAB publishes an annual report that sets out:
- what it has done during that year to achieve its objective;
  - what it has done during that year to implement its strategy;
  - what each member has done during that year to implement the strategy;
  - the findings of any safeguarding adults reviews which have concluded in that year;

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

3.2 The Teeswide Safeguarding Adults Board Annual Report for 2018/19 is attached as **Appendix 1**. Work is currently underway to finalise the Annual Report for 2019/20, which will be published in November 2020.

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

3.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2020/21 is attached as **Appendix 2**.

#### 4. **RISK IMPLICATIONS**

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

#### 5. **FINANCIAL CONSIDERATIONS**

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

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

#### 6. **LEGAL CONSIDERATIONS**

6.1 There are no legal considerations associated with this report.

#### 7. **CONSULTATION**

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

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

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

## **9. EQUALITY AND DIVERSITY CONSIDERATIONS**

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

## **10. STAFF CONSIDERATIONS**

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

## **11. ASSET MANAGEMENT CONSIDERATIONS**

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

## **12. RECOMMENDATIONS**

- 12.1 It is recommended that the Health & Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2018/19 and Strategic Business Plan 2020/21.

## **13. REASONS FOR RECOMMENDATIONS**

- 13.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2018/19 and Strategic Business Plan 2020/21 set out how statutory requirements are being delivered.

## **14. CONTACT OFFICER**

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

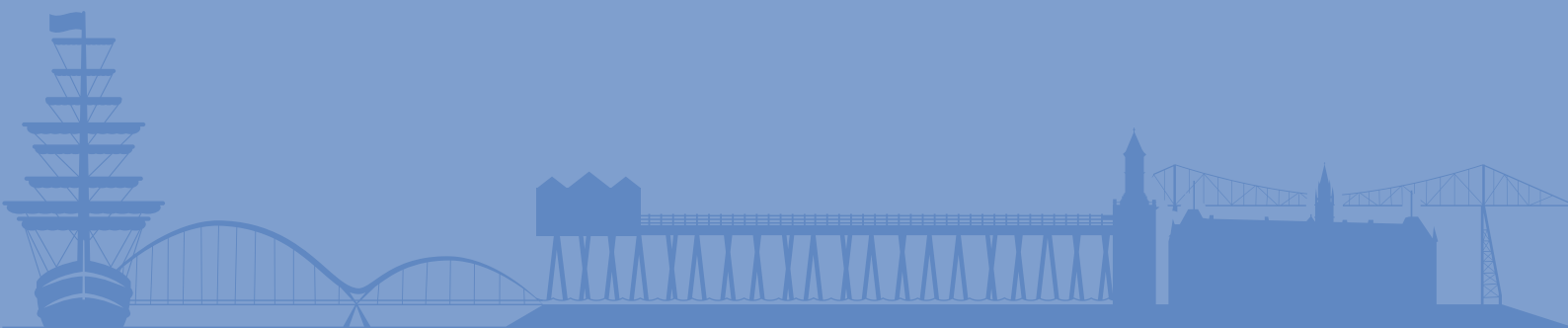




**Teeswide Safeguarding Adults Board**

# Annual Report

**1 April 2018 to 31 March 2019**



# Annual Report

**1 April 2018  
to 31 March 2019**

Introduction	2
TSAB Vision	2
TSAB Approach and Assurance	3
TSAB Member Organisations	3
Safeguarding Overview for 2018-19	4
Concerns and Enquiries	5
Key Achievements	6
Making Safeguarding Personal	7
What we said we would do and What we did	8
Teeswide Safe Place Scheme	12
Communication and Engagement	13
MATAC (Multi-Agency Tasking and Co-ordination)	14
Stay Safe and Warm Scheme	14
Training	15
Multi-Agency Audit	16
Safeguarding Adults Review (SAR)	17
SAR definition	17
SAR Sub-Group Activity	17
What have we done?	17
TSAB Priorities for 2019-20	18
Appendix	19

## Introduction

The Teeswide Safeguarding Adults Board (TSAB) was established in response to the requirements of the Care Act 2014, which created a legal framework for adult safeguarding. The aim of the Board is to ensure that there are effective arrangements in place across Tees to help protect adults with care and support needs from abuse and neglect.

This Annual Report represents a summary of the collaborative work undertaken by the Board, its partners and sub-groups to meet the objectives of the TSAB Strategic Business Plan from 1 April 2018 to 31 March 2019.



The TSAB Strategic Business Plan is published on the TSAB website, along with a copy of the **Annual Report**; <https://www.tsab.org.uk/>

— “ —

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

— ” —

The TSAB vision statement was refreshed for 2018-19 to place more emphasis on preventing abuse. This supports the development of initiatives to improve prevention, identification and the response to abuse and neglect.

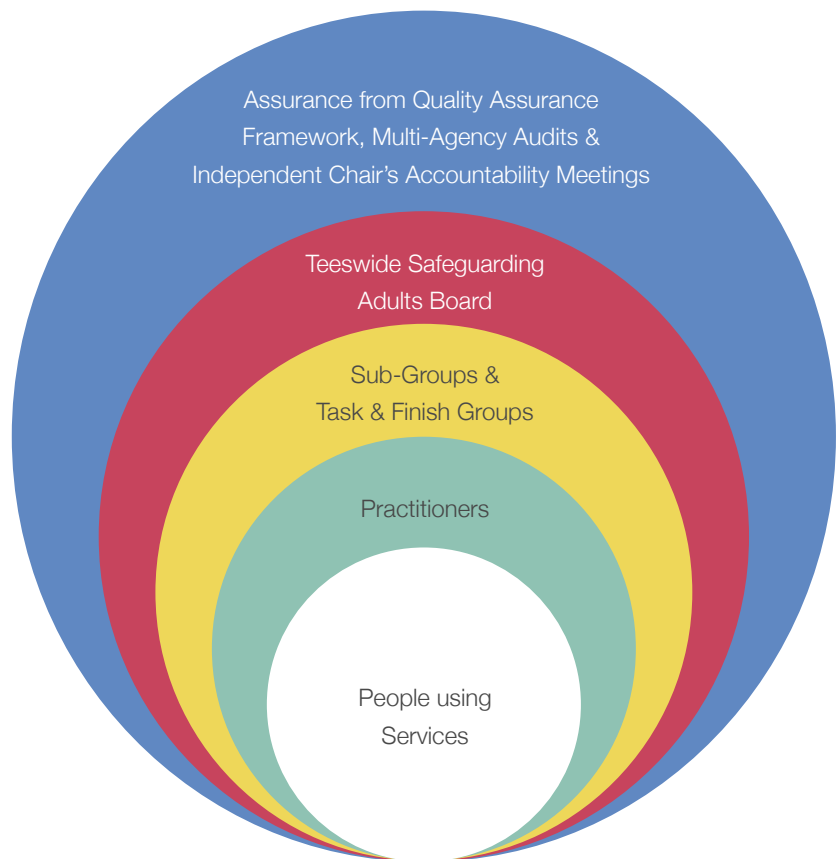
# Board Approach and Assurance

## Sub-Groups

- Safeguarding Adult Review (SAR)
- Policy, Practice & Procedure (PPP)
- Communication & Engagement (CE)
- Learning, Training & Development (LTD)
- Operational Leads (OLSG)
- Performance, Audit & Quality (PAQ)

## Task & Finish Groups

- Policy, Practice & Procedure
- Medication Guidance
- Incidents between Residents
- Conference
- SAR 3
- Training Needs Analysis
- Virtual College



## TSAB Member Organisations

The Board is made up of six statutory partners:

- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- Stockton-on-Tees Borough Council
- Cleveland Police
- South Tees Clinical Commissioning Group and Hartlepool & Stockton Clinical Commissioning Group

There are a further 18 member organisations across the statutory, voluntary and community sectors involved in safeguarding adults across Tees.

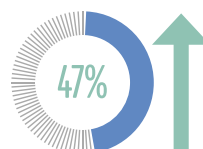
- Care Quality Commission
- Catalyst (Voluntary Development Agency)
- Cleveland Fire Brigade
- Community Rehabilitation Company: Durham Tees Valley
- Healthwatch Hartlepool
- Healthwatch South Tees
- Healthwatch Stockton
- HM Prison Service
- Middlesbrough Voluntary Development Agency
- National Probation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

# Safeguarding Overview for 2018-19



**93**

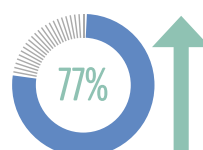
Concerns were received, on average, per week across Tees



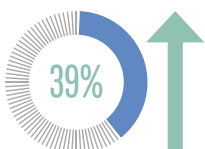
Increase in the number of Section 42 Enquiries for Adults aged 25-34

**40**

Section 42 enquiries were carried out, on average, per week across Tees



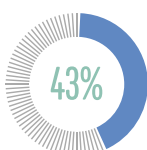
Increase in the number of Domestic Abuse Section 42 Enquiries



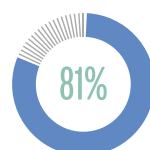
Increase in concerns from family/ friend/ self

**1,170**

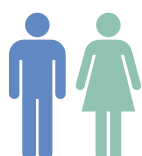
56% the source of risk was someone known to the adult



Of Concerns led to a Section 42 Enquiry

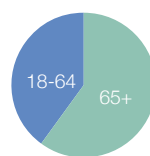


Of Concluded Section 42 Enquiries, a risk was identified and action was taken



**39%**  
**61%**

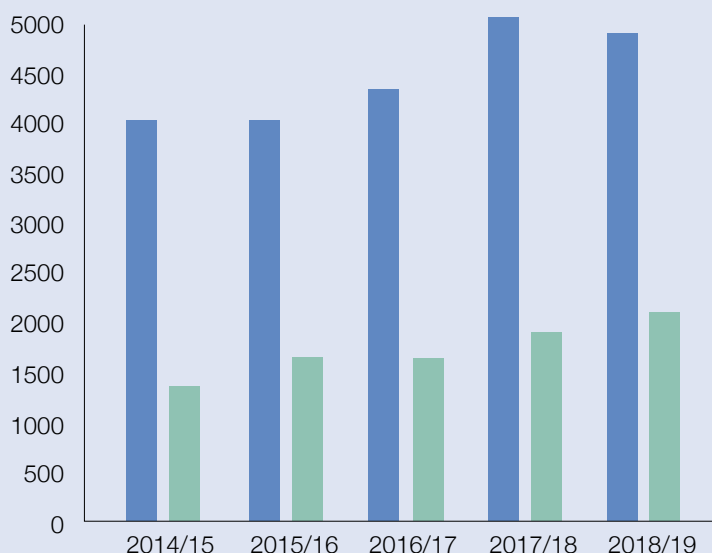
Section 42 enquiries



**40%**  
**60%**

# Concerns & Section 42 Enquiries

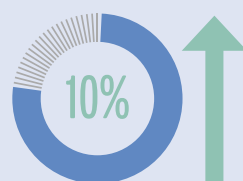
■ Concerns ■ Section 42 Enquiries



The number of Section 42 Enquiries increased as a result of improved reporting mechanisms implemented during Quarter 3 of this year by two of the Local Authorities.

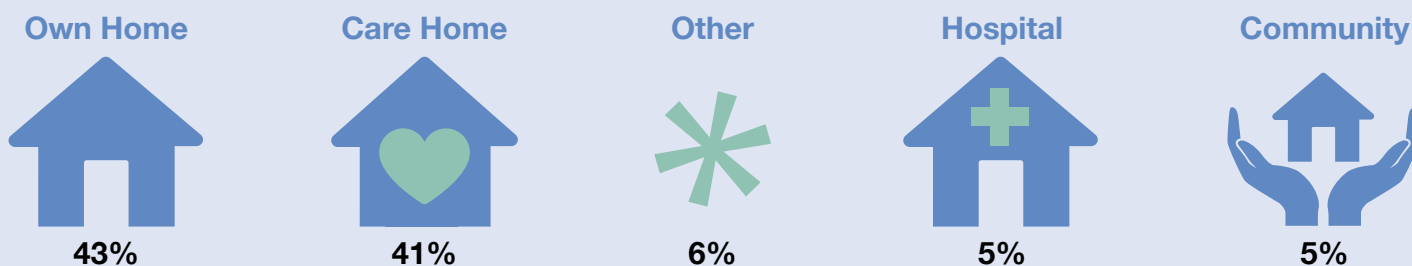
This improvement contributed to the achievement of Performance Indicator 2 – 'Percentage of Concerns leading to a Section 42 Enquiry'. The achievement of this Performance Indicator has aligned Tees with previously reported national figures.

It is anticipated that the number of Section 42 Enquiries will continue to increase in the new reporting year as a result of these improvements.

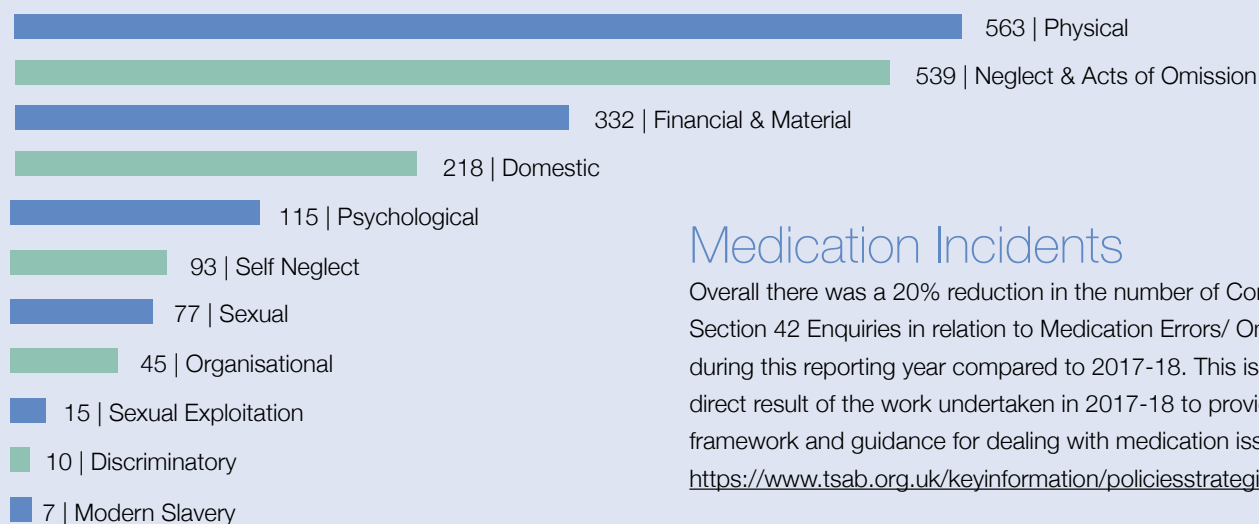


**increase in the number of Section 42 Enquiries commenced**

## Where did Adult Abuse Occur?



## Types of Adult Abuse



## Medication Incidents

Overall there was a 20% reduction in the number of Concerns/ Section 42 Enquiries in relation to Medication Errors/ Omissions during this reporting year compared to 2017-18. This is likely to be the direct result of the work undertaken in 2017-18 to provide a clearer framework and guidance for dealing with medication issues.

<https://www.tsab.org.uk/keyinformation/policiesstrategies/>

# Key Achievements



- The Local Criminal Justice Board attended TSAB meeting
- New E-Learning contract agreed to access Adult & Children Safeguarding Courses
- The Inter-agency Safeguarding Adults concern form reviewed to place more emphasis on the 'voice of the adult'.
- The first multi-agency audit carried out, under the new formal process



- Annual Conference - 'Challenge of Prevention' attended by 86 delegates from 40 organisations
- The first Legal Literacy Course attended by 26 delegates
- The 'Legal Update for Strategic Leaders' attended by 14 Board partners
- The Mental Capacity Act Survey completed by 186 professionals
- Launch of the Prevention Leaflet



- 'Timelock' presentation delivered to Board members on how to protect people from financial abuse and scams
- SAR Decision Support Guidance reviewed and new flowchart developed
- Work started to look at Incidents Between Residents and a Task & Finish Group established



- South of the Tees Safeguarding Champions Event attended by 79 delegates from 42 organisations
- The Board's Adult Safeguarding Awareness Campaign launched to raise awareness of adult abuse and neglect, and included 2 adverts in the local media
- Board Development Day for partners to set out plans for 2019-20
- Annual Consultation Survey received 337 responses from professionals, our highest to date

# Making Safeguarding Personal

Making Safeguarding Personal is an initiative applicable to all agencies, which aims to develop a person centred and outcomes focus to safeguarding in supporting people to improve or resolve their circumstances.

Across Tees the Board continues to seek assurances that the principles of MSP are embedded within partner agency organisations.

“

Mary is a 94 year old lady who was admitted to hospital due to ill health, Mary disclosed to medical staff how three months prior, her two friends who had a Lasting Power of Attorney (LPA) for finances had been stealing money from her. This amounted to thousands of pounds, along with other items of Mary's property. Mary advised that she did not want to cause a fuss, but advised that she did however feel intimidated by her friends. Police were contacted, and staff completed a safeguarding concern with Mary's consent in line with Making Safeguarding Personal (MSP). Mary reported that she required support in communicating to her friends that she did not want them to have control of her finances. The Police investigation proceeded, and the safeguarding procedures facilitated a solicitor for Mary. Mary was assessed as having the requisite capacity and was supported in changing her LPA for finance.

  
**South Tees Hospitals**  
NHS Foundation Trust

”

“

Lilly is an 88 year old lady who lives alone in a local housing association property. A safeguarding concern was submitted in respect of her being a victim of anti-social behaviour from local youths. A social worker from the Adult Safeguarding Team visited Lilly and spoke directly with her about the concerns and how she was made to feel. Lilly stated that she was scared and felt like a prisoner in her own home. She was not able to sleep and her health was also being impacted. She told the social worker she just wanted to feel safe in her own home again. The social worker liaised with police, however due to a lack of evidence they were unable to progress with a criminal investigation. The Crime Prevention Team were able to implement protective measures. However it was identified that to fully secure the property a fence would need to be erected and a crown of trees where local youths gathered needed to be cut down. Through ongoing persistence and following a sit down meeting with the housing provider, a Protection Plan was agreed and the recommended actions were authorised to be completed. In terms of safeguarding outcomes, this immediately made Lilly feel safer in her own home.

  
**Stockton-on-Tees**  
BOROUGH COUNCIL

”

“

Between August and December 2019, Healthwatch Stockton-On-Tees carried out 'Enter and View' visits to 28 care homes for older people across the borough. We wanted to find out what it was like to live in a care home, and during the course of our visits we listened to the voice of the adult and received feedback from 148 residents, 123 relatives/friends of residents and 174 staff members. Feedback in some areas was largely very positive, however there were also a number of issues raised where standards needed to be improved. A number of recommendations were made, and Providers were given a timeframe in which to respond to these. Copies of the final report were circulated to strategic leaders, commissioners and Healthwatch England. We will be presenting an overview of our findings to a scrutiny review of care homes by the Adult Social Care and Health Select Committee in October 2019.

**healthwatch**  
Stockton-on-Tees

”

# What we said we would do & what we did

Priorities	What we said we would do	What we did
<b>Prevention</b>	<p>Reduce barriers to reporting all forms of abuse.</p> <p>Help develop stronger communities.</p> <p>Ensure more people access early help and preventative services.</p>	<ul style="list-style-type: none"> <li>A Task and Finish Group with representation from Partner Agencies and other community organisations, designed a leaflet to help professionals better understand the barriers that may exist, in relation to the lack of reporting of safeguarding concerns involving adults from ethnic minority backgrounds across Tees.</li> <li>A 'Whole Community Approach – Preventing Adult Abuse and Neglect' leaflet was published. <a href="https://www.tsab.org.uk/professionals/posters/prevention-leaflet-v2/">https://www.tsab.org.uk/professionals/posters/prevention-leaflet-v2/</a></li> <li>A Sexual Abuse/Exploitation information leaflet was developed in consultation with Partner Organisations and Service User panels. <a href="https://www.tsab.org.uk/professionals/posters/protecting-adults-from-sexual-abuse-and-exploitation-feb-2019/">https://www.tsab.org.uk/professionals/posters/protecting-adults-from-sexual-abuse-and-exploitation-feb-2019/</a></li> <li>New Self-Neglect &amp; Modern Slavery workbooks were developed. <a href="https://www.tsab.org.uk/professionals/training-resources/">https://www.tsab.org.uk/professionals/training-resources/</a></li> </ul> <p>These specific pieces of work were informed by the results of the Board's annual survey which illustrated that both professionals and members of the public felt least well informed about Modern Slavery, Self-Neglect &amp; Sexual abuse/exploitation. These forms of abuse are often under reported and less visible forms of abuse.</p> <ul style="list-style-type: none"> <li>The TSAB Safeguarding Adults leaflet was translated into Kurdish and Polish. The leaflet is now available in 7 different languages.</li> <li>TSAB representatives attended numerous community events and groups including a session with individuals and agencies involved in the support of refugees and those seeking sanctuary. The Board engaged directly with the community and harder to reach groups to ensure that they were given the opportunity for their voices to be heard and to take part in the TSAB Annual Consultation Survey.</li> <li>The Board held an awareness campaign to coincide with the Safeguarding Champions event 'actively engaging people in raising awareness of adult abuse and neglect, inspiring people to take action to prevent this'.</li> </ul>



## Prevention

A Hartlepool Borough Council initiative involving joint work between Adult Services and Trading Standards is being hailed a success following the installation of a number of trueCall devices in the homes of vulnerable people. The trueCall device screens out unwanted and unsolicited calls which can result in physical, mental or financial harm and scams. The initiative also looked to tackle doorstep crime by providing preventative information to more than 2,000 people who the Council supports through provision of Telecare. Anyone can become a victim of doorstep crime, but statistics show that criminals target the most vulnerable members of society such as older people and 63% of victims are repeat targets as criminals return or provide their details to others.





Priorities	What we said we would do	What we did
<b>Protection</b>	<p>Develop strategies and guidance for dealing with all types of abuse.</p> <p>Reduce repeat occurrences of abuse.</p> <p>Provide effective and consistent responses to reported abuse.</p>	<ul style="list-style-type: none"> <li>• The 'Making Safeguarding Personal' guidance was strengthened in line with national developments. This guidance continues to be one of the Boards most accessed online resources.</li> <li>• All TSAB policies and guidance documents were reviewed to incorporate a 'think family' approach.</li> <li>• Focused work commenced to look more closely at safeguarding incidents occurring between residents in care homes. The outcome of this work will be reported in 2019-20.</li> <li>• The Operational Leads Sub-Group held focussed discussions on Domestic Abuse and heard about the new Whole Systems Approach adopted by Cleveland Police. Work to understand the nature of repeat occurrences of this type of abuse will be carried out in 2019-20.</li> <li>• There was a 77% increase in the number of Section 42 Enquiries carried out relating to Domestic Abuse.</li> <li>• Exemplar forms for submitting Safeguarding Concerns and SAR Notifications were developed to improve the quality of information received and to assist with a timely response at the point of contact.</li> </ul>

“

#### Protection

“Gerald has dementia and often wanders, which keeps him calm. He was unable to consent to being in hospital as he lacked capacity, however he needed to remain here in order to be safe. Keeping him in hospital without his consent would have interfered with his Article 5 Human Right to Liberty. Staff therefore used the DoLS to ensure this right was protected during his stay. The DoLS allowed Gerald to remain in hospital and for a member of the Therapeutic Care Team to be with Gerald at all times, keeping him safe as he walked, calming himself in the process.”

**NHS**  
**South Tees Hospitals**  
 NHS Foundation Trust

”

# What we said we would do & what we did

Priorities	What we said we would do	What we did
<b>Partnership</b>	<p>Develop relevant partnerships around priority issues.</p> <p>Ensure statutory agencies work together in an effective manner.</p> <p>Work more closely with partners in children focussed and community safety services.</p>	<ul style="list-style-type: none"> <li>The Board has a strong multi-agency commitment to keeping people safe and invited local agencies to deliver presentations focusing on key safeguarding themes, improving knowledge and understanding of the work of other organisations and their roles in safeguarding.</li> <li>Presentations this year included: <i>Tees All Age Autism Partnership</i>, <i>Local Criminal Justice Board</i>, <i>Timelock</i>, <i>MATAC (Multi-Agency Tasking and Co-ordination)</i>, <i>Newcastle City Council: Joint Serious Case Review (concerning sexual exploitation of young women)</i>.</li> <li>Board representatives became and continue to be actively involved in the Cleveland Anti-Slavery Network, which brings together a range of organisations in tackling the issue of Modern Slavery.</li> <li>Members of the Communication and Engagement Sub-Group became involved with the Teeswide Violence Against Women and Girls Communication Network.</li> <li>The Board approved a revised version of the Inter-Agency Safeguarding Adults Concern Form.</li> <li>The Safeguarding and Promoting the Welfare of Children and Adults at Risk Policy was relaunched.</li> <li>The Board's E-learning contract was reviewed in partnership with the Tees Local Safeguarding Children Boards.</li> </ul>

“

## Partnership

A report was made to Cleveland Police involving a vulnerable male who had suffered serious injuries following an attack with a corrosive substance. The victim disclosed how he had been trafficked into the UK and forced to grow cannabis and was regularly beaten by his captors and had limited access to food. Cleveland Police Vulnerable, Exploited, Missing and Trafficked team liaised with services including the NHS, Social Care, Housing, Salvation Army and the National Crime Organisation, arranging urgent medical care for the victim. Temporary accommodation was provided to the victim whilst initial enquiries were carried out, leading to permanent accommodation being sought out of area, safely away from the traffickers.

As a result of the investigation meetings were held between VEMT and other services, resulting in the creation of a victim pathway in which each service had a clearly defined role. The victim has remained in contact with VEMT, supported the investigation fully and is successfully beginning to learn English, which has resulted in him now being employed and living independently.



”

Priorities	What we said we would do	What we did
<b>Professional Accountability</b>	<p>Gain assurance about the effective delivery of services.</p> <p>Ensure the voice of the service user helps to shape professional practice.</p> <p>Deliver and achieve the Boards performance benchmarks.</p>	<ul style="list-style-type: none"> <li>• Nine partner agencies came together to carry out four themed multi-agency audits (one in each Local Authority area). A small number of cases were sampled and looked at the following themes: Incidents Between Residents, No Further Action (under safeguarding), Self-Neglect and Hospital Discharges.</li> <li>• Three Local Authorities and the two CCGs completed the Quality Assurance Framework/ Self audit tool this year and provided an assurance report to the Board.</li> <li>• A survey was carried out to seek views and feedback from professionals on the TSAB Inter-agency Safeguarding Adult Procedures. Eighty six responses were received and the procedures were reviewed and updated. A further survey is due to be undertaken in 2019-20 to determine how well the changes have been implemented into practice.</li> <li>• The TSAB Professional Challenge procedure was developed and launched to provide a framework to enable professionals to formally challenge decisions made within Safeguarding Adult processes. <a href="https://www.tsab.org.uk/key-information/policies-strategies/">https://www.tsab.org.uk/key-information/policies-strategies/</a></li> <li>• The Board worked with a representative from the Crown Prosecution Service to review some cases where professionals felt that the case should have proceeded to a positive charging decision. This work resulted in the reconsideration of the prosecution decision in some cases, and learning was shared across all agencies involved.</li> <li>• The TSAB Performance Indicators (PI) assisted in determining how effectively policies and procedures were being delivered; three out of five PIs were achieved, see page 8.</li> </ul>



### Professional Accountability

Redcar & Cleveland Borough Council undertook a themed audit regarding safeguarding practice where a resident on resident concern had occurred in a care home setting. The audit highlighted comprehensive and sound rationale at the decision-making stage with reference to the Care Act and Teeswide Safeguarding Adult's Board decision support tool; and a proportionate response in consultation with the right agencies and professionals. As part of the Teeswide Safeguarding Adult's Board Quality Assurance Framework, each partner agency is required to undertake a biennial self-assessment, the results of which are fed back to the Board.

Redcar & Cleveland completed the Quality Assurance Framework (QAF) self-audit process as part of the framework in January 2019. The self-assessment process assisted us in identifying areas of best practice, and supported our focus on the further development of safeguarding practice over the next 3 years. The sharing of learning across agencies, and local authority areas, continues to invaluablely contribute to practice improvements in safeguarding adults.



### Hartlepool and Stockton on Tees and South Tees Clinical Commissioning Groups (CCGs)

The Director of Nursing and Quality and Heads of Quality and Adult Safeguarding for the CCGs continue to take an active role in the business of the Board and sub groups. The CCGs commission from most health providers across Teesside and work with them to ensure that services are delivered in accordance with sound safeguarding principles. This is demonstrated by compliance with the enhanced requirements included in the service contracts and local quality requirements and both CCG's have completed the quality assurance framework self-assessment. As part of the approach adopted when working with providers and partners, the CCGs are also active members of the safeguarding governance groups of our main NHS providers and complete regular multi-disciplinary team led clinical assurance visits (CAV). These provide opportunities for sharing of knowledge and learning, as well as the provision of assurance around quality and standards of service. CAV's are also conducted in the smaller independent sector providers that are commissioned across Teesside.



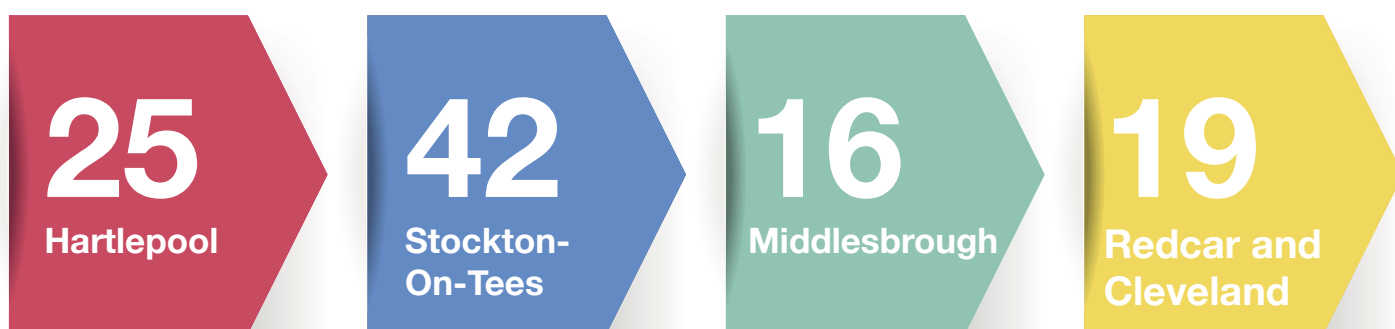
# Teeswide Safe Place Scheme

The Teeswide Safe Place Scheme aims to create and develop a network of safe places in key community locations throughout each Tees Borough, for anyone who feels vulnerable, threatened or anxious due to real or perceived behaviour of others around them.

The scheme, which promotes the well-being and independence of adults, is supported by Cleveland Police, the Office of the Police and Crime Commissioner for Cleveland, the four Local Authorities across Tees and independent agencies.



## There are now 102 locations across Tees:



There were some new venues introduced to the scheme this year, including more Cleveland Fire Brigade locations and there was some keen interest from the Department of Work and Pensions (Jobcentres) and HSBC Banks, as well as local independent agencies in joining the scheme.

Efforts will continue to recruit more venues into the scheme across Middlesbrough and Redcar & Cleveland in 2019/20 as well as completing an audit of the existing venues across Tees to ensure that they remain suitable.

The TSAB website hosts all of the necessary resources, list of venues and a Google map of all participating locations.

<https://www.tsab.org.uk/key-information/find-support-in-your-area/safeplace-scheme/>

# Communication and Engagement

Communication and engagement activity helps to connect with people to ensure 'safeguarding is everybody's business'. The Board has a strong social media presence, which provides a far-reaching platform on which to spread some key safeguarding messages as well as an opportunity to increase awareness throughout local communities and amongst professionals.



**579 Followers**  
**204,000 Impressions**



**220 Followers**  
**252 Posts**

The Board published four Newsletters & seven E-Bulletins which were read 6,136 times. The number of reads is a slight decrease from last year's figure. This reduction may be as a result of the introduction of General Data Protection Regulation, as the Board now operates on an 'opt in' basis and requires consent from individuals to enable them to subscribe to the circulation network.

## 'Challenge of Prevention' Safeguarding Conference



**2,000 leaflets distributed**  
**500 translated versions**



**68,400 views on TSAB website**

The aim of the conference was to promote closer working between partners to prevent adult abuse and neglect. The conference was the Board's largest event to date with 86 delegates attending from across 40 organisations.

## Annual Consultation Survey

The Board delivered two consultation surveys, one aimed at the public and one for professionals. The results of which informed and assisted in the development of the TSAB Strategic Plan 2019-20.

Adults with care and support needs are routinely involved in the Board's consultation work to ensure service users' views, needs and experiences remain at the centre of the Board's work.

**77%**

Of professionals felt the Board is making a difference to help prevent adult abuse and neglect

**75%**

Of the public knew how to report adult abuse and neglect

**503**

Completed Surveys

# MATAC (Multi-Agency Tasking and Coordination)



MATAC forms part of the work of the Whole System Approach project team that provide a problem solving and preventative approach to dealing with victims and perpetrators of domestic abuse.

This Police led initiative involves over 20 agencies coming together to share information and to take an in-depth look into the background and behaviour of domestic abusers. Serial perpetrators of domestic abuse are identified by reviewing the Police information systems to select those that have caused harm most recently, with high frequency, and/ or severity against multiple victims.

In an attempt to reduce reoffending, perpetrators are offered support with underlying issues such as substance misuse, mental health problems and housing issues, and are strongly encouraged to attend behaviour change programmes. Victims and any children involved are also provided with specialist support and intervention.

The initiative has just passed its first year and of the forty three perpetrators identified twenty two have been discharged after a significant reduction in their offending and have not committed any further domestic abuse related offences.

“

Following the issuing of a Restraining Order to a MATAC identified perpetrator who had been sentenced to a term of imprisonment, it came to light during a multi-agency meeting that the victim was receiving unwanted contact from the perpetrator from prison, in breach of the order. The victim who was extremely vulnerable and accessing adult social care services, was referred to a specialist domestic abuse support agency and her GP regarding mental health concerns. The victim requested Police involvement and was supported by involved agencies to provide a witness statement. Contact was also made with the prison to restrict the perpetrators calls. The victim was satisfied with the outcome, feeling relieved, and has continued to engage with services. There has been no further reports of abuse.

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# Cleveland Fire Brigade – Stay Safe and Warm Scheme



The Stay Safe and Warm campaign is led by Cleveland Fire Brigade and celebrated its tenth year in operation in October 2018.

Following a free home assessment, equipment on loan includes electric heaters, thermal blankets and flasks. The Brigade is also able to advise on who to turn to for advice on managing fuel bills.

Where funding is available, referrals can be made for free boiler repairs or replacements.



## Cleveland Fire Brigade assisted **749** people to stay safe and warm in their home in 2018-19.



# Training

The Board launched its new Legal Literacy Course in July 2018, with 26 delegates attending, of which 100% rated it either good or excellent.

'I feel more confident in using the law effectively to uphold people's rights and achieve better outcomes for vulnerable people, promoting a strengths-based approach'.

'The training will enable me to make better decisions based on a clear knowledge of legislation, statutory duties and multi-agency responsibilities'.

'I now have a deeper understanding of applying legislation in practice'.

The new joint E-learning portal with the Local Safeguarding Children Boards (LSCB) in Tees was launched. The new catalogue of courses includes training packages relevant to professionals working only with adults or children, and joint courses incorporating both adults and children in line with 'think family'.

The Intercollegiate document was published which had an impact on the safeguarding training that health care staff need to undertake. This was mapped against the Safeguarding Competencies incorporated into the TSAB Training Strategy and Training Plan.



North Tees and Hartlepool Foundation Trust has recently implemented the intercollegiate document on the role and responsibilities for health care staff. Within these changes we have been carrying out more in-depth face to face training. The training has placed more focus on domestic abuse, self-neglect and modern slavery. The feedback from the students has been very positive and includes;

"a great course providing me with the knowledge I need to do my job more effectively and safely"

"I am now more aware of the new changes regarding safeguarding and will be sharing my knowledge with colleagues and ward staff as part of my role".



**North Tees and Hartlepool**  
NHS Foundation Trust



Across Cleveland we have refreshed and renewed our training for Probation Officers who work with sex offenders to ensure we are working in the most evidence-based ways to reduce risk of harm and re-offending.



The Board's training activity has continued to grow year on year.



**148**  
Safeguarding Champions



**228**  
Workbooks completed



**296**  
professionals attended training events



**12,431**  
Virtual College Courses requested

# Multi-Agency Audits

What did we learn?	Outcomes
<b>Concern Forms</b> <ul style="list-style-type: none"> <li>Concern Forms were of a variable quality.</li> </ul>	<p>An example of a completed Concern Form was developed and shared in the TSAB newsletter and in delegate training packs.</p>
<b>Making Safeguarding Personal</b> <ul style="list-style-type: none"> <li>The adult's views were not always sought at the point of raising a concern.</li> <li>There were also good examples of the adult being fully involved and engaged throughout enquiries.</li> <li>There was good use of advocacy.</li> </ul>	<p>The TSAB Making Safeguarding Personal guidance was refreshed and published on the TSAB website.</p> <p>The TSAB Concern Form was reviewed to place more emphasis on the adult at risk and seeking their views.</p>
<b>Mental Capacity Assessment</b> <ul style="list-style-type: none"> <li>There was evidence of good practice once the concern had been received by the Local Authority.</li> <li>There was a lack of robust consideration of capacity at the point of the concern being raised.</li> </ul>	<p>New Legal Literacy training was launched in July 2018 and emphasises the need for robust Mental Capacity Assessment.</p>
<b>Safeguarding Enquiries</b> <ul style="list-style-type: none"> <li>Enquiries were proportionate and inclusive.</li> <li>There was good use of relevant alternative approaches, e.g. care management, signposting to support services, use of complaints policy.</li> <li>Most enquiries were within reasonable timescales.</li> <li>There was an inconsistent approach to recognising when the Section 42 duty is met and then recorded on case management systems.</li> <li>There was variable use of the TSAB Decision Support Guidance and Self-Neglect risk assessment tools.</li> </ul>	<p>Recording on case management systems was improved regarding the recording of Section 42 Enquiries to ensure a consistent approach across the four Local Authorities.</p> <p>TSAB documentation was promoted via newsletters, E-bulletins and team meetings.</p>



# Safeguarding Adults Review

## Safeguarding Adults Review (SAR) Definition

The Care Act 2014 says that Safeguarding Adults Boards must arrange a SAR when an adult dies or is seriously harmed as a result of suspected or known abuse or neglect and there is reasonable cause for concern about how partners worked together to safeguard the adult. Agencies who worked with the adult come together to establish if they could have done things differently and reduced the risk of harm or death from happening. A SAR is not about blame, its purpose is to learn from what happened and to see if anything can be changed so that harm is less likely to happen in the same way to other people in the future.

## SAR Sub-Group activity

The SAR Sub-Group consists of Senior Managers from our key partners and they are responsible for considering new SAR notifications, overseeing any ongoing SARs or other reviews, ensuring any learning from reviews (locally, regionally, nationally) are considered by TSAB partners and taken forward in their own organisations and for overseeing the implementation of action plans arising from SAR activity across Tees.

- The SAR Sub-Group considered 6 SAR notifications this year (compared to 3 in the previous year) and decided that one case met the criteria for a SAR: this review started in March. There were three notifications indicating poor care practice within care homes, which had been or were about to be subject to the TSAB Responding to and Addressing Serious Concerns (RASC) procedures. Although none of these cases met the criteria for a SAR, the Sub-Group agreed to carry out a review of the lessons learned from implementing the RASC to identify any common learning. The remaining 2 cases did not meet the criteria for a SAR
- The SAR Sub-Group monitored the action plan in relation to the SAR Carol case which was published in 2017 and good progress was made by our partners to ensure the learning from this case was taken forward within their own organisations. The group also continued to oversee the actions and learning from 4 single agency reviews.
- The SAR Sub-Group considered learning from 8 SARs and 2 thematic reviews, regionally and nationally; summaries of these reports are available at [www.tsab.org.uk](http://www.tsab.org.uk) and are shared with TSAB partners following each SAR Sub-Group meeting.

## What has the Board done? Locally:

- The arrangements for End of Life care have been reviewed and strengthened following a single agency review.
- Improvements have been made to procedures relating to health care professionals who visit care homes to improve communication between staff.
- The TSAB Decision Support Guidance has been updated to include more detail when considering Domestic Abuse cases and to ensure a proportionate response to SAR notifications.
- The thematic review on the TSAB's RASC procedures identified the following five key areas for learning: leadership and management; staff behaviour, attitude and competency; safeguarding teams; partnership working; and commissioning and contract compliance. It was identified that emphasis needs to be placed on managing risk and to support services at an earlier stage, which may prevent the service from declining and being placed into serious concerns.

## Regionally and Nationally:

- Newcastle City Council presented the learning from their Joint Serious Case Review (historical sexual exploitation affecting girls and young women) which was a good opportunity for the SAR Sub-Group to explore similar issues across Tees. As a result of this the Board developed a Protecting Adults from Sexual Abuse and Exploitation leaflet and also included Sexual Exploitation within the Safeguarding Champions event. The Board has strengthened reporting mechanisms and 37 safeguarding concerns were raised in 2018-19 relating to sexual exploitation. Plans have started to deliver a conference in 2019 which will focus on exploitation. The Board will also be strengthening links with professionals working with children at risk of exploitation in 2019-20.
- The Board's web page on organisational abuse has been updated in response to the Nightingale Homes thematic review to highlight 'What a good organisation looks like'.

# TSAB Priorities for 2019-20

The TSAB Strategic Business Plan 2019-20 was developed following the results of the annual survey, informed directly by professionals and service users, as well as from feedback and evaluation from strategic leaders and operational staff in attendance at the Boards Development Days.

Top 3 priorities identified by professionals and service users;

1. Improve general awareness of safeguarding and how people can protect themselves.
2. Help efforts to reduce loneliness and isolation across Tees.
3. Improve awareness of Modern Slavery, Sexual Exploitation and Self-Neglect.

Our focus will remain on developing effective preventative and early intervention strategies that will work to prevent and respond to adult abuse. This will include a key focus on ensuring that people are able to access early help and preventative services, whilst at the same time ensuring the individual is placed at the centre of all safeguarding work; encouraging a strengths-based approach supported by the principles of Making Safeguarding Personal. The Strategic Plan on a page can be viewed here:

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

## **Prevention Aim:**

We will develop strategies that reduce the risk of abuse

## **Protection Aim:**

We will work effectively together to ensure the protection of adults

## **Partnership Aim:**

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

## **Professional Accountability Aim:**

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

# Appendix – Local Authority Data 2018/19

## Number of Concerns and Section 42 Enquiries

■ Concerns ■ Section 42 Enquiries

### Hartlepool



### Middlesbrough



### Redcar & Cleveland



### Stockton-On-Tees

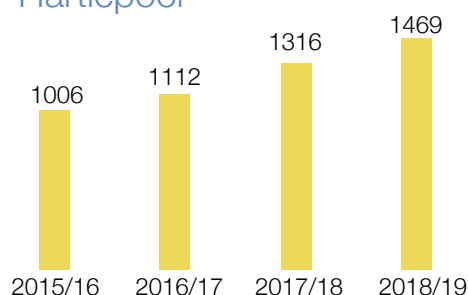


**7,114**

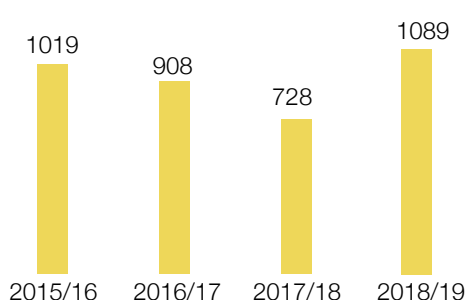
DoLS applications received across Tees

## Deprivation of Liberty Safeguards (DoLS)

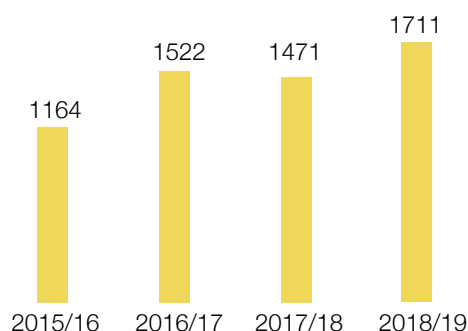
### Hartlepool



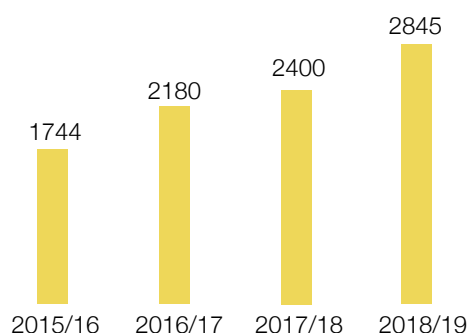
### Middlesbrough



### Redcar & Cleveland



### Stockton-On-Tees







## Strategic Business Plan 2020-21

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

### Prevention

#### Aim:

**We will develop strategies that reduce the risk of abuse**

#### Objectives

##### We will:

1. Provide accessible information, advice and support in relation to all aspects of adult abuse and neglect.
2. Further raise general awareness of safeguarding and how people can protect themselves.
3. Improve engagement with local communities.
4. Help efforts to reduce social isolation and loneliness.

### Protection

#### Aim:

**We will work effectively together to ensure the protection of adults**

#### Objectives

##### We will:

1. Provide effective, consistent, timely and proportionate responses to reported abuse.
2. Encourage a trauma-informed, strengths based and person-centred approach to all safeguarding work.
3. Focus on specific aspects of adult safeguarding to determine best practice and a consistent approach.
4. Learn from the findings of local, regional and national SARs and LLRs, and applicable DHRs and SCPRs.

### Partnership

#### Aim:

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

#### Objectives

##### We will:

1. Ensure Board partners work together in an effective manner to protect adults from abuse and neglect.
2. Collaborate with the LSCPs, CSPs and Strategic VEMT to deliver joint priorities and objectives and further embed a Think Family approach.
3. Influence and challenge existing and emerging strategic groups and networks on specific and relevant safeguarding issues.
4. Contribute regionally and nationally to the further development of the safeguarding adults agenda.

### Professional Accountability

#### Aim:

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

#### Objectives

##### We will:

1. Adopt a proportionate and pragmatic approach to safeguarding adults work during and following the Covid-19 pandemic.
2. Gain assurance from partners about the effective delivery of their services.
3. Ensure individuals accessing safeguarding services are involved with informing the future direction and priorities of the Board.
4. Deliver and achieve the Board's performance benchmarks.
5. Strive to continually improve and develop safeguarding practice.

**We will use the principles of engagement, Making Safeguarding Personal and good practice to achieve the following actions:**

<b>Prevention</b>	<b>Protection</b>	<b>Partnership</b>	<b>Professional Accountability</b>
<b>Aim:</b>  <b>We will develop strategies that reduce the risk of abuse</b>	<b>Aim:</b>  <b>We will work effectively together to ensure the protection of adults</b>	<b>Aim:</b>  <b>We will develop a whole community approach to the prevention of abuse</b>	<b>Aim:</b>  <b>We will work to ensure the accountability of all partners in protecting adults at risk of abuse</b>
<b>Actions:</b>  <b>We will do this by:</b>  <ol style="list-style-type: none"><li>1. Reviewing the TSAB CE Strategy to take into account the findings from the TSAB Annual Survey.</li><li>2. Continuing to increase professional's knowledge of all sources of support available linked to adult abuse and neglect.</li><li>3. Raising awareness of existing Safe Place Scheme locations as well as continuing to carry out venue audits.</li><li>4. Publishing regular themed articles to ensure harder to reach, lonely and isolated people are receiving key information, advice and available support options.</li></ol>	<b>Actions:</b>  <b>We will do this by:</b>  <ol style="list-style-type: none"><li>1. Promoting and monitoring the implementation of the revised TSAB procedures.</li><li>2. Delivering an effective learning, training and development plan to meet current requirements.</li><li>3. Preparing for the implementation of the MCA Amendment Bill.</li><li>4. Engaging with the multi-agency themed work regarding Transitions.</li><li>5. Developing and implementing actions plans for all SARs and LLRs, applicable DHRs and SCPRs sharing learning across partner agencies and used to inform future practice.</li></ol>	<b>Actions:</b>  <b>We will do this by:</b>  <ol style="list-style-type: none"><li>1. Establishing a working group to develop a Teeswide Safeguarding All Communication and Engagement Strategy.</li><li>2. Working with LSCPs and CSPs to explore joint protocols for managing SARs, DHRs and SCPRs.</li><li>3. Ensuring active representation at LSCPs and Strategic VEMT.</li><li>4. Delivering, in partnership, a joint development session with LSCPs and CSPs.</li></ol>	<b>Actions:</b>  <b>We will do this by:</b>  <ol style="list-style-type: none"><li>1. Reviewing and learning from the impact of the Covid-19 pandemic on safeguarding adult practice.</li><li>2. Delivering a Quality Assurance programme which includes: peer review, Quality Assurance Framework/Self Audit (QAF) and multi-agency audits.</li><li>3. Continue to use the Safeguarding Champions initiative to seek the views of people who use safeguarding services.</li><li>4. Making best use of performance information to determine actions and priorities to help keep people safe.</li></ol>

# HEALTH AND WELLBEING BOARD

7 September 2020



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

**Subject:** Better Care Fund Update

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## 1. PURPOSE OF REPORT

- 1.1 To update the Health and Wellbeing Board on current performance against the indicators in the Hartlepool Better Care Fund Plan.

## 2. BACKGROUND

- 2.1 The Better Care Fund has been in place since 2015/16 and provides a mechanism for joint health and social care planning and commissioning, bringing together ring-fenced budgets into a single pooled budget that is focused on integration.
- 2.2 The four national conditions associated with the BCF are:
1. That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the H&WB and by the constituent LAs and CCGs;
  2. A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
  3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
  4. Implementation of the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.
- 2.3 Additional funding for social care announced in the Spring Budget 2017 is also included within the BCF Pooled Budget along with the improved Better Care Fund resource. The focus of the pooled budget continues to be on integration of health and social care services for older people, delivering system wide improvements and better outcomes for local people.

### 3. PERFORMANCE UPDATE

- 3.1 BCF performance reports are submitted to NHS England on a quarterly basis. The Q4 return (covering the period January – March 2020) was submitted in July 2020 and confirms that all national conditions continue to be achieved, as well as providing analysis of performance data, which is summarised below.

3.2. Permanent Admissions to Residential and Nursing Care Homes

The 2018/19 target for permanent admissions to care homes was met (with 130 admissions against the target of 148). This 12% reduction compared to the previous year is a considerable achievement in the context of an ageing population and increased prevalence of dementia and evidences that people are being supported in their own homes effectively for as long as possible.

Data for Q4 indicates that the target was achieved again in 2019/20 with 123 admissions against a target of 140.

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

The percentage of older people still at home 91 days after discharge into reablement / rehabilitation services was 85.8% in 2018/19, a significant improvement on performance in the previous year which meant that the target was comfortably achieved at the year end.

Data for Q4 indicates that the target has been achieved again in 2019/20 with 84% of older people still at home 91 days after discharge into reablement / rehabilitation services.

This measure of the effectiveness of reablement only captures a small subset of the total number of people accessing the service, with many people accessing reablement from the community as a preventative measure. Approximately 75% of people have no ongoing social care needs after a reablement intervention, and over 95% of reablement goals are achieved at the end of a period of reablement.

3.4 Delayed transfers of care (DToc) from hospital per 100,000 population (days delayed)

More challenging targets were introduced in 2018/19, but this coincided with a significant improvement in performance which meant that the target for the year was achieved.

Data for 2019/20 indicated that the target was on track to be achieved again with 1,233 days delay reported against a target of 2,754 at the end of February. Reporting of DTocS has since been suspended due to COVID19.

This is a dramatic improvement in performance compared to recent years and evidences the success of work that has been undertaken across the health and social care system to:

- build on the success of the Integrated Discharge Team;
- further develop Trusted Assessor approaches;



- support care homes to ensure sustainability in the local care market; and
- develop a discharge pathway that enables Continuing Health Care (CHC) assessments to be carried out in the community.

The pathway for CHC assessments to be undertaken in the community has been particularly successful in terms of reducing length of stay in hospital and ensuring that people are assessed in an appropriate setting. Prior to the pathway being introduced there were up to 70 people each quarter having a CHC assessment in an acute hospital setting. This number has fallen steadily each quarter since the changes were implemented and during Q3 of 2019/20 the number was 4.

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

The 2018/19 target was taken directly from CCG Annual Plans and was only achieved in one of the four quarterly reporting periods meaning that the annual target was not achieved.

In the same period, the Hartlepool locality had an increase in NEL activity of 7.8%. This position is mirrored across other localities in the CCG area and across the country, and increasing NEL activity is a challenge for all systems. It is positive to note that the increase in NEL admissions for the over 65 age range (where BCF can impact) was only 6.1% reflecting the impact of a range of BCF funded services that support care homes, including enhanced pharmacy support and a training and education programme.

Year-end data for 2019/20 indicates that the target has been achieved for the first time since the BCF plan was developed, which is a significant achievement. There were 13,674 admissions against a target of 14,395 despite some impact on Q4 performance linked to COVID19.

## 4. **RISK IMPLICATIONS**

- 4.1 A risk register was completed as part of the original BCF plan with mitigating actions identified. This has routinely been reviewed and updated as the plan has been revised.

## 5. **FINANCIAL CONSIDERATIONS**

- 5.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.
- 5.2 The BCF Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.
- 5.3 NHS Operational Planning Guidance for 2020/21 was published at the end of January 2020 and includes the following information in relation to the BCF:

The CCG minimum contribution to the BCF and within that the minimum contribution to social care will grow by an average of 5.3% in cash terms, consistent with the cash growth in the NHS mandate funding overall. Since this is a real term increase, the expectation is that this will fund more social care packages than in 2019/20.

- 5.4 CCG minimum contributions to the BCF were published on 3 February 2020 and the allocation for Hartlepool for 2020/21 is shown below.

<b>Funding</b>	<b>2020/21</b>
CCG Minimum Contribution	£7,611,824
Disabled Facilities Grant	£1,076,870
IBCF Allocation	£5,200,685
<b>TOTAL</b>	<b>£13,889,379</b>

The 2020/21 IBCF allocation now includes the former Winter Pressures Grant.

## **6. LEGAL CONSIDERATIONS**

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

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

- 7.1 None identified.

## **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 8.1 None identified.

## **9. STAFF CONSIDERATIONS**

- 9.1 No staff considerations have been identified.

## **10. ASSET MANAGEMENT CONSIDERATIONS**

- 10.1 No asset management considerations have been identified.

## **11. RECOMMENDATION**

- 11.1 It is recommended that the Health and Wellbeing Board
- retrospectively approves the Hartlepool Better Care Fund Q4 return; and
  - notes the position in relation to performance which is extremely positive, with all indicators achieved at the yearend based on available data

**12. REASON FOR RECOMMENDATION**

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

**13. CONTACT OFFICER**

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# HEALTH AND WELLBEING BOARD

7<sup>th</sup> September 2020



**Report of:** Acting Director of Public Health and Director of Children and Joint Commissioning Services

**Subject:** HEALTH AND WELLBEING BOARD TERMS OF REFERENCE - REFRESH

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## 1. PURPOSE OF REPORT

- 1.1 To present for formal approval the update Terms of Reference (ToR) for the Health and Wellbeing Board (including additional addendum relating to the Local Outbreak Control Engagement Working Group).

## 2. BACKGROUND

- 2.1 On the 26<sup>th</sup> June 2020, the Health and Wellbeing Board received a detailed and comprehensive presentation in relation to the requirement for the creation of a Local Outbreak Engagement Board as part of the local authority's coronavirus response.
- 2.2 The creation of a Local Outbreak Control Engagement Working Group to act as Hartlepool's Outbreak Engagement Board was approved and it was agreed that an addendum would be added to the Health and Wellbeing Board's ToR to reflect the creation of the role and responsibilities of the Working Group. In addition to this, the opportunity would be taken to refresh the main body of the ToR to update any factual inaccuracies.
- 2.3 The agreed addition, and changes, to the ToR have now been completed. The Board is requested to approve the refreshed ToR, a copy of which is attached at **Appendix A**.

## 3. RECOMMENDATIONS

- 3.1 That the refreshed ToR be approved.

## 4. REASONS FOR RECOMMENDATIONS

- 4.1 To obtain formal approval for the Health and Wellbeing Board's refreshed ToR.

**5. BACKGROUND PAPERS**

None.

**6. CONTACT OFFICER**

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# **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

**VERSION 3.0**

**July 2020**

## Contents

1.0	Purpose and functions of the Health and Wellbeing Board	3
2.0	Role and responsibility of Board Members	3
2.1	Standards of behaviour	3
3.0	Membership	4
3.1	Chairing of the Health and Wellbeing Board	5
4.0	Principles	6
5.0	Performance management	6
5.1	Information, advice and support	6
6.0	Developing capacity and capability	7
7.0	Engaging with stakeholders	7
8.0	Operation of the Health and Wellbeing Board	8
8.1	Attendance at meetings	8
8.2	Appointment of Substitutes	9
8.3	Declaration of Interests	9
8.4	Meeting procedures	9
8.5	Decision-making and voting	9
8.6	Risk Management	10
8.7	Freedom of Information Act	10
8.8	Public access to the Health and Wellbeing Board	10
8.9	Secretarial support arrangements	11
8.10	Sub-groups and task groups	11
8.11	Working with other theme groups	12
8.12	Updating the Terms of Reference	12
9.0	Engaging with other bodies	13
9.1	Statutory Scrutiny	13
9.2	Hartlepool Safeguarding Children Board	13
9.3	Teeswide Safeguarding Adults Board	13
9.4	Outbreak Control Engagement Working Group	14
	Addendum A	15

## **1.0 Purpose and functions of the Health and Wellbeing Board**

The Health and Social Care Act 2012 sets out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. The Board has the following responsibilities and functions as set out in the Constitution of Hartlepool Borough Council:

- Responsibility for the preparation and implementation of a Health and Wellbeing Strategy for the Borough.
- Responsibility for ensuring the development and use of a comprehensive evidence based Joint Strategic Needs Assessment (JSNA) for Hartlepool.
- Responsibility for ensuring consistency between the commissioning priorities of partners and the Health and Wellbeing Strategy and JSNA. Having strategic influence over commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

## **2.0 Roles and Responsibility of Board Members**

The main role of all members of the Health and Wellbeing Board will be to take a Borough wide perspective and develop consensus in the best interests of the residents of Hartlepool. Members will bring their own perspectives and also represent their organisation, interest group or area. They will be recognised for their valuable contribution bringing ideas, knowledge and expertise to the process.

### **2.1 Standards of behaviour**

As a member of the Health and Wellbeing Board, whether in meetings or working on behalf of the Board, the following guidelines outline what is expected of members:

**Accountability:** to work openly and honestly and to report back their work on the Board to their organisation or sector. Board Members will agree their recommendations and then do everything in their power to support delivery.



**Commitment:** to attend board meetings, participate in occasional task group meetings and one-off events. To be properly prepared for meetings by reading the paperwork beforehand. To be prepared to learn from others and from good practice elsewhere and to further develop the breadth of their knowledge of their sector's role within the borough.

**High Quality Debate:** to remain focussed and strategic and to contribute positively to discussions and work with other members to achieve consensus and take important decisions regarding the strategic development of the borough.

**Honesty and Integrity:** to act with honesty, objectivity and integrity in achieving consensus through debate. To respect the confidentiality of the information provided.

**Objectivity:** to consider what is in the best interests for the common good of Hartlepool and to weigh this along with the interests of their organisation, their sector and themselves when making decisions.

**Representative:** to effectively reflect the interests of their sector, to raise areas of concern and contribute their experience and expertise to discussions and decisions to achieve good workable solutions.

**Respect for others:** to respect and to take into account the views of other members regardless of their gender, race, age, ethnicity, disability, religion, sexual orientation or any other status.

### **3.0 Membership**

The Health and Social Care Bill Act 2012 mandates a minimum membership for Health and Wellbeing Boards. These are known as prescribed members. In addition Boards are free to expand their membership to include a wide range of perspectives and expertise. These are known as other members. The membership of the Health and Wellbeing Board is set out over the page:

<b>Prescribed Members</b>
<ul style="list-style-type: none"> <li>• Elected Members, Hartlepool Borough Council, including the Leader of the Council (4)</li> <li>• Representatives of NHS Tees Valley Clinical Commissioning Group (2)</li> <li>• Director of Public Health, Hartlepool Borough Council (1)</li> <li>• Director of Children's and Joint Commissioning Services, Hartlepool Borough Council (1)</li> <li>• Director of Adult and Community Based Services, Hartlepool Borough Council (1)</li> <li>• Representatives of Healthwatch (2)</li> </ul>
<b>Other Members</b>
<ul style="list-style-type: none"> <li>• Managing Director, Hartlepool Borough Council (1)</li> <li>• Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council (1)</li> <li>• Representative of NHS England (1)</li> <li>• Representative of Hartlepool Voluntary and Community Sector (1)</li> <li>• Representative of Tees Esk and Wear Valley NHS Trust (1)</li> <li>• Representative from Cleveland Police (1)</li> <li>• Representative of North Tees &amp; Hartlepool NHS Foundation Trust (1)</li> <li>• Representative of GP Federation (1)</li> <li>• Schools' Representative (1)</li> <li>• Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1)</li> </ul>

There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as and when required. This may include the North East Ambulance NHS Trust, Fire Brigade, Probation and other providers etc.

### **3.1 Chairing of the Health and Wellbeing Board**

The Chair will be the Leader of Hartlepool Borough Council or their substitute. The Vice-Chair will be a representative of the Clinical Commissioning Group.

## **4.0 Principles**

All members of the Health and Wellbeing Board will strive to apply the following nine principles:

- Effective decision-making and communication
- Effective partnership working
- Efficient partnership working
- Acting with integrity
- Ensure widest possible involvement and inclusion
- Demonstrating leadership and influence
- Effective performance management
- Developing skills and knowledge
- Contributing to sustainable development

## **5.0 Performance Management**

The Board is responsible for developing and managing the delivery of the Health and Wellbeing Strategy including the agreed health outcome measures. Each year the Board will agree an action plan setting out how the Strategy will be delivered. The action plan will also include a number of performance indicators which will be used to assess the progress being made. The Board will monitor progress through quarterly performance reports and seek to maximise resources and secure new resources into the Borough. In addition through the annual refresh the Board will pay due regard to delivery against the national outcome frameworks including the Public Health Outcome Framework, the Adult Social Care Outcome Framework and the NHS Outcome Framework incorporating additional areas into the action plan where performance is below what is expected.

Monitoring of the Health and Wellbeing Strategy will be through the relevant sub-groups, with issues escalated to the Health and Wellbeing Board, as and when necessary.

### **5.1 Information, advice and support**

All information, advice and support will be fit for purpose and tailored to the functions of the Board. The Board will ensure that all information is directly relevant to the decisions being taken and is:

- relevant
- accurate
- timely
- objective
- clear and concise
- reliable

Where possible all partners will share and collate information from their individual organisations in order to help ensure that the Board can make informed decisions. The Board will call on professional advice and support when deemed necessary, particularly when the outcome of decision has a significant legal or financial implication.

Reports submitted to the Board will include impact assessments in relation to each of the sub-groups.

## **6.0 Developing capacity and capability**

The Board is aware of the importance of ensuring members have the right skills, knowledge and experience to play an effective part in delivering the strategic aims of the Board. It aims to involve individuals who reflect the community they represent. It will balance the need for stability which comes from continuity of knowledge and relationships with the need for new ideas and new thinking. Through a Board development process all members will be given the opportunity to further develop their skills and update their knowledge throughout their period of membership. This will aim to maximise the skills, capacity and resources of all members.

## **7.0 Engaging with stakeholders**

The Board has a statutory duty to involve local people in the preparation of the JSNA and the development of the Health and Wellbeing Strategy. The Board will therefore actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

The Board will seek to strengthen the involvement of elected members and patient representatives in commissioning decisions alongside commissioners from across health and social care.

The Board will take the lead in forming and maintaining relationships and representation with other partnerships and stakeholders on a local, regional and sub regional level which will directly affect and/or influence its success.

The Board will provide a forum for challenge, discussion and the involvement of local people. However, the local Healthwatch will have a role to play in consulting with patients and the public on service changes in health and social care in order to help inform the decision making process. Its work will feed into that of the Health and Wellbeing Board to inform their direction and priorities.

The Board will hold a Face the Public event once per year to:

- i) Update the public on their work during the last year;
- ii) Inform the public on their future plans including future challenges;
- iii) Engage with residents and promote the key strategies and plans for the Borough;
- iv) Receive questions from the public on their work, future plans and priorities.

The Board will strive to meet the codes of practice and terms of engagement as set out in the [Community Engagement and Cohesion Strategy](#). The Board will also develop and deliver a Communication and Engagement Strategy which will set out how the work of the Board will be promoted and members of the public, key partners and the VCS will be able to engage with and contribute to the work of the Board.

## **8.0 Operation of the Health and Wellbeing Board**

### **8.1 Attendance at meetings**

Members will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility and continuity is essential to partnership working, each Member may identify a named substitute who may attend on their behalf when necessary.

Substitutes should be suitable senior representatives who are able to speak on

behalf of their organisation. The quorum for the Board will be 5 prescribed members with at least one representative from each of the three prescribed member organisations.

## **8.2 Appointment of Substitutes**

All Board members should appoint named substitutes to the Board and in the case of Policy Committee Chairs, the named substitute will be the Vice-Chair. The named substitute will be the only person to attend in the absence of the Board member.

## **8.3 Declaration of Interests**

Each member of the Health and Wellbeing Board is required to declare any personal, prejudicial or disclosable pecuniary interest (direct or indirect) in any agenda items. Where an interest is prejudicial or is otherwise a disclosable pecuniary interest the member shall take no part in the discussion or decision-making about that item. All such declarations must be included in the minutes of the meeting. At the beginning of the municipal year each member will complete a Register of Interest Form which will be held by the Member Services Team. This register should be updated within 28 days of any change to reflect the changes in circumstances of Board members. This register is also displayed on the Council's website.

## **8.4 Meeting Procedures**

The Board will meet on a quarterly basis. There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

## **8.5 Decision-making and voting**

Where practicable members should have the authority to take decisions and make commitments within the context of their organisations' governance structures and schemes of delegation. It is recognised that individual partners will remain responsible and accountable for decisions on their services and the use of their resources. The Board recognises that each partner has different mechanisms for their own decision-making and members will need to feed into their own governance structures as appropriate. In some cases decisions may be made 'in principle' by the

Board and then ratified by the bodies or organisations from which the members are drawn, this will be particularly important for the prescribed members of the Board.

### **8.6 Risk management**

The Board will take a planned and systematic approach to identifying, evaluating and responding to risks. It will consider the full range of the Board's activities and responsibilities, and continuously check that various good management disciplines are in place, including:

- strategies and policies are put into practice where appropriate;
- high quality services are delivered efficiently and effectively;
- performance is regularly monitored and effective measures are put in place to tackle poor performance;
- laws and regulations are complied with;
- information used by the Board is relevant, accurate, up-to-date, timely and reliable;
- financial statements and other information published by the Board are accurate and reliable;
- financial and human resources are managed efficiently and effectively and are safeguarded.

### **8.7 Freedom of Information Act**

The Freedom of Information Act provides a right to access information that is held by public authorities unless specified exemptions apply. Hartlepool Borough Council has a publication scheme detailing the types of information that could be available for public access and has developed guidance to help staff comply with the Act. The Health and Wellbeing Board will work within this framework when responding to requests from partners and the public.

### **8.8 Public access to the Health and Wellbeing Board**

All meetings of the Council's committees, sub-groups and working groups are open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. These meetings may consider issues that will be of interest to residents who may wish to ask questions or express their views on the matters

being considered. On such occasions anyone wishing to speak at the Board meeting should seek the permission of the Chair in advance of the meeting. This can be done directly with the Chair or via the Democratic Services Team (democratic.services@hartlepool.gov.uk or 01429 523013).

### **8.9 Secretarial Support arrangements**

The Health and Wellbeing Board will receive secretarial support through Hartlepool Borough Council's Democratic Services Team.

### **8.10 Sub-Groups, Working Groups and Task and Finish Groups**

The Health and Wellbeing Board has a responsibility to act as a forum for key leaders from the local health and care system to jointly work to improve the health and wellbeing of the people in their area, reduce health inequalities and promote the integration of services. Key to achieving this is the Board's:

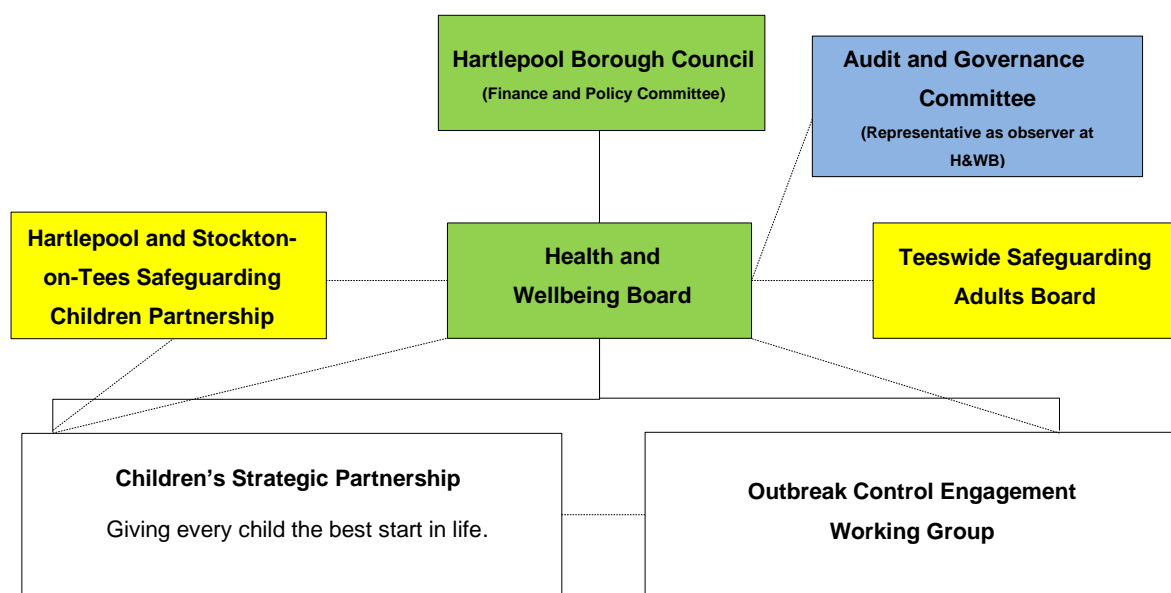
- Involvement in the preparation and implementation of the Hartlepool Health and Wellbeing Strategy and Joint Strategic Needs Assessment;
- Strategic role in influencing commissioning and investment decisions across health, public health and social care services to ensure integration and joint commissioning particularly for those services being commissioned and provided to the most vulnerable people.

Given the breadth of service areas and partners involved in achieving the Board's responsibilities, a number of sub-groups are in place to support and feed into the Board. The minutes of these sub-groups will be circulated to the Health and Wellbeing Board to reinforce the link between both bodies. All other groups will feed into the Health and Wellbeing Board through one of these sub-groups / working groups.

Occasionally a Task and Finish Group of the Health and Wellbeing Board, or one of its sub-groups, may need to be established to expedite a particular matter, which requires focussed activity or where a more specialist membership is required. The



membership of these task and finish groups would be decided by the Board, or sub-group. A Task and Finish Group would normally have a specific remit and period of operation to oversee or undertake a specific task, reporting directly to the Health and Wellbeing Board or sub-group (as appropriate).



### 8.11 Working with other theme groups

The Health and Wellbeing Board will work alongside the other theme groups to improve outcomes for Hartlepool residents. Joint meetings may be arranged on matters of shared interest for example on the issue of alcohol harm or drug rehabilitation with the Safer Hartlepool Partnership.

### 8.12 Updating the Terms of Reference

This Terms of Reference can be amended or updated by obtaining a two thirds majority agreement by the Board. At the time of the vote all the prescribed member organisations must be in attendance. The proposed change should be set out in a report as a published agenda item.

## **9.0 Engaging with other bodies**

### **9.1 Statutory Scrutiny**

The Audit and Governance Committee of Hartlepool Borough Council has delegated authority to exercise the statutory scrutiny powers given to the Local Authority under the Health and Social Care Act 2012. This includes the review and scrutiny of matters relating to the planning, provision and operation of health services in the area.

The Audit and Governance Committee will hold the Health and Wellbeing Board, and its partners, to account through scrutiny of:

- The Joint Strategic Needs Assessment;
- The Health and Wellbeing Strategy; and
- Commissioning Plans and Delivery Strategies.

### **9.2 Hartlepool and Stockton on Tees Safeguarding Children Partnership**

The Hartlepool and Stockton on Tees Safeguarding Children Partnership is made up of the three statutory partners, local authorities, chief officers of police, and clinical commissioning groups who must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The relationship between the Health and Wellbeing Board and the Hartlepool and Stockton on Tees Safeguarding Children Partnership (HSSCP) is one of mutual support, challenge and scrutiny. HSSCP should be instrumental in determining the safeguarding children requirements of the JSNA and should present its annual report to the Health and Wellbeing Board.

### **9.3 Teeswide Safeguarding Adults Board**

The Teeswide Safeguarding Adults Board is a partnership of local agencies working together to ensure that adults living in Hartlepool are safeguarded and protected.

The relationship between the Health and Wellbeing Board and the Teeswide Safeguarding Adults Board (TSAB) is one of mutual support, challenge and scrutiny. TSAB should be instrumental in determining the requirements of the JSNA in terms

of safeguarding adults and should present its annual report to the Health and Wellbeing Board.

#### **9.4 Outbreak Control Engagement Working Group**

As part of local Covid-19 outbreak control arrangements the Health and Wellbeing Board will also act as Hartlepool's Local Outbreak Control Engagement Board. These responsibilities are delegated to the Outbreak Control Engagement Working Group (as a working group of the Health and Wellbeing Board) which will operate as outlined in **Addendum A**.

## **OUTBREAK CONTROL ENGAGEMENT WORKING GROUP**

### **1. Purpose and functions of the Local Outbreak Control Engagement Working Group**

An integrated national and local nationwide Covid-19 test and trace programme is being implemented to control the virus and as part of this local Covid-19 outbreak control arrangements have been put place. A critical factor in the success of these arrangements is effective communication with the public and employers to gain their support for any actions that need to implement and the requirement to create a Local Outbreak Control Engagement Board. In Hartlepool this role will be undertaken by a working group of the Health and Wellbeing Board with the following responsibilities:-

- i) Political ownership and public-facing engagement and communication for the outbreak response.
- ii) Provide partnership oversight of health protection regarding Covid-19 in Hartlepool.
- iii) Support local delivery of the primary objectives of the Government's strategy to control the Covid-19 reproduction number (R), reduce the spread of infection and save lives.
- iv) Bring together the response that will be delivered at different levels and by different organisations, at local authority area level to ensure a community focus and appropriately tailored response.
- v) Support the effective communication of the Outbreak Control Plan for Hartlepool.
- vi) Support and strengthen the communication plan that will need to underpin every decision as the local area move to the next stage of managing the pandemic,

helping to make sure that all communities and sectors are communicated with effectively.

- vii) Help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.
- viii) Oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.
- ix) Receive regular updates from the Outbreak Control Board via the Director of Public Health and public oversight of progress on the implementation of the Outbreak Control Plan.
- x) Shape and oversee the health and wellbeing recovery strategy, identifying Joint Health and Wellbeing Strategy priorities for action as part of the post-emergency phase.

## **2. Membership**

The membership of the Outbreak Control Engagement Working Group includes representatives from a range of key bodies with relevant Covid-19 expertise and experience, with the ability to co-opt additional participants based on the location and nature of any outbreak.

The core membership of the Working Group is set out below:

- Chair of the Health and Wellbeing Board (Leader of Hartlepool Borough Council)
- Hartlepool Borough Council's Mental Health and Children in Care Elected Member Champions
- Managing Director, Hartlepool Borough Council
- Representative from NHS England
- Representative of NHS Tees Valley Clinical Commissioning Group

- Representative of North Tees and Hartlepool NHS Trust
- Representative of the GP Federation/Primary Care Networks
- Representative of Cleveland Police
- Director of Public Health, Hartlepool Borough Council
- Director of Children's and Joint Commissioning Services, Hartlepool Borough Council
- Director of Adult and Community Based Services, Hartlepool Borough Council
- Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council
- Communications and Marketing Manager, Hartlepool Borough Council
- Representative of Healthwatch
- Representative of Hartlepool Voluntary and Community Sector
- Representative of Faith Community

Each organisation listed above will be required to nominate an appropriate senior representative who can speak on behalf of their organisation and has the right skills, knowledge and experience to play an effective part in delivering the purpose and functions of the Working Group.

The co-option of additional participants with specialist knowledge and skills will, as has been indicated, be informed by the location and nature of any outbreak. Examples of potential co-optees are as follows with the addition of others as and when required:

- Ward Councillors
- Parish Councillors
- North East Ambulance NHS Trust
- Fire Brigade
- Probation
- Tees, Esk and Wear Valley NHS Trust
- Schools
- Care Home providers
- Hospice providers
- Housing providers

- Representatives from specialist organisations
- Representatives from business community

### **3. Frequency and Status of Meetings**

The Outbreak Control Engagement Working Group will meet on a monthly basis initially to fulfil its responsibilities as Hartlepool's Local Outbreak Control Engagement Board. Although the chair has the ability to make recommendations to change the frequency and hold additional meetings where required.

Meeting of the Working Group will be open to the public to attend except when the meetings are considering items classed as 'confidential' or 'exempt'. Details of the Working Group's activities will be presented to the Health and Wellbeing Board on a quarterly basis.

### **4. Attendance at meetings and Appointment of Substitutes**

Members of the Working Group will endeavour to attend all meetings; however, if they are unable to attend any meeting then they should submit their apologies in advance of the meeting.

As flexibility, consistency and continuity are essential to outbreak management, each Member may identify a named substitute who may attend on their behalf when necessary. Substitutes should be suitable senior representatives who are able to speak on behalf of their organisation. The named substitute will be the only person to attend in the absence of the Working Group member.

### **5. Quorum**

The quorum for the Working Group will be 5 members.

# HEALTH AND WELLBEING BOARD

7<sup>th</sup> September 2020



**Report of:** Acting Director of Public Health

**Subject:** CORONAVIRUS IN HARTLEPOOL - UPDATE  
PRESENTATION

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## 1. PURPOSE OF REPORT

- 1.1 To provide the Board with an update on progress of the coronavirus in Hartlepool.

## 2. BACKGROUND

- 2.1 On the 26<sup>th</sup> June 2020, the Health and Wellbeing Board received a report and presentation outlining data on the progress of the pandemic in Hartlepool and priorities for moving forward.
- 2.2 Three months has now elapsed and a further presentation is to be given at today's meeting to further update the Board on the ongoing coronavirus position in Hartlepool.

## 3. RECOMMENDATIONS

- 3.1 That the presentation be noted.

## 4. REASONS FOR RECOMMENDATIONS

- 4.1 To provide the Board with data on the progress of the pandemic in Hartlepool and priorities for moving forward.

## 5. BACKGROUND PAPERS

None.



**6. CONTACT OFFICER**

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# HEALTH AND WELLBEING BOARD

7 September 2020



**Report of:** Director of Commissioning, Strategy and Delivery

**Subject:** FORMER HARTLEPOOL AND STOCKTON ON  
TEES CLINICAL COMMISSIONING GROUP  
ANNUAL REPORT 2019/20

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## 1. PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with an overview of the 2019/20 Annual Report of former Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG).

## 2. BACKGROUND

- 2.1 The former Hartlepool and Stockton-on-Tees Clinical Commissioning Group's Annual Report provides an overview of the CCG's purpose and main activities during the year. It sets out the challenges experienced during the year along with the organisation's achievements.

NHS Hartlepool and Stockton CCG, NHS Darlington CCG and NHS South Tees CCG merged to form NHS Tees Valley CCG which was established on 1 April 2020.

## 3. REPORT HIGHLIGHTS

- 3.1 This has been an exceptional year for the CCG with the impact of the Coronavirus hitting in the first few months of 2020. The CCG played a key role in the regional response to the pandemic working alongside health, social care and other partners. The team working has been invaluable and is something we are committed to continuing to maximize the support we can offer collectively to local people in the future.
- 3.2 We welcomed a new Chief Officer David Gallagher at the end of 2019/20 and led by David, the successor organisation Tees Valley CCG is now working with local GP practices and NHS Trusts to resume services. We are also working to identify any improved ways of working that we would wish to retain as a result of delivering services differently during the pandemic.

- 3.3 The CCG's financial position was maintained in 2019/20 and we were successful in achieving our key statutory and administrative financial duties during the financial year ended 31 March 2020.
- 3.4 However, while we have met some of the national standards set for us in the first three quarters of the financial year, it was a challenging year for both the CCG and some of our commissioned providers as reflected in the areas in which we were not always able to meet our targets.
- 3.5 Challenges were experienced in relation to ophthalmology referral to treatment times; diagnostic waiting times; urgent referral for suspected cancer and ambulance services. Many of the challenges experienced in Hartlepool and Stockton-on-Tees have also been experienced across the local system and the full report outlines the steps taken to work collaboratively with other NHS and independent providers to deliver our responsibilities to local people.
- 3.6 There were no mixed-sex accommodation breaches. Although due to the impact of Covid 19, performance was only measured from April to December 2020, the CCG was meeting or improving cancer target performance in quarters two and three in areas such as urgent referral for breast symptoms; being treated within 31 days of a cancer diagnosis; and receiving subsequent radiotherapy treatment for cancer.
- 3.7 In addition, during 2019/20 we have:
- Engaged with patients in a number of areas including the CCG merger, rheumatology and repeat prescribing.
  - Established seven Primary Care Networks (PCNs) bringing groups of practices together to deliver directed enhanced services [DES] prescribed to them nationally by NHS England, and to develop other opportunities to work with community services locally. We also facilitated opportunities to enable practices to develop new way of working as networks including clinical pharmacists and social prescribing.
  - Supported Kingsway, Seaton and Yarm GP practices to demonstrate their commitment to being a LGBT+ friendly employer and care provider by undergoing team training, reviewing working practices and achieving an LGBT Champions award.
  - Worked with the Northern Cancer Alliance to implement the faecal immunochemical test (FIT) for patients who present to their GP with bowel cancer symptoms but don't require an urgent, two week appointment. The home test helps to help identify bowel cancer at an early stage and can ensure patients who don't need it, can avoid an uncomfortable endoscopy procedure.
  - Established a 24/7 integrated urgent care service with the Urgent Treatment Centre co-located with the hospital A&E department. Furthermore, every GP practice now accepts appointments through NHS 111 and we are delivering

care closer to home for frail older people through improved collaboration across health and social care with staff supporting people to remain in their own home avoiding the need to be transferred to an acute hospital where appropriate.

- Worked with Hartlepool Borough Council councils to help hospitals and care homes to offer better support to residents through a number of initiatives. As a result the care home workforce has improved knowledge and confidence in caring for frail and older people and residents, and staff have access to a clinical led multi-disciplinary team helping people remain in their own and home avoiding the need for hospital where appropriate.
- As members of the Teesside Mental Health Crisis Concordat we have worked with partners to successfully secure Community Crisis Care Transformation Funding. This resource, via NHS England Networks, will support adult mental health crisis services and will enable dedicated psychology resources within crisis services to ensure care is delivered in a trauma-informed way. There will also be a telephone intervention service which will provide mental health advice, listening and care.
- Successfully bid to be a trailblazer as part of a national pilot to develop mental health support teams for children and young people. The teams will act as a link with children and local mental health services and support in areas such as emotional wellbeing, anxiety, behavioural difficulties and friendship issues.

#### **4. RECOMMENDATIONS**

- 4.1 The Health and Wellbeing Board is asked to note the content of the Annual Report.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 To ensure Board members are aware of the Annual Report for Hartlepool and Stockton-on-Tees Clinical Commissioning Group.

#### **6. BACKGROUND PAPERS**

The 2019/20 Annual Report for Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) is published on the [Tees Valley CCG website](#).

#### **7. CONTACT OFFICER**

Michael Houghton, Director of Commissioning, Strategy and Delivery (Tees Valley CCG)

# HEALTH AND WELLBEING BOARD

7<sup>th</sup> September 2020



**Report of:** Acting Director of Public Health

**Subject:** ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - 2019

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## 1. PURPOSE OF REPORT

- 1.1 To present the Director of Public Health's Annual Report for 2019.

## 2. BACKGROUND

- 2.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.
- 2.2 Director of Public Health Annual Reports have over the last five years covered a range of themes from how public health priorities have changed over the past 40 years, the importance of how work and employment influence health and wellbeing, aging well and starting well.
- 2.3 The theme of the 2019 Annual Report is 'Obesity Prevention and Physical Activity in Hartlepool'. It is presented for the first time, in an innovative electronic format which can be accessed via the following link.

[www.hartlepool.gov.uk/DPH-annual-report](http://www.hartlepool.gov.uk/DPH-annual-report)

## 3. FINANCIAL CONSIDERATIONS

- 3.1 There are no financial issues associated with the development and publication of the report.

**4. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 4.1 There are no equality and diversity issues arising from this report.

**5. RECOMMENDATIONS**

- 5.1 Health and Wellbeing Board is asked to note the report and its conclusions.

**6. REASONS FOR RECOMMENDATIONS**

- 6.1 Ensures compliance with the statutory duties under the Health and Social Care Act 2012 for the Director of Public Health to produce a report and the Local Authority to publish it.

**7. BACKGROUND PAPERS**

- 7.1 Director of Public Health's Annual Report for 2019 (**Appendix A**)

**8. CONTACT OFFICER**

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01429 284104

Welcome to this Hartlepool Director of Public Health Annual Report.

It's focus is how people of all ages in Hartlepool can achieve and maintain a healthy weight and improve their physical activity.

Both of these are of the utmost importance for your health and wellbeing as they have a particular impact in terms of your quality and length of life.

Being overweight or obese is linked to a number of very

serious conditions including diabetes, cardiovascular disease and a number of cancers.

Conversely, increasing your physical activity has a significant positive impact on not only your physical health but also your mental health, and this report tells the story of how, here in Hartlepool, we are doing this.

It's an inspiring story about real people who are making a real difference to their health and to their lives.

## Obesity



Obesity refers to an unhealthy weight that corresponds with an increase in body fat.

The main way to measure obesity is by using the body mass index (BMI). This measures your weight and height and gives you a score.

For most adults a BMI of:

18.5 to 24.9 means you're a healthy weight  
25 to 29.9 means you're overweight  
30 to 39.9 means you're obese  
40 or above means you're severely obese

Another useful way to measure excess fat is to look at your waist size. Men with a waist size of 94cm and women with a waist size of 80cm are more likely to experience obesity-related problems.

Children should be measured differently – the National Child Measurement Programme (NCMP) has been set up to measure children in reception and Year 6. Children of different ages and sexes develop differently which makes measuring complex. Because of this the NCMP uses a different method which compares a child's BMI with a reference weight.

Here's Gemma Ptak, the Council's Assistant Director (Preventative and Community-Based Services), to tell you more about Hartlepool's obesity problem and how it's being tackled.

Also, [click here](#) for a more detailed breakdown of health in Hartlepool.

## Working in Partnership

Local authorities across the country have been engaged in piloting the whole systems approach to obesity prevention. We are learning from them what has worked and also what doesn't work in order to ensure we are using the best possible evidence to develop our work programmes.

We can take our lead by looking at what has been successful elsewhere. A programme of work developed in Amsterdam (the Amsterdam Healthy Weight Programme) has been highlighted as being a good example of an urban level system-wide approach to tackling obesity.

Early indications from the city suggested success in reducing obesity using a range of approaches. These included focusing on the first 1,000 days, working in schools, community-based approaches, working with businesses and helping children to lose weight. This is an example of working together in partnership to achieve our goals.

Here's Craig Blundred, Hartlepool's Deputy Director of Public Health, to tell you more.



## Badminton

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Hartlepool Borough Council has a range of activities at its local centres that are accessible for all sections of the community. Sports like badminton are key components of the range of activities we provide across the town.

Physical activity is a key element of our obesity prevention strategy. Whether you play organised sport or simply build cycling or walking in to your everyday life, physical activity can help improve your physical and mental health.

Keen badminton regulars Eileen Mennear and Sue Jukes explain why the sessions are important to them.

## Junior Funability

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We are developing a range of initiatives focusing on building healthy eating and physical activity into everyday lives as well as ensuring services meet the needs of the population.

Examples of this include implementing an infant feeding strategy to support new mothers and children, working with planning colleagues to continue to tackle the problem of the density of takeaways, working with health colleagues to ensure there is a clear pathway for weight management services and ensuring that the system partners work together to ensure a joined-up approach to tackling obesity.

Ensuring children of all ages and abilities are able to access physical activity opportunities is key to increasing participation. Activities like Junior Funability engage children in fun activities that increase their physical activity.

Here's sports coach Katie Gofton to tell you more about the benefits of the Funability sessions at Brierton Sports Centre.



## Social Dance

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It's important to start early to get into the habit of eating healthily and participating in physical activity.

This doesn't mean, however, that you should stop as you get older. Maintaining physical activity in later life not only helps to prevent obesity but improves bone health, cardiovascular health and also contributes to improving your mental health as well.

We should all maintain physical activity as we age – activities such as social dance also increase our opportunities to meet people and socialise. It's also never too late to start – the most benefits are had if you move from a sedentary lifestyle to moderate physical activity.

June Ions and Tony Pearson, featured here, are two of the people who are enjoying major benefits from social dance.



## Planning

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The Hartlepool Local Plan states that the Council is committed to ensuring that residents have the best possible opportunities to live a healthy lifestyle.

One way for this to be achieved is through planning controls on fast food takeaways. Public Health England has identified that Hartlepool has a high density of hot food takeaways. These shops, serving energy-dense food, contribute to the ongoing obesity epidemic.

When a planning application for an A5 use is received, if applicable the current floor space is reviewed and if the new development exceeds the threshold, it will generally be refused. Comments on planning applications are also received from key stakeholders including the Council's Public Health team.

Here's Helen Smith, the Council's Senior Planning Officer, to tell you more.



## Fiit Mums

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Our Fiit Mums bootcamp at Brierton Sports Centre is really popular and is a great example of how physical activity can be lots of fun too.

Mums meet up at this weekly exercise class and use bars, bikes, ropes and other equipment to build their strength and increase their fitness levels.

Best of all – their babies and children are welcome.

Check it out!

## Stagecoach

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Working age people spend a lot of time in the workplace, so we are keen to see initiatives that help people to be as healthy as they can be at work.

This is particularly important for those occupations where there are limited opportunities to either eat healthily or to take part in physical activity.

The Better Health at Work Award in Hartlepool supports businesses and employers to engage with their workforce to improve its health and wellbeing.

Stagecoach is committed to supporting its staff to enjoy healthy lives, as Assistant Operations Manager Shaun Anderson explains.



# Beating Holiday Hunger

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School holidays should be a happy time for families, but for some it can be a time of very considerable financial strain.

Local organisations can play a key role in helping and supporting vulnerable families during this time.

An example is the Filling The Holiday Gap scheme – also known as the ‘Holiday Hunger’ scheme – which provides resources to public sector and voluntary and community sector (VCS) organisations and other charitable groups to help them ensure that families with school-aged children they are working with don’t suffer acute food poverty during school holiday periods.

The scheme is provided throughout Christmas, Easter and summer school

holiday periods and has seen an increasing take-up.

There is the risk that without targeted provision of foods for children during school holiday time, health inequalities across the town may widen. It is still a fact that families normally entitled to free school meals in the most deprived areas of Hartlepool may become malnourished over the school holiday period, often resorting to very poor quality food high in fat, salt and sugar. This contributes to poor nutritional outcomes and rising obesity levels.

Teresa Driver, Development Officer at The Wharton Trust, talks here about how the scheme is delivered and the many benefits it brings.

## Exercise Referral

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The Exercise Referral Scheme in Hartlepool provides a wide range of physical activity programmes that support people with the following conditions:

- Heart problems
- Pulmonary respiratory illness
- Mobility problems and chronic back pain
- Stress, anxiety and depression
- Diabetes
- Stroke
- Parkinson’s
- Muscular sclerosis
- Pre and post-surgery

A variety of different activities are provided to support people to improve their health and reduce their health risks.

Dorothy Luff is a great advocate of our Exercise Referral sessions.



## Conclusion

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Where are we going from here?

Here’s Craig Blundred again to sum up.