

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA**



**Thursday 17 December 2020**

**at 10.00 am**

**Civic Centre, Hartlepool.**

**PLEASE NOTE: this will be a 'remote meeting', a web-link to the public stream will be available on the Hartlepool Borough Council website at least 24 hours before the meeting.**

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Brewer, Little, Prince, C Richardson, Thomas, Ward and Young.

**1. APOLOGIES FOR ABSENCE**

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

**3. MINUTES**

- 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 23 October 2020.

**4. BUDGET AND POLICY FRAMEWORK ITEMS**

No items.

**5. KEY DECISIONS**

No items.

**6. OTHER ITEMS REQUIRING DECISION**

- 6.1 Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21 – *Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*

**CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE**

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

## **7. ITEMS FOR INFORMATION**

- 7.1 Care Home Update – *Director of Adult and Community Based Services*
- 7.2 Hospital Discharge and Intermediate Care – Update – *Director of Adult and Community Based Services*
- 7.3 Support Hub Update – *Director of Adult and Community Based Services*
- 7.4 Community Led Support Update – *Director of Adult and Community Based Services*
- 7.5 Active Hospitals – *Director of Adult and Community Based Services*
- 7.6 Brain in Hand Pilot – *Director of Adult and Community Based Services*

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

FOR INFORMATION

Forthcoming meeting dates are set out below.

Friday 12 March, 2021 at 10.00 am



# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

23 OCTOBER 2020

The meeting commenced at 10.00 am 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: Sue Little (In the Chair)

Councillors: Amy Prince, Carl Richardson, Stephen Thomas and Barbara Ward.

Also present: Councillor Tom Cassidy as substitute for Councillor Mike Young in accordance with Council Procedure Rule 4.2  
Councillor Tony Richardson.

Officers: Jill Harrison, Director of Adult and Community Based Services  
Gemma Ptak, Assistant Director, Preventative and Community Based Services  
Danielle Swainston, Assistant Director, Joint Commissioning  
Neil Harrison, Head of Safeguarding and Specialist Services  
Trevor Smith, Head of Strategic Commissioning (Adults)  
Leigh Keeble, Head of Community Hubs and Wellbeing  
Ian Gardiner, Head of Leisure Recreation Participation  
Sarah Scarr, Coast Countryside and Heritage Manager  
Hayley Martin, Chief Solicitor  
David Cosgrove and Denise Wimpenny, Democratic Services Team

### **1. Apologies for Absence**

Apologies for absence were received from Councillor James Brewer and Mike Young.

### **2. Declarations of Interest**

During the consideration of Minute No. 4 the following declarations were made:

Councillor C Richardson declared a personal interest in Min. No. 4.

Councillor Thomas declared a personal interest as an employee of Hartlepool Healthwatch.  
Councillor Ward declared a personal interest as a Director of Bringing Communities Together.

### **3. Minutes of the meeting held on 27 February and 19 March 2020**

Received.

### **4. Adult Social Update** (*Director of Adult and Community Based Services*)

#### **Type of decision**

For information.

#### **Purpose of report**

To provide the Adult and Community Based Services Committee with an update on developments in Adult Services in response to the COVID19 pandemic.

#### **Issue(s) for consideration**

The Director of Adult and Community Based Services updated the Committee on the activities of the department following the announcement of the UK lockdown on 23 March 2020. Adult Services had been maintained throughout the pandemic although there have been significant differences in how services were delivered. Many staff were required to work from home and many others undertook a wide range of alternative duties as the department responded to the huge impact of the pandemic on the population of the town.

The update covered the following key areas (which were set out in detail in the Director's comprehensive report): -

- Hospital discharge and intermediate care
- Day services for working age adults
- Safeguarding
- Care Homes
- Day services for older people
- Mental health services
- Other commissioned services
- Recovery planning
- Risk and financial considerations (including funding provided by central government)

Concerns were expressed by Members around the discharge procedures from hospital in the early days of the pandemic when elderly people were being discharged to residential settings without being tested and on

occasions with Covid-19. Members sought details of the numbers of cases among care home staff and residents which the Director undertook to share with Members after the meeting. There was discussion around the new discharge procedures for elderly people from hospital to residential settings when they had a positive Covid-19 test result and the requirement that all local authorities have an identified 'designated setting' for such people. Officers were still in discussions on this with the Clinical Commissioning Group, the Foundation Trust and care homes in the town. There was currently a high occupancy rate at Hartlepool care homes and identifying an appropriate setting may prove difficult.

There was also concern at the distance some people had had to travel for testing though the Director assured members that there was sufficient testing capacity locally, including at weekends. Care home staff were being tested weekly.

There was concern expressed by Members as the country and the region appeared to be moving into the second wave of the pandemic and issues around the sufficiency of government funding, the support for people who access 'working age' day services, respite care, social isolation, increased demand for mental health services and the effects of long-covid were discussed. The Director assured Members that officers were discussing issues around Covid-19 on a regular basis with the CCG, the NHS Foundation Trust and care providers, including daily meetings of the Health Protection Board. It was noted that an update on mental health provision and demand for services would be provided at the next meeting of the Health and Wellbeing Board, which Members may wish to attend. Members considered that a further meeting of the Committee before the scheduled date in February was needed and suggested a further meeting in December. Members requested that the Director seek updates from the CCG and the Foundation Trusts on their response to the pandemic and their plans for dealing with the second wave. The Chair supported the proposal for an additional meeting and stated that a date for a meeting in December would be circulated to Members at the earliest opportunity.

Throughout the debate the Chair and all Members expressed their great gratitude for the phenomenal amount of work undertaken by Council staff in responding to the pandemic. Members highlighted that the work of senior staff in developing and bringing the Support Hub online in a matter of days had been a significant success that had proved to be a life-line for many vulnerable residents. The distribution of PPE to care homes by the Council in the early days of the pandemic had been a very significant undertaking that undoubtedly protected many staff and residents in the early stages of the lockdown. Staff had taken on new roles and duties and had shown great flexibility and adaptability at a time of great uncertainty and risk and all deserved the greatest gratitude from Elected Members and the public. The Director thanked Members for their comments and stated that she would share them with staff. The Director also wished to publically record her thanks to staff for their response to the pandemic. This had been a period of extreme pressure on services and staff and

there were concerns around 'covid fatigue' but the Director assured Members that staff were being supported. The response from care providers and the voluntary sector had also been very significant in the response to the pandemic within Hartlepool and the Director recorded her thanks to them.

The Chair closed the debate by indicating to Members that a further meeting would be arranged in December to discuss further some of the issues raised by Members. The Chair had deliberately kept the numbers of scheduled meetings low as officers first priority must be responding to the pandemic and supporting the most vulnerable in the town. The Chair specifically highlighted her thanks for the response to the shortages of PPE in care homes, Project 65 which had assisted elderly people access IT to be able to 'face time' their families and the Brain in Hand app, which the Chair wished to see further details on at a future meeting.

### **Decision**

That the report be noted and that the Committee's comments be shared with staff.

## **5. Shared Lives Provision** (*Director of Adult and Community Based Services*)

### **Type of decision**

Non key decision.

### **Purpose of report**

To seek approval from the Adult and Community Based Services Committee for a partnership to be established with Durham County Council to develop Hartlepool Shared Lives provision.

### **Issue(s) for consideration**

The Assistant Director, Joint Commissioning reported that the Committee considered a report at its meeting on 11 October 2018 on the Shared Lives scheme when it was agreed that a spot purchase scheme be entered into with Durham County Council. This scheme had worked well with a small number of individuals accessing the provision. Some examples of the provision and feedback from users was included in the report.

Officers were now keen to explore this as an option to support a much greater number of people and had reviewed options to further develop Shared Lives provision in Hartlepool; these included: -

- Continue with spot purchasing as needed,
- Develop an in-house Shared Lives provision,
- Develop a long term partnership agreement with Durham County Council for them to deliver a Shared Lives scheme on behalf of Hartlepool.

The lack of upfront investment meant that the scheme had not been developed as far as possible which it was considered counted against the continuation of spot purchasing. An in-house scheme could cost in excess of £200,000 just to provide the staffing infrastructure to support a scheme on top of the carers' costs. It was therefore proposed that developing the long-term relationship with Durham County Council was the most viable option allowing the economies of scale and certainty for both authorities.

There is an agreement in place currently allowing spot purchase of placements. The total annual cost has been £17,058 over the period covered by this arrangement, based on the four placements that have been made. The proposed new partnership agreement would have an annual value of £76,200 which will cover all infrastructure costs.

The Assistant Director highlighted that this was an 'invest to save' proposal. Current placements for adults with learning disabilities range from £68,000 to £230,000 per year. It was hoped that a number of future residential placements would not be needed as the individual would be able to be supported by families through Shared Lives. It was, therefore, proposed that the Council enter into an agreement with Durham County Council for 3 years initially with the option to extend for a further 2 years if the scheme develops as intended.

Members expressed their support for the scheme and the proposal now reported. Members suggested that the involvement of the local voluntary sector should also be considered in extending the scheme. The Director stated that the Council would engage with voluntary sector and Hartlepool Carers in promoting the scheme and identifying people who may benefit from this approach. The Director indicated that there was a regional commitment to promote the Shared Lives model, which may lead to some regional publicity linked to the recruitment of Shared Lives carers.

### **Decision**

That the development of a partnership agreement with Durham County Council to establish Hartlepool Shared Lives provision be approved with the involvement of the local voluntary sector where appropriate to support the scheme.

## **6. Preventative and Community Based Services Update** *(Director of Adult and Community Based Services)*

### **Type of decision**

For information.

### **Purpose of report**

To provide members of the Adult and Community Based Services Committee with an update on developments within Preventative and Community Based Services in response to the COVID19 pandemic.

**Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services gave a presentation to the Committee providing an update on:

- how services have been impacted by the COVID19 pandemic and the associated lockdown;
- how services are currently operating and plans for the future; and
- progress with some key developments within Preventative and Community Based Services.

Members thanked the Assistant Director for the support they had received from her team during the lockdown period with a Member commenting that the amount of work undertaken with the community and the simple decency of staff to those in need was humbling.

Members noted that there were still some significant issues highlighted and amplified by the lockdown and other restrictions, one of those being digital exclusion for large parts of the community, particularly low income families and the elderly. It was sad to hear that some were saying that they had received more communication, even virtually, during the lockdown that they would normally. It was important to maintain some of these contacts to prevent social isolation.

The Director thanked Members for the comments and indicated that there was a desire to maintain the Support Hub as so much had been learned about the simple ways people could be supported in the community and there would be consideration of how the Community Pot could support some of the successful initiatives through collaborative working with the voluntary and community sector. This would be the subject of a future report to Finance and Policy Committee.

**Decision**

That the report and Members comments be noted.

## **7. Support Hub Evaluation** (*Director of Adult and Community Based Services*)

**Type of decision**

For information.

**Purpose of report**

To provide members of the Adult and Community Based Services Committee with information and key outcomes in relation to Hartlepool Support Hub.

**Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services gave a presentation to the Committee on the operation of the Hartlepool Support Hub, which: -



- Summarised some of the key findings, data and outcomes that have been achieved by the Hub throughout its operation.
- Shared feedback from the public regarding the Hub and ward specific information.
- Advised on sustainability plans for the Hub; firstly to respond to future need in relation to COVID 19 and secondly for continued support to some of the most vulnerable people in our communities.
- Identified some key developments linked to the Community Hub infrastructure.

The presentation highlighted some of the significant statistics around the pandemic in Hartlepool: -

- 4,735 Hartlepool people were on the Governments 'Shielding' List
- Support was provided to 2,325 (shielded and non-shielded) people who were identified as isolated and potentially vulnerable; 65% of the people requiring support were aged over 60, 50% were lonely, isolated and living alone, and 35% had a long term condition.
- The Hub received 11,131 calls, made 26,160 calls and coordinated the delivery of 2,269 food parcels, the delivery of 2,948 hot meals provided by Mecca Bingo, collected and delivered 2,325 prescriptions, and delivered 313 PPE requests.

The presentation also provided some detailed ward level information and some examples of feedback the Hub had received from the public.

The Assistant Director reported that the ongoing development of the Support Hub has been resourced through existing service infrastructure and builds on the Community Led Support work that was being progressed within Adult Services prior to the COVID19 pandemic. Any future mobilisation of the Support Hub would not be resourced by additional funding from central government, which would result in a need to prioritise the Council response. It was anticipated, however, that because of the person centred planning conducted as shielding paused, the expected demand on the Support Hub may be significantly lower in response to a second wave and also on an ongoing basis. The expected demand will be linked to wider emotional and mental wellbeing and this is being planned for.

The Chair and Members again voiced their great appreciation for the work of Council staff and those in the voluntary and charity sectors during the pandemic. The Director recorded her thanks for the huge team effort led by the Assistant Director, Preventative and Community Based Services in developing and bringing the Support Hub on line in such a short space of time and the support it had given to the community as shown in the presentation. Members also commented positively on the Community Support Hub and the community led support initiative led by the Head of Community Hubs and Wellbeing and requested an update report at a future meeting.

The Chair stated that she was extremely proud of the response to the pandemic provided by Council staff across all departments. This reflected the excellent leadership provided by the senior management team at a time of great difficulty for everyone. The leaflet circulations had made a significant difference in keeping the community informed and the telephone contacts initiated by the Support Hub had proved a lifeline for many residents during a time of great worry.

**Decision**

That the report and Members comments be noted.

**8. Any Other Items which the Chairman Considers are Urgent**

None.

The Committee noted that the next diaried meeting was to be held on Tuesday 23 February 2021 at 10.00 am. There would, however, be an earlier meeting of the Committee to be scheduled in December as discussed by the Committee during the debate on Minute No. 4.

The meeting concluded at 12.35 pm

**H MARTIN**

**CHIEF SOLICITOR**

**PUBLICATION DATE: 3 NOVEMBER 2020**

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 December 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 2019/20 AND STRATEGIC BUSINESS PLAN 2020/21

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non key decision.

## 2. PURPOSE OF REPORT

2.1 To present to the Adult and Community Based Services Committee the Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21.

## 3. BACKGROUND

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

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

3.3 Since the last report to the Adult Services Committee, there has been a recruitment process undertaken to appoint a new Independent Chair for the TSAB due to the retirement of Ann Baxter, who has undertaken the role since the TSAB was formally established. Following a successful recruitment process, which involved all statutory partners, Darren Best was confirmed as the new Independent Chair.

#### 4. PROPOSALS

- 4.1 It is a requirement of the Care Act that a SAB publishes an annual report that sets out:
- what it has done during that year to achieve its objective,
  - what it has done during that year to implement its strategy,
  - what each member has done during that year to implement the strategy,
  - the findings of any safeguarding adults reviews which have concluded in that year,
  - any reviews which are ongoing at the end of that year,
  - what it has done during that year to implement findings of reviews; and
  - where it decides during that year not to implement a finding of a review, the reasons for its decision.
- 4.2 The Teeswide Safeguarding Adults Board Annual Report for 2019/20 is attached as **Appendix 1**.
- 4.3 It is also required under the Care Act that a SAB publishes an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy.
- 4.4 The Teeswide Safeguarding Adults Board Strategic Business Plan for 2020/21 is attached as **Appendix 2**.

#### 5. RISK IMPLICATIONS

- 5.1 There are no risk implications in relation to this report.

#### 6. FINANCIAL CONSIDERATIONS

- 6.1 Statutory partners (Local Authorities, Clinical Commissioning Groups and Cleveland Police) make an annual contribution to the running costs of the TSAB and the associated Business Unit.
- 6.2 There are no additional financial considerations associated with this report.

#### 7. LEGAL CONSIDERATIONS

- 7.1 As set out in the report, there are requirements within the Care Act in relation to SABs, and specifically the publication of an Annual Report and Strategic Plan each year.
- 7.2 The attached documents ensure that the Council is fulfilling these requirements.

## **8. CONSULTATION**

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

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

- 9.1 No child and family poverty considerations have been identified specifically associated with this report, although it is recognised that there are links between the work of TSAB and Local Safeguarding Children's Boards. Work has taken place during 2017/18 to strengthen these links and to ensure that the 'Think Family' approach is embedded in training and practice.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 There are no equality and diversity implications specifically associated with this report. People with protected characteristics can be more vulnerable to abuse and TSAB policies and procedures address equality and diversity considerations so that the safeguarding process takes this into account.

## **11. STAFF CONSIDERATIONS**

- 11.1 There are no staffing considerations associated with this report. The TSAB Independent Chair and Business Unit staff are employed by Stockton Borough Council on behalf of the strategic partners.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

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

### **13. RECOMMENDATIONS**

- 13.1 It is recommended that the Adult and Community Based Services Committee notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21.

### **14. REASONS FOR RECOMMENDATIONS**

- 14.1 Safeguarding vulnerable adults is fundamental to the work of adult services and the Teeswide Safeguarding Adults Board Annual Report 2019/20 and Strategic Business Plan 2020/21 set out how statutory requirements are being delivered.

### **15. CONTACT OFFICER**

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

Director of Resources and Development ☒

Chief Solicitor ☒



# Teeswide Safeguarding Adults Board Annual Report

1 April 2019 to 31 March 2020

# Introduction

## Board Overview

The Teeswide Safeguarding Adults Board (TSAB) is a statutory body, responsible for protecting and promoting an adults right to live an independent life free from abuse and neglect.

The Board met on six occasions throughout 2019-20 to discuss and agree key safeguarding adults' work across Tees.



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## Vision 2019-20

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

## Board Member Organisations

### 6 Statutory Partners

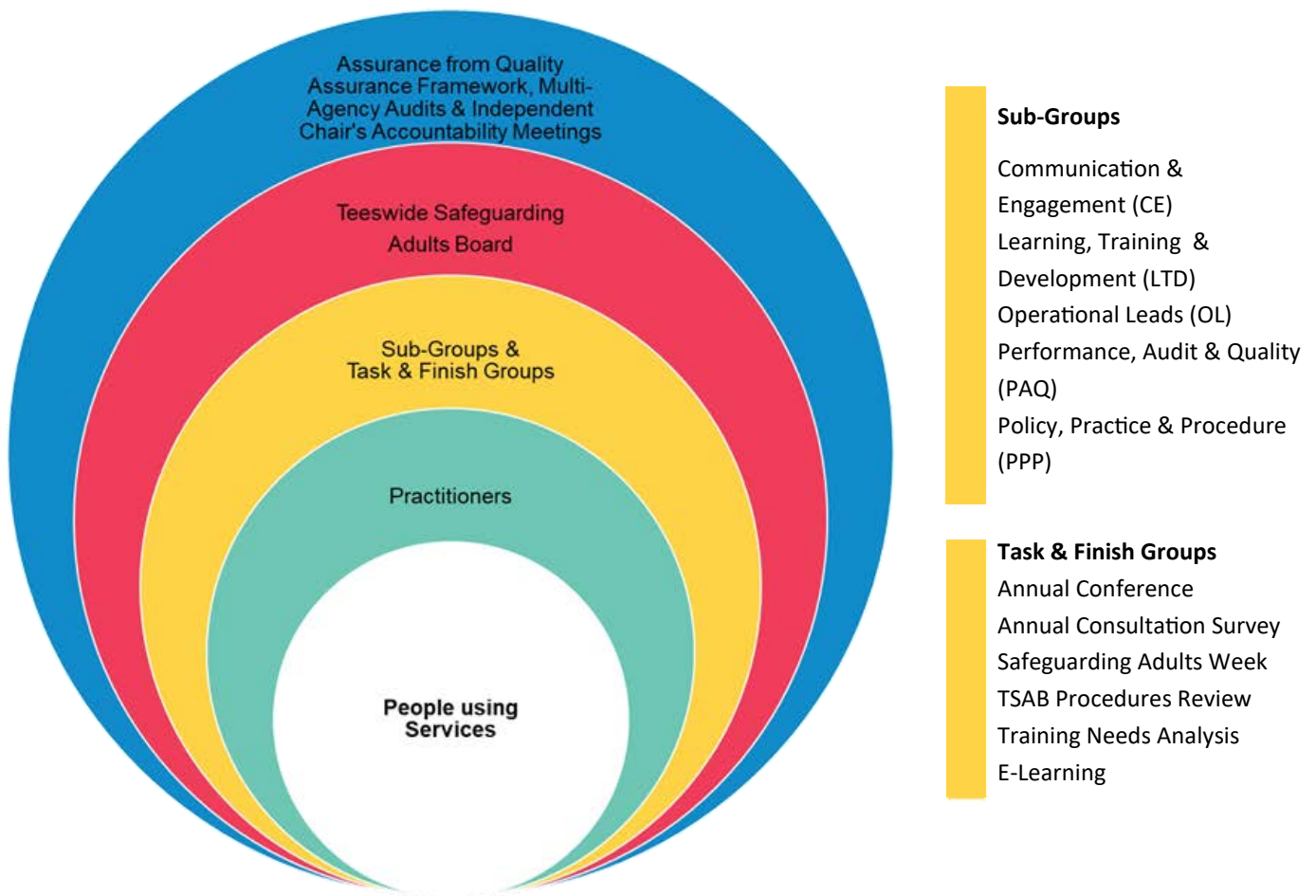
- Cleveland Police
- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar and Cleveland Borough Council
- South Tees Clinical Commissioning Group & Hartlepool and Stockton-on-Tees Clinical Commissioning Group
- Stockton-on-Tees Borough Council

### 18 Non-Statutory Partners

- Care Quality Commission
- Catalyst (Voluntary Development Agency)
- Cleveland Fire Brigade
- Community Rehabilitation Company: Durham Tees Valley
- Healthwatch Hartlepool
- Healthwatch Stockton
- Healthwatch South Tees
- HM Prison Service
- Middlesbrough Voluntary Development Agency
- National Probation Service
- North East Ambulance Service
- North Tees and Hartlepool NHS Foundation Trust
- 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



# Board Overview

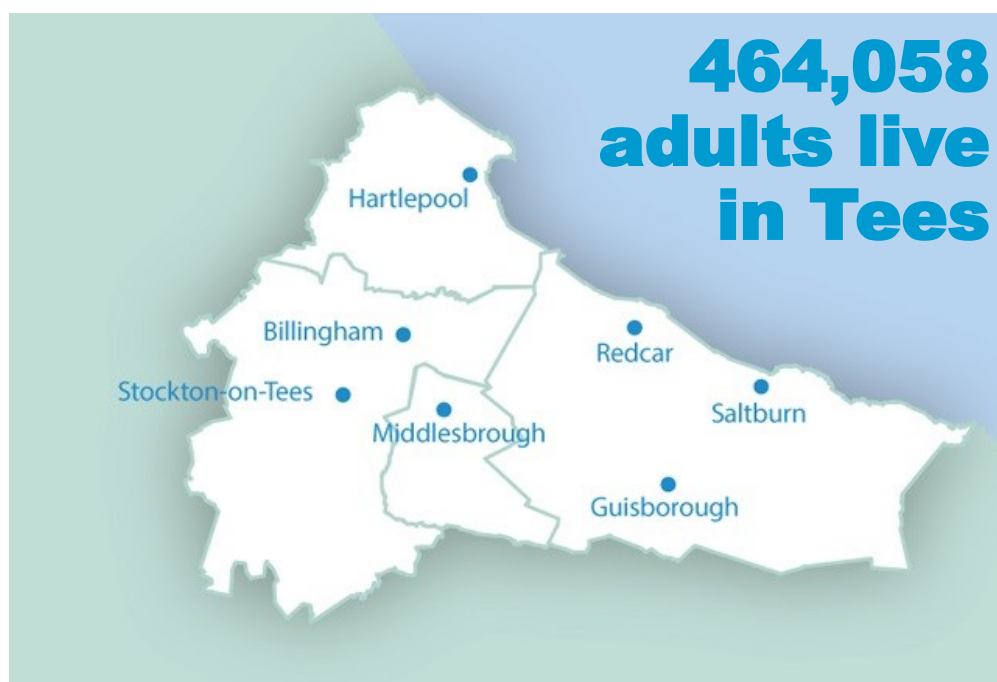


The Board approved the reduction in frequency of Sub-Group meetings in order to place more emphasis on the establishment of ongoing Working Groups and Task & Finish Groups to drive forward specific pieces of work.



TSAB Annual Conference 2019

# Our Year in Figures



**97** Concerns were received on average per week across Tees

**54** Section 42 Enquiries were carried out on average per week across Tees

**37%** Increase in the number of Section 42 Enquiries commenced on the previous year

## Concerns Received

Care Homes **1,600**  
NHS Secondary Care **677**  
Social Care **510**

**14% decrease** in Concerns received from Care Homes

**70% increase** in Concerns received from NHS Secondary Care

**65% increase** in Concerns received from Social Care

**56%** of Concerns led to a Section 42 Enquiry

**66%** of Section 42 Enquiries resulted in the risk to the adult being reduced

In **1,398** of Section 42 Enquiries the **source of risk was known to the adult**

In **59%** of all Section 42 Enquiries, the adult at risk was female



**10** Care Provider services received additional multi-agency support to improve the delivery of care under the Board's **Responding to and Addressing Serious Concerns (RASC)** framework

**66%** Increase in the number of Section 42 Enquiries for Adults aged 18-24

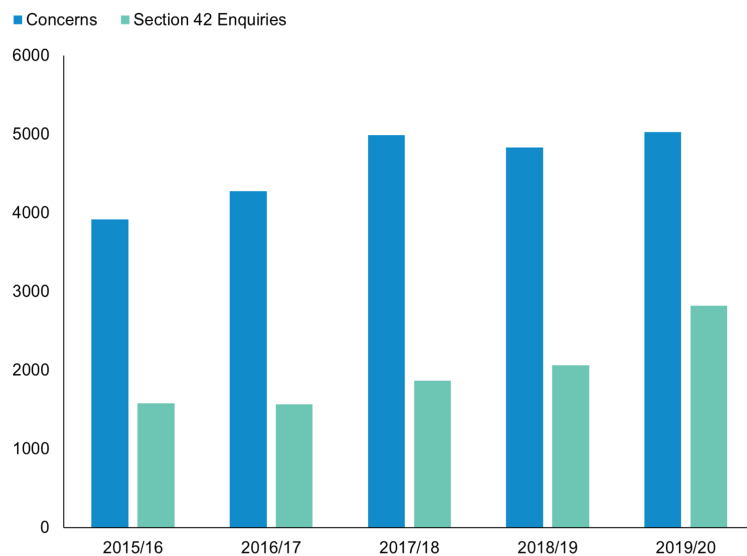
**56%** Increase in the number of Domestic Abuse Section 42 Enquiries

**51%** Increase in abuse and neglect within an adult's own home

**Safeguarding Concern** - a report made to the lead agency for the safeguarding process to raise concerns of adult abuse and/or neglect.

**Section 42 Enquiry** - The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse and/or neglect.

# Concerns and Section 42 Enquiries



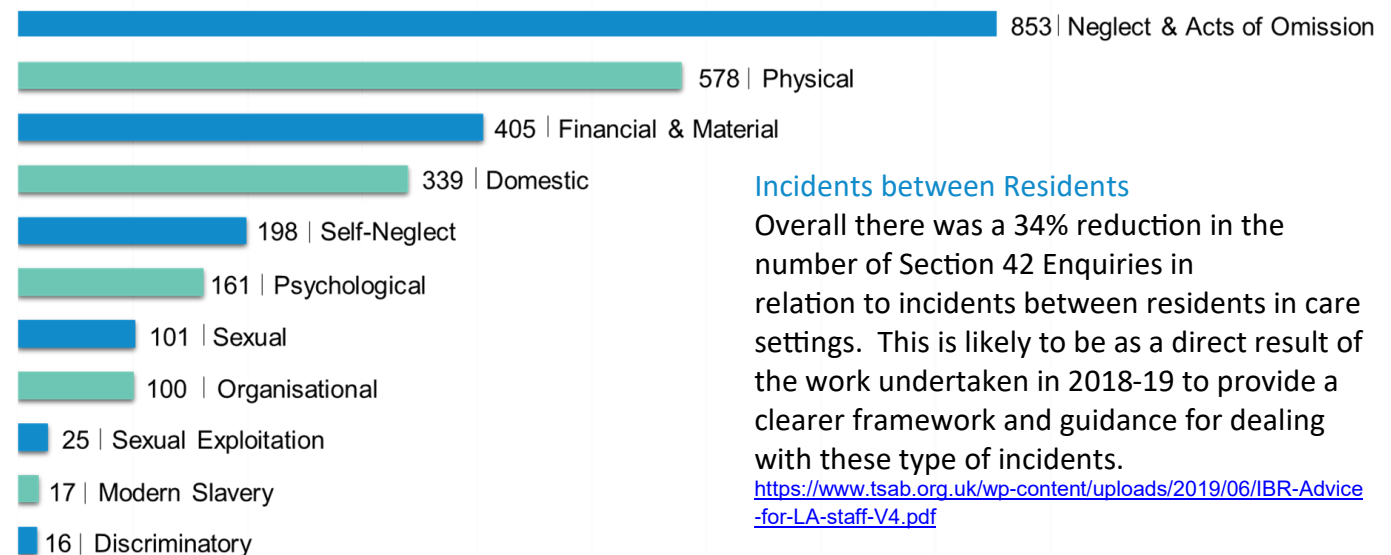
The number of **Section 42 Enquiries commencing** increased by **37%** this year. This is as a result of improved reporting mechanisms being implemented by the Local Authorities over the last 18 months, meaning the data is becoming more representative of the safeguarding activity being undertaken in Tees.

It is anticipated that the data will stabilise next year. However monitoring of activity will continue to determine if COVID-19 has had a direct impact on the reporting figures.

## Where did Adult Abuse Occur?



## Types of Adult Abuse



### Incidents between Residents

Overall there was a 34% reduction in the number of Section 42 Enquiries in relation to incidents between residents in care settings. This is likely to be as a direct result of the work undertaken in 2018-19 to provide a clearer framework and guidance for dealing with these type of incidents.

<https://www.tsab.org.uk/wp-content/uploads/2019/06/IBR-Advice-for-LA-staff-V4.pdf>

# 5 Year Key Achievements

The Board was established as a statutory body in April 2015 when the Care Act 2014 came into effect.

## Key achievements: April 2015 - March 2020



### 2019

Largest Annual Conference 'Understanding Exploitation Across Tees' with **134** attendees from across **38** organisations.

The Board held 2 Adult Safeguarding Champions' events across Tees. There are now **182** dedicated 'Champions' from **109** organisations across Tees.

### 2017

Safeguarding Champions initiative launched with **66** Champions initially volunteering.

TSAB Safeguarding Adults Leaflet translated into **5** languages. This is now available in **7** languages.

TSAB Newsletter launched. **13** editions have now been published.

### 2015

TSAB established as a statutory body when the Care Act 2014 came into effect.

TSAB website launched, averaging **500** views per week. The number of viewers has increased by **180%** averaging **1400** views per week throughout 2019-20.

Quality Assurance Framework developed and trialled.

Performance dashboard developed. This has since been commended and shared as best practice.

### 2020

TSAB Development Day brought together senior leaders from across Adults and Children's Safeguarding and Community Safety Partnerships.

Safeguarding Champions dedicated web area developed.

In response to the COVID-19 pandemic the Board and member organisations have considered ways in which we must work differently. This will be implemented and reported on in 2020-21.

### 2018

Introduction of the formal multi-agency audit programme providing a robust process to analyse safeguarding practices across Tees.

Operational Leads Sub Group established

Making Safeguarding Personal training programme commissioned. A total of **102** delegates have accessed this course to date.

The Quality Assurance Framework programme was extended to include non-statutory partners.

### 2016

E-learning portal launched with **3** initial modules. The Board's E-learning platform now hosts **37** courses.

Safeguarding awareness video launched featuring residents from across Tees.

The Strategic Overview of Adult Safeguarding Teeswide Report was published following 18 months of detailed analysis.





# Communication & Engagement

## 'Understanding Exploitation Across Tees'

The Board delivered its largest event to date on 16 October 2019. It was held in conjunction with the Office of the Police and Crime Commissioner for Cleveland and Cleveland's Anti-Slavery Network to coincide with Anti-Slavery Day on 18 October 2019.



A local bus stop advert was commissioned by the Board in June 2019. There were 10 advertisements across the four boroughs resulting in over 1 million views over 2 consecutive weeks.

The Board took part in National Safeguarding Adults Week from 18-24 November 2019, co-ordinated nationally by Ann Craft Trust (ACT).



4 Newsletters were published and read 4,900 times across the year. In September 2019 the first dedicated Safeguarding Champions Bulletin was published, and circulated to 182 Champions from across Tees.



Understanding Exploitation Conference Word Map

"Healthwatch Stockton-on-Tees regularly promote TSAB posts on social media, covering subjects such as annual surveys, adult abuse and advice on avoiding scams. From November 2019 to March 2020, Healthwatch Stockton-on-Tees and its associated project, Stockton Service Navigation Project, shared 22 posts from TSAB on Twitter and Facebook.

News articles on TSAB's annual survey and newsletters were promoted on Healthwatch Stockton-on-Tees website and distributed to over 450 subscribers each."



## Annual Communication & Engagement Report 2019-20;

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



Followers **678**  
Impressions **147,100**



Followers **340**  
Posts **256**



Website views **71,518**  
\***8,800** best monthly views of all time - Feb 2020



**1500** leaflets distributed  
**500** translated versions

## Annual Consultation Survey

**90%** of public responses reported feeling safe from abuse and neglect

**97%** of professionals understand how their responsibilities fit into the wider adult safeguarding framework



**740**  
Responses received  
\*highest number to date

# What we said and what we did

Priority	What we said we would do	What we did
Prevention	<p>Ensure people are able to access early help and preventative services</p> <p>Reduce barriers to reporting all forms of abuse</p> <p>Further raise public awareness of TSAB work and adult safeguarding</p> <p>Improve engagement with local communities</p>	<ul style="list-style-type: none"> <li>• A Task &amp; Finish Group with representatives from partner organisations and other agencies, developed a detailed plan of action for local engagement activity to participate in National Safeguarding Awareness Week 2019.</li> <li>• Clare's Law briefing developed and published online. <a href="https://www.tsab.org.uk/key-information/policies-strategies/">https://www.tsab.org.uk/key-information/policies-strategies/</a></li> <li>• Board partners took part in a radio interview to discuss safeguarding activity across Tees.</li> <li>• Local newspaper article published raising awareness of ways in which to report abuse, this also included an online feature.</li> <li>• The voice of the adult video with subtitles was launched. <a href="https://www.youtube.com/watch">https://www.youtube.com/watch</a></li> <li>• Safe Place Scheme literature was reviewed in consultation with a local service user group who have also produced a training video. <a href="https://www.tsab.org.uk/key-information/find-support-in-your-area/safe-place-scheme/">https://www.tsab.org.uk/key-information/find-support-in-your-area/safe-place-scheme/</a></li> <li>• An article highlighting the impact of loneliness and social isolation was published in local authority residents magazines across the winter months reaching 110,000 households.</li> <li>• TSAB shared the Board's resources and delivered a presentation at the local Clinical Commissioning Group Care Home Conference.</li> </ul>

In 2019 Middlesbrough identified the need to restructure our Access and Safeguarding Teams to create a more seamless journey from the point of referral through to making enquiries, undertaking care needs assessments and holding multi-agency meetings. This involved appointing our Access Safeguarding Lead Officer and taking forward a review of the service. In November 2019 our Access Safeguarding service review was finalised and the teams were brought onto one site in January 2020. The investment in our new structure has given us the ability to bring about changes in our process and has promoted culture change to ensure that we take a strengths based approach to safeguarding and that safeguarding good practice has been reinforced across adult social care.



Cleveland Police have converted the Child Abuse Investigation Team and Vulnerable Adults Teams into CAVA, an omni-competent specialist crime team in the areas of Children and Adults. This followed a review and concerns around vulnerable adults being a single point of failure given the limited resources and experience. CAVA broadens the scope for investigations involving vulnerable adults and promotes the need for investment into the area.

Over the past 12 months Cleveland Police and Adult Social Care Team Managers have worked in partnership to ensure appropriate sharing of information. This has resulted in new guidance across both areas and safeguarding thresholds being adopted by police.



Priority	What we said we would do	What we did
<b>Protection</b>	<p>Provide effective, consistent, timely and proportionate responses to reported abuse</p> <p>Encourage a strengths based approach which puts the person at the centre of all safeguarding work</p> <p>Develop strategies and guidance for dealing with all forms of abuse</p> <p>Carry out focused work on specific aspects of adult safeguarding to ensure a collaborative and person centred approach</p>	<ul style="list-style-type: none"> <li>• New panel arrangements established across Tees authorities provides a multi-agency forum for complex safeguarding cases to be highlighted and action plans to be developed.</li> <li>• Work was undertaken by partners of the Anti-Slavery Network to establish a Tees-wide Victim Care Pathway.</li> <li>• A number of TSAB guidance documents were refreshed and new guidance published: <ul style="list-style-type: none"> <li>⇒ Self-neglect guidance was relaunched with a particular focus on non-typical self-neglect</li> <li>⇒ Fraud and online scams guidance produced</li> <li>⇒ Romance scams guidance produced following increased reporting in cases across Tees</li> <li>⇒ Causing S42 Enquiries</li> <li>⇒ Other Enquiries</li> </ul> <a href="https://www.tsab.org.uk/key-information/policies-strategies/">https://www.tsab.org.uk/key-information/policies-strategies/</a> </li> <li>• New Inter-Agency Safeguarding Procedures launched. A Task &amp; Finish Group was formed to review the procedures following an initial consultation survey in 2018 and a further survey in 2019. Interactive versions of the procedures were also developed and published online. <a href="https://www.tsab.org.uk/key-information/policies-strategies/interactive-inter-agency-safeguarding-adults-procedure/">https://www.tsab.org.uk/key-information/policies-strategies/interactive-inter-agency-safeguarding-adults-procedure/</a></li> <li>• 9 partner agencies attended 3 Multi-Agency audits across the year. The audits included Modern Day Slavery, Neglect and complex lifestyles including self-neglect and homelessness.</li> <li>• The strength based approach is applied across all types of learning reviews published by TSAB and all face to face training modules for practitioners promote this model of practice.</li> </ul>

‘Brenda’ is 55 years of age and lives alone. She has a diagnosed Mental Health illness. A safeguarding concern was reported to the Adult Safeguarding Team from Brenda’s bank. Concerns were in relation to large bank transfers being made and Brenda possibly being a victim of an online scam. Upon visiting Brenda and discussing the concerns that had been reported, she was adamant that she had met someone online and had been communicating with them for a number of months and that they were now in a relationship. It was important that we listened to Brenda and took her views into consideration in respect of developing and maintaining relationships. We quickly established that Brenda had fallen victim to a Romance Scam. We needed to approach this with Brenda in a sensitive way. We worked with her and helped her understand the different types of scams and how to stay safe online. Through conversations we also identified that she was lonely and isolated. Brenda was supported to access a voluntary sector group that centred around her interest in gardening. As an outcome of this enquiry we raised the issue of Romance Scams with the TSAB and this has now led to some guidance being produced, which we are proactively using as a way of preventing people falling victim to Romance scams.



**Stockton-on-Tees**  
BOROUGH COUNCIL

In April 2019, Thirteen Group developed a new safeguarding reporting system integrated with their Tenancy Management system. This allows staff to record and case manage any safeguarding concerns they report. The information recorded is fully confidential with only the referrer and designated safeguarding referrers across the organisation having access to the cases. The information gathered from the system allows Thirteen to share statistical information with TSAB around the number of safeguarding referrals by Local Authority area, types of abuse, gender, age range and outcome. This will be used to also identify trends in abuse types and other protected characteristics.

**thirteen**  
Managing and building homes

# What we said and what we did

Priority	What we said we would do	What we did
<b>Partnership</b>	<p>Ensure statutory agencies work together in an effective manner to protect adults from abuse and neglect</p> <p>Actively engage with partners in children's focussed and community safety services to promote the delivery of joint priorities and objectives</p> <p>Influence and challenge existing and emerging strategic groups and networks on specific and relevant safeguarding issues</p> <p>Further improve the appropriate sharing of information in every aspect of the work of the Board and partner agencies</p>	<ul style="list-style-type: none"> <li>• Board partners attended the Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) Development Session with a focus on five main themes: communication, membership, performance, transitions and training; setting out plans for future developments in 2020-21.</li> <li>• Representatives from the Safeguarding Children Partnerships and Community Safety Partnership services attended the Board's development day to discuss and move further towards joint working and delivery of priorities across key areas.</li> <li>• A number of presentations were delivered directly to the Board across the year, including: <i>The Local Criminal Justice Board, Age UK, Cleveland Police Counter Corruption Unit, Whorlton Hall, Alcohol Change UK, Durham Law School (Domestic Homicides in aged 60 and over in the UK).</i></li> <li>• Board representatives became and continue to be involved with the Serious and Organised Crime Group, led by Cleveland Police.</li> <li>• A wide range of organisations from across the Violence Against Women and Girls Network (VAWG) collaborated for Sexual Violence Awareness Week 2020.</li> <li>• TSAB attended a partnership event led by the Department for Work and Pensions and following this, delivered a tailored safeguarding briefing to DWP staff.</li> <li>• Along with other partners across Tees, TSAB wrote to the Secretary of State requesting a review of the decision to cut funding to a local domestic abuse service.</li> </ul>

Probation Court Managers have worked with the Court and Cleveland Police to develop a clear process to co-ordinating and ensuring the effectiveness of Domestic Violence Protection Orders.



In March 2020 at the point of the COVID-19 local lock down, staff who were unable to fulfil their usual role due to the lockdown restrictions were redeployed to temporary roles checking and sharing information with police colleagues. This meant that just at the point at which the risks of domestic abuse were increasing we had a strong focus on gaining the bigger picture of safeguarding risks ensuring we could act on all available information to help reduce the risk to

Tees, Esk and Wear Valleys (TEWV) NHS Trust consistently work with the multi-agency partnership and consider this a priority to ensure good outcomes for all service users. TEWV actively participate in the wider safeguarding agenda such as the Cleveland Anti-slavery network, Multi Agency Public Protection Arrangement (MAPPA) meetings including the MAPPA Strategic Management Board, domestic abuse forums and Prevent. The Trust is also a relevant agency of the Safeguarding Children Partnerships in Tees, contributing to areas of concern such as transitions and exploitation which has no age barriers. The Safeguarding and Public Protection Team enables a robust focus on safeguarding as a whole and follows the 'think family' agenda.





Priority	What we said we would do	What we did
<b>Professional Accountability</b>	<p>Gain assurance from our partners about the effective delivery of their services</p> <p>Listen to the voice of the adult to help shape professional practice and improve service delivery</p> <p>Deliver and achieve the Board's performance benchmarks</p> <p>Strive to continually improve and develop safe-guarding practice</p>	<ul style="list-style-type: none"> <li>• 11 member organisations took part in the Quality Assurance Framework/self-audit tool, the largest schedule to date. A new audit tool was trialled with positive feedback received from participants and evaluation group members.</li> <li>• The results of the annual survey, which included the voice of service users were used to inform the Strategic Business Plan 2020-21.</li> <li>• Partners presented an assurance report to the Board which included a summary of services provided and commissioned in relation to early help, prevention and loneliness and social isolation.</li> <li>• Following a SAR referral which did not meet the criteria for a review, the decision was made by Sub-Group members to progress an audit looking at the quality of concerns submitted to Safeguarding Teams. The audit will be repeated in 2020-21 to establish if the issues remain.</li> <li>• The TSAB Performance Indicators (PI) assisted in determining how effectively policies and procedures were being delivered. Three out of five Performance Indicators were achieved with the other two being partly achieved, and good progress being made overall.</li> </ul>

Redcar and Cleveland Borough Council experienced a Cyber outage in February 2020, resulting in all data bases and systems being inaccessible for several weeks. Within the first 24 – 48 hours we adapted practices to achieve effective, constant and timely and proportionate responses to safeguarding concerns. Partnership working excelled with Middlesbrough Council providing IT systems (email facility) as an initial interim measure and effective communications with all partners including other Local Authorities, Police and North East Ambulance Service (NEAS).



Our Safeguarding Team developed paper based systems and continued practising in line with standard operating procedures. Practitioners continued to effectively deliver safeguarding arrangements, which were proportionate and appropriate to the presenting risks. There was sustained collaborative working, which informed decision making and further actions taken. Redcar and Cleveland Borough Council remains committed to its supervision and development programmes to ensure learning from practice promotes a continued effective delivery of services.

Cleveland Fire Brigade submitted the biannual Quality Assurance Framework (QAF) Self-Audit in December 2019. Following the review of all documents supplied, the Board highlighted **4 areas of 'Best Practice' and a further 2 highlighted as 'Good Practice'**. The Board were very impressed with the excellent evidence to support the standards, which included the organisation's Safeguarding Children, Young People and Vulnerable Adults Policy, which effectively captured the Think Family approach.





# Safe Place Scheme

The Safe Place Scheme is a network of venues in key community locations. The scheme provides a place of safety to vulnerable adults and their carers, or people who feel threatened or anxious whilst out in the community. Having access to a 'safe place' can help vulnerable residents to live more independent lifestyles whilst promoting their well-being.

An audit of venues took place across Tees to ensure the suitability of locations as well as to identify any additional training needs for staff within the venues, Police Community Support Officers from Cleveland Police were integral in assisting with this process.

Additional work has also taken place this year to update all literature. Independent Voices, a local service user group, were vital in assisting the Board with ensuring the service user leaflets were accessible, understandable and in an easy read format. The group have also produced an informative training video, which can be accessed via our Youtube channel.

## 130 Teeswide Locations



Redcar & Cleveland have made substantial efforts in recruiting suitable new venues across the Borough, with Skills for People leading on the project, increasing the number of safe places from 19 to 47. Efforts will continue next year to maintain the venues and further identify any training requirements across venues throughout Tees.

### Local Opticians Safe Place Venue

*Staff members noticed a lady wandering up and down outside the opticians looking lost and confused. Colleagues went outside to check that the lady was ok and brought her inside the shop. It was clear that the lady was vulnerable and needed help to get back home. Staff were able to establish the lady's name but were unable to obtain any further information from her. The lady was wearing glasses, which lead staff to contact other opticians in the area to establish if anyone knew the lady and had an emergency contact for her. By doing this they were able to obtain a phone number for the lady's daughter and contact her to let her know where her mum was and arrange for her to return home safely.*

# Training

The Board continue to commission training for professionals, in a collaborative arrangement with the Local Safeguarding Children Partnerships across Tees.

## The Board launched 2 new courses:

### Self-Neglect for Practitioners

Launched in November 2019 to coincide with National Safeguarding Adults Week. **4** courses have been delivered to **71** delegates from **29** organisations.

### Carrying out a s42 Enquiry

**1** course delivered to **17** delegates from **11** organisations.

**97%** of delegates across both courses either agreed or strongly agreed that the training met their expectations and objectives.

**100%** of delegates across both courses rated the event as either excellent or good overall.

*"Very informative - trainers were very knowledgeable and took the time to explain things. Group multi-agency discussions were also encouraged."*



Practitioners—Self-Neglect Training

## Safeguarding Champions

The Board hosted its second Safeguarding Champions event in June 2019, with **54** attendees.

There are now **182** Champions across Tees.



*"The mandated safeguarding training compliance remains consistently high. Mental Capacity Act training is now mandatory and Mental Capacity Act Champions are now in place across the Trust."*



Tees, Esk and Wear Valleys  
NHS Foundation Trust

## Partners Training Events

Board members attended an event hosted by South Tees Clinical Commissioning Group aimed at care home staff. The Board delivered a presentation on medication and incidents between residents.

The Board also attended Middlesbrough Council's Trauma Informed Training Conference.

During 2019-2020, realignment of workforce continued professional development took place to integrate Safeguarding into the Maintenance of Competence Cycle. All staff who directly interface with the public to deliver our services were required to undertake personal development through completion of online Safeguarding eLearning packages and assessments.



**514** staff trained; **98%** completion rate.

**3074**

Professionals accessed



**300** Professionals attended face to face training from across **94** organisations

**230**

Workbooks completed



# Early Intervention and Prevention

In 2019 Hartlepool Borough Council and Cleveland Police reviewed the Police huddle. The model brings together community safety, social care and Police officers on the front line to gain a better understanding of what is happening in the local community, analysing events over the last 24hrs and providing key stakeholders with information to support community cohesion.

The adult safeguarding team can see at an individual, street or ward level any incidents that have occurred that may impact on a vulnerable adult.

The huddle is data rich and the challenge is to now use this data to enable stakeholders to better deploy resources, moving away from responding in a crisis to one of early intervention and prevention.



The Government has launched a new online portal that will strengthen its support to charities handling safeguarding concerns or allegations. The portal, based on Gov.uk, offers a step by step guide to help charities correctly manage their concerns, identify the right people to contact if needed and access helpful resources and advice for earlier intervention.

Voluntary Organisations Network North East (VONNE) was appointed to champion the importance of safeguarding and locally available sources of advice and support.

Catalyst has partnered with VONNE and three other local infrastructure organisations in the North East to deliver regular training sessions, develop local safeguarding networks, and share the National Council for Voluntary Organisations (NCVO) resources widely. We have also highlighted the importance of safeguarding by putting on the agenda of all of our forums as a standing item.



## High Risk Panels (Team Around The Individual)

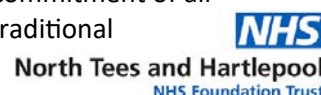
The Team Around the Individual Panel establishes a multi-agency approach to supporting work on complex and/or high-risk cases. The focus of the panel is on addressing the risk to the adult and in doing this will also consider other persons affected. The panel supports multi-agency risk sharing and risk management to facilitate better outcomes for people.

Middlesbrough Council's Adult Social Care team has undertaken work around our response to complex cases ensuring that we take a trauma informed approach which places the service user at the centre of the multi-agency protection plan.

*"Miss A was referred into safeguarding as a high risk victim of domestic abuse with additional concerns about her alcohol dependency and substance use. She had a history of non-engagement with services and was in need of appropriate housing. A collaborative approach was taken, which involved our Access Safeguarding Team and Domestic Abuse Lead, Thirteen Housing, My Sister's Place, the Police and Mental Health Trust (TEWV). The case was also escalated to our Team Around the Individual (TATI) Panel. Miss A was supported to engage with professionals and was able to develop a relationship of trust with the Principal Practitioner in our locality team. She began to actively participate in the safeguarding process and began to make changes in her life. Miss A feels that she is doing really well at the moment and is engaging with services. This case has now been closed to both TATI and safeguarding".*



North Tees and Hartlepool NHS Foundation Trust has worked in partnership with the Local Authorities and other partners across North Tees in relation to the Team Around The Individual panels. The commitment of all professionals involved has helped to manage high risk individuals and has challenged traditional multi-agency barriers, to ensure the individual is the prime focus.





# Modern Slavery

## National endorsement for Cleveland approach to slavery and trafficking

In November 2019, the UK Independent Anti-Slavery Commissioner attended a meeting of the Network during a visit to Cleveland.



*"I was particularly interested in the Network's Victim Care Pathway, and I look forward to working closely with the PCC's Office in future to learn from and share such examples of best practice."*

**Dame Sara Thornton - UK Independent Anti-Slavery Commissioner**



The Victim Pathway was finalised in October 2019 and ensures victims are effectively safeguarded and supported within hours of their rescue. It has been effectively used to safeguard vulnerable people in Cleveland.

In order to assist the Local Authorities across Tees and Cleveland Police, a working group was established to develop a Victim Care Pathway. Hartlepool Borough Council lead the way in relation to the Pathway, which was then shared with the other Local Authorities for them to replicate in order to ensure a consistent Tees-wide approach.



The introduction of the local victim care pathway and the engagement of multi-agency partners with the anti-slavery network has been a positive in effectively safeguarding victims of modern slavery.

*"Lisa is 20 years of age and was discovered by Cleveland Police in a property where she had been held and sexually exploited. Lisa was extremely vulnerable and was estranged from her family home due to previous honour based violence/forced marriage concerns. Upon being rescued it was imperative that a protection plan was formed. The Modern Slavery victim care pathway was implemented and strategy discussions were held with police to determine what actions needed to be taken. Police, Housing Services and commissioned specialist services were all involved in forming a protection plan. Lisa was placed out of area in refuge provision. The case was dealt with urgently and saw a protection plan formed within 2 hours of concern being reported. Lisa was supported by an Independent Domestic Violence Advisor (IDVA) within the refuge service. This ensured immediate wrap around support where additional needs such as sexual health could be addressed."*

This case formed part of a multi-agency audit the findings of which were presented to the Board. It was noted that this case demonstrated good practice and multi-agency working; comments were shared by Cleveland Police praising the local authority for effective partnership working.



In 2019, 10,627 potential victims of modern slavery were referred to the National Referral Mechanism; a 52% increase from 2018. Just over half of the referrals were for individuals exploited as adults. The most common type was labour exploitation.

The Assistant Director for Nursing (Safeguarding) attends the Cleveland Anti-Slavery Network hosted by the Office of the Police and Crime Commissioner. In 2019-2020 the trust worked with the local Clinical Commissioning Group in establishing pathways of health care for individuals rescued from Slavery.



**South Tees Hospitals**  
NHS Foundation Trust

# Safeguarding Adults Review (SAR)

A SAR is when agencies who worked with an adult who has been subject to abuse or neglect, come together to find out if they could have done things differently and prevented serious harm or death from happening. A SAR is not about apportioning blame. Its purpose is to learn from what happened and to see what can be changed so that harm is less likely to happen in the same way to other people in the future.

## Josh

Josh was a young man in his twenties. He was homeless and was diagnosed with diabetes when he was 18. Josh had been known to services from a young age and had turned to substance misuse to help him deal with his emotions following the separation of his parents.

This substance misuse led to anti-social behaviour and assaults within the family and he was taken into care. Josh's extended family then took on the parental role, supporting him into early adulthood and tried to help him to make positive changes to his lifestyle. As his substance misuse did not stop and he became involved with criminal justice systems, they could no longer continue to provide this level of support. Josh left the family home and moved around the area at various addresses until he became homeless.

Josh took multiple overdoses of his insulin, which resulted in a number of admissions to hospital. During these admissions professionals supported Josh to address his housing needs. Unfortunately this was not sustainable on a long term basis and the overdoses continued. As a result of one of these overdoses Josh suffered hypoxic brain injury and it was believed that he was likely to have additional care and support needs for the rest of his life. Josh sadly and unexpectedly passed away in hospital in January 2019.

The Safeguarding Adult Review looked at the 5 month period in Josh's life prior to his brain injury and was published in December 2019, the full report can be accessed here; <https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/>

An action plan has been created and some early work undertaken, including:

- An appreciative enquiry approach has been adopted by TSAB and cases considered through the multi-agency audit process are now presented to the Board as a Case Study
- A 'Causing Section 42 Enquiry' procedure has been developed and incorporated into training to support professionals who may be asked to undertake an enquiry on behalf of the Local Authority
- The TSAB Inter-Agency safeguarding procedures have been fully reviewed, updated and include web-links to guidance documents to ensure professionals have access to the most up to date policy, procedures and guidance
- A learning briefing on the 'Duty to Refer' and the Homelessness Act has been created and circulated to our partners and the wider workforce
- Non-typical self-neglect is included in the TSAB Self-Neglect training and the Josh case is used throughout to illustrate the complexities of this type of case.

## SAR Sub-Group activity

The SAR Sub-Group met 8 times in 2019-20. Membership includes Senior Managers from our key partners.

The role of the Sub-Group is to consider new SAR notifications, oversee any ongoing SARs or other reviews, oversee the implementation of action plans arising from SAR activity across Tees, and to ensure any learning from reviews (locally, regionally and nationally) are considered by TSAB partners and taken forward in their own organisations.

The following work was carried out;

- 9 SAR notifications were considered this year (compared to 6 in the previous year) and although none met the SAR criteria in full, it was agreed to progress 2 multi-agency Learning Lessons Reviews. The outcome of these reviews will be reported in 2020-21.
- 3 cases were progressed as single agency reviews, 1 case was addressed through a partner's complaints procedure and 1 case was taken forward as a themed review. 2 cases were deemed to require no further action.
- The Josh SAR was published in December 2019.
- The Sub-Group monitored actions identified from the above cases as well as some cases from the previous year: a total of 11 cases.
- Members of the SAR Sub-Group considered summary reports from 9 regional and national SARs or thematic reviews. These reports are available at [www.tsab.org.uk](http://www.tsab.org.uk) and are shared with our partners following each SAR Sub-Group meeting
- The Sub-Group continued to monitor progress against the SAR Carol action plan and this was signed off in October 2019.

## What has been achieved?

- ✓ Each Local Authority established panel arrangements to support individuals with complex and/or self-neglecting lifestyles. This approach enables partner agencies to develop multi-agency plans and risk assessments to support those adults in the Tees area who are most at risk of serious harm or death due to abuse and neglect.
- ✓ Assurance work, including audits were undertaken to ensure our partners have learnt from all cases discussed at the SAR sub-group and made applicable changes within their organisations.
- ✓ Guest speakers have been invited to attend TSAB to talk to Board members about some of the key issues raised through the work of the Sub-Group, including: the Care Quality Commission (CQC) to respond to concerns about gaps in quality assurance processes for people placed out of area and in non-commissioned services, and a senior consultant for Alcohol Change UK who gave a presentation regarding Learning from Tragedies - Alcohol and Adult Safeguarding
- ✓ The Board has further developed their working relationships with Domestic Abuse Partnerships, Community Safety Partnerships and Local Safeguarding Children Partnerships to ensure that learning from all types of reviews is shared locally.
- ✓ Following the publication of a national SAR and concerns raised at the SAR Sub-group, the Board, in partnership with Cleveland Fire Brigade participated in focussed awareness raising of the dangers of emollient creams.
- ✓ Sub-Group members have listened to the outcomes from implementing the Responding to and Addressing Serious Concerns procedures for 4 Services and shared applicable learning across partner agencies.

## SAR Notification Themes:

◆ Domestic Abuse ◆ Suicide

◆ Mental Health ◆ Cross boundary issues ◆ Substance Misuse

◆ Young Adults ◆ Self-Neglect ◆ Poor care ◆ Homelessness



# Our Priorities 2020-21

The Board's Strategic Business Plan 2019-20 has been developed following the results of the annual survey, informed directly by professionals and service users, as well as from feedback and evaluation from partners in attendance at the Board's Development Days.

The top 3 priorities identified by professionals, service users and members of the public will be included within the Strategic Plan 2020-21. These are as follows:

1. Continue to improve general awareness of safeguarding and how people can protect themselves.
2. Help efforts to reduce loneliness and isolation.
3. Strengthen links with children's partnerships and community safety partnerships at a strategic and local level, to embed a think family approach to safeguarding.

## 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**

The Board will focus on reflecting and learning from the impact of the Covid-19 pandemic on safeguarding practice throughout 2020-21.

The Board will use the principles of engagement, Making Safeguarding Personal and good practice to achieve the actions as set out in the Strategic Business Plan.

The Strategic Plan on a page can be viewed here;

<https://www.tsab.org.uk/strategic-plan/>

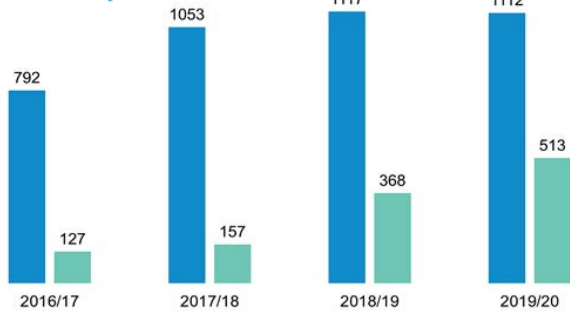


# Appendix - 1 April 2019 to March 2020

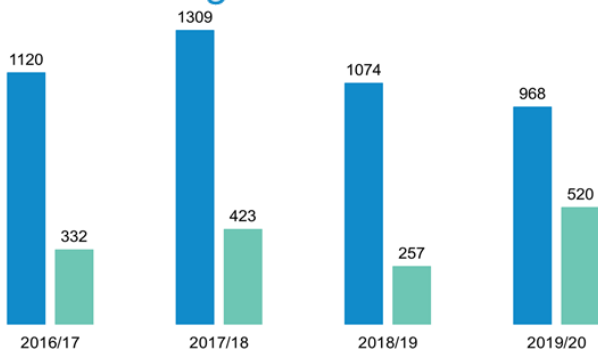
## Local Authority Concerns & S42 Enquiries

Concerns Section 42 Enquiries

### Hartlepool



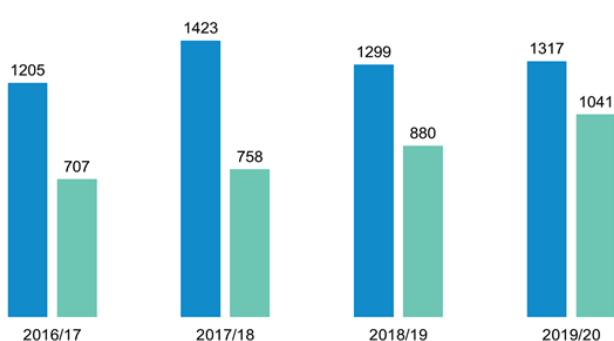
### Middlesbrough



### Redcar & Cleveland

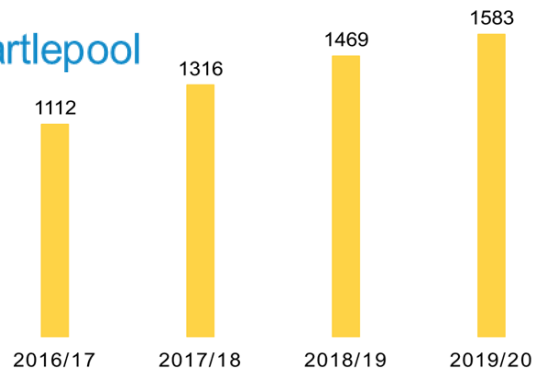


### Stockton-On-Tees

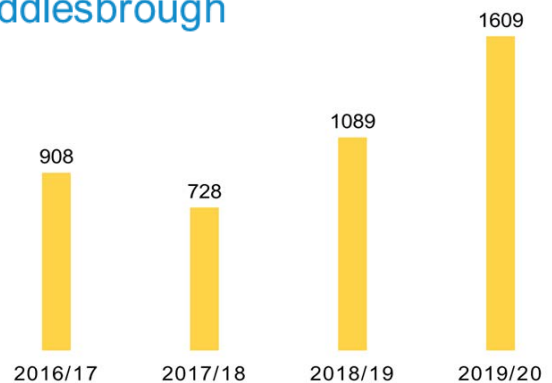


## Deprivation of Liberty Safeguards (DoLS) Applications

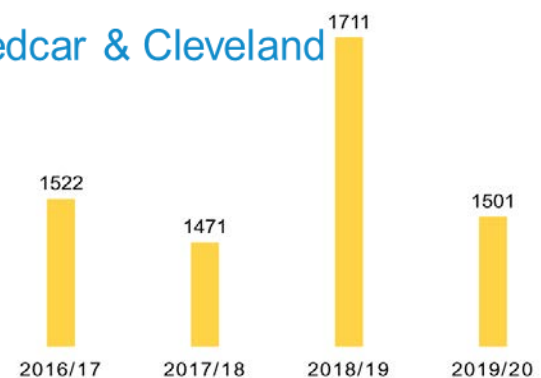
### Hartlepool



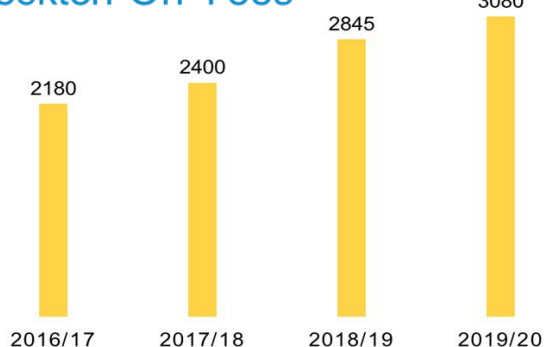
### Middlesbrough



### Redcar & Cleveland



### Stockton-On-Tees





[www.tsab.org.uk](http://www.tsab.org.uk)



Kingsway House, Billingham, Stockton-On-Tees



01642 527263



TeeswideSAB



TeeswideSAB

## See it, report it!

If you suspect a neighbour, friend or family member is being neglected or abused, or you need help yourself.

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

Call your local Adult Social Care team:

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





## 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>

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17<sup>th</sup> December 2020



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

**Subject:** CARE HOME UPDATE

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

## 2. PURPOSE OF REPORT

- 2.1 To provide the Adult and Community Based Services Committee with an update in relation to care home provision for older people, and particularly the effects of the COVID19 pandemic on care home provision in Hartlepool.

## 3. BACKGROUND

- 3.1 There have been regular updates to the Committee for a number of years providing details of CQC inspection ratings, occupancy levels, quality assurance, fee negotiations and support to the care home market.

## 4. CURRENT POSITION

- 4.1 Since the last report in February 2020, there have been a number of developments, outlined below, many of which relate to the COVID19 crisis.

### 4.2 Care Home Capacity

- 4.2.1 The number of older people living in care homes dropped significantly in the summer of 2020 (due to the increased rate of deaths from COVID19), although the latest figures shows that these numbers are now recovering to pre-COVID levels. Table A in **Appendix 1** shows the number of people in Hartlepool care homes and shows that the number of people over 85 years old in care homes remains fairly consistent at over 50% of all residents.

4.2.2 There are 754 registered care home beds in Hartlepool for older people (including both residential and nursing care). The total number of vacancies in older peoples care homes increased significantly in the middle of the COVID19 crisis to 111 (average occupancy of 85%) at the end of June 2020 but had reduced to 61 (92% occupancy) by the end of September. Further detail is included in Table C of Appendix 1. North East regional analysis shows that most Councils have significantly lower occupancy levels with an average of 85%.

4.2.3 The number of Out of Borough placements has reduced over the last year and has continued to reduce since the outbreak of COVID19. Table B in Appendix 1 Table B shows the number of people in Out of Borough care homes.

4.2.4 COVID-19 has had a significant effect on the most vulnerable people in our society and tragically the impact has been felt particularly in care homes. Table D in Appendix 1 shows the high number of COVID19 cases in care homes from April – June 2020, with a smaller number of cases in the following quarter. Case numbers are currently increasing again, in line with the increasing prevalence across the borough.

4.2.5 The number of deaths in care homes (shown in Table E of Appendix 1) increased significantly in the quarter ending 30 June 2020. The additional number of deaths (when compared to earlier quarters) is clearly related to the impact of COVID19 – with 53 deaths attributed to COVID19 in care homes between 17 March and 8 November 2020.

#### 4.3 Personal Protective Equipment

In the early stages of the pandemic care homes experienced significant challenges accessing sufficient supplies of Personal Protective Equipment (PPE). This was resolved by Adult and Community Based Services, and significant stocks of PPE were procured. A national portal is now in place for all providers to access regular supplies of PPE. The Council also receives a weekly delivery of PPE which can be used to support care homes and other providers if shortages are experienced.

#### 4.4 COVID Premium Payments

In recognition of the financial impact of the pandemic on the care market, the Council provided COVID premium payments to care homes from March 2020. Care homes were paid premiums based on a percentage of their usual weekly payments as follows:

- 16 March 2020 - 5% premium introduced
- 27 April 2020 – increased to 10% to recognise increasing pressures
- 1 August 2020 - reduced to 5%
- 1 October 2020 - reduced to 2.5%
- 1 November 2020 – premium payments ceased

Payments were reduced and then removed in line with national developments including the provision of PPE at no cost to care homes via the portal (which is in place until March 2021) and the introduction then extension of the Infection Control Fund.

#### 4.5 Infection Control Fund

- 4.5.1 The Infection Control Fund is a grant paid to Councils to support adult social care providers, with a particular emphasis on Infection and Prevention Control. Councils are directed to passport the majority of the grant allocation to care providers with a small proportion identified for allocation to meet local priorities.
- 4.5.2 The initial allocation of funding in June 2020 equated to £962 per care home bed. A total of £859k was allocated across all CQC registered care homes and a further £92k was paid allocated to support additional infection control measures (such as measures to support safe visiting) across all care homes.
- 4.5.3 A second smaller allocation was received in October 2020 and allocated to care homes. Care homes received £663 per registered bed, and funding was also allocated to home care providers based on the number of people they support. A further £586k has been distributed to date, with a further payment to be made for the remainder of the financial year.
- 4.5.4 Care homes provide monthly returns that outline how the grant has been spent and the Council is required to collate this information and provide a monthly return to the Department of Health and Social Care.
- 4.5.5 The initial guidance indicated that the Infection Control Fund should be used to support the following measures:
- Ensuring that staff who are isolating in line with government guidance receive their normal wages while doing so.
  - Ensuring, so far as possible, that members of staff work in only one care home.
  - Limiting or cohorting staff to individual groups of residents or floors / wings, including isolation of COVID-19 positive residents;
  - To support active recruitment of additional staff if they are needed to enable staff to work in only one care home or to work only with an assigned group of residents or only in specified areas of a care home.
  - Steps to limit the use of public transport by members of staff.
  - Providing accommodation for staff who proactively choose to stay separately from their families in order to limit social interaction outside work.
- 4.5.6 The guidance was updated for the second funding allocation to include the following measures:
- Supporting safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional cleaning in between visits, and alterations to allow safe visiting such as creating a dedicated space.
  - Ensuring that staff who need to attend work for the purposes of being tested (or potentially in the future, vaccinated) for COVID19 are paid their usual wages to do so.

#### 4.6 Support to Care Home Providers / Managers

- 4.6.1 Throughout the COVID19 crisis, the Adults Commissioning Team has supported all care homes across the town in terms of information, advice and guidance. Support has also been provided by from the Council's Environmental Health Officers, Public Health and Health and Safety Teams, as well as a range of health agencies including the Infection Prevention and Control Team, Community Matrons and the Clinical Commissioning Group (CCG).
- 4.6.2 At the peak of the COVID19 crisis, the Adults Commissioning Team was in daily contact with all homes. This has since reduced to twice weekly contact with additional support in place if a care home has an outbreak. This includes support for two care homes (for adults with learning disabilities) that the Council does not commission.
- 4.6.3 In line with the requirement in the Adult Social Care Winter Plan a weekly update is being sent to care providers from the Director of Adult Services and the Director of Public Health. The first two updates are attached for information as **Appendix 2** and **Appendix 3**.

#### 4.7 Management of Outbreaks

- 4.7.1 An outbreak is declared when two or more positive COVID19 cases affecting residents or staff are confirmed. As of 16 November 2020, 13 care homes in Hartlepool had Outbreak Control Plans in place.
- 4.7.2 All care settings experiencing outbreaks are actively supported by the Adults Commissioning Team, Public Health and Environmental Health Officers, as well as receiving targeted support from outside agencies, such as the Infection and Prevention Control (IPC) Team, Public Health England, a range of health organisations and the Care Quality Commission (CQC). Weekly meetings take place with all agencies and the care home concerned to support the management of the outbreak.

#### 4.8 Testing

Whole home testing is now in place in care homes with staff tested every week and residents tested monthly. This allows asymptomatic staff or residents to be identified to reduce further transmission.

#### 4.9 Quality Assurance

- 4.9.1 92% of all care homes in Hartlepool are currently rated as 'Good' by the Care Quality Commission (CQC) with details shown in Table G of Appendix 1. 15 of the 16 care homes for older people are rated 'Good' (94%), with only 1 home rated as 'Requires Improvement' and no services rated 'Inadequate'.



- 4.9.2 This is a major improvement from 75% rated as 'Good' in March 2019 and demonstrates the continued commitment from providers, the Council and partner agencies to drive up quality in care homes.
- 4.9.3 There are no homes where suspensions of new admissions are in place and no homes subject to the Teeswide Safeguarding Adults Board's Responding to and Addressing Serious Concerns Protocol.
- 4.10 Care Home Visiting
  - 4.10.1 When the first national lockdown was implemented in March 2020 all non-essential care home visiting ceased with the exception of end of life visits. Care homes facilitated contact between residents and families where possible using phone calls and video calls with some allowing window visits. Some homes reintroduced COVID secure visiting in the summer months as lockdown measures were eased, but this was limited in order to protect care home residents and staff and reduce the risk of the virus spreading.
  - 4.10.2 In September 2020 further national guidance was issued and care homes in Hartlepool were advised that all non-essential visiting should be suspended due to the rise in cases at that time.
  - 4.10.3 Work is currently underway to explore how non-essential care home can be reintroduced safely by using new lateral flow tests to test nominated visitors before each visit. Further detail can be found in the Care Home Updates attached as Appendix 2 and Appendix 3.

## 5. RISK IMPLICATIONS

- 5.1 There have been concerns in recent years about the availability of sufficient care home places for older people but this risk has reduced since the lifting of the suspension on admissions at one of the homes and current capacity was meeting need prior to the COVID19 pandemic, and continues to do so. However, COVID19 outbreaks limit the admissions that care homes can take and this continues to be a challenge through the COVID19 crisis.
- 5.2 Pressures on care home staffing levels due to staff absent with COVID19 or self-isolating is a risk. Staffing levels and reliance on agency staff are monitored regularly and national guidance to care homes indicates that the Infection Control Fund should be used to minimise movement of staff between care homes.
- 5.3 Any reduction in care home capacity would increase the need for older people to access out of area placements and can also impact on delayed transfers of care from hospital.
- 5.4 New national requirements for Local Authorities, in partnership with CCGs, to commission 'Designated Settings' came into force in November 2020. A 'designated setting' allows people being discharged from hospital who have

tested positive for COVID19 to be cared for in a nominated facility for 14 days. No care homes in Hartlepool are currently able to deliver the requirements of a 'designated setting', but solutions are being explored with health partners and the impact in terms of delayed discharges from hospital is being managed collaboratively.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are significant financial considerations associated with care home provision, including the fair cost of care and implementation of the National Living Wage.
- 6.2 Information in relation to additional payments to care homes is included in sections 4.1.7 and 4.1.8. These costs have been covered from COVID19 grants.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Care home provision for older people supports the Council to fulfill its statutory duties in relation to the provision of adult social care in line with the Care Act 2014 and other relevant legislation.
- 7.2 There are no legal implications specifically associated with this report.

## **8. CONSULTATION**

- 8.1 There are no consultation considerations associated with this report.

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

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

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 There are no equality and diversity considerations associated with this report.

## **11. STAFF CONSIDERATIONS**

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

**12. ASSET MANAGEMENT CONSIDERATIONS**

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

**13. RECOMMENDATION**

- 13.1 It is recommended that the Adult and Community Based Services Committee note the contents of this report and receive a further update in six months.

**14. REASON FOR RECOMMENDATION**

- 14.1 The Committee has identified care home provision for older people as a priority due to the role of care homes in supporting vulnerable older people.

**15. CONTACT OFFICERS**

Trevor Smith, Head of Strategic Commissioning (Adults) Civic Centre, 01429 523950 [trevor.smith@hartlepool.gov.uk](mailto:trevor.smith@hartlepool.gov.uk)

Danielle Swainston, Assistant Director, Joint Commissioning, Civic Centre, 01429 523732 [danielle.swainston@hartlepool.gov.uk](mailto:danielle.swainston@hartlepool.gov.uk)

Sign Off:-

Director of Resources and Development ☒

Chief Solicitor ☒

## Care Home Update: Supporting Information

### A. Number of people in residential and nursing care

Position at:	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
Over 65's	628	604	597	612	581	626
18-64's	89	92	87	87	90	91
<b>Total</b>	<b>717</b>	<b>696</b>	<b>684</b>	<b>699</b>	<b>671</b>	<b>717</b>
% over 85	54%	54%	55%	52%	51%	52%

### B. Number of out of Borough placements for Hartlepool residents

OOB Snapshot	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
Over 65's	79	77	70	70	66	63
18-64's	40	40	40	39	40	41
<b>Total</b>	<b>119</b>	<b>117</b>	<b>110</b>	<b>109</b>	<b>106</b>	<b>104</b>

### C. Vacancies in older peoples care homes in Hartlepool

	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
Total vacancies	79	80	87	50	111	61
% occupied	90%	89%	88%	93%	85%	92%

Latest figures have been updated from 6<sup>th</sup> November 2020

### D. COVID positive cases in care homes

Number	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
COVID Cases	0	0	0	1	161	15

### E. Deaths in care homes

Number	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
Over 65's	43	33	49	43	86	28
18-64's	0	1	0	0	1	1

### F. CQC Quality Ratings - % Rated Outstanding or Good

	30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20	30-Jun-20	30-Sep-20
Hartlepool (All)	88%	88%	96%	98%	96%	96%
NE Average	82%	85%	87%	89%	89%	91%
Family Average	82%	83%	83%	86%	85%	87%
Hartlepool (Homes)	83%	83%	88%	96%	92%	92%

# Weekly update for Hartlepool care providers

Monday 9th November

Welcome to your first weekly update from Hartlepool's Director of Adult & Community Based Services (Jill Harrison) and Acting Director of Public Health (Craig Blundred). We will be providing regular updates over the winter period to keep you informed about local case numbers and restrictions, any changes to guidance, infection control and care home visiting. We hope that you find this useful and would welcome any feedback from providers about other areas you would like updates on, or further information that you would like to receive.

## Current restrictions

We would usually start by confirming the current restrictions that apply locally within the tiered system, but this week we are writing to you at the start of a second period of national restrictions. Although you will have seen lots of information in the media, we would like to take this opportunity to remind you about what this means.

The guidance on restrictions can be found at:

[www.gov.uk/guidance/new-national-restrictions-from-5-november](https://www.gov.uk/guidance/new-national-restrictions-from-5-november)

The accompanying legislation can be found at:

[www.legislation.gov.uk/ukxi/2020/1200/pdfs/ukxi\\_20201200\\_en.pdf](https://www.legislation.gov.uk/ukxi/2020/1200/pdfs/ukxi_20201200_en.pdf)

We've created a useful infographic to highlight the main restrictions which can be accessed by [clicking here](#).



## Hartlepool cases

In the last 7 day cases there have been 369 cases confirmed in Hartlepool, with approximately 40-50 new cases being confirmed each day.

Currently in care settings the vast majority of COVID19 positive cases are in staff members, with most reporting no symptoms.

There has never been a greater need to:

- continue with weekly testing of staff (where available);
- follow IPC procedures;
- keep to social distancing guidelines; and
- be extra vigilant when cleaning, particularly high contact areas such as door handles, light switches and chair arms where the virus can survive for up to 72 hours.

Although the increase in cases has slowed slightly in recent days, the risk of infection and community transmission remains so please continue to be vigilant.

**COVID19 will be with us throughout winter and this presents further challenges and risks with the potential added impact of influenza, norovirus and other winter viruses. All of the measures set out above will help to keep everyone safe.**

## Infection control

There have been a number of outbreaks in care homes in recent weeks and we think it's important to share the learning from these outbreaks. Key areas linked to recent outbreaks that we would ask you to review, include:

- Advice to staff not to travel to work in shared cars or taxis.
- Reviewing staff changing facilities for staff to ensure that staff can stay at least 2 metres apart.
- Considering staggered arrival times so that everyone on shift doesn't arrive at the same time.
- Ensuring that all handovers and team meetings allow for social distancing.
- Ensuring that facilities for smoking breaks and lunch breaks allow for social distancing.
- All social activities for care home residents should allow for social distancing.
- Considering staggered meal times to reduce the number of residents in a room at one time.
- Using posters and visual reminders in all communal areas to reinforce social distancing and PPE.
- Ensuring that all staff in the home including admin staff and contractors wear PPE at all times.
- Ensuring that all professionals visiting the home follow PPE guidance at all times.
- Challenging anyone who is not wearing appropriate PPE.
- Developing a process to record near misses, including staff and external visiting professionals
- Revisiting and updating risk assessments regularly, particularly if there's an outbreak.

Although some of these are specific to care homes, lots of the learning is relevant for other care settings as well.

## Reminder about donning and doffing

Please remind staff about the importance of correctly donning and doffing PPE – more commonly known as putting it on and taking it off!

Following the appropriate guidance for donning and doffing of all PPE, including aprons and gloves is very important. If not done correctly there is a high risk of contamination with COVID19 on the hands, face or uniforms.

To access training or posters regarding donning and doffing, please contact Gill Roberts or Clare Brookes in the IPC Team on **01642 624711** or by email at [gillian.roberts14@nhs.net](mailto:gillian.roberts14@nhs.net) or [clare.brookes4@nhs.net](mailto:clare.brookes4@nhs.net)

**Don well.**  
**Doff well.**  
**Be well.**

## Don't forget Uniforms



Please make sure all staff (including night staff) do not go home in their uniforms. All staff must:

- Change into day clothes;
- place uniforms in a bag; and
- wash as soon as they get into their own home.

## Care home visiting

Unfortunately it has not been possible over recent weeks while case numbers have remained high for us to change our advice to care homes regarding non-essential visiting.

We understand that the impact of restricting care home visiting on residents, and also on their families and care home staff is significant and affects both mental and physical health and we have continued to raise our concerns on this issue regionally and nationally. We are exploring whether we can pilot testing for nominated visitors and will keep you updated if there is any progress on this.

In the meantime, you will be aware that the guidance on care home visiting has been updated in the last few days and that care homes are being encouraged to explore options to safely reintroduce some non-essential visiting.

The guidance can be found at:

[www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes](https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes)

A care home visiting protocol has been developed for the North East which is being circulated with this newsletter. We will be in contact with care home managers next week regarding plans for visiting and how risk assessments are signed off prior to arrangements being implemented.

## Finally

We would like to take this opportunity to thank you again for your continued commitment to the people you support. The last eight months have been incredibly challenging and the overall response from care providers in Hartlepool has been excellent. At a recent meeting of the Council's Adult & Community Based Services Committee local Councillors were full of praise for the work that has been done by care providers in response to the pandemic, and asked for their thanks to be passed on as well.

There are three simple actions we must all do to keep on protecting each other:



**Wash hands**  
Keep washing your hands regularly



**Cover face**  
Wear a face covering in enclosed spaces



**Make space**  
Stay at least 2 metres apart - or 1 metre with a face covering or other precautions

# Weekly update for Hartlepool care providers

Tuesday 17th November

This is the second of your weekly updates from Hartlepool's Director of Adult & Community Based Services (Jill Harrison) and Acting Director of Public Health (Craig Blundred). We hope that you found the update last week helpful, and will use this weekly briefing to keep you updated on developments over the next few months.

## Current restrictions

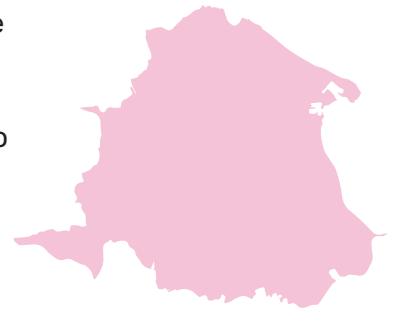
As you will be aware from previous communications and from the national media, the current national restrictions remain in place until 2 December. From this date forward we expect to return to the 3 Tier system that was in place previously.

We don't yet know which of the Tiers will apply in Hartlepool, or when this will be confirmed, but will keep you informed as announcements are made. Prior to the national restrictions being implemented Hartlepool was under Tier 2 restrictions but was expecting Tier 3 restrictions to be enforced across the Tees Valley area (which also includes Darlington, Middlesbrough, Redcar & Cleveland and Stockton on Tees Borough Councils).

## Hartlepool cases

In the last 7 day cases there have been 581 cases confirmed in Hartlepool. The numbers continue to increase and the rate for the last 7 days is the highest since the pandemic began. This is a real concern for us and a stark reminder that we all need to play our part in controlling the virus to save lives and also to allow a return to normality as soon as possible.

There are currently 17 care settings with Outbreak Control Plans in place due to having two or more confirmed cases (staff, residents or a combination).



## Track and trace



Please remind staff who have the NHS COVID19 App that they need to switch off the tracking function while they are at work. If staff don't do this, the app will potentially link them to positive cases within the home and give misleading information.

An alert on the app doesn't necessarily mean that the individual needs to self-isolate – it is an alert and the situation for the individual should be risk assessed.

If an individual is contacted by phone and told that they have been in contact with someone who has been confirmed as COVID positive, there is a legal requirement to self-isolate for 10 days. This does not apply to family members of the person contacted.



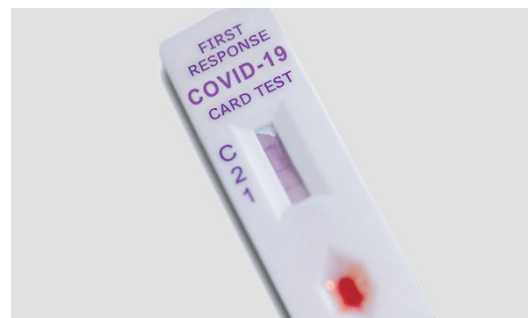
## Care home visiting

As we advised in last week's bulletin, we have been busy exploring ways to support care homes to restart non-essential visiting and were pleased to find out that this week that Hartlepool is one of the Local Authorities nationally that will receive a weekly allocation of lateral flow tests; a new test that can be done frequently, on-site with results available within 30-40 minutes.

We are working closely with other Local Authorities across the North East to determine how these can be used most effectively to address local needs.

One of the key priorities that we have identified for the use of these tests care home visiting and we will use this weekly update to keep you informed of developments.

In the meantime, care home managers should start looking at options to manage non-essential visits when they are reintroduced. This will need to take into account a range of issues including booking arrangements, appropriate visiting environments and provision of PPE. We would encourage all care homes to consider this when planning how to spend their Infection Control Fund allocations so that visiting can be reintroduced safely.



## New guidance: helping care homes order resident medication

The LGA and NHS have published a new step-by-step guide for care homes to quickly and safely order medications online for residents via proxy access to their GP online services account. Hosted on the NHS England and NHS Improvement website, the guidance provides examples of all the documentation needed and explains the data sharing, staff training, information governance, confidentiality, set-up and communication requirements needed between care homes, GP practices and pharmacies.

The link to the guidance is:

<https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>

## Quick guide: providing care and support at home to people who have had COVID-19

A new quick guide available at

<https://www.scie.org.uk/care-providers/coronavirus-covid-19/home-care/recovering-at-home> will help home care workers and personal assistants to provide safe care and support to people who have left hospital after having COVID-19. It comes at an important time as the country is in lockdown for a second time.

## Finally

Please remind your staff about the importance of having the flu vaccination. It has always been important for care staff to be vaccinated in order to protect the people they care for, as well as their own families and loved ones. This year, there is increased risk from the combined effects of flu and COVID19 which make it more essential than ever for people to be protected.

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 December 2020



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

**Subject:** HOSPITAL DISCHARGE AND INTERMEDIATE  
CARE - UPDATE

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information only.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult and Community Based Services Committee with an update in relation to hospital discharges and intermediate care. These developments are aligned to a Community Integrated Intermediate Care model which is a strategic partnership between Hartlepool Borough Council (HBC), North Tees and Hartlepool NHS Foundation Trust (FT) and Tees Valley Clinical Commissioning Group (CCG). This includes services provided and commissioned by the partners to support older people in the transition from hospital into the community, and to live more independently in their preferred place of residence.

## 3. BACKGROUND

- 3.1 The Better Care Fund (BCF) Plan set out ambitions to develop more integrated services across health and social care to support people to live at home as independently for as long as possible. HBC, in partnership with the CCG and the FT, recognise the need to work together and improve the way in which short term services and interventions are utilised to optimise independence and well-being, build on a person's strengths and abilities and in doing so ensure that intermediate care is delivered effectively.
- 3.2 The 2020/21 Better Care Fund (BCF) Policy Framework will be published in due course but, with systems needing to focus effort into dealing with the current COVID-19 pandemic, NHS England as yet have not asked systems to produce BCF plans at this time.

- 3.3 Although BCF plans from April 2020 have not been formally approved, for the duration of the COVID-19 outbreak, systems have been advised to assume that spending from ring-fenced BCF funds, particularly on existing schemes from 2019/20 and on activity to address demands in community health and social care, is approved and that continuity of care, maintaining social care services and system resilience should be prioritised.
- 3.4 There is an expectation that more NHS community and intermediate health and social care packages will be delivered to support timely crisis care, and avoidance of hospital attendance and / or admission as well as unnecessary admissions into 24hr care placements.
- 3.5 The ambition is to implement urgent responses and recovery support delivered by flexible teams working across primary care, community care and local hospitals to meet local needs. This includes collaborative working between GPs, allied health professionals (AHPs), district nurses, mental health services, social workers, therapists and reablement teams. It is envisaged that extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.
- 3.6 Throughout 2019/20 there have been a number of outcome focused developments across services. These initiatives focused on admission avoidance including: residential rehabilitation, residential bed step down / up provision, intermediate care, mobile rehabilitation and reablement support.
- 3.7 This work will be on-going throughout the pandemic, and will take into account issues such as strengthening operating systems and focussing on workforce development and training. The intention is that once the current challenges have been addressed the integrated intermediate care offer will be re-evaluated to determine future working arrangements.

#### **4. CURRENT SERVICE MODEL**

- 4.1 The Community Integrated Intermediate Care model has been developed to provide a resilient, responsive and skilled service offer. Mapping information and subsequent quantitative and qualitative data analysis has helped to define the potential benefits of this more collaborative, streamlined offer aimed at:
- improving the experience of the individual;
  - reduced duplication ensuring a single assessment, where appropriate, delivered by the right person at the right time;
  - reducing the time a person spends within the intermediate care service;
  - maximising staff time to increase service capacity;
  - delivering more primary prevention reducing the long-term complexity earlier and preventing the loss of independence;
  - developing a common set of outcomes which can be measured to demonstrate how well the offer is working;
  - developing the 'Home First' approach; and
  - increasing ability to respond to crises and emergencies; and creating a service that is more resilient now and for the future.

## **5. HOSPITAL DISCHARGE SERVICE: POLICY AND OPERATING MODEL**

- 5.1 In March 2020 a new Hospital Discharge Service: Policy and Operating Model was introduced that included a greater emphasis on the concept of Discharge to Assess (D2A) for all providers of NHS commissioned acute, community beds, community health services and social care staff in England.
- 5.2 D2A is a process designed to rapidly discharge 95% of people from hospital once it is medically optimal and safe for people to return home. With this model there is limited assessment of rehabilitation potential within the acute hospital. Once someone has returned home, detailed functional assessments take place and ongoing care and equipment are organised. It is anticipated that half of this group need simple discharge and no more formal NHS or social care support on returning home and that 45% require a package of support including rehabilitation. A package of out-of-hospital assessment, rehabilitation and re-enablement as part of this model is provided free of charge for a period of up to six weeks.
- 5.3 Although the D2A model is not new, the parameters and requirements outlined within the operating model have changed and do place more challenging expectations on the health and social care system. Many local services have been working to try and deliver a rapid hospital discharge approach for some time but during the current pandemic, many acute hospitals introduced D2A on a temporary basis because of the urgent need to get people out of hospital as quickly as possible to reduce the spread of COVID19 and free up capacity to treat very sick patients.
- 5.4 The Hospital Discharge Service legislative framework has confirmed the decision to keep D2A as a permanent model, driven by planning for potential further outbreaks and the implementation of the NHS Long Term Plan in developing capacity in out-of-hospital services.
- 5.5 Successful implementation of D2A is dependent on sufficient staffing in acute, intermediate and longer-term community rehabilitation teams. Staff in acute and bedded rehabilitation teams need the capacity to provide rapid discharge decision-making and work flexibly where needed in the community to provide trusted assessments there. This can only be achieved through an increase in their numbers or via different ways of working. Without this adjustment, core rehabilitation time for inpatients who need it to expedite recovery and meet their clinical criteria for discharge will be reduced.
- 5.6 Intermediate rehabilitation teams providing up to six-week rehab packages identified through assessments at home will need to be fully staffed to meet this. Community rehabilitation provision for patients who require rehab beyond the first six weeks needs to be accessed quickly and at the intensity and frequency needed. Without this, there is a risk patients will deteriorate and re-present in primary and secondary care and long-term social care needs will rise.

- 5.7 While rehabilitation teams across the pathway will need to work closely together and also to work flexibly, it is essential that the staffing required for D2A does not come at the expense of already understaffed community rehabilitation teams.
- 5.8 From 1 September 2020, the government announced that social care needs assessments and eligibility assessments for NHS Continuing Healthcare (CHC) would recommence, having been suspended since 19 March 2020. There is a requirement for the backlog of assessments to be completed by 31 March 2021 which is challenging in terms of staff capacity.

## **6. DESIGNATED SETTINGS**

- 6.1 It was identified in the Adult Social Care Winter Plan, which was published in September 2020, that alternative arrangements would need to be made by Local Authorities, in partnership with CCGs regarding hospital discharges to care homes for people who have tested positive for COVID19. A letter to Local Authorities on 13 October provided further detail regarding this requirement and directed Local Authorities to identify 'designated settings'.
- 6.2 The designation scheme is intended for people who have tested positive for COVID19 and who are being admitted to a care home. This applies to care homes who provide accommodation for people who need personal or nursing care. This includes registered residential care and nursing homes for older people, people with dementia, and people with learning disabilities, mental health and/or other disabilities and older people. Anyone with a COVID-19 positive test result being discharged into or back into a registered care home setting must be discharged into an appropriate designated setting and cared for there for the remainder of the required isolation period. The letter emphasises the need for designated settings to be stand-alone units or settings with separate zoned accommodation and staffing. Designated settings also need to be separately inspected and assured by the Care Quality Commission to meet this requirement.
- 6.3 Despite the best efforts of all partners working together to explore system solutions, it has not yet been possible to identify a designated setting for Hartlepool and there is no immediate prospect of this situation changing. Care home providers have been under intense pressure in recent months and, although they continue to do a fantastic job in supporting vulnerable residents with care and compassion, they are understandably concerned about maintaining services in the current climate. In this context, care homes are reluctant to accept admissions of people from hospital who have tested positive for COVID19 for a multitude of reasons. High occupancy levels within Hartlepool mean that many care homes don't have the space to accommodate a designated setting and those that do have vacancies do not have a suitable physical environment to meet all of the requirements. Care home providers are also concerned regarding staffing, invalidation of insurance, reputational risk and managing their duty of care to existing residents and their employees.

- 6.4 There are ongoing discussions between HBC, and NHS colleagues within the FT and CCG to explore alternative solutions.

## **7. ENHANCED HEALTH IN CARE HOMES (EHICH)**

- 7.1 The Enhanced Health in Care Homes (EHICH) model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.
- 7.2 The NHS Long Term Plan (2019) contained a commitment as part of the Ageing Well Programme to roll out EHICH across England by 2024, commencing in 2020.
- 7.3 The EHICH model described in the framework, will help to ensure that:
- people living in care homes have access to enhanced primary care and to specialist services and maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care services;
  - staff working in care homes feel at the heart of an integrated team that spans primary, community, mental health and specialist care, as well as social care services and the voluntary sector;
  - budgets and incentives are aligned so that all parts of the system work together to improve people's health and wellbeing; and
  - health and social care services are commissioned in a coordinated manner, and the role of the social care provider market is properly understood by commissioners and providers across health and social care.

## **8. ETHICAL CARE FRAMEWORK**

- 8.1 The ethical care framework aims to provide support to ongoing response planning and decision-making to ensure that consideration is given to a series of ethical values and principles when organising and delivering social care for adults.
- 8.2 Recognising increasing pressures and demand, it may become necessary to make challenging decisions on how to redirect resources where they are most needed and to prioritise individual care needs. The framework serves as a guide for these types of decisions and reinforces that consideration of any potential harm that might be suffered, and the needs of all individuals, are always central to decision-making.

- 8.3 The principles of the framework are numbered for ease of reference but are not ranked in order of significance or exhaustive. There are no absolute answers to making the correct or most ethical decisions.

1. Respect
2. Reasonableness
3. Minimising Harm
4. Inclusiveness
5. Accountability
6. Flexibility
7. Proportionality
8. Community

## **9. RISK IMPLICATIONS**

- 9.1 As a direct consequence of COVID19, recruitment and retention of staff in the HBC Direct Care and Support Team to provide face to face, hands on care, is a significant challenge that has not previously been encountered on this scale. In order to mitigate risks officers staff numbers have been increased and the workload has been prioritised and remodelled where possible.
- 9.2 The work of the health and social care workforce continues to be reshaped in an effort to contain the infection and protect the most vulnerable. The NHS has been mobilised to respond to the acute needs of people infected with the virus, at the same time as delivering scaled-back non-COVID19 health care.
- 9.3 Social care continues to operate within an ethical care framework and the COVID19: 'action plan for adult social care' policy paper, underpinned by the Care Act. The government has implemented measures to help the care system manage pressures and local authorities have been directed to do everything they can to continue meeting existing duties prior to the Coronavirus Act provisions being enacted. In the event that they are unable to do so, Care Act Easements allow authorities to streamline arrangements and prioritise care so that the most urgent and acute needs are met.
- 9.4 Officers continue to work in partnership with FT and CCG colleagues to develop alternative pathways to support people on discharge from hospital and to manage increased pressure on community providers. The fact that no designated setting has been identified for Hartlepool may create some pressure within the local health and social care system but positive relationships with providers mean that safe and timely hospital discharge is still being facilitated for people who have tested positive.

## **10. FINANCIAL CONSIDERATIONS**

- 10.1 The Integrated Intermediate Care model is funded by the Better Care Fund pooled budget, which is monitored by the Pooled Budget Partnership Board and governed by a Pooled Budget Partnership Agreement. As outlined in 3.4



the local system is operating on the assumption that spending from ring-fenced BCF funds, particularly on existing schemes from 2019/20 has been approved for 2020/21.

## **11. LEGAL CONSIDERATIONS**

- 11.1 The Care Act Easements: guidance for local authorities sets out how adult social care can use the new easements created under the Coronavirus Act 2020 to ensure the best possible care for people in our society during this exceptional period. Care Act Easements have not been implemented in Hartlepool during the COVID19 response to date.
- 11.2 Any decision to operate Care Act easements is taken locally by the officer fulfilling the statutory Director of Adult Social Services (DASS) role, in conjunction with or on the recommendation of the Principal Social Worker (PSW). The DASS and PSW must ensure that their lead member has been involved and briefed as part of this decision-making process and any decision should also be fully informed by discussion with the CCG.

## **12. CHILD AND FAMILY POVERTY**

- 12.1 There are no Child and Family Poverty considerations associated with this report.

## **13. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 13.1 The Ethical Care Framework provides guidance to Local Authorities to support decision-making and ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults.

## **14. STAFF CONSIDERATIONS**

- 14.1 The Hospital Discharge Service: Policy and Operating Model specifies that social care support for hospital discharge should be provided 7 days a week. Working in partnership with health colleagues enables this to be managed currently by operating an extended working day from 8.00 – 18.00. Additional staffing has been funded from the COVID grant to meet this requirement.
- 14.2 While there are no further staff considerations specifically associated with this report, it should be noted that a national emergency on this scale has not been encountered in the UK, within most people's life time. The impact on staff has been significant with many feeling fearful about ongoing risks and uncertainty. Supporting staff to maintain their physical and mental wellbeing during a pandemic is paramount to enhance personal resilience, so that individuals and groups have better capacity to undertake their roles.

Employee wellbeing services have adopted 'Every Mind Matters' – a new way to help people take simple steps to look after their mental health, improve their mental wellbeing and support others.

## **15. ASSET MANAGEMENT CONSIDERATIONS**

- 15.1 There are no asset management associations specifically associated with this report. HBC staff working within hospital discharge and intermediate care services are based at the University Hospital of Hartlepool, to support integrated service across health and social care.
- 15.2 Appropriate health and safety measures are in place to manage the working environment and individual discussions have taken place with staff, including those who are clinically extremely vulnerable to address any concerns regarding working from home or in a COVID secure office environment.

## **16. RECOMMENDATIONS**

- 16.1 It is recommended that members of the Adult and Community Based Services Committee note the contents of this report, the current challenges being faced and the benefits the model will generate for the people of Hartlepool.

## **17. REASONS FOR RECOMMENDATIONS**

- 17.1 The Adult and Community Based Services Committee has acknowledged the importance of service provision for older people as a priority and has supported the direction of travel set out in Better Care Fund plans.

## **18. CONTACT OFFICERS**

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# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17<sup>th</sup> December 2020



**Report of:** DIRECTOR OF ADULT AND COMMUNITY BASED SERVICES

**Subject:** SUPPORT HUB UPDATE

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key decision.

## 2. PURPOSE OF REPORT

- 2.1 To provide members of the Adult and Community Based Services Committee with an update on the work of the Hartlepool Support Hub and how this links to the wider development of Community Hubs.

## 3. BACKGROUND

- 3.1 Hartlepool Support Hub was established in response to the COVID19 pandemic to support individuals who were shielding, vulnerable and in self-isolation.
- 3.2 A presentation was given to the Committee on 23 October 2020 summarising the number of people who have been supported and some of the outcomes achieved, as well as sharing feedback from members of the public. The presentation also outlined future plans to ensure that the Support Hub offer was sustainable, firstly to provide ongoing support during the pandemic and secondly to ensure a longer term support offer for some of the most vulnerable members of the community.
- 3.3 A second national lockdown was announced in October and Local Authorities were required to ensure that support arrangements were in place for those individuals identified as Clinically Extremely Vulnerable (CEV). Planning had already been undertaken locally to ensure that this support was maintained and officers were able to contact those people identified as CEV to provide reassurance about the implications of the second lockdown and the support available.

#### **4. CURRENT POSITION**

- 4.1 There are 4,883 people within Hartlepool identified as CEV. 200 have chosen to register with the new national system and 70 have been assessed by the Support Hub as having a high level of support needs. All 4,883 people have been contacted via text message and those who have previously needed support have had a phone call.
- 4.2 The role of the Support Hub in providing access to food is very different in the second lockdown. People are being supported to access priority shopping slots where needed, and food parcels are only provided when there is an urgent need for food on a short term basis.
- 4.3 The Support Hub is receiving 20-30 calls per day with people predominantly seeking guidance on how to register with the national system or clarity on how to access food or prescriptions. The Support Hub is still proactively contacting people supported previously based on person centred planning that has been in place since shielding paused, and there are more outgoing calls than calls received. There are ten call handlers available to manage calls as needed.
- 4.4 There are some concerns regarding access to prescriptions for people who are vulnerable but not classed as CEV, and this has been escalated to the Local Resilience Forum.
- 4.5 Regular updates on the CEV population and the work of the Support Hub are now being provided to the Health Protection Board.
- 4.6 Two digital officers have been appointed to support people identified as CEV or otherwise vulnerable to access connectivity and technology, with a focus on supporting emotional and mental wellbeing. This will include working in partnership with Hartlepower to ensure that their community broadband scheme can be accessed by those who are CEV.
- 4.7 Links with Mecca Bingo that were developed during the first lockdown have been re-established and hot meals are again being offered to those who would have previously received day care provision, with delivery co-ordinated through the Support Hub.
- 4.8 Work is underway to plan for the Christmas period, ensuring that support is maintained and that people have access to food and activities.

#### **5. NEXT STEPS**

- 5.1 The Support Hub will be maintained on a permanent basis as a core part of the Community Hub and Wellbeing Service, which already has an established core offer including library provision, health and wellbeing services, Community Connectors, financial advice, social activities and education.

- 5.2 The Support Hub will be relaunched on 2 January 2021 from the newly refurbished Central Hub and will take on a new role as the first point of contact for people requiring adult social care support. The role of the Support Hub will be to explore community solutions that keep people involved and connected before any formal social care assessment is undertaken. This is an essential element of implementing Community Led Support, which will be covered in more detail in another report later on the agenda, and will also involve close working with VCS partners.
- 5.3 The library offer is being refined and refreshed based on learning from the pandemic response. There has been a huge growth in the use of Borrow Box, which enables people to access books online and a service has been developed allowing people to order books online then click and collect from a building. The stock in library buildings has been reviewed and in some cases relocated to create more community space while maintaining access to books and delivering the statutory library offer. A key area of demand has always been linked to local and family history and this is an area that will be developed thorough a Family and Local History Centre based at Headland Library.
- 5.4 There will be an increased focus on digital inclusion, learning from experiences during the pandemic and how digital solutions can be used to support people who are socially isolated. There will be additional capacity created to support this work with the aim of:
- continuing to support the design and development of Hartlepool Now;
  - supporting developments in system shift including developing an interactive online 'offer' accessible by people in the community, people accessing services and professionals;
  - exploring innovative approaches to service delivery using technology;
  - developing and promoting Makerspace to encourage community engagement with new and innovative technologies; and
  - providing support to the implementation of specific projects including Community Led Support.
- 5.5 Administrative support for the function is also being reviewed to reflect changes made and the increasing automation of services such as membership registration, room bookings and bookings for the People's Network.
- 5.6 These proposed developments and an associated staffing restructure that creates additional capacity for the Community Hub offer will allow a greatly enhanced service to be developed that will include: an extended digital offer; additional community kitchens and Chatty Café sessions; regular sessions focused on hobbies and activities that bring people together; one off events and celebrations; individual support for people; health and wellbeing activities; steady feet sessions for people prone to falls. This will be fundamental in replacing building based day services for older people that cannot be provided in a COVID secure way, and are no longer being commissioned as a result.

- 5.7 Following a procurement exercise, 'The Bread and Butter Thing' has been identified as the organisation that will deliver a sustainable solution enabling people to access affordable food through the Community Hubs. The Bread and Butter Thing is a food surplus redistribution charity that is well established in the North West and is now working with a number of Local Authorities in the North East including Darlington Borough Council and Durham County Council. Implementation of the service in Hartlepool has inevitably been delayed due to the COVID19 situation, but work is ongoing with the provider and it is anticipated that the service will be launched early in 2021 with a planned expansion over the course of the year to cover all of the Community Hub locations.

## **6. RISK IMPLICATIONS**

- 6.1 There are ongoing service risks in relation to COVID 19 that are being managed through risk mitigation plans and business continuity plans.

## **7. FINANCIAL CONSIDERATIONS**

- 7.1 As highlighted in the presentation to Committee in October 2020, the ongoing development of the Support Hub is being resourced through existing service infrastructure and builds on the Community Led Support work that was being progressed within Adult Services prior to the COVID19 pandemic.
- 7.2 The Ministry of Housing Communities and Local Government wrote to Local Authorities on 2 November 2020 recognising that new guidance in relation to support for the CEV population would place additional burdens on Councils. Funding has been allocated to support Councils to manage these additional burdens and Hartlepool was allocated £67,000. It is proposed that this funding is used to support an upscaling of the digital offer through the Support Hub while opportunities for any face to face contact remain so limited. This will be achieved through the community broadband initiative with Hartlepower with £40,000 used to purchase equipment that will support up to 1,000 people at any one time. The balance of the funding will be used for other support for the CEV population over the lockdown period and also to provide additional support for the Christmas period (food hampers and small gifts).
- 7.3 There are additional costs associated with developing the wider Community Hub offer and creating additional capacity to support the digital agenda. These costs will be covered from the funding that was previously committed to commission building based day services for older people.

## **8. LEGAL CONSIDERATIONS**

- 8.1 There are no legal considerations identified in relation to this report. An Exemption to Contract Procedure Rules will be requested to enable the community broadband initiative with Hartlepower to progress.

## **9. CONSULTATION**

- 9.1 Consultation has been conducted throughout the Support Hub operation with those accessing the Support Hub, family members and with organisations who worked in partnership with the Council to deliver the Support Hub offer. This will continue as the Support Hub offer develops as part of the wider Community Hub provision.

## **10. CHILD AND FAMILY POVERTY**

- 10.1 The Support Hub had a significant impact on child and family poverty. Families were supported throughout the pandemic and there was work undertaken with young carers, children's social care and schools to support families who were living in poverty throughout this period.

## **11. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 11.1 The Support Hub continues to support all individuals and families in need and planning for the ongoing development of the service will give full consideration to equality and diversity issues.

## **12. STAFF CONSIDERATIONS**

- 12.1 Staff were redeployed, training and supervised to work in the Support Hub throughout the duration of lockdown and shielding arrangements. This was extremely positive and the sharing of knowledge, experience and building of relationships has been invaluable.
- 12.2 Planning for the Support Hub to become part of the mainstream Community Hub offer (as outlined in Section 5 of this report) has required a full-scale review of the Community Hubs and Wellbeing service, which has identified the need for a staffing restructure to be undertaken.
- 12.3 The restructure will be completed in line with relevant HR Policies and Procedures, with appropriate consultation of those staff affected and involvement of Unions. Where posts are made redundant every effort will be made to redeploy staff into other appropriate roles and to avoid compulsory redundancies, although there is a risk of this being the ultimate outcome for a very small number of staff.

## **13. ASSET MANAGEMENT CONSIDERATIONS**

- 13.1 Internal works to Community Hub Central are underway and due to be completed by the end of the year. This will ensure that the operation of the Support Hub can be sustained to respond to the ongoing demand for services



that will support the effective health, social, financial and economic recovery of the community.

#### **14. RECOMMENDATIONS**

- 14.1 It is recommended that members of the Committee note the current position and the positive work that continues through the Support Hub, and approve plans for the further development of the offer as outlined in the report.

#### **15. REASONS FOR RECOMMENDATION**

- 15.1 There is a continued need for community support, intervention and recovery in relation to the COVID19 pandemic and beyond and the Support Hub, working within the wider Community Hub offer, is integral to meeting these needs.

#### **16. CONTACT OFFICER**

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Director of Resources and Development ☒

Chief Solicitor ☒

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17<sup>th</sup> December 2020



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

**Subject:** COMMUNITY LED SUPPORT UPDATE

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information only.

## 2. PURPOSE OF REPORT

2.1 To provide the Adult and Community Based Services Committee with a progress update regarding the implementation of Community Led Support.

## 3. BACKGROUND

- 3.1 In March 2019 the Adult and Community Based Services Committee supported a proposal for the Council to engage with the National Development Team for Inclusion (NDTi) to implement the Community Led Support (CLS) Programme from April 2019.
- 3.2 CLS is based on a set of principles for how social care support should be delivered. These are implemented in ways that are determined by people directly delivering services along with local partners and members of the community they are serving. It builds on what is already working, joining up good practice and strengthening common sense, empowerment and trust.
- 3.3 In April 2019, NDTi visited Hartlepool for 2 days and carried out a range of interviews and focus groups with local authority staff, providers and the voluntary and community sector to assess readiness for CLS implementation.
- 3.4 The readiness check found:
- a supportive team and leadership structure;
  - some clear working relationships with health;
  - pockets of co-production;
  - opportunities within the community hubs; and
  - strong commitment and willingness to engage.

- 3.5 The readiness check also picked up some challenges including:
- many processes in the system which cause delays;
  - numerous different and lengthy documents;
  - a number of different panels and decision making processes; and
  - a fear of 'getting it wrong' that made staff risk averse.
- 3.6 The next steps identified following the readiness check were to:
- roll out training and information sessions covering engagement and awareness, understanding existing and new pathways, good conversations, and evidence and learning; and
  - identify and plan for an innovation site.

#### 4. PROGRESS TO DATE

- 4.1 The summer of 2019 was spent delivering sessions and training across the department and partner organisations.
- 8 CLS awareness sessions were delivered to 191 HBC staff and 19 representatives from providers and the VCS
  - 6 'Good Conversation' sessions were delivered to 114 HBC staff
  - 1 Evidence and Learning session involved 15 HBC staff
- 4.2 Key outcomes from the CLS approach to date include:
- A review and redesign of the adult social care assessment and support plan documents. The documents have been streamlined and are now more strengths-based, giving people the opportunity to articulate the things that matter most to them to live a good life.
  - The audit tool used as part of Practice Week in Adult Social Care has been amended to reflect the CLS principles.
  - The CLS innovation site was launched in Community Hub Central in November 2019 with a multi-disciplinary team providing support and guidance to people who had contacted Adult Social Care.
  - Feedback from staff was really positive. Staff morale was high with all staff involved saying they were proud to be part of CLS. They said:
    - "I have thoroughly enjoyed being part of the CLS team"
    - "I've had lots of job satisfaction after each session"
    - "I think CLS works really well"
  - For the period until March 2020, 161 people were supported in the Hub and feedback from people accessing the sessions was also really positive with people saying:
    - "So happy to come along and have a good conversation with someone"
    - "What a great start to this service"
  - Hartlepool Carers joined the CLS team and had a presence at the weekly sessions providing a seamless link for carers.
  - As demand grew, the session at Community Hub Central was extended and a new session introduced in Community Hub South staffed by Community Connectors.

- Funding was secured from Tees, Esk and Wear Valley NHS Foundation Trust to deliver mental wellbeing sessions in the Hubs to provide low level support.
  - Work continued with Hartlepool Carers and other voluntary and community sector (VCS) providers to further develop the CLS approach.
- 4.3 Unfortunately the face to face CLS sessions could not continue when lockdown was implemented on 23 March 2020. However, the principles and values of CLS underpinned the work of the Support Hub, which was introduced to support people during the pandemic.

## **5. WORKING WITH THE VOLUNTARY AND COMMUNITY SECTOR (VCS)**

- 5.1 In the early days of the pandemic there was a significant focus on the implementation of the Support Hub and the development of its role providing help to people who were shielding and vulnerable people in the town.
- 5.2 While some progress had been made in connecting with VCS organisations in the CLS journey, particularly with Hartlepool Carers, relationships were embedded over the first lockdown period with the VCS and the Support Hub working collaboratively to support people to find the best possible outcome.
- 5.3 Consequently, discussions have taken place with key partners to consider how this collaborative working can be maintained for the future. A CLS Partnership Group has been established involving representation from:
- Hartlepool Carers;
  - The Hospital of God;
  - Hartlepower;
  - HBC Mental Health Champion;
  - Incontrol-able; and
  - Cleveland Fire Brigade and the Befriending Network.
- 5.4 Early discussions were focused on opportunities to work together and have now evolved so that partners have access to HBC data via the Firmstep platform so that all partners can see the same information and can share this in an effective way, meaning that people only have to tell their stories once. Data sharing agreements are in place and work is underway to explore further developments to this system that would allow partners to record their first contact with people.
- 5.5 A fortnightly meeting is established where partners review the circumstances of people who have been involved with the Support Hub and discuss how they could be supported going forward. This has led to an approach where a single lead contact is identified to make connections for the person, reducing duplication and avoiding the risk of the person becoming overwhelmed.
- 5.6 HBC documentation has been reviewed in conjunction with VCS partners and now includes now partners' priorities and a new support tool has been developed that prioritises actions to achieve the best outcomes for people.

Partners will be able to update support plans and actions so that everyone is aware of who is involved in supporting the individual. The system is currently being tested and will be launched at the end of the current lockdown.

## **6. COMMUNITY LENS AUDIT**

- 6.1 Through NDTi Adult Services have undertaken further work with Raj Singh, a key figure in the implementation of CLS in Somerset. Raj and his team developed the Community Lens audit tool which was rolled out to all staff across Adult and Community Based Services in September 2020 to understand how staff approach the development of community solutions and to identify key priorities for the future.
- 6.2 222 members of staff completed the audit tool and analysis of responses is underway. Early findings are positive with:
- Over 80% of respondents rating the VCS services in the town either good or very good.
  - 55% of respondents reporting that they had replaced a paid service with a community service for someone in the past 12 months.
  - 77% of respondents confirming that they would routinely consider community solutions to address isolation and loneliness.

## **7. NEXT STEPS**

- 7.1 Significant progress has been made in implementing CLS at the front door, ensuring that conversations are strength based, person-centred and solution focused, and there will be a continued focus on this approach as the Support Hub develops and work with the VCS is extended.
- 7.2 The Partnership Group is being reviewed and will hopefully be extended to ensure that is inclusive and offers an effective response to people with a wide range of needs. This will include an increased focus on groups that support people experiencing sensory loss.
- 7.3 Work to analyse the data from the Community Lens audit will continue. Feedback will be provided to staff and the findings will be used to inform the work plan for the coming year.
- 7.4 Building on the Community Lens audit, discussions are underway regarding potential to conduct a similar survey with VCS organisations which will help to identify how existing partnerships can be extended and strengthened.
- 7.5 Whilst there are some positive findings from the staff response to the Community Lens audit, it has also confirmed that some of the challenges identified in our readiness check remain. There is evidence that some staff continue to be very risk averse and are reluctant to offer community solutions that they do not fully trust.

- 7.6 Tackling these attitudes and preconceptions is essential to fully embed CLS in social work practice and will be the focus of our work going forward.
- 7.7 A 'CLS Champions Network' across the department will help to further develop a common understanding of CLS and its benefits both to individuals needing support and social care professionals. CLS Champions will be able to advise their colleagues and ensure that they are aware of and using Hartlepool Now to access local resources and support.
- 7.8 In addition, a network of micro-enterprises will be developed that will provide grassroots solutions to addressing social care needs. Micro-enterprises are very small organisations delivering social care services that employ five or fewer staff. They are usually independent of any larger organisation and are offered by a range of people and organisations in the community, including people who are disabled or need support themselves.
- 7.9 Research has shown that micro-enterprises in social care:
- Have a big impact on people and the wider community;
  - Create or sustain local jobs and volunteering opportunities; and
  - Create opportunities for people to connect, contribute, have fun and gain support which is highly valued by people and has a huge impact on their health and wellbeing.
- People who connect with and are supported by a community enterprise or business are often motivated by their positive experience to set up one of their own
- 7.10 Supporting the development of a locally rooted micro-enterprise network will help Adult Services to meet the care and support needs of the local population while stimulating an infrastructure that thinks creatively about wellbeing, social care provision and community.

## **8. RISK IMPLICATIONS**

- 8.1 There are no risk implications identified associated with this report.

## **9. FINANCIAL CONSIDERATIONS**

- 9.1 The cost of the programme with NDTi (which involved 85 days of support over an 18 month period, which has now been extended due to the impact of COVID19) was covered from the Adult Social Care Transformation reserve as agreed by Committee in March 2019.
- 9.2 Funding to support the development of the network of micro-enterprises will be sought from the Local Access Programme, which has been established to support the development of stronger, more resilient and sustainable social economics in disadvantaged places.

## **10. LEGAL CONSIDERATIONS**

- 10.1 There are no legal considerations identified in relation to this report. An Exemption to Contract Procedure Rules was approved to enable the Council to engage with the NDTi programme, based on their unique ability to provide this support.

## **11. CONSULTATION**

- 11.1 Consultation has been conducted on an ongoing basis since the introduction of Community Led Support. This has included people who attended engagement sessions, staff involved with delivering sessions and voluntary and community sector partners. The Community Lens audit also provided insight on staff's engagement with CLS.
- 11.2 Consultation will continue throughout the implementation of CLS.

## **12. CHILD AND FAMILY POVERTY**

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

## **13. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 13.1 There are no equality and diversity considerations associated with this report. The CLS model is inclusive and accessible by all, regardless of any protected characteristics.

## **14. STAFF CONSIDERATIONS**

- 14.1 There are no staffing implications specifically associated with this report. The feedback from staff who have been involved in the implementation programme to date have reported increased job satisfaction and improved morale as a result.

## **15. ASSET MANAGEMENT CONSIDERATIONS**

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

## **16. RECOMMENDATIONS**

- 16.1 It is recommended that members of the Committee note the report and the achievements to date as well as plans for the further development of CLS.



## 17. REASONS FOR RECOMMENDATIONS

- 17.1 Community Led Support brings innovation to how services are delivered services. Working collaboratively with communities and staff teams, enables services to be redesigned in a way that works for everyone, that evolves and is continually refined based on learning.

## 18. CONTACT OFFICER

Jill Harrison  
Director of Adult and Community Based Services

Leigh Keeble  
Head of Community Hubs and Wellbeing

Sign Off:-

Director of Resources and Development ☒

Chief Solicitor ☒

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 December 2020



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

**Subject:** ACTIVE HOSPITALS

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information only.

## 2. PURPOSE OF REPORT

2.1 To provide members of the Adult and Community Based Services Committee with information regarding the Active Hospitals Programme.

## 3. BACKGROUND

3.1 Active Hospitals aims to change the culture of physical activity behaviours in hospitals and enable patients to be more active.

3.2 As part of the Moving Healthcare Professionals Programme Public Health England and Sport England created an Active Hospitals Feasibility and Acceptability programme which was then developed and tested by Oxford NHS Foundation Trust.

3.3 The pilot aimed to explore integrating physical activity interventions in a secondary care setting. To ensure an evidence-based approach, specific physical activity behaviour change interventions were designed, implemented and mapped alongside existing care using the Behaviour Change Wheel (Mitchie and others, 2011). One of the most successful interventions, the maternity pathway, has enhanced care through all pregnant women undergoing assessment and receiving brief physical activity advice.

3.4 The programme was piloted in different departments across Oxford University Hospitals NHS Foundation Trust. Each department became a separate 'pathway'. These included prosthetics, renal transplant, inpatient complex medical unit, cardiology and maternity. In each pathway, a clinical champion was employed to lead the Active Hospitals pilot within each department and

they were responsible for developing the interventions, as well as providing leadership and training to other staff within that clinical setting.

- 3.5 Clinical champions ensured that staff members within these pathways undertook training on motivational interviewing skills, to understand and communicate the benefits of physical activity to women. This training is underpinned by the evidence-based principles of Moving Medicine, a parallel Moving Healthcare Professionals programme developed by the Faculty of Sport and Exercise Medicine, to improve the quality of conversations about physical activity between patients and healthcare professionals.
- 3.6 As a result of the successful pilot programme an application process opened to fund three additional pilot sites nationally. North Tees and Hartlepool Foundation Trust alongside Sheffield Children's Foundation Trust and Northumbria Healthcare Foundation Trust fought an extremely competitive process to be identified as Active Hospitals and further develop the integration of physical activity within the healthcare system. Nottingham Foundation Trust are also now being added to the process as Oxford become identified as an established site with embedded systematic change to physical activity in hospital.
- 3.7 Hospitals have been identified as an important place to promote physical activity because:
  - **Hospitals engage inactive people**  
People with long-term conditions are twice as likely to be inactive (35% versus 14%)
  - **Teachable moment for behaviour change**  
Diagnosis of a condition, starting treatment and becoming a carer are triggers for becoming inactive
  - **Trust and acceptability of advice**  
Nine in ten (93%) of people trust advice from hospital doctors (similar for other healthcare professionals)  
  
Nine in ten (91%) of people would accept advice from hospital doctors (similar for other healthcare professionals).
- 3.8 The priorities for phase two of the Active Hospitals pilot programme are to:
  - Improve clinical and quality of life outcomes of people living with one or more long term condition;
  - Change culture of secondary care settings in relation to importance of physical activity;
  - Investigate approaches across different trust models and new care pathways;
  - Work collaboratively across the care and community system; and
  - Build on current knowledge and good practice.

#### 4. PROPOSALS

- 4.1 North Tees and Hartlepool NHS Foundation Trust has actively worked with Local Authorities in the submission and progression of the Active Hospitals Programme. Ensuring that the detail of this programme is shared with others will increase the opportunities to create sustainable behaviour change in a way people are physical activity in and out of hospital.
- 4.2 The Active Hospital focus for North Tees and Hartlepool is initially to update the model of care to embed physical activity as part of the working culture. This will be done through increasing knowledge and awareness of physical activity and ensure effective communication models so that there can be good, strength based conversations about physical activity with staff and then with patients.
- 4.3 The model focuses on both inpatients and outpatients and will include:

##### Inpatient offer

1. Acute Cardiac Unit
2. Elderly Care (Frailty)

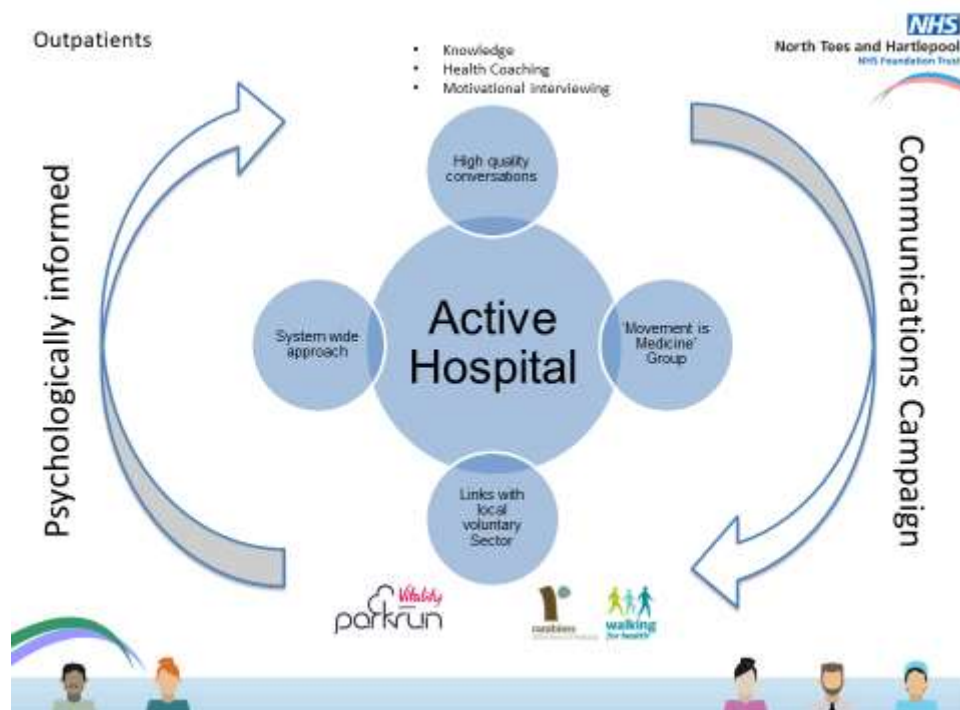


Measures of success or evaluation proposed in this approach would be:

- Length of Stay
- Pressure sore rates
- Falls – assumption that increased activity may lead to increased falls, but this may be the opposite.
- Patient stories
- Number of patients attending the 'exercise is medicine' outpatient group

### Outpatient Offer

1. Children who are overweight or obese
2. Integrated MSK – including Orthopaedic/Rheumatology and persistent pain pathways



Measures of success of evaluation proposed for this approach would be:

- Capture the conversation via electronic record (how many people do we have a quality conversation with)
- How many people convert into taking positive action to get more information and attending the movement is medicine group
- How many people from that group go on to take up physical activity within community partners.

- 4.4 There will also be key links with the local voluntary and community sector as part of this work and local authority partners will support and facilitate at a local level alongside engagement of Hartlepool and Park Run who are established partners with the Trust.
- 4.5 An Active Hospitals Champion has been appointed to lead the programme and work internally and externally to embed systematic change. The programme started in September however the initial few months of the programme are being used to collect baseline data to ensure impact can be measured and evaluated successfully.
- 4.6 Active Hospitals is a significant development for the promotion of physical activity across Hartlepool specifically amongst vulnerable populations. Hartlepool are amongst some of the most physically inactive populations nationally with 1 in 3 people being classed as inactive (less than 30 minutes of moderate activity per week). The work with Active Hospitals will support

the initiation of a town wide physical activity strategy to increase rates of physical activity and further expand on the leisure and sport facility review.

## **5. RISK IMPLICATIONS**

- 5.1 There are no risk implications identified at this time.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are no financial considerations for the Local Authority.

## **7. LEGAL CONSIDERATIONS**

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

## **8. CONSULTATION**

- 8.1 The local authority will support the programme to conduct consultation as necessary with residents and partners. Update reports will be shared as the programme evolves.

## **9. CHILD AND FAMILY POVERTY**

- 9.1 Supporting the health and wellbeing of Hartlepool residents through such related programmes will have a positive impact on poverty and on disadvantaged communities.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 Equality and diversity will be considered throughout the programme and opportunities will be available to all patients in a consistent way.

## **11. STAFF CONSIDERATIONS**

- 11.1 There are no staff considerations associated with this report. Officer time will be committed to support the development and delivery of the Active Hospital Programme.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 Access to assets will be supported as needed to support the programme to link with the wider community and delivery on activity if relevant.

### 13. RECOMMENDATION

- 13.1 It is recommended that members note the information in the report and consider the relevance to future service planning and delivery.

### 14. CONTACT OFFICERS

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Director of Resources and Development ☒

Chief Solicitor ☒

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 December 2020



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

**Subject:** BRAIN IN HAND PILOT

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## 1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required; for information.

## 2. PURPOSE OF REPORT

- 2.1 To provide members of the Adult and Community Based Services Committee with further information regarding a 12 month pilot of the Brain in Hand application.

## 3. BACKGROUND

- 3.1 Good mental health is an asset and is also linked to good physical health – both of which support positive social and economic outcomes for individuals and society. Mental health disorders account for almost a quarter of the total burden of ill health in the UK. Poor mental health is strongly associated with social and economic circumstances, including living in poverty, low-quality work, unemployment and housing.
- 3.2 There is also a strong evidence base for increased prevalence of mental health disorders following disasters, including evidence from previous viral outbreaks. This suggests that COVID19, and the response to the pandemic, could have a significant impact on the nation's mental health through increased exposure to stressors. Exacerbating this, there has been a loss of coping mechanisms for many (*Source: The Mental Health Foundation*).
- 3.3 Brain in Hand is a professional digital support system which helps people to make decisions, manage anxiety and deal with unexpected situations.
- 3.4 Brain in Hand is for anyone whose day can be knocked off track by anxiety, unexpected events, or the need to make decisions under pressure. Brain in



Hand is not condition specific. It is better thought of as an aid for people who find it hard to remember things, experience anxiety, or have difficulties with executive function: for example, planning and organising, initiating tasks, and responding to unplanned situations. These challenges are common to many conditions, notably autism, a range of mental health difficulties and some learning difficulties.

- 3.5 Brain in Hand combines the benefits of technology and the potential of people's support networks to help them develop and deploy strategies to tackle everyday tasks and challenges. Designed for young people and adults with impairments to executive function - such as difficulties with planning, problem solving and initiating tasks - it helps them establish routines, deal with unexpected events, and manage the stress and anxiety that can arise when things go off track.
- 3.6 The application provides users with a step-by-step process of personal planning to help identify goals, pinpoint problems, and develop solutions. These are translated into strategies, broken down into manageable steps, alongside routines for daily tasks, organising and planning.

#### **4. PROPOSALS**

- 4.1 Hartlepool Borough Council has entered into an agreement to conduct a 12 month pilot of the application with 20 people. Training on the application and its functionality has commenced and the Adult & Community Based Services department is working with Social Workers to identify a cohort of people to test the service and the effectiveness of the application.
- 4.2 In addition to support on how to set up and use the application the cohort of 20 people will also receive a personalised plan tailored to their personal requirements, which vary depending on their goals and their support network. For example, a person learning skills to live independently might focus more on planning, reminders, and prompts, and be helped by a parent or mentor. A young person wanting to manage the anxiety of using public transport might focus more on mood monitoring and strategies for dealing with unplanned situations.
- 4.3 Each of the 20 people will co-produce their own support plan and strategies based on their needs, goals, and skills with the help of a specialist who is always available. The support plans and self-management tools are easily accessible via a smartphone, tablet or website which is complemented by human input. Help can easily and discreetly be accessed when it's needed via a trained responder service, so help is always at hand.
- 4.4 Further information regarding how Brain in Hand works is attached as Appendix One.

## **5. RISK IMPLICATIONS**

- 5.1 Brain in Hand's implementation team will work with HBC staff to plan and support the best way of embedding Brain in Hand with individuals. This often takes between 6 and 12 weeks. A dedicated programme manager will assist the Council throughout the implementation and for the duration of the pilot.
- 5.2 Brain in Hand will provide regular data reports showing how the application is being used and help determine impact and value for money.
- 5.3 Brain in Hand is a Tier 2 digital health technology under the National Institute of Health and Care Excellence (NICE) Evidence Standards Framework. The service is fully compliant with General Data Protection Regulations (GDPR) and is being commissioned by over 20% of Councils in England, supporting hundreds of people across the country.

## **6. FINANCIAL CONSIDERATIONS**

- 6.1 The total cost to the Council for the implementation of the pilot is £28,570. This includes up to 20 licences (which can be reissued), specialist support, an individual annual response service, 3 programme evaluation support days, and 4 project management support days.

## **7. LEGAL CONSIDERATIONS**

- 7.1 The Brain in Hand pilot will be delivered through a 12 month contract and appropriate checks have been undertaken to ensure that all relevant requirements are met. An Exemption to Contract Procedure Rules was obtained to allow this approach to be piloted.

## **8. CONSULTATION**

- 8.1 Case studies were provided as part of the scrutiny into the service provider and references checked with neighbouring Local Authorities.

## **9. CHILD AND FAMILY POVERTY**

- 9.1 There are no Child & Family Poverty considerations associated with this report.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 Brain in Hand demonstrates how assistive technology can complement services and shape service models to improve effectiveness, quality, performance, efficiency and value for money. The system is designed to put

the individual in control of their own care, in the centre of a network of linked support therefore ensuring peoples independence is maximised. The system can be accessed by people with a range of protected characteristics.

## **11. STAFF CONSIDERATIONS**

- 11.1 There are no staff considerations linked to this report. Additional training will be provided to support staff who identify individuals who may benefit from the Brain in Hand pilot.

## **12. ASSET MANAGEMENT CONSIDERATIONS**

- 12.1 There are no asset management considerations linked to this report.

## **13. RECOMMENDATIONS**

- 13.1 It is recommended that the Adult & Community Based Services Committee note the contents of the report and receive a further report detailing the outcome of the pilot in due course. If the pilot is successful there is potential to expand this approach to support an increased number of people.

## **14. REASONS FOR RECOMMENDATIONS**

- 14.1 To ensure that members are provided with information about the pilot and the outcomes achieved to evaluate its effectiveness and inform decisions about future use.

## **15. CONTACT OFFICER**

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Sign Off:-

Director of Resources and Development ☒

Chief Solicitor ☒

# How it Works

Brain in Hand has been designed to improve outcomes and save money. Since its launch, we have engaged with researchers, commissioners, end users, and the academic community to understand the impact it makes and its acceptability to users.

Research on digital support systems in the area of autism and mental health is nascent. The evidence base is growing, but there is much that is not known and, in many regards, traditional research methods are not suitable.

Mindful of these challenges, there are three principles that inform research and development at Brain in Hand:

- (1) Make the most of existing published research to inform product development
- (2) Be nimble: make the most of every opportunity to gather data and get insight on how Brain in Hand is working
- (3) Be open to collaboration with partner organisations and academic institutions.

Our research programme is informed by the NICE Evidence standard framework for digital health. We have strong evidence for Tier 2 of the standard and are working towards Tier 3a.

We have documented our thinking about the mechanisms behind Brain in Hand in this white paper 'How Brain in Hand Works'. Our understanding of how Brain in Hand works is constantly evolving, so we want and expect this document to change in light of new insights and feedback from end users, funders, and researchers.

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**Authored by**  
**Dr Louise Morpeth**  
**Michelle Martin**  
**Serin Hartopp**

**Dr Louise Morpeth** gained her PhD from Exeter University and spent 20 years leading research and development projects in the public and charity sector. **Michelle Martin** is involved in learning and research and is a qualified Counsellor registered with the BACP. Michelle has a passion for training, education and mentoring. **Serin Hartopp** has a background in Psychology with a focus on technology as a tool for learning. Serin was previously an Assistant Psychologist within the NHS.

All three authors work for Brain in Hand - Dr Louise Morpeth is CEO, Serin Hartopp is Product Owner, and Michelle Martin is a Senior Programme Manager

# How Brain in Hand Works

## BiH Explained

Brain in Hand is a goal-oriented, user-led approach. It combines the benefits of technology and the potential of people's support networks to help them develop and deploy strategies to tackle everyday tasks and challenges. Designed for young people and adults with impairments to executive function - such as difficulties with planning, problem solving and initiating tasks - it helps them establish routines, deal with unexpected events, and manage the stress and anxiety that can arise when things go off track.

BiH starts with the user, leveraging their motivation to build self-efficacy and become more independent. A step-by-step process of personal planning helps them to identify goals, pinpoint problems, and develop solutions. These are translated into strategies, broken down into manageable steps, alongside routines for daily tasks, organising and planning.

*Goals typically relate to one or more of the following areas:*

**Emotions and feelings:** managing anxiety; coping with change

**Travel:** using public transport

**Communication:** being able to communicate needs  
Social: talking to new people in new situations

**Study or work skills:** breaking down and planning assignments or work tasks

**Organisation:** knowing where to be and when; remembering what is needed for the day

**Independent living:** managing housework or bills; spending time at home alone

**Relationships:** how to best respond to what friends or family might say or do

Brain in Hand is a goal-oriented, user-led approach

Stored online and easily accessible via mobile software, the user's strategies can be drawn on as and when they need them to help navigate their day. This includes ways of coping with unexpected events, like the bus not arriving or lectures being cancelled. They can make notes in the moment about the things that have and haven't worked well for them, and why.

A mood monitor in the form of green, amber, and red traffic lights promotes self-monitoring and self-regulation by encouraging the user to pause briefly and reflect on how they are feeling throughout the day. A record of their traffic light presses is stored on a timeline which they and their supporters can access.

## Strategies to help users navigate their day are easily accessible via mobile software

Using the traffic lights and strategies on the user's phone, and aided by their supporters, BiH enables self-management. It helps users to reflect on their successes and struggles, identify triggers for anxiety, and expand and refine their repertoire of strategies.

Brain in Hand harnesses people's networks to access 24/7 support. It gives the user the confidence to use their strategies and solutions, safe in the knowledge that a safety net will catch them if a little extra help is needed to get the day back on track.

Brain is Hand is a personalised system with the flexibility to be tailored to users' specific requirements, which vary depending on their goals and their support network. For example, a student learning skills to live independently might focus more on planning, reminders, and prompts, and be helped by a parent or university mentor. A young person wanting to manage the anxiety of using public transport might focus more on mood monitoring and strategies for dealing with unplanned situations. They might have the support of a care worker, relative, or mental health practitioner.

A personalised digital system with flexibility

# Influences on Brain in Hand

As Brain in Hand has evolved, it has been influenced by three approaches known to be effective for helping people with executive function impairment and anxiety: cognitive behavioural therapy, solution-focused brief therapy, and coaching.

The Brain in Hand approach has much in common with cognitive behavioural therapy (CBT). It involves mutually agreed goal-setting with a focus on current problems. It aims to understand the user's perspective to help them discover alternative solutions to existing problems. It aims to equip people to adopt new behavioural patterns and is concerned with activity scheduling - for example, planning for situations in advance - and dividing tasks that will provoke anxiety into manageable steps.

## Cognitive behavioural therapy, solutions focused brief therapy and coaching

Brain in Hand differs from CBT in that it is not a therapy. BiH is pragmatic and assumes that behaviours can be modified by focusing on skill development.

BiH can, however, be used to record strategies from therapy sessions and may be used as an augmentation to clinical practice when appropriate. In these circumstances, BiH can support techniques such as positive self-talk (for example, a reminder that the user has successfully caught the bus alone before) and re-framing (for example, adopting a strategy for dealing with difficult social interactions to a new, specific interaction).

Brain in Hand draws on elements of Solution-Focused Brief Therapy (SFBT) to support users to identify their own solutions and strategies to overcome challenges. Users identify a goal or change to achieve with a focus on their own preferred future. They are helped to recognise the progress they have already made and ways they have coped with challenges in the past to inform solutions for overcoming these and similar difficulties in the future.



Solution-focused questions are employed to get the user started with BiH. They are encouraged to generalise strategies and reflect on the positives of situations instead of being problem-focused.

Brain in Hand also has much in common with coaching: a collaborative, client-centred, client-driven approach to making sustainable change focused on goal attainment. BIH allows members of the support network, such as a parent or mentor, to offer unobtrusive support and guidance from a distance (through the website) much like a coach, all the while empowering the user to make progress towards their goals with the highest possible degree of self-sufficiency and independence.

## Development of life skills or participation in education, work, or social & home life

As a personalised system, the outcomes for each user depend on the things that are important to them and the goals they select. A good outcome is movement towards or achievement of a goal. For the majority of users, goals concern with aspects of living more independently: for example, the development of life skills or participation in education, work, or their social or home life.

Brain in Hand can be used as a standalone support system or as an adjunct to other forms of support such as occupational therapy, psychological therapy, and social care.

Brain in Hand focuses on skill development

# Who is Brain in Hand for?

Brain in Hand is recommended for young people and adults who experience anxiety, difficulty managing their behaviour, or remembering things. Each of these difficulties may arise from a range of clinical conditions. One of the key features of support for people with anxiety is helping them identify the early signs of an anxious episode so that they can implement strategies to manage the anxiety before it becomes overwhelming. It is also well documented that anxiety conditions are associated with difficulties with some aspects of executive functioning: skills such as planning, problem-solving, and initiation of actions.

## Anxiety, difficulty with appropriate behaviour, or difficulty remembering things

People likely to benefit from Brain in Hand include those with the following conditions (due to the primary feature of anxiety): autistic spectrum conditions, generalised anxiety disorder, obsessive compulsive disorder, panic disorder, and anxiety associated with chronic medical conditions.

There are also a number of health conditions that result in executive functioning difficulties where individuals may find it difficult to stay on track or to recall, initiate, or complete tasks. It is in these circumstances that Brain in Hand is recommended as an aid, primarily to help manage difficulties in executive functioning and impulsivity by increasing daily awareness of the need to implement pre-planned responses to complex or unexpected situations.

People likely to benefit from Brain in Hand include those with the following conditions (due to the primary feature of executive function difficulties): acquired brain injury, ADD /ADHD, ASD, specific learning difficulties such as dyslexia, dyspraxia and dyscalculia, and language delays resulting from hearing loss.

Experience of implementing BiH in multiple settings has highlighted three other characteristics that contribute to increased user benefits. First, users need to have some motivation to make a change in their life, in order to consider a goal that they want to work towards. Second, as a text-based system, users need basic literacy. The system supports the use of emojis, which many users with low literacy levels have found beneficial. Third, users need to have a smartphone and be comfortable using it.

Please visit [www.braininhand.co.uk](http://www.braininhand.co.uk) for more information.

## Users develop awareness of difficulties and implement pre-planned responses

**STUDIES:** When Brain in Hand was in the pilot stage, two invaluable studies were conducted to understand if a digital support system would be acceptable to autistic people and the impact it could have. The first study of autistic adults<sup>1</sup> was undertaken by Devon Partnership Trust in 2013. It reported that over three quarters (77%) of users felt the system had a very positive impact on their lives: for example, by reducing anxiety and improving the ability to self-manage. BiH was partly attributed with enabling a transition from residential to independent living, and with a reduction in the number of weekly contacts that a user had with clinical support; this was early evidence that Brain in Hand could represent cashable savings to services. This was followed by a study of autistic students<sup>2</sup> by the National Autistic Society in 2015, which found that half of users reported being better able to implement strategies for coping with difficulties; a similar proportion reported increased confidence.

As a result of interest in Brain in Hand's suitability for people with an Acquired Brain Injury (ABI), we supported a study led by Professor das Nair at Nottingham University<sup>3</sup>. The study, showed that BiH has potential to ease the burden of care on carers and to reduce the number of hours of care provided, as well as to help users make progress towards their goals and increase their levels of participation (for example, in social activities, work, or education). The research was conducted by Dr Jade Kettlewell for her PhD, and included a fascinating systematic review of the evidence of smart technologies to improve outcomes in adults with ABI.

For these study papers email us at:  
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<sup>1</sup>Devon Partnership NHS Trust & Brain in Hand (2013) An assessment of quality of life and economic benefit, unpublished report.

<sup>2</sup>National Autistic Society (2015) HelpTech for students with autism: autism innovation fund project final report Jan-July 2015

<sup>3</sup>Kettlewell J., Phillips, J., Radford, K. & das Nair, R (2018) Informing evaluation of a smartphone application for people with acquired brain injury: a stakeholder engagement study. BMC Medical Informatics and Decision Making (2018) 18:33 <https://doi.org/10.1186/s12911-018-0611-0>