

# HEALTH AND WELLBEING BOARD AGENDA



29 November 2021

at 10.00 am

in the Council Chamber, Civic Centre,  
Victoria Road, Hartlepool

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523013 by midday on Friday 26 November 2021 and name and address details will be taken for NHS Test and Trace purposes.

You should not attend the meeting if you are required to self-isolate or are displaying any COVID-19 symptoms such as a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell, even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the [guidance on testing](#)

MEMBERS: HEALTH AND WELLBEING BOARD

## **Prescribed Members:**

Elected Members, Hartlepool Borough Council - Councillors Cook, Howson, Moore and Tiplady.  
Representatives of NHS Tees Valley Clinical Commissioning Group - Dr Timlin and David Gallagher  
Director of Public Health, Hartlepool Borough Council – Craig Blundred  
Director of Children's and Joint Commissioning Services, Hartlepool Borough Council - Sally Robinson  
Director of Adult and Community Based Services, Hartlepool Borough Council - Jill Harrison  
Representatives of Healthwatch - Margaret Wrenn and Christopher Akers-Belcher

## **Other Members:**

Managing Director, Hartlepool Borough Council – Denise McGuckin  
Director of Neighbourhoods and Regulatory Services, Hartlepool Borough Council – Tony Hanson  
Assistant Director of Joint Commissioning, Hartlepool Borough Council - Danielle Swainston  
Representative of the NHS England - Dr Tim Butler  
Representative of Hartlepool Voluntary and Community Sector - Sylvia Ochuba and Michael Slimings  
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray  
Representative of North Tees and Hartlepool NHS Trust - Deepak Dwarakanath / Julie Gillon  
Representative of Cleveland Police - Superintendent Sharon Cooney  
Representative of GP Federation - Fiona Adamson  
Representative of Headteachers - Sonya Black

Observer – Councillor Feeney, Statutory Scrutiny Representative, Hartlepool Borough Council



**1. APOLOGIES FOR ABSENCE**

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

**3. MINUTES**

- 3.1 To confirm the minutes of the meeting held on 15 October 2021

**4. ITEMS FOR CONSIDERATION**

- 4.1 Hartlepool and Stockton-on-Tees Safeguarding Children Partnership Annual Report 2020-21(*attached*)
- 4.2 Teeswide Safeguarding Adults Board Annual Report 2020-21 – *Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board (attached)*
- 4.3 Better Care Fund Plan 21/22 – *Director of Adult and Community Based Services (attached)*
- 4.4 Pharmaceutical Needs Assessment Update (*to follow*)
- 4.5 Covid Update Presentation - *Director of Public Health*

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

Date of next meeting – 21 March 2022 at 10 a.m.



# **HEALTH AND WELLBEING BOARD**

## **MINUTES AND DECISION RECORD**

**15 OCTOBER 2021**

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillor Feeney (as substitute for Councillor Howson), Councillor Lindridge (as substitute for Councillor Cook) and Councillor Tiplady

Representatives of NHS Tees Valley Clinical Commissioning Group

– Dr Nick Timlin and Karen Hawkins (as substitute for David Gallagher)

Director of Public Health, Hartlepool Borough Council – Craig Blundred

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

Representatives of Healthwatch – Stephen Thomas (as substitute for Christopher Akers-Belcher) and Margaret Wrenn

Other Members:

Representative of Cleveland Police – Chief Inspector Mark Haworth (as substitute for Superintendent Sharon Cooney)

Representative of North Tees and Hartlepool NHS Trust – Stuart Irvine (as substitute for Deepak Dwarakanath)

Also in attendance:-

Zoe Sherry, Chair of the Mental Health Forum

Amanda Whitaker, Democratic Services Team

## **16. Apologies for Absence**

Elected Members, Hartlepool Borough Council – Councillors Cook and Howson

Managing Director, Hartlepool Borough Council – Denise McGuckin

Representative of the NHS England – Dr Tim Butler

Representative of Cleveland Police – Superintendent Sharon Cooney

Representative of North Tees and Hartlepool NHS Trust – Deepak Dwarakanath

Representative of GP Federation – Fiona Adamson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch – Christopher Akers-Belcher

Representatives of NHS Tees Valley Clinical Commissioning Group

– David Gallagher

Representative of Headteachers – Sonya Black

Representative of Tees, Esk and Wear Valley NHS Trust – Elspeth Devanney

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

None

## **18. Minutes**

The minutes of the meeting held on 26 July 2021 were confirmed.

## **19. Clinical Commissioning Group Annual Report 2020/21**

Karen Hawkins presented the first annual report as Tees Valley Clinical Commissioning Group following submission of the report at the CCG Annual Meeting on 28 July 2021. The pertinent issues included in the report were highlighted to the Board including the immense challenges due to the global Covid-19 pandemic. Whilst the response to the pandemic had been the major challenge during the year, the report recognised successes and hard work across other areas during 2020/21.

Board Members discussed issues arising from the report including the collaborative work being undertaken to address health inequalities and the role of Primary Care Networks working with Local Authorities. In response to issues highlighted by a Healthwatch representative, responses were provided to concerns expressed regarding access to GP appointments and obtaining dentistry services. The Board was assured that capacity issues were being worked on and a report would be submitted to the Board when further information was received from NHS England with regard to dental care issues.

### **Decision**

The report was noted.

## **20. Director of Public Health Annual Report**

The Board was referred to the requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, as specified in the Health and Social Care Act 2012. The theme of the 2020 Annual Report was 'Hartlepool's COVID-19 Journey'. Following the success of utilising an electronic format last year, the

report was again accessed via a link included in the report with a copy of the Director's report also appended to the Board report.

Board Members commended the report and the innovative approach in which the report had been presented. It was considered that the report and the videos shown at the meeting highlighted the positive impact of initiatives which had been introduced in response to the pandemic. Clarification was sought regarding long covid challenges and implications of the pandemic on mental health. The Board agreed to a suggestion by the Clinical Commissioning Group representative, that a report with further information on the issues raised be submitted to a future meeting of the Board.

### **Decision**

The Board noted the report and its conclusions

## **21. Mental Health – Covid Recovery** *(Director of Adult and Community Based Services)*

Zoe Sherry, Chair of the Mental Health Forum, presented the report which provided the Board with an update on the effects of Covid-19 on mental health. A report to Full Council in February 2021 by the then mental health champion Councillor Stephen Thomas had provided an overview on the early findings following the national lockdown in relation to mental health and wellbeing across the life course. The report had been compiled with the support of the Hartlepool Mental Health Forum which was sighted on the work of the North East & North Cumbria Integrated Care System (ICS) mental health work stream. In addition, Board members were advised the Teeswide Mental health Alliance was invested in a number of work streams focused on the implementation of the Crisis and Prevention Concordat and the Community Mental Health Transformation work.

The report provided information in relation to the following:-

- Tackling Social Isolation and Loneliness
- Bereavement and Loss
- Mental Ill Health
- Improving Access to Psychological Therapies
- Enhanced Community Mental Health Services

**Decision**

That Health & Wellbeing board noted the update and response to the recovery plan for mental health.

**22. Health and Wellbeing Board – Draft Communications and Engagement Plan 2021/22** *(Director of Public Health)*

The report sought consideration of the Health and Wellbeing Board's draft Communications and Engagement Strategy. The Board was advised that Section 7 of the Terms of Reference for the Board outlined the statutory duty to involve local people in the preparation of the Joint Strategic Needs Assessment and the development of the Health and Wellbeing Strategy. It also referred to commitment to actively maximise the opportunities and mechanisms for involving local people in those processes and subsequent service provision.

Board Members were advised that the Board strives to meet the codes of practice and terms of engagement as set out in the Community Engagement and Cohesion Strategy. The key to achieving this was the development and delivery of a Communication and Engagement Strategy to set out how the work of the Board would be promoted and members of the public, key partners and the Voluntary and Community Sector would be able to engage with and contribute to the work of the Board. A draft Communication and Engagement Plan was appended to the report with the implementation of the Delivery Plan to be monitored, reviewed and developed on an annual basis.

**Decision**

That the Board approved the Draft Communication and Engagement Plan.

Meeting concluded at 3.10 p.m.

CHAIR





# Hartlepool and Stockton-on-Tees

## Safeguarding Children Partnership

### Annual Report 2020-21

Hartlepool & Stockton-on-Tees  
**SAFEGUARDING  
CHILDREN**  
PARTNERSHIP





# Foreword by the Independent Chair

It gives me great pleasure to introduce the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) Annual Report 2020-21 to you and many thanks for taking the time to read it.

The report accurately and concisely identifies the achievements of the HSSCP during this year and the challenges during this period. It will be of no surprise to anyone that the most significant challenge was to ensure the continued effective safeguarding of children and young people during the Covid 19 pandemic.

The lock downs meant that children were largely out of sight of agencies far more than normal and particularly so for schools who play a fundamental role in safeguarding children. All partners came together, and continue to do so, in adapting their arrangements to ensure that children were kept as safe as was possible. This included partners carrying out risk assessments on vulnerable children with schools and ensuring physical contact and support was maintained throughout the lock downs.

All partners and staff are to be commended on their response during these particularly difficult times for their dedication, professionalism, and innovation. Thank you.

Unfortunately, there are also times where agencies responses to safeguarding children and young people has not achieved what was required. The report contains details of how the HSSCP has identified these incidents and ensured the appropriate learning across partners. Recognising when things have gone wrong and effectively addressing that is a strength of the Partnership and their Rapid Review Process continues to be held in high regard by the National Child Safeguarding Practice Review Panel.

The HSSCP reacts well to Safeguarding issues, however, during the year I challenged the partners to be clearer about their strategic priorities, how they would deliver these priorities and associated impact, as well as independent scrutiny arrangements. This was recognised by the HSSCP, and the next steps are included with in this report.

This will be my final introduction to the Annual Report as after seven years carrying out the role of Independent Chair I am standing down. I would like to express my gratitude to all I have worked with over these seven years, it has been a pleasure and privilege to work with so many people determined to do their very best for the benefit of all children in Hartlepool and Stockton, their families, and the wider community. Thank you.



Dave Pickard  
HSSCP Independent Chair





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# About The Partnership



## HSSCP Vision, Aims and Objectives

**“Every child in Hartlepool and Stockton will feel safe, secure and be protected from harm, enabling them to reach their full potential.”**

HSSCP Published Arrangements, 2019

The Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) went live in April 2019, replacing the two existing Local Safeguarding Children Boards (LSCB's), in response to the changes set out in Working Together to Safeguard Children, 2018. The new arrangements aimed to build upon and strengthen the existing partnership working between all LSCB partners and between the two Local Authority areas.

HSSCP covers the two local authority areas of Hartlepool and Stockton-On-Tees Borough Councils. The local authorities were already closely aligned with a willingness to work together; underpinned by a shared Children's Hub which is the front door to Children's Services across both local authorities. Hartlepool and Stockton-on-Tees also share a co-terminus Clinical Commissioning Group and Police force.

HSSCP's vision is to ensure that **“Every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential.”** In order to achieve this the Partnership aims to understand what is working well in its collective safeguarding practice, to identify what needs further development and to ensure effective and co-ordinated multi agency working across our whole system. This 'Active learning' approach has the child at its core and harnesses the importance of working with practitioners to influence front line safeguarding practice in order to learn and improve together.



The Partnership's Objectives are to:

- achieve the best possible outcomes for children and families and provide the right services that meet need in a co-ordinated way;
- improve safeguarding practice across all partners thus impacting positively on the lives of children;
- improve safeguarding practice, via identification and analysis of issues/ threats / barriers to effective multi agency working;
- enable shared learning with front line staff across all partner agencies;
- establish and embed peer challenge as a process for learning and improvement;
- embrace a culture of challenge with organisations and agencies holding one another to account;
- share information effectively to facilitate more accurate and timely decision making for families; and
- deliver on key elements that inform the basis of effective safeguarding practice i.e.:
  - ◊ Effective governance
  - ◊ Quality assurance and intelligence; and
  - ◊ A culture of learning and improvement

HSSCP Membership

**HSSCP Safeguarding Partners**

The partners in Hartlepool and Stockton-On-Tees Safeguarding Children Partnership include the following in accordance with Working Together 2018 (and Children and Social Work Act 2017):

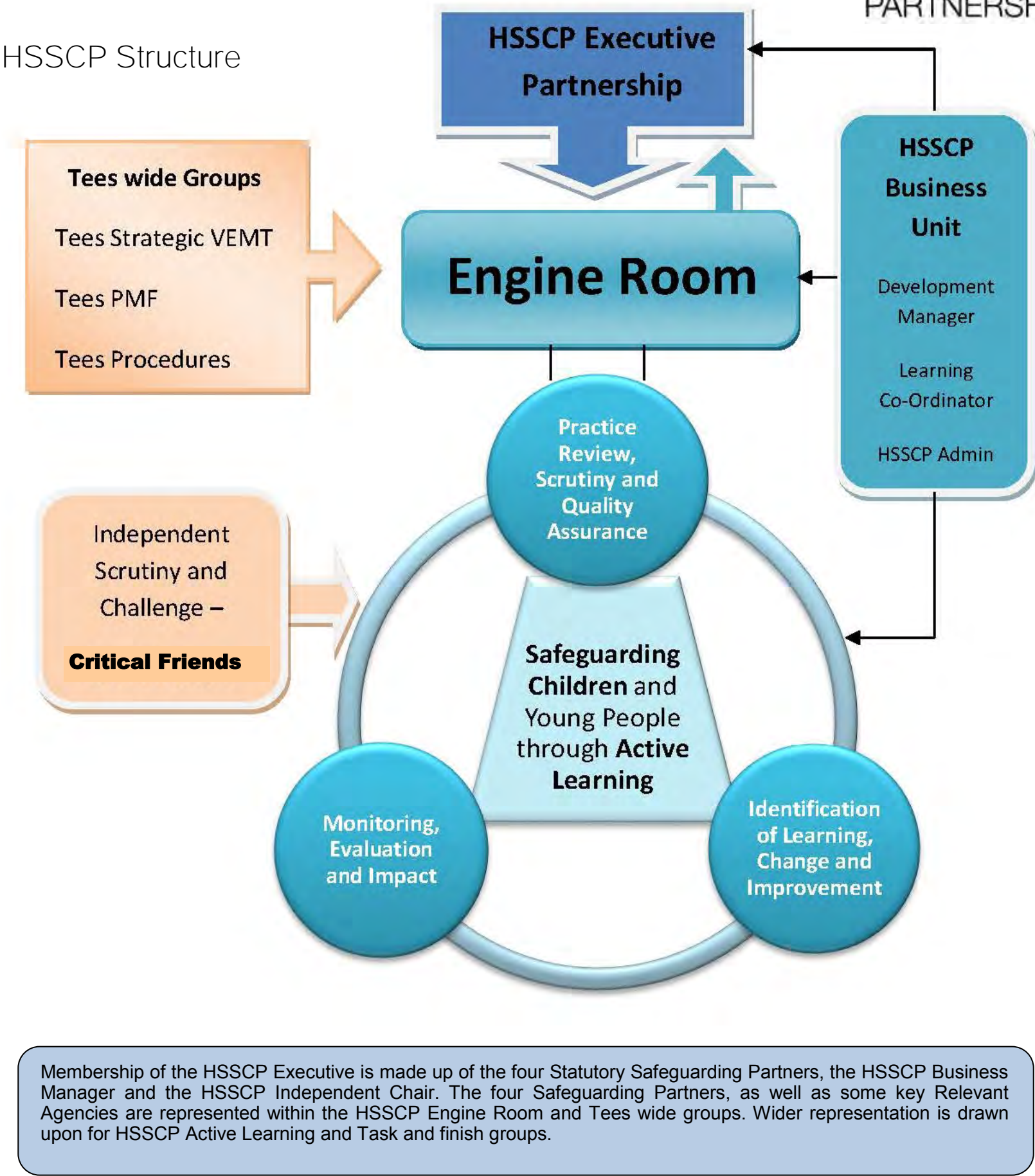
- Hartlepool Borough Council
- Stockton-On-Tees Borough Council
- Tees Valley Clinical Commissioning Group
- Chief Officer of Cleveland Police

**HSSCP Relevant Agencies**

The safeguarding partners identified the following local relevant agencies, whose involvement is integral to safeguarding and promoting the welfare of children and young people across Hartlepool and Stockton-On-Tees, as members of the wider partnership:

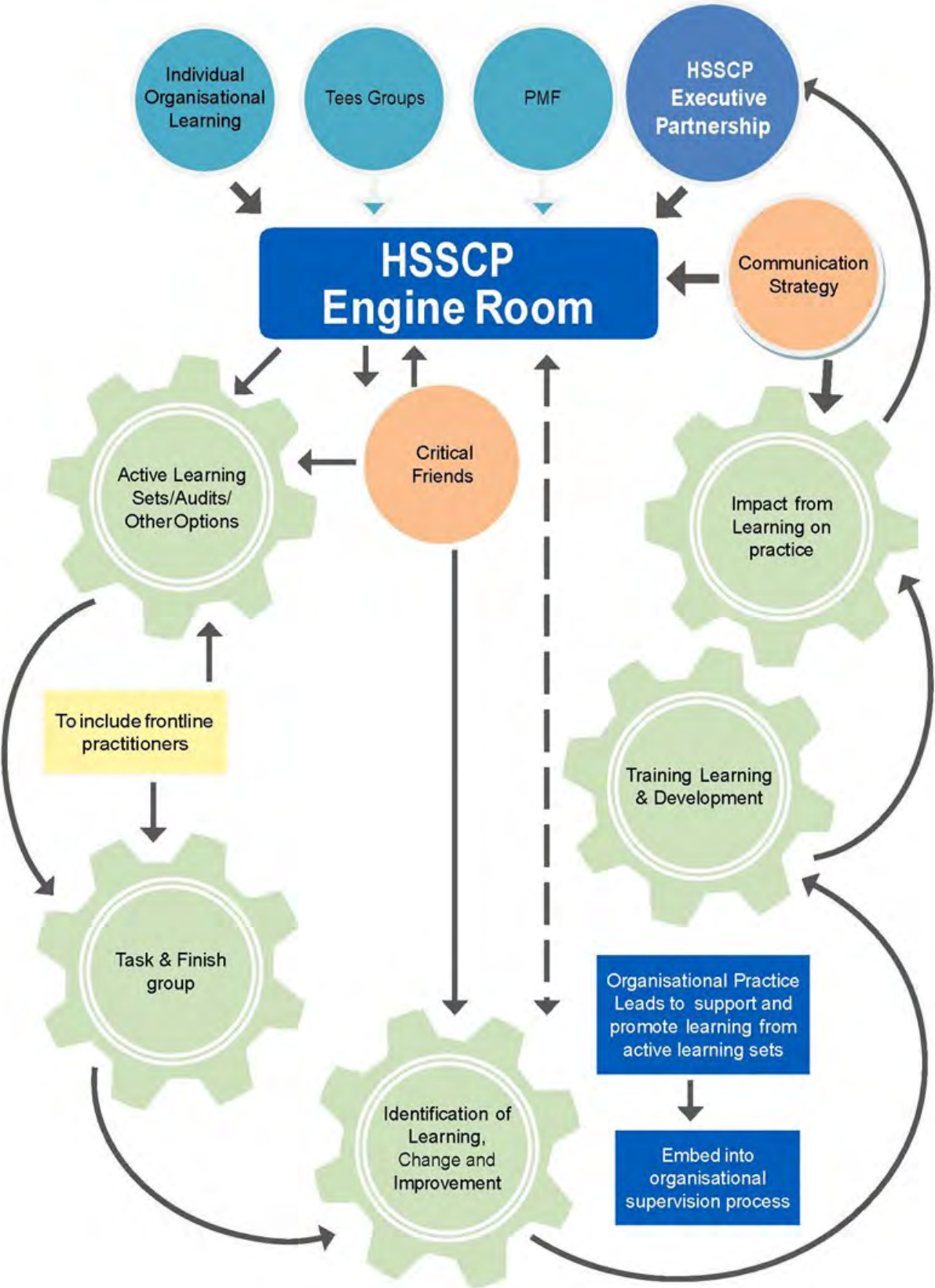
|  |
|--|
| Adoption Tees Valley   |
| British Transport Police   |
| Children and Family Court Advisory and Support Service (CAFCASS)   |
| Children, young people and families  |
| Cleveland Fire and Rescue Service  |
| Colleges, schools and Early Years settings   |
| Community / Voluntary Sector Organisations   |
| Durham Tees Valley Community Rehabilitation Company (CRC)  |
| Faith organisations  |
| Hartlepool Local Authority:<br>0-19<br>Housing<br>Public Health<br>Sports and Leisure<br>Youth Offending Team        |
| Local Housing providers  |
| National Probation Service (NPS)   |
| NHS England  |
| North Tees and Hartlepool NHS Foundation Trust   |
| North East Ambulance Service NHS Foundation Trust  |
| Residents of Hartlepool and Stockton-on-Tees   |
| Stockton-on-Tees Local Authority:<br>0-19<br>Housing<br>Public Health<br>Sports and Leisure<br>Youth Offending Teams |
| Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)   |
| Teeswide Safeguarding Adults Board (TSAB)  |
| The Police & Crime Commissioner  |

HSSCP Structure





HSSCP Key Roles and Functions



The HSSCP Executive

Functional responsibility of the Executive is shared between the four Safeguarding Partners who have equal and joint responsibility for local safeguarding arrangements. The Executive meet formally bi-monthly to review and determine how the safeguarding arrangements are progressing; to celebrate good practice, identify areas for learning and improvement, provide direction as appropriate and receive assurance reports. The Executive:

- Promote effective multi agency working to safeguard children and promote their welfare
- Share and co-own the vision for how to achieve improved outcomes for vulnerable children
- Ensure that services are commissioned in a co-ordinated way; through liaison with other key partnerships and Boards
- Promote co-operation and integration between universal services such as schools, primary and secondary health care, adult services, early years settings, youth services and colleges, voluntary and community and specialist support services
- Oversee core safeguarding functions of the partnership arrangement
- Scrutinise reports on learning activity presented to them by the 'engine room'
- Provide further challenge where necessary when seeking assurance, evidencing impact and improvement
- Liaise with other key local partnerships and boards; feeding back any relevant information to the 'engine room'
- Propose any relevant lines of enquiry for learning activity
- Ensure all statutory function and requirements are met
- Approve the appointment of reviewers for local case reviews; and
- Publish a threshold statement in liaison with the Hartlepool & Stockton-On-Tees Children's Hub Management Board which sets out the local criteria for action required to safeguard and promote a child's welfare in a way that is transparent, accessible and easily understood

The Executive Partnership meetings are chaired by an independent chair in order to provide independent scrutiny and challenge and ensure that the partnership arrangements are effective and embedded.

The Engine Room

The Engine Room is chaired by a statutory partner on a rota basis and meets every 6 weeks. This group is accountable to the HSSCP Executive. The functions of the Engine Room carried out on behalf of the Executive Partnership include:

- Analysis of data and soft intelligence to identify, scrutinise and determine action required to address any emerging themes;
- Identification of Key Lines Of Enquiry (KLOE) for deep dive analysis;
- Receiving recommendations from relevant Performance Management Framework (PMF) groups and the HSSCP Executive for further exploration
- Commissioning Action Learning Sets
- Identification and commission of training following findings from action learning sets
- Quality assurance
- Multi-agency audits
- Consider requests for learning on 'near-miss' cases
- Identifying and ensuring dissemination of good practice, in order to celebrate and learn
- Impact testing – Monitor and review change for improvement / learning
- Report learning and impact to HSSCP Executive

Independent Scrutiny

The HSSCP structure sets out two pathways for providing independent scrutiny; the first being within the HSSCP Executive in the form of an Independent Chair, the second being within the Active Learning in the form of Independent Critical Friends.

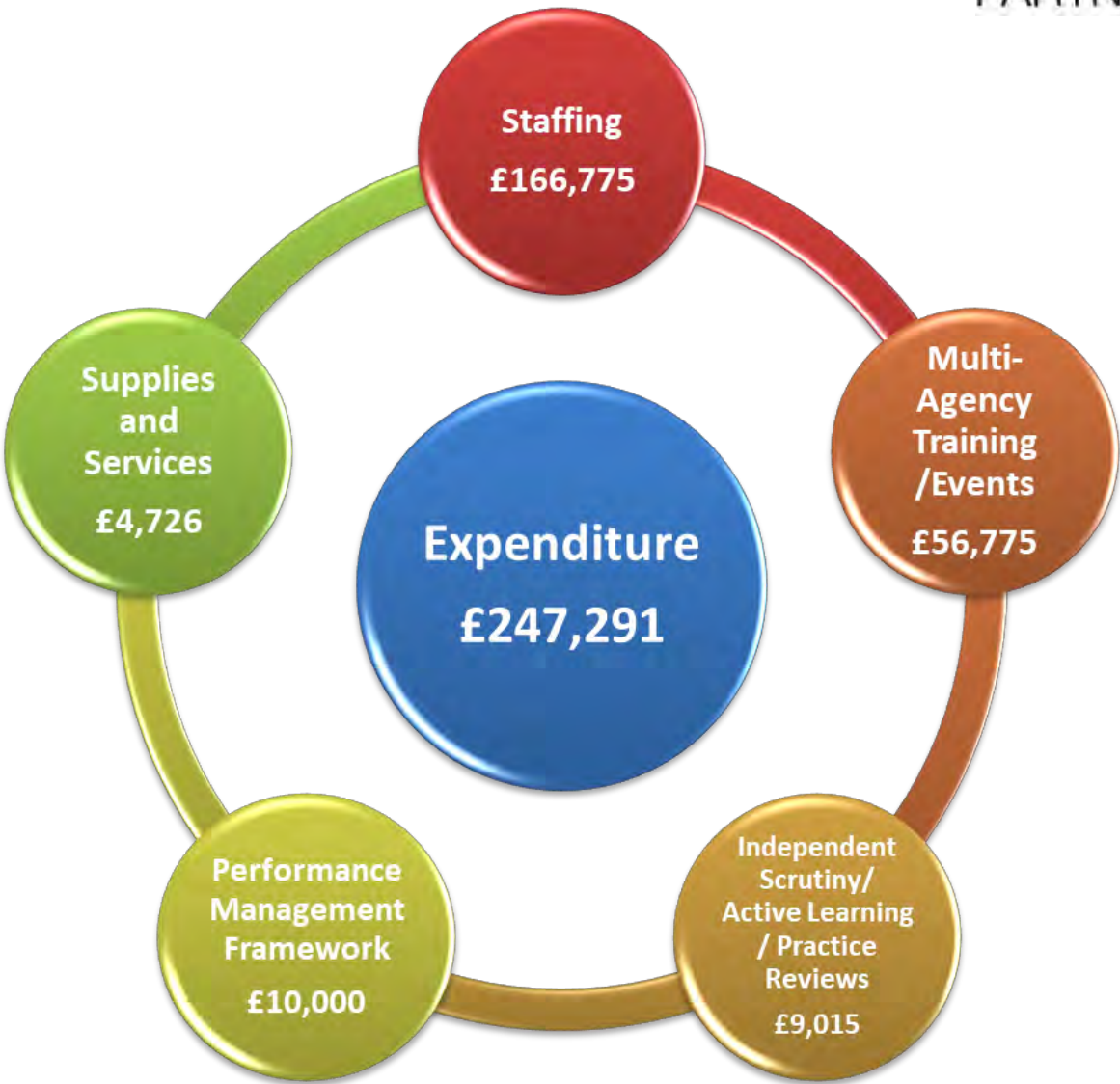
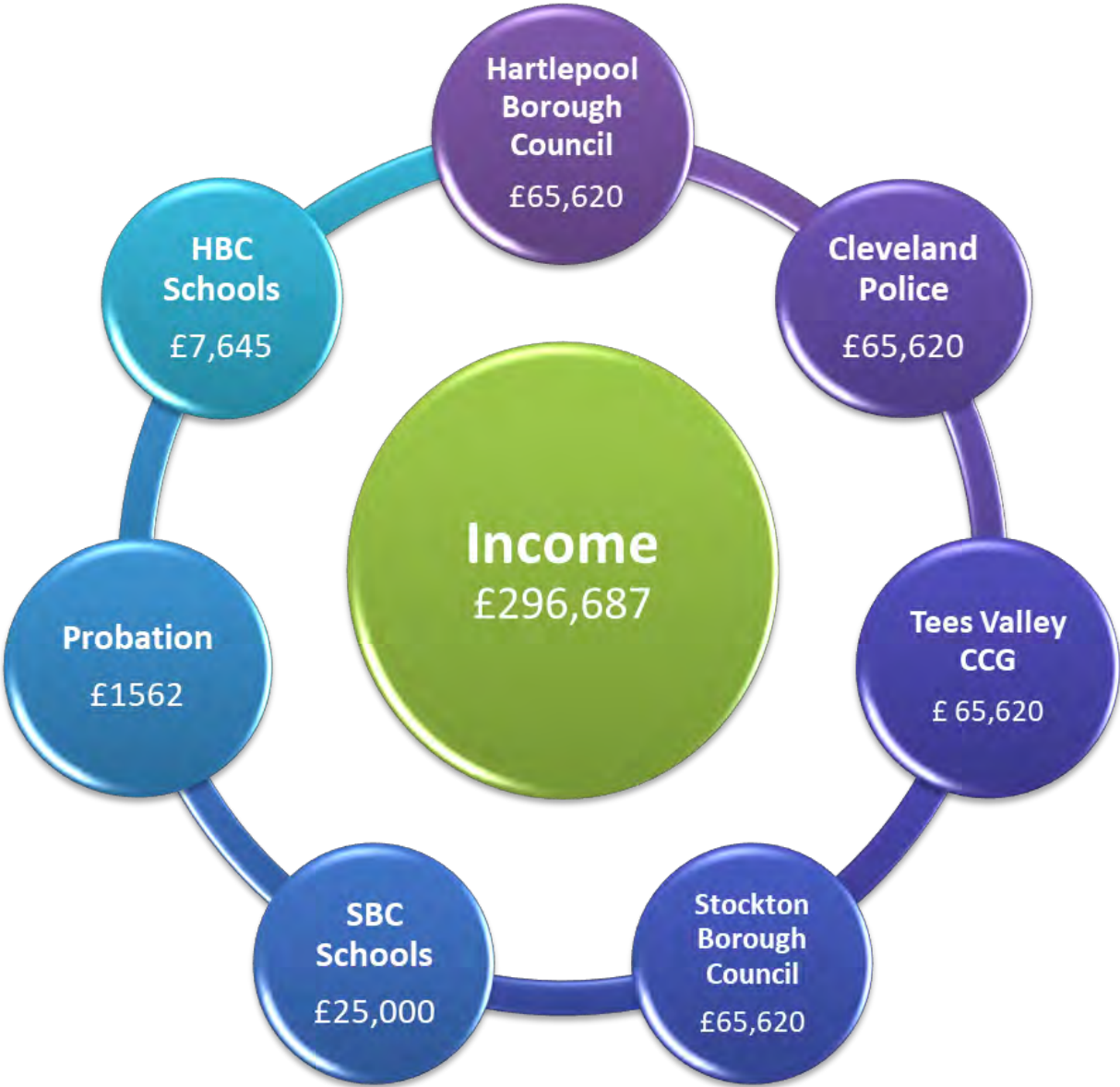
Active Learning

The HSSCP model is based on an active learning approach. Themes identified within the Engine Room, through qualitative and quantitative data analysis, local reviews, national reviews and audit practice across the system (single agency and multi agency), lead to deep dive scrutiny reviews being commissioned. These are facilitated by independent critical friends and include front line practitioners from across all safeguarding organisations. This model promotes practitioners' engagement in the work of HSSCP and practice learning as practitioners take part in the activity. The findings from the active learning are collated in reports that make clear recommendations for action. Outputs from the 'active learning' are reported to the Executive to ensure that the learning is promoted at a strategic and practice level and disseminated across the safeguarding system.



FINANCIAL ARRANGEMENTS

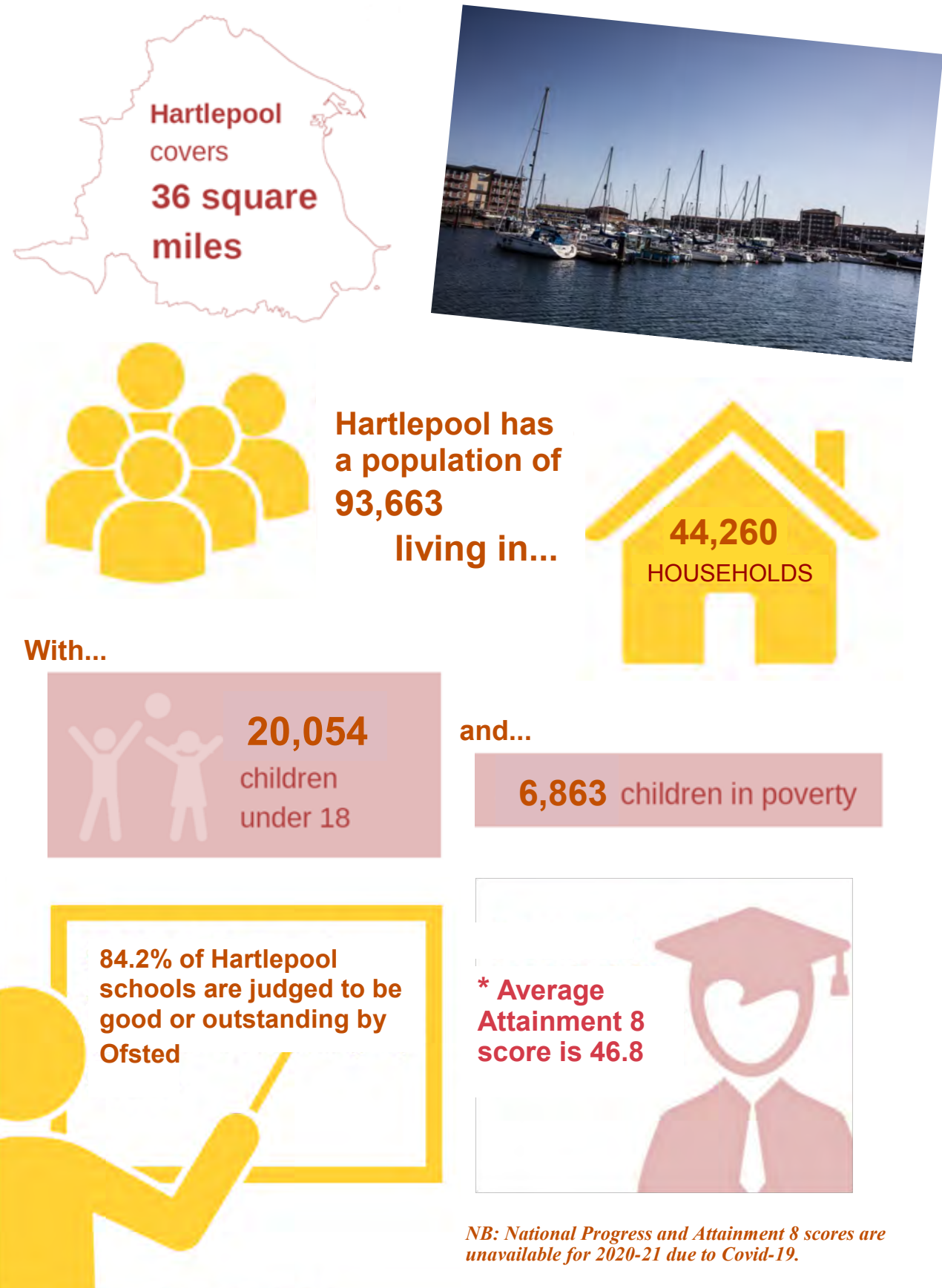
Partner agencies continued to contribute to HSSCP’s budget for 2020/21. This income ensured that the overall cost of running HSSCP was met; with a total carry forward of £151,436 into 2021-22.



| Finance 2020 - 21                           |         |
|---|---------|
| Income                                      | 296,687 |
| Expenditure                                 | 247,291 |
| Reserves subtotal                           | 49,396  |
|   |         |
| HSCB carry forward from 2019-20             | 102,040 |
|   |         |
| Total reserves carried forward into 2020-21 | 151,436 |

# About Hartlepool

HARTLEPOOL DEMOGRAPHICS



NB: National Progress and Attainment 8 scores are unavailable for 2020-21 due to Covid-19.

Hartlepool Context

There are **38 schools** in Hartlepool with 30 mainstream primary, 5 mainstream secondary, 2 special schools (one primary, one secondary) and 1 Pupil Referral Unit. With **84.2%** of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 101** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on the 2021 January School census **17.8% of the school population were SEND** (Special Educational Needs and Disabilities). The number of children with Education, Health and Care (EHC) Plans or Statements of SEN in Hartlepool is 708 (216 primary age children, 294 secondary, 198 post-16). The figure that had an Education Health Care Plan (EHCP) was 3.1% and 14.8% have SEN support.

In 2021, the End Child Poverty data classified Hartlepool as being **within the top 10% of the most deprived areas in the country**. The proportion of **children living in poverty being 38%** (2020) compared to 37% across Teesside and 31% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. The University College London (UCL, July 2020) found that poverty was strongly associated with an increased odds of a child reporting ACEs (Adverse Childhood Experiences) such as being sexually abused, coping with parental separation, or their parents experiencing issues with mental health, drug or alcohol abuse. With Hartlepool's deprivation being higher than the national average for children already living in poverty and many families experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.





HARTLEPOOL SAFEGUARDING SNAPSHOT



Throughout 2020-21 there were approximately:  
**20,054** children & young people under 18

Which equates to:  
**21%** of the total population

**38%** of children living in poverty

**39.1%** of primary school children in receipt of free school meals (the national average is 20.8%)

**444** average contacts to the Children's Hub\* per Month

**1512** referrals to children's social care

**14%** were re-referrals

**386** Early Help episodes were opened.

**82** Early Help cases escalated to Social Care.



**1438** open Child in Need cases

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

**2075** children and young people receiving services through Special Educational Needs and Disability (SEND) support

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

**352** missing episodes by 151 young people

**150** missing episodes by 38 Hartlepool looked after young people

**355** children and young people looked after



**1305** children present during a domestic abuse incident

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

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

**321** children involved in MARAC

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

**1** new Private Fostering arrangements reported

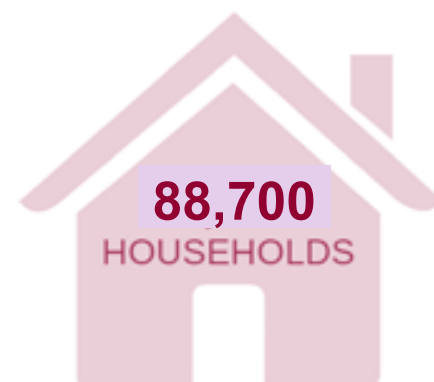
\* NB: The Children's Hub is the multi-agency front door for referrals into Children's Social Care.

# About Stockton-on-Tees

## STOCKTON-ON-TEES DEMOGRAPHICS



Stockton has a  
population of  
**197,348**  
living in,,,



**88,700**  
HOUSEHOLDS



Stockton  
-on-Tees  
covers  
**81**  
square  
miles

With...

and...



**43,848**  
children  
under 18

**35.3%** children in poverty



**93.6%** of Stockton  
schools are judged to be  
good or outstanding by  
Ofsted.

### Stockton Context

There are 81 schools in Stockton with 60 primary (38 academy, 21 maintained and one Free School), 13 secondary (11 academy, one maintained and one Free school) 4 academy special schools (one primary, three secondary), 3 independent schools with primary and secondary children and 1 Pupil Referral Unit. With 93.6% of Stockton schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 191** (as of March 2021) which, although small when compared to all children accessing school provision, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on the January 2021 school spring census **15.6% of the school population were SEND** (Special Educational Needs and Disabilities). This figure includes those that had an Education Health Care Plan (EHCP) and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans or statements of SEN in Stockton is 1667 (649 primary age children, 701 secondary, 317 post-16).

The latest available data from End Child Poverty (May 2021) shows **35.3% of children are living in poverty in Stockton-on-Tees** (after housing costs are included), compared to an average of 37% in the North East and 31% nationally. Living in an area of high deprivation, the children and young people of Stockton-on-Tees, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. The University College London (UCL, July 2020) found that poverty was strongly associated with an increased odds of a child reporting ACEs (Adverse Childhood Experiences) such as being sexually abused, coping with parental separation, or their parents experiencing issues with mental health, drug or alcohol abuse. With Stockton's deprivation being higher than the national average for children already living in poverty and many families experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.





STOCKTON-ON-TEES SAFEGUARDING SNAPSHOT



Throughout 2020-21 there were approximately:

**43,848** children & young people under 18

Which equates to:

**22%** of the total population

**35.3%** of children living in poverty  
(Source - End Child Poverty data May 2021)

**24.7%** of mainstream primary school children in receipt of free school meals (the national average is 20.8%)

**829** average contacts to the Children's Hub per month

**2982** referrals to children's social care

**23.2%** were re-referrals

**215** Early Help Episodes were opened.

**19** Early Help cases escalated to Social Care.

**2327** open Child in Need cases

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

**5787** children and young people receiving services through Special Educational Needs and Disability (SEND) support

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

**973** missing episodes by 299 young people

**438** missing episodes by 73 Stockton looked after young people

**579** children and young people looked after

**2** new Private Fostering arrangements reported



**2003** children witnessing a domestic abuse incident

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

**515** children involved in MARAC

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



# Key Successes and Achievements

## SAFEGUARDING DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic had a profound impact on our lives, both professionally and personally, throughout 2020-21. Agencies working in child safeguarding had to adapt quickly to continue to meet statutory requirements, maintain support for vulnerable children and families, and do so in ways that ensured COVID-safe practice.

Despite the obvious challenges that the Covid-19 pandemic has presented to us all, the strength and collaborative approach of the Partnership and partner organisations has really shone through. HSSCP have been impressed by how well agencies have worked together across Hartlepool and Stockton in response to Covid-19 in terms of ensuring effective safeguarding arrangements were in place, despite the challenges it brought.

HSSCP would like to extend thanks to all staff who went above and beyond to ensure children were and continue to be safeguarded.



All Partnership meetings continued virtually



Practice Reviews continued to be undertaken virtually; with specific questions added to templates in relation to the impact of Covid-19.



Face to face training was stood down and replaced by a virtual training offer



In light of the pandemic and lockdown measures implemented, HSSCP carried out a media campaign aimed at the public; asking for them to keep a caring eye on children during the first national lockdown.

HSSCP released a press statement and social media posts and produced and distributed a poster to raise further awareness about the impact of restrictions on vulnerabilities and safeguarding.



## CASE REVIEWS

In 2020-21 HSSCP undertook six Rapid Reviews into serious safeguarding incidents; four of which progressed to Local Child Safeguarding Practice Reviews. Three of these were completed during 2020-21 and the fourth is scheduled to be completed during 2021-22.

➔ The **EMMA LCSPR** was concluded and a [Report](#) and [Executive Summary](#) published.

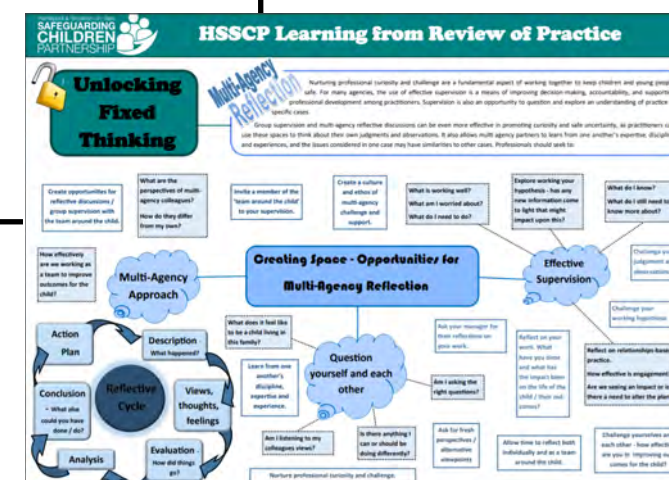
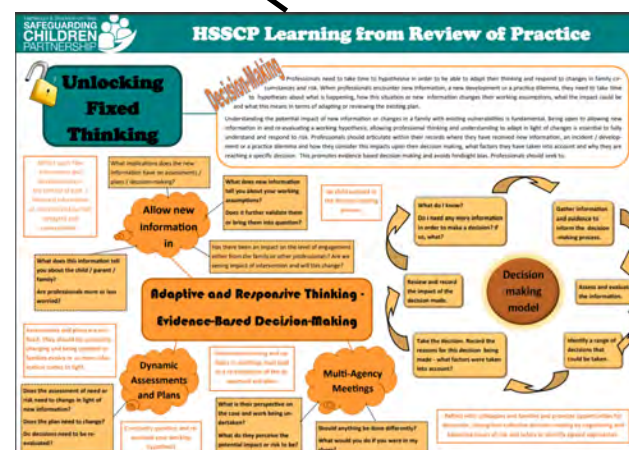
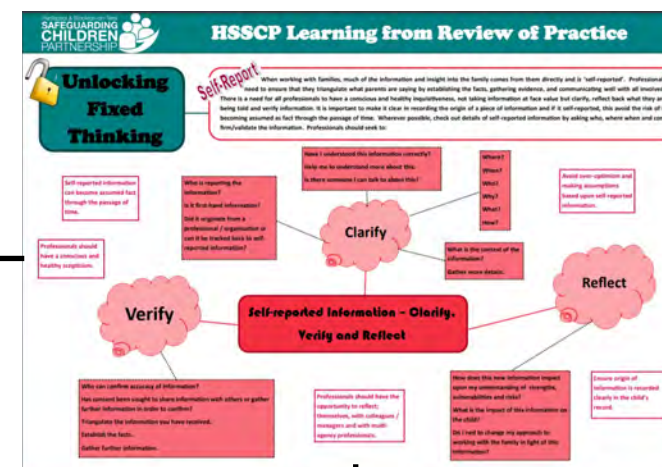
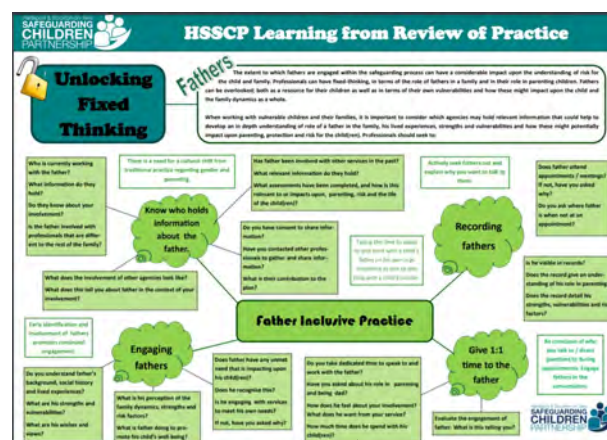
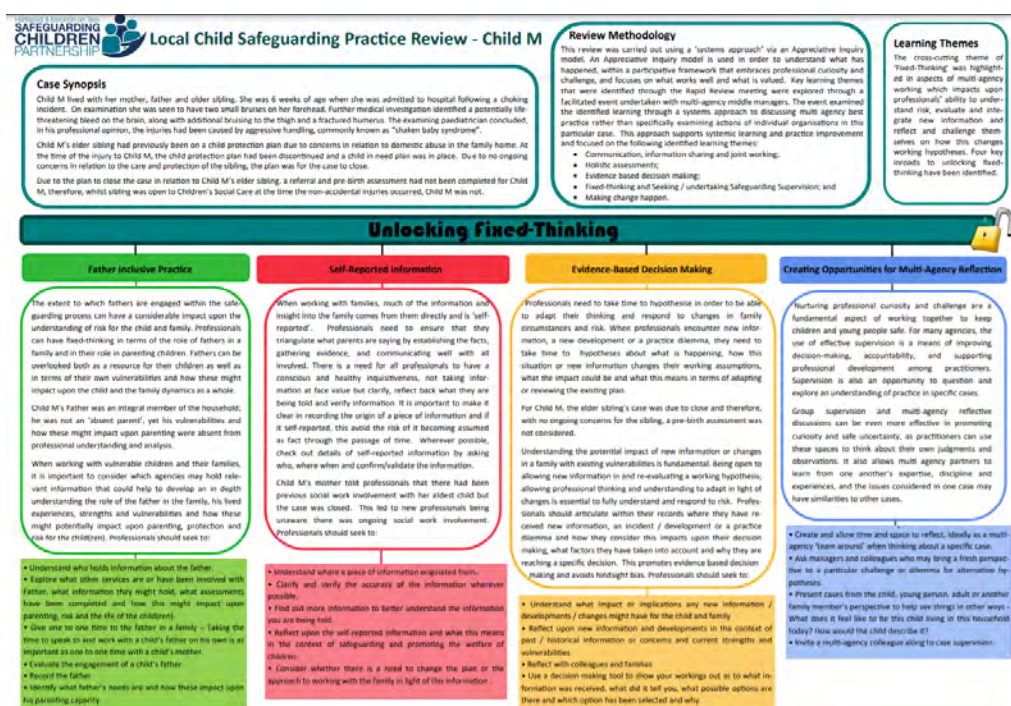
➔ The **Child T LCSPR** was finalised and the [report](#) published.

➔ The **Child M LCSPR** was completed and a [report](#), [briefing](#) and resources published.



Learning from all review activity formed the basis for a 'combined learning action plan' - which is a live document being progressed the Partnership. Some of the actions and work being completed in light of recommendations made are:

- ➔ Four briefings were delivered to 320 multi-agency professionals to disseminate the key messages and learning arising from the reviews undertaken by the partnership across 2019-21.
- ➔ Neglect Training to re-launch the Neglect Statement of intent was commissioned and delivered with further Neglect Active Learning commissioned for the 21-22 training programme.
- ➔ Tees Procedures group carried out a review of its assessment guidance and its Children Returning Home procedure. Work is underway on guidance for Complex Case Discussions.
- ➔ Training on Adverse Childhood Experiences to be commissioned and included in the 21-22 HSSCP training programme.





## CASE REVIEWS

### Reviews carried over into the new partnership - EVE

A [seven-minute briefing](#) was published for the **SLSCB Eve SCR** which carried over into the partnership from Stockton's Safeguarding Children Board.

A Tees-wide [Concealed Pregnancy](#) procedure and a guidance document on [Working with Families who Find it Hard to Engage](#) have been developed as a result of recommendations arising from the Eve SCR and can be found on the Tees Procedures website.

A Review of the [Tees Multi-Agency Recording Standards](#) took place with additions being made around the recording of parental self-reporting. A review of the Fabricated Induction of Illness procedure is also underway.

A [checklist](#) between Children's and Adult services was developed to provide guidance regarding situations where there is a child(ren) with support, care or protection needs and a parent with care and support needs and the '[Think Family](#)' guidance was reviewed and updated.



### Reviews carried over from 2019-20

#### ALEX LCSPR

A [seven-minute briefing](#) was published for the **ALEX LCSPR**.

Learning arising from the LCSPR was shared with multi-agency professionals in a series of briefings which took place in March 2021 and have also been included in newly commissioned Neglect training being delivered as part of the HSSCP training programme in 21-22. The review identified work for the partnership around step-down processes.



### Multi-Agency Audits

The partnership undertook two multi-agency audit days during 2020-21.

The first being on the theme of Domestic Abuse; the output of which has fed into one of HSSCP's key priorities for the coming year.

The second audit day focussed upon Child in Need cases, step-up / step-down and decision-making.



## KEY LINES OF ENQUIRY (KLOE)

As outlined in last year's annual report, the partnership commissioned deep dives into two key lines of enquiry during 2019-20.

The first, on the theme of '**Children Placed at a Distance**', was completed in March 2020 and a task and finish group was established to lead on actions arising from recommendations made. This resulted in:

- ➡ A review of provision re advocates and independent visitors resulting in a piece of work which looks at recruitment of Local Authority employees to the Independent Visitor role.
- ➡ A review of existing policies/procedures in relation to placing children (out of area) to ensure that they are clear and easy to follow.
- ➡ A review of existing templates (incorporating Value in Care / Words that Care).
- ➡ Development of a seven minute briefing / checklist to share good practice and development areas in relation to planning out of area placements.

The second KLOE, on the theme of '**Children Missing from Home / Care**', was completed in September 2020 and the recommendations fed into the partnership's Contextual Safeguarding arrangements planning group as part of HSSCP's key priorities for the coming year. This resulted in:

- ➡ HSSCP delivered a multi-agency Conference to raise awareness around Contextual Safeguarding, including 'missing', in November 2020.
- ➡ Police now have dedicated Child Exploitation Team (CET).





TRAINING AND DEVELOPMENT

HSSCP had to stand down all face-to-face training from March 2020 due to the Covid-19 pandemic. From September 2020, the majority of Safeguarding Children courses, that would usually have been classroom-based, were instead delivered virtually and a new virtual training programme was issued to the multi-agency workforce.

HSSCP saw an increase throughout 2020-21 of professionals both attending the multiagency (virtual) training and in those accessing e-learning courses.



**58 multi-agency training sessions delivered**



**8,578 e-learning sessions completed**



**1,185 people attended multi-agency training**

**328 people attended the safeguarding learning review briefings.**



**120 people attended the themed conference**



Even though it was virtual, it was an inclusive experience that encouraged interaction.

It gave great insight and made me think differently about my practice!

One of the best conferences I've ever attended, with national leaders. Learned so much and it has given me lots to reflect on about my own practice about that of my service and the wider partnership. Given the additional challenges presented for the organisers and speakers of having to deliver this virtually due to the national lockdown, my hat off everyone involved. Brilliant!

The training has greatly supported me in understanding what has happened to a child I am working with.

Practice has improved as the staff member now understands the signs of safety model and feels confident and able to embed and use it in practice.

## COMMUNICATION AND ENGAGEMENT

HSSCP continued to engage with partners and professionals and share key messages across the multi-agency workforce. The partnership produced and circulated their monthly e-bulletins which provide a range of useful articles, resources and tools on key up-to-date safeguarding issues and themes. Quarterly newsletters, updating professionals on the work undertaken each quarter, were also shared. The HSSCP website continues to be regularly updated with partnership news and publications and key messages are also shared via HSSCP's Twitter account.



**81.8%** new visitors to the HSSCP website



**25,490** page views on the new HSSCP website



Monthly e-bulletins were circulated to **888** partner representatives for wider distribution. These outlined key messages around pertinent safeguarding themes.



**6** Termly Safeguarding Forums were delivered to Designated Leads and Head Teachers across Hartlepool and Stockton Schools.



**4** Quarterly newsletters were circulated to partner agencies to communicate HSSCP activity.



HSSCP now have a **Twitter** account - [@HSSCP1](https://twitter.com/HSSCP1)



**3** seven minute briefings and **3** LCSPR reports were distributed to partner agencies, sharing learning arising from reviews undertaken.



Hartlepool and Stockton-On-Tees  
Safeguarding Children  
Partnership Update

February 2021





# Next Steps



NEXT STEPS

**HSSCP Priorities for 2021-22**

The HSSCP Executive and Engine Room have undertaken development work to identify key priorities for the Partnership for 2021-22. These are:

**Business Priority:**

- 1) Partnership Development (to include governance, engagement)

**Thematic Priorities:**

- 2) Contextual Safeguarding
- 3) Domestic Abuse

**Practice Themes:**

- 4) Learning from reviews and good practice (to include active learning, audit, impacting upon frontline practice)

These key priorities have formed the basis for the HSSCP Business Plan for the coming year and work is already underway against each of these.



For more information about HSSCP, visit the HSSCP website by clicking the image below:





Hartlepool and Stockton-On-Tees Safeguarding Children Partnership  
CETL  
Brierton Lane  
Hartlepool,  
TS25 4AF  
Tel: 01429 523825  
Email: [HSSCP@hartlepool.gov.uk](mailto:HSSCP@hartlepool.gov.uk)

# HEALTH AND WELLBEING BOARD

29 November 2021



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

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2020/21

---

## 1. PURPOSE OF REPORT

- 1.1 To present to the Health & Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2020/21.

## 2. BACKGROUND

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

## 3. PROPOSALS

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



- where it decides during that year not to implement a finding of a review, the reasons for its decision.

3.2 The Teeswide Safeguarding Adults Board Annual Report for 2020/21 is attached as **Appendix 1**.

3.3 It is also required under the Care Act 2014 that each SAB publishes an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy. The strategic plan for 2021/22 is attached as **Appendix 2**.

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

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

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

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

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

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

6.1 There are no legal considerations associated with this report.

#### **7. CONSULTATION**

7.1 The TSAB uses a wide range of methods to engage with professionals, partners and the wider public including the TSAB website ([www.tsab.org.uk](http://www.tsab.org.uk)), online surveys, conferences, social media, bulletins and media campaigns. A Communications & Engagement Sub Group is in place to oversee this work and a Communication & Engagement Strategy has been developed which is underpinned by an operational work plan.

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

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

**9. EQUALITY AND DIVERSITY CONSIDERATIONS**

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

**10. STAFF CONSIDERATIONS**

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

**11. ASSET MANAGEMENT CONSIDERATIONS**

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

**12. RECOMMENDATIONS**

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

**13. REASONS FOR RECOMMENDATIONS**

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

**14. CONTACT OFFICER**

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



# Teeswide Safeguarding Adults Board Annual Report

1 April 2020 to 31 March 2021



## Board Member Organisations

### 6 Statutory Partners

- **Cleveland Police**
- **Hartlepool Borough Council**
- **Middlesbrough Council**
- **Redcar and Cleveland Borough Council**
- **NHS Tees Valley Clinical Commissioning Group**
- **Stockton-On-Tees Borough Council**

### 19 Non-Statutory Partners

- Care Quality Commission
- Catalyst (Voluntary Development Agency)
- Cleveland Fire Brigade
- Community Rehabilitation Company:  
Durham Tees Valley
- Department of Work and Pensions
- Healthwatch Hartlepool
- Healthwatch Stockton-On-Tees
- 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 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.



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# Introduction

## Darren Best, Independent Chair - Teeswide Safeguarding Adults Board



I am pleased to present the Annual Report of the Teeswide Safeguarding Adults Board (TSAB) for 2020-21. I began my tenure as Chair of TSAB in October 2020 taking over from Ann Baxter. On behalf of the Board and its partners, I would like to pay tribute to Ann for her many years of commitment as Chair.

Over the last 12 months the Safeguarding landscape has continued to be hugely complex, presenting many new challenges. It is fair to say that the year has been dominated by the COVID crisis and its impact, both nationally and here on Teesside. Whilst the virus has affected all areas of society, sadly it has had a significant impact on the older, more vulnerable members of our community. Additionally, adults of all ages with complex care and support needs faced additional risks. The Board would wish to pay their respects to all those who tragically lost their lives during the crisis.

The need for safeguarding has not stopped during these unprecedented times and during this period the Board has continued to work closely with both statutory and wider partners to gain the reassurance that safeguarding issues are addressed effectively and appropriately. On behalf of the Board, I would like to express both gratitude and admiration to the people who have and continue to provide safeguarding services in Teesside – thank you to each and every one of you!

One of the key roles of the Board is to ensure that partners work together effectively. As Chair I firmly believe in partnership working; it has been proven that safeguarding issues cannot be addressed in isolation and effective partnership adds significant capacity and value to operational delivery. This has been a key area of focus for the Board over the last year and will continue to be so. Where the Board believes that standards of partnership working have contributed to a safeguarding issue, it will ensure that it learns and improves. If necessary, it will undertake a Safeguarding Adults Review (SAR). Details of the SARs undertaken here in Teesside are set out later in this report.

Finally, I would like to offer a personal thanks to all members of the Board, in particular the Chairs of the Sub-Groups and to the people who work in our Business Unit, for their professionalism, commitment, hard work and support.

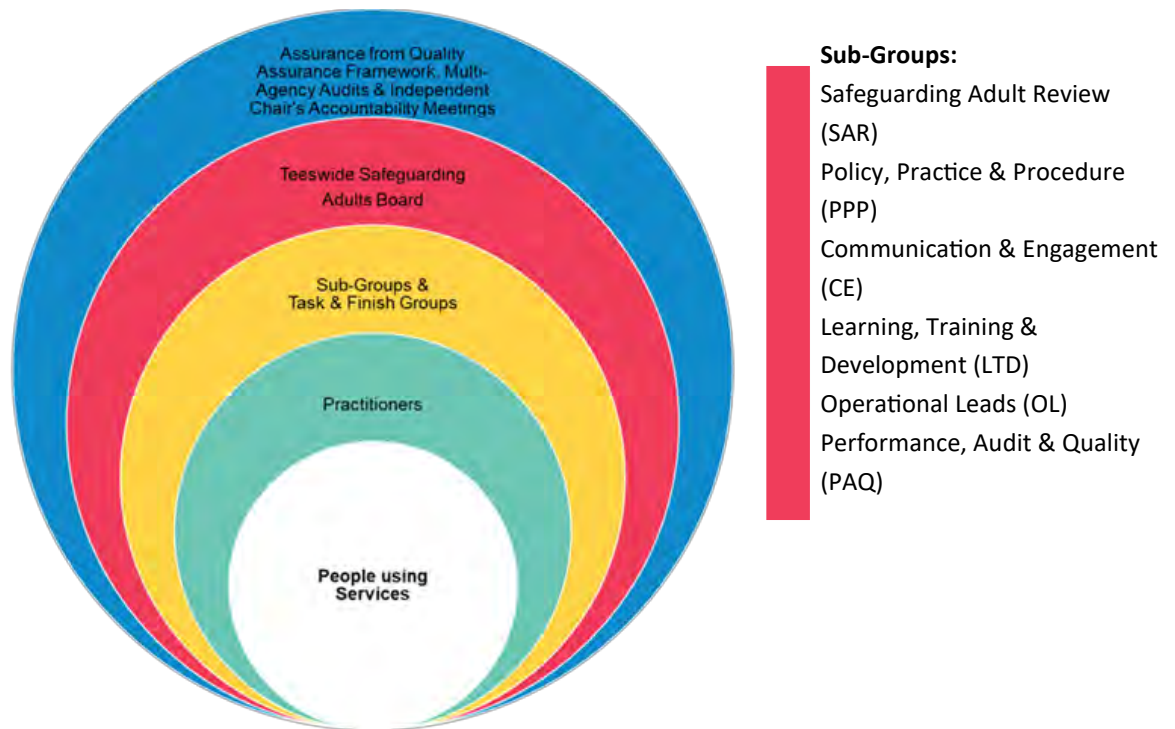
A handwritten signature in black ink, appearing to read 'Darren Best'.

Darren Best

TSAB Independent Chair

# Board Assurance

The Board has further built upon the collaborative working arrangements with key partnerships across Tees over the past 12 months, including the Local Safeguarding Children Partnerships, Health & Wellbeing Boards and Community Safety Partnerships.



## Sub Group Aims

### **Safeguarding Adult Review (SAR)**

Lead on the development and implementation of the Teeswide SAR policy and procedures to ensure that learning from any reviews undertaken locally and nationally is disseminated appropriately. The Sub-Group also considers notifications for SARs and makes recommendations to the Independent Chair.

### **Policy, Practice & Procedure (PPP)**

Lead the development, implementation and evaluation of the Teeswide Policies, Procedures and Practice guidance, and ensure that local partners operate in accordance with the Teeswide framework. (This group meets ad hoc, progressing specific workstreams as required).

### **Communication & Engagement (CE)**

Lead the development, implementation and evaluation of a multi-agency strategy aimed at increasing awareness of safeguarding adults and promoting the involvement of adults at risk, carers and advocates in the Teeswide safeguarding adults processes.

### **Learning, Training and Development (LTD)**

Lead the development, implementation and evaluation of a multi-agency learning, training & development strategy.

### **Operational Leads (OL)**

To provide a forum to enable safeguarding adults operational leads from TSAB partner agencies to share good practice, problem-solve and access peer support. The Sub-Group also provides qualitative data to inform the development of person-centred policies, procedures and strategies.

### **Performance, Quality & Audit (PAQ)**

Lead the development and implementation of a performance framework and provides an audit and quality assurance function on behalf of the TSAB .



# Annual Board Highlights



## July – September 2020

- The Operational Leads Sub-Group met informally to share good practice and any issues arising as a result of the COVID-19 pandemic and restrictions.
- A full review and refresh of the TSAB website was undertaken.
- Self-Neglect webinar pilot took place.
- Easy Read Annual Consultation Survey was developed in collaboration with a local inclusion service.

## January – March 2021

- Self-Neglect awareness campaign, following a recommendation from the Josh SAR and Adult D Learning Lessons Review (LLR).
- Adult D LLR published.
- TSAB Chair interviewed for media articles and local news following the Annual Report publication.
- TSAB supported the Vulnerable, Exploited, Missing, Trafficked (VEMT) Task & Finish Group's including: transitions, communications, training and contextual safeguarding.

## April – June 2020

- The Board adapted its ways of working in response to the COVID-19 pandemic and national/ local lockdown restrictions.
- A dedicated COVID-19 Communication Plan was developed to share key messages across local communities.
- New Me-Learning platform was launched in collaboration with the two Local Safeguarding Children's Partnerships.
- A digital resource pack and online activity plan was published and shared with key partners in advance of World Elder Abuse Awareness Day.

## October – December 2020

- TSAB new Independent Chair recruited.
- Annual Report 2019/20 was published.
- First TSAB Statutory partners meeting held.
- TSAB and partners delivered key messages across National Safeguarding Adults week.
- Joint Children & Adults Task & Finish Group (Eve Serious Case Review).
- Training programme reinstated virtually, to comply with restrictions.



# Our Year in Figures 2020-21



**464,287** adults live in Tees



**6** per 100,000 Section 42 Enquiries took place in Tees



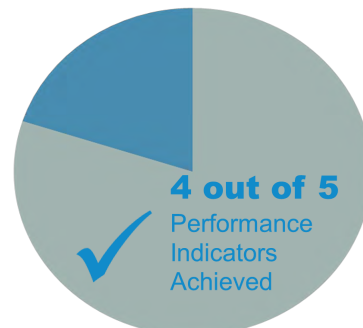
**110** Concerns were received, on average per week across Tees



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



**13%** increase in the overall number of Concerns



**Significant improvement** this year to work towards achieving the Boards 5 Performance Indicators.

## Concerns Received

|                    |              |
|--------------------|--------------|
| Care Homes         | <b>2,045</b> |
| NHS Secondary Care | <b>755</b>   |
| Social Care        | <b>472</b>   |

**56% increase** in Concerns received from Police

**49% increase** in Concerns received from NHS Primary Care

**28% decrease** in Concerns received from Family/Friends

**59% of Concerns** led to a Section 42 Enquiry

## Section 42 Enquiries commenced

**5% decrease** in Care Home category

**4% decrease** in Own Home category

**Varied increases** have been recorded across all other locations of abuse



**62% of ALL Section 42 Enquiries** relate to females

**81% of Domestic Abuse** cases reported involved a female victim

**51% of Section 42 Enquiries** relate to an adult aged over 65+

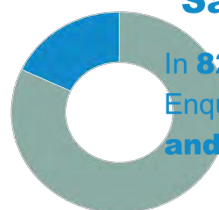
**19% increase** in the number of Section 42 Enquiries relating to people aged under 50

## Outcomes of Concluded Section 42 Enquiries

### Source of Risk to the Adult

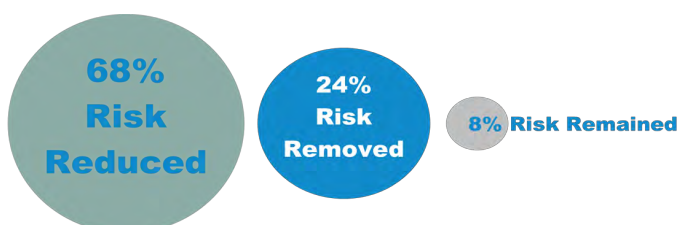
|  |                                       |  |
|--|---------------------------------------|--|
| <b>Known to Individual</b><br><b>56%</b> | <b>Service Provider</b><br><b>28%</b> | <b>Unknown to Individual</b><br><b>16%</b> |
|--|---------------------------------------|--|

### Safeguarding Action



In **82%** of Concluded Section 42 Enquiries, a **risk was identified and action was taken**

### Safeguarding Outcome



### Adults Voice

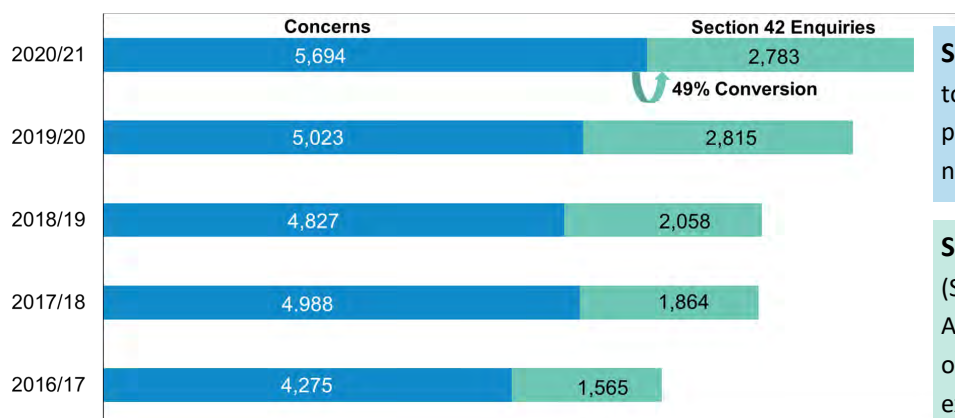
**73% of peoples** outcomes were fully or partly met

**91% of people** were asked what outcome they would like



# Concerns and S42 Enquiries\*

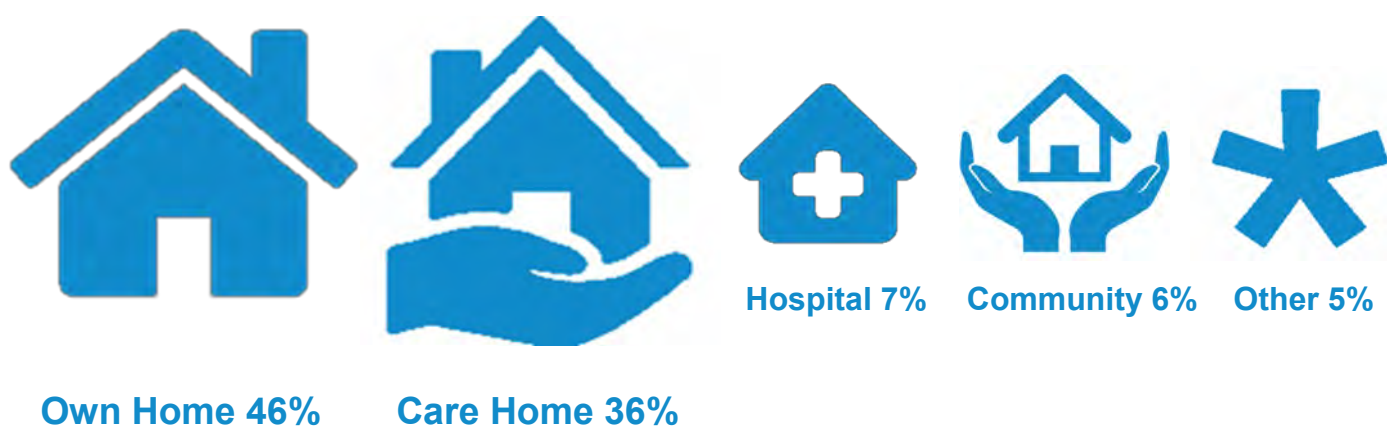
\*Data on this page relates to Section 42 Enquiries commenced



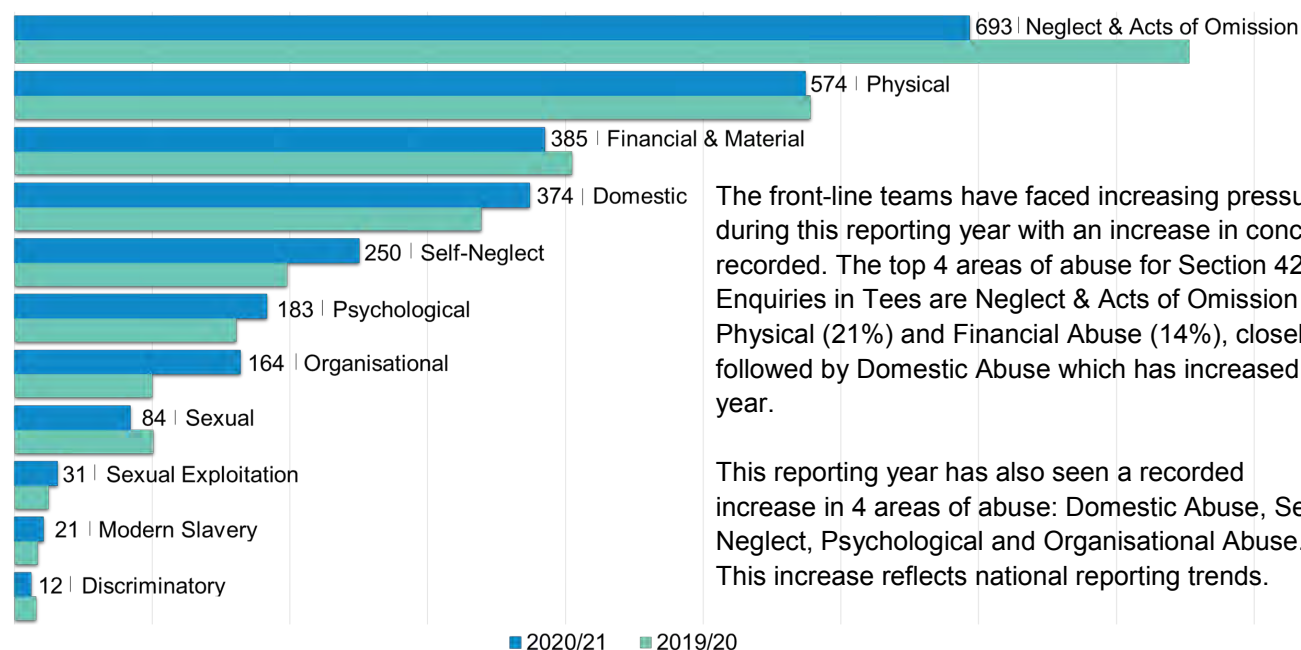
**Safeguarding Concern** - a report made to the lead agency for the safeguarding process to raise concerns of adult abuse/neglect.

**S42 Enquiries** - 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.

## Location of Adult Abuse



## Types of Adult Abuse



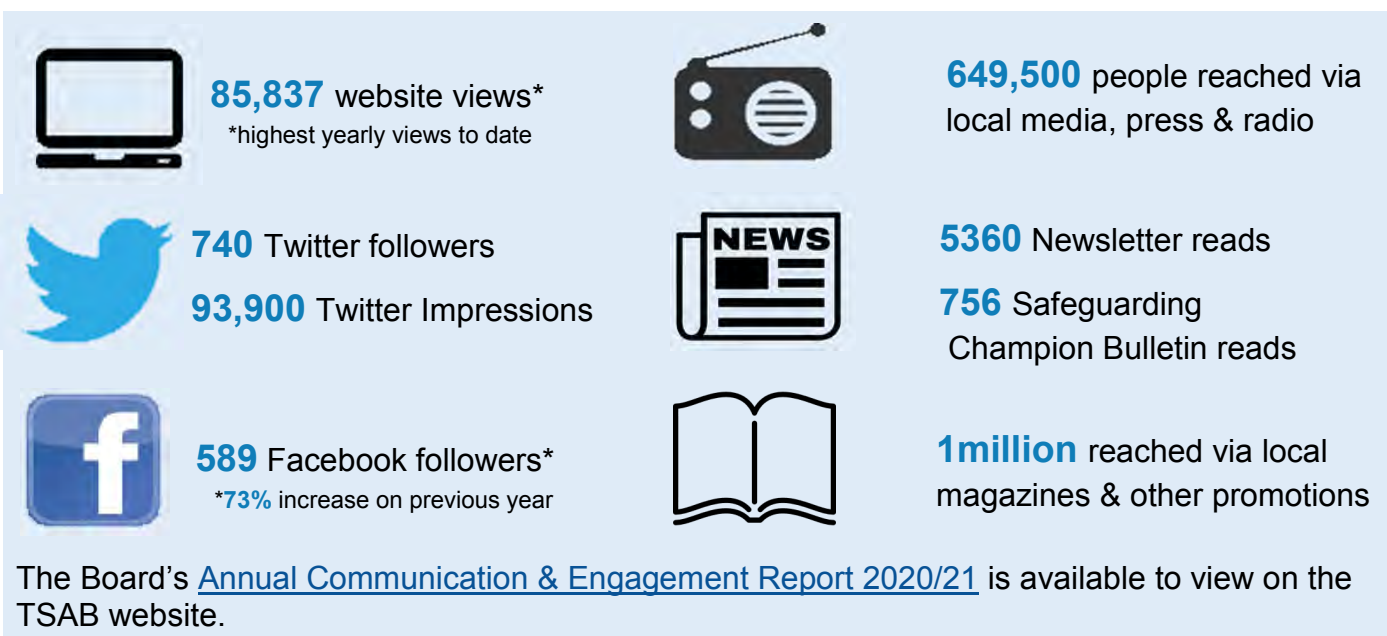
The front-line teams have faced increasing pressures during this reporting year with an increase in concerns recorded. The top 4 areas of abuse for Section 42 Enquiries in Tees are Neglect & Acts of Omission (25%), Physical (21%) and Financial Abuse (14%), closely followed by Domestic Abuse which has increased each year.

This reporting year has also seen a recorded increase in 4 areas of abuse: Domestic Abuse, Self-Neglect, Psychological and Organisational Abuse. This increase reflects national reporting trends.



# Communication & Engagement

COVID-19 has brought with it many challenges for the Board, one of which has been changes to communication and engagement activities across the year. Methods were adopted utilising innovative techniques of engagement to ensure communication remained clear and far-reaching, whilst adhering to national and local restrictions.



Middleton Grange Shopping Centre      Teeswide Bus Stop campaign



The Board took part in National Safeguarding Adults Week 2020, collaborating with partners across Tees to develop a joint communication and engagement plan. Key activity included Middlesbrough Football Club featuring a 2 page article in the matchday programme and promoting TSAB on a pitch side banner. A shop window display was created using key materials and resources on safeguarding, Local Authority residents magazines featured safeguarding articles and a Bus Stop campaign took place across Tees.

### Help protect others from abuse

The Teeswide Safeguarding Adults Board is urging everyone to ensure they know what to do if they suspect an adult may be suffering abuse.

Everyone has the right to live in safety, free from abuse or neglect. If you suspect someone is suffering from abuse or neglect, support is available. There are many forms of abuse and neglect, all of which have no age limit, including:

- Domestic abuse** - this includes physical, emotional and sexual abuse in couple relationships or between family members
- Elder abuse** - people unfortunately may take advantage of older parents/grandparents, relatives or friends, often to gain money or other benefits
- Financial abuse** - a way of controlling a person's ability to acquire, use and maintain their own money
- Scams** - there are many forms including internet scams, romance scams, postal scams and doorstep crime. Always be vigilant
- Self-neglect** - this can include neglecting personal hygiene, housing and neglecting to care for their own surroundings or health

Typical warning signs are that the victim may become withdrawn, less confident, lose weight and just not seem their normal self.

If you are concerned about someone please email [FirstContact@teesab.co.uk](mailto:FirstContact@teesab.co.uk) or call 01642 527764

For more information visit [www.tesab.org.uk](http://www.tesab.org.uk)

**Safeguarding is everyone's business**  
**Safeguarding Adults Week**  
**16-22 November 2020**

Tees residents magazine article

Following a recommendation from the Josh SAR the Board delivered a campaign on Self-Neglect with a focus on non-typical Self-Neglect. Following the success of the campaign, further work has taken place to plan and deliver key focused 'Spotlight On' campaigns, including Scams and Financial Abuse, this work will continue into 2021-22.

## 130 Safe Place Locations across Tees

A full audit and review will take place across 2021/22 in light of the impact of COVID-19 on venues.



Hartlepool Borough Council (HBC) through the Communication & Engagement Sub-Group has supported a number of local and national safeguarding awareness campaigns, including a Q&A session with Radio Hartlepool. HBC has also continued to disseminate information through its Adult Practice Sub-Group.



# Training

The Board provides free multi-agency training, designed specifically to supplement single agency training provision.

The Board commissioned a new E-Learning platform in May 2020, in collaboration with the Local Safeguarding Children Partnerships.

Over **3500** users registered for Me-Learning adult courses from over **1000** organisations across Tees.

There were over **9890\*** course registrations with **94%** completion rate.

\*44% increase on the previous year

135 Workbooks completed

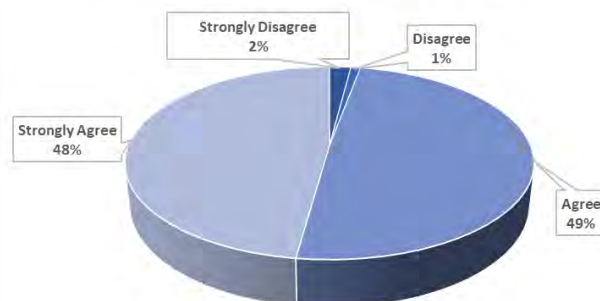


All 8 workbooks were refreshed and reviewed across the year

<https://www.tsab.org.uk/training-resources/>

## E-Learning Feedback

Did you find the course interesting & useful?



*"The scenarios are a great learning resource and supportive tool"*

*"User friendly and lots of helpful resources and information"*

*"The course was informative and to the point which allowed me to keep focused and remember the key learning. I liked the opportunity to answer key questions and then receive feedback and reasoning on my answers"*

*"The course was easy to follow and lots of links to look more in depth at particular aspects"*

Face to face training was suspended due to COVID restrictions, however following a successful webinar pilot, 21 virtual learning sessions took place across the year, covering a number of subject areas, including Self-Neglect and Legal Literacy.

Webinar sessions were restricted to ensure that group sizes remained small enough for questions and discussion to take place. Although a fully virtual process was successful during the pandemic, plans are in place to reinstate face to face training and host a mixed approach towards the end of 2021/22. This follows feedback from delegates regarding a preference for the shorter virtual courses to fit in flexibly around busy work schedules.

## Webinar Feedback

I found the training extremely informative and particularly enjoyed the delivery of the information and examples of the use of legislation.



I loved the outside the box thinking and options, sometimes we stick with what we know, it's great to hear other options.

I feel more confident about working with people who self-neglect and involving and challenging other agencies.

A very interesting session which has challenged my thinking around safeguarding practices.



**260**  
Delegates

# Priorities across 2020-21

## Prevention

### What we said we would do:

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

### What we did:

- A comprehensive communication plan was developed to ensure accessible information, advice and guidance was shared as widely as possible. A separate plan was also developed to share advice and support options throughout the pandemic, including translated materials, British Sign Language videos and short wordless stories for individuals with a learning disability.
- Digital resource pack and online activity plan was published and circulated across our communication networks for World Elder Abuse Awareness Day.
- A full review of all safeguarding leaflets was carried out, including all 7 translated versions.  
<https://www.tsab.org.uk/key-information/posters/>
- Full TSAB website review undertaken, ensuring compliance with the WCAG 2.0 accessibility guidelines, this work will continue into 2021-22. <https://www.tsab.org.uk/>
- TSAB Annual Consultation Survey took place from October 2020 to February 2021, with an Easy Read Survey available.
- Comprehensive plans and activity took place for National Safeguarding Adults Week with partners.\*
- A dedicated Self-Neglect campaign took place following recommendations from the Josh SAR and Adult D Learning Lessons Review.\*
- Further to the success of the 'Spotlight On' campaign, another dedicated week of information sharing, support and advice options took place in relation to Scams and Financial Abuse, following a rise in reporting across Tees.\*
- TSAB Annual Report 2019-20 was featured in the local media.

\*Further detailed information regarding these campaigns features on page 8.

Throughout the COVID-19 pandemic, Thirteen has put the safety of its customers and workforce at the forefront of its actions. Essential and emergency repairs were carried out following the guidelines laid down by government. As face to face visits were restricted, those customers that are known to us as vulnerable were contacted by telephone to ensure they were safe and well and to maintain a semblance of contact with the outside world. Our support staff continued to operate and maintain services to those living in our Independent Living, Extra Care and Older persons properties. We continued to support the work of TSAB by attending the virtual Board and Sub-Group meetings. Safeguarding information from TSAB was distributed through our internal intranet page and also through our social media pages.

**thirteen**  
Managing and building homes



# Protection

## What we said we would do:

- Provide effective, consistent, timely and proportionate responses to reported abuse.
- Encourage a trauma-informed, strengths based and person-centred approach to all safeguarding work.
- Focus on specific aspects of adult safeguarding to determine best practice and a consistent approach.
- Learn from the findings of local, regional and national SARs, LLRs and applicable Domestic Homicide Reviews and Safeguarding Children Practice Reviews.

## What we did:

- Multi-Agency audits continued throughout the COVID lockdown, partners committed to virtual and subsequent COVID safe meetings. Audit themes included; Medication, Hospital Discharge and Homelessness.
- All newly commissioned training courses included a direct focus on trauma informed practice.
- TSAB undertook a survey to determine the effectiveness of the revised Inter-Agency Safeguarding Procedures. The survey was developed to specifically seek views on how well the procedures were working from a professional perspective. The findings identified that the revised procedures were working well however there were some recommendations for consideration, subsequent follow up work will be reported on in 2021-22.
- Following a recommendation from the Adult D Learning Lessons Review, a piece of work commenced on developing a guidance document on Mental Capacity Assessments, a Task & Finish Group will be established and this work will be reported on further in 2021-22
- The Mental Capacity Act policy was reviewed and a reference to COVID-19 included.  
<https://www.tsab.org.uk/key-information/policies-strategies/>
- Operational Leads across partner agencies received a presentation from Cleveland Police regarding their Intelligence Hub and reporting processes.
- There was a significant increase in the identification of safeguarding concerns received from Partner agencies across Tees, including: Cleveland Fire Brigade, Cleveland Police, Housing and NHS Hospital Trusts and NHS Primary Care Services.
- The Board continue to share regional and national learning from reviews at the SAR Sub-Group meetings, this is a standing agenda item.

Over the last year we have seen an increase in cases in which childhood and early adulthood trauma has impacted on our most vulnerable adults who experience multiple disadvantages in relation to Substance Misuse, Homelessness, Sexual Exploitation and Domestic Abuse. As a result we have focused on how Trauma Informed Practice can be embedded into our social work practice and safeguarding work. This has led us to increase our assertive outreach approach and to consider how trauma can impact on an individual's day to day functioning and decision making.

We are now developing a Trauma Informed Practice Lead post which will work in partnership with strategic leads across Children and Adult Services and our Integrated Services Model. We envisage that this post will lead and direct services to ensure they effectively implement trauma informed practice and collaborate with staff, service users and external organisations to ensure the delivery of trauma informed principles and practice are embedded by taking a system wide approach.

# Partnership

## What we said we would do:

- Ensure Board partners work together in an effective manner to protect adults from abuse and neglect.
- Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships and Strategic VEMT to deliver joint priorities and objectives and further embed a Think Family approach.
- Influence and challenge existing and emerging strategic groups and networks on specific and relevant safeguarding issues.
- Contribute regionally and nationally to the further development of the safeguarding adults agenda.

## What we did

- The Board hosted a joint development day involving Local Safeguarding Children Partnerships, Community Safety Partnerships and wider partners; discussions assisted in informing the future direction and priorities for the Board for 2021-22.
- The Board supported and engaged with the Tees VEMT action plan development work with Task & Finish Groups focusing on; Transitions, Communications, Training and Contextual Safeguarding.
- A joint child and adults Task & Finish Group was established following a Serious Case Review commissioned by the Hartlepool & Stockton Safeguarding Children Partnership. This resulted in the development of a Safeguarding Adults, Children and Family checklist for practitioners.
- The Board partnered with Local Safeguarding Children Partnerships, Cleveland Police and Barnados to raise awareness on Child Sexual Exploitation Day, communicating key messages and sharing resources across social media platforms.
- The Board attended a number of partner events across the year, including a local specialist services virtual event on 'Ending Violence Against Sex Workers'.
- The Board continued to communicate effectively with the TSAB Safeguarding Champions, sharing key messages and circulating information via bulletins.
- 4 editions of the TSAB newsletter were produced and circulated across networks and partners covering a variety of themes, including COVID-19, Self-Neglect and Keeping People Connected.
- TSAB regularly attend and contribute to the National SAB manager network meetings scheduled twice per month, sharing national learning, 'problem solving', and guest presentations.
- The Board form part of the North East SAR Champions network, work is currently underway to develop a regional SAR/Learning Review library.
- A joint Communication & Engagement plan was developed in collaboration with the Local Children Safeguarding Partnerships to further embed a Think Family approach.

Cleveland Anti Slavery Network was set up in 2018 and supported by the Police and Crime Commissioner and four Local Authorities has worked closely with TSAB since inception. The recent publication of a victim care pathway which was supported by the Independent Anti Slavery Commissioner was seen as national good practice. We will soon be publishing a further guide on post rescue and pre National Referral Mechanism (NRM) accommodation standards which will also be shared nationally. Working in partnership is essential to address all the issues and challenge of human trafficking and exploitation regionally and nationally.



# Professional Accountability

## What we said we would do:

- Adopt a proportionate and pragmatic approach to safeguarding adults work during and following the COVID-19 pandemic.
- Gain assurance from partners about the effective delivery of their services.
- Ensure individuals accessing safeguarding services are involved with informing the future direction and priorities of the Board.
- Deliver and achieve the Board's performance benchmarks.

## What we did:

- The Quality Assurance Framework (QAF) Self-Audit Tool was streamlined for 2020-21, taking into account the additional pressures across organisations as a result of the pandemic. The process remained focused on evaluating the effectiveness of internal safeguarding arrangements and identifying and prioritising any areas which require further development over the next 12 months.
- Despite the significant pressure faced by the Statutory Partners during 2020/21, the majority were able to complete the TSAB Quality Assurance Framework process.
- The Multi-Agency Audit programme continued on a virtual basis with audits presented to Board including relevant findings, good practice and recommendations for improvement.
- The Board carried out its Annual Consultation Survey 2020-21, the results of which were used to inform the future priorities for the Board. Despite the difficulties in engaging with service users, due to lockdown restrictions and some services temporarily closing, the Board were able to gain service user feedback as part of the Annual Survey process.
- 4 out of 5 Performance Indicators were successfully achieved across 2020-21.
- A Task & Finish Group was established to collaboratively understand the current pressures on the care sector linked to COVID-19 and safeguarding.
- In addition to the main Board meetings, Statutory Partner meetings were established in light of the pandemic to highlight any emerging issues, share good practice and gain additional assurance in relation to COVID-19.
- 4 SAR notifications were received throughout 2020-21, further information is noted on page 13.

In January 2021, whilst still being in the midst of the pandemic, the height of winter pressures, and a national lockdown, we were required to undertake a 6-week Safeguarding Quality Assurance Audit of our safeguarding practice. As a statutory partner of the Board, we are required to do this on a 2-yearly cycle, to give assurance that our safeguarding of adults meets the standards set out by the Board. Although we were dealing with staffing capacity issues at the time, we met the deadline for providing our portfolio of evidence and this was assessed by an independent panel. The feedback we received was very positive with several areas of good practice highlighted and a request to share some of our good practice with other partners. There was one recommendation of fully embedding our think family approach to safeguarding, which we will be strengthening in 2021-22. We are further developing our Making Safeguarding Personal and customer engagement processes to ensure individuals have the opportunity to feedback their experience of safeguarding services in a meaningful way, which can help to inform Redcar & Cleveland's priorities and ultimately feed into the Board's future direction and priorities.





# Safeguarding Adult Reviews (SARs)

## Safeguarding Adults Review (SAR) Definition

A SAR is undertaken 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 does not blame an individual or organisation for their actions, 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.

The Care Act 2014 says that Safeguarding Adults Boards must arrange a SAR when an adult dies or is seriously harmed as a result of suspected or known abuse or neglect and there is reasonable cause for concern about how partners worked together to safeguard the adult.

### Adult C

Adult C was a 30-year-old lady who died following cardiac arrest after diagnosis and treatment for pneumonia. Adult C had a long history of alcohol dependency and showed some signs of wanting to reduce her alcohol consumption. Adult C was known to have been in an abusive relationship with reports of injuries from both her partner and her ex father in law as well as others. Adult C was also considered to be a perpetrator of physical violence against her partner and other adults. Adult C was known to many agencies as a result of her alcoholism and the abuse she suffered. On the date of her death, it was her partner who called an ambulance; her ex father in law was also present. They were originally arrested on suspicion of the murder of Adult C, but her death was later found to be from physical health causes. An inquest confirmed death by natural causes.

The Learning Lessons Review looked at the 6 month period prior to Adult C's death and the report was published in May 2020, the full report and the learning briefing can be accessed here:

<https://www.tsab.org.uk/professionals/safeguarding-adult-review-sar-reports/>

### Adult D

Adult D was a gentleman in his sixties who had physical health problems which led to a decline in his mental health. This resulted in admissions to and between hospitals. On one discharge from hospital, he was reported as being homeless and was placed in Bed and Breakfast accommodation, following which his physical and mental health declined further. Concerns were raised that Adult D had been sectioned under the Mental Health Act, but his detention had been to a Primary Care Hospital which was not registered with the Care Quality Commission to detain individuals who are sectioned under the Mental Health Act. Adult D sadly died of natural causes.

The Learning Lessons Review looked at how services worked together to support Adult D and specifically considered how services responded to the following key issues: self-neglect, application of the Mental Health Act, communicating an unconfirmed diagnosis of a terminal illness, safeguarding, housing, and transfers between hospitals. The report was published in March 2021, the full report and the learning briefing can be accessed here:

<https://www.tsab.org.uk/professionals/safeguarding-adult-review-sar-reports/>

# SARs

## SAR Sub-Group activity

The role of the Sub-Group is to consider new SAR notifications, oversee any ongoing SARs or other reviews, ensure any learning from reviews (locally, regionally, nationally) is considered by TSAB partners and taken forward in their own organisations, and to oversee the implementation of action plans arising from review activity across Tees. The SAR Sub-Group met 6 times in 2020-21 including 1 SAR Notification meeting which was held to ensure notifications were considered in a timely way. Membership of the Sub-Group comprises of senior managers from our key partner organisations.

The following work was carried out:

- 4 SAR notifications were considered this year (compared to 8 in 2019-20); none met the SAR criteria in full, however the Sub-Group agreed 1 case as a multi-agency Learning Lessons Review and 1 case as a Rapid Review. The outcome of both reviews will be reported in 2021-22.
- 1 case was progressed as a single agency 'other enquiry' investigation and 1 case was deemed to require no further action.
- The Adult C Learning Lessons Review report was published in May 2020 and the Adult D Learning Lessons Review report was published in March 2021; action plans are ongoing for these cases.
- The Sub-Group monitored actions identified from the above cases as well as some cases from previous years, a total of 12 cases: all actions were completed on 8 cases and the remainder will continue to be monitored into 2021-22.
- Members of the SAR Sub-Group considered learning from 3 national SARs, the National Analysis of SARs Report which was published in October 2020, a local Domestic Homicide Review case and a local Serious Case Review (Children).

## What has the SAR Sub-Group achieved?

- ✓ A SAR Sub-Group members' introduction pack has been developed which outlines the role of the Sub-Group and supports new members to be able to take on their role with confidence.
- ✓ The statutory work of the Sub-Group has continued throughout the pandemic: procedures and processes have been updated to ensure they are effective and meet deadlines and a virtual review process has been developed to ensure ongoing and new reviews can continue.
- ✓ The TSAB Professional Challenge procedure has been refreshed by the SAR Sub-Group and a guidance note developed and promoted to support practitioners to confidently challenge decisions made within the safeguarding arena.
- ✓ As a result of considering a SAR Notification the Department of Work and Pensions (DWP) were invited to attend a TSAB meeting to outline their safeguarding arrangements and following this discussion they have now become TSAB members.

## North East SAR Champions Network

TSAB are represented in the NE SAR Champions network; the aim of this group is to share learning across the region arising from SAR's, other learning reviews, training support and national learning. A dedicated work programme has been created to develop a regional SAR/Learning Review library and a regional SAR Quality Markers Checklist. These workstreams will be further reported on in 2021/22.

### **SAR Notification Themes:**

- |                          |                          |                              |                |
|--------------------------|--------------------------|------------------------------|----------------|
| ▶ Domestic Abuse         | ▶ Organisational Abuse   | ▶ Neglect & Acts of Omission | ▶ Self-Neglect |
| ▶ Physical Health Issues | ▶ Falls                  | ▶ Substance Misuse           | ▶ COVID-19     |
|                          | ▶ Professional Curiosity | ▶ Mental Capacity            |                |

# Partner Activity

## Throughout the COVID-19 Pandemic

Cleveland Police now have a fully embedded omni-competent specialist crime team supporting the area of both Children and Adults across Cleveland. This team has evolved and developed over the past 12 months notwithstanding the challenges of the COVID pandemic which we have all faced. We continue to work with Adult Social Care Team Managers to support working relationships and apply a stronger approach to protecting some of the most vulnerable in our community. We remain on our Road to Improvement Journey implemented following inspection from HMIC with a significant area around Vulnerability.

We are reviewing our response to Missing From Home, introducing Missing from Home Co-ordinators who aim to effectively manage the Police response to people going missing by recognising and highlighting trends, repeat missing persons and locations, and informing a co-ordinated and intelligence led response from all partner agencies.

In line with the force plan to protect and safeguard the most vulnerable and at risk, the 'Complex Exploitation Team' aims to identify and safeguard adults who because of their vulnerabilities are subject to complex exploitation following the methodology of Prepare, Prevent, Protect, Pursue and Partnerships to develop a collaborative exploitation framework to identify victims and develop contextual safeguarding arrangements with key partners.



The COVID-19 pandemic has changed the way our services have responded to the public, our partners and staff. The physical limitations put in place by the national lockdown required the council to shift its resources at short notice to meet the needs of its most vulnerable. In order to support those identified as both clinically extremely vulnerable as well as socially isolated there was a need to quickly train a number of volunteers and non-care staff to provide essential care and support whilst understanding and recognising the signs of abuse. 40 volunteers received adult safeguarding awareness training through the TSAB Me-Learning platform and felt confident they could spot the signs of abuse whilst undertaking essential support in the community.



In response to the COVID-19 pandemic our Access Safeguarding Team have focused on prevention, recognising that social isolation and loneliness have been an increasing risk factor. Our Customer Advisors have supported our HELP BORO telephone line and have signposted adults to support services for prevention and low level support. We have also ensured that our Customer Advisors are mindful of the potential for safeguarding concerns to increase as a result of the pandemic, therefore their screening of incoming work has taken an increased focus on the prevention of abuse and neglect, using our safeguarding officers to provide advice and guidance to the public as required.



In 2020–21 Redcar & Cleveland worked in conjunction with partner agencies and authorities to ensure that we delivered our safeguarding duties to the public despite COVID-19 challenges. Under normal circumstances, it is most effective if social care intervention is conducted face to face, for example, an assessment of need being conducted in the presence of the potential service user, so a rapport can be built, and detailed observations of the persons abilities can be undertaken. There has been a continual balance of risk between infection control and ensuring the right support is given to people in need of support. Despite the challenges, keeping adults safe has remained our top priority and so where safeguarding issues have been identified that require immediate action and an onsite visit, these have taken place using appropriate infection control procedures. We have utilised technology to ensure that formal meetings could be held and found this increased professional attendance which ultimately benefited the adult and supported the risk assessing process. Despite the limitations of COVID 19, Redcar & Cleveland contributed and delivered a comprehensive programme for National Safeguarding Adults Week 2020. This included raising the profile of the Safe Place Scheme and focusing upon isolated and hard to reach groups, we are currently proactively planning our communication and delivery for National Safeguarding Adults Week 2021, working closely with our communications colleagues. We have contributed to the development of TSAB Communication & Engagement Operational Work Plan which included our revision of local documentation and identifying more creative ways to reach a wider public audience.






In August 2020 as part of our Transformation agenda for Care Home and Home Care services and Pandemic response, Stockton-on-Tees Borough Council established 'The Hub'. The Hub was a designated team on Microsoft Teams where Providers could access up to date resources and information in a single place, and network with colleagues and fellow professionals. The Hub had a range of channels including Adult Safeguarding, COVID 19 resources, North Tees and Hartlepool Education Alliance and many more. Each dedicated channel was managed by a channel lead which meant that Providers could have direct access to that professional allowing for any questions and issues to be resolved quickly. The Hub was developed as a multi-disciplinary, multi-organisational space for Providers and professionals to work collaboratively and continue to build strong and positive peer relationships.



North Tees and Hartlepool NHS Foundation Trust continues to be an active member of TSAB and supports all of the associated Sub-Groups. The Board has developed a robust support network involving all organisations within the safeguarding arena. During the pandemic, safeguarding contact and communication has been maintained via virtual platforms to ensure continued support.

 Safeguarding Adult Reviews (SAR) and Lessons Learned Review (LLR) events continue to showcase areas of good practice in addition to identifying any areas for improvement.

North Tees and Hartlepool  
NHS Foundation Trust

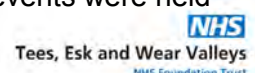
We write this update now as a unified Probation Service but during 2020/21 we were working as two separate teams in what was the National Probation Service and the Durham and Tees Valley Community Rehabilitation Company. Last year when the pandemic struck and we had to find new ways of working we paid particular attention to raising staff awareness about Domestic Abuse and Suicide and Self Harm. We worked in Covid secure ways with stakeholders and people on probation who were vulnerable or extremely clinically vulnerable, and created bespoke rehabilitation work to use during the pandemic. We created a card to share with people on probation at induction and at points of crisis that highlighted sources of help and support, especially for people feeling suicidal.



In 2020-21 South Tees NHS Foundation Trust maintained the delivery of safeguarding responsibilities in the face of service activity challenges presented by the pandemic. The safeguarding operational model was adapted to release support into clinical areas whilst continuing the work of the Board through its subgroups. STHFT has worked in partnership with agencies; contributing to performance reports, multi-agency audits and promoting the message that safeguarding as being everybody's responsibility. In supporting the development of others the Trust has worked within 'Responding to Serious Concerns' procedures and has experienced a positive practice development opportunity through the participation of a Learning Lessons Review. In response to the exploitation of adults the Trust has contributed to the development of a Victim Care Pathway and regularly attended TATI panels across the different Local Authorities. Safeguarding training compliance has been maintained through alternative methods of delivery. The ethos of Making Safeguarding Personal has remained a focus for development, with evidence of an improved understanding of staff through the audit process. Best practice and lessons learned identified from safeguarding concerns raised in relation to the Trust have continued to be shared through internal governance structures and external to the Trust through Operational Leads forums.



Tees, Esk and Wear Valleys NHS Foundation Trust continued to be operational throughout the COVID-19 pandemic. Services were kept under close scrutiny in light of the increasing COVID cases in communities and implications of local lockdown for users and their families, partners and stakeholders and our own staff. A new suite of safeguarding training was rolled out so that staff who work within TEWV are better equipped to identify, raise concerns and support those at risk of abuse or neglect and their families as a whole. Real time 'flash safety briefings' and learning events were held across the Trust to discuss the impact of COVID on safeguarding and risk, including 'hidden harm', domestic abuse and the impact of parental mental health during these difficult times.



# Our Priorities 2021-22



The Board's strategic objectives for 2021-22 have been extended to include empowerment and proportionality in their own right, following feedback from partners at the Board's Development Day and learning from current strengths and areas for development.

This will ensure that the work of the Board is underpinned by the six safeguarding principles.

## **Empowerment:**

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

## **Prevention:**

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

## **Protection:**

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

## **Partnership:**

I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

## **Proportionality:**

I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

## **Accountability:**

I understand the role of everyone involved in my life and so do they.

The Board's Strategic Business Plan 2021-22 has been developed and directly informed by the results of the Annual Consultation Survey and feedback from professionals at the Board's Development Day.

The top 3 priorities identified by professionals, service users and the general public included within the Strategic Business Plan 2021-22 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. Concentrate efforts on preventing adult abuse and neglect.

**The Board's Strategic Business Plan 2021-22 can be viewed here:**  
[www.tsab.org.uk/the-board/strategic-plan/](http://www.tsab.org.uk/the-board/strategic-plan/)

# Appendix

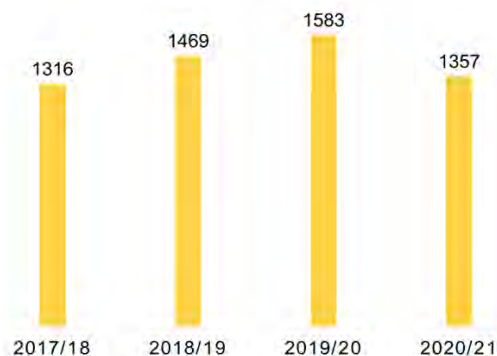
The Deprivation of Liberty Safeguards, under The Mental Capacity Act 2005, provide legal protection for those individuals who are 18 years old and above and who are, or may become deprived of their liberty, in a hospital or a care home.

## Concerns and Section 42 Enquiries

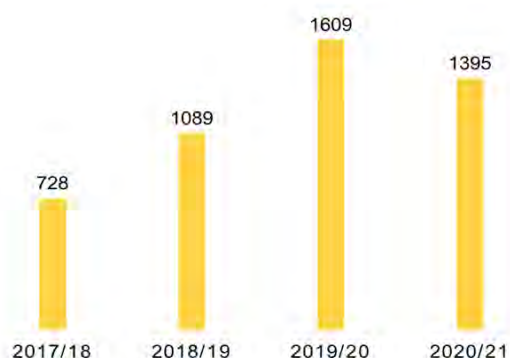
## Deprivation of Liberty Safeguards (DoLS) Applications

Concerns Section 42 Enquiries

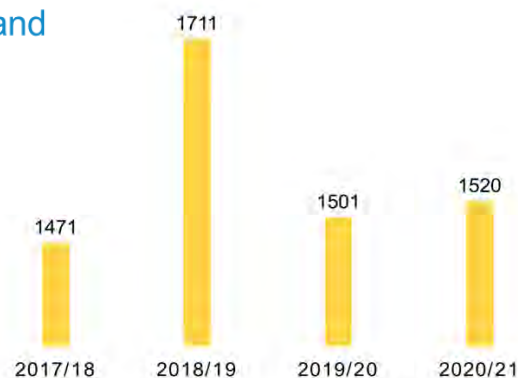
### Hartlepool



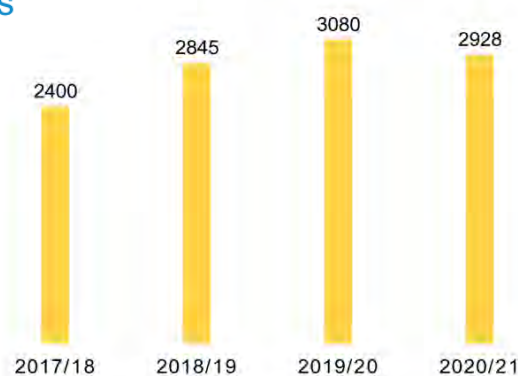
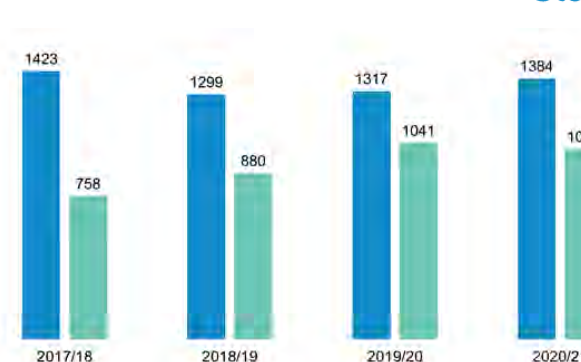
### Middlesbrough



### 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 2021-22



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

*The TSAB will seek assurance from statutory organisations and multi-agency partners that the following six aims, associated objectives and actions are delivered.*

| Aim  | Objectives; we will:  |
|--|---|
| <b>Empowerment:</b><br>I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.  | <ol style="list-style-type: none"><li>1) Establish mechanisms that allow service users and carers to better inform the future direction and priorities of the Board.</li><li>2) Ensure individuals requiring safeguarding services are asked what they want as outcomes from the safeguarding process and that their views inform what happens.</li><li>3) Strengthen professionals' understanding of the legislative framework and trauma informed practice to ensure the best outcomes for adults at risk.</li></ol>  |
| <b>Prevention:</b><br>I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.   | <ol style="list-style-type: none"><li>1) Provide accessible, clear and simple information, advice and support that helps people to understand what abuse is, how to recognise the signs and how help can be sought.</li><li>2) Improve engagement with local communities.</li><li>3) Help efforts to reduce social isolation and loneliness.</li></ol>  |
| <b>Proportionality:</b><br>I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.   | <ol style="list-style-type: none"><li>1) Provide effective, consistent, timely and proportionate responses to reported abuse.</li><li>2) Continue to adopt a proportionate and pragmatic approach to safeguarding adults work during and following the Covid-19 pandemic.</li><li>3) Communicate with and seek feedback from service users and carers to ensure safeguarding responses are the least intrusive possible and appropriate to the risk(s) presented.</li></ol>   |
| <b>Protection:</b><br>I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.   | <ol style="list-style-type: none"><li>1) Encourage a trauma-informed, strengths based and person-centred approach to all safeguarding work.</li><li>2) Use the concept of contextual safeguarding to protect adults at risk.</li><li>3) Learn from the findings of local, regional and national Safeguarding Adult Reviews and Learning Lessons Reviews, and applicable Domestic Homicide Reviews, and Safeguarding Children Practice Reviews.</li></ol>  |
| <b>Partnership:</b><br>I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me. | <ol style="list-style-type: none"><li>1) Ensure Board partners work together in an effective manner to protect adults from abuse and neglect.</li><li>2) Collaborate with the LSPPs, CSPs and Strategic VEMT to deliver joint priorities and objectives.</li><li>3) Work with partners and partnerships to support the development of a 'Missing Adults' protocol and to further develop 'Transitions' work.</li><li>4) Seek assurance from partners that the NICE guidelines for Safeguarding Adults in Care Homes are met when commissioning and supporting services.</li></ol> |
| <b>Accountability:</b><br>I understand the role of everyone involved in my life and so do they.  | <ol style="list-style-type: none"><li>1) Gain assurance from partners about the effective delivery of their services.</li><li>2) Deliver and achieve the Board's performance benchmarks.</li><li>3) Promote the Teeswide adult safeguarding competencies as a framework for the delivery of safeguarding adults training.</li></ol>   |

## Strategic Business Plan 2021-22



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

*The TSAB will seek assurance from Statutory organisations and multi-agency partners that the following six aims, associated objectives and actions are delivered.*

### Aim

#### **Empowerment:**

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

### Actions; we will do this by:

- 1) Develop a Service User/Carer Engagement Strategy.
- 2) Carrying out multi-agency case file audits.
- 3) Monitoring the TSAB Performance Indicators relating to service user outcomes.
- 4) Continuing to use the Safeguarding Champions initiative to seek the views of people who use safeguarding services.
- 5) Reviewing the TSAB Training Strategy and Training Plan.

#### **Prevention:**

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

- 1) Using appropriate methods to increase public and professionals' knowledge of all sources of support available linked to adult abuse and neglect and promoting 'Safeguarding is everyone's business'.
- 2) Continuing to develop and publicise the Safe Place Scheme to increase the number of venues across Tees.
- 3) Publishing regular themed articles to ensure harder to reach, lonely and isolated people (including carers) are receiving key information, advice and available support options.
- 4) Further development of the Safeguarding Champion scheme to include 'Community Safeguarding Champions'.

#### **Proportionality:**

I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

- 1) Promoting the TSAB Inter-Agency Safeguarding Adults procedures and monitoring their implementation through multi-agency audits.
- 2) Reflecting on how the Covid-19 pandemic has changed safeguarding practice and adopting new work methods, as appropriate.
- 3) Developing tools and processes as part of the Service User/ Carer Engagement Strategy to assist with seeking feedback from users and carers.

#### **Protection:**

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

- 1) Delivering an effective learning, training, and development programme to include trauma informed practice and contextual safeguarding.
- 2) Developing and implementing actions plans for all SARs and LLRs, applicable DHRs and SCPRs; including sharing learning across partner agencies and using this to inform future practice.
- 3) Preparing for the implementation of the MCA Amendment Bill (LPS).
- 4) Developing a Rapid Review process which includes thematic reviews for those cases which do not meet the criteria for a SAR.

#### **Partnership:**

I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

- 1) Supporting the delivery of a joint development session with the LSCPs, CSP, HWBs to look at themes from reviews, joint and individual responsibilities.
- 2) Engaging with the multi-agency development work regarding Transitions through Strategic VEMT.
- 3) Supporting work to develop an 'Adult missing from home' protocol.

#### **Accountability:**

I understand the role of everyone involved in my life and so do they.

- 1) Delivering the Quality Assurance programme which includes: peer review, Quality Assurance Framework/Self Audit (QAF) and multi-agency audits.
- 2) Producing high quality performance reports to support the analysis and further development of multi-agency safeguarding practice.
- 3) Reviewing and updating the Teeswide adult safeguarding competencies in line with the NICE guidelines for Care Homes.



# HEALTH AND WELLBEING BOARD

29 November 2021



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

**Subject:** BETTER CARE FUND PLAN 2021/22

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## 1. PURPOSE OF REPORT

- 1.1 To seek retrospective approval from the Health & Wellbeing Board for the Hartlepool Better Care Fund Plan 2021/22.

## 2. BACKGROUND

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

## 3. PERFORMANCE AND PLANNING REQUIREMENTS

- 3.1 BCF performance reports are routinely submitted to NHS England on a quarterly basis although reporting has been suspended recently due to COVID19. The return for 2020/21 was submitted in May 2021 and confirms that all national conditions continue to be achieved, as well as confirming that BCF contributions were in line with national guidance.
- 3.2 The Government published the Better Care Fund Policy Framework for 2021/22 in August 2021. The framework places increased emphasis on improving outcomes for people being discharged from hospital and introduces a new performance metric linked to avoidable admissions.
- 3.3 BCF 2021/22 Planning Requirements were published on 1 October 2021 and set out a timescale for local areas to submit local plans by 16 November 2021. Plans go through a process of scrutiny and assurance prior to approval, with local areas expected to receive feedback in January 2022. The Hartlepool BCF Plan for 2021/22 is attached as **Appendix 1**.

#### 4. RISK IMPLICATIONS

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

#### 5. FINANCIAL CONSIDERATIONS

- 5.1 The BCF Pooled Budget is made up of a number of elements, some of which have mandatory funding requirements, and the Hartlepool plan demonstrates that these minimum contributions are being maintained.
- 5.2 The Pooled Budget is hosted by Hartlepool Borough Council and governed through the BCF Pooled Budget Partnership Board.
- 5.3 The allocations for Hartlepool for 2021/22 are shown below.

| <b>Funding</b>                         | <b>2021/22</b>     |
|--|--------------------|
| BCF (CCG Minimum Contribution)         | £8,015,436         |
| Disabled Facilities Grant              | £1,221,874         |
| iBCF Allocation (Paid directly to HBC) | £5,200,685         |
| <b>TOTAL</b>                           | <b>£14,437,995</b> |

#### 6. LEGAL CONSIDERATIONS

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

#### 7. CHILD AND FAMILY POVERTY CONSIDERATIONS

- 7.1 None identified.

#### 8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 None identified.

#### 9. STAFF CONSIDERATIONS

- 9.1 No staff considerations have been identified.

#### 10. ASSET MANAGEMENT CONSIDERATIONS

- 10.1 No asset management considerations have been identified.

**11. RECOMMENDATION**

- 11.1 It is recommended that the Health and Wellbeing Board retrospectively approves the Hartlepool Better Care Fund Plan for 2021/22 which was submitted in line with the 16 November 2021 deadline.

**12. REASON FOR RECOMMENDATION**

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

**13. CONTACT OFFICER**

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



|                   |
|-------------------|
| <b>Hartlepool</b> |
|-------------------|

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)

How have you gone about involving these stakeholders?

Hartlepool's BCF plans have been developed over a number of years through a committed approach to partnership working. Regular meetings between CCG and Local Authority commissioners are overseen by Pooled Fund Managers and BCF leads. Many of the BCF schemes are embedded within service delivery models on a recurrent basis have proven to be successful in achieving shared goals.

Colleagues across the system collaborate, share and develop ideas to meet pressures within the health and social care system, supporting system priorities including BCF plans and metrics. Currently, there is some uncommitted funding within the pooled budget which partners have agreed to hold as a contingency to manage the uncertainties of future pandemic related issues, potential impact of flu and winter pressures and the commitment to restart specialist elective surgeries (and the impact on numbers being discharged). It is the view of partners that a flexible approach is most beneficial for the system, enabling financial resources to be used to meet emerging challenges and threats.

Locally, the Better Care Fund plan has been jointly developed by partners, specifically:

- NHS Tees Valley Clinical Commissioning Group
- Hartlepool Borough Council
- North Tees and Hartlepool NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust

Key stakeholder groups which have informed the BCF Plan include:

- **Hartlepool and Stockton Discharge Group**  
(see Supporting Discharge section for further information)
- **Community Integrated Intermediate Care Group** – involving partners across health and social care, this group undertook a review of Intermediate Care Services with a view to realising a number of strategic and operational goals which would:
  - Improve coordination of care across health and adult social care
  - Provide an integrated health and adult social care assessment
  - Provide an equitable service offer available 7 days a week
  - Deliver efficiencies through services working more effectively as the breadth of services is available across the system

## Executive Summary

This should include:

- Priorities for 2021-22
- key changes since previous BCF plan

The vision of the Hartlepool Better Care Fund (BCF) plan is to enable everyone to live at home longer, be healthier and get the right support where and when required, whether this be provided by health and / or social care. The focus is on strategic and operational collaboration across health and social care, primary prevention, early diagnosis and intervention and supported self-management, with the aim of promoting independence, closing the health and wellbeing gap and reducing health inequalities as well as driving transformation to close the care and quality gap.

The Hartlepool BCF plan will:

- Drive our ambition to provide excellent health and adult social care services to the people we serve.
- Reduce pressures on the NHS through improved patient flow.
- Stabilise the social care provider market.
- Increase collaboration between health and social care services.
- Strengthen community based services through more timely responses and increasingly flexible approaches to managing people in their own homes and community.

The 'South Integrated Care Partnership' is one of 4 ICPs within the Cumbria and North East Integrated Care System made up of the Tees Valley CCG, NHS Foundation Trusts, Local authorities, North East Ambulance Service and primary care. The system has agreed the following objectives:

- To ensure our population has access to the best possible care through the system wide delivery of a joint programme of hospital services consolidation and transformation – including mental health care and services for those with learning disabilities.
- To improve our population's health, wealth and wellbeing through increased use of Population Health Management approaches, more targeted prevention activities and increased application of personalised care
- To ensure optimal use of resources for patient pathways through increasing local integration at place to support more integrated out of hospital services based around communities; aiding our financial recovery and driving service sustainability
- To attract and retain a skilled workforce across clinical networks to address our current workforce pressures.

The Better Care Fund plan supports local and regional objectives. Priorities for 2021/22 are aligned to the ICP objectives and more specifically to the BCF and Ageing Well principles. There is also a focus on maintaining and developing sustainable services in the context of pressures caused by the ongoing Covid19 pandemic, potential impact of flu and the impact of increased hospital discharges following restarting of elective activity across a range of hospital specialisms.

We must also focus on improving the quality of services across health and social care.

### Avoidable Admissions

There is an increasing emphasis on responding to urgent care situations in the community, as well as a collaborative approach to providing a response. This requires

robust assessment, decision making and diversion to more appropriate services and support when needed, including an enhanced Telecare offer. Communication continues to be key, and to this end the Integrated Single Point of Access (ISPA) is crucial to ongoing development, including clinical triage.

Additionally, there are a range of health and social care services funded by the BCF to support this.

### **Length of Stay and Discharge to Normal Place of Residence**

Health and social care have worked together to develop initiatives to reduce length of stay and discharge people home as quickly and safely as possible. Partners have worked together to agree discharge arrangements, including the use of D2A funding and implementing a Trusted Assessor scheme.

### **Residential admissions** - *older adults whose long-term care needs are met by admission to residential or nursing care*

The Discharge to Assess initiative along with intermediate care and rapid response services offers the opportunity for people to receive the care and time needed to maximise recovery, maintain independence and avoid admission to long term residential and nursing care if possible.

Additionally, positive relationships with providers of both residential care and home care services continue to support this work, and reduce the number of people accessing long term residential care. A range of community based services support people to feel safe in their own home and give them confidence to return to the community following a period of rehabilitation.

### **Effectiveness of reablement** *proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)*

The services provided via the BCF have proven to be effective in terms of supporting people to return home safely and have a better quality of life.

Learning from the Community Led Support model and from experiences of supporting people through COVID solutions are being developed linked to community hubs to ensure people can effectively engage with one another and have a purpose in their lives. To strengthen this approach work is underway between health and social care services to develop a Telecare service that has both a health and social care response, as opposed to social care alone.

### **Urgent 2 hour community response:**

HBC is part of the 'Urgent and Emergency Care Managed Clinical Network'.

There are currently a range of BCF funded options available to support this ambition and plans to develop a combined telecare / telehealth service will further support this, and potentially reduce the impact on NEAS. The aim will be to reduce calls to 111 services and triage the work to the clinical out of hours service based at the University Hospital of Hartlepool..

### **Enhanced Health in Care Homes:**

Now part of the Ageing Well programme and Primary Care Network DES, BCF funded services to support care homes have been in place for several years including the Care Home Training and Education Programme.

This is working well and good relationships with PCNs and Clinical Directors are in place, which have been strengthened during the pandemic response. Providers have been supported to access additional resources to manage infection control issues, as well as



providing access to PPE, additional funding and support and guidance. This has supported providers to maintain their financial and operational stability.

As part of the DES care home round, community matrons undertake a proactive home round and have monthly multi-disciplinary teams with GP, pharmacy and nursing input as a minimum to support personalised care planning, alongside the care home nursing team.

Dedicated pharmacy support has been commissioned via BCF to drive quality regarding medicine management, review of policies and the implementation of proxy medication ordering for all care homes.

A digital programme of support has been commissioned to enhance and support the delivery of digital developments in care homes including:

- NHS Mail.
- Proxy ordering of medication.
- Personalised care and support planning.
- Information sharing.

### **Carers Support:**

The local system has long recognised the value of family carers and the significant contribution they make to the support of vulnerable people across both health and social care.

We have listened to their views through reviews and carer survey feedback and this has driven improvement in quality and empowered family carers to enhance the quality of their lives and those of their loved ones.

To do this, we have:

- Revised our existing contractual relationship.
- Provided access to social care IT systems and information.
- Created a dedicated social worker liaison role.
- Jointly developed a carers assessment and review tool.
- Regular meetings to address concerns and develop solutions.

As a result of this work family carers now benefit from a more tailored and bespoke service, which is closely linked to the development of community hubs and Community Led Support.

## Governance

Please briefly outline the governance for the BCF plan and its implementation in your area

### BCF Governance arrangements

Each partner has their own internal governance arrangements in line with their own organisations requirements. These link to the broader governance arrangements of BCF. Together these arrangements ensure that a system wide perspective and approach is taken with appropriate oversight from the Health & Wellbeing Board.

The governance for our BCF Plan is illustrated in the embedded slide below:



Tees Valley CCG BCF  
Governance Overview.pptx

We have regular meetings of the BCF Delivery Group which is formed of commissioning, finance and BCF leads from the Local Authority and CCG. This group collectively plans, reviews new business cases, and monitors expenditure of the Better Care Fund.

The Pooled Budget Partnership Board receives recommendations from the BCF Delivery Group. The Board has senior membership from the Local Authority and the CCG and its role is to provide strategic direction on schemes and receive and approve business cases for proposals against the Better Care Fund.

**The Hartlepool Health & Wellbeing Board** is responsible for; signing off and ensuring delivery on the Hartlepool Better Care Fund Plan; ensuring that the BCF plan responds to local needs, is aligned with the Health & Wellbeing Strategy and supports system integration across health and social care; agreeing the use of funding under the Better Care Fund pooled budget arrangements; addressing any risks and issues arising that relate to the wider Hartlepool health and social care system; and progressing any joint commissioning implications and requirements arising from the Better Care Fund.

The membership of the Board comprises of:

- Hartlepool Borough Council (Elected Members and Officers)
- NHS Tees Valley CCG
- Public Health
- Healthwatch
- NHS England
- Tees, Esk and Wear Valley NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Hartlepool and Stockton Health - GP Federation
- Police and Crime Commissioner
- Voluntary and Community Sector representatives

The Hartlepool BCF plan is jointly agreed by partners with a pooled fund governed by Section 75 of the NHS Act 2006.

## Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22.
- Approaches to joint/collaborative commissioning.
- Overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21.

The Hartlepool BCF budget funds a range of schemes that continue to prove their value and provide the foundations to meet current challenges and emerging threats to the health and social care system in Hartlepool.

The schemes cover a wide range of areas including housing, integration, technology, workforce, market development and sustaining the voluntary sector.

Our overarching approach has been one of collaboration and, where appropriate, integration with a broad range of partners. Key partners include the Local Authority, the CCG (for commissioning purposes), Primary Care Networks and the Foundation Trusts (in terms of delivery). Statutory partners are increasingly working more closely with the voluntary sector through Community Led Support initiatives, as well as with family carers.

This approach has enabled partners to strengthen community based services and provides a platform to better respond to the requirements of the urgent care agenda, and to utilise opportunities that will emerge from the Ageing Well programme.

### **Community Integrated Intermediate Care (CIIC)**

As part of BCF development and implementation in Hartlepool, a Community Integrated Intermediate Care Service (CIIC) has been developed to integrate and enhance existing local delivery models to achieve improved outcomes for the local population.

By collaborating and working together, and improving communication and coordination of care we are able to more readily respond to urgent requirements of the community and support more timely and safer discharge from hospital or residential care.

Via CIIC, a range of services has been developed including crisis response services to prevent a person going into hospital and rehabilitation and reablement support enabling people to regain their independence and remain, or return to, their own homes. Through improvements in coordination of care across health and adult social care, the CIIC service is providing:

- an integrated health and adult social care assessment
- a service offer which is equitable and available 7 days a week
- efficiencies as services work more effectively across the system

### **Integrated Single Point of Access (iSPA)**

iSPA provides a multi professional triage and care planning service to improve pathway access and delivery for health, social care and VCSE services ensuring people get access to the right early help and specialist support.



This strengthens information sharing, improves risk assessment and enhances joint decision making to ensure people and their families receive the right services at the right time.

During the COVID pandemic, the previous and continued investment in iSPA gave health and social care the infrastructure to be able to respond more flexibly and quickly to a dramatically changing landscape. Despite the enormity of the challenge, people continued to receiving appropriate support in a timely and effective way.

The learning from this excellent response to one of the greatest challenges we have faced since the second world war is that we need to continue to invest in the iSPA to ensure that we have sufficient coordination, resources and flexibility across health and social care to address future needs and emerging threats.

The iSPA model has been evaluated as successful using the following criteria:

- Effective pathways for people requiring health and/or social care support
- Improved rates of response to referrals with timely decision making and a reduction in delays associated with information gathering and duplicated effort.
- Reduction in the number of hospital admissions for people known to Out of Hospital services
- Reduction in the number of people requiring admission to care homes
- More holistic triage of people's needs.
- Increased referrals to non-statutory services for people with less complex needs.

### **Supporting Discharge (national condition four)**

What is the approach in your area to improving outcomes for people being discharged from hospital?

How is BCF funded activity supporting safe, timely and effective discharge?

The introduction of new Hospital Discharge Service Operational: Policy and Operational Model has led to revised and re-energised discharge arrangements across the ICP. In Hartlepool we have enhanced previous arrangements and strengthened monitoring of all hospital discharges by undertaking a Daily Patient Tracker List (DPTL) meeting between Officers from Hartlepool Borough Council and North Tees and Hartlepool NHS Foundation Trust at the Integrated Single Point of Access to ensure that we discharge patients from hospital as safely and as timely as possible.

As a result we have intensified our focus on the notification process (which brought multi agency discussions much later in the process) and the previous formal reporting that focussed on DTOCs which challenged integration by way of the data reporting definitions. We welcome the removal of the DTOC process that was more focused on the concept of 'blame' for delays rather emphasising that this was a shared responsibility.

To support this Policy and Operational model there has been a shift to a 'Home First' approach which means that discharge planning starts on admission with a daily clinically led review that uses the 'criteria to reside' ensuring that anyone remaining in an acute bed meets one of these 11 criteria and where they no longer meet the criteria they are discharged as soon as possible the same day or the following day.

In terms of broader strategic challenges Hartlepool are an integral part of the ICP's Tees Valley's Incident Command Co-ordination Call which are established flexible surge meetings based on pressures and need utilised to look at activity across the Tees Valley to understand operational and strategic pressures across the whole of the Tees Valley health and social care system utilising a mutual aid approach to mitigate risks, as necessary.

Meetings have been closely linked with place based discharge groups to ensure patients are discharged and placed on the next stage of their pathway of care, maintain flow throughout the hospital and promote rapid and supported discharge from hospital to the most appropriate place for recovery in a planned manner rather than experiencing an extended length of stay in an acute hospital bed.

Locally the weekly Hartlepool and Stockton Discharge Group has collectively worked across the CCG, Trust and LAs to ensure delivery of the new Hospital Discharge Guidance offering mutual support and solutions to community bed provision including 'Designated Settings', workforce issues, pathways/ processes and development of a 'Home First' approach and associated scheme.

The Home First scheme which commenced in November 2020 ensures people who need care receive it in the right setting. The new service supports patients to remain or return to their own home through provision of a 24/7 nurse led service, allowing for an individual to be both care managed and have their needs assessed within their own home environment by an appropriate integrated community workforce.

The Home First team is a multidisciplinary team that can deliver effective nursing and rehabilitation interventions during this initial period of up to 7 days to promote independence. The service works in collaboration with the integrated single point of access to support a health and social care approach to the delivery of care. Our ambition is to develop this to include a more robust link with the Telecare function.

Patients accessing the Home First pathway are generally:

- Suitable for Pathway 1 (able to return home with support from health and/or social care);
- Patients at the point of community crisis who require additional support to avoid escalation to Pathway 2 (rehabilitation or short-term care in a 24-hour bed-based setting); or
- Patients who have resolvable 1:1 needs.

The aim is to support patients to return to their own home through provision of a 24/7 nurse led service, allowing for an individual to be both care managed and have their needs assessed within their own home environment by an appropriate integrated community workforce.

A further challenge facing the health and social care system relates to the availability of a highly skilled and flexible workforce and in this regard we are part of a Project Delivery Group 'Made with Care' initiative to address potential recruitment issues via an Adult Social Care campaign to build a bigger and better workforce including utilising a website linked to the Department of Works and Pensions. We believe that this is a positive step to mitigate risks as we move into winter and respond to on-going system pressures.

## Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Disabled Facilities Grant (DFG) is a capital grant paid to Hartlepool Borough Council to facilitate the adaption of older and disabled people's homes and is incorporated into the wider iBCF grant.

The DFG aims to support disabled and older people to be independent, enabling carers to continue their role safely, preventing accidents and helping people to return home from hospital.

It requires effective co-ordination between housing providers and the health and social care system and supports the increasing national focus on the integration of housing with health and social care services.

The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place.

A Regulatory Reform (Housing Assistance) Order gives local authorities permission to broaden the scope of how DFGs are used to support housing renewal and assist with improving housing conditions. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate.

This increase in DFG funding in recent years has afforded HBC and its key partners the opportunity to review existing arrangements to ensure that adaptations continue to play a significant supporting role in enabling the Boroughs residents to remain independent in their homes for as long as possible.

Despite the COVID-19 pandemic Hartlepool continued to deliver the adaptation programme into 2020/21 when other local authorities suspended their operations, although this was reduced in part due to the inability to access required building materials. However, we prioritised resources to facilitate hospital discharge or prevent hospital admission by using our stair-lift and ramp loan scheme and prioritising/fast tracking DFGs on a case-by-case basis.

Within the Council, the decision to integrate Special Needs Housing within adult social care, has enabled increased integration and broadened understanding. Communication has improved and the service is operating more efficiently within the OT service rather than being overseen by Housing Officers.

During 2019/20 Hartlepool delivered

196 Grants

105 level access shower /baths

64 stair-lifts

12 major adaptations (extensions / conversions)

16 ramped access only

16 other – Door widening, remodelling of housing.

Despite the national lockdown and local restrictions Hartlepool achieved the following in 2020/21:-

189 Grants

95 showers / baths

81 stair-lifts.

10 major adaptations (extensions / conversions)

7 ramped access only

9 others - Door widening, remodelling of housing.

**Key changes and priorities for 2021/22** New initiatives and areas of expenditure facilitated by a proposed revised DFG Policy including Regulatory Reform Order (RRO) Policy for Housing Assistance include

- The introduction of a discretionary power which permits the Council to make additional grants / loans etc. to top up the maximum permissible grant of £30,000 per property.
- Funding up to £30k of extensions/ property configurations to facilitate kinship care arrangements thereby avoiding overcrowding.
- Funding of up to £80k to support and facilitate a Shared Lives service for adults with a Learning Disability and Autism, supporting a partnership approach with Durham County Council and Tees Esk & Wear Valley Foundation NHS Trust.
- Hospital Discharge Grants payable where NHS continuing healthcare funding is not available but the person requires an urgent adaption to support a discharge home.
- Removal of the means test for DFG applications up to £5k in circumstances which would cause undue financial hardship.
- Exploring opportunities to consider means testing of families on a case by case basis, to alleviate financial inequalities.
- Relocation assistance of up to £10k for owner occupiers where an existing home is unsuitable for improvement, repair or adaptation and the person is eligible for a DFG.
- Consideration of using DFG to support and pay discrepancies where stamp duty may limit a move.
- Exploration of a 'de-clutter' scheme to reduce admissions to Hospital or residential, care homes, and facilitation of timely hospital discharge.
- Contribute to the planned programme of investment in Changing Places Toilets; improving existing provision and creating additional facilities that will support both residents and visitors to the town. Proposals include a mobile Changing Place to support events and programmed activities as well as strategically located facilities that will enable people with disabilities to access leisure opportunities and outdoor spaces, and play a more active role in local communities.

Examples include :-

**Wider prevention** – Providing support to a Community Led Support to 'Make every contact count'. This would identify people struggling with their homes before they get to



crisis point by offering information advice and support from the occupational health service based in community hubs.

**Short-term Interventions** – increase rapid response services to enable people to come out of hospital or to prevent someone in crisis having to go into residential care by fixing trip and fall hazards, installing minor adaptations, repairing heating systems and providing an immediate deep clean and declutter.

**Medium-term Solutions** – continue to fund the provision of stair-lifts and showers, but with a range of integrated services to maintain independence which might include: minor adaptations such as grab-rails, key safes; a personal alarm system; other improvements such as repairs or a new heating system; and links to an exercise class, falls prevention training and befriending service to improve health and wellbeing.

**Long-term Interventions** – Purchasing and installation of equipment to create a rehabilitation flat to facilitate intensive assessment and longer term reablement supporting recovery from major surgery, life limiting injuries, long Covid, Stroke etc.

Additional funding will also be used to progress applications received during COVID-19 lockdown and reduce the waiting list.

## **Equality and health inequalities.**

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

It is recognised that there are significant health inequalities across society and high levels of deprivation make this very stark in Hartlepool.

The local authority and CCG are committed to making sure equality and diversity is a priority and to rebalance any differential in relation to marginalised groups. We are endeavouring to achieve this by working more closely with our communities and their representatives to understand their needs and how best to commission the most appropriate services to meet those needs, specifically around developing our CLS solution and family carer initiatives.

We do this by understanding, identifying and then minimising or removing disadvantages suffered by people due to their protected characteristics; taking steps to meet the needs of people from protected groups where these are different and encouraging people from protected groups to participate in public life and other activities where their participation is disproportionately low.

We will work with the Ageing Well programme to ensure personalised care approaches are fully embedded, supporting healthy ageing across the life course, as well as within the programme specific workstreams, which are Anticipatory Care, Urgent Community Response and Enhanced Health in Care Homes.

# HEALTH AND WELLBEING BOARD

29<sup>th</sup> November 2021



**Report of:** Director of Public Health

**Subject:** PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

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## 1. PURPOSE OF REPORT

### 1.1 To:

- i) Update the Board on receipt of delayed guidance, resulting in the requirement for a further change to the PNA review timetable;
- ii) Seek approval for an additional Board meeting in late January 2022 to allow approval of the draft PNA prior to the formal consultation process; and
- iii) Approve changes to the localities to be utilised in the PNA.

## 2. BACKGROUND

- 2.1 At the time of the initial planning and preparation for a PNA (to be published in 2022), new guidance was anticipated from the Department of Health and Social Care in the 'summer of 2021'. The Health and Wellbeing Board (HWB) on the 28<sup>th</sup> June 2021 approved the initial intended timeline with the publication of this support information in mind and also, in part, mindful that the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) still required the next pharmaceutical needs assessment to be published by 1 April 2022.
- 2.2 The anticipated regulatory changes required to postpone the latest publication date of the next PNA to October 2022 had not yet been put forward, though it was anticipated that the guidance would confirm this. The timeline also needed to be adapted to meet the schedule of dates of the HWB for approval of first the draft for consultation and secondly the final document for approval.
- 2.3 Guidance in the form of an Information Pack for Health and Wellbeing Boards was published on 15<sup>th</sup> October 2021 supported by a briefing meeting from NHSE/I on 2<sup>nd</sup> November. The document has confirmed that the 2013 regulations will be amended to allow the latest publication date to change to

1 October 2022. This is as a result of the ongoing response to the Covid-19 pandemic.

- 2.4 The proposed amended timetable for the review of Hartlepool's PNA is detailed below.

| Date                                | Task   |
|-------------------------------------|--|
| 29 November 2021 – 24 December 2021 | The Engagement Exercise (Stage 1)<br><br>(4 weeks - patients/members of the public, stakeholders and pharmacy contractors) |
| Dec 2021 – Jan 2022                 | Produce a draft PNA 2022   |
| End of January 2022*                | Health and Wellbeing Board<br><br>(Approve Draft PNA for consultation)   |
| *Date TBC subject to HWB approval   |  |
| February – March 2022               | Draft PNA – Stage 2 Consultation<br><br>(Formal 60 Day Consultation period)  |
| April/May 2022                      | Revise and update PNA following consultation   |
| June 2022                           | Health and Wellbeing Board (Date TBC)<br><br>(Approve PNA for publication)   |
| Oct 2022                            | Publication deadline for PNA   |

- 2.5 The survey element of the public and stakeholder engagement has now been adapted and will take place shortly to facilitate a draft PNA being presented to the HWB for approval prior to consultation in early 2022. The dates of the HWB do not currently coincide with a timeline suitable for approval prior to the required 60-day consultation. This will not allow for formal consultation to take place with adequate time to respond and present a final PNA for approval at the June 2022 meeting. On this basis, the HWB is asked to approve an additional meeting of the Board in late January 2022, to allow this to occur.
- 2.6 In the intervening time we have created the networks between stakeholders, involved in producing the Pharmaceutical Needs Assessment so that The data and materials required are ready for the engagement process.

### 3. LOCALITIES

- 3.1 Additionally, Regulations require the HWB divide its area up into localities and the justification for this must be documented in the PNA. On behalf of the HWB, the PNA Working and Steering Groups have reviewed the process for determining the localities in the Hartlepool area and approved localities to be used for 2022.

- 3.2 An explanation of the historical process for determination of the localities used for PNAs in 2011, 2015 and 2018 is described in Section 6.1 the 2018 PNA.  
([https://www.hartlepool.gov.uk/downloads/file/4140/pharmaceutical\\_needs\\_assessment](https://www.hartlepool.gov.uk/downloads/file/4140/pharmaceutical_needs_assessment)).
- 3.3 In reviewing the localities for the 2022 PNA we have again considered the following: Healthcare commissioning by local Clinical Commissioning Group (CCG) is currently organised on the geographical footprint of NHS Tees Valley, i.e., larger than the individual local authority/HWB areas in the Tees Valley. CCGs will be replaced on 1st April 2022 by Integrated Care Systems (ICS); the ICS for this area is organised over an even larger geography (North East and North Cumbria).
- 3.4 With five unitary authorities, it could be reasonable to view each of these as a 'locality' when considering population health and wellbeing needs, and associated pharmaceutical needs across the Tees Valley. For some Health and Wellbeing Board areas elsewhere in England, their PNA localities will approach, or even exceed the size of the borough of Hartlepool in their geography or population. However, whilst there may be considerable similarities in demographics and associated health care needs across Hartlepool, substantial inequalities in health may also be identified across the smaller geography. So for the purposes of better understanding pharmaceutical needs at a more local level, we suggest that further sub-division of the geography and associated demographics is still required to define localities for the PNA.
- 3.5 There are currently three localities in the PNA and they previously followed ward boundaries. We recognise that the subdivision used in previous PNA's for Hartlepool is unique to the PNA and is not used in any other strategic documents. Nevertheless, the principal of using Index of Multiple Deprivation (IMD) (by electoral ward and Borough Quintiles) remains sound, for consideration of health needs and thereafter PNA localities. This has been in use in the PNA now for more than 10 years without challenge and we have not identified any subsequently established process of sub-division of the Borough at above ward level that might be more suitable.
- 3.6 Following a local government boundary review completed since the PNA 2018, the current locality boundaries don't follow the new ward boundaries at two areas around Hart/Throston in the north and Greatham in the south. Reviewing the updated IMD (2019) scores, minor amendment of the locality boundary may be possible to best fit the new ward boundaries whilst retaining three very similar localities, which would simplify the use of available demographic and health data by continuing to aggregate data at ward level. Figure 1 and 2 (over the page) shows how the IMD 2010 using Borough and National quintiles respectively supported the sub-division to localities for the 2015 PNA, which were adopted unchanged in the 2018 PNA.



Figure 1 (Figure 1 from 2018 PNA). Map showing final defined localities for Hartlepool HWB area for PNA 2015 area based on ward boundaries at 2012

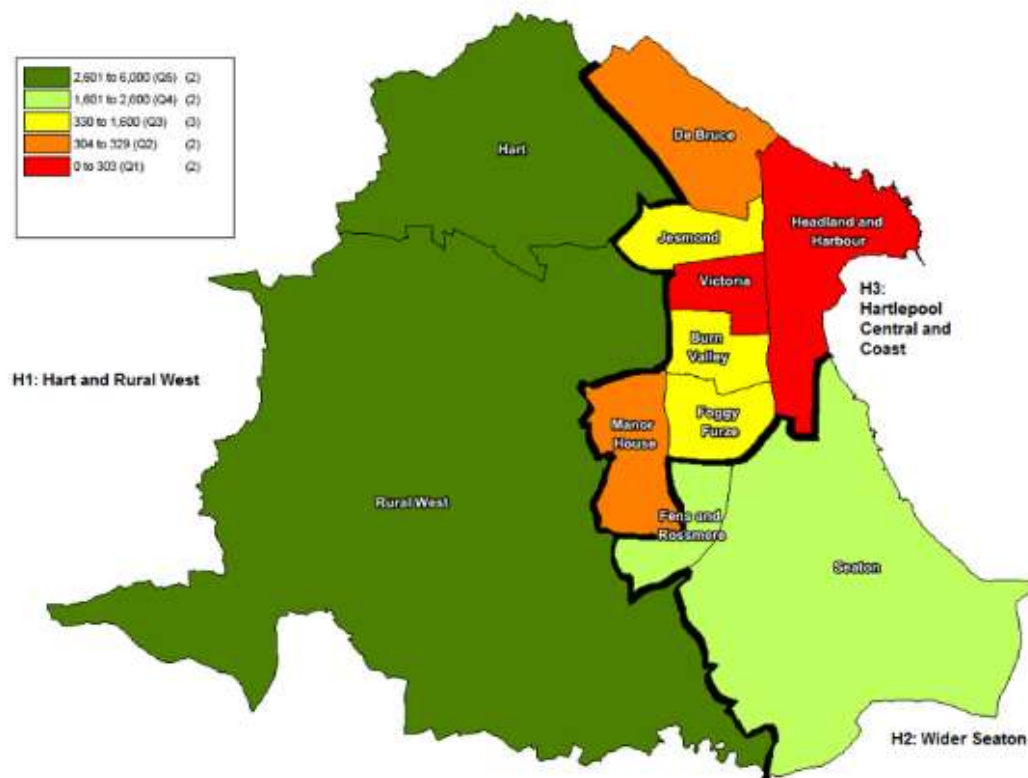
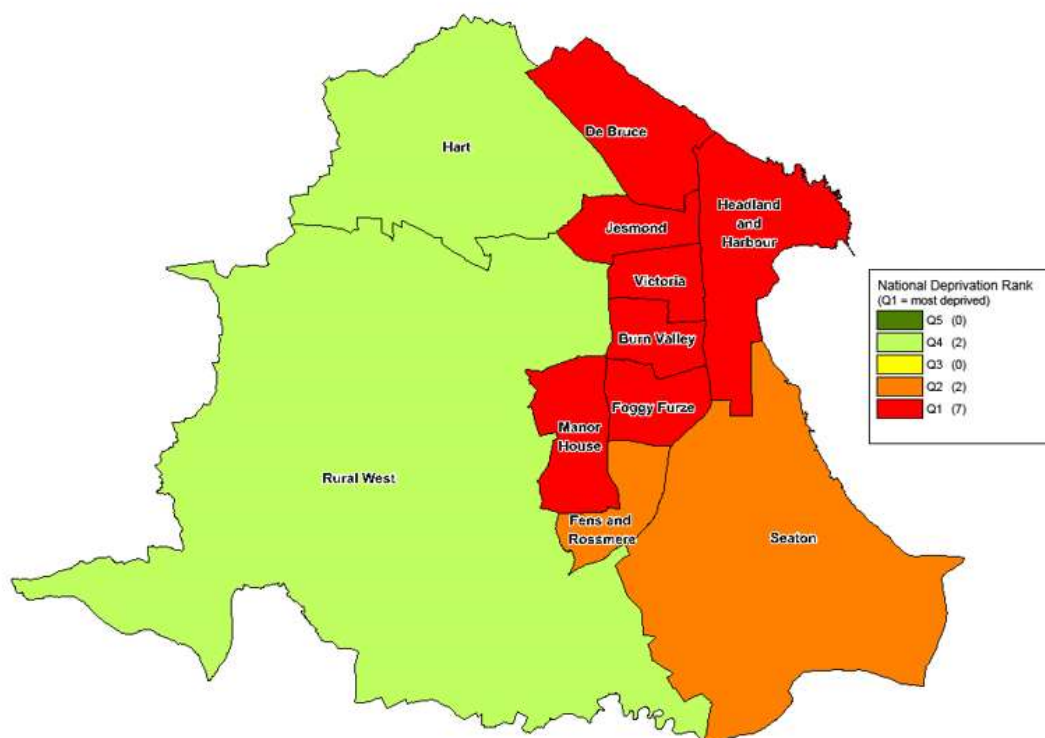
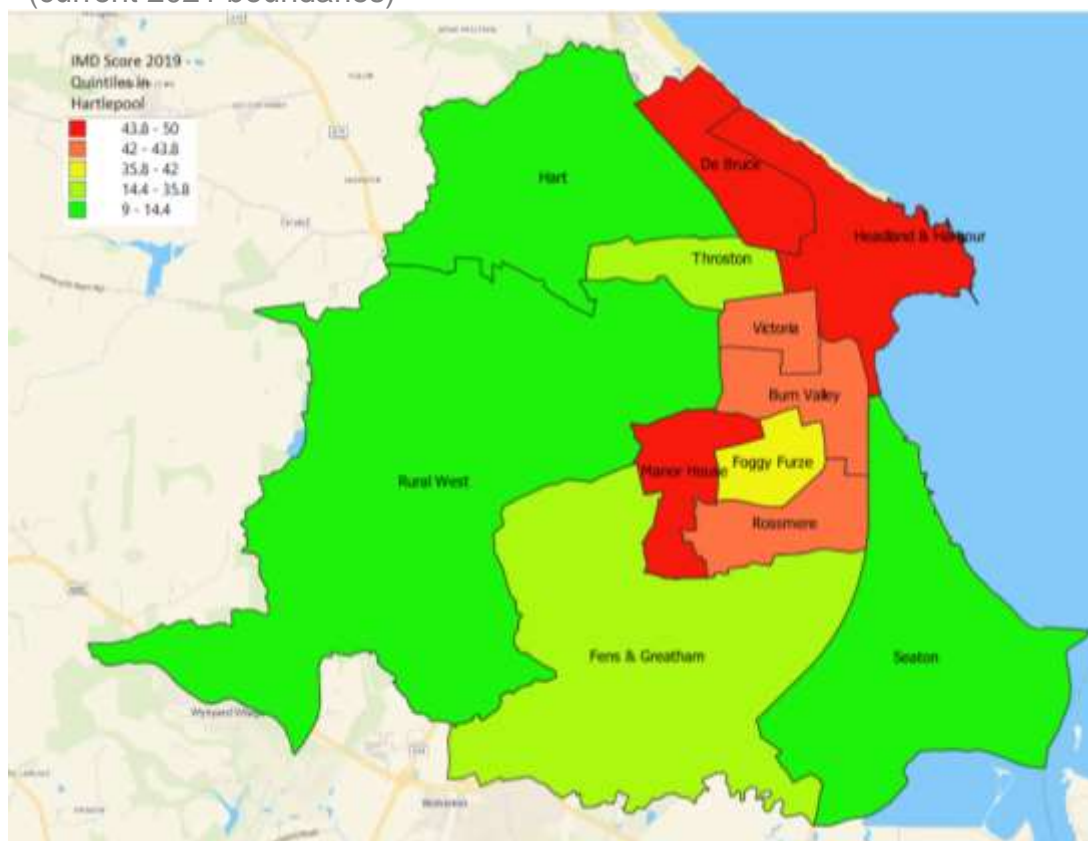


Figure 2 (Figure 2 from 2018 PNA). IMD 2010 Overall Domain National Quintiles; estimated ward ranks (2012 boundaries) for Hartlepool (from PNA 2015)



- 3.7 Figure 3 shows the equivalent map of IMD 2019 Borough quintiles for 2022. Reviewing the map, it was determined that localities would be determined and re-named as follows:

Figure 3. IMD Overall Domain 2019 Borough quintiles estimated by ward (current 2021 boundaries)



For the purpose of the PNA locality area names:

- **Hartlepool West:** Hart, Rural West and Throston
- **Hartlepool South:** Fens and Greatham and Seaton
- **Hartlepool Central and Coast:** De Bruce, Headland and Harbour, Victoria, Burn Valley, Foggy Furze, Manor House, Rossmere

#### 4. RISK IMPLICATIONS / LEGAL CONSIDERATIONS

- 4.1 PNAs are used by NHS England for the purpose of determining applications for new premises. It is anticipated that many decisions made will continue to be appealed and it is therefore important that PNAs comply with the requirements of the regulations. That due process is followed in their development and that they are kept up-to-date.

## **5. RECOMMENDATIONS**

### **5.1 That the HWB:**

- i) Note the guidance update and approve the amended timetable for review and publication of the PNA;
- ii) Approve the organisation of an additional Board meeting in late January 2022 to allow approval of the draft PNA prior to the formal consultation process; and
- iii) Approve changes to the localities to be utilised in the review of the PNA as detailed in Section 3.7.

## **6. REASONS FOR RECOMMENDATIONS**

### **6.1 Included in the body of the report.**

## **7. BACKGROUND PAPERS**

- 7.1 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349
- 7.2 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016

## **8. CONTACT OFFICER**

Craig Blundred, Director of Public Health,  
Hartlepool Borough Council  
[craig.blundred@hartlepool.gov.uk](mailto:craig.blundred@hartlepool.gov.uk)

Joan Stevens, Statutory Scrutiny Manager  
Hartlepool Borough Council  
[Joan.Stevens@hartlepool.gov.uk](mailto:Joan.Stevens@hartlepool.gov.uk)