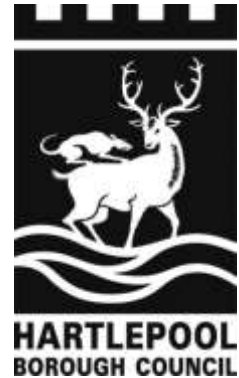


# HEALTH AND WELLBEING BOARD AGENDA



**Monday 28 November 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 Allen, Buchan, Cook and Moore.  
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 - Vacancy

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 -

Representative of GP Federation - Fiona Adamson

Representative of Headteachers - Sonya Black

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

**1. APOLOGIES FOR ABSENCE**

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



### **3. MINUTES**

- 3.1 To confirm the minutes of the meeting held on 5 September 2022.
- 3.2 To receive the minutes of the meeting of the Children's Strategic Partnership held on 20 July 2022.

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

- 4.1 ICB Strategy - *North East and North Cumbria Integrated Care Board [NENC ICB]*
- 4.2 Teeswide Safeguarding Adults Board Annual Report 2021/22 (*Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board*)
- 4.3 Hartlepool and Stockton-On-Tees Safeguarding Children Partnership Annual Report 2021-22
- 4.4 Better Care Fund Plan 2022/23 – *Director of Adult and Community Based Services*
- 4.5 Pharmaceutical Needs Assessment – Supplementary Statements – *Director of Public Health*
- 4.6 Director Public Health Annual Report (*to follow*)
- 4.7 Review of the Joint Health and Wellbeing Strategy – Presentation – *Public Health Principal*
- 4.8 Prevention Concordat for Better Mental Health – *Director of Public Health*
- 4.9 Cost of Living – Presentation – *Assistant Director, Joint Commissioning*

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

For information: -

Date of next meeting – Monday 20 March 2023 at 10.00 am.



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

5 September 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Moore, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Allen and Buchan  
Representatives of North East and North Cumbria Integrated Care Board -

– 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

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

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

Representative of Cleveland Police – Chief Inspector Peter Littlewood (as substitute for Superintendent Marc Anderson)

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

Representative of North Tees and Hartlepool NHS Trust – Esther Mireku (as substitute for Deepak Dwarakanath/Julie Gillon)

Representatives of Hartlepool Voluntary and Community Sector – Carl Jorgeson and Iain Caldwell (as substitute for Christine Fewster)

Observers

Statutory Scrutiny Representative, Hartlepool Borough Council – Councillor Hall

Representative of Integrated Care Board – Katherine Warnock

Also in attendance for consideration of agenda item 4.4 – Update on Hospital Discharge Arrangements:-

Jill Foreman and Matt Wynne, North Tees and Hartlepool NHS Trust

Susan Hurst and John Lovatt, Hartlepool Borough Council.

Hartlepool Borough Council Officers:

Dr Catherine Guy- Public Health Registrar

Claire Robinson - Public Health Principal  
Joan Stevens, Statutory Scrutiny Manager  
Amanda Whitaker, Democratic Services Team

## 11. Apologies for Absence

Elected Member, Hartlepool Borough Council – Councillor Cook  
Representatives of North East and North Cumbria Integrated Care Board -  
– David Gallagher  
Representative of North Tees and Hartlepool NHS Trust –Deepak  
Dwarakanath/Julie Gillon  
Representative of the NHS England – Dr Tim Butler  
Representative of Headteachers – Sonya Black  
Representatives of Hartlepool Voluntary and Community Sector – Christine  
Fewster  
Representative of Cleveland Police – Superintendent Marc Anderson  
Representative of Tees, Esk and Wear Valley NHS Trust – Brent Kilmurray

## 12. Declarations of interest by Members

Councillor Allen – employee of Tees, Esk and Wear Valley NHS Trust

## 13. Minutes

The minutes of the Board meeting held on 4 July 2022 were confirmed.

The minutes of the meeting of the Children’s Strategic Partnership held on 8 December 2021 were received.

The Chair informed Board Members that he had been informed that notification had been received from Dr Timlin of his resignation from the Board. It was agreed that the Chair write, on behalf of the Board, to Dr Timlin to convey appreciation for his service to the Board.

It was agreed also that Karen Hawkins, Director of Place, North East and North Cumbria Integrated Care Board, be appointed to the consequent vacancy of Vice-Chair on the Board.

## 14. Healthwatch Hartlepool Annual Report (*Healthwatch Hartlepool CIO*)

A copy of Healthwatch Hartlepool’s published Annual Report for 2021 – 22 had been appended to the report. Board Members were reminded that Healthwatch Hartlepool had to publish an Annual Report by 30<sup>th</sup> June as a requirement under the Health & Social Care Act 2012. The Chief Executive,

Healthwatch Hartlepool, thanked the Board for the opportunity to present the report and highlighted the salient issues included in the report.

The Chair and Board Members expressed appreciation of the report and the work of Healthwatch and stressed the importance of continued collaboration. Issues arising from the report were debated including retention and recruitment of volunteers and access to dental care which was recognised as a significant issue.

### **Decision**

The Board noted the report

## **15. Quarterly Update – Pharmaceutical Needs Assessment 2022 – Supplementary Statements – Verbal Update**

With reference to minute 7 of the meeting of the Board held on 4 July 2022, the Director of Public Health reported that a review of the process in relation to Supplementary Statements had been undertaken. One of the outcomes of the review had been that it had been agreed that a report be presented to the Board on a quarterly basis.

With regard to the previous quarter, it was reported that there had been no Supplementary Statements issued.

### **Decision**

The update was noted.

## **16. Joint Health and Wellbeing Strategy Review** *(Director of Public Health)*

The Health and Wellbeing Strategy, appended to the report, outlined how the partners in the Health and Wellbeing Board aim to improve the health and reduce inequalities in the population of Hartlepool. The report set out the overarching vision and ambition of the Health and Wellbeing Strategy and the principles, priorities, values and main aims of the Strategy. It was highlighted that the Strategy has within it, a provision for review after 3 years. This was due in 2021 but could not be reviewed due to the COVID pandemic. It was therefore an opportune time to review the strategy. The development of the Integrated Care Boards (ICB) had also led to a need to review local Health and Wellbeing strategies. At the same time as reviewing the Strategy, it was considered to be appropriate to review how the Health and Wellbeing Board operates to ensure it is still fit for purpose in the changed system.

The Board was reminded that the Joint Strategic Needs Assessment (JSNA) informs the Joint Health and Wellbeing Strategy and uses local knowledge and evidence alongside national and local statistics to enable the Health and Wellbeing Board to understand the needs of the population. The Hartlepool JSNA was last refreshed in 2019/20. The changes in government policy and the post-pandemic challenges meant that there was considered to be merit in considering a refresh of the JSNA. Early discussions had been held with the Tees Valley local authorities to develop a coordinated structure for the JSNAs which would then be presented at a local level. The intention is then to refresh the JSNA on an ongoing basis so that it remained up to date and relevant.

Board Members discussed issues arising from the report including how the Strategy correlated with the Integrated Care Board/Strategy. The Board was assured that the ICB and other partners welcomed the opportunity to work with the Local Authority. It was commented that whilst all priorities set out in the Strategy were supported, they could perhaps be more focussed with specific outcomes monitored by the Board. With regard to the timescale, the Director of Public Health commented that it was anticipated an early draft of the Strategy would be submitted to the Board within a period of six months.

### **Decision**

That the Health and Wellbeing Board approved a review of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

## **17. Update on Hospital Discharge Arrangements** (*Director of Adult and Community Based Services*)

The Board was presented with an update on hospital discharge arrangements, including changes to legislation and funding as a result of the Covid pandemic and the ongoing transformational work that the health and social care system is collaborating on to address current and future challenges.

Representatives from the Council's Adult Services Department and North Tees & Hartlepool NHS Foundation Trust provided a presentation regarding the current discharge arrangements and the transformational work that is being undertaken in partnership to reduce hospital admissions and to facilitate safe and timely discharges from hospital.

Following the presentation, Board Members complimented the teams on the developments in hospital discharge arrangements. There has been significant national recognition of the good practice locally, but there remains a commitment to continuous improvement. Tribute was paid to the success of the partnership working and it was noted that the work in Hartlepool has informed transformational work elsewhere in the Tees Valley. In response to questions that were asked, assurances were provided regarding transport

arrangements and ongoing work with care homes for older people. It was also noted that work with Hartlepool Carers would add further value to the current model.

### **Decision**

The update was noted.

## **18. Adult Social Care Assurance** (*Director of Adult and Community Based Services*)

The report updated the Board on the implementation of an assurance framework for adult social care, as part of the wider social care reform agenda. The Director presented background details and advised that in response to increasing pressure on successive governments to address the challenges in social care, plans had been announced in September 2021 for wide-ranging reforms of adult social care. The White Paper: People At The Heart Of Care sets out a ten-year vision based on three objectives and also sets out five key areas of reform as detailed in the report.

The Assurance Framework for adult social care would be introduced from April 2023 and it was anticipated that all Local Authorities would be assessed by March 2025. Further detail regarding the assurance framework was expected to be published in October 2022 and work was already underway locally and regionally to prepare for assurance based on the information that had been made public to date. It was expected that the framework would have a strong emphasis on the experience of people who used services.

The Board received a presentation by the Director of Adult & Community Based Services outlining the proposed assurance framework and the salient issues to ensure that partners were aware of the approach and could consider any implications for their organisations.

### **Decision**

The report, and presentation, were noted.

## **19. Covid and Monkey Pox**

The Director of Public Health updated the Board on covid case rates. Although there had been a slight peak end July/beginning August due to the start of the summer holidays, national trends were now being followed. It was noted, however, that testing numbers were low and the picture was therefore relatively vague and hospitalisations were being used to advise on the severity of the situation. For North Tees Hospital from 1<sup>st</sup> June to end of August there had been 22 cases and approximately one third related to Hartlepool cases.

Vaccination rates were comparable with all England national rates across all age ranges for first and second doses. There had been a positive increase in the vaccination rate for the booster programme which commenced 5<sup>th</sup> September in Hartlepool and the NHS mobile units were continuing to be used in Supermarket car parks which were advertised at every opportunity. Board Members were requested to continue to encourage awareness of the availability of the autumn booster vaccine.

With regard to Monkey Pox, there had been low numbers of cases in Hartlepool and because of this the Director was unable to share the exact details as individuals could be identified, however it was stated that there were fewer than 6 cases.

Meeting concluded at 11.40 a.m.

CHAIR

## **CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD**

20 July 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

### **Present:**

Martin Todd, Changing Futures North East (In the Chair)  
John Hardy, Headteacher, St John Vianney Primary School  
Sally Robinson, HBC Director of Children's and Joint Commissioning Services  
Jo Heaney, NHS Hartlepool and Stockton on Tees Clinical Commissioning Group  
Danielle Swainston, HBC Assistant Director (Joint Commissioning)  
Amanda Whitehead, HBC Assistant Director (Education)  
James Graham, Tees Esk and Wear Valleys NHS Trust  
Christine Fewster, Hartlepool Carers

Also Present: Kim Kyle, Regional Integration Lead  
Neil Harrison was in attendance as substitute for Jill Harrison (HBC)

Officers: Denise Wimpenny, Principal Democratic Services Officer  
Kelly Prescott, hbc

### **13. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillor Jim Lindridge (Hartlepool Borough Council) and Jill Harrison (Hartlepool Borough Council).

### **14. Declarations of Interest**

None

### **15. Minutes of the meeting held on 8 December 2021**

Confirmed.

#### **Matters Arising**

Minute 12 – Domestic Abuse Consultation

The Partnership was advised that the consultation process had been undertaken, the strategy had been approved and work was ongoing in relation to the implementation of the action plan.

## **16. Supporting Families – Early Help System Guide**

*(Assistant Director, Joint Commissioning)*

The Assistant Director (Joint Commissioning) provided background information together with a summary of the Supporting Families Early Help System Guide, a copy of which had been circulated with the agenda documentation. The guide was intended for local strategic partners responsible for the Early Help System to provide a framework for local workshops, partnership conversations and strategic planning and to support prioritisation in terms of transforming the early help system before families reached crisis levels.

Members were referred to the self assessment, a copy of which had been circulated in advance of the meeting. Views were sought from Partnership Members in terms of moving forward, the process and how the programme would come together.

In the lengthy discussion that followed the Assistant Director, Joint Commissioning responded to issues raised. Clarification was provided in relation to how the programme would operate, the role of the Data Group, links to the Early Years Strategy and funding arrangements, further guidance of which was available and would be circulated following the meeting.

Concerns were expressed in relation to the impact of continuing cuts to early help local authority services over a number of years, increasing pressures on schools and parents. Members shared examples and experiences of the challenges faced by partners in supporting families in need. Emphasis was placed upon the importance of prevention and early help, the need for a cross-government approach for children, continuity of care, the importance of access to support and ensuring supporting information was publicised to parents to ensure needs were met.

The Assistant Director (Joint Commissioning) shared that Hartlepool is an eligible area for the Family Hub agenda, led by Central Government. The members debated the opportunities and challenges this entailed as well as identifying links between Family Hub agenda and their own work areas. The Assistant Director (Joint Commissioning) noted the focus on evidence-based interventions, demonstrable and effective use of data, and apparent focus on families with very young children (0-1s). Further information was due to be published by Government about the requirements of the programme.

Members debated issues that required further consideration by a Working Group made up of Partnership Members which included integration, defining the meaning of early help, governance and reporting

arrangements, capacity issues, public sector workforce crisis and transformation funding. Members expressed a willingness to be part of a Working Group and commented on the benefits of utilising system developers to assist with collation and interpretation of data.

### **Decision**

- (i) That the information given be noted and comments of Members be noted and actioned as appropriate.
- (ii) That the working group be formed and partners would identify appropriate representatives for the group if this linked to their own work areas. The Assistant Director (Joint Commissioning) would bring the group together in the autumn.

## **17. Early Years Strategy** (*Assistant Director, Joint Commissioning*)

The Assistant Director, Education referred Members to a copy of the Hartlepool Strategy for Early Years, a copy of which had been circulated with the agenda documentation. The strategy had recently been published and an action plan was in place addressing the twelve priority areas, details of which were provided. Details of progress on the actions to date were outlined.

The representative from Tees, Esk and Wear Valleys NHS Trust referred to the CAMHS journey, extensive waiting times to access support and the referral process. The benefits of providing specialist advice and training in schools and in the family home to enable issues to be dealt with at an early stage were highlighted which would avoid the need for future referrals. Discussion ensued on the methods of utilizing specialist skills and services appropriately and the need to define what each organisation was contributing to early help.

The members acknowledged and thanked the Assistant Director, Education for the progress made to date on the Strategy.

It was agreed that a progress report would be presented to the March meeting of the Partnership.

### **Decision**

- (i) That the contents of the strategy and comments of Members be noted and actioned as appropriate.
- (ii) That a progress report be submitted to the March meeting of the Partnership.

## **18. Reducing Parental Conflict – Verbal Update** (*Changing Futures*)

The Changing Futures Representative provided an update in relation to the Reducing Parental Conflict Programme following the presentation provided at the last meeting of the Partnership. Briefing sessions had been offered to schools and it was envisaged that eight schools in Hartlepool would take up the offer. The representative was keen to extend the briefing sessions to other partner/community sector organisations and Partnership Members were asked to identify such organisations. The Changing Futures Representative agreed to provide supporting information following the meeting.

The Representative responded to queries arising from the update.

### **Decision**

- (i) That the update and comments of Members be noted.
- (ii) That supporting information in relation to the briefing sessions be provided following the meeting.

## **19. Date and Time of Next Meeting**

It was reported that the next meeting would be held on 28 September 2022 at 10.00 am.

The meeting concluded at 12 noon.

CHAIR

# HEALTH AND WELLBEING BOARD

28 November 2022



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

**Subject:** TEESWIDE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22

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## 1. PURPOSE OF REPORT

- 1.1 To present to the Health and Wellbeing Board the Teeswide Safeguarding Adults Board Annual Report 2021/22 and Strategic Business Plan 2022-2025.

## 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 2021/22 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 to implement the strategy. The strategic plan for 2022 - 2025 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 specifically associated with this report. The Council's statutory duties in relation to Safeguarding Adults Board arrangements are delivered through TSAB.

## **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 and Engagement Sub Group oversees this work and a Communication and Engagement Strategy is in place.

## **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 and Wellbeing Board notes and endorses the Teeswide Safeguarding Adults Board Annual Report 2021/22 and Strategic Business Plan 2022/23.

## **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 2021/22 and Strategic Business Plan 2022/23 set out how statutory requirements are being delivered.

## **14. CONTACT OFFICER**

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



# Teeswide Safeguarding Adults Board **Annual Report**

1 April 2021 to 31 March 2022

Our safeguarding arrangements will effectively prevent  
and respond to adult abuse



## Introduction from Darren Best, Independent Chair

I am pleased to present the Annual Report of the Teeswide Safeguarding Adults Board (TSAB) for 2021-22.

The format of the TSAB Annual Report has been developed over a number of years, with clarity and accessibility in mind. There is however a legislative requirement under the Care Act 2014, for TSAB, alongside all other Safeguarding Adults Boards across the country to produce an Annual Report. The main purposes being to highlight the work of TSAB over the past 12 months, what has been done to implement our strategy, to provide information about Safeguarding Adult Reviews, (SARs) that have been undertaken and subsequently what activity has taken place to implement their findings.

In my introduction last year, I described how the safeguarding landscape has continued to be hugely complex and presented many new challenges, with the COVID pandemic having a significant impact. I think it is fair to say that despite the vaccination programme and developed understanding of the virus, this last year has been equally challenging for those involved in commissioning and providing safeguarding services. Most importantly however it has been challenging for our communities and on that basis the Board would wish to recognise and pay our respects to all those who have suffered, been affected by and / or worked through the numerous challenges (including COVID) that have presented themselves.

During 2021-22 the Board has continued to work closely with both statutory and voluntary sector partners to gain the reassurance that safeguarding issues are addressed effectively and appropriately. Our strategy has been developed and underpinned by the six safeguarding principles of empowerment, prevention, protection, partnership, proportionality and accountability. The report details some of our activities under those important headings.

As Independent Chair, it is my privilege to learn and hear about the experiences and challenges faced by those who provide safeguarding services in Teesside, as I did last year I would like to place on record, my admiration and thanks to every one of them.

Equally, 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 continued professionalism, commitment, hard work and support.

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### What does the Board do?

The Teeswide Safeguarding Adults Board (TSAB) is a statutory body responsible for protecting adults' rights to live independent lives, free from abuse and neglect.

The Board works collaboratively with partners to set the strategic direction for adult safeguarding in Tees and seeks assurance from partners that they have appropriate and robust safeguarding arrangements in place.

### Board Member Organisations

6 Statutory Partners:

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

For a Glossary of Terms linked to the Annual Report, please visit: <https://www.tsab.org.uk/the-board/annual-reports/>

## Board Member Organisations

21 Non-Statutory Partners:

- Beyond Housing
- Care Quality Commission
- Catalyst Stockton-on-Tees (Voluntary Development Agency)
- Cleveland Fire Brigade
- Community Rehabilitation Company (Durham Tees Valley) and National Probation Service (merged together in June 2021 to form the Probation Service)
- Department for Work and Pensions (DWP)
- Hartlepool & Stockton-on-Tees Safeguarding Children Partnership
- Healthwatch Hartlepool
- Healthwatch South Tees
- Healthwatch Stockton-on-Tees
- HMP Holme House Prison
- Middlesbrough Voluntary Development Agency
- North East Ambulance Service
- North Tees & Hartlepool NHS Foundation Trust
- Office of the Police and Crime Commissioner for Cleveland
- Redcar & Cleveland Voluntary Development Agency
- South Tees Hospitals NHS Foundation Trust
- South Tees Safeguarding Children Partnership
- Tees Esk & Wear Valleys NHS Foundation Trust
- Teesside University
- Thirteen Housing

## Board Structure

The Board has continued to engage with key strategic partnerships across Tees including the Local Safeguarding Children Partnerships, Health & Wellbeing Boards, Community Safety Partnerships, Strategic Vulnerable Exploited Missing and Trafficked, Serious and Organised Crime Group and the Cleveland Anti-Slavery Network as well as regional and national Safeguarding Adults Boards.

## Sub-Groups

The Board has a number of Sub-Groups, which lead on key pieces of work in order to achieve the aims and objectives set out in the Board's Strategic Business Plan 2021/22. The purpose of the Sub-Groups are summarised below.

### Communication & Engagement (CE)

Leads 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 & Development (LTD)

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

### Operational Leads (OL)

Provides 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, Audit & Quality (PAQ)

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

### Safeguarding Adult Review (SAR)

Leads 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.

### Task & Finish Groups

During 2021/22 there were a number of Task & Finish Groups to look at specific work streams:

- Learning from Reviews
- Housing/Homelessness
- Multi-Disciplinary Team Guidance
- Streamlining Data Options (commenced March 2022)
- Safeguarding and Falls (commenced March 2022)

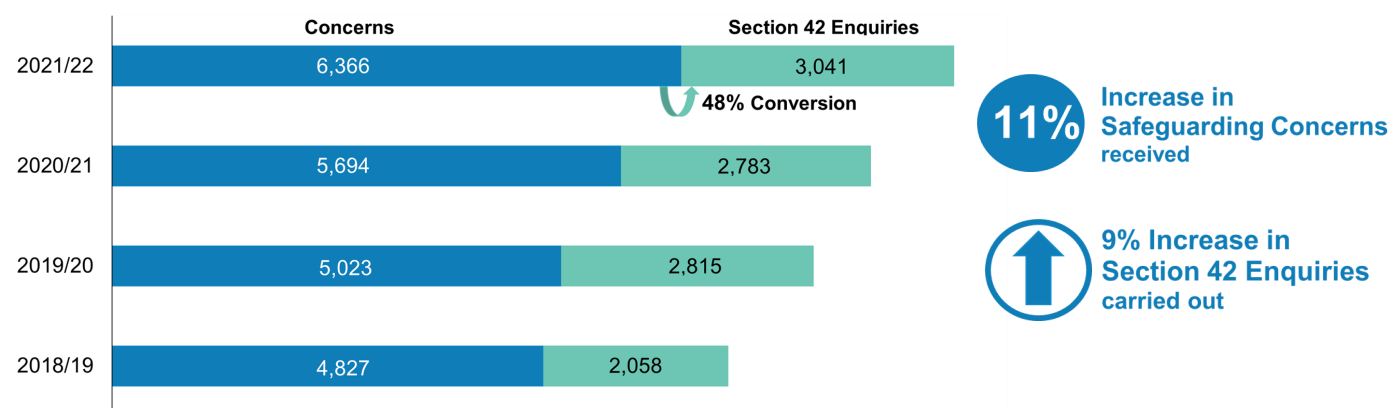
# Safeguarding Data 2021-22

## Concerns and Section 42 Enquiries\*

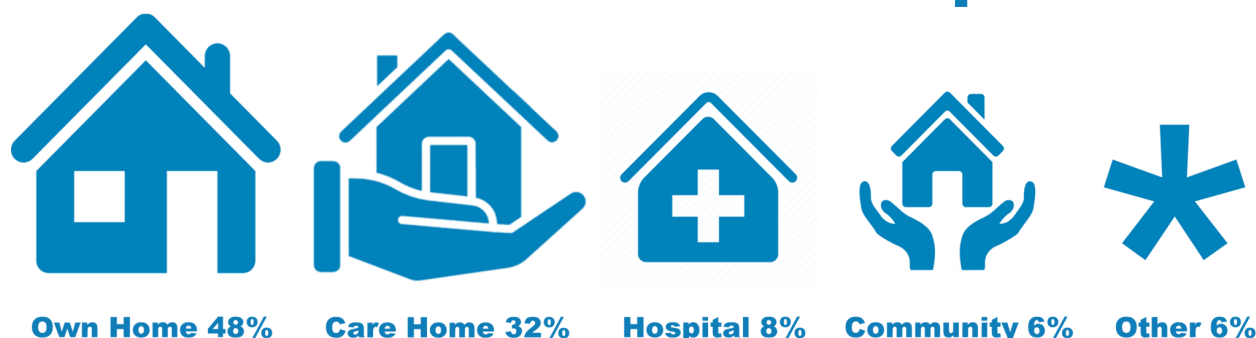
\* Data on this page relates to Section 42 Enquiries commenced

**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 Abuse: Section 42 Enquiries

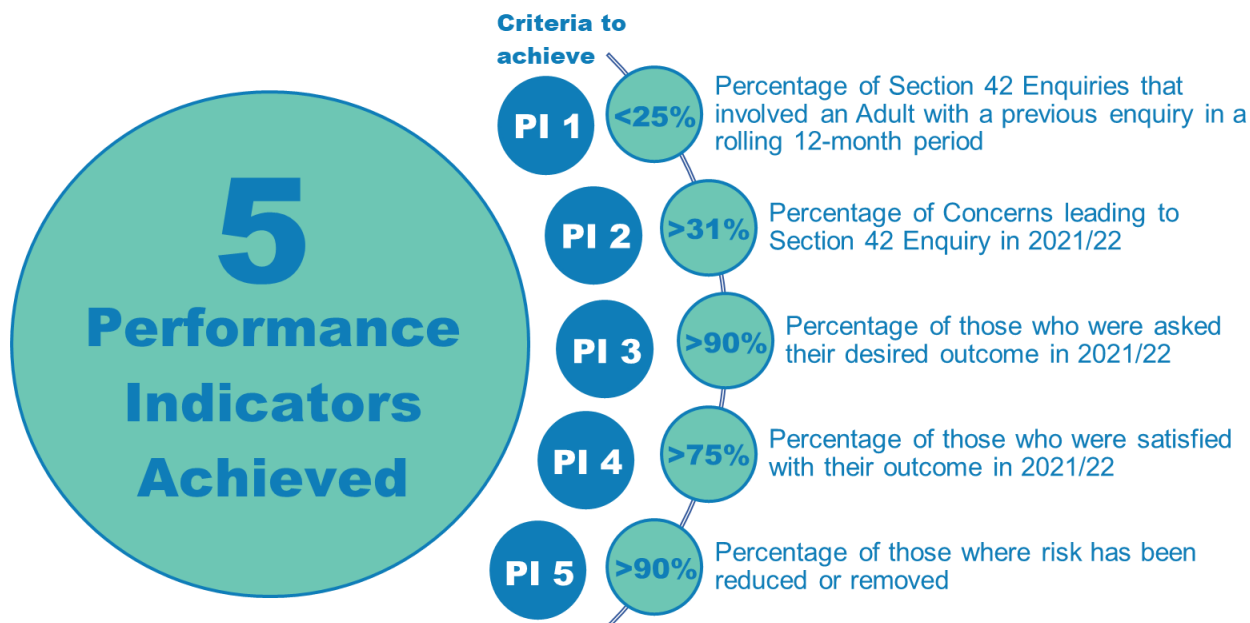


A person's Own Home remains the most common location of risk in Tees, which reflects the data trends reported Nationally. The number of Section 42 Enquiries undertaken in relation to Care Homes recorded a slight decrease when compared to the previous year.

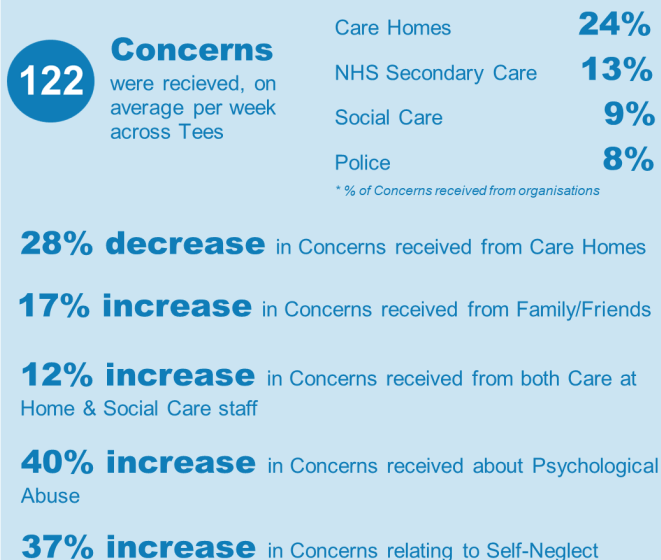
## Types of Adult Abuse: Section 42 Enquiries



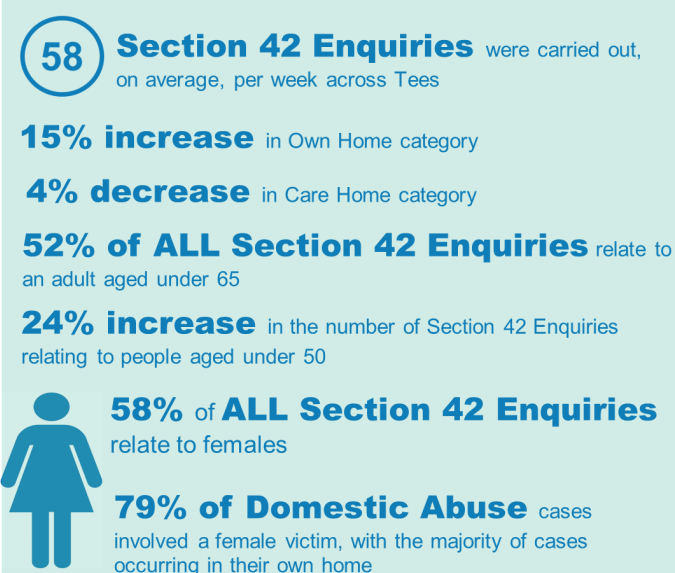
# Performance Indicators (PI)



## Safeguarding Concerns Received



## Section 42 Enquiries Commenced

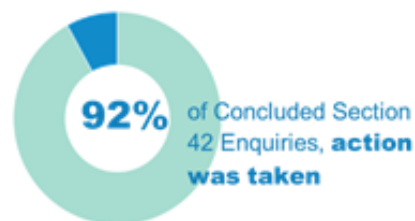


# Outcomes of Concluded Section 42 Enquiries

## Source of Risk to the Adult



## Safeguarding Action



## Safeguarding Outcome



## Adults Voice



## Some of our achievements over the past year...



### July—September 2021

- A quick and easy Mental Capacity Act guide was published for practitioners.
- Spotlight on...Support Services Campaign.
- Making Every Contact Count training offered to Safeguarding Champions (delivered by local Public Health services).
- Multi-Disciplinary Team Guidance published.

### January—March 2022

- Two key campaigns took place:
  - ⇒ Spotlight on...Self-Neglect
  - ⇒ Look Closer (joint exploitation awareness campaign with Safeguarding Children Partnerships)
- In response to Alcohol Change's National Report, the Board delivered its first Safeguarding Vulnerable Dependent Drinkers training.
- Two Task & Finish Groups commenced:
  - ⇒ to develop systems and processes for data collection/reports
  - ⇒ to develop a Safeguarding & Falls Protocol
- Stephen Learning Lessons Review Report published.

### April—June 2021

- First Joint Learning from Reviews meeting held with Community Safety Partnerships and later with Safeguarding Children Partnerships to discuss how to formally share learning from reviews across the partnerships.
- A Communication and Engagement Plan 2021/22 was co-produced with the Safeguarding Children Partnerships.
- Annual Communication & Engagement (CE) Report 2020/21 published.
- Rapid (Learning) Review process trialled and later recruited a pool of volunteers to chair this type of review.
- Worked collaboratively with North East SAR Champions network to set up the regional Safeguarding Adult Review Library.
- The Board delivered its first Modern Slavery training session.

### October—December 2021

- Easy read safeguarding guide developed in consultation with Independent Voices service user group.
- Teeswide Team Around the Individual referral form for high risk/complex cases developed and published.
- North East SAR Champions presented to the National Care & Health Improvement Programme and Local Government Association (LGA) showcasing regional good practice and received excellent feedback.
- Two important campaigns took place:
  - ⇒ Back to Basics
  - ⇒ National Safeguarding Adults Week
- Trauma Informed Practice event held for professionals.
- Housing and Homelessness Task & Finish Group convened.



# Empowerment

## What we said we would do:

1. Establish mechanisms that allow service users and carers to better inform the future direction and priorities of the Board.
2. Ensure individuals requiring safeguarding services are asked what they want as outcomes from the safeguarding process and that their views inform what happens.
3. Strengthen professionals' understanding of the legislative framework and trauma informed practice to ensure the best outcomes for adults at risk.

## What we did:

1. The Board carried out its Annual Consultation Survey 2021/22, the results were used to inform the future priorities for the Board. There was a 184% increase in responses from the general public compared to the previous year. The survey results included feedback from service users and carers.

In 2020/21 the Board, together with the Safeguarding Children Partnerships and Office of Police and Crime Commissioner for Cleveland, commissioned SafeLives to undertake a full systems review of Domestic Abuse across Tees. In June 2021, Domestic Abuse survivors and perpetrators were encouraged to complete a consultation survey, which will feed into the outcomes of this project due to complete during 2022/23.

People First (Advocacy) attended the Board's Development Session in February 2022 and shared real case examples of people they support who use safeguarding services. This provided an additional opportunity to ensure that service users were at the forefront, when Board members were discussing ideas for future priorities and the strategic business plan for 2022/23. Work continues with People First into 2022/23 to discuss how adults' perspectives and experiences can help to inform the Board's work.

2. The Multi-Agency audit programme continued on a virtual basis. The involvement of the adult and their views, wishes and desired outcomes were considered as part of the audit process. The audit reports were presented at Board meetings and highlighted good practice, areas for improvement with actions for agencies to reflect and act upon to continually drive service improvement.

The Board has five Performance Indicators (PI), one of which includes; *percentage of those who were satisfied with their outcome*. For 2021/22 this PI was achieved at 95%

The Board continued to deliver Making Safeguarding Personal training, to empower professionals to feel confident in seeking adults' views and working with adults to achieve the best outcome for them.

3. A Trauma Informed Practice event was held in November 2021. Legal Literacy training sessions continued throughout 2021/22 including a Legal Literacy update for Board Members in March 2022. A new e-learning course on the Human Rights Act was launched in November 2021.

The Tees and Regional Liberty Protection Safeguards (LPS) Group continued to meet to prepare for implementation of the Mental Capacity Act Amendment Bill anticipated in 2022/23.

In June 2021, Board members received an update from Cleveland Police in respect of the Domestic Abuse Bill, and what changes this would bring from a policing perspective in terms of supporting and protecting victims of domestic abuse.

## One service user's account, when interviewed for Self-Neglect article:

*"The ongoing support and help from the agency has really kept me going... One of the reasons that I think I got myself into this situation was that I was embarrassed and ashamed at how my life had turned out, but I can speak with the staff and they want to help me and don't judge me...the support I have had has made a huge difference to me".*

# Prevention

## What we said we would do:

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.
2. Improve engagement with local communities.
3. Help efforts to reduce social isolation and loneliness.

## What we did:

1. During November 2021, the Board delivered a comprehensive communication and engagement plan where multi-agency activity took place for National Safeguarding Adults Week, with a particular focus on engaging with harder to reach, marginalised groups and those who may be digitally excluded. An easy read safeguarding guide was developed with Independent Voices advocacy group and a safeguarding awareness radio advert was produced in English and Urdu with Community Voices FM. The Board worked with Healthwatch South Tees who asked people 'what does safeguarding mean to you?' to help benchmark public understanding. Their quotes were shared on social media to help raise public awareness of safeguarding.

In June 2021, the Home Office's British Sign Language awareness video on Domestic Abuse was added to the TSAB website and promoted on social media. Work continues into 2022/23 to raise awareness of safeguarding with people who have sensory loss/impairments.

Work continued on the Board's website to meet Web Content Accessibility Guidelines and any new or reviewed documents were made accessible before being added to the TSAB website.

The Board coordinated a Spotlight On...Back to Basics campaign which promoted 'safeguarding is everyone's business' and shared key, simple messages on what abuse is, how to spot the signs and how to seek help. The Board's leaflets, which are translated into commonly spoken non-English languages were also shared.

In July 2021 the Board's Find Support in Your Area webpage was fully reviewed and updated to ensure people using the site were being signposted to the correct and current support available.

From September 2021 the Board launched a number of simple 'Safeguarding Explainer' animations which covered key topics linked to safeguarding.

In September 2021 all of the Board's leaflets were reviewed, re-designed and formatted so that they could easily be accessed, downloaded and printed directly from the website.

2. The Board supported various national campaigns during 2021/22 and coordinated a 'Spotlight On...Support Services' campaign, which highlighted local support available to victims of abuse and/or neglect.

The Board continued to engage with its 122 Safeguarding Champions via quarterly *Keeping in Touch* Bulletins. The Champions helped to share key messages within their networks and with the service users and carers they support.

3. Safeguarding articles were included in the autumn and winter editions of local resident magazines, which were delivered to every household across Tees.

In June 2021, the Board commissioned three new e-learning courses; substance misuse, dementia awareness and loneliness and isolation.

The Board commissioned a Safeguarding Explainer animation on Social Isolation and Loneliness (launched in 2022/23).

In February 2022, the North East SAR Champions secured funding from ADASS to develop an animation on Self-Neglect. Work continues into 2022/23.

# Proportionality

## What we said we would do:

1. Provide effective, consistent, timely and proportionate responses to reported abuse.
2. Continue to adopt a proportionate and pragmatic approach to safeguarding adults work during and following the Covid-19 pandemic.
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.

## What we did:

1. The effectiveness and application of the TSAB inter-agency safeguarding adults procedures, making safeguarding personal approach and proportionality were monitored as part of the annual Multi-Agency Audit programme.

In June 2021, the TSAB procedures were amended in line with national recommendations from Social Care Institute for Excellence (SCIE) and Care and Health Improvement Programme (CHIP) of 'what is a safeguarding concern?' to ensure consistency on a national basis.

The Board continued to deliver Care Act Section 42 (S42) Enquiry training (Level 1 and Level 2) which promotes use of TSAB's Inter-Agency Policy & Procedures, Decision Support Guidance and Causing S42 Enquiries Guidance, all of which emphasise appropriate timescales, proportionality and aid consistency.

The Safeguarding Adults Review Sub-Group continued to consider proportionality to maximise learning. A 'Rapid Review' methodology was trialled in May 2021, which reduced the resource implications for staff, whilst ensuring meaningful learning was shared and distributed quickly. The process was deemed successful and will be used for future cases where appropriate.

In response to a SAR Notification which did not meet the criteria for a SAR, it was identified that there was still valuable learning in relation to the links between falls and Safeguarding Concerns; a Task & Finish Group was set up to develop a Safeguarding and Falls Protocol (published in 2022/23).

2. Despite ongoing uncertainties linked to the pandemic, the Board continued to engage with service users, carers and harder to reach groups using a variety of communication methods. The Board's Training Plan continued to be delivered online as well as the Quality Assurance/Self-Audit process. Safeguarding Adult Review work, including learning review processes also continued virtually.

Multi-Disciplinary Team Guidance was published in September 2021, which highlights the pros and cons of virtual or face to face meetings and suggests that these are considered when setting up meetings. The Board continues to work flexibly, using the most appropriate forums for meetings, training and learning reviews.

3. The Board's annual survey 2021/22 received 53 responses from carers, compared to 10 responses the previous year. The Board also supported National Carers Week in June 2021.

In June 2021 it was agreed for feedback to be sought from practitioners involved in Learning Reviews to provide assurance that learning has been embedded into practice.

*"I have subsequently used the process of professional challenge successfully which has enabled me and the team to understand why decisions have been reached and this has been empowering for both staff understanding of the risk assessments and safety netting in place and for patients to live as they choose".*

- Practitioner involved in the Adult D Learning Lessons Review

# Protection

## What we said we would do:

1. Encourage a trauma-informed, strengths based and person-centred approach to all safeguarding work.
2. Use the concept of contextual safeguarding\* to protect adults at risk.
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.

\*to understand and respond to people's experience of abuse and exploitation from perpetrators outside of the home.

## What we did:

1. As part of the Adult F Learning Lessons (Rapid) Review a Learning Briefing was published and shared widely, which included themes around the impact of trauma and professional curiosity to understand the best way to engage with someone who may be affected by trauma and encouraging flexible engagement opportunities. The Adult F Learning Briefing was also introduced as a case study in Legal Literacy and Self-Neglect training courses.

A Trauma Informed Practice event was held in November 2021, which included an expert by experience speaker and a presentation on vicarious trauma. Recorded videos were made available on the TSAB website. Key messages were also shared via social media to raise public awareness of the impact of trauma.

In January 2022, the Operational Leads Sub-Group reviewed TSAB's Making Safeguarding Personal Guidance.

2. The Board held its first Modern Slavery training session in June 2021 and Criminal Exploitation and County Lines e-learning courses were commissioned in December 2021.

The Molly Safeguarding Adult Review was agreed in August 2021; learning and reflection workshops with practitioners took place in December 2021. Some key early learning from the review linked to Adult Sexual Exploitation, trauma and the effective management of perpetrators. Actions to address the recommendations from this SAR will continue into 2022/23.

3. The Board continued to share regional and national learning from SARs at SAR Sub-Group meetings to consider and act upon the learning from a Tees perspective—these reports are published on the TSAB website. It was suggested following some high profile national cases, to run a Creating Safer Cultures Awareness campaign in 2022/23.

During 2021/22, the Safeguarding Adult Review (SAR) Sub-Group considered a number of new SAR notifications. 3 cases were published and 4 cases were completed during the reporting year. Open action plans continued to be monitored and implemented.

In December 2021, a Joint Review Protocol was agreed with the Safeguarding Children Partnerships and Community Safety Partnerships, to develop a more coordinated approach and improve lines of communication between partnerships with regards to learning reviews.

## Comments and Feedback from Trauma Informed Event

"Genuinely one of the best presentations I have witnessed in 20 years of working in the trauma field, remarkable and brilliant"

"You are an inspiration and thank you for sharing your story with us. Very valuable points to be learnt"

"Thank you, very thought provoking. It really made me think about the impact (of vicarious trauma) on colleagues"

# Partnership

## What we said we would do:

1. Ensure Board partners work together in an effective manner to protect adults from abuse and neglect.
2. Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships and Strategic Vulnerable Exploited Missing Trafficked to deliver joint priorities and objectives.
3. Work with partners and partnerships to support the development of a 'Missing Adults' protocol and to further develop 'Transitions' work.
4. Seek assurance from partners that the NICE guidelines for Safeguarding Adults in Care Homes are met when commissioning and supporting services.

## What we did:

1. Themed discussions took place at Operational Leads (OL) Sub-Group meetings on complex safeguarding topics and sharing best practice; Homelessness, Adult Sexual Exploitation, Domestic Abuse and Alcohol, Financial Abuse/Scams, Discrimination/Hate Crime and Quality of Concerns.

The themed discussion regarding Homelessness prompted further work by a Task & Finish Group to consider an effective approach to support homeless people to access health and support services. This work concluded in March 2022, and each Local Authority area has taken forward their own action plan.

The Team Around the Individual (TATI) approach continued to be embedded into practice and provided a means of escalation, to collectively manage high risk and complex cases. The multi-agency audits of the TATI process have highlighted good practice and areas for improvement. A TATI referral form was developed to compliment the Teeswide TATI Guidance, to improve consistency across Local Authority areas.

2. The Strategic Vulnerable Exploited Missing and Trafficked (VEMT) Transition Principles were approved by the Board in September 2021. During 2021/22 the process for Adult representatives attending the VEMT Practitioners Group became much more established, to ensure a smooth transition of support from children safeguarding into adult safeguarding.

In November 2021 planning commenced to deliver a Joint Learning from Reviews event (in May 2022) with support from the Safeguarding Children Partnerships and Community Safety Partnerships.

In March 2022, TSAB joined the Call for Action on Adult Sexual Exploitation (ASE) Group, chaired by Cleveland Police, to understand the prevalence of ASE in Tees. Work continues into 2022/23.

3. In January 2022, the OL Sub-Group discussed welfare visits for vulnerable people at risk of suicide. Work continues in 2022/23.

A Safeguarding Explainer video on suicide prevention was launched in September 2021.

Cleveland Police introduced a Missing From Home (MFH) Co-ordination Team who were embedded into their Safeguarding Department and have established close working relationships with partners. They continue to use intelligence and trend analysis to identify repeat persons and locations and adopt a problem-solving approach. A new MFH Standard Operating Procedure (SOP) was launched and provides key advice to officers to ensure the effective management of missing person investigations.

4. In April 2021, the Board considered the [\*National Institute for Health and Care Excellence \(NICE\) Guidance for Safeguarding Adults in Care Homes\*](#). Members were asked to provide an assurance statement to ensure the recommendations had been considered and implemented where appropriate.

The TSAB's Training Plan, training competencies and Quality Assurance Framework (QAF) / Self-Audit Tool were also reviewed in line with the NICE Guidelines.

# Accountability

## What we said we would do:

1. Gain assurance from partners about the effective delivery of their services.
2. Deliver and achieve the Board's performance benchmarks.
3. Promote the Teeswide adult safeguarding competencies as a framework for the delivery of safeguarding adults training.

## What we did:

1. The Board continued to receive assurance on organisations' safeguarding arrangements from non-statutory partners as part of the Quality Assurance Framework (QAF) / Self-Audit process. Beyond Housing became a new Board partner in July 2021 and completed the QAF Self-Audit Process providing assurance to the October Board.

The Board's Multi-Agency Audit Programme continued and considered cases of: Homelessness, Adult Sexual Exploitation, Team Around the Individual (TATI) Self-Neglect cases (x4), TATI Domestic Abuse and Alcohol cases (x4), Financial/Scams, Discriminatory/Hate Crime, Quality of Concerns. 4 audit reports were presented to the Board during 2021/22 and the TATI audits were logged as evidence against relevant Safeguarding Adult Review and Learning Lesson Review action plans.

During 2021/22 the Board were notified of 11 care providers who were subject to the Responding to and Addressing Serious Concerns (RASC) Policy and Procedure. The Lessons Learned Reports from 10 care providers were discussed at the SAR Sub-Group, where the learning was considered and shared via appropriate networks. In September 2021, the RASC Learning Lessons Reports (over a two-year period) were analysed, for the SAR Sub-Group to reflect on the main issues/themes affecting care providers. Members provided assurance that there are mechanisms in place to address concerns.

The Board received a number of presentations during 2021/22; Home Office (Agency Workers in Care Settings), Cleveland Police (Domestic Abuse Bill changes) SafeLives (Domestic Abuse Project), Public Health (Drug Related Death Reviews), Tees Valley CCG (LEDER Annual Report and Private Mental Health Hospitals), Middlesbrough Borough Council (Domestic Homicide Review 4), and Voluntary Sector (overview). Partners also continued to be invited to present the results of any inspection reports. The OL Sub-Group also received presentations from; DWP, Cleveland Police (Organised Crime), Coroner's Office and A Way Out charity.

2. 5 out of 5 Key Performance Indicators were achieved in 2021/22.








From April 2021, quarterly performance reports, which included multi-agency data were streamlined and routinely presented at TSAB meetings. Work is continuing to explore streamlined approaches for data collection and reporting into 2022/23.

3. All training courses commissioned by TSAB were continually reviewed to evaluate quality and effectiveness through the use of initial evaluations and impact assessments. Changes were made, where appropriate, to keep the content relevant.

*"As a provider it is vital that when our services do not meet the required standard we respond in a transparent and constructive manner to ensure that we not only meet the needs of our contractual obligations, but we also and most importantly ensure that the residents we work for, get the service they deserve. It was clear that our home fell short of this baseline of quality... I wanted to place on record how inclusive and driven from a partnership perspective, the whole [RASC] process was. It was refreshing as a provider to see the Local Authority not only understanding the difficult circumstances, we found ourselves in as a provider, but also acted as a critical friend and supported us, through extensive knowledge of the sector. This sharing of best practice had an immediate impact on service quality outcomes and safety".*

- Feedback from a Care Provider subject to RASC

## Communication and Engagement

 <b>178,183</b> website views* *highest yearly views to date (108% increase on previous year)	 <b>3</b> radio interviews <b>1</b> radio advert <b>414,216</b> digital advertising impressions
 <b>49,625</b> reached <b>783</b> followers* *33% increase on previous year	 <b>416,500</b> local magazines <b>5,702</b> newsletter reads <b>704</b> Safeguarding Champions Bulletin reads
 <b>67,100</b> impressions <b>796</b> followers* *8% increase on previous year	
 <b>62</b> YouTube subscribers	 <b>961,000</b> impacts bus stop advert

Read more detail in the Board's [Annual Communication and Engagement Report 2021/22](#)

## Awareness Campaigns

The Board coordinated 3 focused 'Spotlight On' campaigns: Support Services, Back to Basics and Self-Neglect. In addition, the Board took part in National Safeguarding Adults Week 2021, collaborating with partners to develop a joint communication and engagement plan. Key activity included: radio interviews, a Trauma Informed Practice event, resident magazines, digital advertising, bus stop campaign, displays in shopping centres/other key venues, launch of the 'Tricky Friends' video and easy read safeguarding guide. There was also a focused campaign with Community Voices FM radio and the BME Network.



Self-Neglect...  
you don't have to face it alone

The Self-Neglect campaign included articles in local resident magazines that were based on real case studies and interviews with service users. The TSAB newsletter included a service user's story, told in their own words of their experience and how they were supported in relation to their self-neglect.



## Safe Place Scheme



The Safe Place Scheme steering group met twice during 2021/22. The group focused on maintaining and auditing current venues to establish those which had closed due to the pandemic. In October 2021, discussions began on how to link with other similar safe place initiatives in Tees (e.g. Ask ANI Domestic Abuse codeword scheme), work is ongoing into 2022/23.

## Safeguarding Explainer Videos

From September 2021 the Board launched a number of [Safeguarding Explainer animations](#), covering key topics on; what is safeguarding? organisational abuse, PREVENT, modern slavery/human trafficking and suicide prevention.



## Training

The Board provides free multi-agency training, designed to supplement single agency training provision. The Board continued to deliver its existing training programme as well as commissioning additional courses.

### New TSAB courses introduced in 2021/22:

- ☒ Modern Slavery
- ☒ Safeguarding Vulnerable Dependent Drinkers
- ☒ Legal Literacy: 'Aftercare Under Section 117 Mental Health Act'.

Based on feedback, the Section 42 Enquiry training was split into foundation and advanced level and the Safeguarding Adults Training for Managers of Services included an additional refresher course.

### Safeguarding Adults Training for Managers of Services (Refresher) - Learner Feedback

"This will greatly benefit our service users in future in allowing staff the foresight in perhaps reducing the incidents if we can spot triggers sooner"

### Section 42 (Foundation) - Learner Feedback

"I now have a much better understanding of how enquiries should be undertaken, who can be responsible for this, and the significance of the safeguarding triage system"

## Me-Learning

The Board commissions the e-Learning platform (Me-Learning) with the local Safeguarding Children Partnerships. There are often crossovers between children and adult safeguarding work and therefore it is recognised that people who work with children and/or adults greatly benefit from having access to a wide range of safeguarding courses available in one place. The figures below are based on all learners across children and adults.



**11,007** learners registered on the Me-Learning system\*



From **2,577** different organisations

**\*5,157** were new learners who joined during 2021/22



During 2021/22 there were:

**19,780** course registrations

**18,368** e-learning courses completed\*

**\*93%** completion rate

**1,145** completed Safeguarding Adults Level 1 courses during 2021/22



**444** delegates attended virtual training webinars; all face to face training was suspended across the year due to the Covid-19 pandemic.



**187** workbooks completed

### Modern Slavery—Learner Feedback

"Increased awareness of modern day slavery and the forms that this can take. Also not to accept things on 'face value' and use professional curiosity to drill down and gain more useful information"

### Safeguarding Vulnerable Dependent Drinkers—Learner Feedback

"Taken forward knowledge of working at service user's pace and not always starting with support to reduce drinking and look at other concerns or issues that can be addressed"

# Safeguarding Adult Reviews (SARs)

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 Adult 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, or if partners worked together to safeguard the adult.

Cases published during 2021/22 can be viewed here:

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

## Adult F

Learning Briefing

## Adult H

Learning Briefing

## Stephen

Learning Lessons Review

## 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 or 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 10 times in 2021-22, including 3 SAR Notification meetings which were held to ensure notifications were considered in a timely way. Membership of the Sub-Group comprises of senior managers from our key partner organisations.

### 7 SAR Notifications considered in 2021/22 (compared to 4 in 2020/21 and 8 in 2019/20)

Of these 7 cases:

**1** case met the Care Act 2014 criteria for a SAR (the outcome will be reported in 2022/23).

**2** cases were progressed as single agency reviews (a learning briefing was published in relation to one of these reviews).

**1** case did not meet the Care Act 2014 criteria for a SAR, however, it was agreed that there would be relevant learning from undertaking a Learning Lessons Review: this was undertaken using Rapid Review methodology by an internal reviewer who was independent of the case.

**1** case was taken forward as a Domestic Homicide Review (DHR).

**2** cases were deemed to require no further action from a review perspective, however a learning briefing was produced from one of these cases which had also been subject to a Coroner's inquest to ensure learning relevant to the case was shared with partners.

**4** national SARs considered by the Sub-Group.

**8** open cases being monitored.

**4** action Plans completed in the period.

The **Adult F** Learning Briefing was published following a Rapid Review which started in 2020/21 and concluded in 2021/22.

The **Stephen** Lessons Learned Report and Learning Briefing were published.

### LEARNING BRIEFING

### Learning Lessons Review Stephen



#### 1 Background

Stephen was a 56 year old man with learning disabilities who had cancer. He was a tenant in shared supported living accommodation and received additional support for community activities. Stephen was a fun and very sociable man who loved buses and trains and liked to be out and about. He loved jigsaws and comedy programmes on TV and liked to make jokes.

Stephen's cancer treatment had been delayed and he had been identified as someone who should be shielded due to his vulnerability to Covid-19. In March 2020 Stephen contracted Covid-19, and received no further cancer treatment. Stephen was admitted to hospital but did not immediately return to his home when discharged. Instead he moved to single temporary accommodation due to the risk that he might infect other tenants. Stephen then moved home but gradually deteriorated and was readmitted to hospital in April 2020 where he died the following month.

#### 2 Theme 1: Working with Stephen's Family

An effective working relationship with Stephen's family was not developed by all partners and this impacted on trust, information sharing and on how well Stephen's needs were met.

#### 3 Theme 2: Shielding people with health conditions

More could have been done to anticipate that Stephen should have been shielded due to the risk of Covid-19 infection and greater care should have been taken to ensure that government guidelines on this were understood and followed.

## SAR Sub-Group Achievements

- ✓ Completed a multi-agency review for Adult F using Rapid Review methodology for the first time. This approach provided a proportionate and timely review of practice and included engagement with practitioners in the review, the report was approved at the September Board meeting and a Learning Briefing was developed and published.
- ✓ Following on from the Rapid Review for Adult F, further work was undertaken to provide training and coaching opportunities for senior managers from our partner organisations to build internal capacity for independent reviewers.
- ✓ Joint protocol developed and agreed with the Safeguarding Children Partnerships and Community Safety Partnerships with the aim of developing a more coordinated approach, to improve lines of communication between partnerships throughout the review process and to ensure learning from all types of reviews are shared across partnerships.
- ✓ Introduced a process to go back to practitioners who have been involved in a review to seek their reflections on how practice has changed and whether learning has been truly embedded in practice.
- ✓ Planning commenced for a joint learning event with the Safeguarding Children Partnerships and Community Safety Partnerships across Tees looking at similar themes within reviews and sharing the learning across all service areas.

### North East SAR Champions

- ✓ Developed a regional SAR repository to build a comprehensive library that is reflective of the work that has been undertaken across the region. This has been set up via Microsoft Teams; it lists and hosts local and national SARs, discretionary reviews, 7 minute briefings and other useful resources to inform and share learning across the region. This work has been showcased nationally.
- ✓ The group also carried out some work in relation to the SAR Quality Markers, and developed a regional quality markers checklist in order to simplify the language and ensure the checklist is succinct and accessible, this work is ongoing.

### A message from Jill Harrison, Director of Adult & Community Based Services for Hartlepool Borough Council and Chair of the SAR Sub-Group.

*"As well as managing the SAR process and promoting the sharing of learning across agencies, the SAR Sub-Group also reviews SARs undertaken elsewhere in the country, ensuring that relevant learning informs policies, procedures and practice within Tees. When themes are identified within reviews, briefings and case studies are used to inform training and development opportunities and to raise awareness of adult safeguarding more widely. The SAR Sub-Group also works closely with those leading on other forms of review, such as Domestic Homicide Reviews and Learning Disability Mortality Reviews when appropriate to maximise opportunities for learning that informs service improvements and ultimately leads to better outcomes for local people. The group has also been proactive over the past year in considering different approaches to reviews that are timely and proportionate, taking into account how reviews are undertaken in other areas and examples of good practice.*

*The SAR Sub-Group undertakes a statutory function on behalf of the TSAB and its members take on a significant responsibility and time commitment in order to manage the work of the group effectively. Meetings are well established and well attended and, as Chair of the SAR Sub-Group, I would like to formally record my thanks to all members of the group for their input and particularly the TSAB Business Unit for the outstanding support that is provided".*

### Partner Contribution from North Tees & Hartlepool NHS Foundation Trust:

*"The learning from local and national Safeguarding Adults Reviews has enabled the Trust to reflect upon current practice and identify areas for improvement in order to safeguard vulnerable adults. The new approach to carrying out (rapid) reviews has ensured that lessons can be identified early".*

## Partner Activity 2021/22

Each year, Board partners reflect on their organisations' involvement, contribution and support in helping to achieve the Board's strategic aims and objectives. Their summaries are included below:

**Hartlepool Borough Council** remains fully committed to the strategic aims and work of TSAB, recognising the value of a co-ordinated approach across Tees and the benefits this has for local people. Over the past year we have continued to develop the Integrated Community Safety Team (comprising of community safety staff, Cleveland Police, Cleveland Fire Brigade and Cleveland Victim Care and Advice Service) and have undertaken a review of the Team Around the Individual (TATI) process that was originally developed in Hartlepool before being adopted across Tees. The integrated approach that is now embedded, alongside a revised TATI model, has further improved communication and collaboration between partners and professionals, supporting our shared aim of improving and better coordinating services to support people across Hartlepool who are living with multiple and complex needs. We have used learning from reviews to inform the development of practice and used the audit process to provide assurance that practice improvements are delivered. We have also delivered local awareness raising campaigns that make use of existing links with providers and community groups to ensure that messages are widely promoted. We were also able to use the expertise of an Assistant Director within the Council to support TSAB in developing a Rapid Review model and to provide training to TSAB partners, which has enabled the approach to be adopted and utilised alongside other methodologies.

**Middlesbrough Borough Council (MBC)** has worked with Cleveland Police Licensing Team, Health Agencies, A Way Out and our Neighbourhood Safety Team, Guiding Light Project (Making Every Adult Matter), Housing Solutions Team and Recovery Solutions Team to provide a bi-monthly drop in service at Newport Hub. The aim is to support prevention by engaging vulnerable men and women from across Middlesbrough who may be at risk of sexual exploitation or sex working. We want to be able to increase confidence and trust in engaging with voluntary and statutory services and to empower individuals to make positive life choices. This involves providing harm reduction services, safety advice, emotional support, practical help and one to one casework to meet individual needs. Working alongside partners, the Safeguarding Team aims to ensure a range of support is offered and can be accessed easily including drug and alcohol support, legal advice, benefits advice, housing support and advice and health clinics. MBC has worked to embed trauma informed practice further over 2021/22. We have done so through involvement in the TSAB Trauma Informed Practice Learning Event, highlighting the importance of trauma informed practice in the quarterly Modern Slavery, Exploitation and Human Trafficking Peer Support Meetings and by commissioning Time to Reflect – Vicarious Trauma training for our front line staff and managers. Involvement in the TSAB audit process for 2021/22 has provided assurance that our Safeguarding and Team Around the Individual Panel practice is effective. We have demonstrated our ability to adhere to the TSAB policies and procedures, involve service users and carers and manage risk through working effectively with partner agencies.

**Redcar and Cleveland Borough Council (RCBC)** has continued to support the aims and objectives of the strategic plan during 2021/22. We have played an active part on the Board and its Sub-Groups and contributed to the overall success of the Board during the year. We have focused on the voice of the individual and actively promoted the principles of Making Safeguarding Personal, which permeate through the Board's strategic aims. As a result in 2021/22, 100% of the respondents in Redcar and Cleveland when asked, said that they felt listened to during the safeguarding process and 93% felt safer at the end of the process.

**Stockton-on-Tees Borough Council (SBC)** has implemented a Making Safeguarding Personal (MSP) approach into our practice, so the voice of service users and carers are heard and strengthened. As part of joint-up and collaborative working we are committed to use locally agreed processes, such as the Team Around the Individual (TATI) with the emphasis on sharing information between agencies in order to agree and achieve the best possible outcomes for some of the most vulnerable service users. During 2021/22, SARs and Learning Lessons Reviews resulted in valuable learning and changes to our practice. SBC is committed to and continues to contribute towards learning events, both for staff and local communities. One of our aims for 2022/23 is to have at least one Adult Safeguarding Champion in each of the teams across Adult Services.

**Healthwatch South Tees** is committed to working with the TSAB in helping to keep our communities safe. By working with the Board we feel we can better promote the Safeguarding processes which in turn helps people feel more confident in raising concerns. We have found the training particularly beneficial and now open this up to our own Board and volunteers.

## Partner Activity 2021/22 Continued...

**Cleveland Police** have now fully embedded their Complex Exploitation Team (CET) who have ran several successful operations over the last 12 months to safeguard vulnerable adults and identify the perpetrators who exploit them. Following the methodology of Prepare, Prevent, Pursue, Protect & Partnerships they continue to disrupt criminal networks and work with TSAB partners to intervene at the earliest opportunity to safeguard the public.

Our Force Vulnerability Desk work closely with front line officers to support the initial response to incidents of domestic abuse. This ensures that appropriate advice and guidance is provided, and positive action is taken to arrest perpetrators and safeguard the victim and their families. The Domestic Abuse Solutions Team (DAST) are embedded into the Specialist Domestic Abuse Team within the Safeguarding Department and through Multi-Agency Tasking & Coordination (MATAC) and Multi-Agency Risk Assessment Conference (MARAC) processes provide enhanced services to victims, particularly those at greater risk of harm. Cleveland Police have seen a significant increase in the use and granting of Domestic Violence Protection Notices/Orders which are used to provide protective measures for victims and place conditions on perpetrators.

Our dedicated Vulnerable Adults (VA) team continue to work closely with Adult Social Care teams and play a pivotal role in the safeguarding of vulnerable adults and subsequent joint investigations. The VA Detective Chief Inspector works closely with TSAB, sitting on the SAR Sub-Group and is involved in all reviews, ensuring any learning is identified and embedded into Police practice.

**North Tees and Hartlepool NHS Foundation Trust** has valued the support provided by TSAB during the past year. The training sessions that have been carried out ensures that staff are continually kept updated, the work with Trauma Informed Practice has enabled staff to better understand and support people who may not choose to engage with services. The Team Around the Individual approach further supports people who may need additional support, and ensures practitioners are able to escalate concerns.

## Our Priorities 2022-25

Following feedback from the Board's Development Session, the Strategic Business Plan will change from an annual plan to a three-year plan, with the actions refreshed annually.

The priorities within the Strategic Plan have been developed and directly informed by the results of the Annual Consultation Survey and feedback from service users, carers and professionals.

The Board's strategic aims and objectives continue to be underpinned by the six safeguarding principles: Empowerment, Protection, Proportionality, Prevention, Partnership and Accountability.

### Joint Working

We will develop a whole system approach to safeguarding adults which is responsive to the individual's needs, views and wishes.

### People

We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities.

### Communication

We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board.

### Services

Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect.

The Board's Strategic Business Plan for 2022-25 can be viewed here:

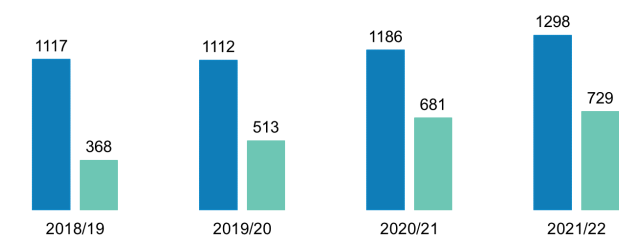
<https://www.tsab.org.uk/the-board/strategic-plan/>

# 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 care home.

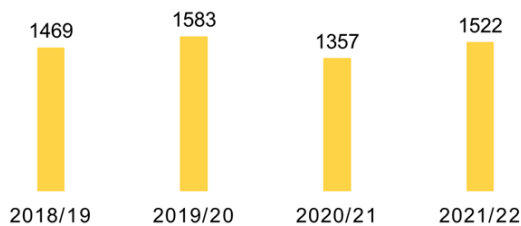
## Concerns and Section 42 Enquiries

■ Concerns ■ Section 42 Enquiries

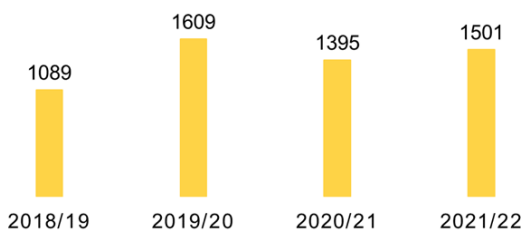
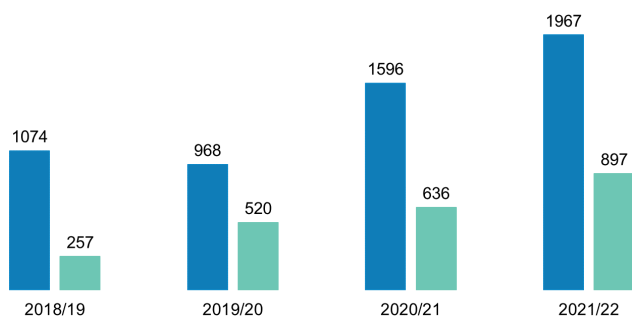


### Hartlepool

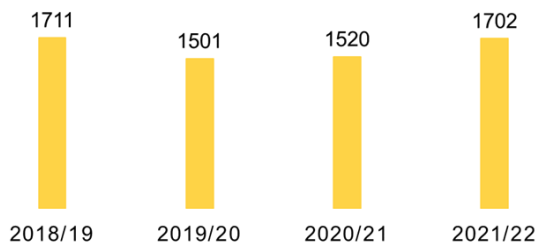
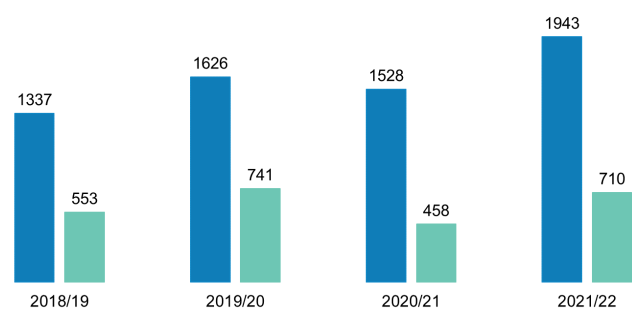
## Deprivation of Liberty Safeguards (DoLS) Applications



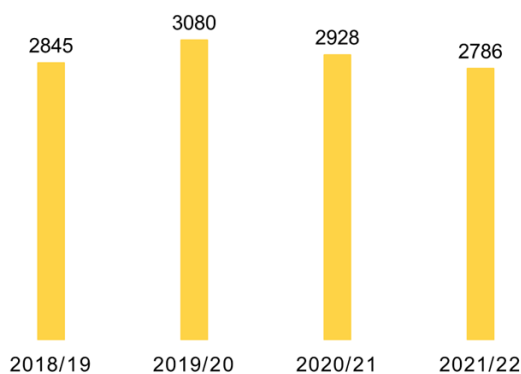
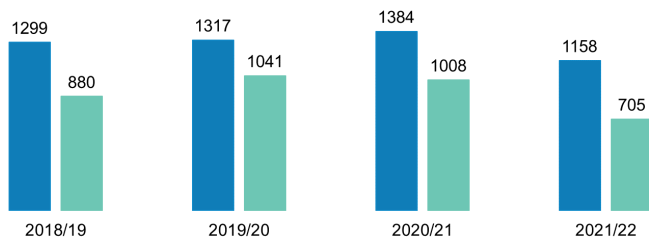
### Middlesbrough



### 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 an emergency.

Call your local Adult Social Care Team:

<b>Hartlepool:</b>	01429 523 390	<a href="mailto:iSPA@hartlepool.gov.uk">iSPA@hartlepool.gov.uk</a>
<b>Middlesbrough:</b>	01642 065 070	<a href="mailto:adultaccessteam@middlesbrough.gov.uk">adultaccessteam@middlesbrough.gov.uk</a>
<b>Redcar &amp; Cleveland:</b>	01642 771 500	<a href="mailto:AccessAdultsTeam@redcar-cleveland.gov.uk">AccessAdultsTeam@redcar-cleveland.gov.uk</a>
<b>Stockton-on-Tees:</b>	01642 527 764	<a href="mailto:FirstContactAdults@stockton.gov.uk">FirstContactAdults@stockton.gov.uk</a>
<b>Evenings and Weekends:</b>	01642 524 552	



# TSAB Strategic Business Plan 2022-25

May 2022 / V1

Our safeguarding arrangements will effectively prevent and respond to adult abuse

# Contents

**What we do ..... 3**

**Vision..... 3**

**Safeguarding Principles ..... 3**

**Board Priorities ..... 4**

## What we do

We seek assurance that organisations work in partnership to deliver joined-up services that safeguard adults from abuse and neglect. The work of the SAB is underpinned by the Care Act 2014. The core purpose of the Board is to:

- Ensure that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- Ensure that safeguarding practice is person-centred and outcome-focused;
- Work collaboratively to prevent abuse and neglect where possible;
- Ensure agencies/individuals give timely and proportionate responses when abuse or neglect has occurred and
- Ensure that safeguarding practice is continuously improving and enhancing the quality of life of adults in the area.

## 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 aims, objectives and actions are delivered.

## Safeguarding Principles

The safeguarding principles set out in the Care Act 2014 will underpin all aspects of safeguarding adults work across Tees.

<b>Empowerment:</b>	<b>Prevention:</b>	<b>Proportionality:</b>
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens	I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.	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.
<b>Protection:</b>	<b>Partnership:</b>	<b>Accountability:</b>
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.	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.	I understand the role of everyone involved in my life and so do they.

## Board Priorities

Priority 1: Joint Working	Aim: We will develop a whole system approach to safeguarding adults which is responsive to individual’s needs, views and wishes	
<b>Objectives: We will</b>  <div>1. Ensure Board partners work together in an effective manner to protect adults from all forms of abuse and neglect.</div> <div>2. Consider and act upon the impact of new legislation on safeguarding practice, for example, Liberty Protection Safeguards, Domestic Abuse Act 2021.</div> <div>3. Engage and Collaborate with the Local Safeguarding Children Partnerships, Community Safety Partnerships, Domestic Abuse Steering Groups, Health and Well-being Boards and Strategic Vulnerable, Exploited, Missing and Trafficked Group (VEMT) to deliver joint priorities and objectives.</div> <div>4. Engage and Collaborate with the multi-partnership and multi-agency development work regarding Missing Adults, Transitions, Contextual Safeguarding and Adult Sexual Exploitation.</div> <div>5. Further embed trauma informed practice, strengths based and person-centered approaches to all safeguarding adults’ work.</div>		
<b>2022-23 Actions: We will do this by</b>  <div>1. Striving towards the implementation of a consistent Teeswide Team Around the Individual (TATI) approach to the management of high-risk and complex cases.</div> <div>2. In conjunction with service users and carers review, existing and, where appropriate and necessary, develop new policy, procedure and guidance to incorporate updated or new legislation and statutory guidance.</div> <div>3. Working with relevant partners, partnerships and user groups to contribute towards the development of a ‘Missing Adults’ protocol, Transitions procedures, Contextual Safeguarding work, and an Adult Sexual Exploitation Strategy.</div> <div>4. Delivering an effective learning, training and development programme guided by learning from Safeguarding Adults Reviews to include trauma informed practice and contextual safeguarding.</div> <div>5. Developing a suite of tools and resources to embed trauma informed practice in adult safeguarding.</div>		<b>Lead</b>  Statutory Partners and OL  PPP Task and Finish Group/ OL  Relevant Partnerships, with support from OL and TSAB Business Unit  LTD LTD and CE
<b>Assurance Methods</b> Quality Assurance Framework (QAF) / self-audit tool, performance reports, multi-agency audits, surveys, other partnership plans, training plan, impact assessments, feedback from adults	<b>Impact/ outcomes</b> Adults at risk of or experiencing abuse and / or neglect will be confident that professionals will work together and with them to achieve the best possible outcomes for them. Evidence that TSAB is and has worked effectively with partnerships operating within and across the Tees area to provide the best and most efficient services possible for individuals in need and across our communities.	

Priority 2: People	Aim: We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities	
Objectives: We will		
<div>1. Strengthen professionals’ understanding of the legislative framework and trauma informed practice to ensure the best outcomes for adults at risk.</div> <div>2. Seek assurance from partners that staff are provided with single agency Safeguarding Adults training in accordance with the TSAB Training Strategy.</div> <div>3. Seek assurance from partners that staff are provided with support, particularly in relation to the management of high risk/complex cases and with consideration of vicarious trauma.</div> <div>4. Learn from the findings of local, regional and national Safeguarding Adult Reviews (SAR) and Learning Lessons Reviews (LLR), and applicable Domestic Homicide Reviews (DHR), and Safeguarding Children Practice Reviews (SCPR) and implement action plans.</div>		
2022-23 Actions: We will do this by		Lead
<div>1. Developing and delivering the TSAB Training Plan to align with TSAB priorities, ensuring that the voice of people with lived experience of abuse or neglect is included in resources and events.</div> <div>2. Reviewing and further developing the Quality Assurance Framework/ Self-Audit tool to seek assurance from partners on the training and support provided to their staff.</div> <div>3. Developing and implementing action plans for all SARs and LLRs, applicable DHRs and SCPRs.</div> <div>4. Sharing the learning from reviews across partner agencies and seeking assurance that the learning has been embedded into practice.</div> <div>5. Appropriately review learning from SARs and LLRs to ensure it remains embedded in practice</div>		<div>LTD</div> <div>PAQ</div> <div>SAR</div> <div>SAR/LTD</div> <div>SAR/LTD</div>
Assurance Methods	Impact/ outcomes	
QAF / self-audit tool, surveys, website hits, training evaluations, multi-agency audits, impact assessments	Adults at risk of or experiencing abuse and/or neglect will have confidence that professionals will be involved only as far as is reasonable, proportionate, justifiable and necessary and always work in their best interest.	

Priority 3: Communication	Aim: We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board	
Objectives: We will		
<div>1. Establish mechanisms that enable adults, their families, and their carers to better inform the future direction and priorities of Adult Safeguarding across Teesside.</div> <div>2. Ensure adults who use safeguarding services are asked what they want as outcomes from the safeguarding process and that their views actively inform what happens.</div> <div>3. Communicate with and seek feedback from adults, families, and carers to ensure safeguarding responses are the least intrusive possible and proportionate to the risk(s) presented.</div> <div>4. Further develop the Safeguarding Champions initiative to improve engagement with local communities, harder to reach groups, the seldom heard and to create stronger links with the community and voluntary sector.</div> <div>5. Improve information sharing across and between agencies to ensure the best outcomes for adults using safeguarding services.</div>		
2022-23 Actions: We will do this by		Lead
<div>1. Developing tools and processes to assist with seeking feedback from adults and their carers.</div> <div>2. Monitoring and developing the TSAB Performance Indicators relating to outcomes.</div> <div>3. Delivering a Communication and Engagement plan, including awareness raising and ‘Spotlight On’ campaigns which focuses on prevention and engages with the general public, hard to reach groups, the seldom heard and professionals.</div> <div>4. Building on the Safeguarding Champions initiative to increase the number of champions across a range of services.</div> <div>5. Reminding professionals of information sharing arrangements through newsletters, bulletins and training.</div>		<div>CE</div> <div>PAQ</div> <div>CE</div> <div>CE</div> <div>CE/LTD</div>
Assurance Methods	Impact/ outcomes	
Performance Indicators, annual CE report, performance reports, QAF/Self-audit tool, multi-agency audits, feedback from focus groups, feedback from individuals, families and carers	People will receive clear and simple information about what abuse is, how to recognise the signs and how to seek help.	

Priority 4: Services	Aim: Services are commissioned and provided by our partners to meet the individual needs of adults who are most at risk of abuse or neglect	
Objectives: We will		
<div>1. Ensure that adults at risk of neglect and/or abuse can access support services and schemes such as the Safe Place Scheme and Ask ANI.</div> <div>2. Review the services and support available across Tees which aim to reduce the impact of loneliness and isolation on vulnerable people.</div> <div>3. Seek regular assurance from our partners on the safe commissioning and delivery of services.</div> <div>4. Improve our performance monitoring processes and systems to obtain accurate, current and validated information.</div>		
2022-23 Actions: We will do this by		
<div>1. Reviewing the ‘Find Support in your Area’ page on the TSAB website to ensure all information is up to date and accurate.</div> <div>2. Establishing a task and finish group to undertake work relating to reducing loneliness and isolation.</div> <div>3. Delivering the annual Quality Assurance programme, which includes the Quality Assurance Framework/ self-audit tool and multi-agency case audits.</div> <div>4. Implementing the Power Bi system to produce high quality performance reports which will support the analysis and further development of multi-agency safeguarding practice.</div>		<div>CE</div> <div>OL</div> <div>PAQ/OL</div> <div>PAQ</div>
Assurance Methods	Impact/ outcomes	
QAF/Self-audit tool, TSAB reports, performance reports, multi-agency audits, assurance reports to TSAB, feedback from adults, their families and carers, Responding to and Addressing Serious Concerns (RASC) reports	Adults at risk of or experiencing abuse and/or neglect will have access to a range of high quality services and support that meet their individual needs.	

**Sub-Groups' key:** Communication and Engagement (CE), Learning, Training and Development (LTD), Operational Leads (OL), Performance, Audit and Quality (PAQ), Safeguarding Adults Review (SAR), Policy, Procedure & Practice (PPP).

# HEALTH AND WELLBEING BOARD

28<sup>th</sup> November 2022



**Report of:** Director of Children and Joint Commissioning Services

**Subject:** HSSCP ANNUAL REPORT (2021-22)

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## 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update Health and Wellbeing Board on the work undertaken by the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership during the year 2021-22.

## 2. BACKGROUND

- 2.1 The Safeguarding Children Partnership (HSSCP), during 2021-22 was in its third year of being operational; having been established in April 2019 and replacing the previous two Local Safeguarding Children Boards.
- 2.2 2021-22 continued to present challenges for the partnership, with the need to adapt to virtual ways of working in light of the ongoing Covid-19 pandemic.
- 2.3 HSSCP continued to meet virtually throughout 2021-22 to ensure continued co-ordination of safeguarding services across Hartlepool and Stockton-On-Tees, to carry out challenge and assurance activity and to enable learning to be identified and shared across partner agencies.
- 2.4 In addition, HSSCP carried out project planning and development work throughout 2021-22 and continued to provide multi-agency professionals with safeguarding training and development opportunities; via online learning platforms.
- 2.5 The Annual Report provides an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against an analysis of the local area safeguarding context. It should recognise the achievements and the progress that has been made in the local areas as well as providing a realistic assessment of the challenges that still remain.
- 2.6 The report summarises the key successes and achievements of the Safeguarding Children Partnership throughout 2021-22. It updates on

qualitative and quantitative data and information for the reporting period and outlines the specific areas being taken forward in the coming year.

### 3. OTHER CONSIDERATIONS

<b>RISK IMPLICATIONS</b>	No specific considerations
<b>FINANCIAL CONSIDERATIONS</b>	Statutory partners (Local Authorities, ICB and Cleveland Police) make an annual contribution to the running costs of the partnership.
<b>LEGAL CONSIDERATIONS</b>	Working Together 2018 requires statutory partners to establish multi agency safeguarding arrangements through children safeguarding partnerships.
<b>EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)</b>	No specific considerations
<b>STAFF CONSIDERATIONS</b>	No specific considerations
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	No specific considerations
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	No specific considerations

### 4. RECOMMENDATIONS

- 4.1 For members of Health and Wellbeing Board to note the contents of the HSSCP Annual Report

### 5. REASONS FOR RECOMMENDATIONS

- 5.1 To ensure that the council and its partners are meeting statutory safeguarding duties in relation to children and to promote children's safety and wellbeing.

### 6. BACKGROUND PAPERS

None.

### 7. CONTACT OFFICER

Leanne Stockton, HSSCP Business Manager  
Tel: (01429) 523780 Email: [leanne.stockton@hartlepool.gov.uk](mailto:leanne.stockton@hartlepool.gov.uk)

# HEALTH AND WELLBEING BOARD

28 November 2022



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

**Subject:** BETTER CARE FUND PLAN 2022/23

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## 1. PURPOSE OF REPORT

- 1.1 To seek retrospective approval from the Health and Wellbeing Board for the Hartlepool Better Care Fund Plan 2022/23.

## 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 was suspended during the Covid pandemic. The return for 2021/22 was reported to the Health and Wellbeing Board in July 2022 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 and Planning Guidance for 2021/22 in July 2022 with a requirement for local areas to submit plans by 26 September.
- 3.3 Plans go through a process of scrutiny and assurance prior to approval, with local areas expected to receive feedback by 30 November 2022. The Hartlepool BCF Plan for 2022/23 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 2022/23 are shown below.

<b>Funding</b>	<b>2022/23</b>
BCF (CCG Minimum Contribution)	£8,493,113
Disabled Facilities Grant	£1,221,874
iBCF Allocation (Paid directly to HBC)	£5,358,232
<b>TOTAL</b>	<b>£15,230,994</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 2022/23 which was submitted in line with the 26 September 2022 deadline.

**12. REASON FOR RECOMMENDATION**

- 12.1 It is a requirement that Health and Wellbeing Boards approve BCF plans.

**13. CONTACT OFFICER**

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

### BCF Narrative for Hartlepool Aug-2022

*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 the ICB 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 haven 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 National Condition 4 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 2022-23
- Key changes to 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.

North East & North Cumbria Integrated Care Board's priority, by working with local communities, our partner organisations and our health and care staff, is to significantly improve the health and wellbeing of the people who live in our region and create a health care system which is fit for the future. This includes:

- **Living Well** ~ supporting people to manage their own condition and make the right lifestyle choice
- **Joining up health and social care** – integrate services and provide them around people's needs
- **Reducing inequalities** – addressing the long standing inequalities and poor health outcomes in our region

The Tees Valley Area of the ICB will be responsible for setting out key priorities and developing our strategy for health and care to meet the needs of our population by bring together local councils, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise (VCSE) organisations and Healthwatch across the region.

The Better Care Fund plan supports local and regional objectives. Priorities for 2022/23 are aligned to the ICB 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. Partners across health and social care are working on a solution to continue to support/ fund the discharge pathways going forward.

**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, nursing care and home care whenever possible.

Additionally, positive relationships with providers of both residential care, nursing 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 (with 96.4% of people confirming that they have achieved the outcomes they wanted) 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. Also, work is underway with colleagues from Mental Health Services and the voluntary sector to support people experiencing challenges with their Mental Health.

**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. A new Telecare service is being commissioned in early 2023. 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.

Additionally, work underway to develop virtual wards (respiratory and frailty), as well as setting up interfaces between systems, e.g. the newly developed 'Optimised Patient Tracking & Intelligent Choices Application' (OPTICA) IT system. This will help avoid unnecessary hospital admissions and facilitate timely discharge with better quality and quicker access to information by both health and social colleagues, which will assist with decision making.

**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 the 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.

In partnership with the wider North East councils, a regional technology group has been established to support technology based developments.

## 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 BCF  
Governance Overview

We have regular meetings of the BCF Delivery Group which is formed of commissioning, finance and BCF leads from the Local Authority and the ICB. 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 ICB 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)
- Tees Valley ICB

- 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 BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

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 ICB, 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.
- Reduction in the number of bed days in hospital, which frees up health resources to meet growing demand and focus on key areas, such as acute care.

#### **Implementing the BCF Policy Objectives (national condition four)**

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level.

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

Following the introduction of new Hospital Discharge Operational Guidance, we have revised and re-energised discharge arrangements across the Tees Valley. We have enhanced previous arrangements and strengthened monitoring of all hospital discharges.

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.

The shift to a 'Home First' approach 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 on the same day or the following day.

The Tees Valley has established flexible surge meetings based on pressures and need. 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.

All partners work together to focus on ensuring that the person is provided with the right care, in the right place at the right time. This promotes opportunities to ensure that people stay well and they are safe and independent at home for longer.

We have focused on collaboration including operational elements as well as strategic commissioning between health and social care.

Operationally, the weekly Hartlepool and Stockton Discharge Group has collectively worked across the ICB, 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.

This approach sits within a framework of joint commissioning and collaborative working where current and emerging challenges are discussed between all partners and appropriate solutions identified and implemented whenever possible.

In addition to the above we have completed a self-assessment against the High Impact Change Model and more recently against the new 100 day challenge initiatives, please see embedded document below.



NENC 100 Day  
Challenge RAG template

In the coming months we aim to:

- Continue to progress the Amber areas identified in the 100 day challenge self assessment
- Continue to embed and Implement OPTICA (Optimised Patient Tracking and Intelligence Choices Application) in particular the community element
- Assess if there are any gaps in the pathway 0 services supporting patients with low level needs to return home from hospital
- Review pathway 1 services, including Home First and community reablement, to develop an integrated discharge pathway
- Continue to map the current core intermediate care bed base capacity, operational models, workforce, contract and funding arrangements to ensure we are meeting national guidance and achieving best outcomes to inform commissioning intentions and the future bed-based model
- Agree discharge to assess pathways and financial model from April 2023 onwards

In terms of virtual wards with the aim of enabling people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time the 2022/23 planning guidance sets out a number of initiatives including a focus to improve the responsiveness of Urgent and Emergency Care (UEC) and to build community care capacity. The guidance asked systems to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have

to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. The focus of the virtual ward models including Acute Respiratory Infection and Frailty, as the evidence suggests that these specific groups account for up to 50% of patients who may be clinically suitable to benefit from a virtual ward. The goals of the virtual ward models are;

- To provide a virtual ward which is a safe and efficient alternative to NHS bedded care that is enabled by technology.
- To allow patients to receive the care they need at home, including care homes, safely and conveniently rather than in hospital.
- To provide systems with a significant opportunity to narrow the gap between demand and capacity for secondary care beds, by providing an alternative to admission and/or early discharge
- To promote equality and whilst addressing inequalities through the development of the virtual frailty ward and wider community services response
- To invest in our workforce – with more people (for example, the additional roles in community services, new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

Across Hartlepool work underway to develop virtual wards for respiratory and frailty with the aim of achieving the goals set out above.

### **Anticipatory Care**

Many of our BCF schemes support the delivery of proactive care and support, particularly older people living with frailty to help them stay independent and healthy for as long as possible at home (or the place they call home).

Over the coming months our collective system including community health teams, Primary Care Networks, social care, mental health teams, community pharmacy, the housing and voluntary sector will be establishing or building on multi-disciplinary teams to strengthen relationships where required, delivering Anticipatory Care to an identified cohort of individuals. A key outcome will be that services will be transformed from being crisis driven to working in an integrated, personalised, and co-ordinated way for patients.

Priorities for this year and early 23/24 are:

- The development of clear ambitions for Anticipatory Care across the Tees Valley, working closely with providers and more specifically, PCNs to translate these ambitions into a comprehensive Anticipatory Care Plan.
- To identify key segments of PCN's registered practice populations using risk stratification tools, who have complex needs and are at high risk of unwarranted health outcomes. Once this baseline/cohort has been developed, agree the number of individuals to be offered Anticipatory Care in 23/24.
- To clinically validate individuals as appropriate for Anticipatory Care, prioritising those with greatest clinical need first.
- To implement a holistic assessment process to understand the goals and ambitions of those identified as the Anticipatory Care cohort.

## Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

### **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.

We have now renegotiated our contract with Hartlepool Carers for them to complete the majority of carers assessments, giving them access to the relevant information systems,

This has been developed to build on the 'Expert by Experience' approach of Hartlepool Carers to enable them to build informal and well based networks and share experiences, leading to a more person centred approach without the necessity to go through a formal assessment with council staff. This avoids unnecessary delays.

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.

## Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social 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.

HBC's Adult Services Committee have approved a revised 'Housing Assistance Policy' in accordance with the Regulatory Reform (Housing Assistance) (England and Wales) Order which 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 is now being used to support those people experiencing Mental Health issues in relation to hoarding and we are now supporting people to improve their home environment and provide access to therapy services to address the underlying issues.

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.

Following on from the COVID-19 pandemic Hartlepool we continue to deliver the adaptation programme into 2022/23. We have prioritised resources to facilitate hospital discharge or prevent hospital admission by using our stair-lift and ramp loan scheme and prioritising/fast tracking DFG's 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. By doing this, we are in a better position to respond to the requirements of the 2021 government white paper ('People at the Heart of Care'), as there is a greater emphasis on the integration of housing, health and social care.

For year 2021/2022, Hartlepool providing the following:

185 Grants

101 level access shower/over bath showers

72 stair-lifts

9 major adaptations (extensions / conversions)

8 ramped access only

15 other – Door widening, remodelling of housing.

**Key changes and priorities for 2022/23** New initiatives and areas of expenditure facilitated by a proposed revised DFG Policy including Regulatory Reform Order (RRO) Policy for Housing Assistance include:

- Use 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 or in circumstances of a rapidly progressing or highly debilitating condition.

- 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.
- Assistive Technology development through a tender to replace existing technology with new and improved solutions for approx. 3500 people.
- Exploring improvements to Digital Technology across a range of areas including 'Buddi' system (provision of personal emergency response services) and 'Just Checking' (provision of equipment and activity monitoring service for assessment).

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 following the COVID-19 lockdown and reduce the waiting list.

A recent development has been work undertaken with the VCS and Hartlepool Carers to engage earlier with people and their families to provide them with equipment to meet low level support needs and avoid progression to further assessment and associated services.

## 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 BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

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 ICB 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 community Led Support (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 continue to 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, Enhanced Health in Care Homes and Virtual Wards.

In terms of BCF our prevention and home first schemes support the most vulnerable, often those with long term conditions.

The ICS and the Tees Valley locality have robust plans around inequalities as can be seen in the embedded extract from the planning submission and a Tees Valley overview update which was compiled earlier this year (please see below).

These includes reference to our approach to Core20PLUS5, population health management and outlines the indicators available.



NENC ICS Planning  
Extract - Health Inequi



Health inequalities  
Tees Valley Overview.

We will ensure that our BCF schemes continue to complement the local plans outlined above.

# HEALTH AND WELLBEING BOARD

28<sup>th</sup> November 2022



**Report of:** Director of Public Health

**Subject:** PHARMACEUTICAL NEEDS ASSESSMENT (PNA)  
2022 - SUPPLEMENTARY STATEMENTS

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## 1. PURPOSE OF REPORT

- 1.1 To seek approval of Supplementary Statement(s) issues since publication of the Pharmaceutical Needs Assessment 2022 (link to PNA - [https://www.hartlepool.gov.uk/info/20015/social\\_care\\_and\\_health/768/pharmaceutical\\_needs\\_assessment\\_2022/1](https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1)).

## 2. BACKGROUND

- 2.1 The Health and Wellbeing Board (HWB) published its Pharmaceutical Needs Assessment on the 30<sup>th</sup> September 2022 and at its meeting on the 4<sup>th</sup> July 2022 agreed that process in relation to Supplementary Statements would be reviewed.
- 2.2 In accordance with the existing process, the delegation of authority to the Director of Public Health, in consultation with the Chair of the Health and Wellbeing Board, as detailed below, remains in place for use in the event that it is not possible for any reason to obtain HWB approval:
- Publication of minor errata/ service updates as on-going notifications that fall short of formal Supplementary Statements to the PNA (for example changes of ownership, minor adjustments to opening hours and service contracts that do not impact on need);
  - Any response on behalf of the Hartlepool HWB to NHS England (42 day) consultation on applications to provide new or amended pharmaceutical services, based on the PNA;
  - Any response on behalf of the Hartlepool HWB in relation to an application to consolidate two pharmacies, and make a statement or representation, to NHS England (within 45 days) stating whether the consolidation would, or would not create a gap in pharmaceutical services provision;

- Following determination on an application to consolidate two pharmacies by NHS England, publication of a supplementary statement reporting that removal of the pharmacy (which is to close from the Pharmaceutical List) will not create a gap in pharmaceutical services and update the map of premises where pharmaceutical services are provided (Regulation 4(2)); and
- Any initial determination with respect to the potential for either a Supplementary Statement or need for full review. Publication of Supplementary Statements to be approved by the HWB at suitable periodic intervals (e.g. annually) as required.

2.3 Previously an annual report seeking ratification of the Supplementary Statements has been submitted to the Health and Wellbeing Board. In response to the decision outlined in section 2.1, Supplementary Statement reports will now be submitted to every Health and Wellbeing Board meeting for approval prior to publication.

### 3 SUPPLEMENTARY STATEMENTS RECEIVED SINCE THE LAST MEETING OF THE HEALTH AND WELLBEING BOARD

3.1 In accordance with the agreed process for the approval of Supplementary Statements by the HWB, the Board is advised that one Statement has been issued since publication of the PNA in March 2022.

Service Change		Pharmacy	Impact
With Effect From	Type of Change		
4 <sup>th</sup> September 2022 (after finalisation of the PNA but before publication)  <b>Appendix A</b>	<u>Change To Opening Hours:</u> <ul style="list-style-type: none"> <li>- Contracted Hours remain at 40;</li> <li>- Supplementary Hours increase from 17 to 18); and</li> <li>- Total hours increase by 1 hour.</li> </ul> Pharmacy now opens at 9am on a Saturday (was 10am)	Boots UK Ltd - Middleton Grange Shopping Centre	Increase in provision

3.2 The HWB is asked to:

- i) Consider the Statement, in relation to the factors identified in Section 2.2 above, in terms of the potential impact of proposed changes on the provision of pharmacy services in Hartlepool (as detailed in the PNA); and
- ii) Consider if there will be a detrimental impact on pharmacy provision as a result of the service changes.

## 4 RECOMMENDATIONS

### 4.1 That:-

- i) The HWB consider the Statement, in relation to the factors identified in Section 2.2 above, in terms of the potential impact of proposed changes on the provision of pharmacy services in Hartlepool (as detailed in the PNA);
- ii) Subject to the HWB being of the view that there will be no detrimental impact on pharmacy provision as a result of the service changes, approve the Statement for publication; and
- i) In the event that the HWB has concerns regarding the impact on pharmacy provision, appropriate action be taken in accordance with Section 2.2 above.

## 5. REASONS FOR RECOMMENDATIONS

- 5.1 Included in the body of the report.

## 6. BACKGROUND PAPERS

- 5.1 Pharmaceutical Needs Assessment 2022 (link to PNA - [https://www.hartlepool.gov.uk/info/20015/social\\_care\\_and\\_health/768/pharmaceutical\\_needs\\_assessment\\_2022/1](https://www.hartlepool.gov.uk/info/20015/social_care_and_health/768/pharmaceutical_needs_assessment_2022/1))
- 5.2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 SI 2013/349
- 5.3 The National Health Service (Pharmaceutical Services, Changes and Prescribing) (Amendment) Regulations 2016

## 6. CONTACT OFFICER

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# Supplementary Statement to Hartlepool Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) 2022

Date Pharmaceutical Needs Assessment Published: March 2011

Date Supplementary Statement Issued:



## CHANGE TO OPENING HOURS:

**Boots UK Ltd**

**89, MIDDLETON GRANGE SHOPPING CENTRE, HARTLEPOOL, TS24 7RW**

## Existing hours

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00 -13:00; 14:00 -17:30,	13:00-14:00,	09:00-17:30
Tuesday	10:00 -13:00; 14:00 -17:30,	09:00-10:00; 13:00-14:00,	09:00-17:30
Wednesday	10:00 -13:00; 14:00 -17:30,	09:00-10:00; 13:00-14:00,	09:00-17:30
Thursday	10:00 -13:00; 14:00 -17:30,	09:00-10:00; 13:00-14:00,	09:00-17:30
Friday	10:00 -13:00; 14:00 -17:30,	09:00-10:00; 13:00-14:00,	09:00-17:30
Saturday	10:00 -13:00; 14:00 -17:30,	13:00-14:00,	10:00-17:30
Sunday	None	10:00-15:00	10:00-15:00
Total Hours per week	40 Hours	17 Hours	57 Hours

## Revised hours with effect from 4<sup>th</sup> September 2022

Days	Contracted Hours	Supplementary hours	Total hours
Monday	09:00-13:00; 14:00-17:30,	13:00-14:00,	09:00-
Tuesday	10:00-13:00; 14:00-17:30,	09:00-10:00; 13:00-	17:30
Wednesday	10:00-13:00; 14:00-17:30,	14:00,	09:00-
Thursday	10:00-13:00; 14:00-17:30,	09:00-10:00; 13:00-	17:30
Friday	10:00-13:00; 14:00-17:30,	14:00,	09:00-
Saturday	10:00-13:00; 14:00-17:30,	09:00-10:00; 13:00-	17:30
Sunday	None	14:00,	09:00-
		09:00-10:00; 13:00-	17:30
		14:00,	09:00-
		09:00-10:00; 13:00-	17:30
		14:00,	<b>09:00-</b>
		10:00-15:00	17:30
			10:00-
			15:00
Total Hours per week	40 Hours	18 Hours	58 Hours

**Please note that the total hours column represent the times that a pharmacist will be available to the public.**

**Craig Blundred**

**Director of Public Health**

# HEALTH AND WELLBEING BOARD

28 November 2022



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

**Subject:** DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

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## 1. PURPOSE OF REPORT

1.1 To present the Director of Public Health's Annual Report for 2022.

## 2. BACKGROUND

- 2.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012.
- 2.2 Director of Public Health Annual Reports have over the last five years covered a range of themes from how public health priorities have changed over the past 40 years, the importance of how work and employment influence health and wellbeing, aging well and starting well, obesity and physical activity and Covid-19.

## 3. PROPOSALS

- 3.1 To publish the 2022 Director of Public Health Annual Report for Hartlepool.
- 3.2 The 2022 Annual Report looks at the whole picture of health in Hartlepool, exploring data, and first hand views from a number of local residents, in relation to three key stages of life: "the best start in life", "living well" and "living well in later life". The report discusses health inequalities, which cause some of the biggest challenges we face, and uses an "average" Hartlepool street of one hundred people to help explain health data. The report ends with what we can do together to help people in Hartlepool live happier, healthier and longer lives.
- 3.3 Following the success of utilising an electronic format and videos in recent years, we are again presenting the report in this format.

## 4. RISK IMPLICATIONS

- 4.1 There are no risk implications arising from this report.

## **5. FINANCIAL CONSIDERATIONS**

- 5.1 There are no financial considerations arising from this report.

## **6. LEGAL CONSIDERATIONS**

- 6.1 The requirement for the Director of Public Health to write an Annual Report on the health status of the town, and the Local Authority duty to publish it, is specified in the Health and Social Care Act 2012. There are no other legal considerations arising from this report.

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

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

## **8. STAFF CONSIDERATIONS**

- 8.1 There are no staff considerations arising from this report.

## **9. ASSET MANAGEMENT CONSIDERATIONS**

- 9.1 There are no asset management considerations arising from this report

## **10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

- 10.1 There are no environment, sustainability and climate change considerations arising from this report

## **11. RECOMMENDATIONS**

- 11.1 Health and Wellbeing Board is asked to note the report and its conclusions.
- 11.2 Publication of the 2022 Director of Public Health Annual Report for Hartlepool.

## **12. REASONS FOR RECOMMENDATIONS**

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

### **13. BACKGROUND PAPERS**

- 13.1 Director of Public Health's Annual Report for 2022 (**Appendix A**) and Additional Baseline Public Health Data (**Appendix B**) which is also available via a weblink in the main report

### **14. CONTACT OFFICERS**

Craig Blundred  
Director of Public Health  
[Craig.blundred@hartlepool.gov.uk](mailto:Craig.blundred@hartlepool.gov.uk)  
01429 284104



# **HARTLEPOOL DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022**

**START**

## Introduction by Craig Blundred Director of Public Health for Hartlepool

---

Hartlepool has many strengths, with many people and organisations keen to work together to improve the wellbeing of the town.

However, people in Hartlepool continue to live shorter lives, and have worse health outcomes, than the average person in England.

By acting on the reasons for this, we can reduce the causes of ill-health and early death (and the causes of the causes) so people can live longer, healthy lives.

The report explores data, and first hand views from a number of local residents, in relation to three key stages of life: “the best start in life”, “living well” and “living well in later life”.

Where possible, the report uses an “average” Hartlepool street of one hundred people to help explain health data.

The biggest challenges we face in Hartlepool are caused by health inequalities. Health inequalities are the avoidable differences in health outcomes Hartlepool residents experience compared with their neighbours, or with other parts of the country. Therefore this report compares health data in Hartlepool with data from the North East and England.

The report ends with what we can do together to help people in Hartlepool live happier, healthier and longer lives. This includes acting on the building blocks of health (good housing, food, community, education, work, money and transport), local information on support available to take healthy action and support to help with the cost of living.



Video introduction by Craig Blundred



# Living well throughout your life

Welcome to our Hartlepool street – Click on each heading to find out more.



# THE BEST START IN LIFE

## What the best start in life means

Giving children the best start in life is vital, since experiences during pregnancy and in childhood can significantly affect wellbeing and opportunities over the whole of a person's life and even in the next generation.

Giving children the best start in life involves helping a child grow up healthy and reach their potential. It can include supporting healthy pregnancy, breast-feeding, play, learning, healthy food, good relationships with parents/carers and protecting children from harms (e.g. smoke, alcohol, drugs, serious illnesses and poverty).



Introduction by Nikki Clark, Public Health Practitioner for  
Hartlepool Borough Council

## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives are noted below:

- Hartlepool has one of the highest rates of child poverty in England. In an average street of one hundred children, 39 are living in poverty. This has increased in the last six years.
- In Hartlepool, more mothers smoking when their baby is born (14 in every one hundred mothers) and lower levels of breastfeeding (25 in every one hundred children at 6-8 weeks) than in the rest of England.
- In an average class of thirty children starting school in Hartlepool, 9 are already overweight or obese. This is higher than in the North East and England. By year six of school, 12 children in an average class of thirty are overweight or obese. A quarter of the class are obese.
- These issues can affect wellbeing in childhood and throughout a person's life. However, we know it is possible to make a difference to the health of children in Hartlepool because there is good news in some measures of child wellbeing. For example, around 95% of children under two years in Hartlepool have been vaccinated against key diseases, fewer people are starting smoking in Hartlepool and fewer under 18 year olds are becoming pregnant.

Every family deserves support to help them make sure their baby grows up healthy and reaches their potential. Examples of support available and what we can all do to give children the best start in life are outlined in the [What we can do together](#) section of the report.



What giving children the best start in life means to Hartlepool mums Meg and Ellie



Another perspective from James Sinclair, Children's Centre Lead for Hartlepool

# LIVING WELL

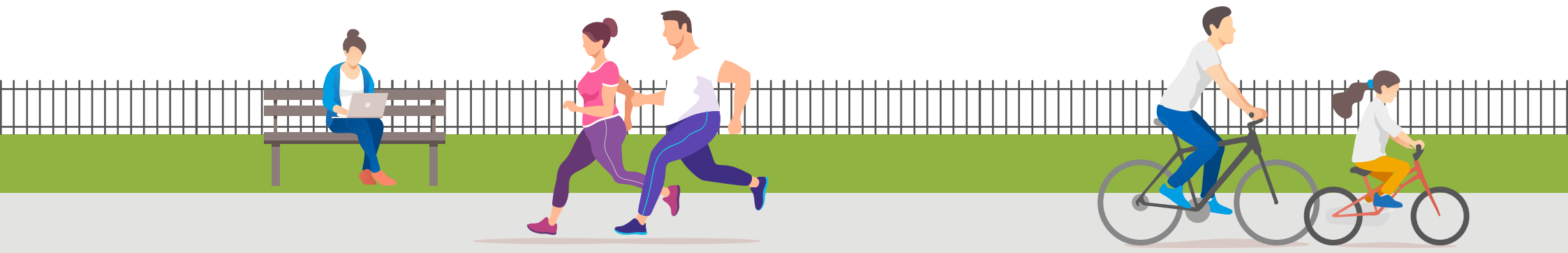
## What living well means

Living Well has different meanings for different people. It's about having the opportunities to enjoy life and this is affected by our health.

Our health depends on the building blocks of health such as good housing, food, community, education, work, money and transport. These issues can affect our ability to live well, live healthily and even how long we live.



Introduction by Claire Robinson, Public Health Principal with Hartlepool Borough Council



## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives are noted below:

- In an average Hartlepool street with one hundred adults, 16 people smoke, 45 are physically inactive, 73 are overweight or obese. These figures are worse than an average street in England and increase the risk of heart disease or other health problems.
- In Hartlepool people are more likely to die from heart disease at a young age than people in England. Between 2018 and 2020, 325 people died of heart disease in Hartlepool, including 70 people under 65 years old.
- People in Hartlepool are also more likely to die due to alcohol or drug use than people in England.
- Many of the deaths due to heart disease and other causes are preventable. Action to prevent deaths can include improving the building blocks of health, such as ensuring people can afford and access healthy food. Green spaces in the community can also allow people to be more physical active.
- One positive regarding breast screening in Hartlepool was that more than two thirds of eligible women were still screened even in 2021 (when screening was affected by the Covid pandemic). This means that, in the latest data, Hartlepool is performing better than the England average.

More information on screening, other support available and ideas for what we can all do to live healthier, longer lives is outlined in the [What we can do together](#) section of the report.



What living well means to Hartlepool resident Michael



What living well means to Hartlepool resident David



Another perspective from Donna Stone of Hartlepool Community Hubs

# LIVING WELL IN LATER LIFE

## What living well in later life (ageing well) means

When people retire there is often more opportunity to spend quality time doing activities they enjoy (such as seeing friends and family and doing hobbies). Many older people make a vital contribution to communities as paid workers, volunteers and carers. Our health can have a significant impact on our ability to do these activities.



Introduction by Catherine Guy from the Public Health team at Hartlepool Borough Council



## The situation in Hartlepool

Detailed data is [available here](#) but some key challenges and positives include:

- As people in Hartlepool age, they experience more ill health and die around two years earlier than people in the rest of England.
- Heart disease, stroke and cancer are some of the leading causes of death. In an average Hartlepool street with one hundred people, 4 people are living with heart disease. This is more than in an average street in England. Preventable early (under 75 years) deaths from heart disease and stroke are higher, and rising, in Hartlepool compared with the North East and England.
- People in Hartlepool have also been more likely to catch Covid and die from it than people in England. People living in the poorest areas of Hartlepool were twice as likely to die from Covid as people living in richer areas of Hartlepool.
- Screening for cancer saves lives but not everyone is screened. For bowel cancer screening, 65 in every 100 eligible people are screened in Hartlepool. This has been improving over time and is now similar to the England average.
- Another positive is that both carers over 65 years, and people who receive social care, in Hartlepool felt less lonely than in other parts of England. This may be related to community spirit and the active voluntary sector in the town. Interestingly, older people in Hartlepool are also less likely to be admitted to hospital due to a fall.

A healthy retirement depends on our life experiences throughout our lives but changes at any time can make a difference. Support already available in Hartlepool and ideas for what we can all do to live healthier, longer lives is outlined in the “What we can do together” section of the report.



Friends Pauline and Doreen tell us what living well in later life in Hartlepool means to them



What does living well in later life in Hartlepool mean to Mary?

# WHAT WE CAN DO TOGETHER

This report provides a summary of health in Hartlepool and looks at possible reasons why people in Hartlepool have shorter lives and poorer health. However, we also want to focus on what we can all do to improve the health of the town. As a whole town, we can work together to improve the health of our families, friends and community

For example, we can act together to ensure people:

- Live in good housing and can access green spaces nearby in the community
- Have access to good food (e.g. healthy food they can afford in shops they can reach)
- Feel connected with the community and know about opportunities for support (and ways they can contribute)
- Have opportunities for education and work that fit their needs and can increase the prosperity of the town
- Have enough money to live a happy and healthy life
- Can move around the town to access services (including active transport such as walking and cycling safely)

In the short term, we also recognise many people are currently struggling with the cost of living. A list of [support to help with the rising cost of living](#) is available on the main page of the Council website.

It is impossible to list all the opportunities and support available that can help people live well in Hartlepool in this document. However, [Hartlepool Now](#)

also contains a comprehensive, up-to-date, searchable list of local events, information and support (including Community Navigators, Community Hubs and children's centres). Businesses, charities and other organisations can look at the [Better Health at Work Award](#), become "[breastfeeding friendly](#)" and look at other opportunities to improve the health of staff and people they support (e.g. Making Every Contact Count). There is also more information available online about giving children the best start in life, living well and ageing well and new Public Health webpages being developed within the Hartlepool Borough Council website.

Going forward, it is important that we work together with local communities and build on our strengths (such as community spirit and a vibrant voluntary sector) and what we have already achieved to really drive improvements in people's lives.

By working together to make an effective difference to the building blocks of health (such as good housing, food, community, education, work, money and transport) we can help people in Hartlepool live happier, healthier and longer lives.



Conclusion by Craig Blundred, Director of Public Health for Hartlepool

# Hartlepool Public Health Baseline Data 2022

## Introduction`

People in Hartlepool live shorter lives and have more ill health than people in the North East and England. There are many possible reasons for this starting from before birth and throughout our lives. We can act on causes or ill-health and early death (and the causes of the causes) so people can live longer healthy lives in Hartlepool.

Additional data in this document provides a baseline summary of health in Hartlepool. Where possible, an “average” Hartlepool street of one hundred people is used to help explain health data throughout the life course.

## Best start in life

Giving children the best start in life is vital, since experiences during pregnancy and in childhood can significantly affect wellbeing and opportunities over the whole of a person’s life and even in the next generation.

To live healthy, happy, long lives it is important for a family to have the building blocks of health (good housing, food, community, education, work, money and transport) from the start. However, many children are born into families without these resources.

In an “average” Hartlepool street of one hundred children, 39 are in poverty<sup>1</sup>. This has increased from 27 in every 100 children in 2014/15.

### Number of children in poverty on an “average” Hartlepool street of one hundred children

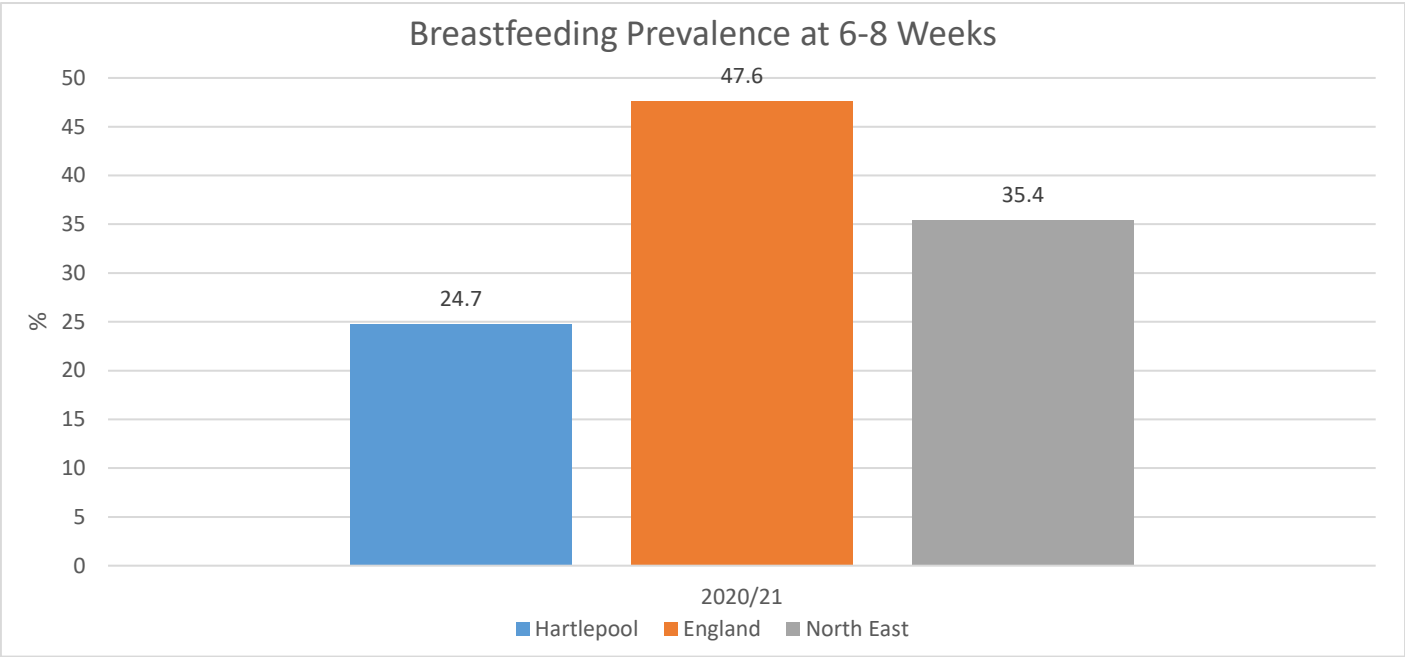


39 children in poverty in a street of 100

Smoking in pregnancy and in the home can have significant effects on children’s health. In Hartlepool, 14 in every one hundred mothers are smoking when their baby is born. This is higher than in the North East or England (10 in 100)

Breastfeeding has significant benefits to the health of babies and mothers. However, in Hartlepool, only 25 in every one hundred children are breastfed at 6-8 weeks (compared with 48 in 100 children in England).

<sup>1</sup> The national definition of poverty is less than 60% of median income. Poverty means lack of resources to have adequate diet/living conditions and participate in society

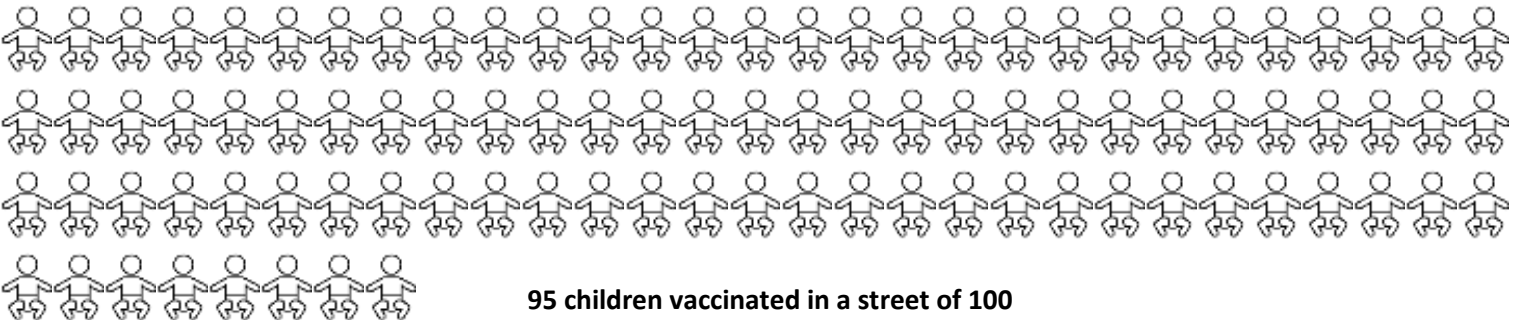


Immunisations

Vaccines are important to protect against key serious diseases. Vaccines protect the person receiving the vaccine but also, if enough people are vaccinated, reduce the spread of disease and protect people who are too young to have the vaccine or for whom the vaccine is not suitable/effective. The national target for infant vaccines is 95% and Hartlepool is around this figure.

Out of one hundred children under 2 years, 95 have had each of the routine infant vaccines.

Number of children under 2 years in vaccinated on an “average” Hartlepool street of one hundred children



The Spine chart below shows vaccine trends (arrow), coverage and comparison to England (dot for Hartlepool coloured according to whether 95% threshold is met compared to red line for England). Infant vaccines include combined diphtheria, tetanus and pertussis/whooping cough (Dtap), Inactivated Polio vaccine (IPV), Haemophilus influenzae type b (Hib),

Meningococcal B (Men B), Rotavirus, Meningococcal C (Men C), Pneumococcal conjugate vaccine (PCV) and Measles, mumps and rubella (MMR).

Vaccines given after two years old tend to have lower coverage:

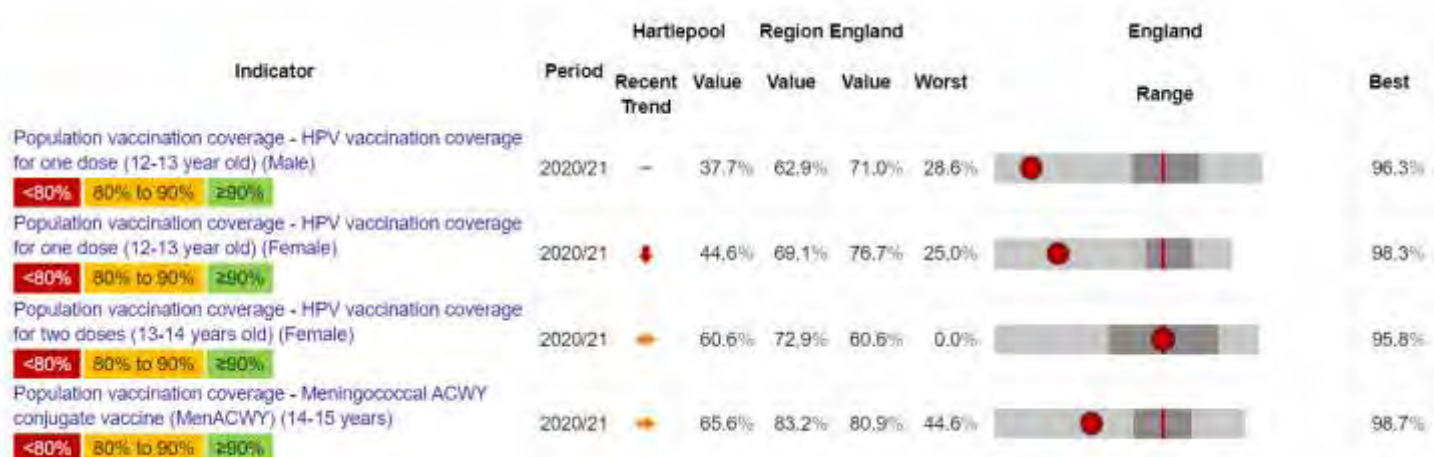
- 53 out of 100 children aged 2-3 years have had their flu vaccine
- 87 out of 100 children aged 5 years have had their preschool vaccines (dTaP/IPV and MMR)
- 58 out of 100 primary school age children have had their flu vaccine (17 children in an average class of thirty)
- 66 out of 100 children aged 14-15 years have had their Meningococcal ACWY vaccine
- 38 out of 100 boys, and 45 out of 100 girls aged 12-13 years old, have had their Human papilloma virus (HPV) vaccine

**Spine chart showing childhood vaccinations**



Source: COVER 2022

## Spine chart showing teenage vaccination



Source: COVER 2022

### Childhood accidents

For the majority of hospital admissions for childhood accidents, Hartlepool's rate is statistically similar to England average, however rates for emergency admission for exposure to animate mechanical forces for children aged 0-4 in Hartlepool is the highest in England. Injuries from animate mechanical forces includes accidental injuries caused by another person, as well as contact (bites, stings and impacts) from animals and plants.



Source: NHS Digital/HES/OHID, 2022

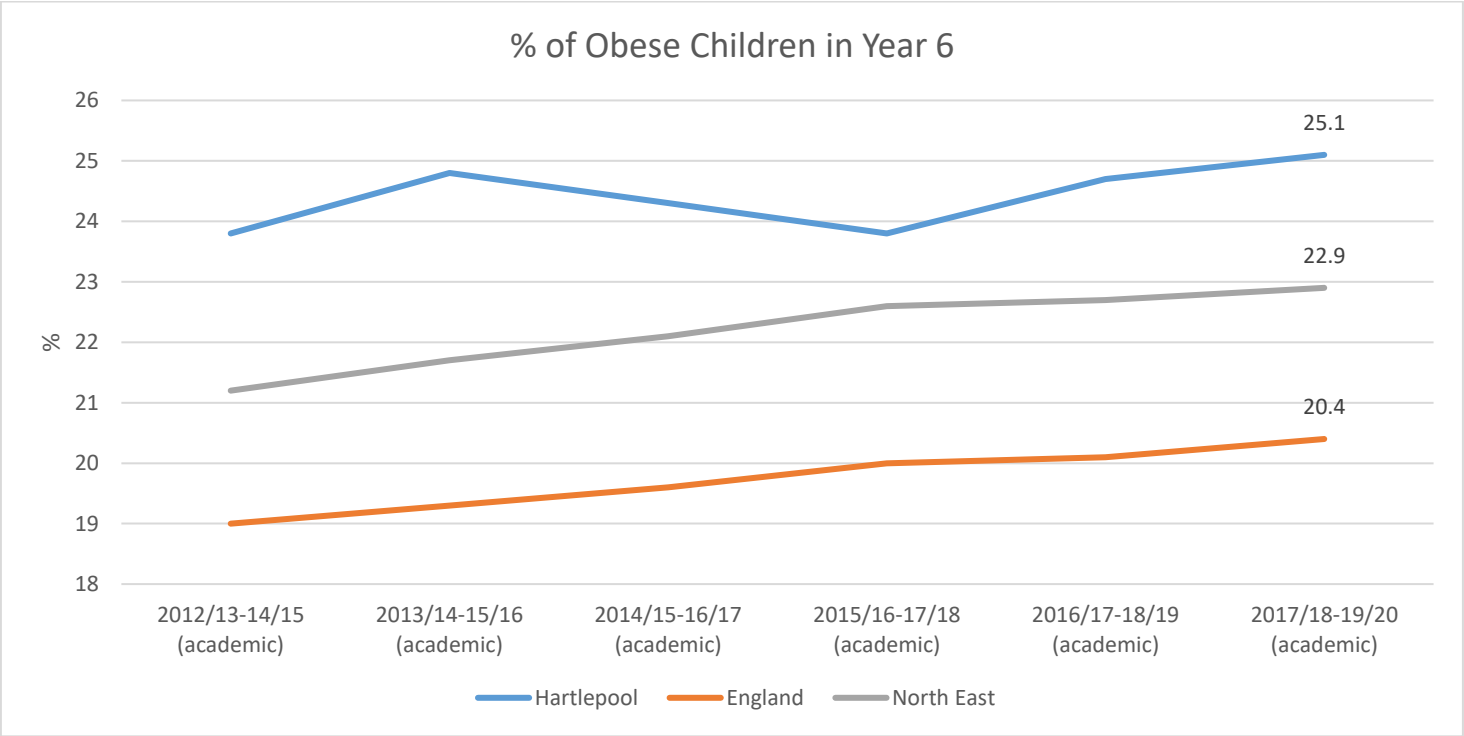
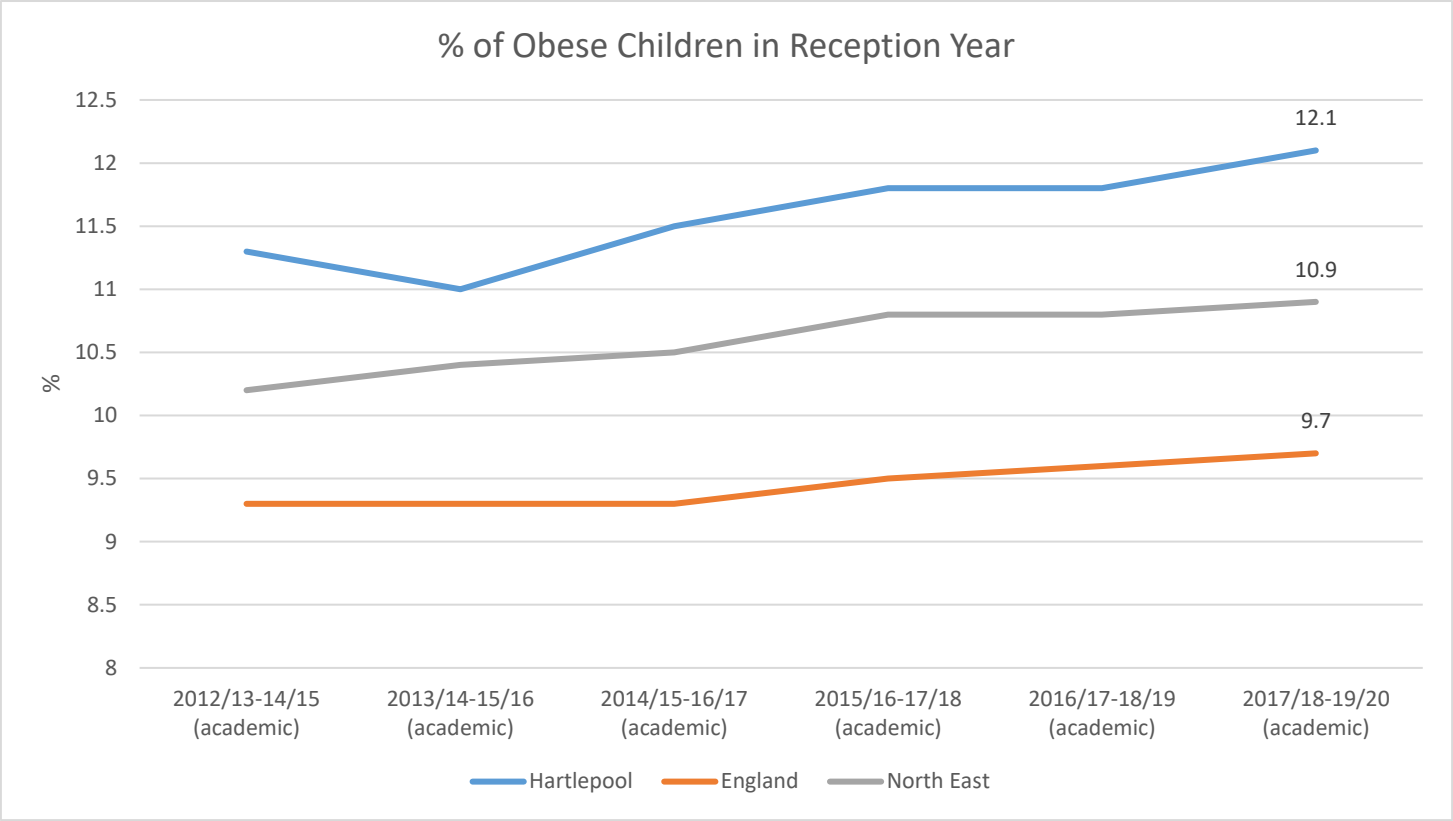
### Children who are overweight or obese

In an average class of thirty children starting school in Hartlepool, 9 are already overweight or obese (30 in 100). This is higher than an average class in the North East and England (7 in a class of thirty)

By year six of school, 12 children out of an average class of thirty are overweight or obese in Hartlepool (40 in 100).

The number of children who are obese has been increasing over the last six years in Hartlepool, the North East and England. In a class of 30 children starting school, around 4 are already obese (12 in 100)

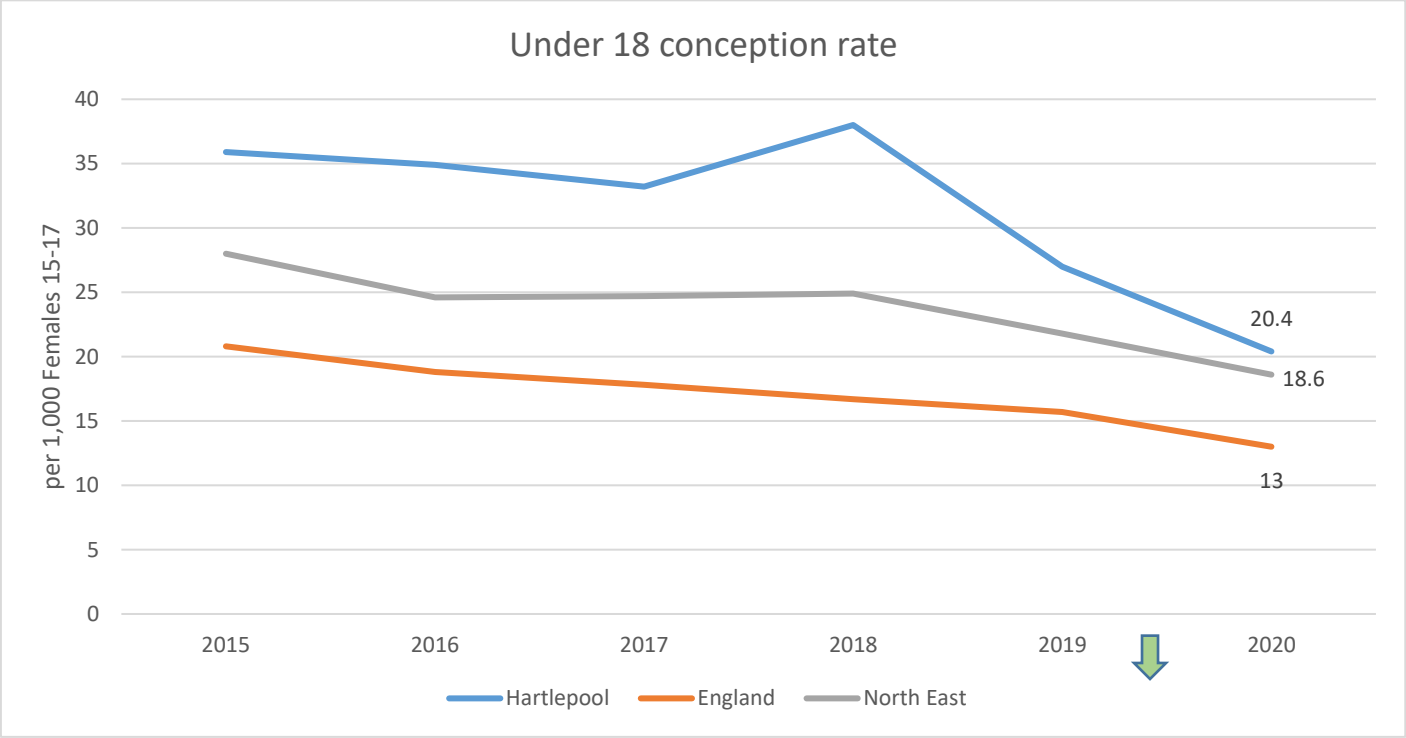
By year 6, more than 7 children in a class of thirty in Hartlepool are obese. Another way to visualise this is that a quarter (1 in 4) year 6 children are obese in Hartlepool.



Teenage pregnancy

Fewer people aged under 18 are becoming pregnant (around 2 in 100 people aged 15-17 years became pregnant in 2020, compared to around 4 in 100 in 2018).

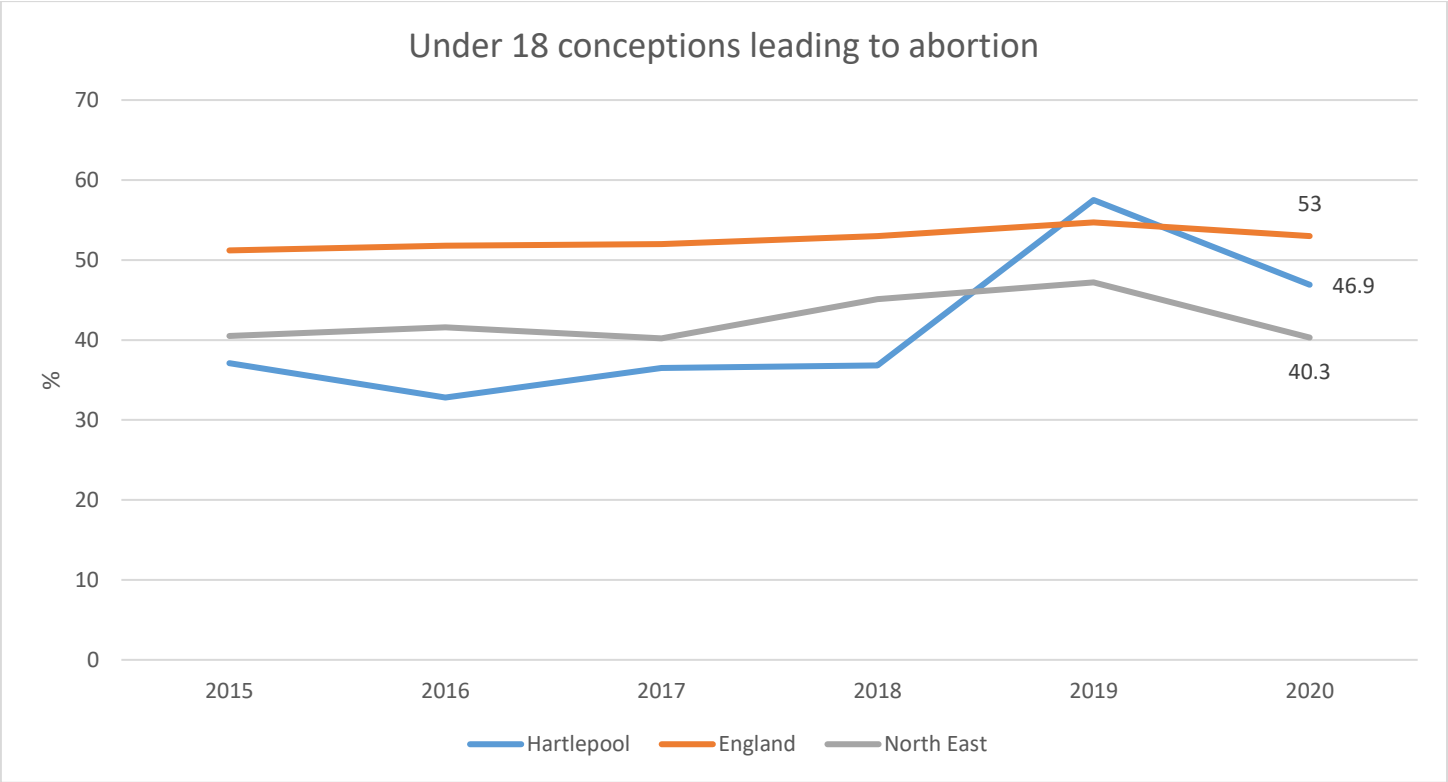
These figures are now similar to the north east regional average, though still higher than the England average.



Source: ONS 2022

Trend

Around half of teenage pregnancies end in abortion in England. In Hartlepool, between 2015 and 2020, the proportion of teenage pregnancies ending in abortions varied between 33 and 58 in a hundred teenage pregnancies.



Living well (working age)

Smoking

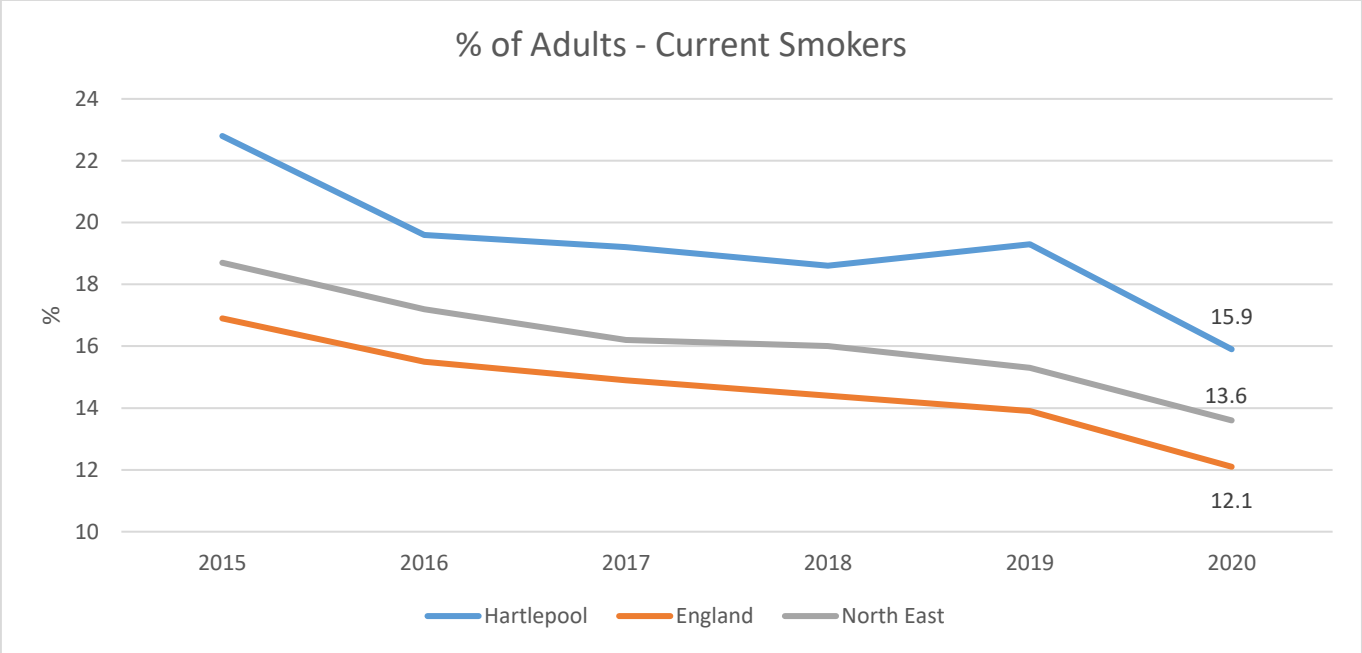
In an “average” Hartlepool street of one hundred adults, 16 people smoke.

Number of people smoking on an “average” Hartlepool street of one hundred adults

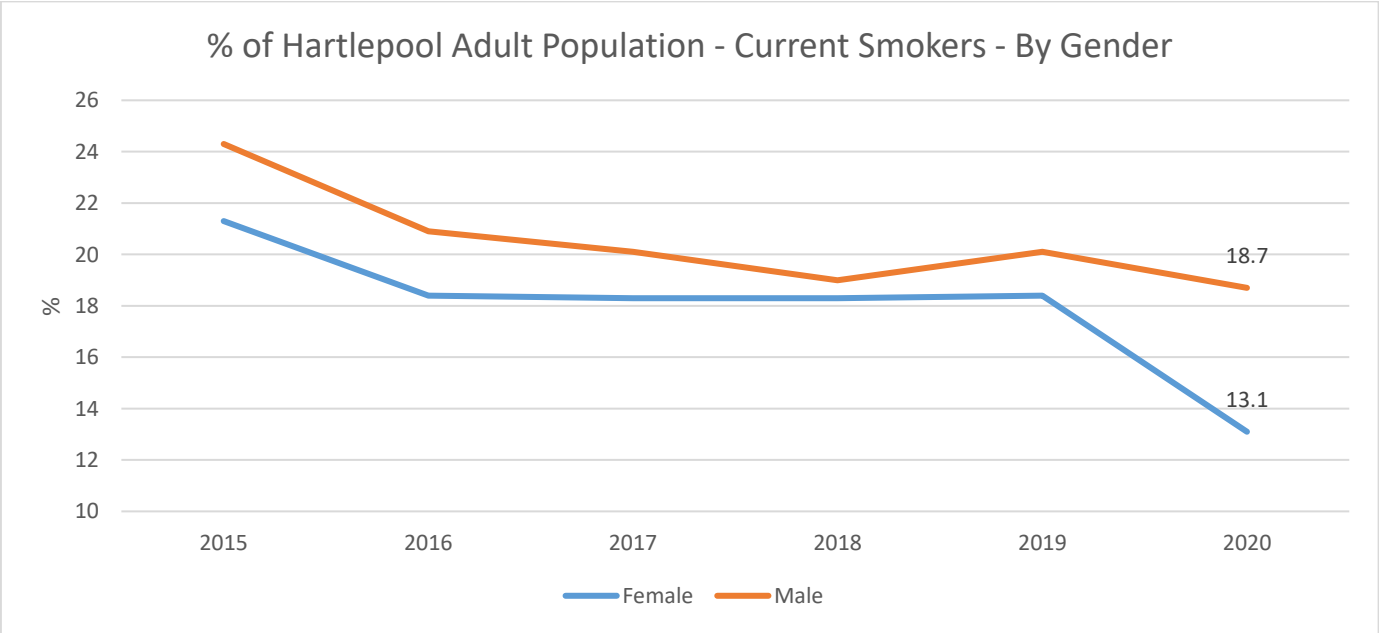


16 adults smoking on a street of 100

This is higher than an average street in the North East (14 in 100) and England (12 in 100) but is falling (from 20 in 100 in 2015).



There are fewer women smoking in Hartlepool than men.



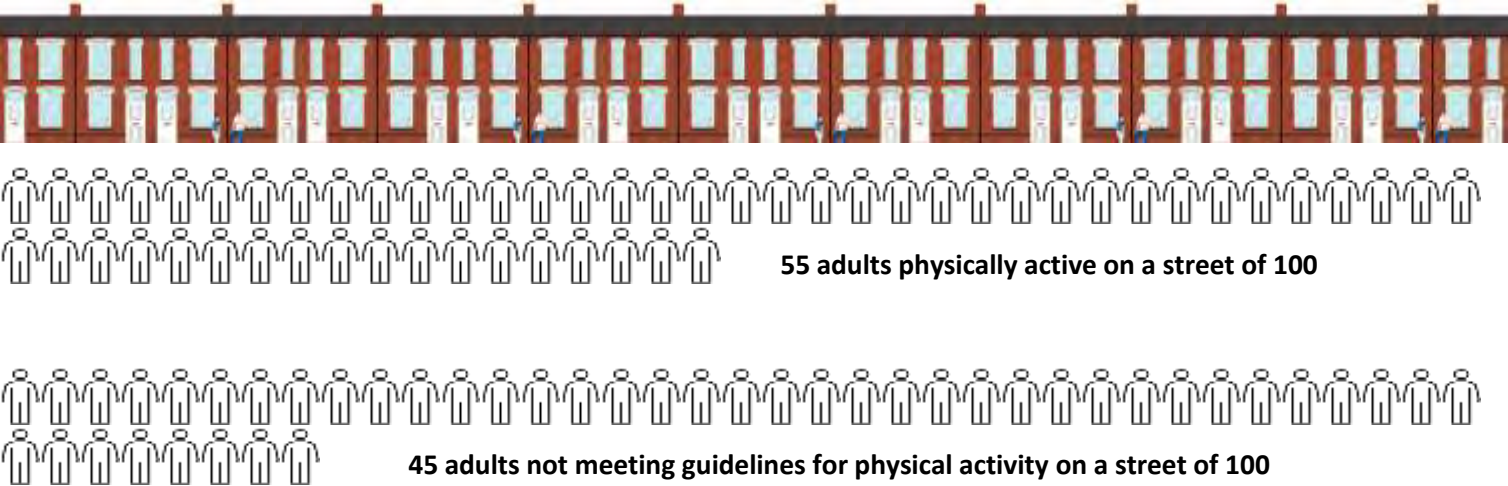
Illicit tobacco in Hartlepool continues to be an issue, with 6 premises reported for illegal tobacco sales in 20/21, with 2.45kg of rolling tobacco and 18,400 illicit cigarettes being seized by Hartlepool Trading Standards in 20/21.

Physical activity

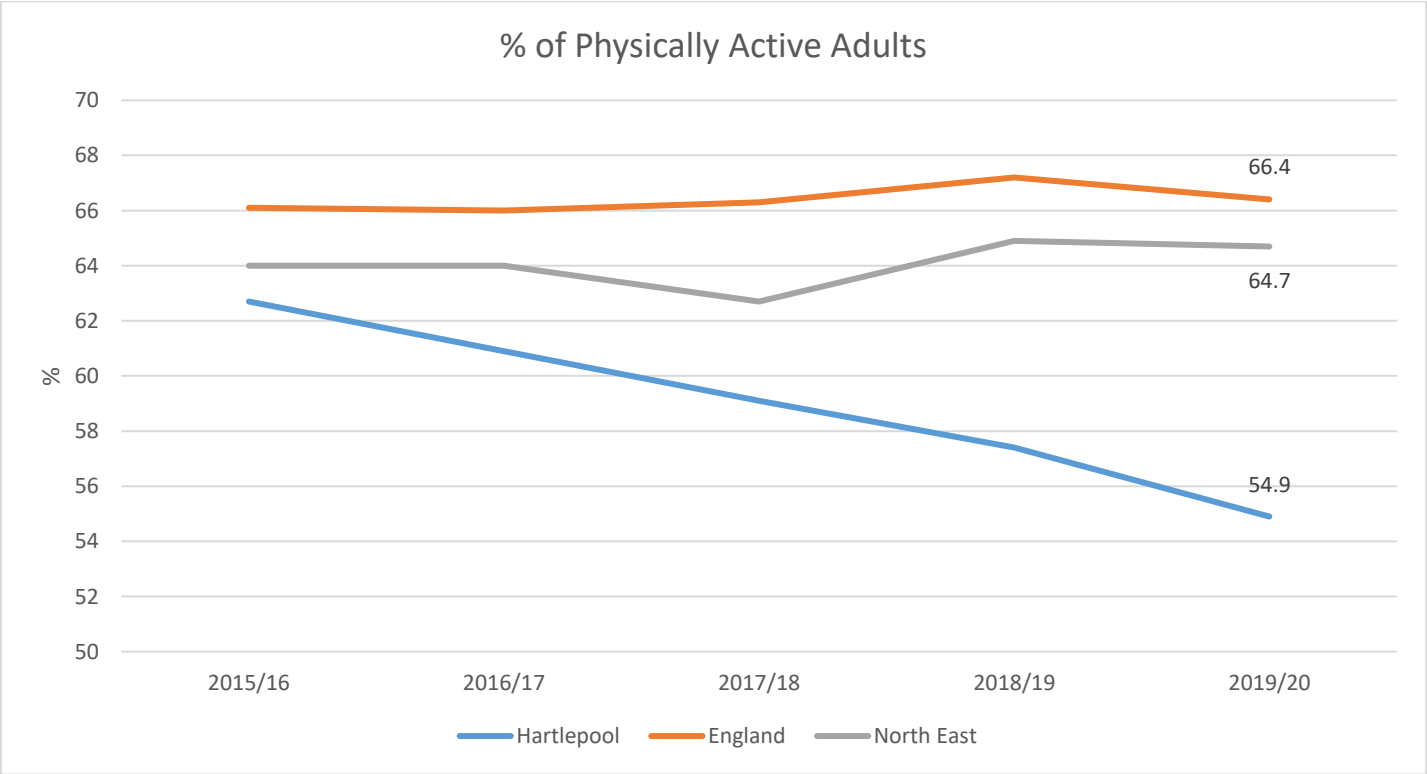
Physical activity reduces the risk of many diseases and helps maintain a healthy weight. Over time adults in Hartlepool have become less active. This is in contrast to the values for the England and north east averages which have remained stable.

In an “average” Hartlepool street of one hundred adults, 55 meet the guidance for being physically active (150 minutes of moderate activity, or 75 minutes vigorous activity per week).

Number of people physically active on an “average” Hartlepool street of one hundred adults



The graph below shows the steady decline in people meeting the guidelines for physical activity from 2015/16 to 2019/20.



Adults who are overweight or obese

Over time, more adults in Hartlepool have become overweight or obese.

In an “average” Hartlepool street of one hundred adults, 73 adults are overweight or obese. This means almost three quarters of adults in Hartlepool are overweight or obese.

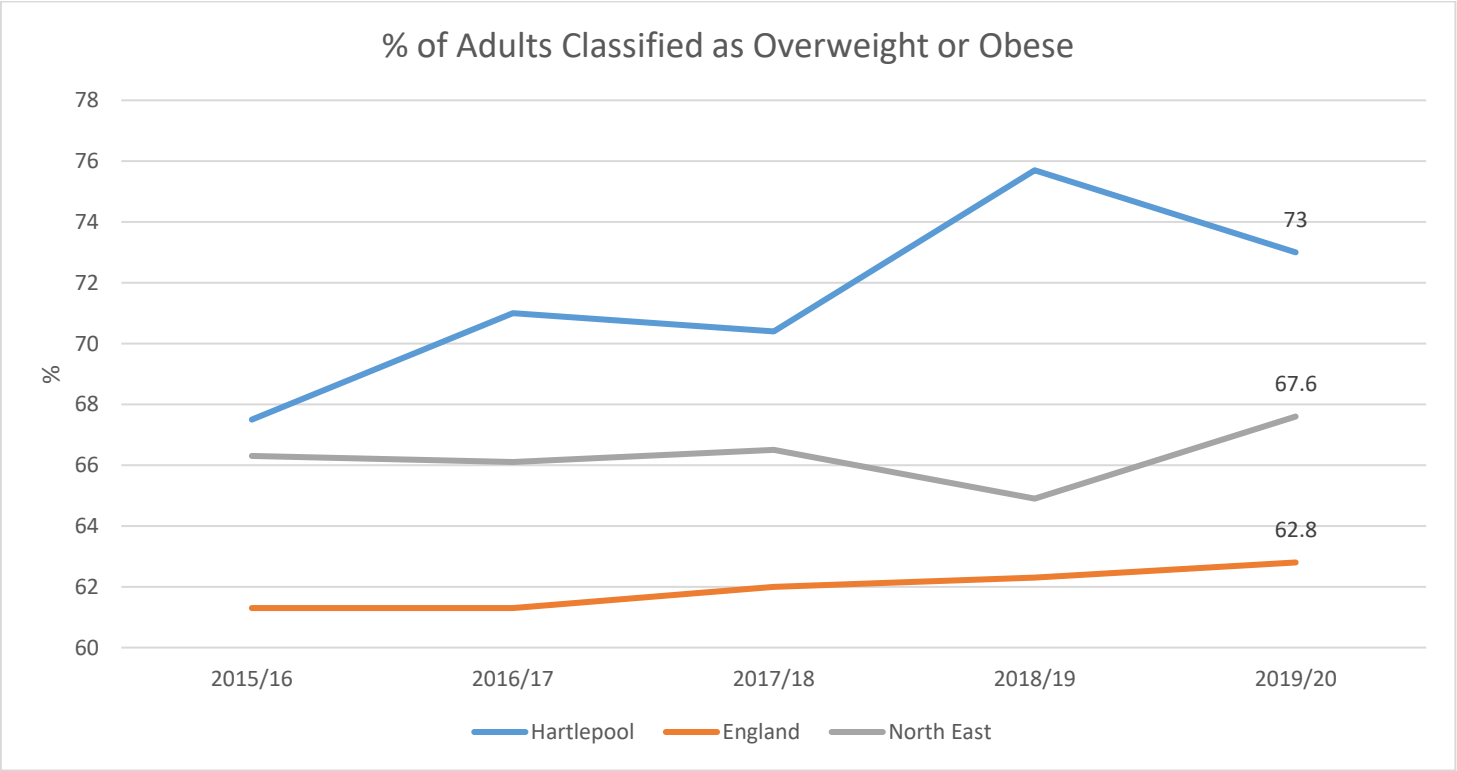
Number of overweight or obese people on an “average” Hartlepool street of one hundred adults



73 overweight or obese adults on a street of 100

This is higher than an average street in the North East or England (68 in 100 in North East 63 in 100 in England)

The graph below shows the rise in adults who are overweight or obese from 2015/16 to 2019/20.



Source: Active Lives 2022

Sexual health

New diagnoses for sexual transmitted infections (STI) in Hartlepool are at a nine year low and are significantly lower than the England average. However, this may be due to significantly reduced testing in Hartlepool compared to England.

Spine chart showing STI indicators

Indicator	Period	Hartlepool				Region England		England	
		Recent Trend	Value	Value	Value	Worst/ Lowest		Range	Best/ Highest
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020		430	449	619	3,547			247
STI testing rate (exc chlamydia aged <25) / 100,000	2020		1,608.6	2707.1	4549.3	940.6			19,881.8
STI testing positivity (exc chlamydia aged <25) %	2020		12.3%	7.3%	7.3%	0.0%			19.0%

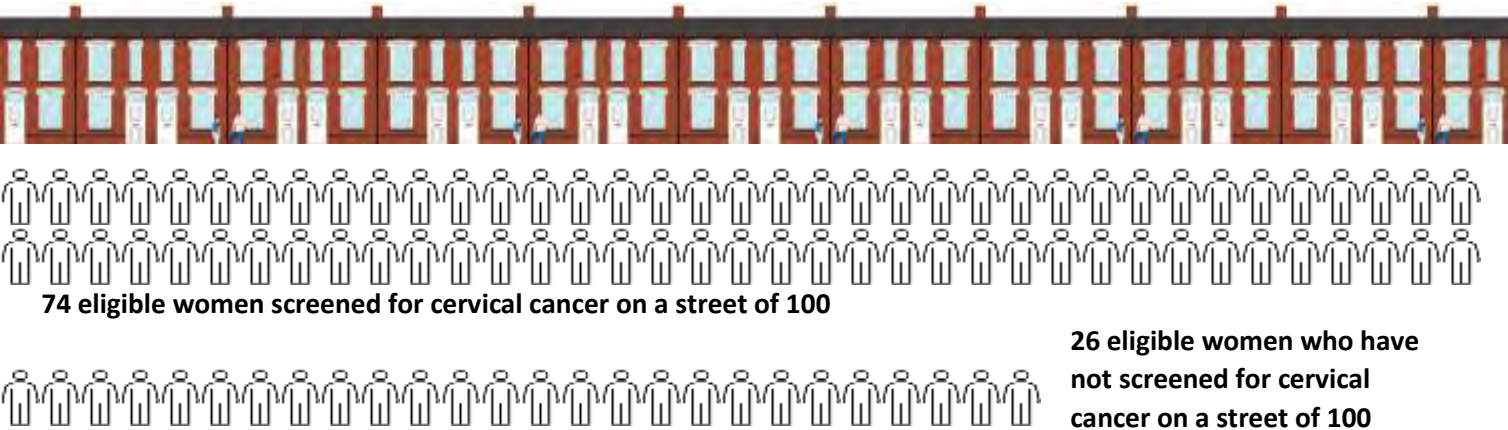
Source: OHID 2022

Cervical screening

Cervical screening is offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It is offered every three years for those aged 25 to 49, and every five years from the ages of 50 to 64.

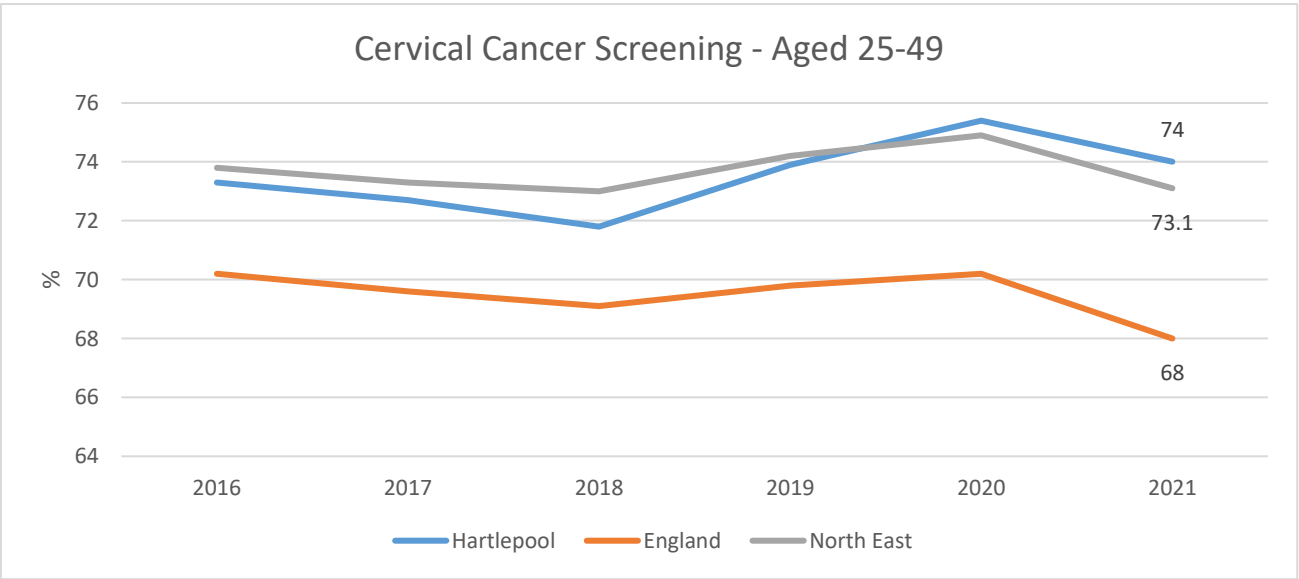
In an “average” Hartlepool street of one hundred women aged 25-49, 74 have been screened.

Number of women screened for cervical cancer on an “average” Hartlepool street of one hundred eligible women

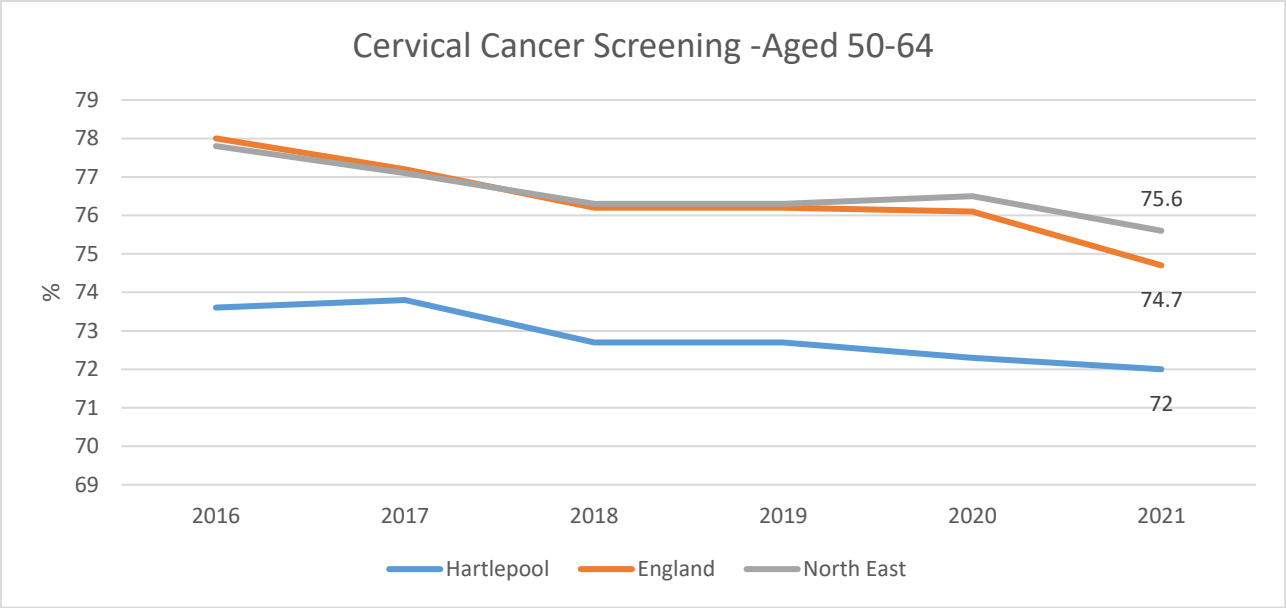


This is better than an average street in England where only 68 in 100 women have been screened.

In an “average” Hartlepool street of one hundred women aged 50-64, 72 have been screened.



Source: NHS Digital/OHID 2022



Breast screening

Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer.

The proportion of people aged 53-70 who have been screened for breast cancer in the last 3 years fell sharply in 2021 in England, the North East and Hartlepool.

In an “average” Hartlepool street of one hundred women aged 53-70 years, 74 would normally be screened. In 2021 this dropped to 67 in 100. However, this figure is better than an average street in England (64 in 100).

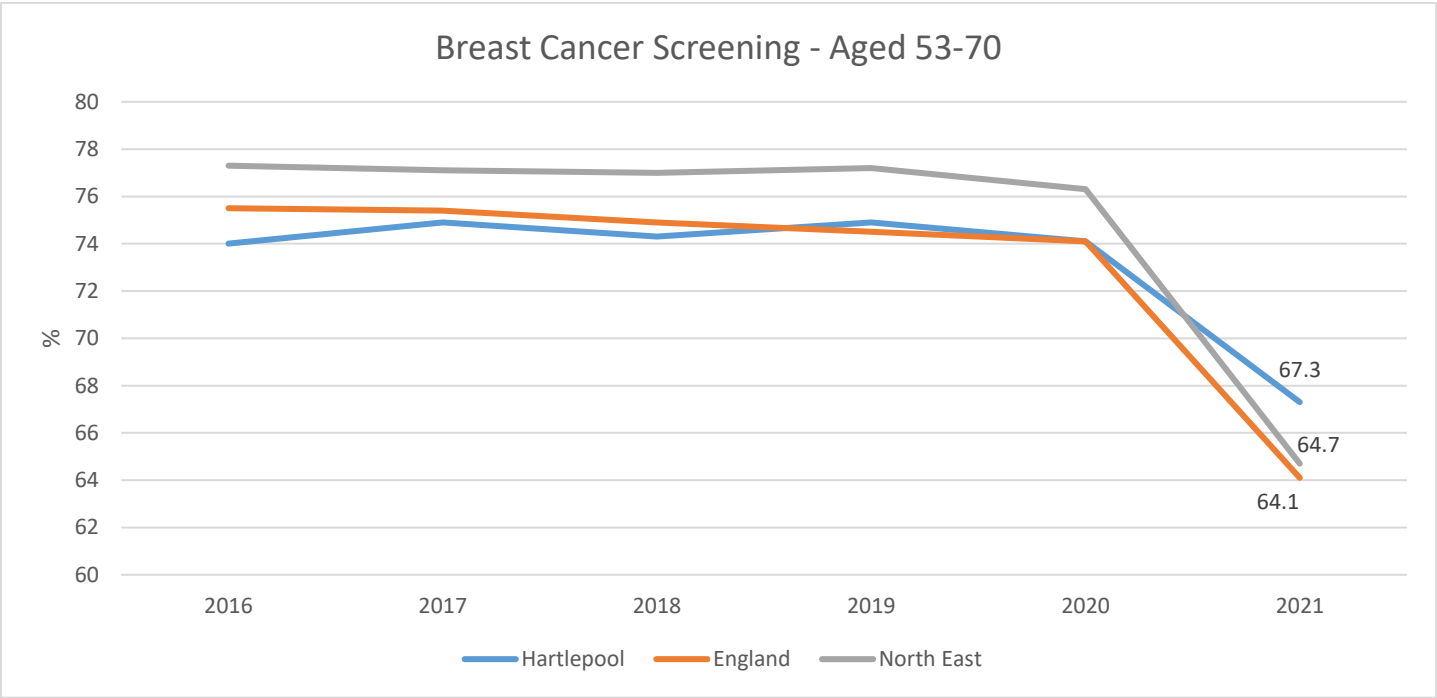
Number of women screened for breast cancer on an “average” Hartlepool street of one hundred eligible women



74 eligible women screened for breast cancer on a street of 100



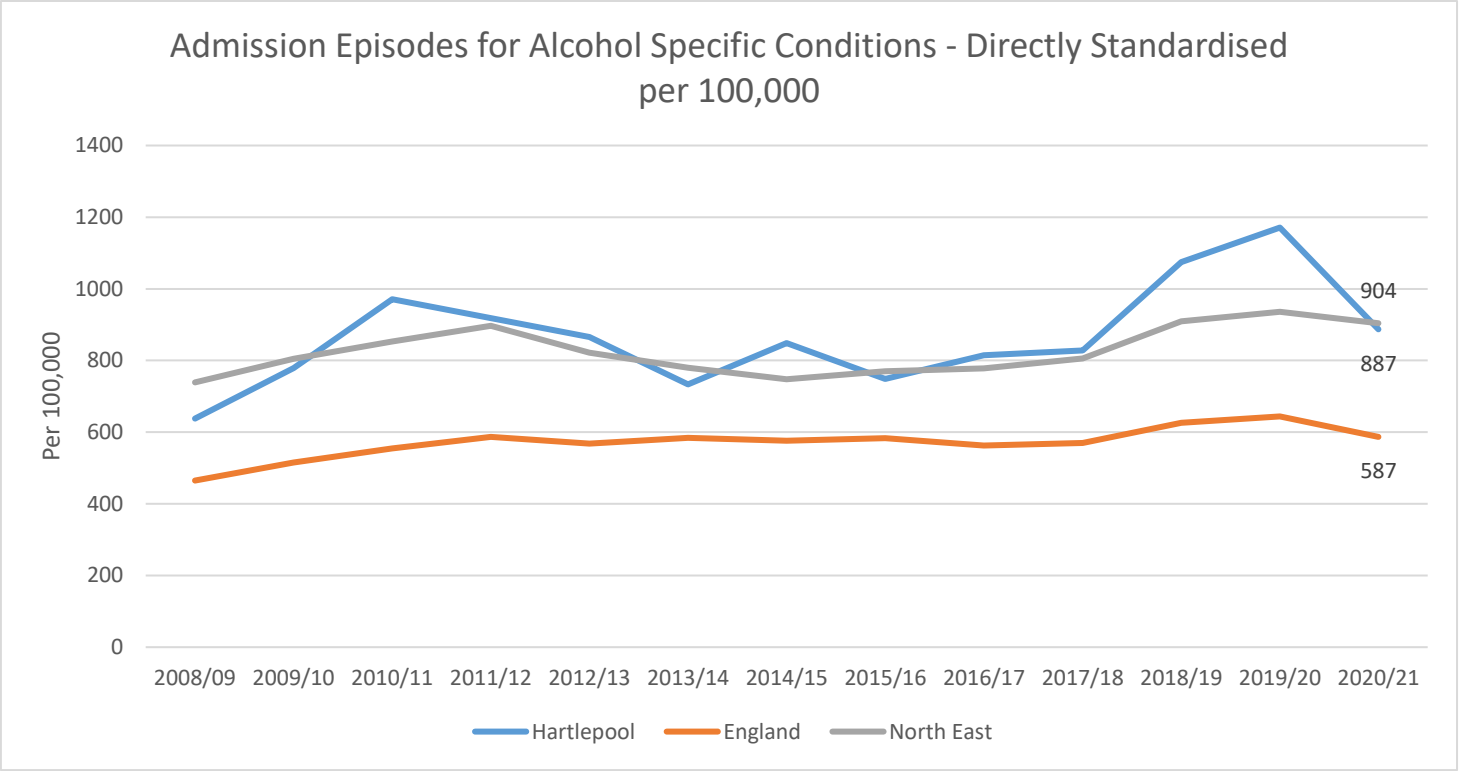
26 eligible women who have not screened for breast cancer on a street of 100



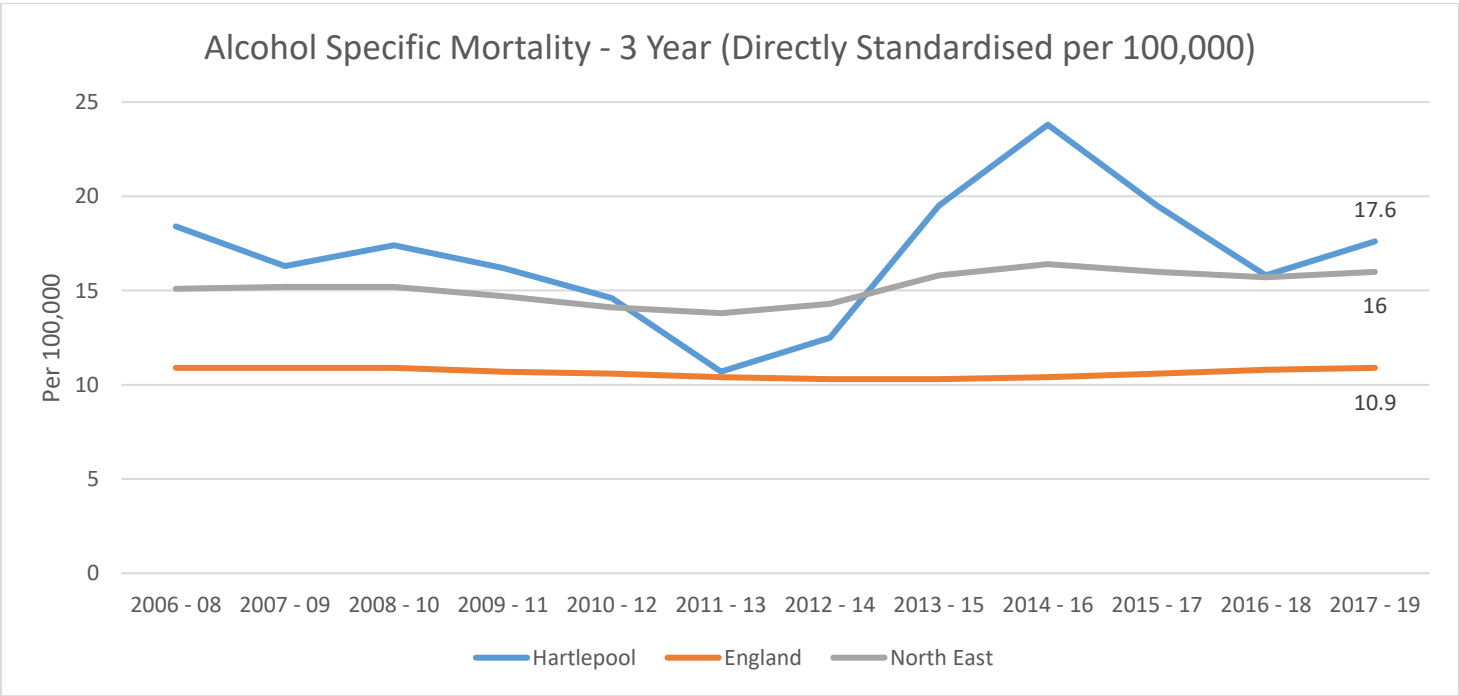
Hospital admissions and deaths due to alcohol

Hospital admissions and deaths due to alcohol are higher in Hartlepool than England, even when accounting for age of population through direct standardisation.

There were 904 admissions specifically due to alcohol for every 100,000 people in Hartlepool, compared with less than 600 admissions per 100,000 people in England.

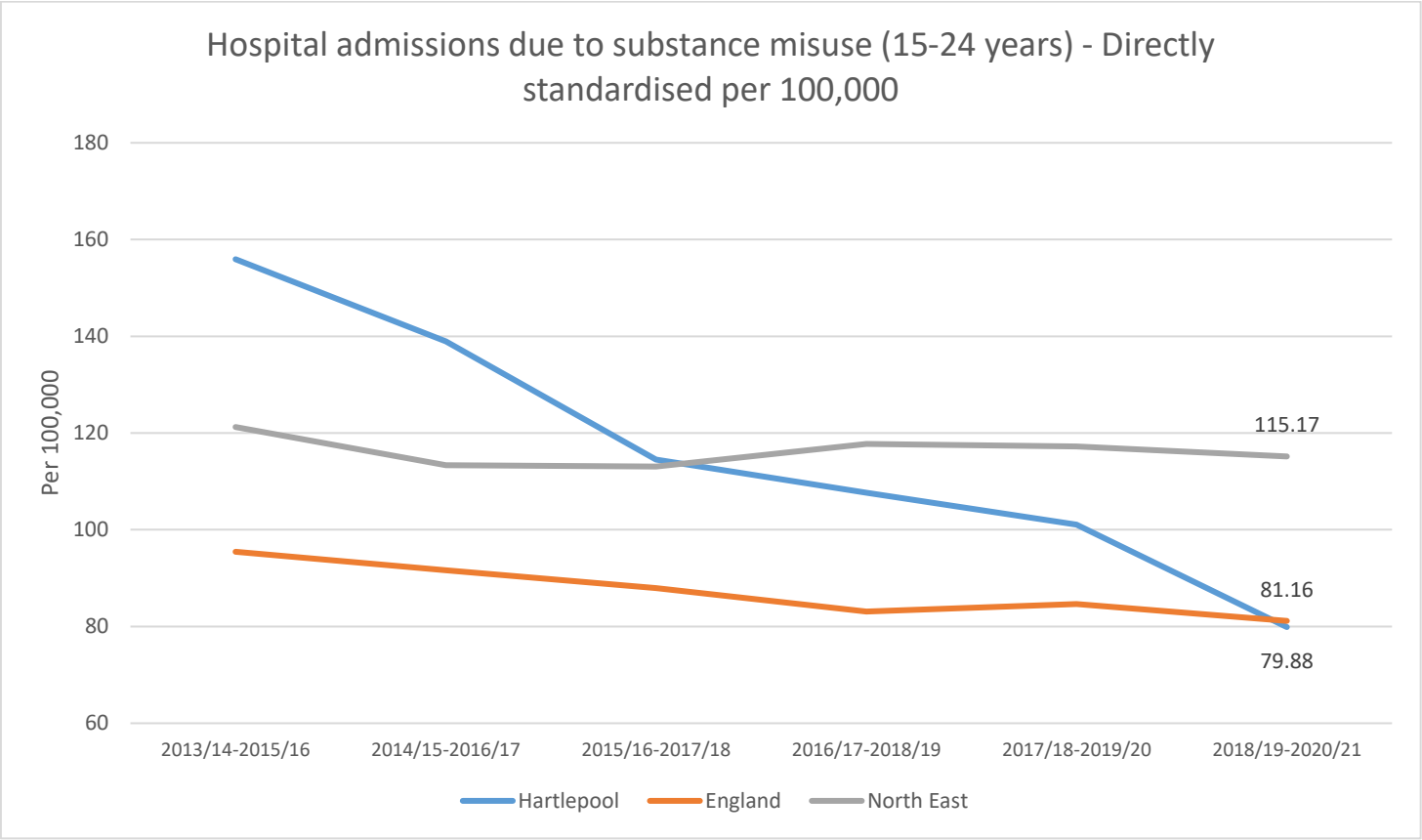


Between 2017 and 2019, there were more deaths specifically due to alcohol in Hartlepool compared with England (around 18 deaths specifically due to alcohol for every 100,000 in people Hartlepool compared with 11 deaths per 100,000 in England).

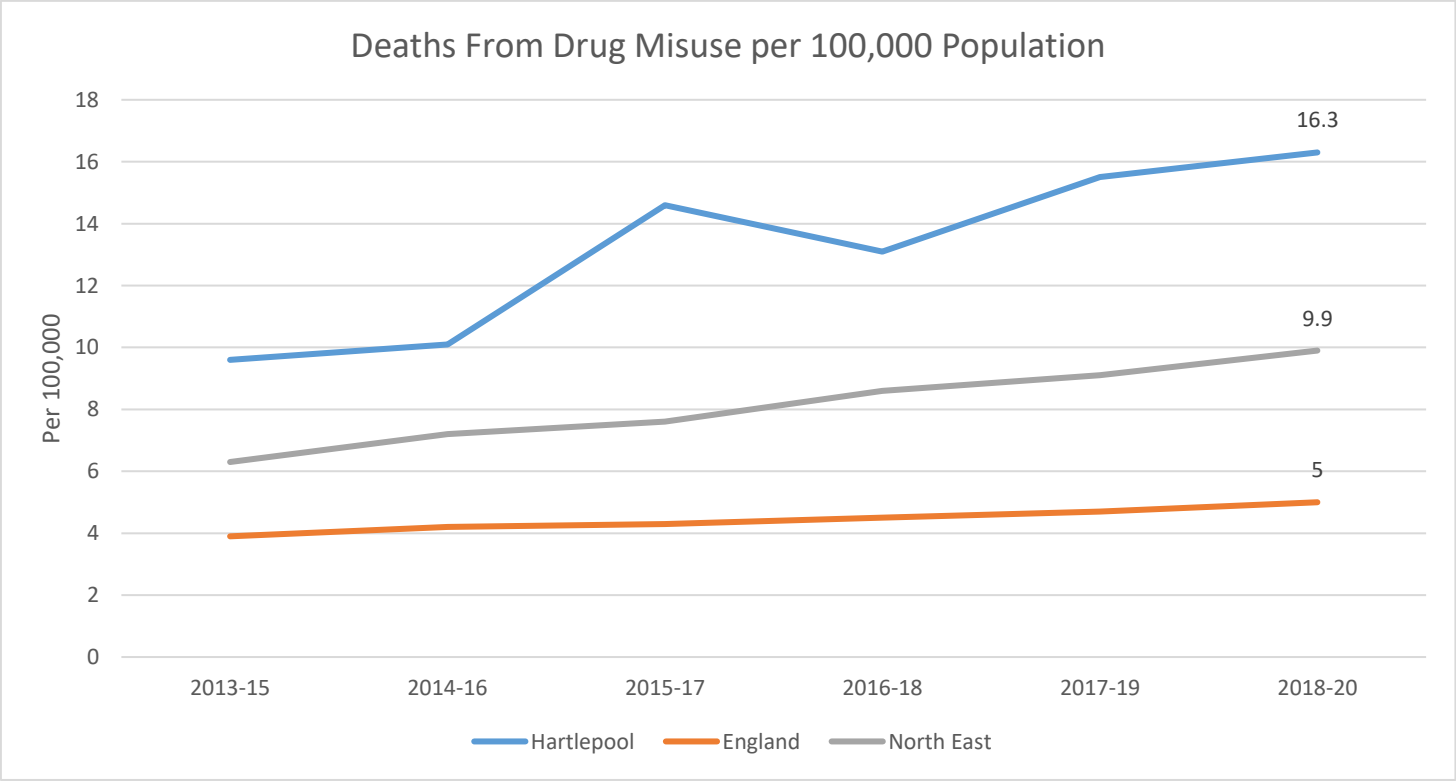


Hospital admissions and deaths due to illegal drugs (substance misuse)

In Hartlepool, drug-related hospital admissions have fallen over time but drug related deaths have increased.



There were 16 deaths specifically due to drugs for every 100,000 people in Hartlepool compared with 11 deaths per 100,000 in England and the gap in death rates has worsened over time.



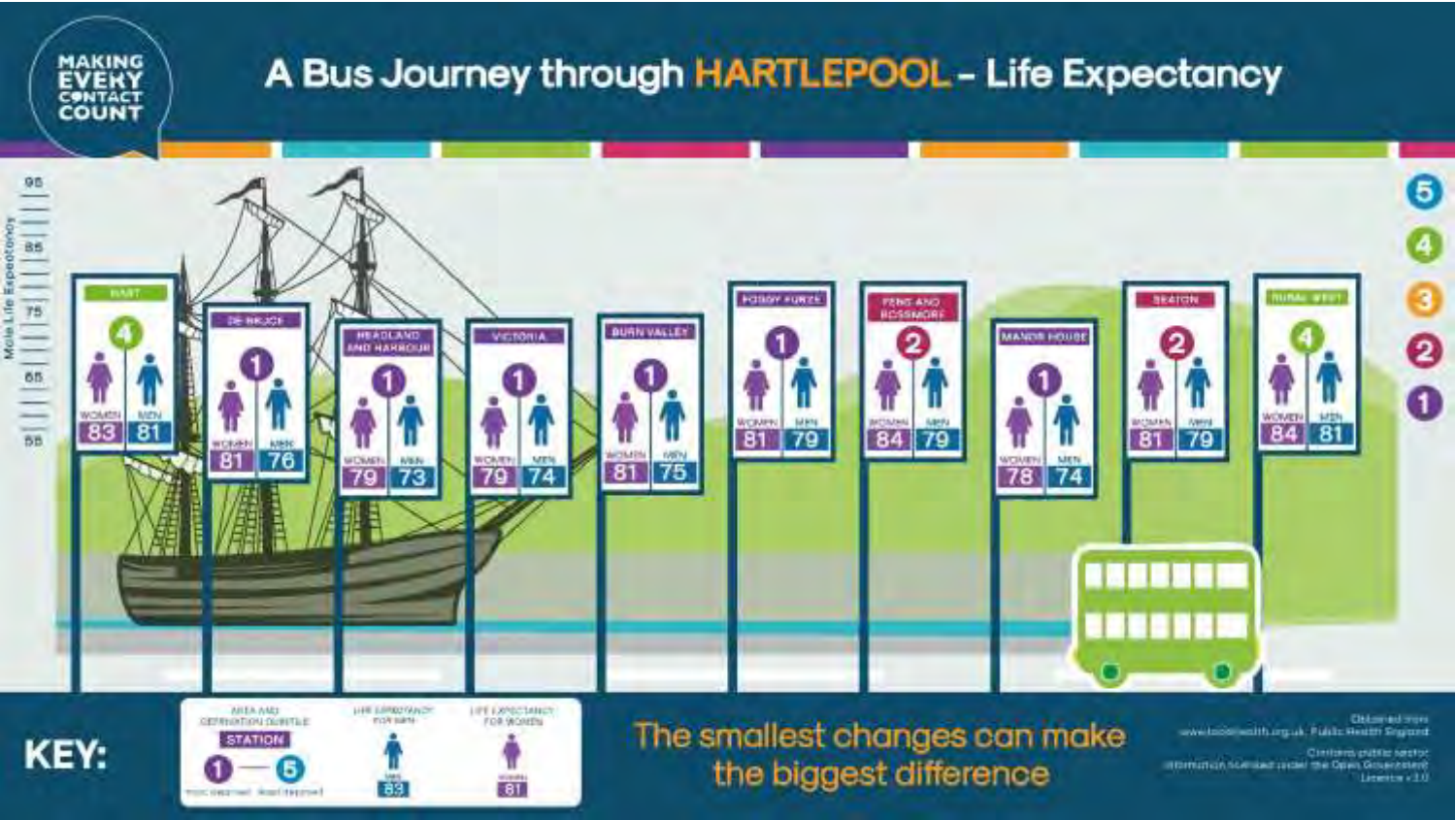
Source: ONS, 2022

Living well in later life

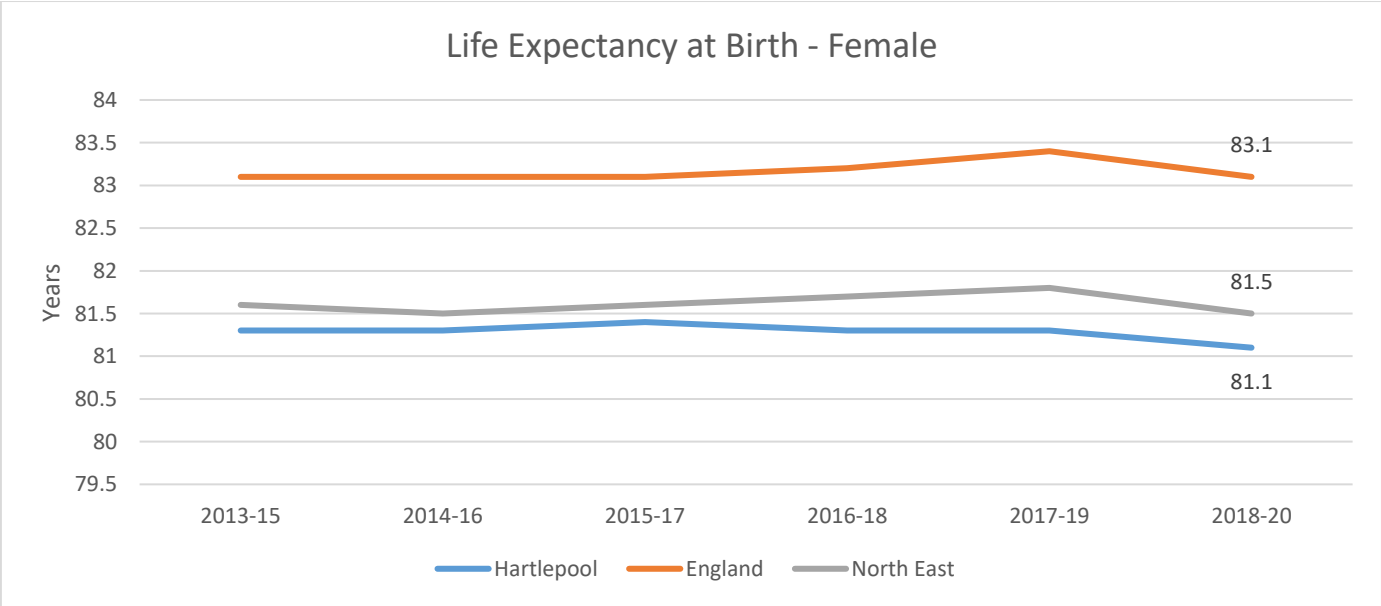
Length of life (Life Expectancy)

People in Hartlepool live shorter lives than people in the North East and England. In an average street in Hartlepool a women can expect to live to around 81 years old and a man can expect to live around 77 years old. In an average street in England, people can expect to live around 2 years longer (women can expect to live to around 83 and men can expect to live around 79 years old).

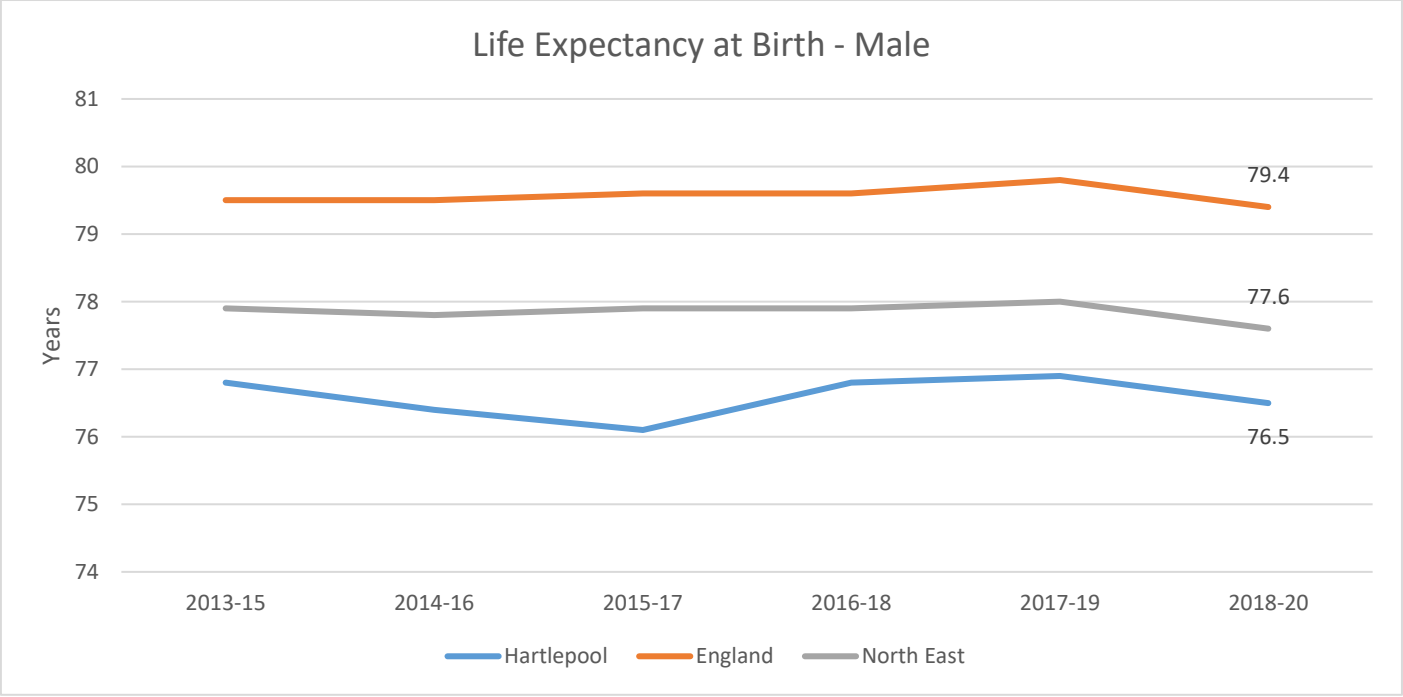
Life expectancy does vary across different areas of Hartlepool. For example in Manor House people can expect to live around 6 years less than people in Rural West. This is illustrated in the picture below showing life expectancy in different areas.



Hartlepool has experienced a downward trend in life expectancy in the latest figures for both males and females, however this is mirrored in the both the England and north east figures.



Source: ONS 2022

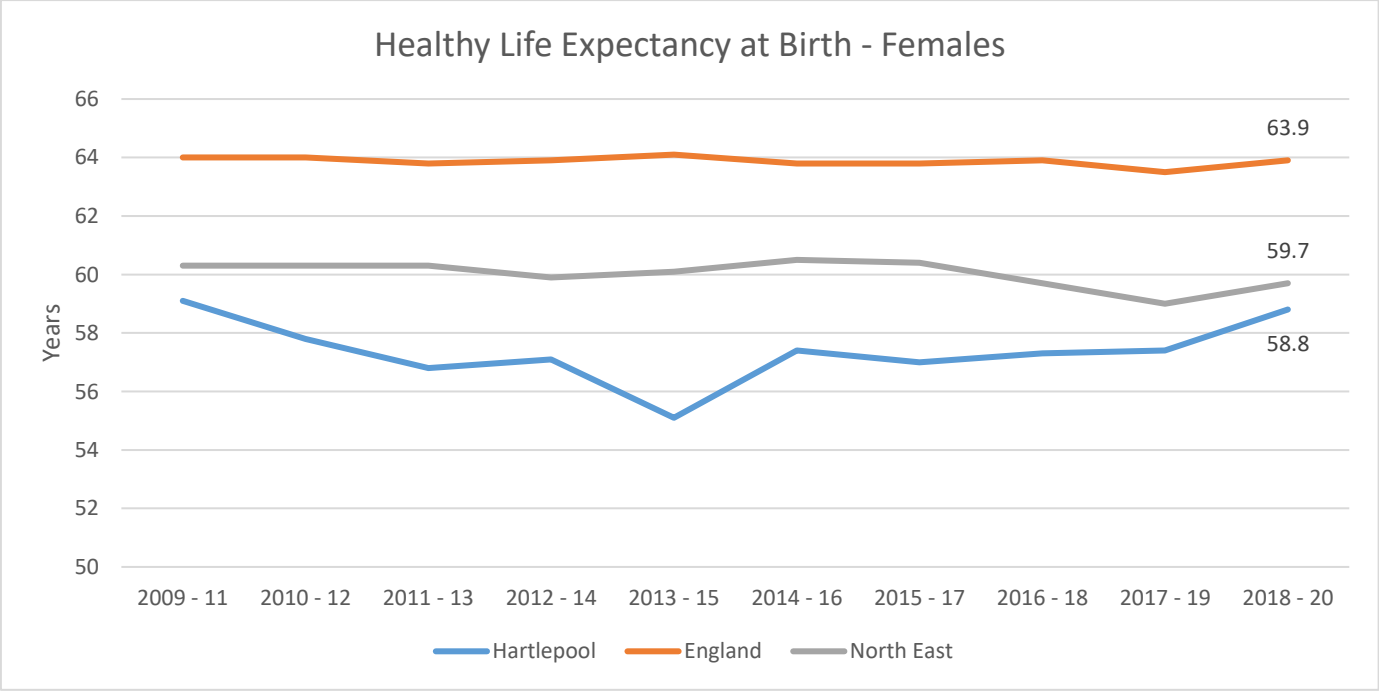


Source: ONS 2022

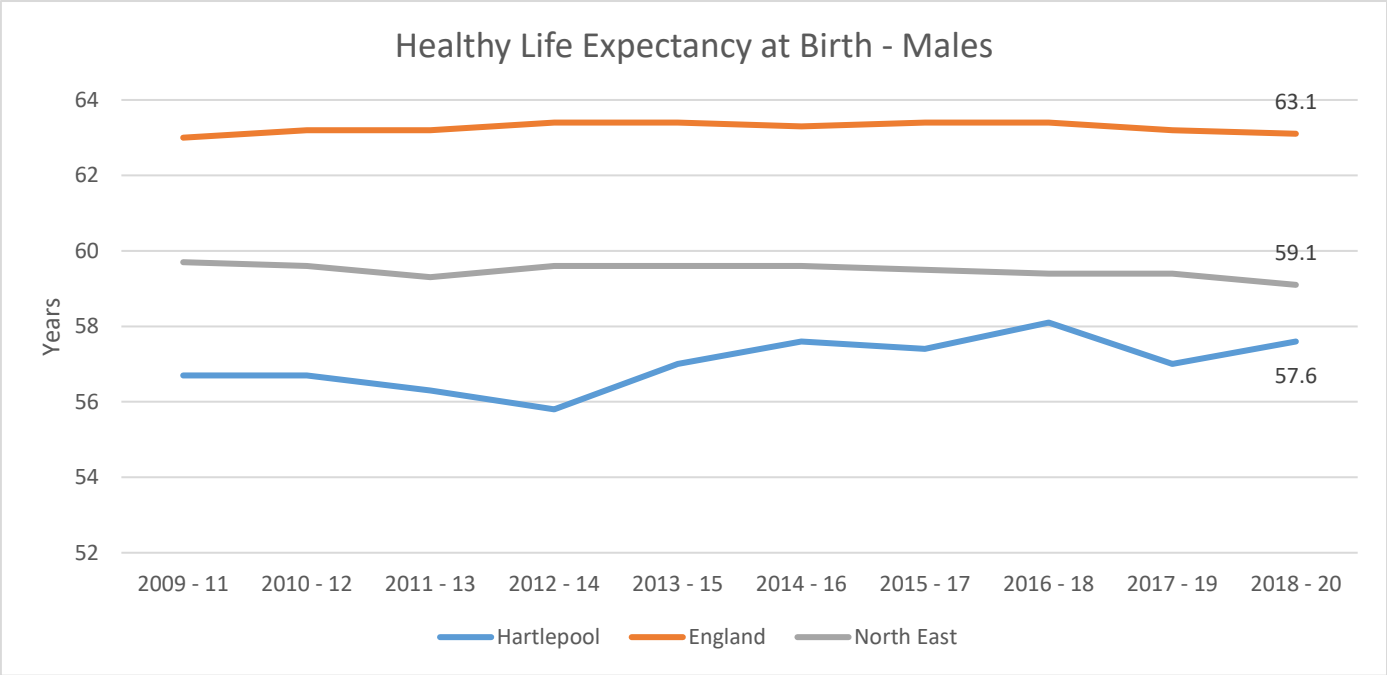
Healthy Life expectancy

Although length of life is important, quality of life of any extra years is arguably more essential. Healthy Life Expectancy (HLE) is number of years a person would expect to live in good health. It is based on death rates and the proportion of people reporting their health as “good” in surveys.

For healthy life expectancy, the Hartlepool figures are below both the national and regional averages.



Source: ONS 2022



Source: ONS 2022

Both male and female healthy life expectancy at birth dipped in a way that was not mirrored by either the north east or England rates. For Hartlepool males the dip was in 2012-14 and for females in 2013-15. However both Hartlepool rates have increased since these points. Both male and female rates in Hartlepool have increased in the latest figures, with the female rate closer to the north east average than at any other point in the reporting period.

Bowel cancer screening

In an “average” Hartlepool street of one hundred people aged 60-74 years old, 65 have been screened for bowel cancer. This is similar to the number of people screened in an average street in England.

Number of people screened for bowel cancer on an “average” Hartlepool street of one hundred eligible people

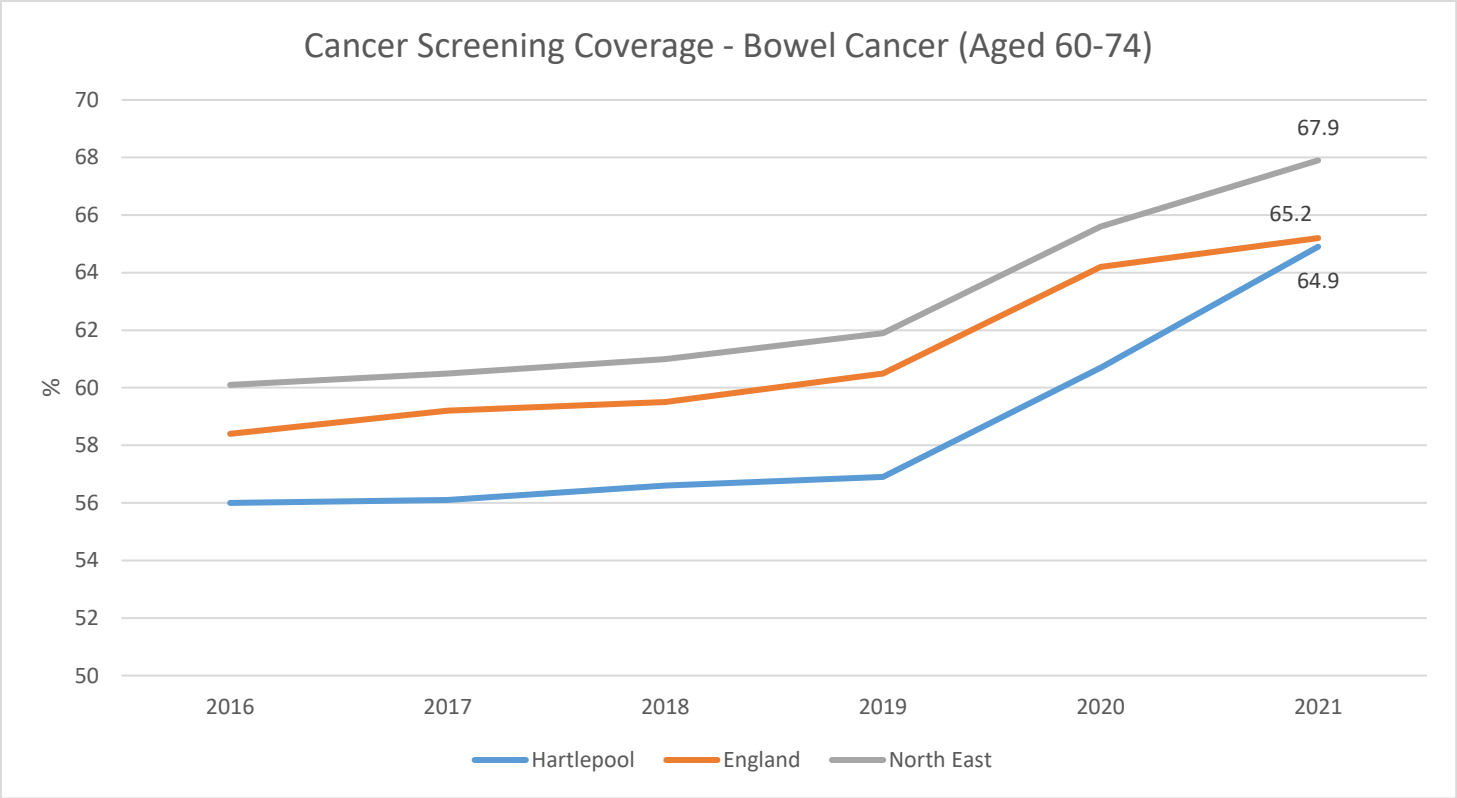


65 eligible people screened for bowel cancer on a street of 100



35 eligible people who have not screened for bowel cancer on a street of 100

The graph below shows more people in Hartlepool are getting screened for bowel cancer than previously (57% in 2019 to 65% in 2021).



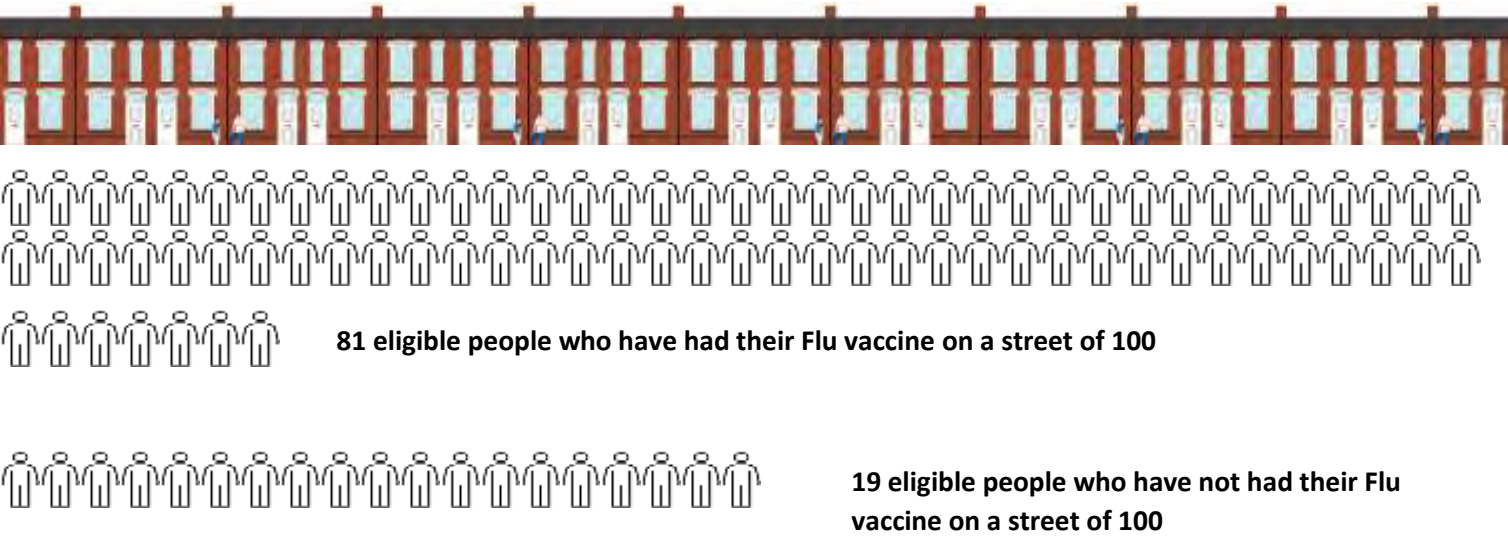
Immunisations

Adults are offered a single dose of Pneumococcal vaccine (PPV) at 65 years old and the Shingles vaccine between 70-79.

Adults 65 years and older (any younger people with particular health problems) are offered the Flu vaccine each year.

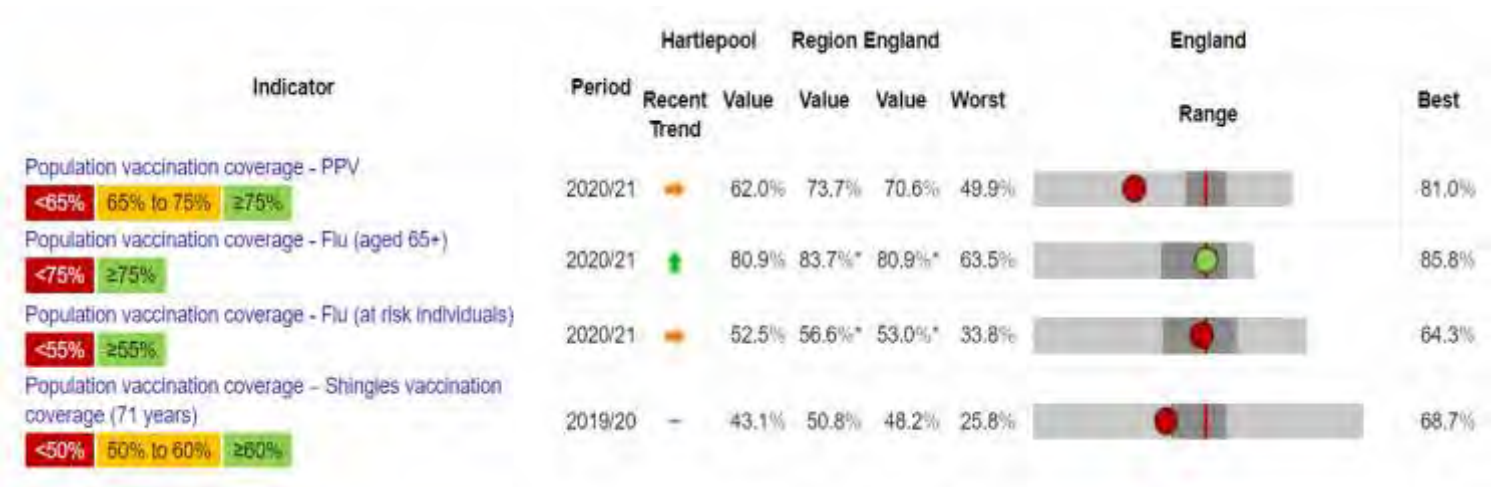
In an “average” Hartlepool street of one hundred eligible people, 81 have had their Flu vaccine, 62 have had their Pneumococcal vaccine, and 43 have had their shingles vaccine.

Number of women screened for breast cancer on an “average” Hartlepool street of one hundred eligible women



Of the adult vaccinations in Hartlepool, only Flu for people aged 65 years and older has hit the required target threshold, in this case 75%. This vaccination is also the only one showing a positive upward trend.

Spine chart showing adult vaccinations



Source: COVER 2022

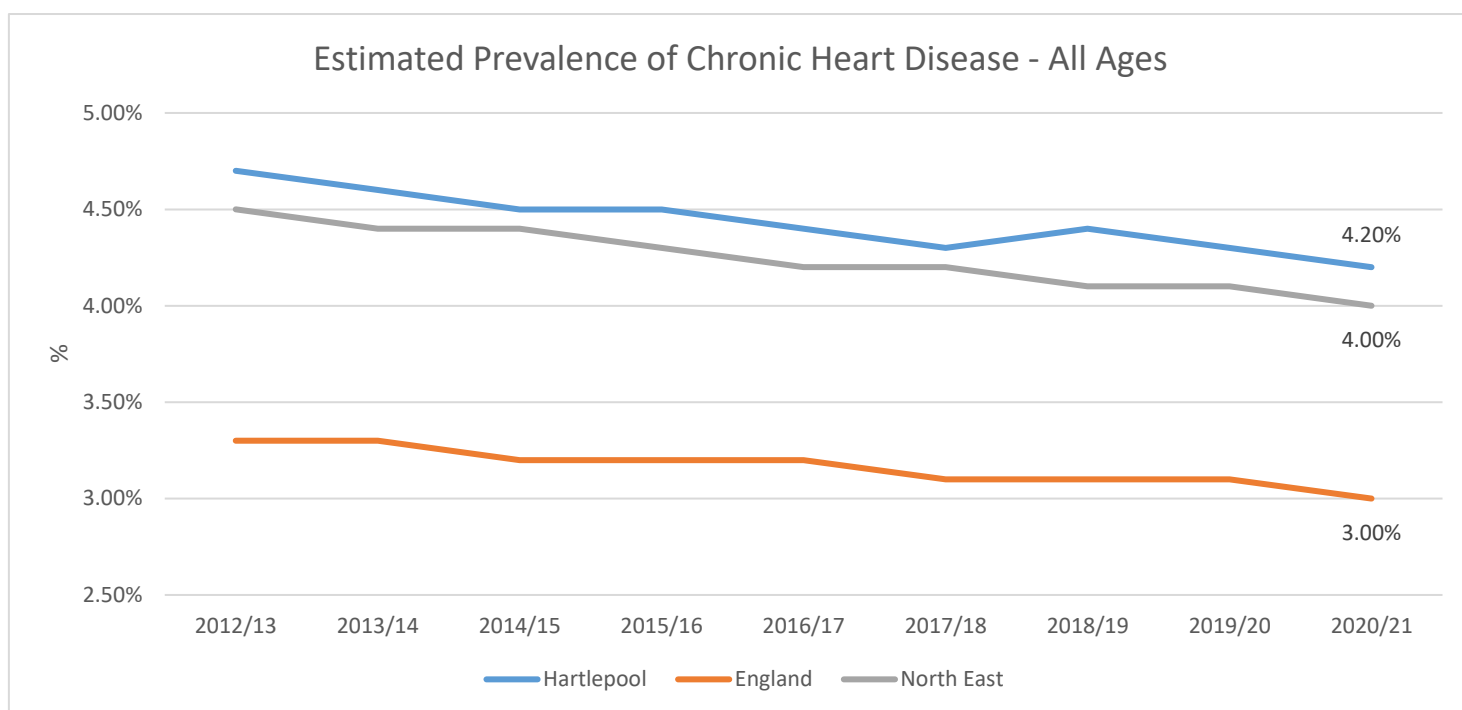
People living with chronic heart disease

In an “average” Hartlepool street of one hundred people, 4 are living with heart disease. In an average street in England 3 are living with heart disease.

Number of people living with heart disease on an “average” Hartlepool street of one hundred people



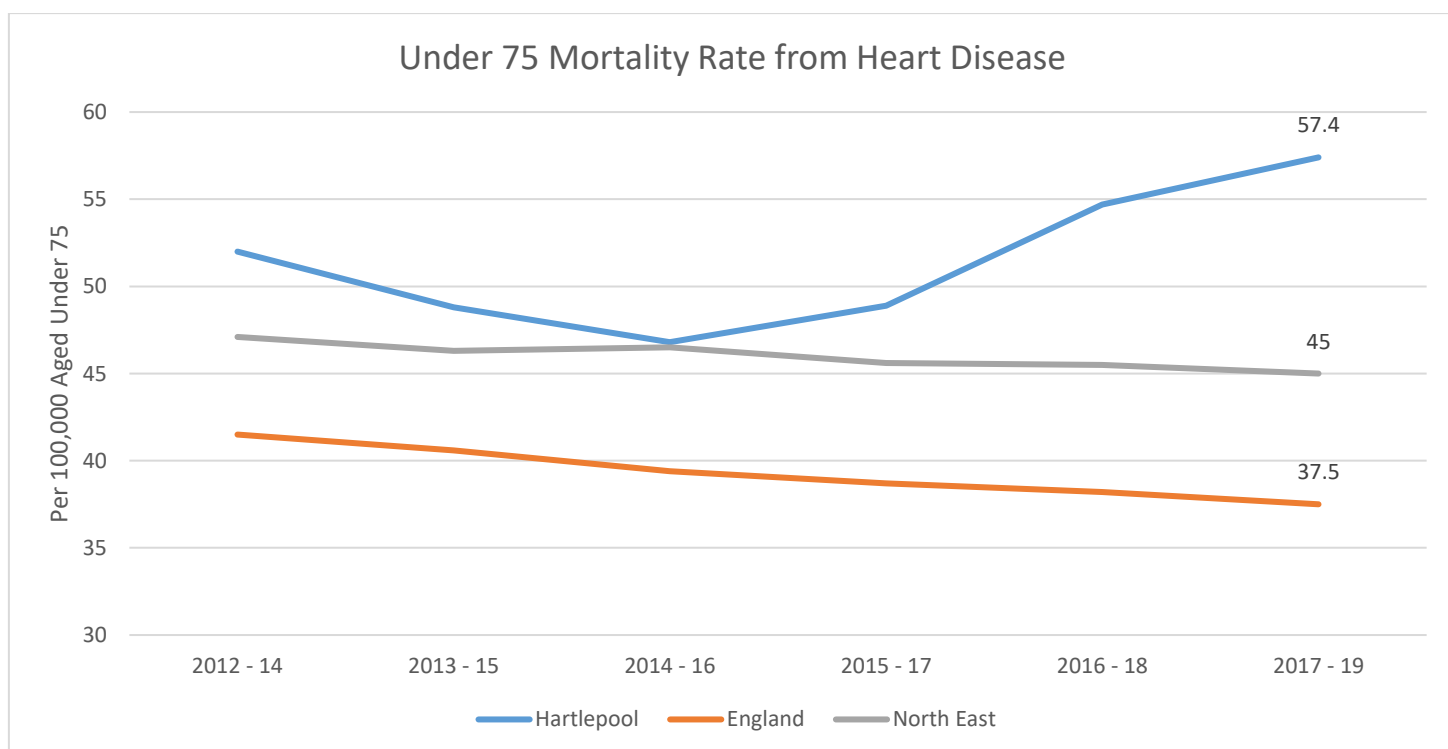
These figures are generally decreasing over time.



### Early deaths from heart disease

Heart disease and stroke are common causes of death in old age. It is important to act on early deaths (deaths under 75 years) or preventable deaths due to heart disease or stroke. This can help people can live longer healthier lives.

The graph below shows early deaths due to heart disease in people in Hartlepool increased from 48.6 per 100,000 in 2014/16 to 57.4 per 100,000 in 2017/19. During these years deaths due to heart disease have been falling in the North East and England so the gap between Hartlepool and the rest of the country is worsening.



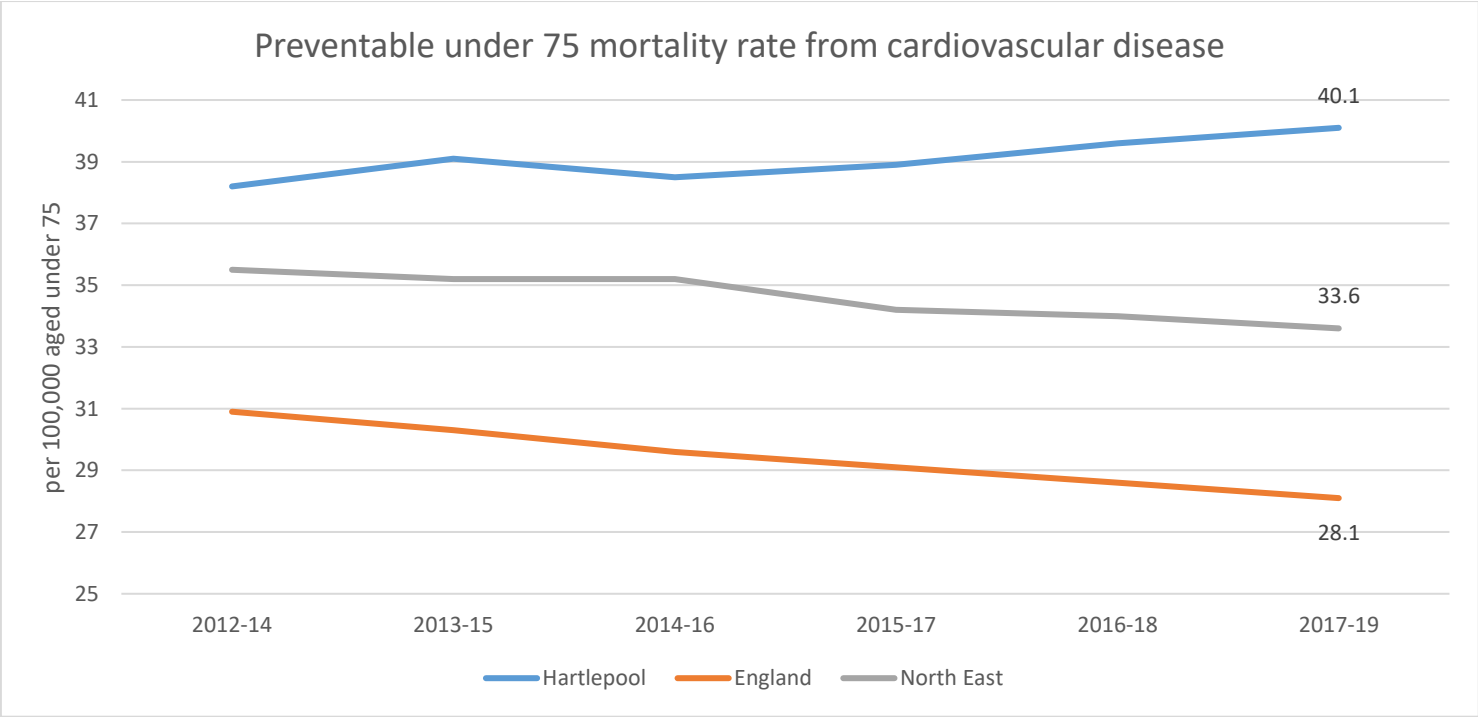
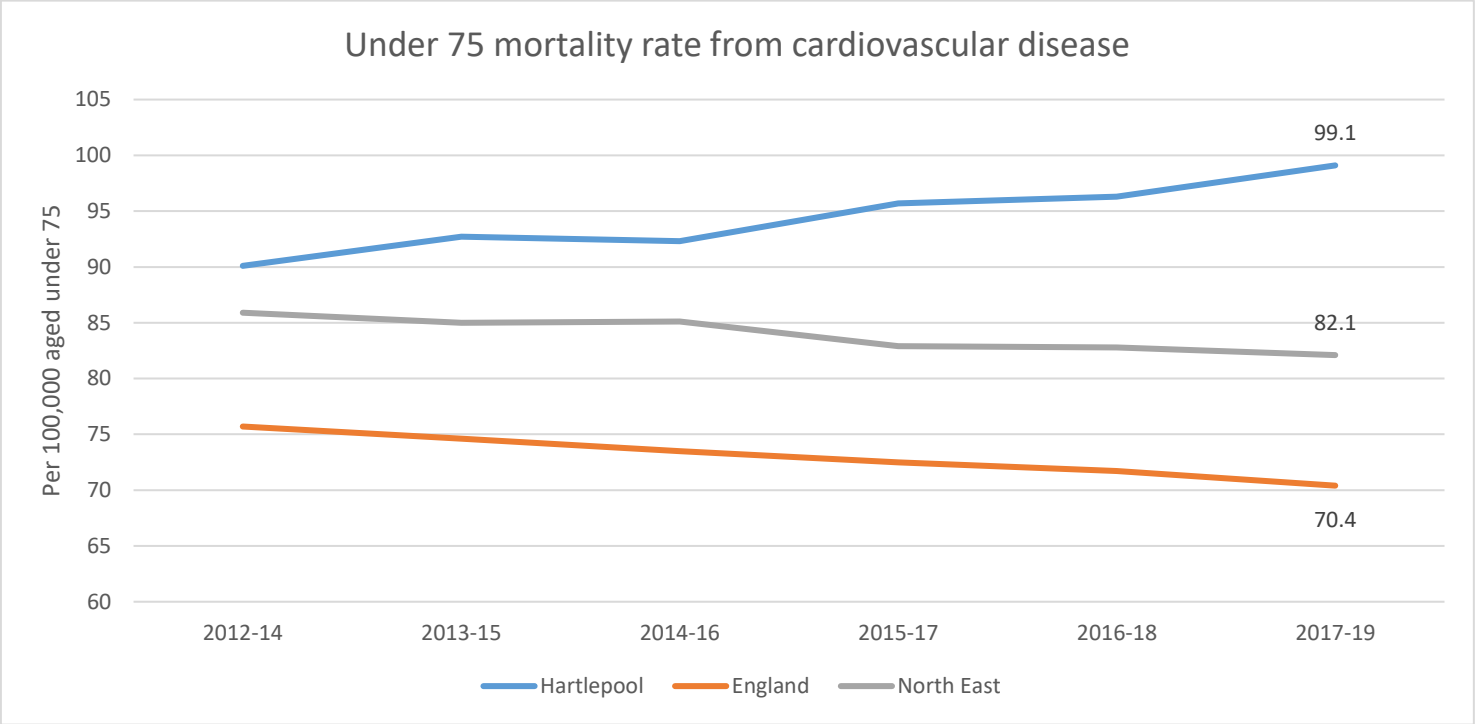
Source: ONS/OHID 2022

### Early deaths from either heart disease or stroke

Deaths due to heart disease or stroke are often examined together (under cardiovascular disease) since they share many of the same risk factors.

People aged under 75 years old in Hartlepool are more likely to die from either heart disease or stroke than England. These figures are getting worse in Hartlepool over time (despite improving in the North East and England).

Around 99 people died of heart disease or stroke for every 100,000 people aged under 75 in Hartlepool in 2017-19. This is higher than in 2012-14, when there were 90 deaths for every 100,000 people. In contrast, the death rates in the North East and England are lower (82 in 100,000 and 70 in 100,000) and falling over time. This means the gap between Hartlepool and the rest of the country is worsening. A similar pattern is visible in the rates for preventable deaths.




Hospital admissions for falls

People aged 65 and over in Hartlepool, are less likely to be admitted to hospital because they have fallen than people in the North East or England and this has got better over time (1419 hospital admissions for falls per 1000 people aged 65 and over in Hartlepool vs around 2023 admissions per 1000 people in England).

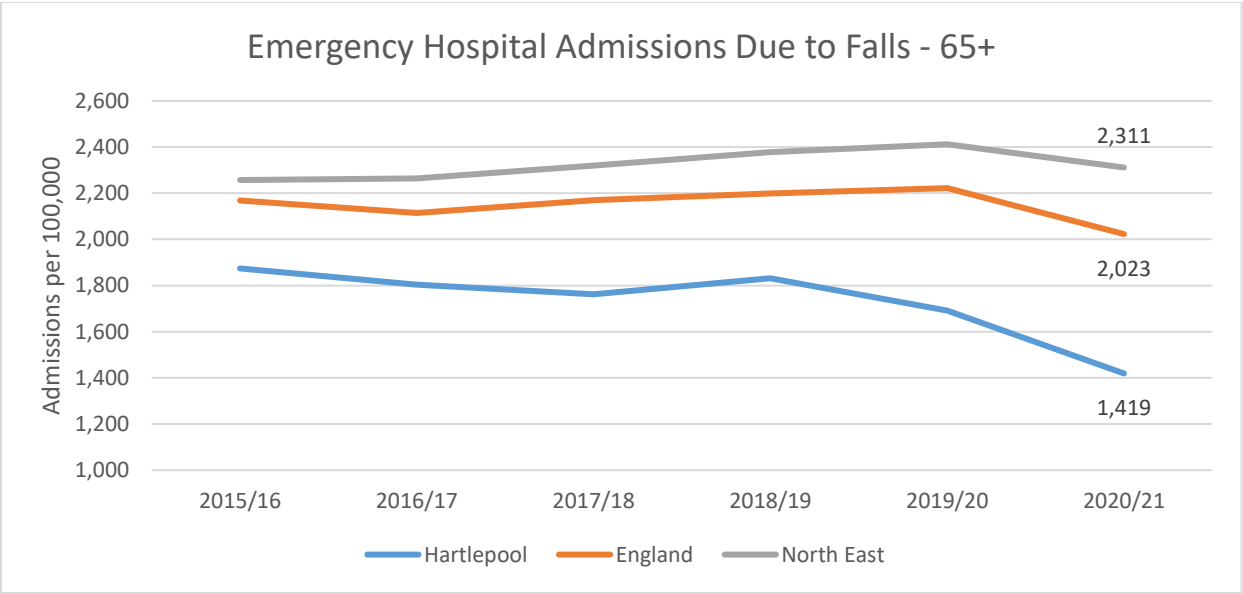
Another way to look at this is, in an “average” Hartlepool street of one hundred people aged 65 and over, around 1 person might be admitted to hospital each year. In an average street of one hundred people aged 65 and over in England, around 2 people might be admitted to hospital each year.

Number of people admitted to hospital due to a fall on an “average” Hartlepool street of one hundred people each year

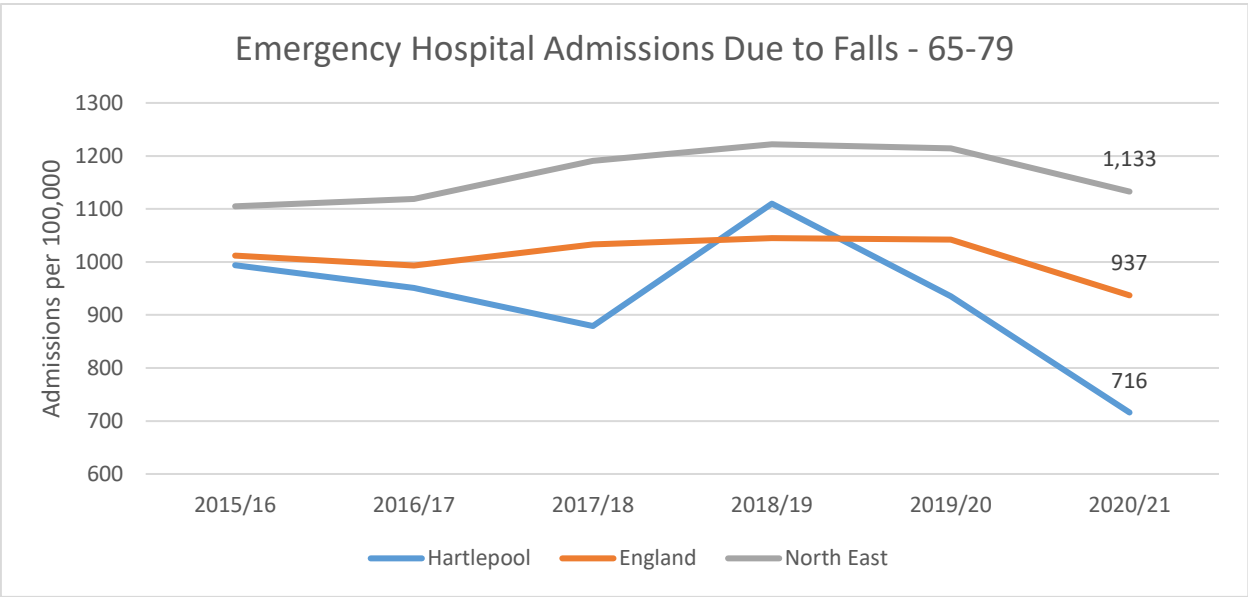


 1 person admitted to hospital due to a fall on a street of 100 each year

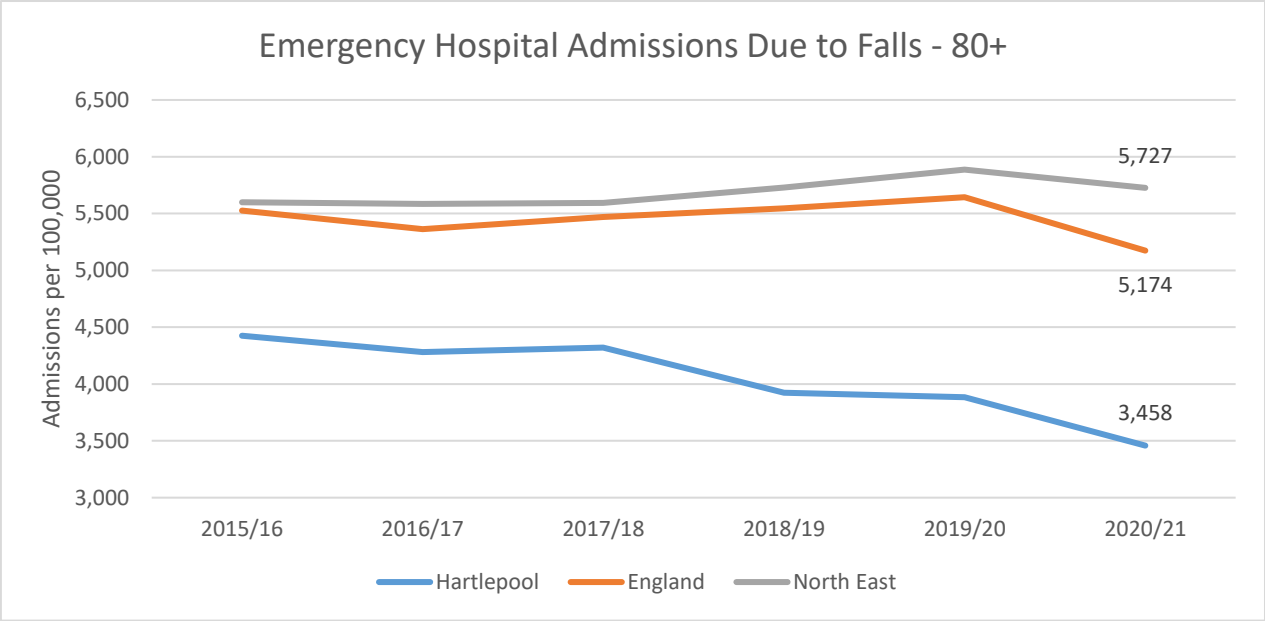
The graphs show Hartlepool has a declining trend in hospital admissions for falls in all of the elderly age brackets, 65+, 65-79 and 80+.



Source: HES/ONS/OHID 2022

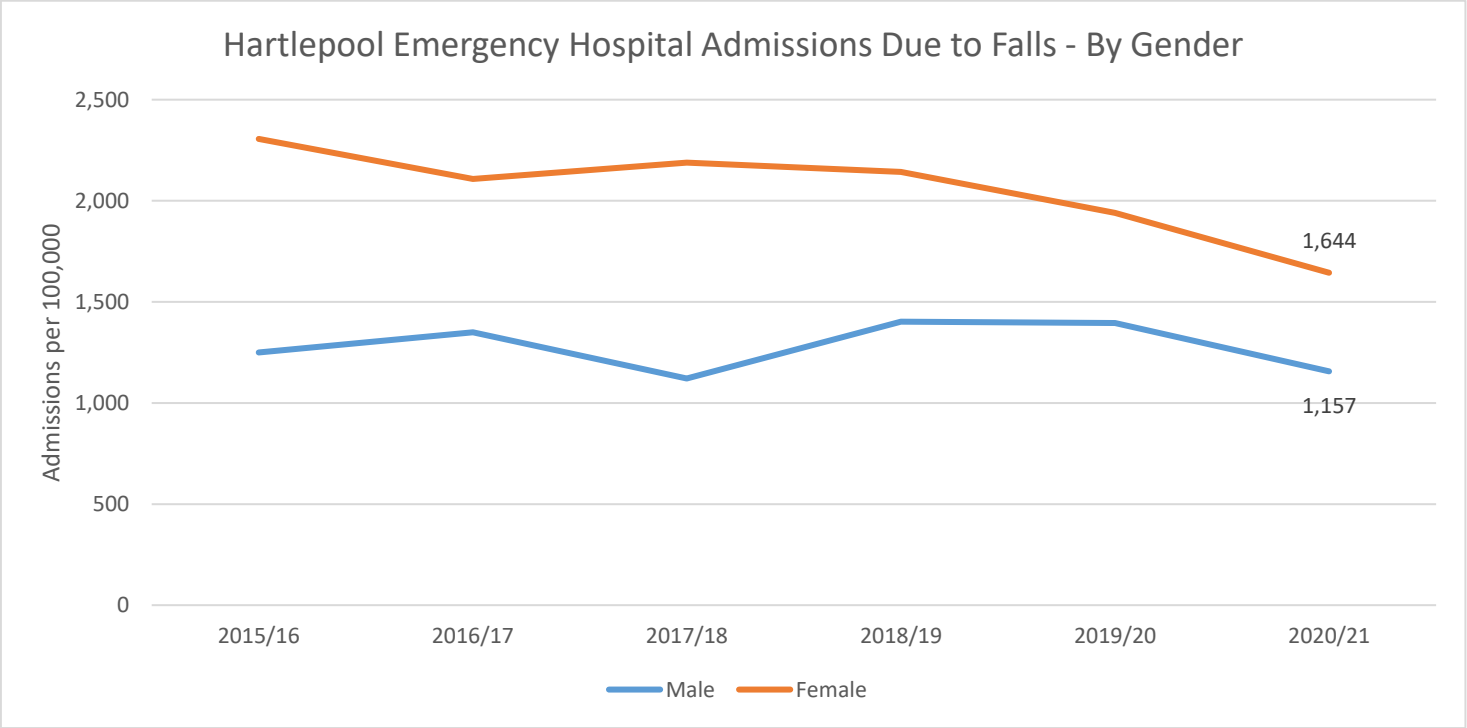


Source: HES/ONS/OHID 2022



Source: Source: HES/ONS/OHID 2022

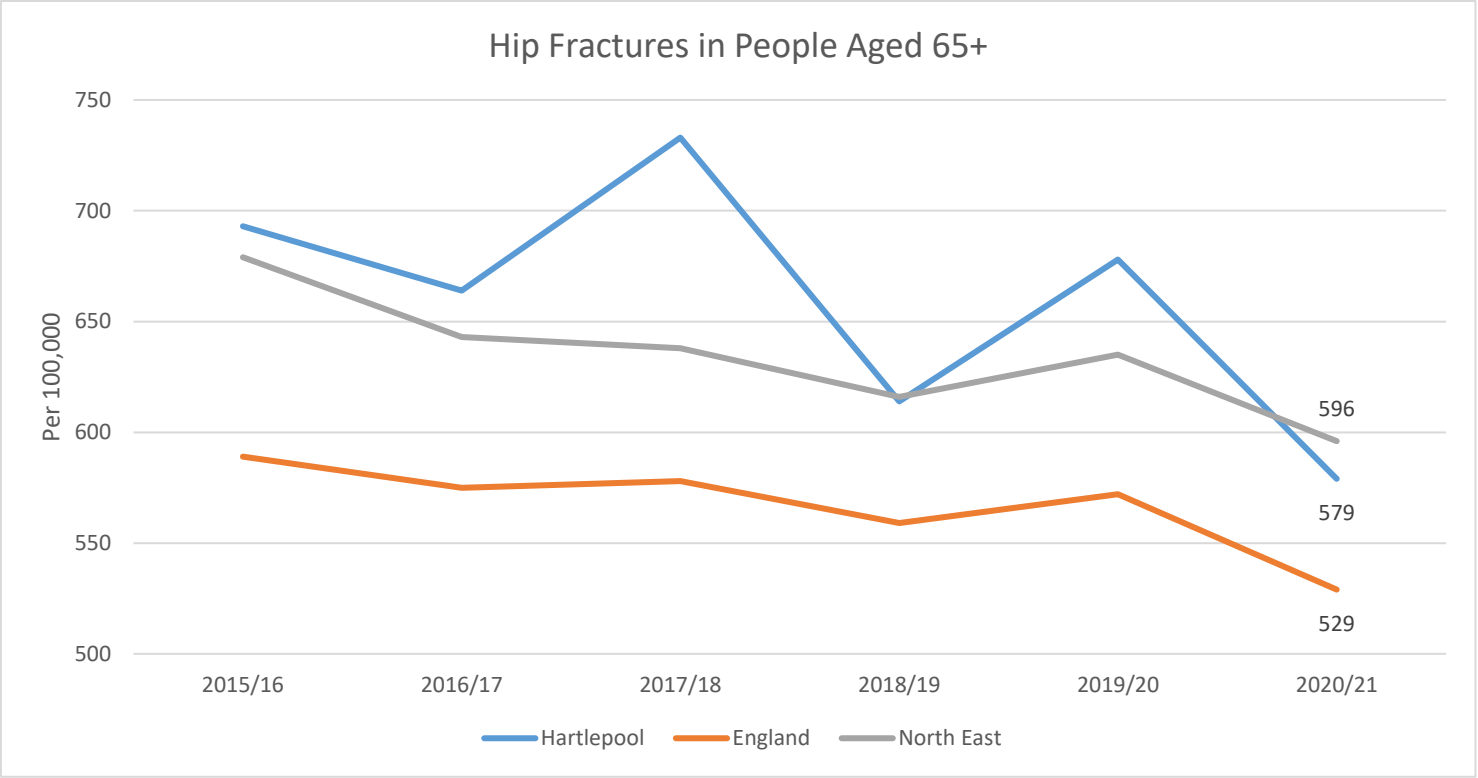
Within Hartlepool, the hospital admission rate is higher for females, but the gap between the genders is closing. Both male and female admissions show a declining trend.



Source: Source: HES/ONS/OHID 2022

Lower figures for hospital admissions for falls could reflect fewer falls or people being less likely to be admitted to hospital after a fall.

Hartlepool’s rate of hip fractures in those aged 65 and above, whilst on a declining trend, has had a series of peaks and troughs throughout the reporting period. Hartlepool’s latest rate is similar to the north east average, though both are above the England average.



Source: Source: HES/ONS/OHID 2022

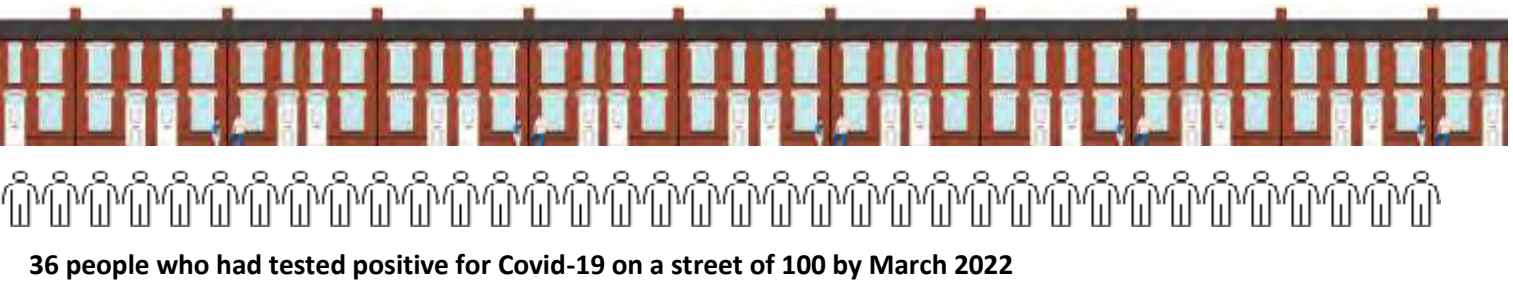
Covid-19

Covid-19 has affected all ages but older people have been at greatest risk of death throughout the pandemic.

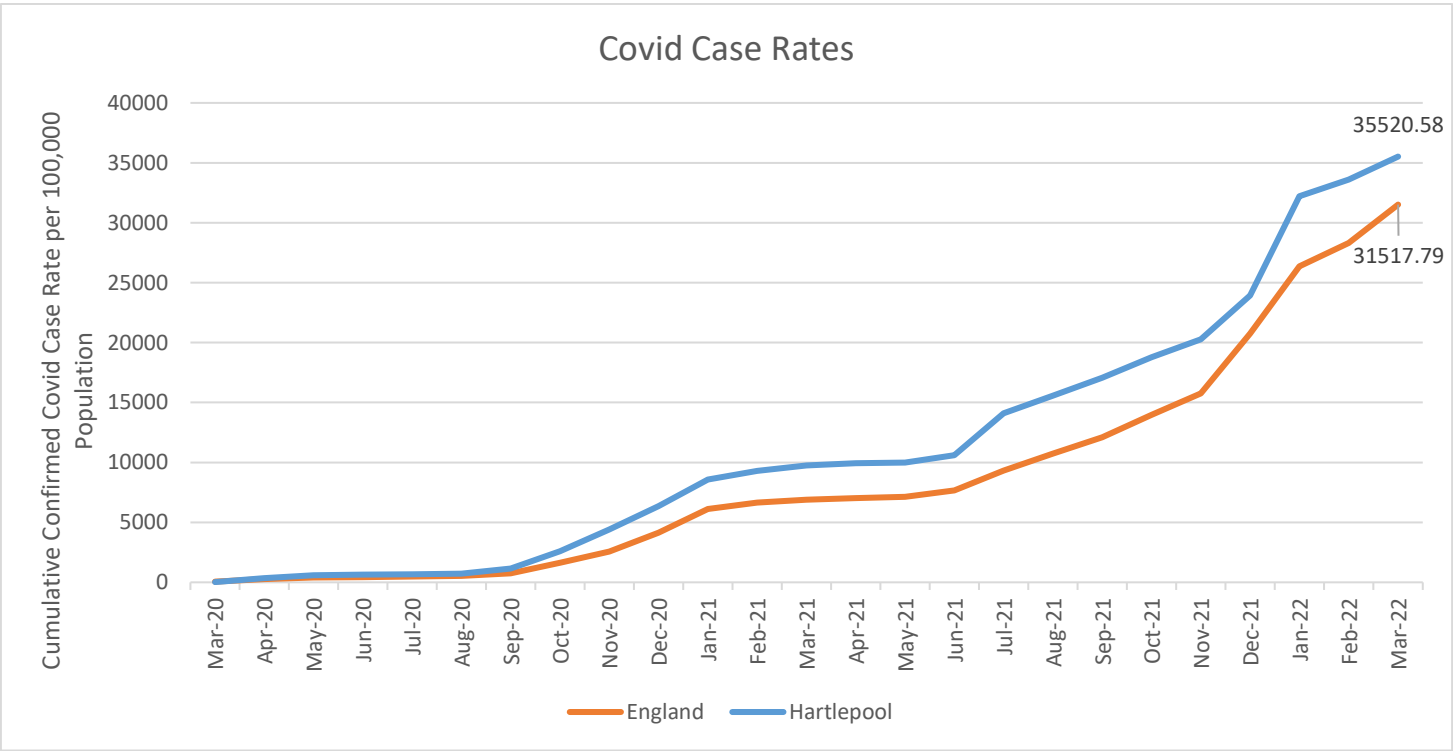
People in Hartlepool have been more likely to catch Covid-19 and die from it than people in England.

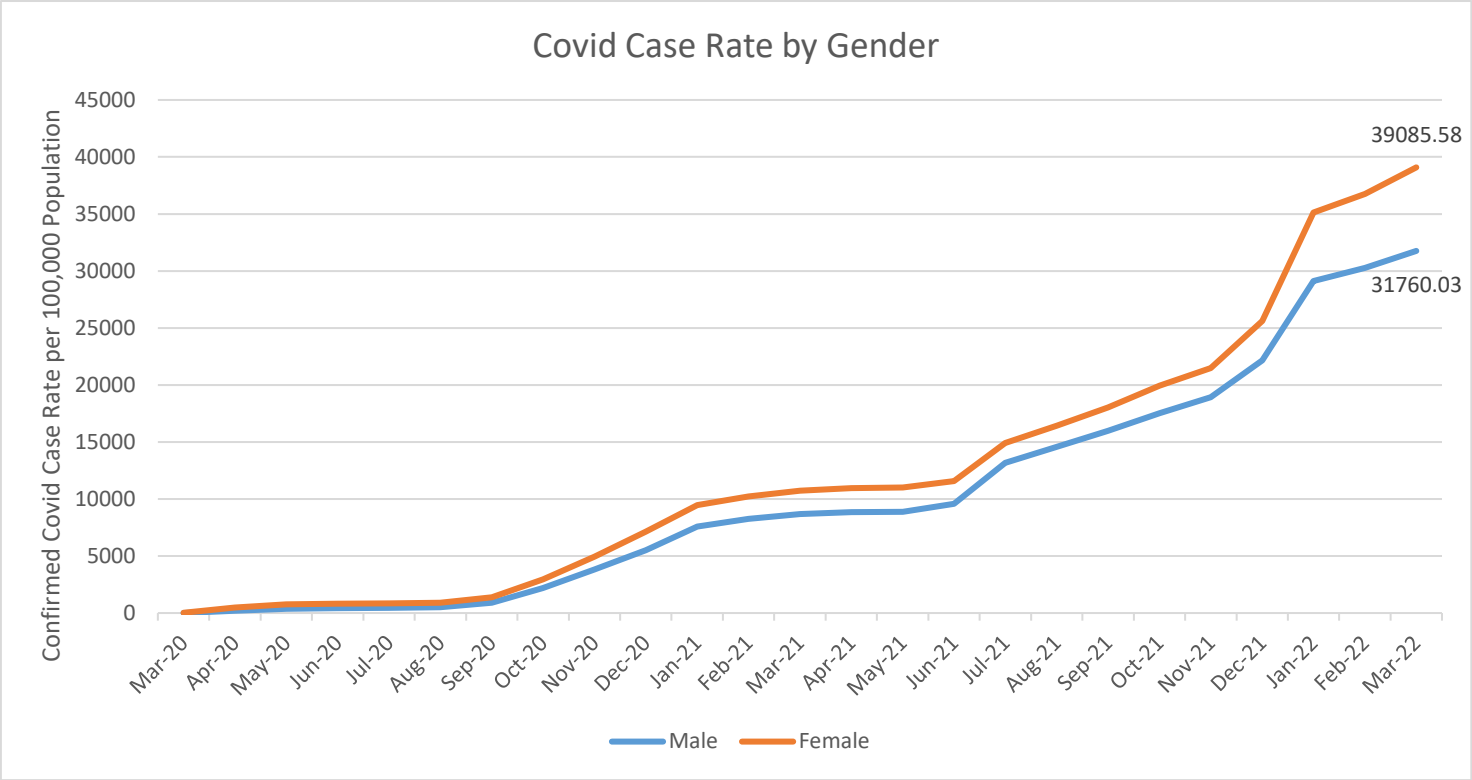
In an average Hartlepool street of 100 people, 36 people had tested positive for Covid-19 by March 2022 (when most free Covid-19 testing ended).

Number of people who had tested positive for Covid-19 on an “average” Hartlepool street of one hundred people by March 2022

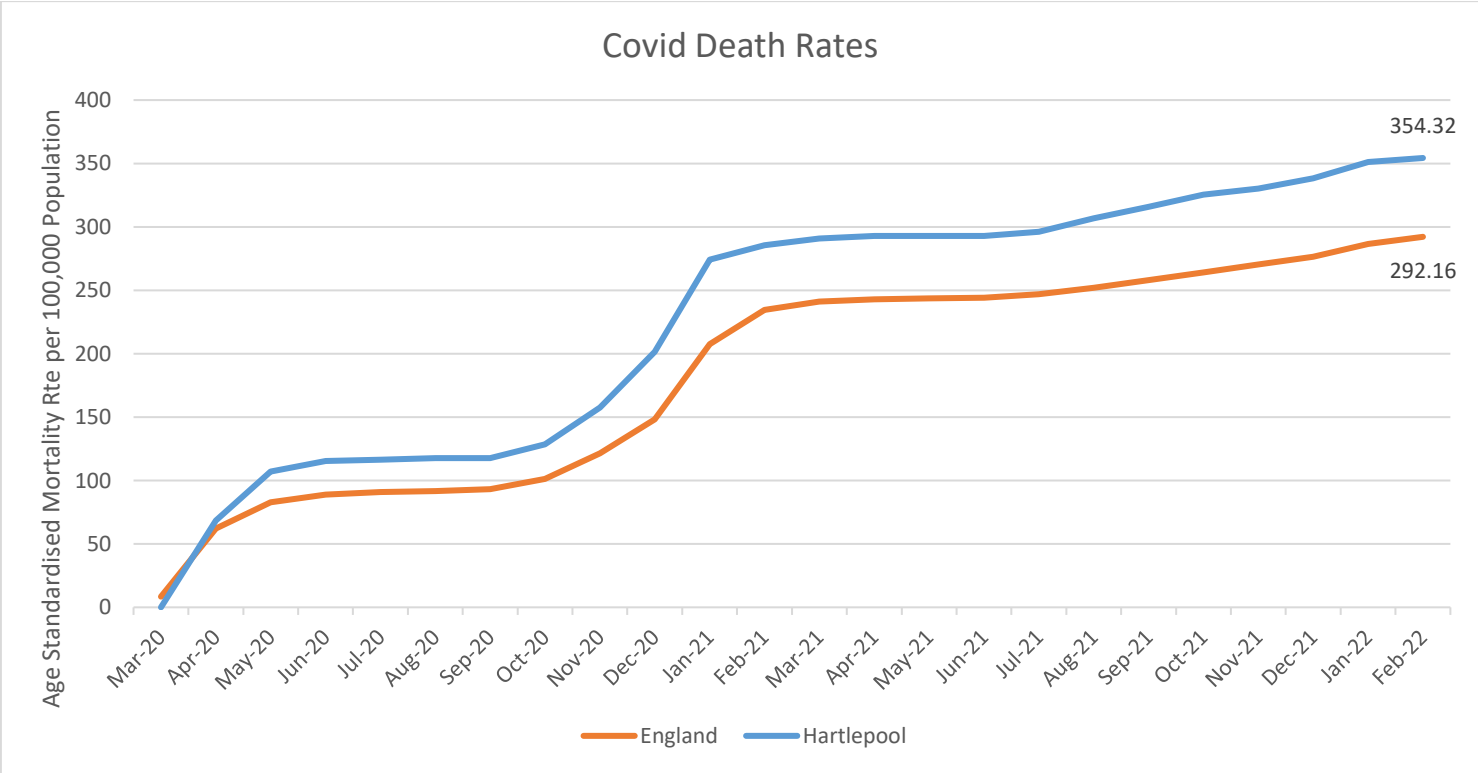


In an average English street of 100 people, 32 people had tested positive. Women were more likely to catch Covid than men.





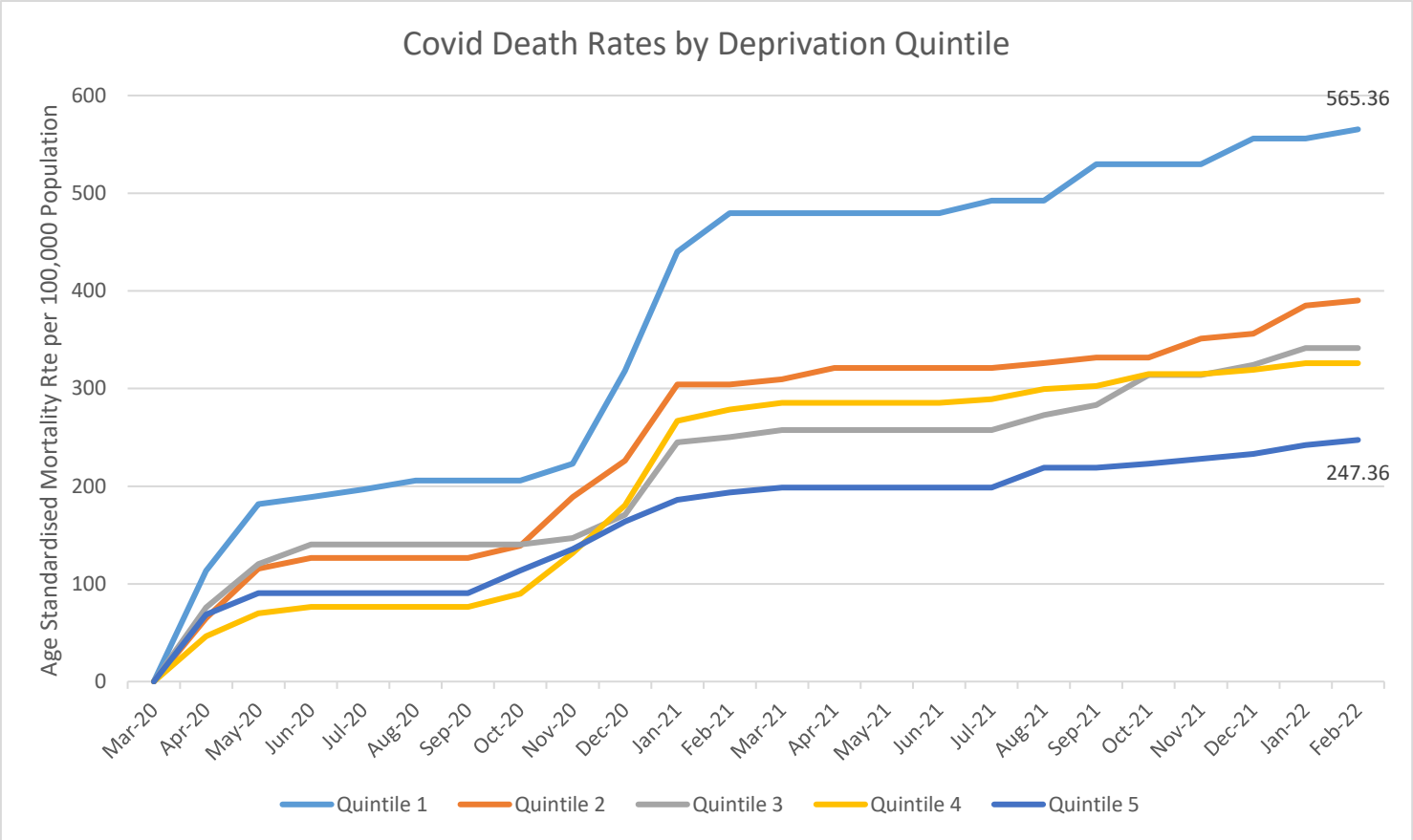
By February 2022 there were 350 Covid-19 deaths per 100,000 people in Hartlepool compared to 290 deaths per 100,000 people in England.



Source: CHIME 2022

Within Hartlepool, people living in poorer (more deprived) areas were more likely to die of Covid-19 than those in richer areas. The graph divides Hartlepool into five groups (quintiles) depending on how rich or poor an area is and compares the death rates.

The death rate in the most deprived population (Quintile 1), was more than twice that of the least deprived population (Quintile 5).



Source: CHIME 2022

Conclusion

This document outlines some additional data to provide a baseline summary of Hartlepool. It describes some of the challenges, and inequalities, in Hartlepool as well as some good news. There is always more data that can be analysed and new updates to data. The [Fingertips](#) tool from the Office for Health Improvement & Disparities offers up-to-date data on a range of Public Health measures.

As well as analysing data, it is important to act together to make a difference. The final section of the Director of Public Health Report discusses ways in which we can all work together to improve health and wellbeing in Hartlepool.

# HEALTH AND WELLBEING BOARD

28 November 2022



**Report of:** Director of Public Health

**Subject:** PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH

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## 1. PURPOSE OF REPORT

- 1.1 To seek agreement from the Health and Wellbeing Board for the proposed submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool.

## 2. BACKGROUND

- 2.1 The Prevention Mental Health Concordat (Mental Health Concordat) is the Office for Health Improvement and Disparities (OHID) prevention and promotion framework for better mental health designed for local systems. It was originally launched in 2017 and has been reviewed and relaunched following COVID 19.
- 2.2 In 2020 Hartlepool received Better Mental Health funding of £269,341 to fund local projects across Hartlepool to address mental health difficulties arising from the COVID-19 pandemic. In total 13 projects were funded and an internal evaluation is ongoing. A condition of the funding was a commitment to the development of a 12 month prevention and promotion action plan (attached as **Appendix 1**), and signing the Prevention Concordat consensus statement, which sets out a shared commitment for signatories to work together through local and national action to prevent mental health problems and promote good mental health.
- 2.3 The action plan highlights a five-domain framework for local action alongside OHID guidance as to what can be included as evidence under each of the domains.

The domains are:

- Leadership and Direction
- Understanding local need and assets
- Working together
- Taking action
- Defining success

The steps required for submission are:

Step 1. Complete the local Prevention Concordat action plan template attached

Step 2. Senior leader/CEO of organisation to commit and sign up to approved action plan

Step 3 e-mail submission to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)

Step 4. Confirmation of receipt

Step 5. A panel will review and consider for approval the action plan submitted (within one month of submission date).

2.4 Public Health are in the process of completing step one of the draft application and will include regular discussion with partners and input from the regional OHID Public Mental Health Lead, whilst other Local Authority area submissions have been reviewed to inform development locally.

2.5 To comply with step 2 of the application process it is recommended that the Mental Health Concordat is shared with and signed off by the Chief Executive for the Local Authority.

### **3. PROPOSALS**

#### **3.1 Submission**

Public Health complete the action plan with consultation with partners and get senior leader sign off.

#### **3.2 Governance and Oversight following submission**

It is proposed that this will be provided by the Tees Mental Health and Wellbeing Alliance and updates presented to the Health and Wellbeing Board. This group provided oversight of the Middlesbrough and Redcar Prevention Concordat and also oversight of local Suicide Prevention Plans and the Drug and Alcohol related deaths process.

#### **3.3 Delivery of the action plan**

It is proposed that Public Health work with partners and in particular the Hartlepool Health and Wellbeing Alliance and the Hartlepool Mental Health Forum as a mechanism for delivery of the action plan. This work will be integrated into work already happening to prevent duplication.

**4. RISK IMPLICATIONS**

- 4.1 No risk implications identified.

**5. FINANCIAL CONSIDERATIONS**

- 5.1 There have been no financial considerations identified with this process.

**6. LEGAL CONSIDERATIONS**

- 6.1 No legal considerations identified.

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

- 7.1 No equality and diversity issues have been identified, however needs assessments will identify vulnerable groups.

**8. STAFF CONSIDERATIONS**

- 8.1 No staff considerations have been identified.

**9. ASSET MANAGEMENT CONSIDERATIONS**

- 9.1 No asset management considerations have been identified.

**10. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS**

- 10.1 None identified.

**11. RECOMMENDATIONS**

- 11.1 For the Health and Wellbeing Board to agree proposals set out for submission, governance and delivery of the Prevention Concordat for Better Mental Health for Hartlepool.

**12. REASONS FOR RECOMMENDATIONS**

- 12.1 A condition of the funding Hartlepool received as part of the Better Mental Health Fund.

- 12.2 Focuses on prevention and the wider determinants of mental health to impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.
- 12.3 Supports joint cross sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at the local level drawing on the expertise of people with lived experience of mental health problems, and the wider community.
- 12.4 Encourages collaborative work across organisational boundaries and disciplines to secure place based improvements that are tailored to local needs and assets.
- 12.5 Builds the capacity and capability across our workforce to prevent mental health.

### 13. CONTACT OFFICERS

Craig Blundred  
Director of Public Health  
Email: [Craig.Blundred@hartlepool.gov.uk](mailto:Craig.Blundred@hartlepool.gov.uk)

Claire Robinson  
Public Health Principal  
Email: [Claire.Robinson@hartlepool.gov.uk](mailto:Claire.Robinson@hartlepool.gov.uk)



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## Prevention Concordat for Better Mental Health: Commitment level

### Information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the [Prevention Concordat for Better Mental Health Consensus Statement](#). You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

### The Prevention Concordat Commitment level registration process

**Step 1.** Complete a first draft of your Prevention Concordat Commitment action plan using the template below and send it to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk).

*(Attach any supporting documents that you may want to share)*

**Step 2.** Your PHE regional lead will contact you to arrange an informal conversation and give feedback on your proposed plan.

**Step 3.** Make any changes to your action plan based on feedback.

**Step 4:** Once your application is complete you will need to obtain the signature of your most senior leader or Chief Executive Officer for formal approval of your plan.

**Step 5.** E-mail your final submission to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk)

**Step 6.** The national Public Mental Health team will review your application and will be in touch with the result within 2-4 weeks of the submission date.

**Step 7:** Following this, the national team will dispatch a certificate to the lead contact for your organisation.

**Step 8:** The national team will follow up progress after 12 months. New aspects of the programme to provide support and progression for existing signatories will be developed in 2021.



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## Section 1 - Registration form

*Please note: If you are signing up on behalf of a partnership, e.g. health and wellbeing board, integrated care system, sustainability and transformation partnership or another type of partnership, please provide name, email, telephone number and job title of all the lead officers. Add additional columns as needed.*

<b>Lead contact name</b>	
<b>Lead contact details</b>	Email: Telephone number:
<b>Job title of lead officer</b>	
<b>Name of organisation / partnership.</b>	
<b>Local authority/region</b>	
<b>Post code</b>	
<b>Weblink</b>	
<b>Twitter handle</b>	
<b>Organisation or Partnership</b>	
<b>Please tell us more about your organisation's work</b> (no more than 150 words)	
<b>Please list any partners you are working with</b>	
<b>Please give a lead contact name and email for each member of the partnership</b>	



## Section 2 – Action Plan

The Prevention Concordat for Better Mental Health is based on [the five-domain framework for local action](#). Please describe what you are planning to commit to in the **next 12 months** for your organisation/area using the form below. Please take into account the mental health impacts of COVID-19 when completing this action plan.

*(See the question prompts to support completion of this section).*

Domain	Proposed actions	Lead	Timeframe
<b>1. Understanding local need and assets</b> <b>Prompts</b> <ul style="list-style-type: none"><li>▪ <i>Are you undertaking or are you planning a mental health needs assessment that takes prevention of mental-ill health and promotion of wellbeing into account?</i></li><li>▪ <i>How will you collect and analyse quantitative and qualitative data?</i></li><li>▪ <i>How will you engage with local communities to map assets which can protect and promote mental health and wellbeing?</i></li><li>▪ <i>How will (or does) your needs assessment take account of Covid19's disproportionate impact on different groups?</i></li></ul>			
Domain	Proposed actions	Lead	Timeframe



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<b>2. Working together</b> <b>Prompts</b> <ul style="list-style-type: none"><li>▪ <i>Are you collaborating with other organisations (e.g.: local employers, voluntary sector, other public sector - e.g.: NHS/local authorities, emergency services?)</i></li><li>▪ <i>Are you working collaboratively within your organisation (with other departments/directorates or groups)</i></li><li>▪ <i>Are you working with a diverse range of communities (eg: Black Asian and minority ethnic groups, LGBT plus, those with long-term health conditions/disability), including those with lived experience of mental ill-health?</i></li></ul>			
<b>Domain</b>	<b>Proposed actions</b>	<b>Lead</b>	<b>Timeframe</b>
<b>3 (a). Taking action on prevention/promotion of mental health</b> <b>Prompts</b> <ul style="list-style-type: none"><li>▪ <i>Are you planning on delivering both universal interventions (i.e. population wide) and targeted interventions (i.e. to those at greater risk/vulnerable groups as</i></li></ul>			



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<p><i>well as those with existing mental health problems)?</i></p> <ul style="list-style-type: none"><li>▪ <i>Are you taking action across the life-course (i.e. children and young people, working age adults, older people)</i></li><li>▪ <i>Are you taking action on the social determinants of mental health (employment, education, housing/homelessness, poverty, debt, etc)</i></li><li>▪ <i>How will you promote and protect good mental wellbeing in settings such as schools and workplaces, including your own staff's wellbeing?</i></li></ul>			
Domain	Proposed actions	Lead	Timeframe
<p><b>3 (b). Taking action to reduce mental health inequalities</b></p> <p><b>Prompts</b></p> <ul style="list-style-type: none"><li>▪ <i>What steps are you taking to address the social and economic disadvantages that underlie mental health inequalities?</i></li><li>▪ <i>What steps are you taking to address discrimination, racism and exclusion faced by particular local communities?</i></li></ul>			



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<ul style="list-style-type: none"><li>How are you addressing mental health stigma?</li></ul>			
<b>Domain</b>	<b>Proposed actions</b>	<b>Lead</b>	<b>Timeframe</b>
<b>4. Defining success/measuring outcomes</b> <b>Prompts</b> <ul style="list-style-type: none"><li>What is the impact you are looking to measure?</li><li>What are your agreed outcomes?</li><li>How will you measure and monitor them?</li><li>Do you have effective monitoring plans in place with regular reporting?</li></ul>			
<b>Domain</b>	<b>Proposed actions</b>	<b>Lead</b>	<b>Timeframe</b>
<b>5. Leadership and Direction</b> <b>Prompts</b> <ul style="list-style-type: none"><li>Do you have a Mental Health Champion?</li><li>Is there a stated commitment and support from 'the top level' of the organisation?</li><li>How will you ensure clear leadership and vision for prevention and promotion of better mental health across the organisation or partnership?</li></ul>			



## Section 3 - Senior leadership/CEO sign off

Please let us know if you would like to be contacted to provide short statements on your progress to use in communication pieces, such as bulletins, social media, etc.

<b>Is your organisation/ partnership happy to provide key impact headlines or quotes when contacted related to your Prevention Concordat Commitment?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
<i>The purpose of this information is from promotion purposes, to support us to inspire others and share good practice.</i>	
<b>Upload Senior leader/CEO signature and organisation logo.</b> <i>If you are signing up on behalf of a partnership, please include signatures and logos from all the organisations</i>	

Please attach any additional documents that you may want to share to support your commitments, e.g. strategies, plans project outlines. For example, your health and wellbeing strategy.