

HEALTH AND WELLBEING BOARD AGENDA



Monday 21st March 2022

at 10.00 am

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

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 – Christopher Akers-Belcher and Margaret Wrenn

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 Christine Fewster
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 Marc Anderson
Representative of GP Federation - Fiona Adamson
Representative of Headteachers – Sonya Black

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

- 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 29th November 2021

4. ITEMS FOR CONSIDERATION

4.1 Dentistry:-

1. Update on NHS General Dental Access - Presentation - *NHS England and NHS Improvement; and*
2. Accessing Dentistry Consultation Report - *Healthwatch Hartlepool*

4.2 Community Mental Health Transformation Project - Presentation - *Programme Manager, Community Transformation Tees Valley*

4.3 ICB Update - Presentation - *Chief Officer, NHS Tees Valley CCG*

4.4 Public Health Review - *Director of Public Health*

4.5 Face the Public Update - Verbal Update - *Director of Public Health*

4.6 Children with SEND (Special Educational Needs and/or Disabilities) Annual Report April 2021 - March 2022 - *Director of Children's and Joint Commissioning Services*

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – To be confirmed



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

29 November 2021

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

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Member, Hartlepool Borough Council – Councillor Stokell (as substitute for Councillor Cook)

Representatives of NHS Tees Valley Clinical Commissioning Group
– Dr Nick Timlin

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 – Christopher Akers-Belcher

Other Members:

Representative of the NHS England – Dr Tim Butler

Representative of Tees, Esk and Wear Valley NHS Trust – Elspeth Delaney (as substitute for Brent Kilmurray)

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

Representatives of Hartlepool Voluntary and Community Sector – Sylvia Ochuba and Michael Slimings

Representative of GP Federation – Fiona Adamson

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

Also in attendance:-

Darren Best, Independent Chair, Teeswide Safeguarding Adults Board

Carl Jorgeson, Voluntary and Community Sector.

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

23. Apologies for Absence

Elected Members, Hartlepool Borough Council – Councillors Cook, Howson, and Tiplady

Representative of NHS Tees Valley Clinical Commissioning Group – Karen Hawkins
Representative of Healthwatch –Margaret Wrenn
Managing Director, Hartlepool Borough Council – Denise McGuckin
Representative of Headteachers – Sonya Black
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray)
Representative of North Tees and Hartlepool NHS Trust –Deepak Dwarakanath)

Prior to the commencement of the meeting, the Chair welcomed the recently appointed representatives of the voluntary and community sector.

24. Declarations of interest by Members

None

25. Minutes

The minutes of the meeting held on 15 October 2021 were confirmed.

26. Hartlepool and Stockton-on-Tees Safeguarding Children Partnership Annual Report 2020-21

The 2020-21 Annual Report had been circulated to the Board. The Director of Children & Joint Commissioning Services highlighted the salient issues included in the report. It was noted that the Annual Report would usually be presented to the Board by the Independent Chair of the Partnership. However, the Independent Chair had recently retired. Prior to consideration of recruiting new Independent Chair, a review of governance was being undertaken to ensure the requirement for independent scrutiny is undertaken in a way that adds greatest value to the Partnership.

Decision

The report was noted.

27. Teeswide Safeguarding Adults Board Annual Report 2020-21 *(Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)*

The Teeswide Safeguarding Adults Board (SAB) Annual Report for 2020/21 was appended to the report. It was noted that it was 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 was appended to the report.

The Independent Chair highlighted the salient issues included in the report and paid tribute to the contribution of the Council's Adult and Community Services Department. The achievements and the progress that had been made in the local areas were detailed as well as highlighting the range of safeguarding issues and challenges that remained.

The Director and Independent Chair responded to issues raised by Board Members arising from the report.

Decision

The Board noted and endorsed the Teeswide Safeguarding Adults Board Annual Report 2020/21.

28. Better Care Fund Plan 21/22 (*Director of Adult and Community Based Services*)

The report sought retrospective approval from the Board for the Hartlepool Better Care Fund Plan 2021/22. The Board was advised that performance reports were routinely submitted to NHS England on a quarterly basis although reporting had been suspended recently due to COVID19. The Government had published the Better Care Fund Policy Framework for 2021/22 in August 2021. The framework placed increased emphasis on improving outcomes for people being discharged from hospital and introduced a new performance metric linked to avoidable admissions. BCF 2021/22 Planning Requirements had been published on 1 October 2021 and set out a timescale for local areas to submit local plans by 16 November 2021. Plans had gone 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 was appended to the report.

Decision

The Board retrospectively approved the Hartlepool Better Care Fund Plan for 2021/22 which was submitted in accordance with the 16 November 2021 deadline.

29. Pharmaceutical Needs Assessment Update (*Director of Public Health*)

The Board was updated on receipt of delayed guidance, resulting in the requirement for a further change to the PNA review timetable as set out in the report. The approval of the Board was sought for an additional Board meeting in late January 2022 to allow approval of the draft PNA prior to the formal consultation process.

Regulations required the Board to divide its area up into localities and the justification for this must be documented in the PNA. On behalf of the Board, the PNA Working and Steering Groups had reviewed the process for determining the localities in the Hartlepool area and approved localities to be used for 2022. Approval was sought from the Board to the localities to be utilised in the PNA as set out in the report.

Decision

The Board:

- i) Noted the guidance update and approved the amended timetable for review and publication of the PNA;
- ii) Approved 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) Approved changes to the localities to be utilised in the review of the PNA as set out in the report.

30. Covid Update Presentation

The Director of Public Health provided an updated presentation on the ongoing coronavirus position in Hartlepool. The presentation focussed on the following:-

- Hartlepool and Teesside Covid 19 case rates per 100,000 population
- Hartlepool and England Covid 19 related death rates per 100,000 population
- Percentage 1st and 2nd dose Covid vaccinated population by age for Hartlepool in comparison to England.

In the discussion that followed, the Director of Public Health responded to issues raised arising from the presentation. In response to concerns expressed regarding the opening times of the walk-in vaccination clinics, the Director advised that he would enquire whether the opening times could be extended. The Director agreed also to inquire regarding the discrepancy of the covid testing adopted by South Tees NHS Foundation Trust which was highlighted as being inconsistent with the procedures adopted by North Tees NHS Trust.

In response to concerns expressed regarding the availability of vaccines at GP surgeries, the representative of the GP Federation explained the complexities involved and clarified that the vaccines supplied to walk-in vaccination clinics is sourced differently to those provided to GP surgeries.

Decision

The presentation was noted.

Meeting concluded at 11.00 a.m.

CHAIR

Healthwatch Hartlepool Accessing Dentistry Consultation Report

January 2022

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Executive summary

Hartlepool is one of the most deprived areas in England, ranked 18th out of 326 local authority areas and with 7 of the 12 wards in Hartlepool amongst the 10% most deprived in the country.

Healthwatch Hartlepool is committed to working collaboratively with all Local Healthwatch organisations across the North-East region and the people of Hartlepool to improve access to Dentistry services. At a time of increasing demand on services and pressures on funding, it is even more important to make sure we are shining a spotlight on all aspects of patient journey when accessing dentistry services both locally and regionally. As always, we are incredibly ambitious that services are delivered efficiently whilst targeting them towards those who need the most help. In Hartlepool, the areas where the most vulnerable members of our population live reflect the areas with the highest deprivation. For that reason, we have tried to ensure we have consulted with the whole population utilising our strong network of partners in addition to those within the voluntary and community network.

You will see from our findings that whilst services currently provided can be effective there is an overwhelming desire for dentistry services to return to some kind of normality as was prior to the Covid19 pandemic and that equal access for all communities is paramount.

We are mindful that our residents are our greatest asset and by consulting and working in collaboration with our Local Healthwatch partners across the whole of the North-East we may exert greater influence in improving access locally, regionally and nationally for dentistry.

Our consultation spanned the months of December 2021 and January 2022 and has been one of our most successful consultation exercises over the last 8 years.

“People’s views come first - especially those who find it hardest to be heard. We will champion what matters to the seldom heard and work with others to find solutions. We are independent and committed to making the biggest difference to residents.”

Christopher Akers-Belcher Chief Executive - Healthwatch Hartlepool

Background

Accessing Dentistry Consultation Report:

Throughout 2020 and 2021 Healthwatch Hartlepool was receiving feedback from the public, as were other Local Healthwatch (LHW) organisations in the Northeast, that accessing NHS dental services was very difficult, whether registering with an NHS dentist, getting treatment or even getting treatment at a dental hospital.

Initially during the latter half of 2020 and early part of 2021 Healthwatch Hartlepool conducted our own #BecauseWeCare survey in line with Healthwatch England and the results confirmed that 11% of all respondents viewed dentistry to be an area of concern. Whilst the percentage seems relatively low this was still the 3rd highest area highlighted by the cohort of residents who replied to our town wide survey.

It also appeared that, even prior to Covid, NHS dentists were only funded to cover 50% of the population. With the need to now have lull time in the consulting room between patients due to Covid safe guidelines there is no longer the capacity within the system to meet this target, let alone deal with the backlog of appointments that didn't go ahead due to the lockdown.

Healthwatch Hartlepool seized the opportunity to work collaboratively with several Local Healthwatch partners across the North East as collectively we agreed that there is a need for better access, but it needed surveying and reporting both locally and on a regional basis.

Aim of study

To determine whether accessing NHS dental services is being raised by a few people having a problem or whether it is a more widespread issue.

As a comparison Healthwatch Hartlepool also contacted all Dentistry practices within the borough to form a view of how they were serving the people of Hartlepool with accessible appointments and treatment.

Findings

Finding a dentist

- Number of survey responses for this activity - 114
- When these experiences took place - December 2021 & January 2022
- Breakdown of Ratings on how easy it was to find a dentist -
Only 20 people responded to this question 17 (85%) said very difficult and 2 (10%) said easy.
- What respondents did to find a dentist - 21 respondents
 - 17 (81%) people rang around dentist
 - 13 (62%) Searched the internet
 - 9 (43%) Looked on NHS Choices website
 - 8 (38%) Asked family and friends
 - Only one respondent contacted Healthwatch Hartlepool
 - 2 (10%) did something different
- Breakdown of kind of dental service whether NHS or private - 22 respondents
 - 17 (77%) NHS
 - 1 Private
 - 4 (18%) Both
- Whether looking for help with a particular dental issue - 21 respondents
 - 18 (86%) Yes
 - 3 (14%) No
- Did they find a service to meet their needs? - 20 respondents
 - 5 (25%) Yes
 - 15 (75%) No
- How far they travelled to receive this service - 16 respondents that varied greatly
 - Only 6 respondents were able to access a dentist within the Borough
 - 1 travelled a 70-mile round trip to Newcastle
 - 5 people could not access service due to lockdown or unable to get an appointment
 - 4 other people accessed out of town dentistry service
- Did they use any services other than their dentist to help get advice about accessing dental care? - 19 respondents
 - 6 (32%) contacted NHS111
 - 2 (11%) contacted their GP
 - 3 (16%) contacted a pharmacy
 - 10 did not use any other service
- Was there anything that would have improved the experience of trying to find a dentist? - 17 respondents

Actually, finding a dentist to take care of the problem - Able to register with a dentist in Hartlepool for NHS treatment - Yes being able to find one - Finding one! - Hartlepool needs more NHS dental care but just dentists in general - A website updating us on the situation and where we could go - Information available on local dentists accepting NHS patients - Need more NHS dentist in Hartlepool. This is a regular problem and has got worse year on year - yes, actually finding one! - I am still not registered with an NHS dentist as whenever I have looked non are available - Being able to get into any NHS practice, even if there was a wait. In an ideal world there would be an online calendar where you could see availability or be able to switch between practices - more NHS dentists - Finding an NHS dentist to access - I would like to be able to find one - need more of them -

If I had been able to access the dentist that I am registered with - ability to find dentist that is currently accepting NHS patients - Giving the option to be placed on a waiting list. Which dentists are taking on NHS and the price list involved as they are all different? Being able to book dentists on-line instead of having to call loads of numbers to receive the same message no NHS patients only private. Which I don't understand as there must be space if this is what is being offered.

Routine check-up

- Number of survey responses for this activity - 39
- Breakdown of responses between “You”, “your child” & “other”
 - “You” - 32 (82%)
 - “Your child” - 4 (10%)
 - “other” - 3
- Breakdown of Ratings on how easy it was to book a routine check-up appointment - 38 respondents
 - 10 (26%) Very difficult
 - 8 (21%) Difficult
 - 4 (11%) Fair
 - 6 (16%) Easy
 - 10 (26%) Very easy
- Whether looking for help with a particular dental issue - 38 respondents
 - 7 (18%) Yes
 - 31 (82%) No
- Breakdown of responses to statements around happiness of timescales - 35 respondents
 - 15 (42%) - I was happy as I got an appointment within a reasonable timescale
 - 10 (29%) - I was happy that I got an appointment, but I had to wait longer than I would have liked
 - 10 (29%) - I was unhappy because even though I got an appointment, I had to wait too long
- Breakdown of ratings on overall experience - 35 respondents
 - Terrible - 6 (17%)
 - Poor - 5 (14%)
 - Fair - 5 (14%)
 - Good 7 (20%)
 - Excellent - 12 (35%)
- Breakdown of whether any further care or treatment were needed - 38 responses
 - 13 (34%) Yes, a follow up appointment with my dentist
 - 1 (3%) Yes, a referral to another service
 - 24 (63%) No
- When this experience was - 21 responses of which 2 were 2 and 3 years ago, 4 were between March and December 2020 and the 15 were during 2021
- Breakdown of NHS and private appointments - 39 respondents
 - NHS - 32 (82%)
 - Private - 3 (8%)
 - Both NHS and Private - 4 (10%)
- Was this the same dentist that was used prior to the start of the pandemic - Yes from all 39 respondents

- Breakdown of responses as to whether respondents needed to seek private appointments due to not being able to find NHS appointments - 2 (5%) yes and 37 (95%) no
- Suggestions of improvements - 16 responses - 11 people made suggestions per below and 5 people suggested no improvements needed/required.

Should have restarted appointments once they had the capacity. Used their text service to inform people that this had happened and would be contacted in due course and that you would not be taken off the books - Being told of the charges. I work part time on minimum wage (doesn't matter that I am married and hubby on good wage) - If they had contacted me to remind me of my check up as they have always done - Quicker times and longer appointments where treatment such as scale and polish included in the check-up rather than a separate appointment - Reassurance that during a pandemic, there is a practice to return to and register grandchildren at same practice - Everything. The whole system is not working as it should - Maybe if the dentists weren't only working at 65% of capacity for so long! I understand this was the guidance, but because I have attended regularly for many years, it seemed to be unnecessary to have to wait so long this time - No always excellent service - Being able to ring and get a person rather than going online which is taxing as I would have to use my phone to do this - Getting into a new dentist, there is none in Billingham, Stockton, Middlesbrough or Hartlepool - Getting rid of fear

Appointment for a minor treatment

- Number of survey responses for this activity - 16
- Breakdown of responses between "You", "Your Child" & "Other"
 - "You" - 13 (81%)
 - "Your Child" - 2 (12%)
 - "Other" - 1 (7%)
- Breakdown of Ratings on how easy it was to book an appointment for a minor issue - 16 respondents
 - Very difficult - 6 (38%)
 - Difficult - 2 (12%)
 - Fair - 1 (6%)
 - Easy - 3 (19%)
 - Very easy - 4 (25%)
- What were the minor issues and were they in pain? 16 respondents

My tooth cracked and it was uncomfortable as it was very sharp - Tooth filling - Lost veneer - brace check - Two replacement fillings discomfort (no pain) - Gold inlay had come out and needed to be refitted, I had to wait for quite a long time, I was honest with dental practice and said it wasn't painful, there would be others with much worse issues - Crown came off - Lost filling causing and ached 24/7 - A crown - I had a cracked tooth which was causing me discomfort - broken tooth - Filling came out. I was in pain, but it was manageable - my son had an infection on the roof of his mouth and the doctor advised it needed to be seen by a dentist - teeth cleaning - I had a chipped tooth and it was causing discomfort - loss of filling, transient pain

- Breakdown of responses to statements around happiness of timescales - 14 responses
 - 5 (36%) - I was happy as I got an appointment within a reasonable timescale

- 4 (28%) - I was happy that I got an appointment, but I had to wait longer than I would have liked
- 5 (36%) - I was unhappy because even though I got an appointment, I had to wait too long
- Breakdown of ratings on overall experience - 15 respondents
 - Terrible - 2 (13%)
 - Poor - 1 (7%)
 - Fair - 4 (27%)
 - Good - 5 (33%)
 - Excellent - 3 (20%)
- Breakdown of whether any further care or treatment were needed - 15 respondents of which 7 had a follow-up with same dentist and 8 that required no further treatment.
- When this experience was - 11 responses 4 from 2020 and 7 from 2021
- Breakdown of NHS and private appointments - 15 responses and all were NHS
- Was this the same dentist that was used prior to the start of the pandemic? - 15 responses and 12 said Yes. 1 was a referral from NHS 111,
- Breakdown of responses as to whether respondents needed to seek private appointments due to not being able to find NHS appointments - 15 respondents of which only 2 (13%) said yes.
- Suggestions of improvements - 6 replies albeit 2 said no improvements required. Other comments:

Better lines of communication - just the wait times and availability of dentists willing to actually offer you an appointment - To be seen much quicker - much wider availability of NHS dentistry

Urgent Appointment

- Number of survey responses for this activity - 13
- Breakdown of responses between “You”, “Your Child” & “Other”
 - “You” - 10 (77%)
 - “Your child” - Nil
 - “Other” - 3 (23%)
- Breakdown of Ratings on how easy it was to book an appointment for an urgent appointment - 13 respondents 6 said very difficult, 1 said easy and 6 said very easy.
- What was the urgent treatment for and levels of pain - 12 responses

My 4-year-old granddaughter had fallen at school and slackened her two front teeth and badly bruised her gums - Hole developed in crown - Broken tooth - Filling had fallen out resulting in tooth ache and headaches - A broken Molar and loss of amalgam filling - Broken denture - no pain - but lack of teeth! Denture was repaired, but a tray of dentures was dropped in the repair centre, and new dentures and appointments had to be made - needed extraction - broken tooth, extreme pain - very painful needed the tooth out - Broken tooth - Broken tooth which needed a crown - very painful dental abscess

- Breakdown of responses to statements around happiness of timescales - 13 respondents
 - 7 (54%) - I was happy as I got an appointment within a reasonable timescale

- 1 (8%) - I was happy that I got an appointment, but I had to wait longer than I would have liked
 - 5 (38%) - I was unhappy because even though I got an appointment, I had to wait too long
- Breakdown of responses to - Were you offered self-help advice for your urgent issue whilst waiting? 13 responses - 5 (38%) Yes - 8 (62%) No
- Breakdown of responses to - Were you given clear information about who to contact and what to do if the situation got worse? 11 responses - 6 (55%) Yes - 5 (45%) No
- Breakdown of ratings on overall experience - 13 respondents
 - Terrible - 4 (31%)
 - Bad - 2 (15%)
 - Fair - Nil
 - Good - 2 (15%)
 - Excellent - 5 (39%)
- Breakdown of responses to - Did you access any follow up treatment after your emergency dental appointment? 13 respondents
 - Yes, from my dentist - 5 (38%)
 - Yes, referred to another service - 2 (15%)
 - No, I could not access the follow up I needed - 2 (15%)
 - No, I did not need follow up - 4 (31%)
- When this experience was - 11 respondents - 2 relate to 2020, 2 ongoing and 7 relate to 2021
- Breakdown of NHS and private appointments - 13 respondents - 8 NHS, 4 Private and 1 both.
- Was this the same dentist that was used prior to the start of the pandemic? 13 responses 9 (70%) stating Yes
- Breakdown of responses as to whether respondents needed to seek private appointments due to not being able to find NHS appointments - 13 respondents of which 2 (15%) said Yes with the remaining 9 (85%) saying No
- Breakdown of responses to Have you called NHS111 for emergency dental care since March 2020? - 13 respondents of which 2 (15%) said Yes with the remaining 9 (85%) saying No
- Suggestions of improvements - 8 responses albeit 4 suggested no improvements or praised the care they received.

That the dentists in the Hartlepool area show some humanity and be prepared to make time to see an injured child - Prompt dental treatment as I wanted this issue resolving before the Festive Period - Very basic - Should have been directed to a dentist in Hartlepool and been examined not sent to Middlesbrough where I had to get my daughter to drive me there as I had been taking codeine for the pain and then given a script from the dental practice she then had to drive to another chemist to collect the antibiotics given on script as we don't know Middlesbrough area it was a very difficult journey freezing cold pouring rain and dark luckily she has satnav on her phone to direct us

Treatment at a dental hospital

- Number of survey responses for this activity - 1
- Breakdown of responses between “You”, “your Child” & “other” - “You” 1
- Breakdown of responses best describing the situation - “I was given an appointment at a dental hospital”.

- Breakdown of Ratings on how easy it was to book an appointment at the dental hospital - 1 - Very easy
- What was the hospital treatment for and levels of pain - Removal of Wisdom tooth
- Breakdown of responses to statements around happiness of timescales - "I was happy as I got an appointment within a reasonable timescale".
- Breakdown of responses to - Were you offered self-help advice for your issue whilst waiting? 1 - No
- Breakdown of responses to Were you given clear information about who to contact and what to do if the situation got worse? 1 - Yes
- Breakdown of ratings on overall experience - Good
- Breakdown of responses to - Did you access any follow up treatment after your dental hospital appointment? 1 - No
- When this experience was - September 2021
- Breakdown of NHS and private appointments - NHS & Private

Is there anything else you want to tell us about dental services? - 40 respondents

If a practise will take on private patients (there is room for that) then why can't they take on NHS patients? Paying extra for the same level of care. Not acceptable.

The difficulty of registering with a dentist for NHS treatment is extremely difficult in Hartlepool. I have recently managed to register with an NHS dentist but will have to travel to Billingham.

I would go private if they don't push you, but I feel like they push you. Plus, pricing can be extortionate. We need more NHS services such as this in Hartlepool.

My daughter has had a baby in lockdown and hasn't had a check-up for nearly 3 years.

I'm the only one in my family who has been able to get into an NHS dentist.

There appears to be a shortage of local dental surgeries accepting NHS patients. Also, where patients are registered there is also a shortage of appointments. Even when an appointment is urgently required there is a necessity to wait. It appears that there only solution is to pay privately even with a surgery where you may be registered.

Positive experience - COVID restrictions and asking patients to arrive just before the appointment time reduce the time I had to wait to be seen - Dentist was on schedule on all but one visit.

Initial appointment making isn't a positive experience, customer care is poor from reception staff. Dental care and customer care is very positive from the actual dentist.

I was kept informed by email throughout the pandemic that there would be a delay in my check-up. but had no urgency. Therefore, I knew I was not forgotten. I had a routine check-up as soon as it was possible.

Dental services in Hartlepool were stretched before the pandemic. It has been difficult to get appointments for a number of years now. I have family that have had to pay an extraordinary amount of money for treatment because they were in pain and needed to be seen quickly. There are too few NHS dentists available.

Fast efficient and safe covid treatment.

The Practice had put very safe covid measures in place and I felt safe and comfortable - I have been back for 2 check-ups and hygiene treatment since.

Is there anything you want to tell us about any other health and care services? - 13 respondents

The responses covered predominantly access to GP appointments. Patients tend to want face to face appointments and waiting times as well as general access is poor. One person claimed there is poor health care provision within the LGBTQ community, 1 person highlighted long waiting times for NHS physio appointments and 2 praised the NHS provision including NHS111.



Analysis of findings

Healthwatch Hartlepool concludes that the feedback they have gathered from their research work is both rich and meaningful. The survey work has been one of the most successful consultation exercises we have undertaken and to gather such insights into how people feel across Hartlepool should set the benchmark for the crafting of any future operating model around dentistry that can be efficiently and fairly afforded to current or future patients.

Residents simply want equity of access but feel the priority is being given to private patients. When patients do access services, they are predominantly happy with the service & treatment they have received but remain with poor expectations in accessing timely appointments as and when required.

Responses from Dentistry Practices in Hartlepool

All 10 practices in Hartlepool were contacted with our survey and only 5 responded. We made it very clear in our contact, which was by telephone and subsequent emails that we wanted to hear from the dentistry practices direct regarding their view of how people in Hartlepool are being affected. This was critical to give a broad comparison with feedback from patients and across the region. Below are the questions we posed together with the limited responses we received:

1. "Is the Practice currently accepting new NHS patients for treatment?"
 - Yes 1 (children only)
 - No 4
2. "What is the approximate waiting time for new NHS patients to have routine dental treatment i.e., routine checkup and/or scale and polish?" *No need to read out the options, just ask the question. If they answer on the timescale boundary, choose the shorter timescale e.g., if they reply "2 months" tick the 'Between 1-2 months' option*
 - Less than 1 month (Please state how long) - Few days for the 1 respondent
 - Between 1-2 months
 - Between 2-3 months
 - Between 3-6 months
 - More than 6 months (Please state how long_____)
3. "Do you ask about a patient's symptoms and level of pain before allocating an appointment or are appointments allocated on a first come first served basis?" *(Tick all that apply)*
 - ask about a patient's symptoms before allocating an appointment - Nil
 - ask about a patient's level of pain before allocating an appointment - 1
 - appointments allocated on a first come, first served basis - Nil
4. "Is the Practice currently seeing private patients?"
 - Yes - 2 of the five respondents
 - No (If 'No' go to Q7)

5. "Do you offer a private appointment if there are no remaining NHS appointments?"
 - **Yes - 1 respondent**
 - **No - 1 respondent**
6. "What is the approximate waiting time for new private patients to have routine dental treatment i.e., routine checkup and/or scale and polish?" *No need to read out the options, just ask the question. If they answer on the timescale boundary, choose the shorter timescale e.g., if they reply "2 months" tick the 'Between 1-2 months' option*
 - **Less than 1 month** (Please state how long - 1 respondent said with 1 week and 1 said within 2 weeks)
 - **Between 1-2 months**
 - **Between 2-3 months**
 - **Between 3-6 months**
 - **More than 6 months** (Please state how long_____)
7. "If you have no appointments available, do you ever signpost to other dental practices?"
 - **Yes - Only 2 respondents - 1 said ring other practices & 1 said ring 111**
 - **No**
8. "How has Covid-19 affected your provision of NHS funded services?" 2 responses

1 said that the dentist would need to answer and the other said "Diaries are inundated with emergency/urgent appointments, some of whom have not attended in many years and have high dental needs. We are having to priorities these over other patient appointments and recalls and as such there is a large backlog of patients to see putting pressure on the service.
9. "Is there anything else you would like to tell us?" 1 respondent

"We have been an Urgent Dental Centre during the pandemic, meaning we have been able to see non-registered patients in emergencies under the NHS. There has been dedicated time in our diaries for this. The private appointments we offer are outside of our NHS contracted hours or completed by dentists without an NHS contract at the practice."

Methodology

Healthwatch Hartlepool launched a town-wide survey and supplemented their intelligence gathering by information direct from all dentists across Hartlepool. We utilised our network across Hartlepool to promote the survey including the Covid Champions Network and Health Scrutiny.

- 119 responses were received from people or practices that took part in our survey work. We had 114 respondents from our on-line survey and five surveys were completed through our direct contact with dentistry practices.
- The town-wide survey was made available via survey monkey albeit hard copy surveys were made available for those digitally excluded. Unfortunately, we believe the prevalence of the latest Covid 19 variant and prevalence of infection meant we had no surveys completed other than those on-line. The survey was promoted by Healthwatch Hartlepool's social media and complemented by promotion through the Council's networks.
- All research was undertaken within the months of December 2020 and January 2021.

Demographics

Please see Appendix 1 which demonstrates our research is representative of Hartlepool's local communities.

Next steps

Healthwatch Hartlepool will use the insight gathered from our consultation to help shape our future work programmes. We will submit our results to the North-East Local Healthwatch Network as part of the regional work, which will result in a broad view report covering the whole region. We shall also seek to present our findings to Hartlepool's Health & Wellbeing Board and request those findings are utilised as a strong evidence base within the Council's Audit & Governance committee when they are undertaking their Health Scrutiny investigation into accessing services.

Acknowledgements

Thank you to everyone that has helped us with our consultation for 'Accessing Dentistry Consultation Report' including:

Members of the public who shared their views and experiences with us

All our amazing staff and dedicated volunteers

The organisations that significantly contributed to our work and focus groups

Hartlepool 50+ Forum

Hartlepool Borough Council

AND The North-East Local Healthwatch Network for giving us the opportunity to undertake this research.

Appendix 1

Demographics - 79 Respondents

1. Age category	Participants
13 - 17 years	0
18 - 24 years	3
25 - 34 years	5
35 - 44 years	11
45 - 54 years	28
55 - 64 years	18
65 - 74 years	8
75+ years	5
I'd prefer not to say	1

2. Gender	Participants
Man	27
Woman	51
Intersex	0
Non-binary	0
Other	0
I'd prefer not to say	1

3. Ethnic background:	Participants
Arab	
Asian / Asian British: Bangladeshi	
Asian / Asian British: Chinese	
Asian / Asian British: Indian	
Asian / Asian British: Pakistani	
Asian / Asian British: Any other Asian / Asian British background	
Black / Black British: African	
Black / Black British: Caribbean	

Black / Black British: Any other Black / Black British background	
Gypsy, Roma or Traveller	
Mixed / Multiple ethnic groups: Asian and White	
Mixed / Multiple ethnic groups: Black African and White	
Mixed / Multiple ethnic groups: Black Caribbean and White	
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	
White: British / English / Northern Irish / Scottish / Welsh	72
White: Irish	
White: Any other White background	4
Another ethnic background	
I'd prefer not to say	1

21 people declared they had a long-term health condition, 51 said not and 4 preferred not to say.

7 people declared they had a disability, 70 said not and 1 preferred not to say.

11 people said they were carers, 64 said not and 2 preferred not to say.

HEALTH AND WELLBEING BOARD

21 March 2022



Report of: Director of Public Health

Subject: PUBLIC HEALTH REVIEW

1. PURPOSE OF REPORT

- 1.1 To update the committee on the ongoing work to review the specialist Public Health work provided by the Public Health Team and funded through the Public health Grant.

2. BACKGROUND

- 2.1 This report is an update on the review of the public health function and team. It is anticipated that the COVID-19 pandemic will require a decreasing proportion of the focus as we move into a new financial year (2022-23) and it is important that there is a clear direction of travel for the next five years.
- 2.2. There are several reasons for carrying out the review:
- The national and local policy context has changed since the start of the pandemic and the impacts of these changes needs to be assessed
 - COVID-19 has had negative effects such as increasing waiting times for services, and a negative impact on mental health and resource allocation may need to be adjusted accordingly
 - There have been significant staff changes across the public health team in recent years
 - There are challenges in recruitment to public health posts across the UK
- 2.3 The pandemic has also generated some positive opportunities and accelerated new ways of working, which have opened up new opportunities that need to be taken advantage of.
- 2.4 The aim of the programme of work is therefore to review current Public Health services and the structure of the team within Hartlepool Borough Council and make recommendations leading to the development of a strategy for Public Health.

3. PROPOSALS

3.1 The initial phase of the review is to take a stocktake of the existing Public Health work programme. This has the following objectives:

- i. Review the structure of the Public Health Team and make recommendations on skills required and staffing structure including how we can retain skills developed during the pandemic;
- ii. Review the working arrangements with other council teams (including spend of Public Health grant) and make recommendations on suitability of arrangements and work programmes;
- iii. Review the public health spend and make recommendations on whether the current spend is fit for purpose;
- iv. Make recommendations on what a Public Health Strategy for Hartlepool Borough Council should look like for the next 5 years.

4. RISK IMPLICATIONS

4.1 No relevant issues.

5. FINANCIAL CONSIDERATIONS

5.1 At the time this report was produced, we were still awaiting confirmation of the public health grant for 2022 / 23. Details will be reported when available.

6. LEGAL CONSIDERATIONS

6.1 No relevant issues.

7. EQUALITY AND DIVERSITY CONSIDERATIONS (

7.1 No relevant issues.

8. STAFF CONSIDERATIONS

8.1 The review will consider the requirements for staffing in the context of the difficulties in recruiting into the public health workforce.

9. ASSET MANAGEMENT CONSIDERATIONS

9.1 No relevant issues.

10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

10.1 No relevant issues.

11. RECOMMENDATIONS

11.1 That the Board note the contents of the report.

12. REASONS FOR RECOMMENDATIONS

12.1 Following the review consideration will be given to the recommendations and these will be taken back to the Finance and Policy Committee.

13. BACKGROUND PAPERS

13.1 None.

14. CONTACT OFFICERS

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HEALTH AND WELLBEING BOARD

21st March 2022



Report of: Director of Children's and Joint Commissioning Services

Subject: CHILDREN WITH SEND (SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES) ANNUAL REPORT APRIL 2021 – MARCH 2022

1. PURPOSE OF REPORT

- 1.1 To share with members of the Health and Wellbeing Board the Children with SEND (Special Educational Needs and/ or Disabilities) Annual Report
- 1.2 For members of the Health and Wellbeing Board to understand their responsibilities in relation to SEND.

2. BACKGROUND

- 2.1 The Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014 were introduced on 1 September 2014. This act sets out duties for all partners with a particular focus on the local authority, CCG (Clinical Commissioning Group) and education providers. From September 2014, children or young people who are newly referred to a local authority for assessment are considered under the new Education, Health and Care (EHC) plan assessment process.
- 2.2 The SEND code of practice: 0 to 25 gives detailed information on the reforms. The Code of Practice provides guidance to help the Local Authority, schools, health services and social care identify and support children with SEND.
- 2.3 The Health and Wellbeing Board have responsibility for the implementation and monitoring of progress for the outcomes of children with SEND. The annual report which is attached (**Appendix A**) sets out progress against the requirements within the Code of Practice and areas of development. It is a partnership evaluation as the Code of Practice places statutory duties on all partners.

- 2.4 A national review for SEND is taking place with the following scope:
- Deliver proposals that improve outcomes for children and young people with SEND,
 - Improve the experiences of their parents and carers,
 - Deliver reforms that will bring financial sustainability to the SEND system.

The government stated in Autumn 2021 that they expect the proposals to be published by the end of March 2022. However there has been no further information since this notification.

- 2.5 In 2015 the government commissioned Ofsted and CQC to inspect SEND arrangements in local areas. This inspection framework continues to be in place however a review has been carried out and it is expected at the end of this cycle that significant changes will be made.
- 2.6 Hartlepool was inspected in October 2016 and found to have significant weakness in its SEND arrangements across the partnership. A written statement of action was produced and a revisit took place in January 2019. Following this a review meeting took place in February 2021 with DfE, NHS England council, CCG, schools and parent representatives. The meeting reviewed progress against the SEND Accelerated Progress Plan. DfE felt that the area had made significant progress and said that formal monitoring was no longer needed and there is no further need for an Accelerated Progress Plan.

3. ANNUAL REPORT APRIL 2021 – MARCH 2022

- 3.1 There is no requirement for areas to produce an annual report however the local area needs to show how it identifies how it is performing against the Code of Practice. The attached annual report has been completed with the SEND Operational group which consists of: parents, schools, social care, SEND team, commissioning, CCG (Clinical Commissioning Group), North Tees and Hartlepool NHS Foundation Trust, TEWV (Tees, Esk and Wear Valley NHS Foundation Trust), Local authority officers.
- 3.2 The annual report sets out progress and areas of development for the following:
- Leadership and governance
 - How effectively does the local area identify children and young people with send?
 - How effectively does the local area assess and meet the needs of children and young people with send?
 - Are we making a difference to children and young people's lives?

4. RISK IMPLICATIONS

- 4.1 The Health and Wellbeing Board are responsible for the implementation and monitoring of progress for the outcomes of children with SEND. It is important that all members of the Health and Wellbeing Board understand their duties to ensure that the outcomes of children with SEND improve. There is a risk that if members of the partnership do not closely track progress the outcomes of our children do not improve.

5. FINANCIAL CONSIDERATIONS

- 5.1 There are no specific financial considerations in relation to this report however it needs to be noted that SEND funding is being discussed at a national level due to ongoing budget pressures.

6. LEGAL CONSIDERATIONS

- 6.1 All partners needs to understand their duties under the SEND Code of Practice: 0 - 25.

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

- 7.1 All children with special educational needs and /or disabilities are supported as required.

8. STAFF CONSIDERATIONS

- 8.1 There are no staff considerations

9. ASSET MANAGEMENT CONSIDERATIONS

- 9.1 There are no asset management considerations.

10. RECOMMENDATIONS

- 10.1 For members of the board to note the SEND annual report and to ensure members understand their responsibilities in relation to SEND.

11. REASONS FOR RECOMMENDATIONS

- 11.1 To ensure the Health and Wellbeing Board are meeting the requirements of SEND arrangements across Hartlepool.

12. BACKGROUND PAPERS

SEND Code of Practice 0-25

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

13. CONTACT OFFICER

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SEND ANNUAL REPORT APRIL 2021 – MARCH 2022**1. INTRODUCTION**

The Special Educational needs and disability code of practice: 0-25 years sets out how organisations should work together in a local area to improve outcomes for children with SEND. The following annual report has reviewed the requirements within the Code of Practice and sets out what is working well and what needs to be further improved across the system.

2. IMPACT OF COVID

The COVID pandemic has had a significant impact on children with additional needs. The government imposed a number of lockdowns which meant that children, young people and families could not access the support they would normally receive. In particular health services significantly reduced or in some cases ceased with the NHS focus being on the pandemic. Schools worked hard to keep in contact with families and a number of children if not shielding were able to access school provision.

The Parent Carer Forum and Hartlepool carers stepped up and supported families with phone line available, online sessions for people to keep in touch and activities online for children. (This took place from the beginning of the pandemic from March 2020 onwards).

The council prioritised special school staff / mainstream teaching staff working with vulnerable children for COVID vaccinations which reduced the risk for vulnerable children and supported parents/ carers to feel less anxious about their children attending school.

The long term impact on children with SEND is not yet known however it is now evident that in the short term it has resulted in:

- Some children and families continue to be anxious about attending school
- Longer waiting lists for support
- Needs haven't been identified e.g children aged 0-4 not having social interaction as would be normal.
- Heightened anxiety
- Increase in demand for support/ diagnosis – the length of time to be reviewed within the over 5 neuro developmental pathway has increased

- Hartlepool's vulnerable pupils group has seen an increasing number of children with very low attendance or being electively home educated with a number being referred to the Home/hospital provision. It is felt by the group that COVID is not the main reason however vulnerabilities prior to the pandemic have increased and are now at crisis point.

3. LEADERSHIP AND GOVERNANCE

The number of children with SEND being supported in Hartlepool is as follows:

Number of children being supported as SEN Support (as identified by schools within school census)

Autumn 2020	Spring 2021	Summer 2021	Autumn 2021
1992	2112	2166	2155

Number of children and young people (0-25) being supported by EHC plans trend over last four years (as per SEND 2 return)

2018	2019	2020	2021
585	610	689	740

As can be seen above the numbers have steadily increased across the last year (noting that there is a slight decrease of SEN support in Autumn 2021 – this will be monitored for the next two years to see if this is a trend).

Hartlepool's Health and Wellbeing Board has responsibility for the improvement of outcomes for children with SEND. A strategic SEND group consisting of health (CCG), Parent (Chair of Parent Carer Forum), Education (Mainstream and special) and Social Care (council) oversees the progress against the SEND implementation plan and monitors outcomes for children with SEND. This group is chaired by the Director of Children's Services. A SEND operational group reports to the strategic group and consists of all partners. The SEND operational group has responsibility to implement the plan.

Parents in Hartlepool are true partners in the development of services for children and young people with SEND. Parents work with education, health and social care to shape service delivery and evaluate effectiveness and impact. It is evident in discussions with parents that their

confidence in the SEND system is not as we would like it to be. Parents are particularly highlighting a concern that mainstream schools are not adapting their provision to meet the needs of their children. Schools are also reporting that they feel needs are increasing and they cannot meet the needs of all SEND children. Over the last two years there has been a significant increase on the demand for specialist provision with capital work needing to be undertake to increase capacity at Catcote Academy and also Springwell School to adapt the school to support children with more complex needs.

The information from parents and the demand for specialist provision indicates that inclusion is not consistent across partners in Hartlepool. The council is working with NDTi (National Development Team for Inclusion) and partners to develop an Inclusion Strategy (which incorporates SEND). Parents have developed an inclusion vision which is being further developed into a strategy for the whole system. Parents are driving this development.

A data scorecard is in place and is populated quarterly to monitor performance across the system. Throughout the pandemic a number of performance measures were not available due to the need to prioritise the impact of the pandemic e.g. health information was not captured. Data has now started to be collected again however this needs to be monitored to ensure that this is sustained and a new baseline position for Hartlepool is identified. Even though a scorecard is in place it is not working effectively therefore a review will take place to ensure we are capturing the most appropriate indicators. Improvements are however being driven by feedback from Parent Carers and specific data has been used to develop certain pathways e.g. neuro developmental pathway. Regional work is being undertaken to develop a dataset for inclusion. A draft has been circulated and will be finalised shortly.

Data EHC needs assessments and reviews are currently being captured through a data trawl of the information. This is not efficient and a system (EYES) has been put in place which enables reporting however this is not being used. Moving the EHCP process to an electronic model is a priority over the next 6 months.

Children with SEND who are active to either early help or social care are included within the children's social care quality assurance practice weeks and audits have shown that children with SEND are being effectively safeguarded.

There is a partnership approach with schools and settings to manage the High Needs funding. The council in partnership with schools has commissioned a review to ensure that resource allocation supports inclusion.

Children and Young People's voice

The SEND strategic group has highlighted as an area of priority the need to improve children and young people's voice within the SEND processes in Hartlepool. Audits of individual EHC plans indicate that children and young people's voice is evident in their own plans however there is a need to improve their voice in strategic planning. Work is underway to improve this as below:

- Hartlepool Youth Service SEND group facilitated by the Youth Service – building on this to develop a youth forum for young people with disabilities and autism (under 18). This will inform strategic planning and support further development of SENDIASS information.
- Autism group for 18s and over that will link in with the above and support the transition from children's services into adult services. Initial meeting took place in February with the group and working to deliver an event in the central hub during autism week – 3rd April.
- Young People's Health and Wellbeing Group
- General Youth Service consultation with a diverse range of young people accessing open sessions
- Parent Carer Forum/ SENDIASS working with Healthwatch board and CYP to improve access to GP surgeries/ also exploring sensory loss group for CYP
- Continuing to set up the "Connecting You" app for CYP accessing SENDIASS
- Working with Catcote 6th Form and Catcote Futures to ensure voices of CYP are heard
- The CCG have carried out consultation to determine gaps in support for young people with Autism between the ages of 16-25. This consultation will be utilised to pilot a support model for this age group during 22/23. This will be developed in partnership with the LA and Parent/ Carers.

Resources

Hartlepool council and schools have worked hard to manage the needs of our children within the budget allocated for High Needs (High needs Block) with no current deficit. This is contrast to the majority of councils in the country who are working within a deficit. Whilst this is positive it must be noted that this has come at a cost re: performance indicators. This has impacted on the numbers of EHC plans being issued within 20 weeks (50%) and the number of reviews held within timescales (less than 10%). A review of the High Needs Block has been commissioned to make recommendation to support inclusion and ensure that provision meets need. The findings are due at the beginning of April 2022. The Council has recognised the need to increase capacity within the SEN team in the context of the increase in the number of EHCPs over the last few years and will use the outcome of this review to inform planning and decision making around how this can be achieved.

Areas of strength

- Parents coproducing services and evaluating effectiveness– link parent officer post within PCF
- Strategic oversight has significantly improved
- All partners working together to improve outcomes
- Children with SEND are effectively safeguarded
- Identification of need through partnership working

Areas for development

- Review SEND scorecard to ensure that it is capturing appropriate measures which drives continuous improvement
- SEND Team to populate all information into EYES system – therefore allowing for timely reporting and performance management
- Need to embed children and young people’s voice in the development of the strategy and services
- Development of an Inclusion Strategy to support Quality First Teaching in mainstream and to support the development of more inclusive practice.

4. HOW EFFECTIVELY DOES THE LOCAL AREA IDENTIFY CHILDREN AND YOUNG PEOPLE WITH SEND?

The **SEND JSNA** has been produced and can be found at https://www.hartlepool.gov.uk/downloads/file/5753/send_jsna_2020

Requests for EHC assessments are presented at SEND panel (multi agency panel that considers all information against the Code of Practice criteria for assessment). Please note requests for assessment does not necessarily lead to the issuing of an EHC plan.

The number of requests for EHC needs assessments:

	Requested	Accepted	% accepted of those referred to SEND panel

Autumn 2020	69	48	70%
Spring 2021	52	32	61.5%
Summer 2021	84	52	62%
Autumn 2021	58	34	59%

If cases are accepted for an EHC assessment the Code of Practice stipulates that plans should be issued within 20 weeks. It is therefore important that all organisations respond to request for advice as quickly as possible. The performance for timeliness is:

	Number issued within 20 weeks	% that were issued within 20 weeks
Autumn 2020	15	45.5%
Spring 2021	34	26.5%
Summer 2021	41	53.7%
Autumn 2021	20	50%

*Timeliness of reviews cannot currently be captured via the system therefore this is a priority in 2022.

The performance shows a mixed picture in terms of timeliness which needs further exploration to understand what is impacting on performance and what action needs to be taken to improve this. The timescales for those plans that did not meet 20 weeks is unknown and again further work is needed to better understand length of delays to completion and impact on children as a consequence. .

The **early years** are critical to ensure that we meet needs at the earliest opportunity to reduce the need for crisis intervention and early years are a priority for the partnership with the Early Years Strategy identifying SEND as a priority. The integrated health visiting and early help services (which includes children's centres) ensures that needs can be identified early and interventions put in place e.g. health visitor and community nursery nurse brief interventions/ referral pathway in place for speech and language support.

Recently there have been a number of children with complex needs being identified just before they are due to access nursery provision – these children have significant needs that were evident at birth and in the months following birth and are known to individual agencies. However the system is not sharing this information to inform provision therefore a pathway needs establishing to instigate an EHCNA (EHC Needs Assessment) at the earliest possible opportunity which will ensure provision can be identified. A draft pathway being developed.

In addition to sharing information about children with complex needs an Early Years Panel has been established to identify emerging needs. In order to support this an early years dashboard has been developed to share and analyse the data from the 9 month ASQ (Ages and Stages Questionnaire) to identify emerging need as early as possible which will be shared with the Early Years panel. The SENIF (Early years inclusion funding) is supporting a part time Educational Psychologist to work with early years settings to identify need and implement strategies to reduce escalation.

The Early Years Strategy also highlights the importance of the 2 – 2 ½ year review to identify emerging needs and as a result health visiting and early years teams have developed an integrated review pathway which will bring together the 2 – 2 ½ year review and the education progress check to identify those children who have low level and emerging need, those who require targeted intervention and those who require SEND support. Consultation with the wider early years system is planned before the roll out the pathway which will be accompanied by practitioner guidance and training.

Two year old participation is 83% and three/four year old participation is 93% which is amongst the highest in the region. This allows children at an early stage to access high quality provision which supports their development. This also enables providers to highlight emerging needs.

There is an **established banding system** in place with schools (SEND COS) and early years providers. Band 1, 2 and 3 are being used by settings to support emerging needs and track progress. A termly tracking process is in place between schools and the council to understand need for primary age children which allows the council to project the likely provision needed in forthcoming years. This information has been used to understand future projections for places and plan provision to develop provision e.g. MLD (Moderate Learning Difficulties) Additional Resourced Provision.

TPPT (Transition pupil profile tool) has been developed with schools to improve transitions from primary school to secondary school. It covers the full range of vulnerabilities including SEND and sets out a process to share all information. This takes place alongside person centred planning to ensure each child is understood as an individual and transition can be supported to meet needs resulting in a more successful transition. Initial evaluation is indicating improving transitions through the introduction of person centred planning.

An IPS (Individual package of Support) panel is in place which allocates additional resource to schools/ settings where needs have not met the criteria for an EHCNA. Membership includes SEND COs who peer evaluate the need for resources. This additional resource enables schools/ settings to put in place extra support prior to statutory assessment.

A **SEND Commissioned Placement Panel** (multi agency panel) is in place that discusses the provision required for children and young people. Social care/ virtual headteacher/ CAMHS/ Children's Continuing Health Care/ SEND team are all represented. This panel allows for solution focused discussions to ensure that provision meets children and young people's needs.

There has been significant work undertaken across Tees to establish a **Dynamic Support Register** (DSR) for children and young people with Autism/ Learning Disabilities. This is a multi agency approach that allows areas to identify children and young people that may be at risk of needing a high level of intervention such as Tier 4 services or costly placements. CETR's (Care, Education and Treatment Reviews) have been established which are health lead with all partners involved to plan for those children identified. In addition to this the CCG have commissioned key workers to support this process and offer PBS training for parent carers that have been identified through the DSR process.

The Needs Led Neurodevelopmental Pathway for under 5's is now embedded in the Community Paediatrics Team within North Tees & Hartlepool Foundation Trust. In line with the over 5 pathway, there is a triage process in place with representatives from the 0-19 team and Early Years Team to ensure the needs of the child is captured across the system and needs are met at the earliest opportunity. Length of time to triage is 1 month, with time to diagnosis being 11 months.

The Needs Led Neuro developmental Pathway for over 5s – waiting times to triage is 4 months, with time to MAAT being 14 months. A 12 month review of the pathway has been undertaken and concerns have been raised over the lack of multi-agency attendance at the triage panels and there are some inconsistencies with the management of the panel process. TEWV are working on internal processes, the referral form is being reviewed, parent consultation is commencing and consultation with referring parties. There is an average of 45% of the referrals to triage that do not make it on to the pathway so work is needed with the wider children's workforce to determine what needs are being identified which present like autism and how we can meet them in the system. We do know that for those CYP who are accepted onto the specialist pathway via the triage there is a 95% conversion to diagnosis rate (on average)

Areas of strength

- JSNA in place
- Tracking process with schools to understand projections of future needs
- Banding benchmarking in place which allows everyone to understand level of needs

Areas of development

- Establish early years pathway for children with complex needs where an EHC is needed
- Implement priorities within the Early Years Strategy
- Children and young people's voice
- Pre DSR process
- Implement neuro developmental pathway review recommendations

5. HOW EFFECTIVELY DOES THE LOCAL AREA ASSESS AND MEET THE NEEDS OF CHILDREN AND YOUNG PEOPLE WITH SEND?

There is significant pressure in the system due to the increasing numbers of children being issued with EHC plans (this mirrors the national picture). This therefore places pressure on the provision available and due to Hartlepool being small, with only two special schools, the options available for children needing specialist provision is limited. However as can be seen below the SEND team work hard to provide provision locally.

	Autumn 2020	Spring 2021	Summer 2021	Autumn 2021
% children with EHCP have education/care needs met within in Hartlepool	85%	82.9%	81.7%	83%
% children with EHCP have education/care needs met within 20 miles of Hartlepool	97.5%	93.9%	95.4%	94.8%

An SEMH Free Schools is in development (in partnership with DfE) to offer specialist provision to those children needing SEMH support. The majority of children and young people accessing independent out of area provision is due to SEMH needs.

There has been no health data available for the last two years, due to the impact of the pandemic. Data collection has now been re-instated and the data is being reviewed to understand the current performance for all health services. The parent carer forum has recently undertaken

a deep dive into satisfaction of therapy services and there is specific concerns about the length of time children are waiting for Occupational Therapy (OT) support. It is unknown at this stage whether this is related to OT support for child or adaptations for housing. This is being clarified. Parents are also indicating a longer wait for Speech and Language services however they are happy with the service once being supported. These timescales need to be further explored.

The Parent Carer Forum have developed parent led sessions with invites to multi agency partners as determined by parents. The agenda is set by parents and allows parents to work together to identify their priorities and hold organisations to account. The information from these sessions are shared with the SEND ops group and then escalated to SEND Strategic Group as required.

Our Local Offer has been reviewed in partnership with parents and now sits on the local Hartlepool Now website. Briefings have taken place with staff teams across agencies to raise awareness of the local offer to ensure that parents know what support is available. As part of the development of the neurodevelopmental pathway, a 'Bubble of Support' has been established by parents for parents to access support whilst waiting to join the pathway (if appropriate). The 'Bubble of Support' is available on the local offer site. Integrated into this has been the development of a 'soft offer' from health, developed in collaboration with the Parent Carers which focuses on developmental milestones and signposting guidance https://www.hartlepoolnow.co.uk/local_offer

There is a highly effective **SENDIASS** service and parent feedback shows they value the service with information captured within a dedicated website <https://www.hartlepoolsendiass.co.uk/> 75 parents were supported in Autumn 2021. The council and health colleagues are working to establish a joint arrangement for SENDIASS across Tees, ensuring parents are supported re: health services and support.

Joint commissioning arrangements in place between local authority, CCG and education providers.

- Joint commissioning statement in place
- Parents are partners in commissioning arrangements – worked to developed service specifications, evaluate tenders and provide feedback on service effectiveness
- Neurodevelopmental pathway implemented – multi agency triage in place
- Jointly commissioned family support service
- Mental Health Support Teams (MHSTs) in place in 50% of schools with an additional “Getting help” offer for children and young people with emotional and mental health needs in schools not covered by the MHSTs
- Special schools physiotherapy contract

- Hearing/ audiology screening
- Integrated OT service for special school provision
- Integrated pathway work being undertaken for a Tees Valley Sleep Service, locality based Speech & language pathway and improved pathway for children and young people with Down Syndrome

Education and Social Care Provision

- Free School (SEMH being developed) due to open in Sept – Dec 2023
- Bespoke packages to meet children's individual needs – examples of partnerships with schools/ settings
- Short Breaks – short break service statement in place with wide range of services available: Exmoor Grove, Families First commissioned short break service, Direct Payments, Sports activity programme
- Shared Lives has been developed in Hartlepool in 2021 with two young people with additional needs being supported into adulthood with Shared Lives carers. Further work is ongoing to recruit more Shared Lives carers to increase this offer.
- Development of MLD (Moderate Learning Difficulties) provision
- Two SEMH Primary ARPs (Additionally Resourced Provision) working well to provide short term placements for children needing additional support. Also implemented Secondary SEMH ARP.
- Small Steps team deliver Stay and Play sessions offering play opportunities to support children with communication and interaction difficulties and their families. The Small Steps team are on hand to support interactions, model, problem solve and connect with parents. A number of practitioners from settings also attend to play alongside parents. A number of dads also attend which is very positive. Attendance is around 8-9 families per session. The sensory room is also available for parents to access with their children. Small Steps Together Facebook page allows us to share information, resources and signposting. Lots of our parents are keen to share their own ideas and examples and therefore give permission for us to take photos of their resources or ideas. I hope this is supporting us to develop a Communities of Practice.
- The Supporting Transition - Enhanced Planning (STEP) Process for Young People on the Autism Spectrum/ Social Communication Needs was initially developed in 2020 and has now had the opportunity to be trialled by EPs and some schools as an 'in-house' tool to support an enhanced transition with the aim was to build on the Transition Planning Profile tool. Feedback from settings is positive. Some are using the framework independently to support their transition planning or using it alongside an EP when further info is needed. Assistant psychologists have been complementing this process by supporting pupils to develop 'I am video' which is based on the 'I am

digital stories' idea. This provides children with the opportunity to actively participate in developing a pupil profile which can then be shared with their secondary setting. Videos are typically 2-3 minutes long and where possible narrated by the child. It has been found that it is a powerful and efficient way of schools getting to understand and appreciate the children before they arrive.

Health provision:

- Parents are highlighting concerns about length of time waiting for equipment where the impact of COVID has been significant. A Tees Valley community equipment steering group is established and action plan is in place to monitor waiting times. In addition, monitoring of the recovery of children's community services is taking place.
- Parent and Carers from both Hartlepool & Stockton have flagged the need for improvements to the **Down Syndrome Pathway**. This piece of work has focused on the health element of the pathway however this will be extended to education. There is a North Tees Steering group in place which is led by the CCG however is driven by the parents. There has been a recent workshop, led by parents, where they spoke to health representatives from a number of departments within North Tees and Hartlepool Foundation Trust and Hartlepool's 0-19 team to highlight concerns with the health pathway. Parents highlighted their concerns and presented a 'gold standard' pathway which we would like to work towards. 'Health' representatives are currently working on the feedback and will present back to the Steering Group what changes can occur in the short, medium and long term.
- **Sleep provision** has long been highlighted as a gap for children and young people with SEND. A Tees Valley sleep service is in the process of being developed. This is an integrated pathway with representative from the 0-19 team being trained in Sleep Scotland. A model is being developed with representative from each area and workshops will be delivered in partnership with local team and the Family Support Service provided by Daisy Chain.

Quality Assurance:

An **Audit** framework for EHCPs is in place that includes parents. There have been 25 audits carried out since Summer 2021 with the following findings:

Inadequate	2
Requires Improvement	10
Good	12
Outstanding	1

A moderation session has also taken place with the following representatives taking part: Mainstream and special schools, parents, CAMHS, Therapies, SEND team, Educational Psychology, commissioning, Designated Clinical Officer (DCO), social care, Virtual headteacher. The moderating group collectively audited a plan and found that the plan was difficult to understand from a parents, children and young people's point of view. Whilst it was acknowledged that the EHC plan needs to be legally compliant, it must be meaningful. The plan format is therefore to be reviewed.

A Health Quality Assurance template is in place with one audit completed. The DCO will ensure four newly completed plans and submitted advice is made available to allow health audits to be undertaken every month. This is an internal audit within health.

A Health advice template has been developed across Tees Valley however it was clear from the moderated audit that it is not being used consistently therefore the DCO is working with providers to ensure that this is used and use will be monitored.

Areas of strength

- Local offer co-produced with parents
- Jointly commissioned services
- Audit framework for EHCPs in place
- Family Support Service

Areas for development

- Review the format of the EHC plan
- Children and young people's local offer – enable CYP to access information easily
- EHCP reviews – need to capture timeliness effectively (data trawl at the moment is not robust)
- Speech and Language commissioning
- Improvement of access to health data
- Review of neurodevelopmental pathway due to increase in referrals
- Equipment pathway review
- Development of health SENDIASS provision

- Down Syndrome pathway
- Tees Valley Sleep Service
- Health QA process to be embedded

6. ARE WE MAKING A DIFFERENCE?

Tribunals

As stated previously the timeliness for the issuing of EHC plans and the annual reviews is not good enough. However the number of tribunals are very low.

Autumn 2020	0
Spring 2021	0
Summer 2021	3
Autumn 2021	1

Only one tribunal has been about the provision which indicates that families are satisfied with the provision their children are accessing. The SEND team work closely with parents to explore options for provision for their children. Families are supported with packages of support (direct payments) with the principle that children should stay with their families. It is difficult to quantify what has been prevented through the provision of packages of support however this continues to be priority for Hartlepool Council.

Outcome information has been difficult to collate this year due to a lack of a “normal” educational year. Educational outcome data has not been collected and health data has not been available.

Attendance data - SEN Support

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils SEN support attendance - Primary Overall absence	5.2	5.6	7.0	6.7
% pupils SEN support attendance - Secondary Overall absence	9.1	11.1	13.1	12.2

Attendance data - EHCP

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils EHCP attendance - Primary Overall absence	6.6	7.5	14.3	12.0
% pupils EHCP attendance Secondary Overall absence	6.1	6.6	21.1	16.8

The attendance figures for SEN support and EHCP show an upward trend from the baseline with high levels in Spring 2021 and Summer 2021. This is concerning as children and young people need to be in school to learn and this will have a detrimental impact on their outcomes. We know that COVID has had a significant impact on our children and young people and it would appear this is effecting attendance however we will need to monitor this closely to see if this trend continues and what strategies need to be put in place to improve attendance if required.

Exclusions data - SEN Support

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils at SEN support receiving: Fixed Term Exclusion - Primary	0.8	0.1	0.1	0.6

% pupils at SEN support receiving: Fixed Term Exclusion - Secondary	19.8	14.2	14.4	8.4
% pupils at SEN support receiving: Permanent Exclusion - Primary	0.1	0	0	0
% pupils at SEN support receiving: Permanent Exclusion - Secondary	0.6	0	0.2	0

Exclusions data – EHCP

	Baseline (2018/19)	Autumn 2020	Spring 2021	Summer 2021
% pupils with EHCP receiving Fixed Term Exclusion Primary	4.4	0	0	0
% pupils with EHCP receiving Fixed Term Exclusion Secondary	19.6	11.9	15.4	8.4
% pupils with EHCP receiving Permanent Exclusion Primary	0	0	0	0
% pupils with EHCP receiving Permanent Exclusion Secondary	0	0	0	0

The figures above indicate a positive picture in relation to exclusions for children with additional needs however it is unknown whether COVID has masked any of this (with children not attending school in lockdown) therefore this will need to be monitored. Discussions across the system have highlighted a concern about managed moves (in order to prevent exclusions) which needs further exploration. It is important we understand this for this group of children as stability is particularly critical for children with additional needs.

Primary SEMH ARPs

Springwell Special School and Rossmere Primary are commissioned to provide **SEMH ARPs** with a model which is for short term placements with children staying on roll with their home school. Information gathered by the ARPs shows significant improvements in attendance challenging behaviour and wellbeing (averages across all children attended ARP)

	Pre ARP	At end of placement of ARP
Attendance	71%	99%
SEMH competencies	68/230	188/230
Wellbeing	30/56	44/56
Incidents	23	Less than 1

The ASD and physical/ medical ARPs in mainstream/ special schools work differently to the SEMH ARPs with children attending permanently therefore their outcomes are captured within the cohort of the whole school. The ARP agreements have been amended and include monitoring of children's outcomes. This will be implemented from April 2022.

A secondary SEMH ARP was commissioned from September 2020 based on the same model of delivery for the primary ARPs. A recent review of this indicates that this model is not effective for secondary aged pupils and options need to be explored. This will be a priority starting April 2022.

Support services

The **Family Support service** which has been jointly commissioned between the council and CCG supports families where their child has needs associated with a neurodevelopmental condition. The new service has been live since 1st December 2021 and to date the families accessing from Hartlepool are shown in the table below.

Hartlepool - Overview	
Total Number of Families Supported	61
Total number of CYP supported	3
Total number of multi-agency drop ins	4

Total number of peer support drop ins	1
Total number of 1:1 appointments	3
Total number of telephone appointments	32
Total number of C&YP sessions run	0
Total number of families signposted to other agencies	14

Early feedback from parents has been very positive – the service has only recently started therefore further outcome information will be presented in next year's report.

Areas of strength

- Low levels of tribunals and complaints
- Primary SEMH ARPs have shown significant impact
- Low numbers of exclusions for children with additional needs

Areas of development

- Implement outcomes feedback at the end of each review for parents and CYP to complete
- Development of a performance framework that shows how we are making a difference to children and young people's lives
- Referrals to the Family Support Service and attendance at drop in
- Referrals to Key Worker project
- Review of managed moves for children and young people SEN support and EHCP