Live Well South Tees Board

Thursday 19 December 2019, 3pm – 5pm

South Tees CCG, Trinity Mews, North Ormesby.

	Agenda item	Priority	Time
1.	**Welcome and introductions** *Cllr Mary Lanigan/ Cllr Antony High*		3 pm
2.	**Apologies for absence** *Cllr Mary Lanigan/ Cllr Antony High*		
3.	**Declarations of interest** *Cllr Mary Lanigan/ Cllr Antony High*		
4.	**Minutes of Meeting 26 September** *Cllr Mary Lanigan/ Cllr Antony High*		3.05pm
Development Item			
5.	**New Delivery Models to Support Vulnerable People** *Mark Adams - Assistant Director Communities and Health - Public Health South Tees*	1,2,3	3.10pm
Items for discussion			
6.	**South Tees Delayed Transfers of Care (DTOC) Peer Challenge Report and Improvement Plan** *Kathryn Warnock – South Tees Integration Programme Manager*	1,2	3.40pm
7.	**South Tees Hospitals NHS Foundation Trust - Briefing** *Alan Downey, Chair, South Tees Hospitals NHS Foundation Trust*	1,2,3	3.50pm

8.	**Tees Safeguarding Adults Board** • **2018/19 Annual Report** • **2019/20 Strategic Plan.** *Ann Baxter, Independent Chair, Tees Safeguarding Adults Board*	1,2	4.05pm
9.	**Children's Safeguarding** • **Children's Safeguarding Partnership – briefing on new arrangements** *Ros Pluck,* Partnership Manager, South Tees Safeguarding Children Partnership	1,2	4.20pm
10.	**Healthwatch South Tees - SEND Report** *Dr Ian Holtby, Chair of Healthwatch South Tees*	1,3	4.35pm
11.	**Health and Wellbeing Executive Chair's report (assurance report)** *Dr Ali Tahmassebi, Chair of Health and Wellbeing Executive*	1,2,3	4.45pm
12.	**Health and Wellbeing Work Programme** *Kathryn Warnock, South Tees Integration Programme Manager*	1,2,3	4.55pm
Date and time of next meeting: **3pm - Thursday 12 March 2020** **Board Room, South Tees Clinical Commissioning Group,** **14 Trinity Mews, North Ormesby Health Village**			

Priority 1 - Inequalities
Priority 2 - Integration
Priority 3 - Information and Intelligence

26 September 2019

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on 26 September 2019 at Redcar & Cleveland Leisure and Community Heart.

PRESENT Chair: Councillor A High;
Councillors: A Barnes, B Cooper, S Kay, M Ovens, M Smiles and L Westbury;
N Bailey, T Boyd, L Donaghue, D Gardner, D Jackson, S Johnson, E Kunonga, M Milen, P Rice, A Tahmassebi, F Toller, K Warnock and H Watson.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors D Davison and M Lanigan, and M Davis, A Downey, S McArdle, C Martin, L Orchard, E Scollay, T Parkinsinson, C Smith and J Walker.

DECLARATIONS OF INTEREST

Councillor L Westbury declared a non-pecuniary interest in all items that related to South Tees NHS Foundation Trust as an employee of the Trust.

1. **MINUTES**

AGREED that the minutes of the meeting held on 21 March 2019 be confirmed and signed by the Chair as a correct record.

2. **LIVE WELL SOUTH TEES BOARD REVIEW OF TERMS OF REFERENCE AND MEMBERSHIP**

The South Tees Integration Programme Manager presented a report detailing the Terms of Reference for the Live Well South Tees Board.

In December 2018 Tees Valley Audit and Assurance Services reported its findings from an audit of partnership governance which included the governance for the Live Well South Tees Board. The recommendations from that report had informed the revised terms of reference namely:

- How decisions will be made
- Public access to the meetings and the right to ask questions
- Calling an extraordinary meeting
- Quorum arrangements.

A Member requested that in future there was a standing agenda item included on the Live Well South Tees Board agenda for children's issues.

Agreed that the Live Well South Tees Board approved the revised terms of reference, and a standing agenda item be included on the Live Well

South Tees Board agenda for children's issues.

3. **CUMBRIA AND NORTH EAST INTEGRATED CARE SYSTEM**

The Head of Strategic Development, North East and North Cumbria Integrated Care System, presented a report and gave a presentation which detailed the Integrated Care System (ICS) for the North East and Cumbria Region.

On the 19th June 2019 the North East and North Cumbria was confirmed by NHS England as one of a small number of ICS's across the country. It was important how the NHS and partner organisations worked together as a system to improve the health and wellbeing of the communities that they served.

Healthy life expectancy in the North East and North Cumbria remained amongst the poorest in England, with high unemployment and low levels of decent housing, and there were significant areas of deprivation. These factors contributed to some of the starkest health inequalities, early death rates and the highest sickness levels in England.

The ambition was to significantly improve health outcomes for people in the North East and North Cumbria by working with, and through, communities, partner organisations and staff.

As part of the ensuing discussions, the following comments were made:

- A Member asked for further detail with regard to what area was being covered and if it included any of North Yorkshire. Members were advised that the area had not really changed but discussions were currently ongoing.
- A Member asked about North East Ambulance Service and North Yorkshire Ambulance Service. Members were advised that North Yorkshire Ambulance Service were a separate service but both services did collaborate when required.
- A Member discussed the importance of educating people around standards of living, poverty and employment as this would make a positive contribution to NHS services**: -NOTED.**

4. **OPPORTUNITIES FOR INTEGRATED DELIVERY, COMMISSIONING AND INTELLIGENCE – PLACE BASED WORKING – COMMUNITY MODEL**

The Director of Operations – South Tees NHS Hospitals Foundation Trust gave a presentation which detailed the opportunities for integrated delivery, commissioning and intelligence place based working.

As part of the ensuing discussions, the following comments were made:

- A Member asked what would happen with regard to CQC

inspections where GP practices joined together. Members were advised that the practices would be delivering a range of services together but it would not affect individual CQC inspections or funding for practices. It was hoped that where practices did deliver joint services, the better rated practices would provide best practice to the others, and therefore it was hoped it would improve CQC inspection ratings of all practices.

- A Member commented on people unable to get appointments with their GPs. Members were advised that there was a national shortfall of GPs and this was not expected to improve for around 5 years. Social prescribing by pharmacists was being investigated which may help alleviate the problem.
- Members discussed mental health issues and requested that a report be prepared by Tees, Esk and Wear Valleys (TEWV) and be presented to a future meeting of the Live Well South Tees Board.

Agreed that the report be noted and also a report on mental health be prepared by Tees, Esk and Wear Valleys (TEWV) and be presented to a future meeting of the Live Well South Tees Board.

5. **HEALTHWATCH SOUTH TEES ANNUAL REPORT AND FORWARD WORK PROGRAMME**

The Chair of Healthwatch South Tees presented a report updating the Live Well South Tees Board with the work that had been undertaken by Healthwatch South Tees since the Board's last meeting.

Some of the pieces of work included:

- NHS Long Term Plan Engagement
- Team Development
- Quality Accounts
- Enter and View Report
- Public Engagement

The Chair of Healthwatch South Tees then presented the Annual Report for 2018/19.

Agreed that the reports be noted and future updates be presented to the Live Well South Tees Board.

6. **HEALTH AND WELLBEING ANNUAL REPORT 2018/19**

The Director of Public Health South Tees presented the Annual Report for 2018/19 which set out the progress made under each of the following Live Well South Tees Board functions:

- Key Themes and highlights from 2018/19
- Fulfilment of Statutory Duties
- System Oversight and Influence

- Community Engagement and Campaigns.

The Live Well South Tees Board had the following statutory duties:

- The Board must have a Health and Wellbeing Strategy for its population in place;
- The Board must produce a Joint Strategic Needs Assessment (JSNA) to inform planning and commissioning;
- The Board must produce a Pharmaceutical Needs Assessment (PNA) for the area; and
- The Board must oversee the Better Care Fund (BCF) and promote integration of health, public health and social care where appropriate.

The report set out the priorities for the Live Well South Tees Board and detailed the progress made against each during 2018/19**: -NOTED.**

7. **HEALTH AND WELLBING EXECUTIVE CHAIR'S REPORT**

The Chair of the Health and Wellbeing Executive presented a report and provided assurance that the Health and Wellbeing Executive was fulfilling its statutory obligations. An update was provided on progress with the delivery of the Board's vision and priorities. An update was provided on each of the following areas:

- PNA;
- BCF 2019/20;
- CCG Merger;
- Spending Round 2019; and
- LGA Peer Review – Delayed Transfer of Care.

Agreed that the Live Well South Tees Board endorse the Health and Wellbeing Executive's recommendation to submit the BCF templates as detailed within the report.

8. **LIVE WELL SOUTH TEES BOARD WORK PROGRAMME**

The Director of Public Health South Tees presented a report detailing the work programme for the Live Well South Tees Board for the 2019/20 municipal year. He advised that the next meeting would focus on substance misuse.

Members requested that the following items be added to the work programme:

- CAMHS Transformation Plans
- South Tees Local Safeguarding Arrangements for Children
- Young People – Mental Health Survey by Healthwatch
- Mental Health Workshop**: - NOTED.**

26 September 2019

9. **ANY OTHER BUSINESS**

The Chair commented that it was disappointing to see that the Chief Executive of South Tees Hospitals NHS Foundation Trust had submitted her resignation. He requested that a presentation be made to the Live Well South Tees Board detailing the changes that would be made within the organisation following the resignation.

Members discussed the two serious incidents that had taken place at Marton Country Club and the former SSI site. The Chair thanked officers and staff from emergency services and sent condolences to the victim's families.

Agreed that a presentation/report be provided to the next meeting of the Live Well South Tees Board detailing the changes that would be made within the South Tees Hospitals NHS Foundation Trust following the Chief Executives resignation.

Agenda Item 5

New Delivery Models to Support Vulnerable People

Mark Adams - Assistant Director
Communities and Health - Public Health
South Tees

New Delivery Models to Support Vulnerable People

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	19 December 2019
From:	Mark Adams; Public Health South Tees	**Agenda:**	5
Purpose of the Item	The Board requested a **developmental item** at the December Board meeting to consider how the Board can support the development of multi-agency approaches to support vulnerable people in Middlesbrough and Redcar & Cleveland.		
Summary of Discussion Points	▪ Consider how partners (for example Mental Health Services, Social Care Departments, Cleveland Police) could engage in future phases in the development of the models. ▪ Consider the most effective way that other strategic groups (for example the Crisis Care Concordat, South Tees System Design and Delivery Group, A&E Delivery Board, Integrated Commissioning Board etc) could engage in the development of the models. ▪ Consider what type of support partners can offer where resources are constrained.		

1 PURPOSE OF THE REPORT

1.1. The Board requested a developmental item at the December Board meeting to consider how the Board can support the development of multi-agency approaches to support vulnerable people in Middlesbrough and Redcar & Cleveland.

1.2 The purpose of this note is to:

- Update the Live Well South Tees Board on plans to develop new delivery models to support vulnerable people.
- Consider how partners (for example Mental Health Services, Social Care Departments, Cleveland Police) could engage in future phases in the development of the models.
- Consider the most effective way that other strategic groups (for example the Crisis Care Concordat, South Tees System Design and Delivery Group, A&E Delivery Board, Integrated Commissioning Board etc) could engage in the development of the models.
- Consider what type of support partners can offer where resources are constrained.

2 BACKGROUND

2.1 Too many adults never achieve their full potential merely "existing" in society and often falling through the net of complex systems that they are ill equipped to navigate their way

through. People who are just coping or vulnerable are not "of a type". They are all different, although they have some things in common. They are all used to being passed around and misunderstood by systems. They have all presented to many services and organisations many, many times because they are still struggling. None of them feel understood.

2.2 Middlesbrough and Redcar and Cleveland Councils are considering new approaches to support vulnerable people within reducing resources (£1.3M in Middlesbrough and £873k in Redcar and Cleveland) , initially across the following services:

- Homelessness;
- Substance Misuse;
- Domestic Abuse;
- Sexual Violence;
- Transformation Challenge Team (RCBC only);
- Welfare Rights (MBC only)

2.3 The timescales for the development of the new models in each area are outlined below:

	Middlesbrough	Redcar & Cleveland
Market Sounding Event	19 Nov '19	19 Dec '19
Commence Procurement Process	02 Jan '20	20 Jan '20
Select Partner		16 Jun '20
Complete Development of the model		11 Aug '20
End Procurement Process	30 Aug '20	21 Sep '20
New Model Go Live	01 Sep '20	21 Sep '20

2.4 The key messages from the recent engagement exercises in Redcar and Cleveland amongst current users of the Recovery and Wellbeing Service (substance misuse) and the Domestic Abuse services and the Homelessness Review in Redcar and Cleveland (reflected in similar exercises in Middlesbrough) include:

- Many people didn't recognise that they were in abusive relationships – it happened slowly or it was "normal" behaviour to them and as such they were unclear who could help or where to go for help;
- Accessing support can be difficult - children's social care, housing services, financial and benefits advice, work, relocating, uprooting children and the legal systems are all too complex to think about navigating. Often people accessing the same service would have very mixed and often extreme experiences
- The first contact with services has a big impact on how much or how little people will engage with support, both now and in the future. These positive or negative experiences are not about the type of "intervention" – but are determined by how individuals are made to feel by the person or people offering the support. When we asked people what they needed when seeking help, they told us that they just needed people to "be kind, not judge, be patient, understand, listen and don't give up on me";
- People need help with a range of problems such as health, finance, housing and

education and whilst they need support for all of this, they find it difficult to deal with so many different agencies. Because of this, people told us they find it difficult to build relationships with all of the professionals involved;

- Life for those experiencing domestic abuse is not easy, people told us that there shouldn't be a time limit on support and that because the impact of domestic abuse lasts a lifetime, support should be available long after the initial crisis;
- Individual needs and feelings change, people told us they need to be able to "dip in and out" of different types of support easily and that support should be available for as long or as short a duration as the individual needs and at any point in time. Support shouldn't take the form of a "one-size fits all" programme;
- It was important for people to be able to access support within their community and in "normal" settings and places, where everyone goes;
- It was really valuable to speak with, and support others, who have a shared experience;
- There are many barriers that prevent people from seeking, or continuing to access help and support. A common response was that often people didn't feel understood; they also felt fearful of rejection or of being judged by those in authority. That stigma, a feeling of being judged or labelled and the associated embarrassment, stopped them from seeking help;

2.5 The term "vulnerable person" is imperfect, as it is deficit-based and potentially broad in its application. The temptation to develop criteria to more accurately describe the features of a "vulnerable person" has been deliberately avoided as the risk is that in doing that we exclude people who are vulnerable in different ways to that described. To illustrate the kind of person we are aiming to support we have developed a short video of two Transformation Challenge clients.

3 INTERNAL CONNECTIONS

3.1 **Connections within the Core Services are important**: these services are all connected with cross-cutting issues and underlying causes cutting across the service offers:

- Alcohol was present in 25% of all reported domestic abuse incidents in Redcar & Cleveland;
- 25% of approaches to the Homelessness Team in Redcar and Cleveland are due to domestic abuse;
- Transformation Challenge clients having issues with alcohol (34%) and drugs (25%)
- Nearly a fifth of people in treatment for substance misuse who reported their living situation, said they had a housing problem. This includes 8% who said they had an urgent housing problem, which largely equates to being homeless; a further 11% reported other housing problems, such as staying with friends or living in a hostel;
- Analysis of 321 Closed Transformation Challenge cases with housing issues:
    - Breach of Tenancy (72 clients on entry; 9 on exit)
    - Notice of eviction (36 to 7)
    - State of disrepair (100 to 6)
    - Poor Domestic Hygiene (130 to 18)

3.2 The term "Toxic Trio" has been used to describe the issues of co-existing domestic abuse, substance misuse and mental ill-health, which have been identified as indicators of increased risk of harm to individuals and families. This can also severely and adversely impact on safeguarding children and young people, physical health, housing and financial situations. This results in increased risk for some of the most vulnerable people in our communities. There are an increasing number of individuals and families identified as experiencing multiple, complex needs in Middlesbrough.

3.3 The prevalence of significant harm across South Tees is also highlighted by the levels of drug related deaths, suicides and domestic homicides. In all three of these areas, the North East regional average is higher than the English national average, and those for Middlesbrough and Redcar and Cleveland are significantly higher again.

3.4 The engagement exercises demonstrate that there is often a gap in terms of the most appropriate service taking a lead in co-ordinating the overall care and support offered to individuals. This is a system-wide issue, rather than related to the failings of individual providers, however it can result in significant duplication and issues, including:

- Service users repeatedly being subjected to multiple assessments, potentially revisiting significant trauma;
- The right intervention at the right time not being offered causing issues to escalate;
- People getting stuck in a single service;
- Those in need of support disengaging or 'falling into the cracks' between services;
- High levels of non-attendance at referral appointments;

4 EXTERNAL CONNECTIONS

4.1 **Connections outside these Core Services are equally important**: whilst all agencies have an interest in, and are affected by vulnerable people and the issues they face, connection between agencies and services is often less than optimal: over half of substance misuse service users **self-refer** into recovery or treatment services. The only other referral route being consistently over 10% (of total referrals) is the criminal justice system (Police, Probation, court mandated treatment etc.); the NHS as a whole (e.g. GPs, A&E, hospitals, mental health, etc.) accounts for less than 10% of referrals.

4.2 **Mental health** issues were cited as the biggest barrier to both accessing substance misuse services in the first place and in successful recovery. Better links to mental health support was the most frequent response to the question on gaps are or areas that we can improve.

4.3 Domestic violence, drugs and alcohol all feature heavily as factors in **children's social care assessments**: domestic abuse was included as a factor (65% in Redcar and Cleveland; 56% in Middlesbrough); drugs (35% and 33%); alcohol (30% and 20%). Reporting in Redcar and

Cleveland is higher than other Tees authorities across all factors.

4.4 3,845 incidents of domestic abuse in Redcar & Cleveland were reported to **Cleveland Police** during 2018/19 (a 19% increase on previous year); 2,339 (61%) were domestic abuse crimes, of which only 221 (9%) ended in a positive result for the victim. Over 40% of domestic abuse incidents involve a repeat victim.

4.4 **The potential benefits of working with vulnerable people in a different way are not equally distributed**. Transformation Challenge is an intensive key working model in Redcar and Cleveland that supports vulnerable people by developing relationships to better understand the underlying causes behind presenting issues. The Cost Benefit Analysis tool calculates notional costings for a broad range of interventions based on unit costs. The cost calculator compares the number and cost of interventions in the period covering 6 months prior to Community Key Worker intervention and 6 months with Community Key Worker intervention. Whilst the tool provides an indication of cost savings this does not necessarily translate to cashable savings, and should be viewed more as supporting demand management or released capacity in the system.

4.5 Analysis of 220 closed Transformation Challenge cases demonstrates the following "savings" by agency:

Agency	**Gross Cost 6 months before**	**Gross cost with intervention**	**Gross Saving**
Criminal Justice System (courts, probation)	£1,896,623	£20,400	£1,876,223
NHS	£1,055,884	£66,567	£989,317
Social Services	£708,435	£5,077	£703,358
Police	£325,794	£20,000	£305,794
Local Authority (Recovery & Independence Team; OT assessments & equipment)	£132,656	£28,766	£103,890
Housing Association	£68,868	£0	£68,868
Fire Service	£29,044	£0	£29,044
YOT	£15,406	£0	£15,406
Education	£9,105	£0	£9,105
Total:	**£4,241,815**	**£140,810**	**£4,101,005**

It should be noted that most of this demand reduction reflects the shift from "falling through the net of complex systems that vulnerable people are ill equipped to navigate their way through" – where resources are "consumed" through A&E, primary care, inpatient stays, police call outs (either as the victim or perpetrator of anti-social behaviour), through the court and probation systems and social services, but **to no great effect to the person's situation** – to a position where the vulnerable person is more in control of their life.

5 DISCUSSION

5.1 The development of models to support vulnerable people in both Middlesbrough and Redcar and Cleveland should be considered as a **platform for further development** that includes a more in depth consideration of the external connections described above.

5.2 Consider how partners (for example Mental Health Services, Social Care Departments, Cleveland Police) could engage in future phases in the development of the models.

5.3 Consider the most effective way that other strategic groups (for example the Crisis Care Concordat, South Tees System Design and Delivery Group, A&E Delivery Board, Integrated Commissioning Board etc) could engage in the development of the models.

5.4 Consider what type of support partners can offer where resources are constrained.

6 CONTACT OFFICER

6.1
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Agenda Item 6

South Tees Delayed Transfers of Care (DTOC) Peer Challenge Report and Improvement Plan

Kathryn Warnock – South Tees Integration Programme Manager

South Tees Delayed Transfers of Care - Peer Challenge

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	19 December 2019
From:	South Tees Integration Programme Manager	**Agenda:**	6
Purpose of the Item	The purpose of this report is to consider the findings from the recent South Tees Delayed Transfer of Care (DTOC) peer challenge and the proposed plans to ensure that there is sustainable improvement in patient flow.		
Summary of Recommendations	Live Well South Tees Health and Wellbeing Board are asked to consider the following and make a agreed to: • the development of a draft strategy - Why Not Home? Why Not Today? - to ensure that people return home from hospital safe and well to their own homes, to be considered at a future meeting • the proposed governance arrangement and support the establishment of a programme board to drive the delivery and implementation of the strategy and improvement plan • the emerging improvement plan and agree to receive regular updates on its implementation		

1 PURPOSE OF THE REPORT

1.1. The purpose of this report is to consider the findings from the recent South Tees Delayed Transfer of Care (DTOC) peer challenge and the proposed plans to ensure that there is sustainable improvement in patient flow.

2 BACKGROUND

2.1 A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

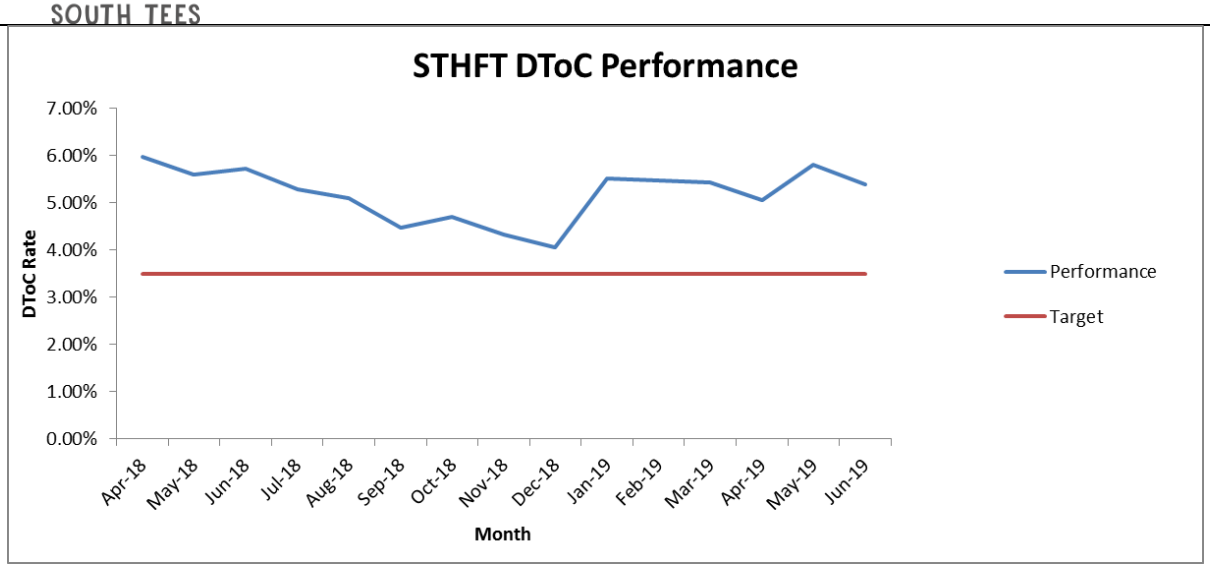
a. A clinical decision has been made that patient is ready for transfer and

b. A multi-disciplinary team decision has been made that patient is ready for transfer and

c. The patient is safe to discharge/transfer.

2.2 In June 2017, the average DToC rate across England as reported by NHS England was **4.9%.** This means that at any one time, **1 in 20** hospital beds across England are occupied by someone who does not need, or want, to be there. And not only that – these individuals are being put at increased risk, simply by being in hospital. Given that just **10 days** of bed rest for an over 80-year-old is known to be equivalent to **10 years** of muscle aging, it is very clear that there is an urgent need to put a stop to people being in hospital any longer than is absolutely necessary.

2.3 In South Tees performance has been historically above the nationally set target of 3.5% as shown below



2.4	Evidence shows that all partners within the health and social care system has as much influence on both the delays and their solutions as the other. DToC is a system problem, and solving it needs effort from all parties. The local system is committed to ensuring that this is improved and will work together to set direction and deliver improvement.
2.5	South Tees local health and social care leaders, on behalf of the Live Well South Tees Health and Wellbeing Board, volunteered for the DTOC per review through the Better Care Fund (BCF) national team. Peer Challenge is not an inspection, it is designed to help local systems to assess current achievements and areas for development and provide a basis for further improvement.
2.6	The peer review team were on site from 17-20th September 2019, and have summarised their findings and recommendations in a report, attached at appendix 1.

3 KEY FINDINGS

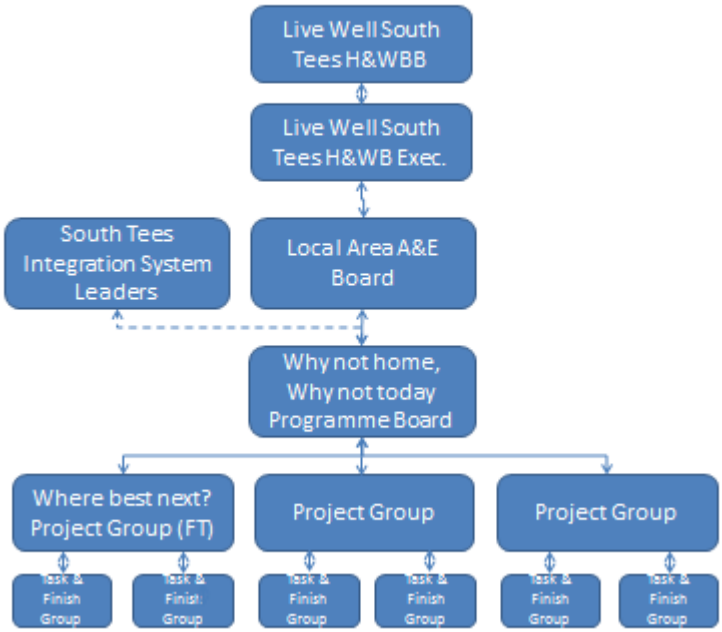
3.1 The key findings from the review include:

3.2

- Performance for Delayed Transfers of Care (DTOC) has stabilised but is still ahead of national targets, a step change in performance improvement has been difficult to sustain.
- Improvement is more reactive, rather than proactive, and not planned or managed at a system level.
- Shared understanding and acceptance of the problems around DTOC at a senior management level across the system and willingness to address these problems at system and organisational level. However it is not clear that poor performance around DTOC is seen as being a system of wider process or pathway issues caused by patient flows.
- A disconnect between acute and community services, both within the organisation and across the system.
- Willingness to work together is at times undermined by organisational pressures.

4	**WHY NOT HOME? WHY NOT TODAY? – Strategy**
4.1	A report produced on behalf of the Better Care Fund, Why Not Home? Why Not Today? –sets out practical steps system can take to begin to drive changes in behaviours, decision making and leadership critical to making a positive impact on patient flow, and ultimately on DTOC.
4.2	It is proposed that we develop an agreed and aligned system wide strategy and one set of joint priorities, framed around improving outcomes for patients - **Why Not Home? Why Not Today?** To ensure that people return home from hospital safe and well to their own homes by creating and sustaining the commitment to make improvements to patient flow in all areas of the health and social care system
4.3	This strategy will be reflective of the commitment to be set out in the South Tees Integration Programme Memorandum of Understanding (currently being developed) to work together to deliver transformational change through integrated working across our health and social care system.
4.4	In order to make sustainable improvement to patient flow, reducing length of stay and ultimately eradicating DTOC requires transformational change, this will take time, once the strategy is agreed the improvement plan will be refined to ensure that actions agreed are reflective of the strategy.
5	**GOVERNANCE - "WHY NOT HOME? WHY NOT TODAY?" – Programme Board**
5.1	The DTOC Peer Challenge Report and the resulting strategy and improvement plan is owned by Live Well South Tees Health and Wellbeing Board, it is proposed that the Local A&E Delivery Board are responsible for ensuring the strategy and improvement plan are delivered and monitored and provide assurance the Health and Wellbeing Board.
5.2	In order to ensure the delivery and implementation of the strategy, its improvement plan and associated projects we need to dedicate space, time and resource to oversee the plan. It is proposed therefore to establish a system wide delivery programme board to drive forward the improvement needed and support the development and delivery of safe discharge pathways ensuring people do not remain in an acute bed for longer than is necessary and partners are working together to manage patient flow through the hospital to ensure people are safely transferred home or to alternative support as part of their ongoing care.
5.3	Commitment is needed from all partners across the system to identify appropriate officers to be active members of the group and ensure that agreed actions are delivered.

5.4	**Governance structure for the Why not home? Why not today? Programme**



6	**IMPROVEMENT PLAN**
6.1	Attached at appendix 2 is an improvement plan which has been developed in response to the findings of the Peer Challenge report.
6.2	It builds on, refines and strengthens the plans already developed and actions underway across the system and within individual organisations to tackle DTOC and Patient flow. However as the strategy and improvement plan is developed some of this activity may need to change/ cease as system priorities are agreed.
6.3	It is proposed that this improvement plan becomes the system wide plan to manage patient flow.
7	**TIMETABLE**
7.1	Below is an indicative timetable to set up the programme.

7.2	• 19 November 2019	South Tees System Leaders
	• 21 November 2019	South Tees A&E Delivery Board
	• 3 December 2019	South Tees HWBB Executive
	• 19 December 2019	Live Well South Tees HWBB
	• Mid-January 2020	Draft Vision and Strategy
	• December 2019	Programme Board established
	• January 2020	Projects/ Initiatives Mapped

	• February 2020	Priority projects identified / task and finish groups established – with clear objectives and deliverables agreed
	• March 2020	Updates to system governance

8 RECOMMENDATIONS

8.1 Live Well South Tees Health and Wellbeing Board are asked to consider the following and make a agreed to:

- the development of a draft strategy - Why Not Home? Why Not Today? - to ensure that people return home from hospital safe and well to their own homes, to be considered at a future meeting
- the proposed governance arrangement and support the establishment of a programme board to drive the delivery and implementation of the strategy and improvement plan
- the emerging improvement plan and agree to receive regular updates on its implementation

9 Contact Officer

Kathryn Warnock, South Tees Integration Programme Manager

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Appendix 1

Department of Health & Social Care

Ministry of Housing, Communities & Local Government

Local Government Association

NHS England

South Tees

Delayed Transfers of Care (DTOC) Peer Challenge

September 2019

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Executive Summary

1. Performance for Delayed Transfers of Care (DTOC) in the South Tees system has stabilised over the last few months at about 5% (compared to the nationally identified target of 3.5%). All partners in the local system acknowledge the issue, understand at least some of its causes, are committed to addressing it, and are working hard on an operational day-to-day basis to do so. But whilst some improvement was achieved in late 2018, the rate has more recently risen once again, and a step change in performance improvement has been difficult to sustain.

2. This may in part be due to the hard work being more reactive than proactive, and not planned or managed at a system level. As a result, single organisations, or localities, or teams, are left trying to "plug gaps" left by deficits in more strategic planning and oversight. This lack of strategic oversight has also led to agreed actions not being followed through, risking disengagement between partners in key improvement activities, and reduction in system confidence that these can be achieved. Establishing a clear, agreed, system-wide strategic vision, an implementation plan designed to improve the flows of people through acute care services, and dedicated space, time and resource to oversee this plan, will all help partners to set clear aims and accountabilities, and ultimately to improve performance.

3. There is a shared understanding and acceptance of the problems around DTOC at a senior management level across the system, and willingness to address these both at organisational and system levels. But it is less clear that poor performance around DTOC is seen as being a symptom of wider process or pathway issues caused by patient flows from and through both community and acute settings. Addressing DTOC at the point of discharge as at present, rather than upon admission or even pre-admission, is reactive and does not address the underlying causes: flow into and through the hospital, as well as flow back into the community.

4. The principal NHS provider is an integrated acute and community services organisation but is most commonly referred to as the 'Acute Trust' or the 'Hospital Trust' (including in the scope of this Challenge). This narrative and perception exacerbate what appeared to be a disconnect between acute and community services, both within the organisation and across the system.

5. The relational audit showed willingness to work together, and a reasonable degree of trust between partners. However, it also showed that this has at times been undermined by organisational pressures (especially financial deficits) which have impacted on individual partners, and the necessity to respond to these. Whilst the Peer Challenge Team heard repeatedly from different partners that they were willing to work more closely to support improvement in performance, at the same time there was a lack of awareness of this (and of what others were actually doing), so it was difficult to make productive use of this goodwill.

6. There are considerable assets in the system to strengthen integration significantly, and to achieve some quick wins on DTOC performance as well as longer term strategic change. In spite of significant local challenges (financial, operational, and performance) there are areas of strong performance in the local system (e.g. A&E target, low delays attributed to ASC), and some great ideas and innovations about how improvements could be made.

7. In particular, there are many dedicated, committed and enthusiastic people working across the local system, and at all levels, including senior management, and frontline staff. Staff and managers are person-centred and care passionately about improving outcomes for patients and local communities. They see how system performance impacts on patients, carers and staff, and are open and willing to work in closer partnership to improve performance overall and, as a consequence around DTOC.

Background

8. South Tees Local System Partners ("South Tees", or "the local system") asked the Local Government Association (LGA) to run a DTOC Peer Challenge as part of Sector Led Improvement in the Local System, supported by the Better Care Support Team.

9. The LGA is delivering this work on behalf of the Better Care Support Team, and to support the Local System. The LGA were contracted to deliver the Peer Challenge process based on their knowledge and experience of delivering this type of work for over ten years. The LGA sourced the members of the Peer Challenge team and provided off-site administrative support.

10. The members of this DTOC Peer Challenge Team were:

    - **Jan Ditheridge** (Lead Peer), Chief Executive, Shropshire Community Health NHS Trust
    - **John Skidmore**, Director of Adults, Health and Customer Services, East Riding of Yorkshire Council
    - **Hilary Hall**, Interim Director of Adult Services and Deputy Director Strategy and Commissioning, Royal Borough of Windsor and Maidenhead
    - **Rachael Roberts**, Head of Mental Health, Safeguarding and Learning Disability Services, Adult Social Care, Portsmouth City Council
    - **Ann Donkin,** LGA Associate
    - **Dennis Holmes**, Improvement Manager, Emergency Care Improvement Support Team (ECIST), NHS England and NHS Improvement
    - **Chris Rowland**, Peer Challenge Manager, Local Government Association

11. The Peer Challenge was based on the KLOEs designed for DTOC Peer Challenge, but focusing in particular on the following scoping questions developed by the local system:

> South Tees local health and social care system leaders, on behalf of the South Tees Health and Wellbeing Board, volunteered for the DTOC peer review through the Better Care Fund (BCF) national team. South Tees continues to experience a high number of DTOC across the system, which has been above the ambition set within the BCF plans. The local system is committed to ensuring that this is improved and will work together to set direction and deliver plans to ensure that the residents of Middlesbrough and Redcar & Cleveland experience the best possible service. The purpose of the Peer Review is to act as a 'critical friend', taking a system-wide view of Health and Social Care Delayed Transfers of Care in South Tees. The South Tees Local System have scoped the present Peer Challenge with particular focus on the following questions:
>
> - **How do we build on our progress to make the next step to change and have confidence as a system to be braver together in our home first vision?**
>
>   Is there a shared understanding of the changes needed to achieve the 'home first' vision and is there alignment across delivery plans?
>
> - **What are the barriers to ensuring the shared vision and system wide strategy is delivered and implemented by the wider workforce?**

How effectively do leaders collaborate to plan and deliver services so that organisations and staff are encouraged to work together to meet the needs of the population?

- **Is there an effective use of cost and quality information to identify priority areas and focus for tackling delayed transfers of care?**

  The acute trust monthly reports for the Operational Management Board and the system report as individual sectors via LADB. However, data and quality information is not used effectively as a system to identify specific areas for action and impact on patient care and experience

- **Are the designed interventions to improve DToC across the system the correct ones? If not, what are they?**

The Challenge Team grouped evidence with reference to these questions, and this report is structured around them.

12. The team were on site from 17th - 20th September 2019. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These included:

    - interviews and discussions with system leaders, officers, and partners;
    - focus groups with managers, practitioners, frontline staff, partners, and carers;
    - the reading of documents provided by the local system, both in advance of and during the Challenge; this included a self-assessment of progress, strengths, and areas for improvement against key areas of business,
    - preparatory work also included an externally commissioned "relational audit", and a number of case-studies developed by the local system mapping the details of individual patients' journeys.

    The intention of a Peer Challenge is not to deliver a formal judgement, so this report does not suggest a definitive response to the scoping questions outlined in 11, above. However, what it does offer is an overview of key findings, with the intention of supporting the local system to form their own view, and for the local system to continue its improvement journey where necessary.

13. Peer Challenge is not an inspection; instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help local systems to assess current achievements and areas for development, within the agreed scope of the Challenge. It aims to help the system to identify its current strengths, and examples of good practice are included under the relevant sections. But it should also provide the system with a basis for further improvement in a way that is proportionate to the remit of the Challenge, and recommendations where appropriate are included within the relevant sections of the report (as well as highlighted in the *Recommendations* section at the end of the report).

14. The Peer Challenge process offers an opportunity for a limited diagnostic approach to material which is provided (whether through written materials, or through on-site interviews, focus-groups, or observations), as well as a critical appraisal and strategic positioning of this. However, the level of "assurance" (whether of quality, outcomes, good / poor practice, etc.) which can be provided through this format is strictly limited. A Peer Challenge is, whilst

intensive, not comprehensive; it reflects a balance of opinion from within the team, based on their experience, and the available material.

15. Peer Challenge is not therefore an alternative to inspection, or indeed, to routine or exceptional internal quality assurance, and the local system is strongly encouraged to continue such work, hopefully informed by the findings of the Challenge.

16. The findings and recommendations in this summary report are based on the presentation delivered to the Local System on 20th September, 2019, and are founded on a triangulation of what the team have read, heard, and seen. All information was collected on the basis that no recommendation or finding is directly attributed to any comment or view from any individual or group. This encourages participants to be open and honest with the team. The report covers those areas most pertinent to the remit of the challenge only, and has been structured around the questions outlined in the scope (see 11, above). Each section starts with a summary of headline *Areas of Strength* and *Areas for Consideration*, as presented to the local system at the initial presentation on 20th September (somewhat rearranged to bring key themes together and avoid repetition, but not significantly altered). These are followed by numbered notes offering further detail, areas for further exploration, and recommendations.

17. The LGA Peer Challenge Team would like to thank local system leaders, service users, staff, and representatives of partner agencies for their open and constructive responses during the challenge process.

Context

18. The South Tees local system is both geographically and organisationally complex. It is faced with a range of challenges including financial, operational / performance, partnership, change management, existing service infrastructure, and workforce issues.

19. The geographical "footprint" for the present Peer Challenge was that of the South Tees NHS Foundation Trust (South Tees FT). This provides NHS acute, community, and specialist / tertiary services across (and beyond in the case of specialist services) three local authorities or parts thereof: Middlesbrough Council, Redcar and Cleveland Council, and North Yorkshire County Council. Its local service provision is commissioned by two CCGs (South Tees CCG, and Hambleton, Richmondshire, and Whitby CCG), although its specialist services (and therefore a large part of its income, and organisational focus) are provided for patients from across a much wider footprint, including North Tees and beyond.

20. The South Tees area (and indeed the Tees Valley more generally) experiences high levels of deprivation, associated health and care needs, and consequent service challenges. In the recently published deprivation indices (September 2019) Middlesbrough had the highest proportion of neighbourhoods among the most deprived in England, with Redcar and Cleveland 29th on the list of Districts. Some of the consequences of this level of local deprivation and associated need make for a more complex picture in relation to DTOC than might be the case in other local areas with similarly high rates of DTOC (in many of which DTOC will be most influenced by older people, with complex needs or frailty). For South Tees working age adults account for a larger proportion of DTOC than might normally be expected, perhaps due to poorer (and less well identified) health outcomes at a younger age. It is also impacted by South Tees FT's status as a tertiary healthcare provider, for instance as a specialist trauma centre for the region: the team were told that (whilst on-site) about 10% of delays were attributable to patients medically fit for discharge but awaiting neuro-rehabilitation at a specialist centre, following head trauma as well as (probably) e.g. stroke.

21. There are substantial financial / budgetary challenges across the local system. The South Tees CCG is in Special Measures; and whilst it achieved an agreed £5m deficit budget in 2018/19 spending restrictions are still in place. South Tees FT are noted as *Requires Improvement for Use of Resources* in the Care Quality Commission's (CQC) recent Inspection Report. This is driven by the deficit, unidentified cost improvement plans, some governance arrangements, and areas of under-performance. The Trust's overall deficit in 18/19 (reported in Board and Annual Reports) was £30.9m. And both Middlesbrough and Redcar and Cleveland Councils are facing significant budgetary challenges, including year on year efficiency savings targets. Within the local health economy these challenges are compounded by the need to service one of the largest portfolios of PFI contracts in the country: this not only places a significant burden on local commissioning budgets, but also decreases local flexibility to redesign, flex, or change service infrastructure.

22. There is excess capacity in the bed-based local care market, as well as in NHS-commissioned community hospital beds, in part due to the portfolio of PFI-funded projects mentioned above. However, services are stretched to effectively utilise some of these beds due to lack of medical capacity. Domiciliary care is more stretched, especially in North Yorkshire where it is compounded by significant rurality, and in general the significant differences in geography and demographics between the North Yorkshire area (and associated services) and the Middlesbrough and Redcar and Cleveland area could represent a significant challenge to developing a single approach across the entire South Tees footprint.

23. There are ongoing changes in the local and regional NHS “architecture” including 5 CCGs merging into 2 across Teesside and County Durham, and 3 CCGs merging into 1 in North Yorkshire. The new Integrated Care System (ICS) and associated Sustainability and Transformation Partnership (STP) which includes the local system covers a massive geography, stretching from North Cumbria to Hartlepool, and Northumberland to the northernmost part of North Yorkshire. Within this, the Integrated Care Partnership of which South Tees will be a part includes a complex grouping of CCGs, Local Authorities, and provider organisations, as noted in the Self-Assessment prepared for the present Peer Challenge:

> In Darlington, Hambleton, Hartlepool, Richmondshire, South Tees, Stockton and Whitby, NHS organisations have come together, working with local authorities, to lead and plan care for their population in a coordinated way as the South Integrated Care Partnership (South ICP). The ICP has been set up to focus on “place” and ensure the sustainability of services for the local population that meets quality and clinical standards as well as workforce challenges, core performance and financial standards. The newly formed Tees Valley CCG and Durham CCG have agreed to work collaboratively under one management structure to reduce variation, develop a more standardised approach, share learning and develop a more efficient commissioning relationship.

These significant and ongoing changes (and the large geographical footprints that they represent) risk a disconnect with local issues, or disengagement from local stakeholders and organisations unless carefully managed (some sense of which was shared and noted during the Challenge).

24. For the local authorities, the 2019 elections have seen a move towards a greater number of Independent Council Members, with administrations in both Middlesbrough and Redcar and Cleveland Councils led by Independent Groupings, and an Independent Mayor in Middlesbrough. North Yorkshire remains a majority Conservative administration. Overall this is likely to represent a large number of new Elected Members, and changes in political leadership (and potentially direction) for portfolio areas relevant to the present review.

1. How do we build on our progress to make the next step to change and have confidence as a system to be braver together in our home first vision?

Is there a shared understanding of the changes needed to achieve the 'home first' vision and is there alignment across delivery plans?

Areas of Strength

- There are some good examples of improvement projects and developments:
    - Single Point of Access (SPA)
    - Commitment to the development of an Integrated Discharge Team
    - Discharge Facilitators / Transfer of Care Coordinators
    - Frailty and End of Life pathway developments
    - Developing Primary Care Networks (PCNs) and co-located community services
- All three localities have good practice to share for learning.

Areas for Consideration

- There doesn't appear to be a clear statement of what "home first" means, or a clear shared narrative to support this, especially across organisations.
- At system level there is a perceived under-investment of attention, focus, and money in NHS Community Services, and a lack of strategic system leadership.
- The Discharge to Assess (D2A) pathways need to be better described and understood as part of the SAFER care bundle.

25. Delivering a home first culture will require a shared understanding across organisations. Everyone quotes "home first" and there are some good operational examples of commitment to this, but it was not clear or agreed (or indeed, clearly stated) what "home first" means for the local system, what this means in practice, and what "good" would look like. For "home first" to be embedded across the system there needs to be a clearer description, supported by mapped pathways, that all system partners can sign up to.

26. The Single Point of Access (SPA) was variously mentioned as a fantastic opportunity to develop a Multi-Disciplinary Team (MDT) approach to managing complex discharges back into the community – i.e. 'home first'. Its improvement and increased utilisation was described as having potential to make a real difference (e.g. by GPs – "to give information once, via a single number"). However, there was some concern that there is not a genuine "single assessment process" which any health or care professional can access, and this should be addressed as part of the further promotion and development of the SPA.

27. There was commitment and enthusiasm for the development of an Integrated Discharge Team. Bringing together the acute, community and other out of hospital care services across the system, and including the independent and third sector, would bring all services closer together, and support a joined-up view of discharge. This could have substantial (and rapid) benefits, reducing the chance of hand-offs, delays, and long length of stay, and it would be helpful to prioritise this. Locating and appropriately resourcing this within the main hospital building(s) could further improve partnership working.

28. There are currently 2.5 FTE Discharge Facilitators based in James Cook Hospital managing complex cases (although there was uncertainty expressed by some ward staff as to what constitutes a "complex case"). North Yorkshire County Council has similarly invested in 2 FTE "transfer of care coordinators" to be based in the Friarage, funded for 12 months through the BCF to work alongside the discharge Liaison service, providing advice, support and discharge coordination. The impact of these roles should be monitored and evaluated to identify whether they could be further utilised or their funding made sustainable.

29. End of Life teams have lots of strengths and ideas for improved out of hospital End of Life care, which is an asset which could be built on, and we heard about some positive developments around End of Life / Palliative Care provision. However, there was no evidence of a documented End of Life pathway, and we saw evidence of higher than average numbers of people on End of Life pathways dying in an Acute setting, set against supportive evidence that this wasn't their first choice of End of Life setting (perhaps due to a lack of choices or timely communication of options for community care).

30. The Discharge to Assess (D2A) pathway is not sufficiently clear; the process that is currently being piloted was described as being confusing (an impression supported by the team) and in need of simplification. There needs to be a shared understanding of the principles of D2A pathways, which is part of the application of the SAFER care bundle (further details of which can be accessed via NHSI's Emergency Care Improvement Programme). In general, the SAFER principles are not well embedded across the hospital; wider adoption of these principles and reduction in variation in their application will be an essential ingredient to improve internal flow.

31. Regular reference was made throughout the Challenge (from different partners and at all levels, and including in the scoping question for the Challenge itself) to the "acute trust" or "hospital trust", but we noted that South Tees FT is in fact a joint acute *and community* provider. This selective focus may influence some of the comments we heard about a relative lack of attention, and provision within NHS community services (including suggestions – neither substantiated, nor refuted however – that community vacancies are left for a long time or do not get filled; or that investment has been moved from community to cross-subsidise acute service provision).

32. Certainly there remains an over-reliance on bed-based provision of care, with excess bed capacity across the system: even when the system is under pressure acute bed occupancy is at a manageable level (when compared nationally). We heard of long lengths of stay (LOS) in the community bed base (6 weeks rather than 2-3 weeks which would be expected). However, there appear to be problems in fully and effectively utilising community beds, including those in the care sector (and both to facilitate discharge, *and* to avoid admission), with an unresolved debate about medical cover: should this be via the GP, or Geriatrician, or a hospital (e.g. ED) physician? The former is assumed at the moment, but there is a lack of capacity; the latter may be possible if the Trust were willing and able to provide this input, which they suggested they might be? A wider review of the bed base could allow the release of funding to reinvest in community services, but it was acknowledged that this may be difficult given that many of the NHS commissioned beds are tied up with PFI contractual commitments.

33. There are some specific opportunities and challenges which relate to the North Yorkshire locality which should be noted where necessary, and the learning and good practice shared:

- a “red folder” initiative has been introduced for people at home which contains their crisis plan to address admission avoidance, and the pathways (including Pathway 1, for “home first”) appear to be clearly understood;
- there was considered to be an excellent Quality Improvement Team, which was (for instance) looking at working with care homes to provide the trusted assessor role for them to reduce delays in assessment; consideration could be given about how to share capacity and learning from this team across the wider system;
- the rural care market is more fragile than in the other two authorities, with high occupancy in nursing and residential care (95% and 96 % respectively), and a lot of in-house provision following market failures; and there are also staffing gaps in spite of incentivising recruitment. It may be worth considering what other rural authorities have done to stimulate the local market, or to work differently to mitigate difficulties in recruitment, travel, etc.

2. What are the barriers to ensuring the shared vision and system wide strategy is delivered and implemented by the wider workforce?

How effectively do leaders collaborate to plan and deliver services so that organisations and staff are encouraged to work together to meet the needs of the population?

Areas of Strength

- Relationships have improved and there is a strong appetite and much good will / openness to further joint work.
- You have talented highly skilled practitioners with great ideas and middle managers who are keen to change things.
- Your ambition to deliver high standards of performance and person-centred care is obvious.

Areas for Consideration

- There is not a shared understanding of internal or external flow issues and their relationship to avoidable extended length of stay nor to DTOC.
- There is lots of talk / lots of ideas, but these are not always followed through leading to feelings of frustration and potential for disengagement. “We agree things but without confidence they will be acted on”.
- Local governance arrangements / strategic leadership aren’t supporting innovation, implementation and delivery of agreed priorities…in fact it isn’t clear what the whole system priorities might be.
- Senior leadership will need to prioritise and drive an agreed vision, agree a place to focus on it (e.g. the LADB), and secure capacity to design and implement transformation.
- Development of a Digital strategy, outlining priorities for system-wider IT modernisation, would clarify the extent to which this is a constraint to providing effective information across the system, and hence to operational improvements.

34. The people we met have told us that system relationships are good, and indeed have improved over time. Across the system there is a strong collective will to make a difference with lots of people working really hard. People in the system feel they have stayed together and supported each other when the chips were down, and we saw and heard many examples of this (a point supported by the findings of the relational audit that was commissioned as part of the preparation for the Peer Challenge).

35. People at all levels within partner organisations (frontline staff, middle management, and senior leaders) are passionate and committed to working together to deliver performance improvements and improved outcomes for local people; and there is a genuine desire to help each other to deliver the opportunities. However, there is a lack of effective communication or a “listening culture” to better develop an understanding of what others / other organisations are doing: staff in different organisations (or even in different parts of the same organisation) are not always aware of others’ willingness to support them, so cannot optimise the good will. One example of this was the suggestion by social care staff

that they wanted to help staff within the FT to resolve the challenges they were facing, but did not know how best to do so, or where to communicate this. This was a recurring theme, and potentially represents a significant barrier to progress.

36. The potential for community solutions and support (both that which is already available or innovations or ideas for such) are not currently well understood by commissioners, or by staff and managers within the Trust's acute hospital setting. The opportunity presented by a resilient, confident and capable out of hospital service should be acknowledged and further explored. Developing and delivering joint training and shared communications to promote a better understanding of the wide range of community services which could benefit residents coming out of hospital would help to address this.

37. Better communication would also promote "one version of the truth" both at strategic, operational and tactical levels, and help to address a number of "urban myths" that proliferate across the system. Some of these urban myths may be true, but not obviously so: e.g. about money being taken out of part of the system or reprioritised (e.g. away from community services); who does or did what and why; who is to blame for DTOC through organisational priorities or hand-offs etc. A more behavioural approach could also be taken to addressing this, for instance by asking frontline staff and management across acute and community services to design or refresh key pathways (e.g. the "Home First Vision", or Respiratory or End of Life pathways with both a Home First and Prevention focus) – this would bring people together with a shared purpose, help them to communicate with and challenge each other, and begin to draw out and resolve some of these myths.

38. There is a perception that South Tees FT leadership is not consistently engaging with system partners at a strategic level to manage demand pressures, both at the front door and at discharge. However, it is also recognised that it is not all down to the Trust and that there are other things that need to improve. In particular, the current governance arrangements were not facilitating conversations about how system partners could help. And whilst this relates to understanding between partner organisations, it also appears to impact between different parts / locality arrangements within the FT: whilst both acute and community (secondary care) health services are provided by the South Tees FT, the acute and community settings present themselves as separate organisations (although with positive regard for each other). Similarly, FT teams and operational arrangements in North Yorkshire feel distant and risk being forgotten. These internal boundaries risk confusion and multiple hand-offs at an operational level, a missed opportunity for sharing learning and good practice at a partnership level, and for developing and agreeing a more strategic approach at a system level.

39. Whilst some organisations report a stable workforce and leadership, ongoing system changes have led to significant change in senior leadership positions, in particular across the NHS. This is likely to have resulted in a decrease in organisational memory across the local system, and a reduction in capacity for longer-term planning and more strategic delivery. For instance, we heard that relationships are strong and have improved at the strategic level, but that "agreed actions are often not delivered", leading to a lack of confidence that the system overall will deliver and effect real change; this might in part be an effect of multiple changes and discontinuity in senior management personnel and structures, as well as more general system governance. With the road map for wider system commissioning and provision increasingly clear (see 23, above) identifying key personnel to lead this work will help to consolidate continuity of approach.

40. The Peer Challenge Team did not hear or see a shared understanding of the system vision or system-wide strategy (including for DTOC, and admission avoidance). However, there is

a strong appetite for this to be in place: the strategic vision and oversight, and operational governance were widely agreed to be key areas for improvement in order to move forward. This shared recognition of the issue represents a significant opportunity, but does raise the question: *if we all agree this to be an improvement need, why have we struggled to more fully address it?* There are various possible answers to this question, and probably several are in play, but these should be further explored as part of the development of system leadership to avoid them undermining future development. For instance, it might relate to a patterned set of "reactive" rather than more proactive behaviours (perhaps developed in adversity, or through multiple responses over time to external demands or requirements). Or it might represent a lack of clear "joint" ownership at the system level – i.e. improvement should not be for any one local leader or organisation to own, but for the senior representatives of all the local partners?

41. To make a step change improvement, senior leaders all need to own this *as system leaders*, over and above their single organisational role; with "accountable owners" for agreed actions, and with an awareness of the potential for perverse incentives both between and within different organisations. Senior leadership will need to prioritise and drive this, with an agreed place to bring together the discussion into focussed plans which can then be monitored for delivery (e.g. this would probably be the Local A&E Delivery Board, the LADB, but it will also require links into other local leadership groups). For it to be effective, the A&E Delivery Board needs to own performance and challenge all partners constructively, broadening its focus to include the whole system rather than just performance within the acute system.

42. This will also require capacity to follow through on any agreed actions – i.e.to design and implement transformation. We heard that an Integration Programme Manager has been appointed for the system to support system leaders, and this role will be key to delivery. It might also be possible to "pool" some time from wider system resources (e.g. there is Transformation Manager role in the FT, and a Service Improvement Team being developed) to maximise system-wide impact. Consideration of shared strategic and operational leadership arrangements (e.g. through joint posts) and a shared Programme Management Office (PMO) with clear shared objectives might also be considered in this regard, since it would reduce the focus on individual organisational objectives and priorities.

43. The access to, and delivery of domiciliary care and residential/nursing care in the independent sector is strong, particularly in Middlesbrough and Redcar and Cleveland, with good relationships between providers and the local authorities. Whilst the Peer Challenge only had access to a small number of providers / representatives, those whom the team met were positive, creative, and committed to working as a key part of the local system to deliver improvements in outcomes. However, the capacity to support improvement could be further developed by building on the already good relationships between care providers and other system partners, and would benefit from more structure to deliver better outcomes and reduce delays. Examples of this include the North Yorkshire brokerage team which sources CHC capacity for the NHS, Trusted Assessor arrangements in the local system, or the proposal (to be presented to the LADB in October) to pilot Virtual Assessment on the wards using telemedicine in care homes, to mitigate delays caused from waiting for care sector assessment on-site.

44. The Aligned Incentives Contract which is now in place between South Tees CCG and the South Tees FT represents a lever for innovative and strong partnership which many systems fail to agree. It provides a better way of sharing system risks and pressures, and focusing on system-wide solutions. However, it is important to see that this contract makes up only a modest proportion of the overall FT budget, and as such needs to be maintained

as a priority through clear understanding of the impact of system delays and patient flow on the whole of the Trust's capacity.

45. The lack of an up to date, effective ICT system within the FT, and general lack of interoperability across the local system, is hindering a system-wide approach to managing patient flow, speed of decision making, and the ability to derive intelligence from the available data. Whilst delivering substantial change in this area is always a huge challenge (requiring long lead and implementation time, commitment, and capital as well as revenue budgets) there are probably some improvements that *could* be made, and areas of work that could be prioritised (as evidenced by the new IT system which has been implemented in the A&E Department at James Cook). Development of a system-wide digital strategy (including mapping of different systems, requirements, and priorities) would support this journey.

46. The financial constraints facing the various partner organisations in the local system are equally challenging, and not susceptible to an easy solution. Whilst it wasn't possible to identify specific ways in which deficits (in the Trust or elsewhere) were impacting on DTOC, it is likely that they will impact more or less directly; for instance, we heard that vacancies were left unfilled, or that a focus on efficiencies was "out of balance with other priorities". More generally capital and revenue required for significant improvements (such as a new IT system) are not available to the system at the present time, which limits any "invest to save" initiatives. Whilst acknowledging that each organisation will continue to need to work within its own financial standing orders and the requirements of regulators and others, a system-wide strategic approach / plan to address the financial challenges, and collective agreement about where to invest money for maximum impact across the whole would support the wider improvement journey. Bringing together Finance Directors from the respective partner organisations on a regular basis could be a helpful step towards agreeing a shared overall financial position for the system, and form the basis for improved longer-term system planning. This could also help to develop greater transparency and trust between the different partners. (It was noted in the Relational Audit that trust was diminished / more difficult to maintain between partners when financial and performance challenges within one or other organisation led to unilateral actions).

3. Is there an effective use of cost and quality information to identify priority areas and focus for tackling delayed transfers of care?

The Trust reports monthly to the Operational Management Board and the system reports as individual sectors via LADB. However, data and quality information is not used effectively as a system to identify specific areas for action and impact on patient care and experience.

Areas of Strength

- You have a well-articulated understanding of population health at all levels of the system.
- You have a strong Public Health function which could support your improvement journey with insight and intelligence.
- There is lots of available data (including cost and quality) that is reported.
- There is daily data available in the acute (and shared on the daily call) on DTOC by ward, length of stay, locality, etc.

Areas for Consideration

- It is not obvious how population information and other data is used strategically to drive service transformation or improvement.
- Similar is true of more operational information / data in terms of how this could be used to drive service improvement and inform strategies.
- Better use of performance data / intelligence (triangulated with cost and quality data) would support improved flow through the hospital, by identifying where the constraints are (e.g. specific skill shortages).
- A system dashboard (e.g. for review at the LADB) would support a single view of the whole system by senior leaders.

47. You have a well-articulated understanding of population health at all levels of the system, and a strong Public Health function which could support your improvement journey with insight and intelligence. However, it is not obvious how population information and other data is used strategically to drive service transformation, or to guide investments or improvement priorities.

48. Similar is true of more operational data in terms of how this could be used to drive service improvement and inform strategies. There is much good data in different parts of the system (including around cost and quality) but it needs to be better aligned and analysed, and presented in a way which allows all partners to make best use of it. While daily reports are available in the acute setting on DTOC by ward, length of stay, locality, etc (and this is shared on the daily DTOC call) this needs to be translated into strategic analysis and intelligence across the whole system, and used as the basis for the system to agree actions to address the underlying causes.

49. Better use of performance data / intelligence (triangulated with cost and quality data) would support improved flow through the hospital, by identifying where the constraints are (e.g. specific skill shortages). More widely, bringing this together with data available from wider community partners (including primary care, and social care) into a system dashboard for review at the LADB would support a single view of the whole system by senior leaders. We

heard that at present it is not clear what is being done well, or what needs to be done differently, and that the connection between service, performance, and finance data is not being routinely made. A good example of this was prevention activity at the A&E 'front door' (where you have invested heavily and successfully through additional consultant time). Admission prevention activity here appeared to be significant and with good commitment; but this was anecdotal rather than intelligence led, so it is difficult for the system to fully understand what the challenges are, what is being done / could best be done to address them, and the associated costs and consequences.

50. The lack of clear financial data across the system also allows some of the “urban myths” referred to in Section 2, above, to flourish. There is no “open book” approach across the system, and we heard variously of (for instance) adult social care being seen to have moved financial responsibilities to the NHS, or that resources have shifted from community (NHS) services to cross-subsidise acute care. Similarly, greater clarity across the system around performance and capacity would avoid “finger pointing” (when for instance the care sector is blamed for DTOC when in fact there appeared to be both capacity and willingness from the sector to support the process).

51. Clearer and more shared data would also help system leaders to understand what the key drivers to spend are for different partners, and for the system as a whole (e.g. learning disability placements, or those for older people). This will be important in particular for social care budgets, given that demand and placement numbers are both high; and whilst there is available market capacity, the funding to support this is limited!

52. There is ambition around performance and performance improvement in the system, areas in which performance is strong, and some areas in which improvement interventions have been successful. For instance, whilst performance against the 4-hour A&E target has deteriorated somewhat during early 2019/20 (from being one of the highest performing nationally, meeting 95% in 2018/19), at 91% in August it remains well above the national average of 86.5%, and it’s admirable that this nevertheless concerns staff and commissioners. The emphasis on maintaining strong performance in this area of the pathway, and the capacity to do so, offers a model and an asset to improvement in other areas.

53. Five case file reviews were completed for the Peer Challenge, and these were both informative and powerful in terms of the stories they described about patients’ (and their families’) experience moving through the acute and community pathway. These are not undertaken routinely, but doing so (in a fully anonymised form) and sharing them with system partners in a regular working group could support systems to understand where blocks to patient flow develop, and what the consequences might be in terms of patient outcomes and experience, patient flow, and quality.

54. High admissions and conversions, and long length of stay (compared to national averages) were noted in CQC’s recent inspection report, and triangulated with what the Peer Challenge Team saw; and this was despite lower older adult ratios. This is an area of concern and should be an area of focus. However, it is difficult to assess the causes of delays because of disconnected information about different pathways, but in general the focus needs to be on patient flow and long lengths of stay rather than once someone is delayed. An increased focus on driving down length of stay (including around “stranded” and “super-stranded” patients) will be important, and perhaps especially for those of working age who may be waiting for rehab, specialist treatment etc, but this will require a detailed understanding of where increased LOS develops over time. Data is available on Length of Stay (and long length of stay) but it was not clear to the team that this is

effectively used to develop a better understanding of the causes of long length of stay, or to address improvements in this area. And whilst working age adults represent a significant proportion of DTOC, the average length of stay for non-elective older people is also higher than the national average and will drive a negative performance, as noted in CQC's report. We also heard, anecdotally but from different service areas, about delays occurring in planned care / non-medical areas, where complex discharge planning is less common and therefore maybe not as efficient and effective. This might suggest (as does the public health intelligence) that people are accessing planned care services for treatment of long term conditions late, with other issues surfacing when they do so. Again, this would be an area for a more detailed and data-led system review, including with Primary Care.

55. In general the important role of primary care in supporting effective and timely discharge, and indeed of reducing patient flow into the acute setting, is not well-represented in the available data. Effective data about access to primary care (e.g. where and when this may be limited), referrals into hospital (cause, and outcome, and how this could be avoided with better access in the community or in e.g. care sector) would be helpful.

56. Shortages in key areas of the local workforce were reported, including in Primary Care (GPs), pharmacists, OTs, and radiology. However, it was not clear that these shortages had been mapped against any impact on DTOCs, with one respondent suggesting that there was no consequential impact, whilst also noting that not all services were accessible 7-days a week. Being clearer about where there are workforce shortages at a system level, and what if any impact this has on discharge processes, and patient flow more generally would help to mitigate their impact (or to target additional resources where possible).

4. Are the designed interventions to improve DToC across the system the correct ones? If not what are they?

Areas of Strength

- We saw examples of good practice in relation to patient flow (and initiatives to improve this) across the system. For instance, there is a strong approach to discharge planning on the older adult wards.
- The developing Single Point of Access supports a Multi-Disciplinary Team approach to managing complex discharges, including Mental Health, and increased BCF funding is supporting this development.
- Trusted Assessor is seen as a positive development and is being extended to cover the whole patch.
- Psychiatric liaison and crisis intervention is working well in the acute setting.

Areas for Consideration

- There are lots of projects and initiatives which are not prioritised or monitored.
- Staff in different organisations (or even the same one) are not always clear about what service improvement others are doing elsewhere.
- The end to end arrangements for patient flow are ineffective as presently constructed (i.e. they are not supporting timely discharge in many instances).
- There is an expectation that ward staff can deal with discharges with minimal support, which they will struggle with; an Integrated Discharge Team & Ward Based discharge facilitator would help this.
- There is no single care record to allow different parts of the system to see a patient's whole journey
- There are gaps in Primary Care, both in capacity and quality, leaving community medical support stretched; this will need to be addressed through innovation as well as recruitment (given national workforce issues).

57. There are some very strong services and examples of partnership working at practitioner level, and positive features which underpin the system's response to DTOC. These should be reviewed in terms of their impact and coverage (since not all are available system-wide) and learning shared, or services rolled out where proven. These include:

- the Trusted Assessor role which is in place in Redcar and due to start in Middlesbrough in October;
- the *Integrated Therapy Service*, underpinned by a competency framework, which is a huge asset;
- the Care Home Selection Service which is commissioned in the hospital and is working very well, currently achieving 2.8 days from referral to placement;

- the Single Point of Access (SPA) offers the opportunity to develop a Multi-Disciplinary Team approach to managing complex discharges – this will be an asset to the local system and its ongoing development should be prioritised;
- the Mental Health / Psychiatric Liaison Service within the acute sector is excellent;
- there are good numbers of Community Matrons (although it wasn't clear where or how they are utilised at present, or could be for maximum system benefit);
- Continuing Healthcare (CHC): there has been significant investment in strengthening the CHC process with a clear focus from the Director of Nursing and Quality;
- North Yorkshire services described a zero-tolerance policy around CHC delays, resulting in few such, and more generally a clear target about DTOC.

58. All agencies are committed to participating in the daily DTOC call, and there is an agreed and supported process for managing these calls with input from all wards and social care, leading to active management of identified cases to address delays. However, this requires the Trust and system partners to expend a significant amount of time each day, using senior staff, to examine DTOC in a reactive way, and in isolation from wider flow issues; getting upstream of this point (i.e. by identifying patients earlier in their pathway) could avoid this. This focused attention is not replicated at a system level to deliver a coherent, strategic plan for the whole patient flow, and it was not clear that there is a shared understanding on the call of the underlying causes of delays (in particular how wider patient pathways and flow issues impact on discharge processes). Nor was there evidence of any shared plan to escalate those recurrent themes identified through the daily call (which could ultimately reduce the need for these calls).

59. There needs to be a single agreed "version of the truth" about all patient flow issues including DTOC, and a shared and agreed understanding of the issues that contribute to them. It was felt by staff as well as the challenge team that the hospitals do not in all cases start discharge planning early enough. The biggest opportunity to improve patient flow (and therefore DTOC) is to start the discharge planning process earlier – at the point of admission – and including all relevant aspects of the process (e.g. medicines). Starting the discharge planning process at the point of admission would also significantly assist with managing family expectations as well as ensuring a smooth transfer out to, and communication with, subsequent care providers, including domiciliary care agencies and residential homes.

60. More generally the expectations of families in relation to discharge choice and placement are not always being appropriately managed on the Wards leading to pressure on other agencies (for instance expecting 1-1 support, or access to the neuro-rehab unit in Newcastle when there is local provision available). A particular issue relates to hospital Consultants prescribing residential care without reference to social care: telling families or patients that they need a care sector referral, when this may not be the case, re-enforces a medical model and undermines a shared understanding of one another's needs and requirements (in this case the cost pressures and associated targets within adult social care). This can lead to unintended consequences for the wider system in addressing DTOC. Encouraging consultants and medical staff to avoid prescribing residential/nursing care would assist greatly in supporting social care colleagues to promote 'home first', and mitigate against the system tensions which develop if it is felt too often to be the case that a patient could go home but that it is difficult to persuade patients and their families of this once they have been told that they need residential care.

61. Carers stated that they appreciate the help that Carer's Together and Age UK provide to support them in their caring role, and that “staff on the Elderly Care ward are great”. However, it was also suggested that “it feels lonely being a carer” in the local system, and that there is a need for earlier identification of carers. It was felt that carers need to be involved in the planning for discharge, ideally from the point of admission, and in agreeing the discharge plan. More generally, carers would like health colleagues to have a better understanding of the role of carers and what their experience may be of discharge planning process.

62. The discharge assessment at the hospital needs to be more robust, and in line with a single model for patient flow. Whilst the needs of individuals rather than of processes should drive activity, there is an opportunity for more aligned assessments between health and social care on the wards to enable a better patient experience. Embedding *Pathway 1* at James Cook was felt to have been difficult by system partners; and sequential, rather than concurrent assessment processes on the wards, with hand-offs between each stage, had built in delays. A “scatter-gun approach” to referral was described, which can cause confusion and delays when planning discharges, and there is a need to address wider input to discharge planning, including mental health engagement, as this group of patients can be the source of some significant delays.

63. There are some concerns in the local system that there is insufficient engagement from the acute trust in the wider (community) pathways which contribute to DTOC or their avoidance, and that some of the out-of-hospital commissioned pathways are contributing to DTOC. One example of this might be the Psychiatric liaison and crisis intervention service which is working well in the acute setting, but is not replicated in the community (and we heard that Tees, Esk and Wear Valleys Mental Health Trust (TEUV) have recently withdrawn some of their staff who were previously managed under the auspices of South Tees Trust).

64. Domiciliary Care providers have an excellent working relationship with both local authorities, and in one local authority they are recognised as 'business partners'. They felt that the Brokerage Team worked well with them, and one provider in Redcar and Cleveland operates a “capacity carer's service” which enables them to take on new packages when there is no immediate capacity in the market. However, discharge does not appear to happen at weekends when sometimes it could from the point of view of market capacity, and this should be explored as part of wider work on 7-day working (one area of the HICM). It was also noted that discharges, and more importantly continuity of people’s care, would be considerably enhanced if the name of the Domiciliary Care provider was added to the admission and discharge paperwork.

65. More generally, it was reported that the information provided on discharge can be limited, and that a push to avoid DTOC risks “rushing people out”, which can lead to discharges that are inappropriate, unsustainable (leading to readmission and loss of system confidence in the process), or even unsafe.

66. It was suggested that Wards would benefit from having more junior grade support roles to facilitate timely discharge, or to focus on associated tasks (e.g. booking transport, contacting pharmacies). However, this might equally be achieved by making it “everybody’s business” – i.e. if more junior grade staff in existing generic roles in the Trust could be better engaged and involved (and supported) to focus on these and similar tasks.

67. It is frequently described that Continuing Healthcare (CHC) patients can be delayed in an acute bed whilst decisions are made around discharge planning and associated funding**.** However, there are local examples of where this has been / is being addressed, including

the fast track process for CHC in James Cook which is being used as a way of clearing a DTOC, with 100 active fast track cases at any one time; or the zero tolerance policy to CHC DTOC we heard described in North Yorkshire.

68. A targeted communications plan (not just around winter pressures, but more strategically and in an ongoing way) to support improved engagement with communities and residents in the local area would promote out of hospital care options for minor injuries, and reduce walk-ins at A&E. Aligning this with work with the care sector to reduce transfers to A&E, supported by improved access to primary care support would further reduce front-of-hospital demand.

69. IT infrastructure is out-dated within the FT, and there is limited opportunity for interoperability, and consideration should be given how to support and fund development of this. There is no digital strategy for the system, and even though financial constraints and lack of investment for capital projects make significant changes unlikely in the immediate short term, a statement of what would most help would benefit partners.

Recommendations for next steps

We suggest that you disseminate the key messages included in this report across your local system, including discussion at your local Health and Wellbeing Boards. We would also encourage you to develop an action plan to identify and prioritise the actions and recommendations included in the report, and to agree this as a local system. In due course the LGA will evaluate progress in line with wider Sector Led Improvement work.

Specific recommendations are included in the detailed report above, but the summary below outlines those areas where we believe you could best concentrate your efforts in order to address the issues we have seen during our time with you:

70. Local system leaders should identify the appropriate forum for agreeing and monitoring improvement actions around patient flow issues, including DTOC. We would suggest that the Local A&E Delivery Board (LADB) is likely to be the most appropriate place to bring representatives of all local partners together at a senior level, and covering wider issues of patient flow / pathways through the local system. However, this should also link with, report to, and be sponsored and supported by the Chief Officers / Chief Executives group to ensure that any wider system issues can be appropriately addressed.

71. Reprioritising and re-energising the LADB as the key strategic leadership group for the local system will also require re-commitment and ownership from all system leaders. Following this Challenge system leaders should make time to collectively develop a shared vision and plan for integrating health and care more widely and deeply across the system, and the LGA may be able to offer support with this. A review and refresh of the Terms of Reference and associated priorities of the LADB (perhaps as part of a facilitated joint leadership session for the group) might help all involved to own the work plan of the group as being their shared responsibility, to identify any block to improved joint working, and identify "owners" for agreed actions.

72. For the LADB to drive forward the changes that will lead to improvements in performance some "executive capacity" should be identified. This is likely to include the new Integration Programme Manager (and any associated team members), but could also draw in some delegated or shared capacity from e.g. the Service Improvement resource which is being developed in South Tees FT. There may be similar posts or resources within other partner organisations which could be drawn on to form a pooled virtual or project "team". Any such "joint transformation / improvement team" should have clear objectives which are jointly agreed and overseen by the LADB.

73. One early task should be to scope the many improvement projects or initiatives that are ongoing (with many only partially complete) within the local system. This could build on the action plan that was written up following the workshop on DTOC held earlier in the year, but should not be seen as a means to follow through on all the various fragmented initiatives contained in this (some of which have stalled due to lack of capacity, finance, or focus). The many initiatives and developments which have been started at different times in different parts of the system need to be rationalised, prioritised, stopped (where necessary) and sometimes joined up or merged (e.g. where different partners are approaching the same issue from different directions). This should be pulled together and represented in a single whole system improvement plan, with a focus on high impact interventions which are demonstrated to reduce admissions, and improve patient flow, and thereby reduce length of stay and delays.

74. A detailed review of your end to end care pathways should be undertaken, shared, and actions agreed (ECIST may be able to support you with this, as indeed may your NHSE/I

regional team). Whilst much of this work will focus on patient pathways and flow into, through, and out from the South Tees FT hospitals, it should be undertaken with input from all system partners, and reference patient flows from, and back into the community, including primary care, social care, and intermediate care provision.

75. It will be important to communicate your plans and priorities back across the system, to recognise and build on the hard work and good will which frontline and management staff bring to partnership working around DTOC. This will help the system to pull together and optimise the sum of its parts, as well as maintaining focus on medium- and longer-term priorities at times when more reactive or short-term agendas bring more immediate daily pressures. Equally important will be a commitment to continuous communication, celebrating successes and giving clear direction and commitment to resolving issues as they arise.

76. A system dashboard / urgent care dashboard is urgently needed. This would help to provide a whole-system strategic view, and information which would promote greater oversight of performance, help to prioritise and review improvement work, and identify any blocks to improvement. It would also help system leaders to distinguish between “seasonal” or other ad hoc performance challenges, and those which are more systemic, promoting a more proactive approach to medium-term improvement.

77. Whilst a wider review of local finances and IT infrastructure fall outside of the scope of the present Peer Challenge, these are both areas which necessarily impact on performance, and what actions are possible to address or improve this, including around DTOC. A clear statement of what the relevant IT and financial issues are, and what might be done (as a system rather than as individual organisations) to address these would be helpful. Bringing together Finance Directors from the respective partner organisations on a regular basis would support this, as would the development of a system-wide digital strategy.

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For more information on Peer Challenge and the work of the Local Government Association please see our website: http://www.local.gov.uk/peer-challenges

Appendix 2

Why Not Home? Why Not Today Improvement Plan

Improving patient flow

		Key Action	Senior Sponsor	Owner	Start date	Completion date
1	**Communicating the Review report and sharing the improvement plan**					
1.1	South Tees Integrated System Leaders Group	Develop paper and action plan to present to the group. Propose recommendations and action feedback	CB/HD/ES/PR	Kathryn Warnock	11/11/2019	19/11/2019
1.2	Health & Wellbeing Executive	Develop paper and action plan to present to the group. Propose recommendations and action feedback	CB/HD/ES/PR	Kathryn Warnock	11/11/2019	03/12/2019
1.3	Live Well South Tees Health & Wellbeing Board	Develop paper and action plan to present to the group. Propose recommendations and action feedback	CB/HD/ES/PR	Kathryn Warnock	11/11/2019	19/12/2019
1.4	North Yorkshire Health & Wellbeing Board	Develop paper and action plan to present to the group. Propose recommendations and action feedback	CB/HD/ES/PR	Kathryn Warnock	11/11/2019	22/01/2020
1.5	South Tees A&E Delivery Board	Develop paper and action plan to present to the group. Propose recommendations and action feedback	CB/HD/ES/PR	Kathryn Warnock	11/11/2019	21/11/2019
1.6	Ongoing communication	Continuous communication with the system/key teams to give clear direction and celebrate successes.	SRO	Kathryn Warnock	Ongoing	Ongoing
2	**Strategy, Vision and Governance**					
2.1	Senior leadership to prioritise and drive an agreed vision, agree a place to focus on it (e.g. the LADB), and secure capacity to design and implement transformation.	Review and refresh the Terms of Reference and associated priorities of the LADB (perhaps as part of a facilitated joint leadership session for the group) so that the group own the work plan - identify any block to improved joint working, and identify "owners" for agreed actions.	SRO	Carol Ingrasia	01/11/2019	31/12/2019
2.2		Identify "executive capacity" aligned to the LADB to drive improvements	SRO	LADB	01/11/2019	30/11/2019
2.3		Develop a vision and strategy for the system.	SRO	Kathryn Warnock/ Deborah Bowden	01/11/2019	17/01/2019
2.4		Discuss and approve the vision and strategy at the LADB (key strategic leadership group).	SRO	TBA	01/11/2019	31/01/2019
2.5		Establish a programme board to oversee the delivery of the improvement plan.	Programme team	Kathryn Warnock/ Deborah Bowden	01/11/2019	31/12/2019
		Develop a system owned improvement plan	Programme team	Kathryn Warnock/ Deborah Bowden	01/11/2019	17/01/2020
2.6		Monitor improvement plan and report exceptions to the LADB.	Programme team	Kathryn Warnock/ Deborah Bowden	01/11/2019	Ongoing
2.7		Explore creating a shared Programme Management Office (PMO) to focus on system priorities	SRO	TBA	01/11/2019	TBC
2.8		Identify the resource to deliver the improvement plan - Organiations to consider having a pooled resource - virtual or project team (joint transformation/improvement team).	LADB	Programme Board	01/11/2019	29/02/2020
2.9	Local governance arrangements / strategic leadership aren't supporting innovation, implementation and delivery of agreed priorities…in fact it isn't clear what the whole system priorities might be.	Capture the many improvement projects or initiatives that are ongoing.	SRO	Programme team	01/11/2019	31/01/2019
2.10	There is lots of talk / lots of ideas, but these are not always followed through leading to feelings of frustration and potential for disengagement. "We agree things but without confidence they will be acted on".	Ensure the system improvement plans delivered and escalations reported to the LADB.	SRO	Programme team	01/01/2020	Ongoing
2.11	There are lots of projects and initiatives which are not prioritised or monitored.	Rationalise and prioritise initiatives and include in the single whole system strategy and improvement plan (focus on high impact interventions).	SRO	Programme team	01/02/2019	29/02/2020
2.12	Staff in different organisations (or even the same one) are not always clear about what service improvement others are doing elsewhere.	Bring together Finance Directors from the partner organisations to develop greater transparency and trust for improved longer-term system planning. Link with the Finance Leadership Group.	SRO	Programme team	01/02/2019	29/02/2020

		Key Action	Senior Sponsor	Owner	Start date	Completion date
2.13	There doesn't appear to be a clear statement of what "home first" means, or a clear shared narrative to support this, especially across organisations.	Include "home first" into the system strategy and ensure agreed principles are embedded in decision making and operational delivery	Programme team	Kathryn Warnock/ Deborah Bowden	01/11/2019	17/01/2020
2.14		Develop a clear description of "home first" and agree pathways that all system partners agree to	Programme team	Kathryn Warnock/ Deborah Bowden	01/11/2019	17/01/2020
2.15	Development of a Digital strategy, outlining priorities for system-wider IT modernisation, would clarify the extent to which this is a constraint to providing effective information across the system, and hence to operational improvements.	A clear statement of what the relevant IT and financial issues are, and what might be done as a system.	System Leaders	TBA	01/01/2020	29/02/2020
2.16		Develop a system-wide digital strategy.	System Leaders	TBA	01/01/2020	31/3//2020
2.17	Learning from other areas	Learn from best practice re: "red folder" initiative (nationally and North Yorkshire)	Programme team	TBA	01/11/2019	17/01/2020
2.18		Learn from best practice re: working with care homes to provide the trusted assessor role (North Yorkshire)	Programme team	TBA	01/11/2019	17/01/2020
2.19		Learn from other rural authorities to see what they have done to stimulate the local market to address nursing and residential care staffing gaps	Programme team	TBA	01/11/2019	17/01/2020
2.20		Learn from the North Yorkshire brokerage team which sources CHC capacity for the NHS, trusted assessor arrangements in the local system and piloting Virtual Assessments on the wards using telemedicine in care homes.	Programme team	TBA	01/11/2019	17/01/2020
3	**Delivering the vision and strategy**					
3.1	At system level there is a perceived under-investment of attention, focus, and money in NHS Community Services, and a lack of strategic system leadership.	Review LoS in the community bed base	Programme team	TBA	01/11/2019	TBC
3.2	There are gaps in Primary Care, both in capacity and quality, leaving community medical support stretched; this will need to be addressed through innovation as well as recruitment (given national workforce issues).	Ensure that there is appropriate medical cover for the community beds	TBA	TBA	01/11/2019	TBC
3.3	The Discharge to Assess (D2A) pathways need to be better described and understood as part of the SAFER care bundle	D2A to form part of the "home first" approach and be included in the FT processes (eg. SAFER approach on the wards)	TBA	Where best next? Group	01/11/2019	TBC
3.5	There is not a shared understanding of internal or external flow issues and their relationship to avoidable extended lengths of stay nor DToC	Discuss risks and issues within the programme board. Continuously improve processes to improve patient flow.	SRO	Programme Manager	01/11/2019	TBC
3.6		Explore community solutions. Develop and deliver joint training and share communications to promote a better understanding of the wide range of community services.	SRO	Programme Manager	01/11/2019	TBC
3.7		Engage with community staff to design/refresh pathways (inc. "home first", end of life and pathways focusing on prevention).	SRO	Programme Manager	01/11/2019	TBC
3.8		Review and develop the Single Point of Access (SPA) - develop and agree a single assessment process (MDT approach to managing complex discharges).	SRO	TBA	01/11/2019	TBC
3.9		Develop an Integrated Discharge Team	SRO	TBA	01/11/2019	TBC
3.10		Review the End of Life pathway and make recommendations for improvement	SRO	TBA	01/11/2019	TBC
3.11	The end to end arrangements for patient flow are ineffective as presently constructed (i.e. they are not supporting timely discharge in many instances).	A detailed review of end to end care pathways - patient flows from, and back into the community, including primary care, social care, and intermediate care provision.	SRO	TBA	01/11/2019	TBC
3.12		Development of an integrated/joint assessment	SRO	TBA	01/11/2019	TBC
3.13		Start discharge planning earlier in the patient pathway - at pre-assessment and at the point of admission.	Programme team	Where best next? Group	01/11/2019	TBC
3.14		Review the role of the daily DToC call and develop a shared plan to escalate recurrent themes identified through daily calls and >7 day/21 day LoS reviews.	Programme team	Where best next? Group	01/11/2019	TBC
3.15		Discuss patient choice and placement at an appropriate/timely point in the patient pathway (involve patient, families & carers). Encourage consultants and medical staff to avoid prescribing residential/nursing care and promote "home first".	Helen Day	Where best next? Group	01/11/2019	TBC
3.16		Discharge assessment needs to be more robust in line with a single model for patient flow - embed pathway 1 with the wards.	SRO	Where best next? Group	01/11/2019	TBC
3.17		Involve mental health services in the development and embedding patient pathways.	SRO	TBA	01/11/2019	TBC

		Key Action	Senior Sponsor	Owner	Start date	Completion date
3.18		Review the Psychiatric liaison and crisis intervention service and replicate the service in the community.	SRO	TBA	01/11/2019	TBC
3.19		Increase discharge on a weekend - making use of domiciliary care providers.	SRO	Where best next? Group	01/11/2019	TBC
3.2		Improve the continuity of care for people by including the name of the domiciliary care provider on the admission and discharge paperwork.	SRO	Where best next? Group	01/11/2019	TBC
3.21		Ensure CHC processes are clearly described and communicated (North Yorkshire have a zero tolerance policy to CHC DToC).	SRO	Where best next? Group	01/11/2019	TBC
3.22		Develop a communications plan that includes engagement with the public about out of hospital options and primary care to manage non-elective demand.	SRO	TBA	01/11/2019	TBC
3.23	There is an expectation that ward staff can deal with discharges with minimal support, which they will struggle with; an Integrated Discharge Team & Ward Based discharge facilitator would help this.	Review and clarify the role of the trusted assessors	SRO	Programme Board	01/11/2019	TBC
3.24		Improve the information provided on discharge to improve care management.	SRO	Where best next? Group	01/11/2019	TBC
3.25		Making patient flow everybody's business - identify roles on wards to help facilitate timely discharge.	SRO	Where best next? Group	01/11/2019	TBC
4	**Effective cost and quality information/system intelligence**					
4.1	- It is not obvious how population information and other data is used strategically to drive service transformation or improvement. - Operational information / data should be used to drive service improvement and inform strategies - A system dashboard (e.g. for review at the LADB) would support a single view of the whole system by senior leaders.	Develop a system dashboard / urgent care dashboard. Providing a whole-system strategic view, and information which would promote greater oversight of performance, help to prioritise and review improvement work, and identify any blocks to improvement (work with the Public Health Team).	SRO	Programme Board	01/11/2019	TBC
4.2	Better use of performance data / intelligence (triangulated with cost and quality data) would support improved flow through the hospital, by identifying where the constraints are (e.g. specific skill shortages).	Regularly undertake case file reviews to understand where there are blocks to patient flow and inform continuous improvement.	SRO	Programme Board	01/11/2019	TBC
4.3		Review patients waiting over 7 days (stranded) and 21 days (super-stranded) - ward based weekly MDT reviews.	Clinical Lead	Where best next? Group	01/11/2019	TBC
4.4		Understand the causes of long length of stay over time to address improvements	Clinical Lead	Programme Board	01/11/2019	TBC
4.5		Explore the role of primary care in patient flow into and out of hospital inc. effective access to primary care and community services.	Primary Care Network lead	TBC	01/11/2019	TBC
4.6		Understand where there are workforce shortages at a system level and the impact this has on discharge processes and patient flow (target resources where possible).	SRO	Programme Board	01/11/2019	TBC

Agenda Item 7

South Tees Hospitals NHS Foundation Trust - Briefing

Alan Downey, Chair, South Tees Hospitals NHS Foundation Trust

Agenda Item 8

Tees Safeguarding Adults Board

- **2018/19 Annual Report**
- **2019/20 Strategic Plan.**

Ann Baxter, Independent Chair,
Tees Safeguarding Adults Board

Teeswide Safeguarding Adults Board

Annual Report

1 April 2018 to 31 March 2019

Teeswide Safeguarding Adults Board

Annual Report

1 April 2018 to 31 March 2019

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Introduction

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

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

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

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

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

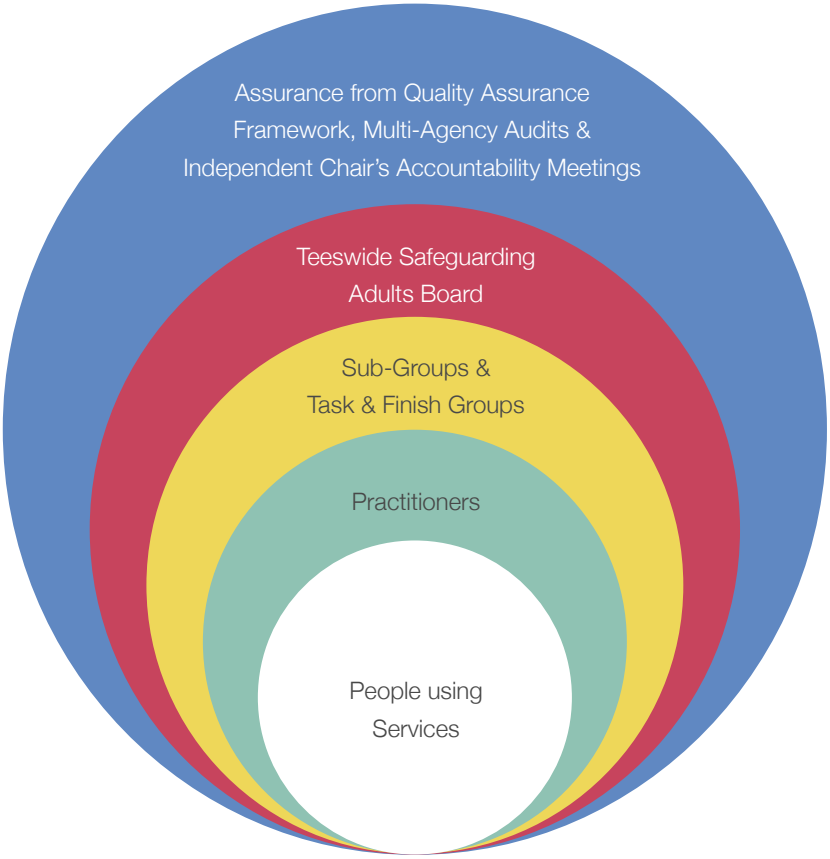
Board Approach and Assurance

Sub-Groups

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

Task & Finish Groups

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



TSAB Member Organisations

The Board is made up of six statutory partners:

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

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

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

Safeguarding Overview for 2018-19

93 Concerns were received, on average, per week across Tees

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

39% Increase in concerns from family/ friend/ self

43% Of Concerns led to a Section 42 Enquiry

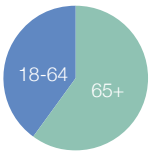
39% **61%** Section 42 enquiries

47% Increase in the number of Section 42 Enquiries for Adults aged 25-34

77% Increase in the number of Domestic Abuse Section 42 Enquiries

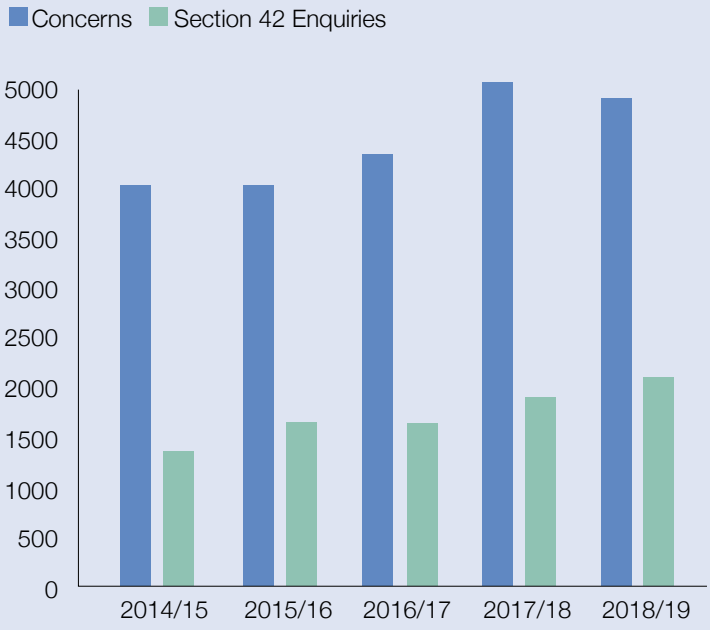
1,170 56% the source of risk was someone known to the adult

81% Of Concluded Section 42 Enquiries, a risk was identified and action was taken



40% **60%**

Concerns & Section 42 Enquiries



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

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

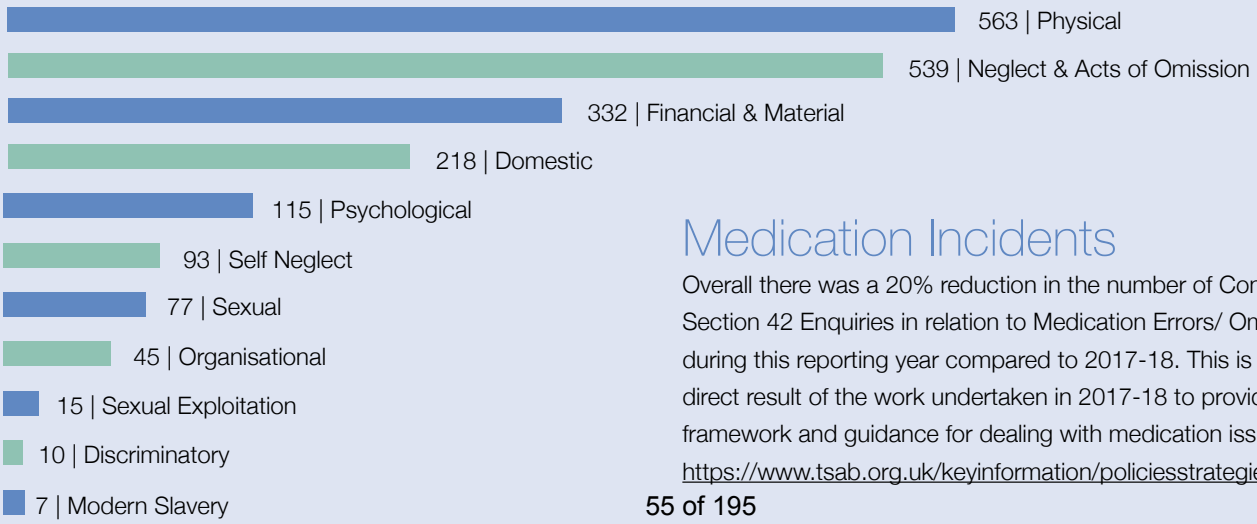
It is anticipated that the number of Section 42 Enquiries will continue to increase in the new reporting year as a result of these improvements.

increase in the number of Section 42 Enquiries commenced

Where did Adult Abuse Occur?

Own Home	Care Home	Other	Hospital	Community
43%	41%	6%	5%	5%

Types of Adult Abuse



Medication Incidents

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

Key Achievements

APR JUN 2018

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

JUL SEP 2018

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

OCT DEC 2018

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

JAN MAR 2019

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

Making Safeguarding Personal

Making Safeguarding Personal is an initiative applicable to all agencies, which aims to develop a person centred and outcomes focus to safeguarding in supporting people to improve or resolve their circumstances.
Across Tees the Board continues to seek assurances that the principles of MSP are embedded within partner agency organisations.

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

NHS
South Tees Hospitals
NHS Foundation Trust

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

Stockton-on-Tees
BOROUGH COUNCIL

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

healthwatch
Stockton-on-Tees

What we said we would do & what we did

Priorities	What we said we would do	What we did
Prevention	Reduce barriers to reporting all forms of abuse. Help develop stronger communities. Ensure more people access early help and preventative services.	• A Task and Finish Group with representation from Partner Agencies and other community organisations, designed a leaflet to help professionals better understand the barriers that may exist, in relation to the lack of reporting of safeguarding concerns involving adults from ethnic minority backgrounds across Tees. • A *'Whole Community Approach – Preventing Adult Abuse and Neglect'* leaflet was published. https://www.tsab.org.uk/professionals/posters/prevention-leaflet-v2/ • A Sexual Abuse/Exploitation information leaflet was developed in consultation with Partner Organisations and Service User panels. https://www.tsab.org.uk/professionals/posters/protecting-adults-from-sexual-abuse-and-exploitation-feb-2019/ • New Self-Neglect & Modern Slavery workbooks were developed. https://www.tsab.org.uk/professionals/training-resources/ These specific pieces of work were informed by the results of the Board's annual survey which illustrated that both professionals and members of the public felt least well informed about Modern Slavery, Self-Neglect & Sexual abuse/exploitation. These forms of abuse are often under reported and less visible forms of abuse. • The TSAB Safeguarding Adults leaflet was translated into Kurdish and Polish. The leaflet is now available in 7 different languages. • TSAB representatives attended numerous community events and groups including a session with individuals and agencies involved in the support of refugees and those seeking sanctuary. The Board engaged directly with the community and harder to reach groups to ensure that they were given the opportunity for their voices to be heard and to take part in the TSAB Annual Consultation Survey. • The Board held an awareness campaign to coincide with the Safeguarding Champions event *'actively engaging people in raising awareness of adult abuse and neglect, inspiring people to take action to prevent this'.*

Prevention

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

HARTLEPOOL BOROUGH COUNCIL

Priorities	What we said we would do	What we did
Protection	Develop strategies and guidance for dealing with all types of abuse. Reduce repeat occurrences of abuse. Provide effective and consistent responses to reported abuse.	• The *'Making Safeguarding Personal'* guidance was strengthened in line with national developments. This guidance continues to be one of the Boards most accessed online resources. • All TSAB policies and guidance documents were reviewed to incorporate a *'think family'* approach. • Focused work commenced to look more closely at safeguarding incidents occurring between residents in care homes. The outcome of this work will be reported in 2019-20. • The Operational Leads Sub-Group held focussed discussions on Domestic Abuse and heard about the new Whole Systems Approach adopted by Cleveland Police. Work to understand the nature of repeat occurrences of this type of abuse will be carried out in 2019-20. • There was a 77% increase in the number of Section 42 Enquiries carried out relating to Domestic Abuse. • Exemplar forms for submitting Safeguarding Concerns and SAR Notifications were developed to improve the quality of information received and to assist with a timely response at the point of contact.

Protection

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

NHS
South Tees Hospitals
NHS Foundation Trust

What we said we would do & what we did

Priorities	What we said we would do	What we did
Partnership	Develop relevant partnerships around priority issues. Ensure statutory agencies work together in an effective manner. Work more closely with partners in children focussed and community safety services.	• The Board has a strong multi-agency commitment to keeping people safe and invited local agencies to deliver presentations focusing on key safeguarding themes, improving knowledge and understanding of the work of other organisations and their roles in safeguarding. • Presentations this year included: *Tees All Age Autism Partnership, Local Criminal Justice Board, Timelock, MATAC (Multi-Agency Tasking and Co-ordination), Newcastle City Council: Joint Serious Case Review (concerning sexual exploitation of young women).* • Board representatives became and continue to be actively involved in the Cleveland Anti-Slavery Network, which brings together a range of organisations in tackling the issue of Modern Slavery. • Members of the Communication and Engagement Sub-Group became involved with the Teeswide Violence Against Women and Girls Communication Network. • The Board approved a revised version of the Inter-Agency Safeguarding Adults Concern Form. • The Safeguarding and Promoting the Welfare of Children and Adults at Risk Policy was relaunched. • The Board's E-learning contract was reviewed in partnership with the Tees Local Safeguarding Children Boards.

Partnership

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

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

CLEVELAND POLICE

Priorities	What we said we would do	What we did
Professional Accountability	Gain assurance about the effective delivery of services. Ensure the voice of the service user helps to shape professional practice. Deliver and achieve the Boards performance benchmarks.	• Nine partner agencies came together to carry out four themed multi-agency audits (one in each Local Authority area). A small number of cases were sampled and looked at the following themes: Incidents Between Residents, No Further Action (under safeguarding), Self-Neglect and Hospital Discharges. • Three Local Authorities and the two CCGs completed the Quality Assurance Framework/ Self audit tool this year and provided an assurance report to the Board. • A survey was carried out to seek views and feedback from professionals on the TSAB Inter-agency Safeguarding Adult Procedures. Eighty six responses were received and the procedures were reviewed and updated. A further survey is due to be undertaken in 2019-20 to determine how well the changes have been implemented into practice. • The TSAB Professional Challenge procedure was developed and launched to provide a framework to enable professionals to formally challenge decisions made within Safeguarding Adult processes. https://www.tsab.org.uk/key-information/policies-strategies/ • The Board worked with a representative from the Crown Prosecution Service to review some cases where professionals felt that the case should have proceeded to a positive charging decision. This work resulted in the reconsideration of the prosecution decision in some cases, and learning was shared across all agencies involved. • The TSAB Performance Indicators (PI) assisted in determining how effectively policies and procedures were being delivered; three out of five PIs were achieved, see page 8.

Professional Accountability

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

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

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

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

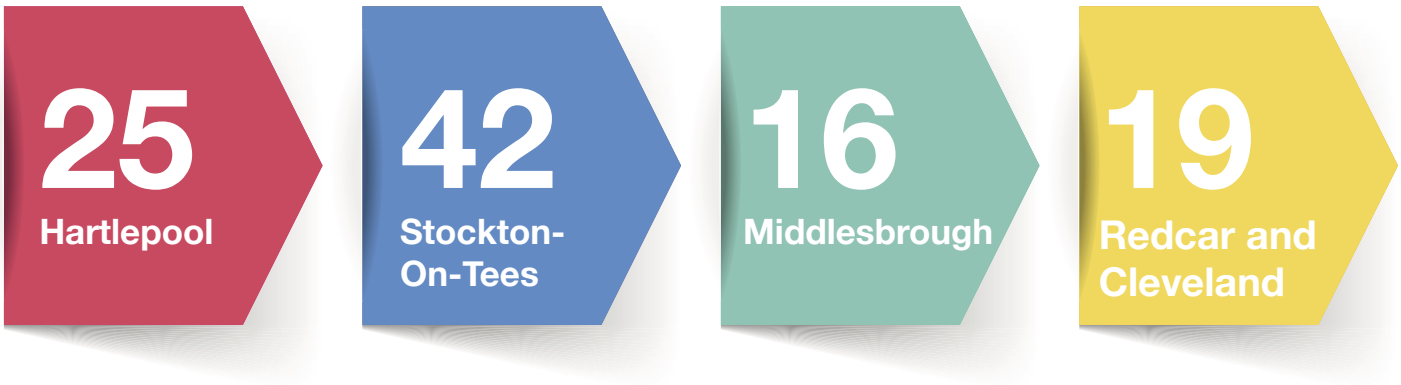
NHS South Tees Clinical Commissioning Group

Teeswide Safe Place Scheme

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

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

There are now 102 locations across Tees:



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

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

The TSAB website hosts all of the necessary resources, list of venues and a Google map of all participating locations.
https://www.tsab.org.uk/key-information/find-support-in-your-area/safeplace-scheme/

Communication and Engagement

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

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

579 Followers
204,000 Impressions

220 Followers
252 Posts

2,000 leaflets distributed
500 translated versions

68,400 views on TSAB website

'Challenge of Prevention' Safeguarding Conference

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

Annual Consultation Survey

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

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

77%
Of professionals felt the Board is making a difference to help prevent adult abuse and neglect

75%
Of the public knew how to report adult abuse and neglect

503
Completed Surveys

MATAC (Multi-Agency Tasking and Coordination)

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

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

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

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

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

Cleveland Fire Brigade – Stay Safe and Warm Scheme

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

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

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

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

Training

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

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

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

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

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

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

> North Tees and Hartlepool Foundation Trust has recently implemented the intercollegiate document on the role and responsibilities for health care staff. Within these changes we have been carrying out more in-depth face to face training. The training has placed more focus on domestic abuse, self-neglect and modern slavery. The feedback from the students has been very positive and includes;
> "a great course providing me with the knowledge I need to do my job more effectively and safely"
> "I am now more aware of the new changes regarding safeguarding and will be sharing my knowledge with colleagues and ward staff as part of my role".
>
> NHS North Tees and Hartlepool NHS Foundation Trust

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

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

148
Safeguarding Champions

228
Workbooks completed

296
professionals attended training events

12,431
Virtual College Courses requested

Multi-Agency Audits

What did we learn?	Outcomes
Concern Forms • Concern Forms were of a variable quality.	An example of a completed Concern Form was developed and shared in the TSAB newsletter and in delegate training packs.
Making Safeguarding Personal • The adult's views were not always sought at the point of raising a concern. • There were also good examples of the adult being fully involved and engaged throughout enquiries. • There was good use of advocacy.	The TSAB Making Safeguarding Personal guidance was refreshed and published on the TSAB website. The TSAB Concern Form was reviewed to place more emphasis on the adult at risk and seeking their views.
Mental Capacity Assessment • There was evidence of good practice once the concern had been received by the Local Authority. • There was a lack of robust consideration of capacity at the point of the concern being raised.	New Legal Literacy training was launched in July 2018 and emphasises the need for robust Mental Capacity Assessment.
Safeguarding Enquiries • Enquiries were proportionate and inclusive. • There was good use of relevant alternative approaches, e.g. care management, signposting to support services, use of complaints policy. • Most enquiries were within reasonable timescales. • There was an inconsistent approach to recognising when the Section 42 duty is met and then recorded on case management systems. • There was variable use of the TSAB Decision Support Guidance and Self-Neglect risk assessment tools.	Recording on case management systems was improved regarding the recording of Section 42 Enquiries to ensure a consistent approach across the four Local Authorities. TSAB documentation was promoted via newsletters, E-bulletins and team meetings.

Safeguarding Adults Review

Safeguarding Adults Review (SAR) Definition

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

SAR Sub-Group activity

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

- The SAR Sub-Group considered 6 SAR notifications this year (compared to 3 in the previous year) and decided that one case met the criteria for a SAR: this review started in March. There were three notifications indicating poor care practice within care homes, which had been or were about to be subject to the TSAB Responding to and Addressing Serious Concerns (RASC) procedures. Although none of these cases met the criteria for a SAR, the Sub-Group agreed to carry out a review of the lessons learned from implementing the RASC to identify any common learning. The remaining 2 cases did not meet the criteria for a SAR

- The SAR Sub-Group monitored the action plan in relation to the SAR Carol case which was published in 2017 and good progress was made by our partners to ensure the learning from this case was taken forward within their own organisations. The group also continued to oversee the actions and learning from 4 single agency reviews.

- The SAR Sub-Group considered learning from 8 SARs and 2 thematic reviews, regionally and nationally; summaries of these reports are available at www.tsab.org.uk and are shared with TSAB partners following each SAR Sub-Group meeting.

What has the Board done?

Locally:

- The arrangements for End of Life care have been reviewed and strengthened following a single agency review.

- Improvements have been made to procedures relating to health care professionals who visit care homes to improve communication between staff.

- The TSAB Decision Support Guidance has been updated to include more detail when considering Domestic Abuse cases and to ensure a proportionate response to SAR notifications.

- The thematic review on the TSAB's RASC procedures identified the following five key areas for learning: leadership and management; staff behaviour, attitude and competency; safeguarding teams; partnership working; and commissioning and contract compliance. It was identified that emphasis needs to be placed on managing risk and to support services at an earlier stage, which may prevent the service from declining and being placed into serious concerns.

Regionally and Nationally:

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

- The Board's web page on organisational abuse has been updated in response to the Nightingale Homes thematic review to highlight 'What a good organisation looks like'.

TSAB Priorities for 2019-20

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

Top 3 priorities identified by professionals and service users;

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

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

Prevention Aim:

We will develop strategies that reduce the risk of abuse

Protection Aim:

We will work effectively together to ensure the protection of adults

Partnership Aim:

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

Professional Accountability Aim:

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

Appendix – Local Authority Data 2018/19

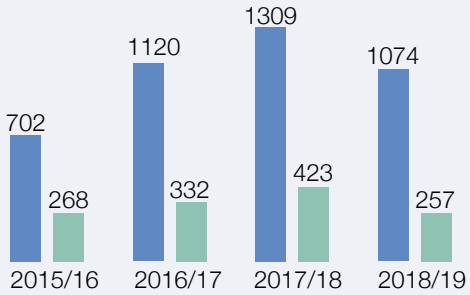
7,114 DoLS applications received across Tees

Number of Concerns and Section 42 Enquiries

Concerns Section 42 Enquiries

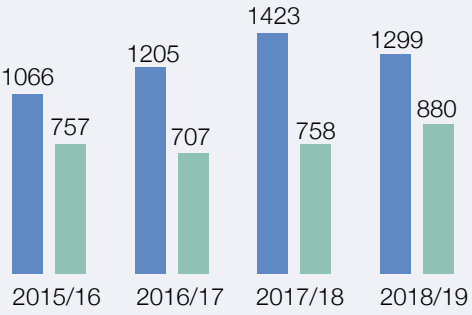
Hartlepool

Middlesbrough



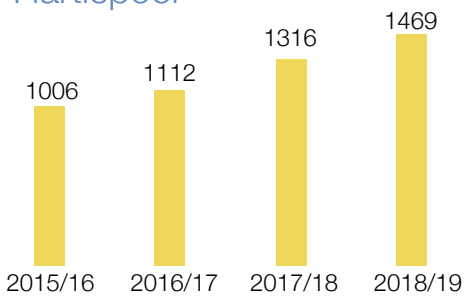
Redcar & Cleveland

Stockton-On-Tees

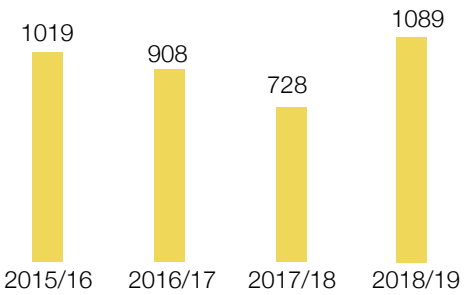


Deprivation of Liberty Safeguards (DoLS)

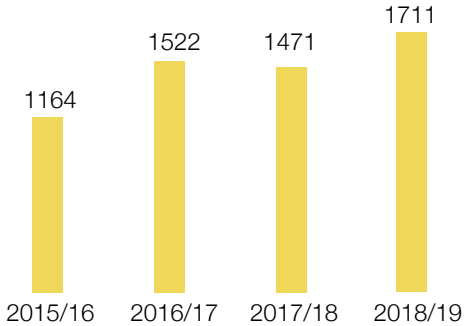
Hartlepool



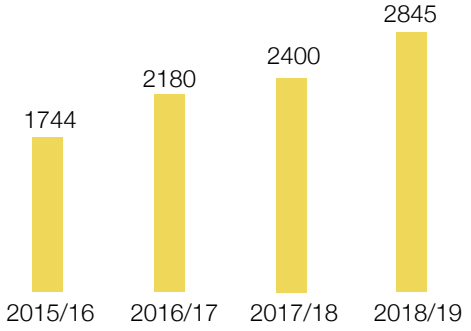
Middlesbrough



Redcar & Cleveland



Stockton-On-Tees



Teeswide Safeguarding Adults Board

Strategic Business Plan 2019-20

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

Prevention

Aim:

We will develop strategies that reduce the risk of abuse

Objectives

We will:

1. Ensure people are able to access early help and preventative services
2. Reduce barriers to reporting all forms of abuse
3. Further raise public awareness of TSAB work and adult safeguarding
4. Improve engagement with local communities

Protection

Aim:

We will work effectively together to ensure the protection of adults

Objectives

We will:

1. Provide effective, consistent, timely and proportionate responses to reported abuse
2. Encourage a strengths based approach which puts the person at the centre of all safeguarding work
3. Develop strategies and guidance for dealing with all forms of abuse
4. Carry out focused work on specific aspects of adult safeguarding to ensure a collaborative and person centred approach

Partnership

Aim:

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

Objectives

We will:

1. Ensure statutory agencies work together in an effective manner to protect adults from abuse and neglect
2. Actively engage with partners in children's focussed and community safety services to promote the delivery of joint priorities and objectives
3. Influence and challenge existing and emerging strategic groups and networks on specific and relevant safeguarding issues
4. Further improve the appropriate sharing of information in every aspect of the work of the Board and partner agencies

Professional Accountability

Aim:

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

Objectives

We will:

1. Gain assurance from our partners about the effective delivery of their services
2. Listen to the voice of the adult to help shape professional practice and improve service delivery
3. Deliver and achieve the Board's performance benchmarks
4. Strive to continually improve and develop safeguarding practice

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

Prevention

Actions:

We will do this by:

1. Supporting and encouraging the promotion of local community based services to help to reduce the impact of loneliness and isolation
2. Further extending the TSAB Safeguarding Champions network
3. Taking part in an Annual National Safeguarding Awareness Campaign
4. Refreshing the TSAB Communication and Engagement Strategy

Protection

Actions:

We will do this by:

1. Identifying aspects of safeguarding work which would benefit from a better co-ordinated approach
2. Delivering effective learning, training and development opportunities which reinforce person-centred working and a strengths based approach
3. Reviewing the current TSAB Inter-Agency procedures to ensure they are contemporary and reflect best practice
4. Preparing for the implementation of the MCA Amendment Bill

Partnership

Actions:

We will do this by:

1. Striving to introduce a Joint Children and Adults Strategic VEMT Group
2. Ensuring all meeting agendas and discussions reflect the changing landscape of adult safeguarding work, legislation and priorities
3. Ensuring appropriate representation at strategic groups and networks
4. Reviewing the current TSAB Sub-Group structure for effectiveness

Professional Accountability

Actions:

We will do this by:

1. Delivering a Quality Assurance programme which includes: peer review, Quality Assurance Framework/Self Audit (QAF) and multi-agency audits
2. Making best use of performance information to determine actions and priorities to help keep people safe
3. Effectively responding to and learning from all serious safeguarding incidents, including Safeguarding Adult Reviews (SARs), Domestic Homicide Reviews (DHRs)
4. Determining methods for engaging with, and listening to the voice of the adult

Agenda Item 9

Children's Safeguarding Partnership – briefing on new arrangements

Ros Pluck, Partnership Manager, South Tees Safeguarding Children Partnership

Report to South Tees Health & Wellbeing Board

South Tees Safeguarding Children Partnership

1. Purpose of Report

To provide an update to the HWBB on the development and delivery of the South Tees Safeguarding Children Partnership (STSCP).

2. Report Background

2.1 The STSCP has been developed in line with legislation which was included in the Children and Social Work Act 2017. The Act removed the statutory functions of Local Safeguarding Children Boards (LSCBs) and introduced the requirement for 'Safeguarding Partners' to work together within a local area to protect and safeguard children. These arrangements must identify and respond to the needs of children in the area and also identify and review serious child safeguarding cases.

2.2 On 28th June 2019 the Safeguarding Partners published the new arrangements which are referred to as the 'South Tees Safeguarding Children Partnership' and which became operational on 29th September 2019. These arrangements are attached at Appendix 1.

2.3 These published arrangements were submitted to the Secretary of State and have been accepted as meeting the requirements as set out in 'Working Together' 2018.

2.4 The statutory safeguarding partners for the STSCP are:

- Middlesbrough Council
- Redcar & Cleveland Borough Council
- South Tees Clinical Commissioning Group
- Cleveland Police

2.5 The partners share equal responsibility for the execution and oversight of the partnership and have agreed the following vision:

'A partnership committed to keeping children safe and working together to achieve the best possible outcomes for children and families.'

2.6 The STSCP will support and enable local organisations and agencies to work together in a system which places the child at the heart of the process and aims to ensure that:

- Children are safeguarded and their welfare promoted;
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children;
- Organisations and agencies challenge appropriately and hold one another to account effectively;
- There is early identification and analysis of new safeguarding issues and emerging threats;
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice; and

- Information is shared effectively to facilitate more accurate and timely decision making for children and families.

2.7 The arrangements aim to ensure a continuous cycle of:
- Improving Practice
- Enhancing Outcomes

2.8 In addition to the statutory partners it is recognised that there are a number of organisations and agencies whose involvement is required to safeguard and promote the welfare of children across the South Tees. These are referred to as 'relevant agencies' and as such are included within the published arrangements. They include educational establishments, local housing providers, public health, voluntary/community groups, faith groups and probation service.

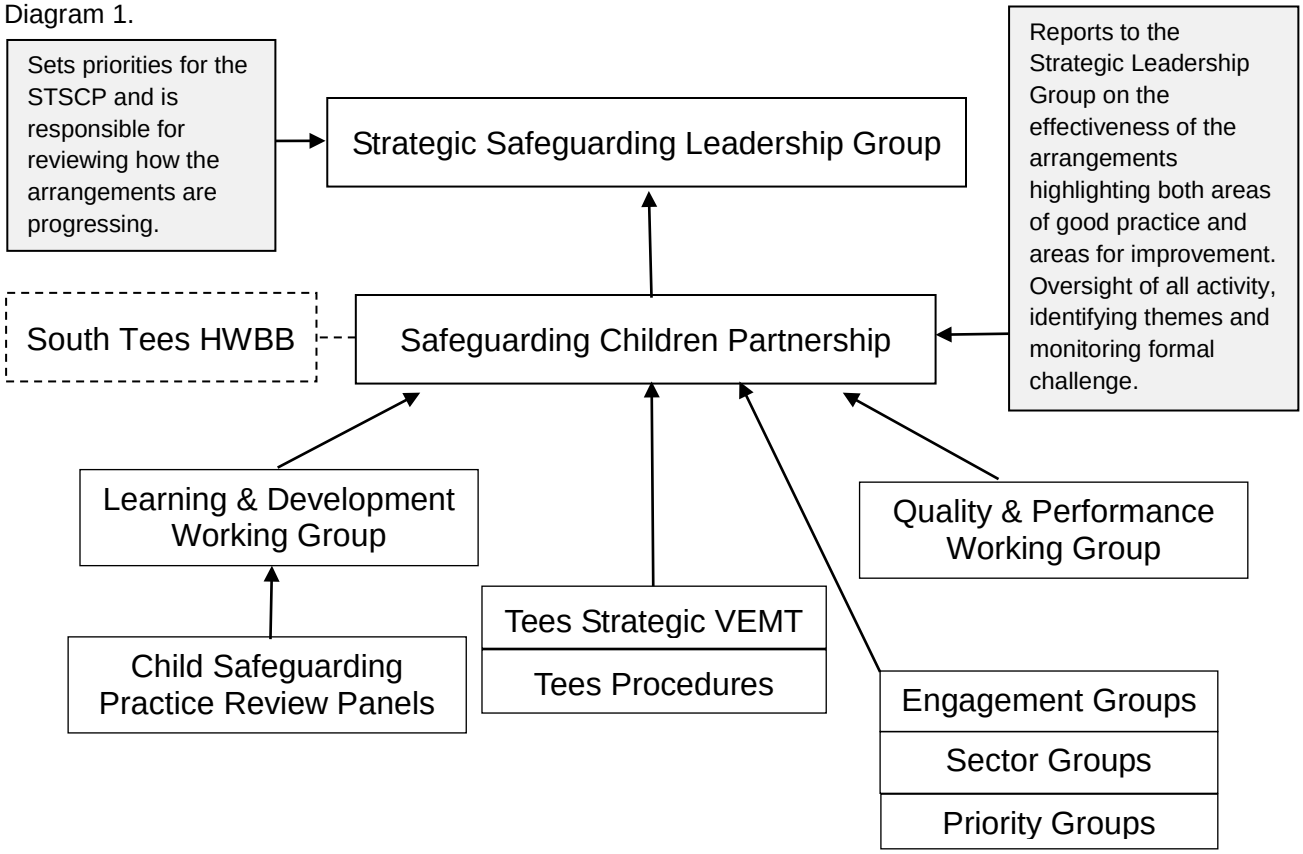
2.9 Both Middlesbrough and Redcar & Cleveland LSCB's have published their 2018/19 Annual Reports and these are included at Appendix 2 and 3 respectively.

3. Structure and Governance of the New Arrangements

3.1 The newly formed partnership has a strong focus on Learning & Development and Quality & Performance and the partnership structure (diagram 1) has been developed to reflect this.

3.2 Strong links will be developed with other relevant strategic partnerships, particularly the South Tees Health and Wellbeing Board, ensuring joined up working and best use of resources.

Diagram 1.



3.3 The work of the partnership is supported by both South Tees and Tees wide groups.

3.4 The new partnership structure has removed a number of duplicate meetings which were taking place across both Middlesbrough and Redcar & Cleveland freeing up valuable staff time.

3.5 This has resulted in consistency of processes for those partner agencies who work across the South Tees and ensures that lessons learnt are shared widely, having a greater impact on the outcomes for children and their families.

4. Safeguarding Practice Reviews

4.1 The responsibility for how lessons are learnt from any serious child safeguarding incident lies at a national level with the Child Safeguarding Practice Review Panel and at a local level with the STSCP. The Learning & Development Working group will be responsible for managing this process locally in line with national guidance and will monitor improvement plans arising from such reviews.

5. Funding

5.1 The work of the STSCP is now funded through a pooled budget to which both statutory partners and a number of relevant agencies will contribute. The budget will meet the running costs for the STSCP which includes a dedicated business support unit.

6. Lead Authority Arrangement

6.1 Middlesbrough Council is the lead authority for these arrangements and legal agreements are in place with statutory partners to facilitate this arrangement.

7. Progress to Date

7.1 An Acting Partnership Manager is in post and is driving forward the development of the Partnership and its Working Groups, liaising with statutory partners and relevant agencies as appropriate.

7.2 Processes are in place to respond to Serious Incident Notifications ensuring compliance with statutory requirements.

Ros Pluck
Acting Partnership Manager
South Tees Safeguarding Children Partnership
ros_pluck@middlesbrough.gov.uk

28 October 2019

Appendices

Appendix 1 - South Tees Safeguarding Children Partnership – New Arrangements 2019
Appendix 2 – Middlesbrough Safeguarding Children Annual Report 2018/19
Appendix 3 – Redcar & Cleveland Safeguarding Children Board Annual Report 2018/19

South Tees Safeguarding Children Partnership

A partnership committed to keeping children safe and working together to achieve the best possible outcomes for Children and Families

New Arrangements 2019

(Revised 2 October 2019)

Contents

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7. Engagement	Page 15
8. Learning and Development	Page 17
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Foreword

Safeguarding the children and young people across South Tees is our duty and should be treated with the gravity it deserves. In this document, we outline the new multi-agency safeguarding arrangements that will be adopted from 1st July 2019. It explains how, we as the Safeguarding Partners in the region, will fulfil our duties under the Children Act 2004 (as amended by the Children and Social Work Act 2017) and adhere to the guidance in Working Together to Safeguard Children 2018.

Our multi-agency safeguarding arrangements will be known as the South Tees Safeguarding Children Partnership and are built on the solid foundation of the substantial improvements already made to the function, structure and effectiveness of both the Middlesbrough and Redcar and Cleveland Local Safeguarding Children Boards.

The Safeguarding Statutory Partners are:

- Middlesbrough Council
- Redcar & Cleveland Borough Council
- South Tees Clinical Commissioning Group
- Cleveland Police.

As the Safeguarding Statutory Partners, we will share equal responsibility for execution and oversight of the South Tees Safeguarding Children Partnership, enabling a common purpose and agreed behavioural values to reinforce shared priorities. We recognise that to be strong and effective, the Partnership must engage the right people and have worked collaboratively across South Tees to identify the organisations and agencies which need to be involved to safeguard and promote the welfare of children and young people across the South Tees.

The South Tees Safeguarding Children Partnership will promote appropriate support and challenge between partners; ensuring that leaders and staff within every organisation are held to account. We will also create the conditions to develop a transparent learning culture, driving best collaborative practice for good and outstanding outcomes for children and young people.

All our work will be underpinned by a consideration of the views and experiences of the children and young people across South Tees. We acknowledge that the new arrangements will only be effective if they make a difference to the wellbeing of children and young people and ask for help from professional partners and the community to make this a reality.

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	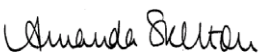	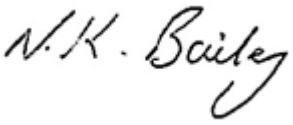
Tony Parkinson	Amanda Skelton	Nicola Bailey
Chief Executive	Chief Executive	Chief Officer
Middlesbrough Council	Redcar & Cleveland Borough Council	South Tees Clinical Commissioning Group

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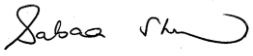
		
Steve Graham (on behalf of Chief Constable Richard Lewis)	Helen Watson	Barbara Shaw
Assistant Chief Constable	Executive Director, Children's Services	Corporate Director for Children and Families
Cleveland Police	Middlesbrough Council	Redcar & Cleveland Borough Council

1. Introduction and Context

Following the Wood Review (2017) into the role and functions of Local Safeguarding Children Boards (LSCBs), the Government has introduced legislation through the Children and Social Work Act 2017 to reshape the way in which local agencies work together to safeguard and promote the welfare of children. This sees LSCBs ceasing to be the mechanism for multi-agency safeguarding, and instead sets out 'safeguarding partner' arrangements, which will comprise three key agencies (local authorities, health and police).

This plan sets out the new safeguarding partnership arrangements which have been developed and agreed by the Statutory Safeguarding Partners (SSPs) across the South Tees area.

The arrangements have been developed to meet the statutory duty to:

- Set out how the SSPs will work together to identify and respond to the needs of children in our area.
- How we will commission and publish Child Safeguarding Practice Reviews (CSPRs).
- How we will ensure the effectiveness of our arrangements are subject to robust and independent scrutiny.

Organisations, agencies and practitioners should be aware of and comply with this plan which has been agreed by the SSPs. These requirements are set out in "Working Together to Safeguard Children (2018)", which highlights in particular that:

> *'there is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.'*

2. Shared Vision and Values

Partners across South Tees have agreed the following vision:

A partnership committed to keeping children safe and working together to achieve the best possible outcomes for children and families.

This local arrangement will support and enable local organisations and agencies to work together in a system which places the child at the heart of the process and aims to ensure that:

- **Children are safeguarded and their welfare promoted;**
- **Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children ;**
- **Organisations and agencies challenge appropriately and hold one another to account effectively;**
- **There is early identification and analysis of new safeguarding issues and emerging threats;**
- **Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice; and**
- **Information is shared effectively to facilitate more accurate and timely decision making for children and families**

3. Geographical Boundaries

The South Tees Safeguarding Children Partnership will cover the two local authority areas of Redcar & Cleveland and Middlesbrough Councils. The local authorities are already closely aligned with a strong willingness and commitment to working together including the newly developed South Tees Multi-Agency Children's Hub which is the 'front door' to children's services across the South Tees and includes a number of partners identified as 'relevant agencies'.

The South Tees Clinical Commissioning Group shares this boundary and Cleveland Police covers the whole of this area within its boundary (which also includes the whole of the Tees footprint).

It is also of note that the four Local Safeguarding Children Boards which previously existed within the Tees geographical footprint have for some time worked together in a number of areas. These arrangements will continue with the South Tees Safeguarding Children Partnership and the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership working together. Section 7 provides further detail in respect of this continued Tees wide approach.

4. Relevant Agencies

Relevant Agencies are those organisations and agencies whose involvement the SSPs consider is required to safeguard and promote the welfare of children across the South Tees.

Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people. For local arrangements to be effective, they should engage organisations and agencies that can work in a collaborative way to provide targeted support to children and families as appropriate.

Although not defined as a statutory safeguarding partner, Relevant Agencies are subject to the Safeguarding Partnership Arrangements as set out in Working Together 2018.

The local Relevant Agencies have been identified as:

- **Adoption Tees Valley**
- **British Transport Police**
- **Children and Family Court Advisory and Support Service (CAFCASS)**
- **Cleveland Fire and Rescue Service**
- **Community/Voluntary Sector Organisations**
- **Durham Tees Valley Community Rehabilitation Company (CRC)**
- **Education Establishments - Schools, Colleges, Training Providers and Early Years**
- **Faith Groups/Organisations**
- **Health Providers of Commissioned Services**
- **Local Housing Providers**
- **NHS England**
- **NHS Trusts/Foundation Trusts**
- **National Probation Service (NPS)**
- **North East Ambulance Service NHS Foundation Trust**
- **Office of the Police and Crime Commissioner**
- **Port Authority**
- **Public Health**
- **Residential Homes for Children (within the area)**
- **South Tees Youth Offending Service**

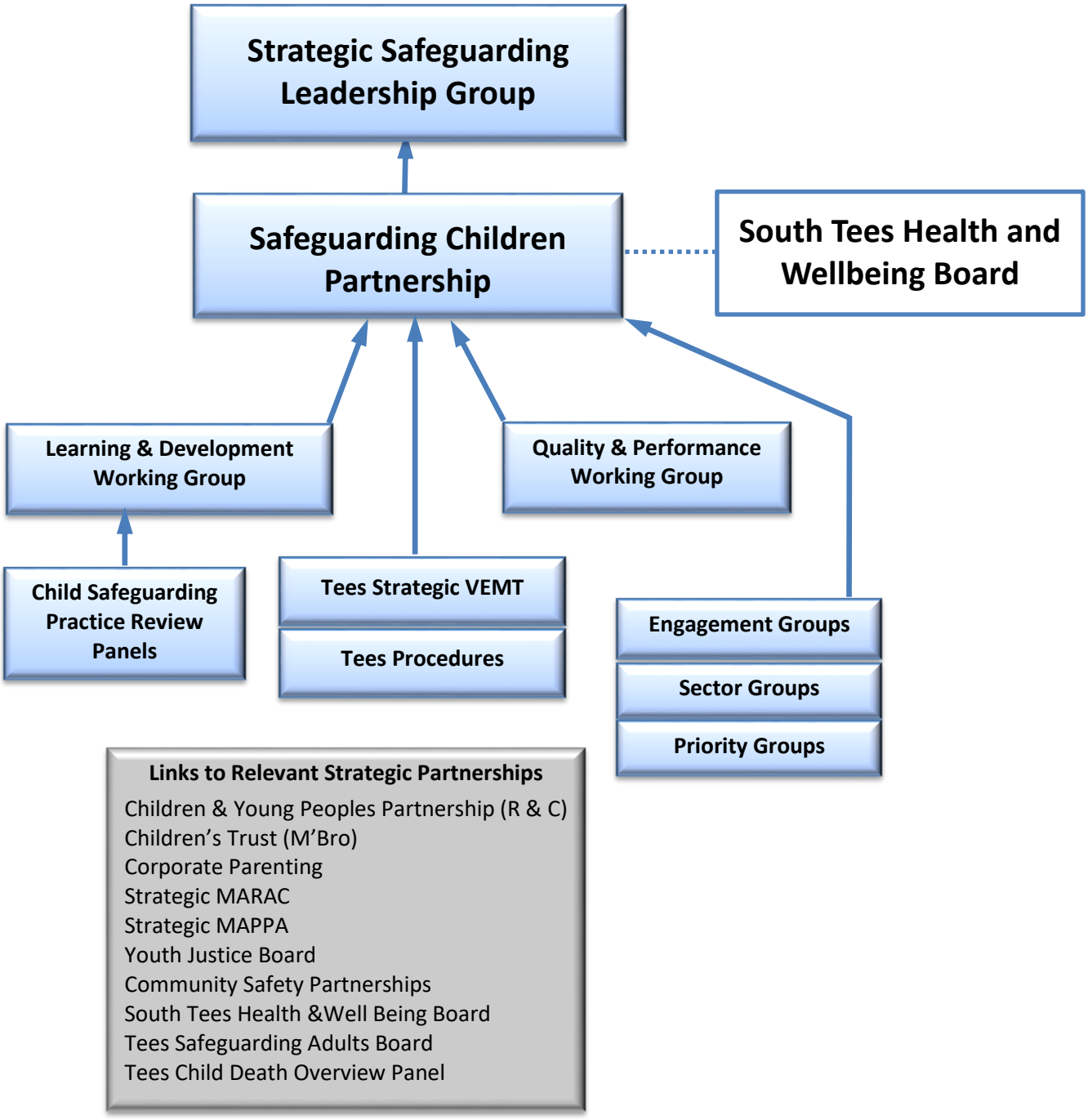
The list of locally selected relevant agencies may change over time to reflect those present in the South Tees footprint.

5. Partnership Structure and Governance

The South Tees Safeguarding Partnership structure has a strong focus on Learning & Development and Quality & Performance, as demonstrated below.

It has been developed to support the Learning and Improving Practice framework (See appendix 1) which aims to ensure a continuous cycle of:

- Improving Practice
- Enhancing Outcomes for Children and Their Families



The partnership will be supported by a dedicated Business Unit.

Strategic Safeguarding Leadership Group

Functional responsibility for the Strategic Safeguarding Leadership Group is shared by the SSPs. All SSPs have equal and joint responsibility for the arrangements and will meet formally each quarter to review how the safeguarding arrangements are progressing. Chairing arrangements will be agreed amongst SSPs.

Membership includes:

- Executive representative from Middlesbrough Council
- Executive representative from Redcar & Cleveland Borough Council
- Executive Representative from South Tees CCG
- Executive Representative from Cleveland Police
- Director of Public Health (South Tees)
- Chair of the Safeguarding Children Partnership

The Strategic Safeguarding Leadership Group will:

- Provide strategic leadership and set priorities for the partnership.
- Scrutinise quarterly reports on partnership activity presented by the Safeguarding Partnership.
- Demonstrate and promote professional challenge.
- Seek assurance in respect of improved practice and enhanced outcomes.
- Promote effective multi-agency working aimed at improving practice and improving outcomes for children and their families.
- Oversee the core safeguarding functions of the partnership arrangement ensuring all statutory functions and requirements are met.
- Develop and drive the priorities of the partnership.
- Publish a threshold document, in conjunction with the South Tees Multi-Agency Children's Hub, which sets out the local criteria for action required to safeguard and promote a child's welfare in a way that is transparent, accessible and easily understood.
- Agree a programme of robust Independent Scrutiny activities.

Safeguarding Children Partnership

The Safeguarding Children Partnership will report to the Strategic Safeguarding Leadership Group. Meetings will take place every two months.

Membership includes:

- Senior representatives from the SSPs
- Elected Members
- Chair of Learning and Development Working Group
- Chair of Quality and Performance Working Group
- Chair of Tees Strategic VEMT
- Chair of Tees Procedures
- Chairs of Engagement Groups
- Chairs of Sector Groups

- Chairs of Priority Groups
- Representative from Tees Safeguarding Adults Board
- Other representatives as may be identified by the Strategic Safeguarding Leadership Group

The Safeguarding Children Partnership will:

- Receive reports from the Tees Strategic VEMT, Tees Procedures Group and the Partnership Working, Engagement, Sector and Priority Groups.
- Monitor partnership activity.
- Identify themes for learning and development activities.
- Identify themes for quality and performance activities.
- Establish and implement a Communication Strategy across both the public and wider safeguarding partners.
- Report to the Strategic Safeguarding Leadership Group on the effectiveness of the arrangements highlighting both areas of good practice and areas for improvement.
- Develop and monitor a Partnership Challenge Register.
- Monitors and reports on activity in respect of independent scrutiny.

The work of the partnership will be supported by both the South Tees Specific Groups and the Tees wide Sub Groups.

South Tees Specific Groups

- ***Learning & Development Working Group***
  - Considers Serious Incident Notifications via Rapid Review Process and Liaises with National Panel
  - Commissions Child Safeguarding Practice Reviews (CSPRs)
  - Sets TOR and oversees CSPRs
  - Ensures that lessons learnt from CSPRs are taken forward.
  - Considers learning from Local/National CSPRs
  - Develops Learning and Development Programme
  - Monitors Learning and Development Programme
  - Meeting Frequency - every 2 months
  - Supported by a dedicated officer from the Business Support Unit
- ***Quality & Performance Working Group***
  - Development and delivery of Multi Agency Audit Programme taking into account local priorities and Joint Targeted Agency Inspection (JTAI) themes
  - Contribute to the Tees wide Performance Management Framework
  - Development of agreed local data set in respect of key priority areas
  - Respond to and prepare for potential thematic multi-agency JTAI's.
  - Respond to CSPR findings.

  - Meeting Frequency - Every 2 Months
  - Supported by a dedicated officer from the Business Support Unit

- ***Engagement Groups*** – examples include:
  - Children and Families
  - Faith Groups
  - Voluntary and Community Sector including sporting groups
- ***Sector Groups (practitioner focussed)*** – examples include:
  - Criminal Justice
  - Health
  - Social Care
  - Education including Early Years settings
- ***Priority Groups*** – established when required and could include:
  - Neglect
  - Early Help
  - Domestic Abuse
  - Mental Health

Tees Wide Groups

Tees Strategic VEMT

A Tees wide approach to tackling issues of Vulnerable, Exploited, Missing or Trafficked (VEMT) children and young people has been developed in recent years, which will continue within the new Safeguarding Partnership arrangements. This includes those children and young people at risk of or experiencing criminal exploitation and modern slavery.

Tees Procedures

This Tees wide group has been in place for a number of years and will continue within the new arrangements. The group has responsibility for coordinating the development of local procedures, protocols and guidance for safeguarding and promoting the welfare of children.

Links with Other Strategic Partnerships

The South Tees Safeguarding Children Partnership will forge strong strategic links with other relevant partnerships including:

- Children & Young Peoples Partnership (R & C)
- Children's Trust (M'Bro)
- Corporate Parenting Boards
- Strategic MARAC
- Strategic MAPPA
- Youth Justice Board
- Community Safety Partnerships
- South Tees Health &Well Being Board
- Tees Safeguarding Adults Board

- Tees Child Death Overview Panel

6. Independent Scrutiny

Working Together 2018 sets out that arrangements for independent scrutiny of the effectiveness of the partnership arrangements must be in place and highlights that the role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases.

SSPs should also agree arrangements for independent scrutiny of the annual report.

Within the South Tees Safeguarding Children Partnership the role of this independent scrutiny will be part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.

The South Tees Safeguarding Children Partnership will use a variety of forms of independent scrutiny including:

- Peer Review
- Reciprocal arrangements with other partnerships
- LGA type review
- Independent Advisors/Subject Experts/Lay People
- Partners in Practice
- Critical Friends
- Feedback from Children and Families

The decision on what element of independent scrutiny is used will be dependent upon the specific issue.

7. Engagement

Engagement with Children, Young People and Families

The voice of children, young people and families is at the heart of all partnership activity.

The partnership structure includes provision for actively engaging with and seeking feedback from children, young people and their families. This will be done using participation groups already in existence across agencies and establishing bespoke groups.

Particular focus will be given to:

- Children with Disabilities
- Children in Our Care and Care Leavers
- Children Subject to Child Protection Plans
- Young Carers

Where possible we will involve families in child safeguarding practice/learning reviews, audit activity and events.

Agencies will also be expected to provide evidence of how they ensure that they have captured the voices of children, young people and their families in their work.

Information from such engagement will be used to inform and develop practice across the partnerships and will also help to set the priorities and agree audit and performance activity.

Wider Engagement

As highlighted in the partnership structure at Section 6 there will also be engagement groups in respect of Faith Groups and the Voluntary and Community Sector which will be facilitated by the Business Support Unit.

Engagement with practitioners from all agencies is embedded within the partnership arrangements and practitioners will be provided with regular opportunities to participate in multi-agency learning and development activities which will seek to gain their views on safeguarding practice and developments.

Educational settings are an important part of the safeguarding arrangements in the South Tees given their responsibility to identify concerns early, provide support to children and prevent concerns from escalating. All Designated Safeguarding Leads will continue to meet regularly to discuss local issues. This will be in the form of Local Authority Specific Safeguarding in Education Networks which will be facilitated by the Business Support Unit with feedback arrangements in place both to and from the Safeguarding Children Partnership.

All residential homes for children within the South Tees footprint including those provided by the local authority and private sector organisations, are designated by the SSPs as relevant

agencies. Mechanisms will be put in place to engage residential homes in local arrangements for example through the Section 11 process and the local provider forum.

Whilst there are no youth custody facilities within the South Tees footprint the South Tees Youth Offending Service is identified as a relevant partner within the new arrangements and will be providing regular updates to the Safeguarding Children Partnership which will include evidence of engagement. In addition participation groups will include young offenders.

8. Learning and Development

As set out in Working Together 2018 the SSPs are responsible for considering what training is needed locally and for monitoring and evaluating the effectiveness of any training they commission. The Learning and Development group will analyse and identify learning and development needs arising from CSPRs and Audit/Performance Activity along with considering new and emerging themes. The Partnership Officer with responsibility for Learning and Improvement will explore delivery opportunities, facilitate the commissioning of trainers and monitor and evaluate the South Tees Safeguarding Children Partnership learning and development programme, reporting back to the Learning and Improvement Working Group.

Provision of Level 3 Core Training and refresher Core Training will be available to all agencies. This training will be refreshed annually to ensure emerging themes and learning from CSPRs are taken into account. Regular thematic practitioner learning events will take place throughout the year highlighting developments in practice and learning from local and national CSPRs.

In conjunction with Hartlepool and Stockton-on-Tees Safeguarding Children Partnership and Tees Safeguarding Adult Board a suite of safeguarding E-Learning is available to all agencies across the Tees.

The learning and development programme will be reviewed annually.

9. Quality and Performance

The development and delivery of a robust quality and performance framework is a key priority for the partnership as it can influence and evidence Improvements in Practice and Enhanced Outcomes for children and their families.

The Quality and Performance Working Group will ensure a programme of outcome focussed multi-agency audits is in place which will be informed by local priorities, findings form CSPRs and JTAI themes.

Assurance will be sought from agencies that their own quality and performance frameworks are fit for purpose and inform practice.

Those agencies identified under Section 11 of the Children Act 2004 will be required to provide an initial baseline self-assessment against the Section 11 Standards which will include an Action Plan for areas requiring further development. Thereafter an annual compliance statement will be required including evidence against identified actions.

The existing Tees Performance Management Framework will continue and there will be a dedicated officer within the Business Support Unit with responsibility for quality and performance will contribute to its development and utilise the data to inform local priorities ensuring a local dataset where appropriate.

10. Child Safeguarding Practice Reviews

The responsibility for how the safeguarding system learns lessons from any serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at a local level with the SSPs.

The Learning and Development Working Group will be responsible for undertaking Rapid Reviews of any serious notifiable incidents in respect of children, to consider whether a case meets the criteria for a local review. In accordance with requirements, they will report their decision to the National Panel about whether a Local Child Safeguarding Practice Review is appropriate, or whether they think the case may raise issues which are complex or of national importance such that a national review may be appropriate.

Where they consider it appropriate for a local review to be undertaken they will commission the review ensuring that a Local Panel is established to oversee its completion.

The Learning and Development Working Group will monitor any improvement plans arising from such reviews reporting to the Safeguarding Children Partnership.

11. Funding

The work of the South Tees Safeguarding Children Partnership will be funded through a pooled budget which both the SSPs and a number of Relevant Agencies will contribute to.

The budget will meet the costs of:

- Business Support Unit
- 2 CSPR's across South Tees per year
- Independent Scrutiny arrangements
- Contribution to the Tees Performance Management Framework
- Learning and Development Activities including the Tees Wide E-Learning Portal
- Other costs associated with the co-ordination of the partnership

The financial arrangements and any surplus in budget during the preceding year to be reviewed by the partnership annually.

12. Review of New Arrangements

The South Tees Safeguarding Children Partnership will be reviewed after one year, and continue annually thereafter.

The initial review will include analysis and evaluation of the effectiveness of the new arrangements and structures. Consideration will be given as to whether the arrangements have:

- Improved Practice
- Enhanced Outcomes for Children and their Families

It is recognised that over the next two years the South Tees Safeguarding Children Partnership will work closely with the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership both in relation to the continuation of the Tees wide arrangements already in place and with a view to determining whether the two partnerships should consider becoming a Tees Safeguarding Children Partnership in the future.

13. Glossary

SSP – Safeguarding Statutory Partners

MARAC – Multi Agency Risk Assessment Conference

MAPPA – Multi Agency Public Protection Arrangements

CCG – Clinical Commissioning Group

ST MACH – South Tees Multi Agency Children's Hub

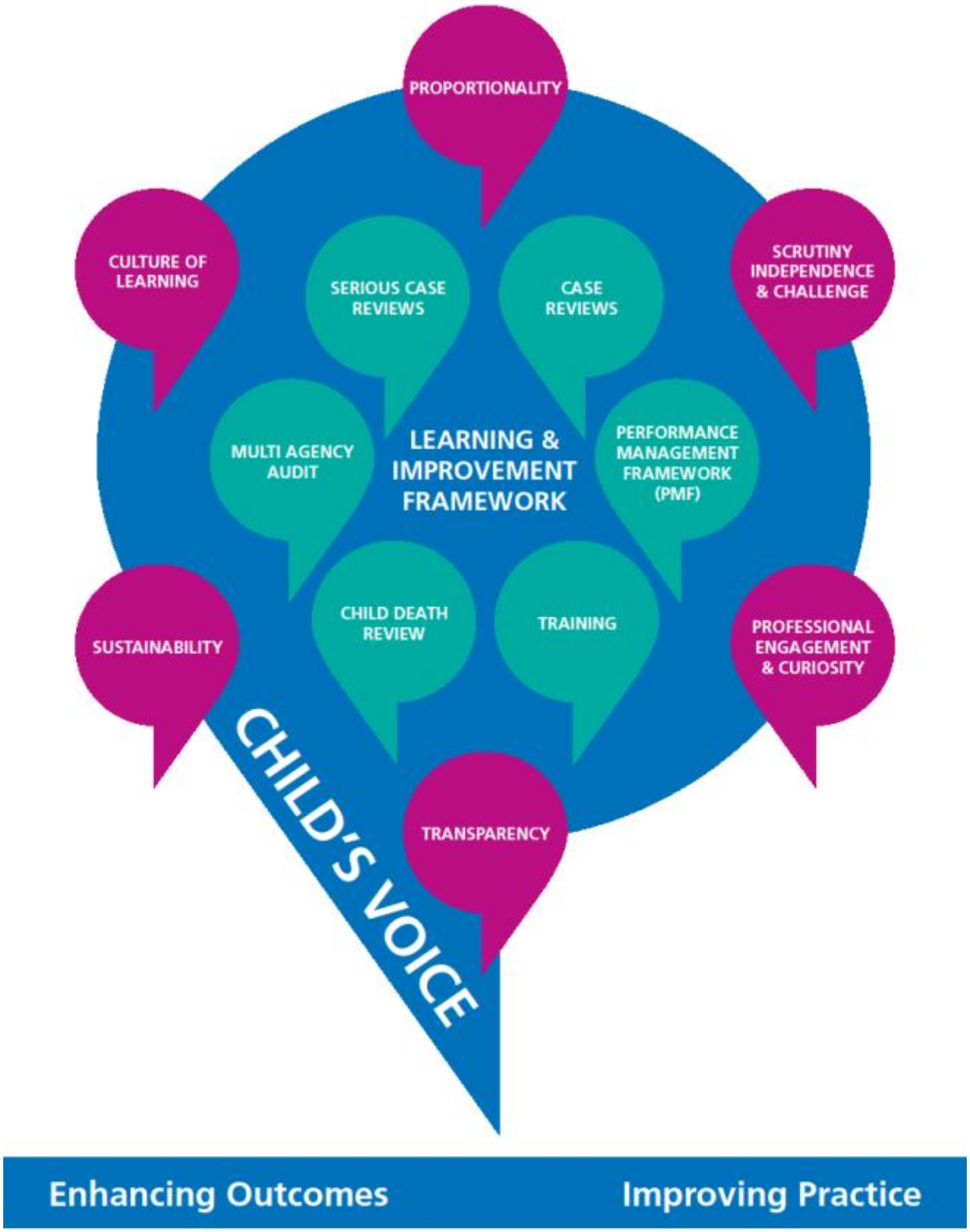
VEMT – Vulnerable, Exploited, Missing or Trafficked

CSPR – Child Safeguarding Practice Reviews

JTAI – Joint Targeted Agency Inspection

LGA – Local Government Association

APPENDIX 1 - Learning and Improvement Framework



MIDDLESBROUGH SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT 2018 / 2019

Essential Information

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FOREWORD

My foreword to this year's annual report is written at a time of significant change nationally and locally in safeguarding provision. Following the introduction of The Children and Social Work Act in April 2018, structures that have been in place for several years are set to change and Local Safeguarding Children's Boards, with their attendant Independent Chair roles, are soon to be abolished in favour of new tri-partite arrangements directed by lead officers from the Local Authority, Cleveland Police and the South Tees Clinical Commissioning Group.

Whilst opportunity presents for potential benefits to come from these changes, I caution that there appears little in the way of consistency of approach across the country and much remains to be done if the new arrangements are to strengthen and improve on what has hitherto been in place.

This last year has seen the board continue to focus its efforts to ensure that it fulfils its statutory obligations in relation to single and multi-agency safeguarding provision in support of our children and young people. Key to achieving this has been work through the Board's subgroup structure that has been developed to support and challenge agencies to optimise their awareness, training and safeguarding practise. Aligned to this, the board has maintained oversight of improvement programmes for those children who have suffered from adverse childhood experiences and those with disabilities requiring of special educational needs. The board has been actively involved in developing the first contact arrangements, early help and other bespoke offers targeting those children who are Vulnerable to Exploitation, going Missing or at risk of being Trafficked through the Tees Strategic VEMT Group.

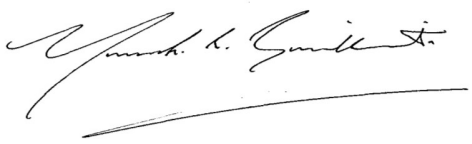
Serious Case Reviews continue to be commissioned where it is considered that lessons can be learned and improvements made. Two cases that resulted in review (one of which proved fatal) involved the ingestion of methadone by infants and a bespoke piece of work specifically working with parents who are in treatment programmes is being overseen by the board with a view tackling this extremely worrying and complex area of concern.

For my part as the outgoing Chair to the board I have sought to keep a 'steady hand on the tiller' whilst activity continues to take place to re-model partnership structures, activity that risks distracting agencies from their primary focus at a time of continually increasing operational and financial challenges.

In closing I have said many times and I make no apologies for saying it again here that all of what is reported in this annual report (and more) has been delivered by the efforts of frontline professionals. Health Visitors; Social Workers; Teachers; Police Officers; Nurses, Mental Health and other care

workers and countless others (both staff and volunteer) are our front line. I have seen first-hand that they do whatever it takes to provide support to our most vulnerable families and their children here in Middlesbrough and in presenting this my final annual report I want to applaud their continued hard work and dedication.

Mark R. Braithwaite



Independent Chair Middlesbrough Safeguarding Children Board

OUR VISION

"To Work Together as an Interagency Partnership throughout Middlesbrough to Safeguard and Promote the Welfare of Children"

CHAPTER 1

MSCB STRATEGIC PRIORITIES

PRIORITY 1

The MSCB will promote the safety and wellbeing of children and young people with a particular focus on those suspected of being at risk.

What has been done?

- *The Board is effectively represented on key partnerships, and has been a key player in the development of the Children's Safeguarding Arrangements Strategic Group chaired by the Chief Executive.*
- *The MSCB has improved communication with the general public regarding key aspects of the work of the Board through the revised MSCB website which was reviewed regularly.*
- *The MSCB has been successful in more positive engagement with the local faith and community groups. This includes the safeguarding awareness raising with the local Mosques and Churches and other faith groups via the Interfaith Network. Safeguarding briefing sessions were delivered to some the faith groups.*

Impact

Recently published serious case reviews identified that "Middlesbrough Safeguarding Children Board (MSCB) should include "the risk of drug using parents actively giving drugs to their children" be covered in all relevant MSCB training. Public Health with the MSCB have delivered multi-agency training which includes the signs and symptoms in children of drug ingestion, and clarity about what professionals should do if they suspect this is happening.

PRIORITY 2

The MSCB will work with partner agencies to promote early help and recognise and respond to the neglect of children and young people.

What has been done?

- *A review of the Threshold document in response to the front door Ofsted inspection 2019. A re-launch of the Threshold Guidance and the Early Help Strategy was undertaken supported by additional multi-agency training on these two areas.*
- *The Middlesbrough Neglect Strategy has been reviewed and updated for 2018-2020 with the Signs of Safegy approach being rolled out across service areas. The Love Middlesbrough magzine contained a section on Neglect and the local strategy.*
- *My Family Plan (Early Help Assessment) launched and rolled out across Middlesbrough.*

Impact

The profile of Neglect and Early Help has been increased with training available to professionals and staff working in Middlesbrough. The Tees safeguarding procedures website is recognised by inspectorate as a reliable and useful source of information and is well accessed by a diverse variety of people.

PRIORITY 3

The MSCB will develop and implement effective communication strategies with a focus on the participation of children and young people.

What has been done?

- *Return home interviews all collect and collate the views of the child/young person which is fed back via the quarterly reports to managers and professionals.*
- *The recently updated VEMT referral forms now all collect the views of the child/young person.*
- *A Voice of the child multi-agency audit has been completed and findings fed back to the MSCB and partner agencies.*

Impact

As a result of the multi-agency VEMT audit the voice of the child/young person is collected via the VPG referral process. The Voice of the child is now part of all MSCB multi-agency audits and is reported back to partner agencies via the board.

PRIORITY 4

The MSCB will work with partner agencies to improve the link with adult services in particular those services working with domestic abuse, parental mental health and substance misuse.

What has been done?

- *Neglect article published in the Love Middlesbrough magazine highlighting the link between adult safeguarding and care of children.*
- *Multi-agency task and finish groups are making progress around child exploitation and Neglect*
- *The elearning training program has seen a substantial uptake from professionals working within childrens and adults safeguarding.*

Impact

The MSCB training programme reflects bespoke safeguarding issues. This includes training around child sexual abuse, domestic abuse, neglect including adolescent neglect. E-learning via the virtual college is now accesible to professionals working in both adults and children services as well as the voluntary and community sector.

CHAPTER 2

LISTEN TO THE VOICE OF THE CHILD

Children and young people "have a voice and should be listened to". Research has shown that having your voice heard is one of the aspects of a child's life most linked to their overall wellbeing.
Although many professionals working in children's services are "naturals" at communicating with children and young people, this is not a universal skill. To give genuine attention to the voice of the child, we need to ensure that staff training and development across our partner organisations are timely and relevant. This is particularly true for professionals working with older children who often assume that such children are more resilient than they are so consequently may not provide the support required.
Technology, particularly internet chat rooms and social media, are a constant for many children and young people. Their ability to use these resources leaves a majority of adults floundering. The best way to protect children, many of whom are unaware or careless of the risks, may be to recruit appropriate youngsters to help us to help them. We have a small group exploring this possibility.

Digital safeguarding a quote from Dr T Byron, Safer Children in a Digital World Report:

'Children and young people need to be empowered to keep themselves safe – this isn't just about a top down approach. Children will be children – pushing boundaries and taking risks. At a public swimming pool we have gates, put up signs, have life guards and shallow ends, but we also teach children to swim'.

Children/Young People said:

"feeling listened to and understanding what was happening".

"Young people reported that their learning needs are often not met in school and that this has a major impact on their lives"

Taken from Barnardos consultation with Young People

CHAPTER 3

MSCB ANNUAL REPORT

This is the eighth and final Annual Report of the Middlesbrough Safeguarding Children Board (MSCB).

The report aims to provide the user with a single document containing all the related activity of the Board for the period April 2018 to date. It describes all the responsibilities of the Board as well as those measurable objectives against which its effectiveness can be judged.

The Report can be found on the MSCB website:
www.middlesbrough.gov.uk/MSCB/safeguarding

The revision of this document last year has resulted in a more useful and readable Report as evidenced by the increased interest in it.

HM Government Guidance: Working Together To Safeguard Children: States
The Chair must publish an Annual Report on the effectiveness of safeguarding and welfare provision for children in Middlesbrough.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should also identify:

- any services that need improvement;
- the underlying reasons for required improvement;
- and actions being taken

The report should also include lessons learnt from any reviews undertaken within the reporting period.

LSCBs should conduct assessments on the effectiveness of Board partners' responses to child sexual exploitation and include:

- information on the outcome of assessments;
- how partners have used their data to promote service improvement for vulnerable children and families, including in cases of sexual abuse;
- appropriate data on children missing from care;
- how the LSCB is addressing this issue.

The report should also provide information on:

- contributions made to the LSCB by partner agencies
- details of LSCB spending, including that on Child Death Reviews and Serious Case Reviews
- other specific expenditure such as learning events and training.

CHAPTER 4

THE ROLE OF THE MSCB

AGENCY REPRESENTATION & MANAGEMENT ARRANGEMENTS

Agency representation on the MSCB is of the utmost importance. Board members are required to have a strategic professional role within their organisation and be of sufficient seniority to enable them to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters;
- hold their organisation to account;
- influence the development of their particular agency's working practices;
- ensure that child protection and safeguarding services within their agencies are adequately resourced; and
- contribute to the development of robust and effective performance management arrangements.

Chairing arrangements:

Chair: Mark Braithwaite was appointed as Independent Chair to the MSCB in October 2010. He provides support in both the public and professional arenas. His commitment to the role and to the welfare and safeguarding of children and young people in Middlesbrough continues to be exemplary.

Vice-Chair: The Vice Chair deputises for the Chair when the latter is unavailable.

The Red outline indicates Safeguarding Lead Agencies

CHAPTER 5

LOCAL BACKGROUND & CONTEXT

Middlesbrough has high aspirations for its children and young people.

It is an acknowledged fact that those affected by domestic abuse, poverty, neglect, substance misuse and/or poor parental mental health are much less likely to arrive at school ready to learn. Middlesbrough has significant challenge in all these category areas.

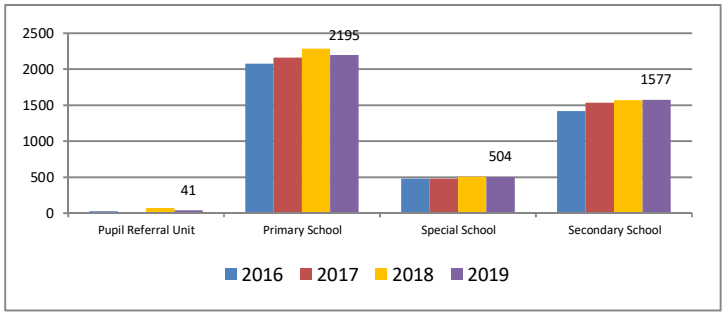
Middlesbrough is served by a range of partner agencies that include:

- Clinical Commissioning Group – South Tees
- 42 Primary Schools
- 11 Secondary Schools
- 2 Pupil Referral Units
- 4 Special Schools
- Cleveland Unit
- Youth Offending Service - South Tees
- Cleveland Police
- Cleveland Fire Service
- 2 Colleges
- 1 University – Teesside
- James Cook University Hospital
- Tees Esk & Wear Valley NHS Trust – CAMHS/LD
- Harrogate & District NHS Trust – Health Visiting and School Nursing

Children of Middlesbrough

In Middlesbrough there are **36,000** children and young people of whom **24,306** are in education (including school nursery provision- School Census 2018). The census identified that the number of children with special educational needs (SEN) had increased to **4,424** in 2019 a **slight** increase on the previous year.

CHART 1: SPECIAL EDUCATIONAL NEEDS



In primary schools **26%** of children are from BME groups compared with **12%** in the local population as a whole, with approximately half of these pupils having their ethnic heritage identified as Pakistani. The BME population amongst school-age children is growing by about **1%** per year.

There are increasing numbers of children in local schools for whom English is not their first language and with significant numbers of refugees, asylum seekers and economic migrants. Some primary schools evidence more than 20 languages across the student population.

The proportion of children with identified SEN increases significantly in the most deprived parts of Middlesbrough.

The Child Poverty Map of the UK 2013 identified that **37%** of children in Middlesbrough live in poverty compared with **20%** nationally. This is reflected in the fact that **36%** of statutory school age children are eligible for free school meals, (this is twice the national average).

Children Social Care

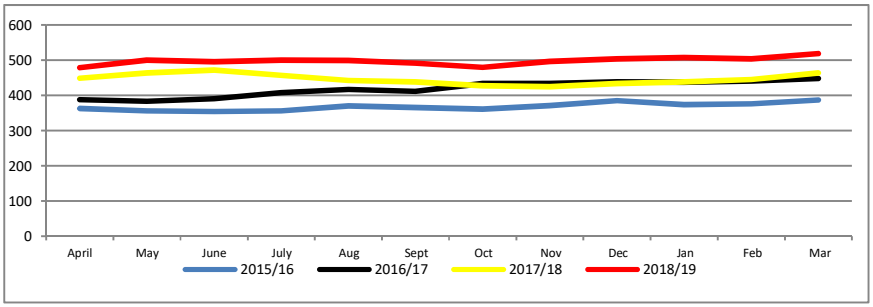
National indicators are used to monitor the performance of Children's Social Care. This information is presented to the MSCB as part of Tees Performance Management Framework.

Looked After Children

Middlesbrough has a significantly higher rate of Looked After Children than its regional, national and statistical neighbours, placing it in the top 10 local authorities in England for the rate of Looked After Children per 10,000 under 18 population.

The number of Looked After Children in Middlesbrough at the end of March 2018 was **464** rising to **519** at the end of March 2019, a significant increase of **12%** in the last year.

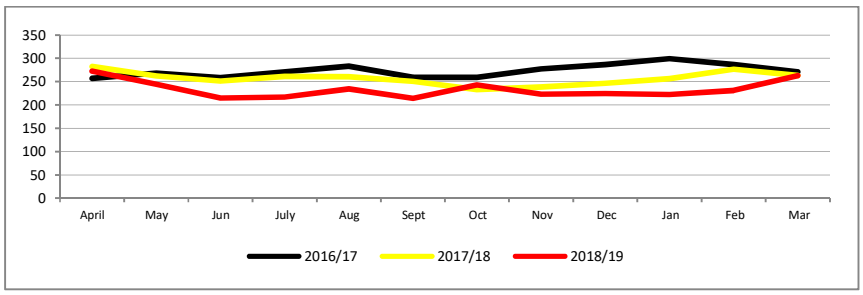
CHART 2: MONTHLY LAC FIGURES 2015-2019



Child Protection

The number of children and young people subject to a child protection plan at the end of March 2019 remained the same as the previous year at 263 (73/10,000). The majority were the subject of a child protection plan under the category of neglect.

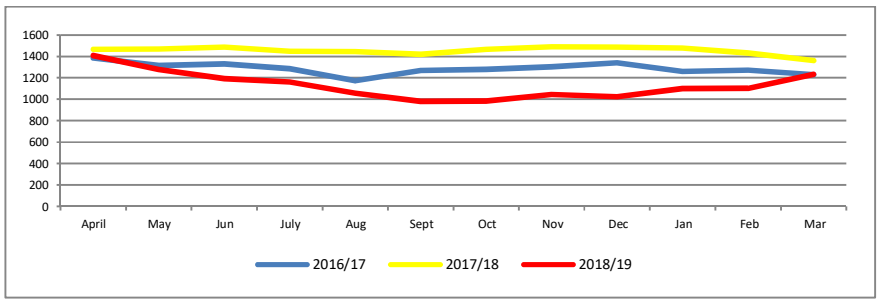
CHART 3: MONTHLY CP FIGURES 2016-2019



Children in Need

Middlesbrough identified 1233 children and young people as Children in Need at the end of March 2019, this has decreased from **1360** as at March 2018 by **9.3%.**

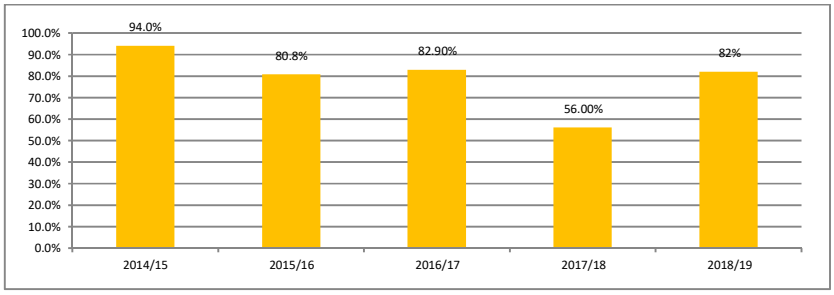
CHART 4: MONTHLY CIN FIGURES 2016-2019



Single Assessments

Between April 2018 and March 2019 Children Social Care carried out **3,599** single assessments, **2,960** within timescale, a significant improvement compared to the last reporting period.. The table below shows a comparison across the last five years.

Chart 5: SINGLE ASSESSMENTS COMPLETED WITHIN TIMESCALE



Youth Offending Service (YOS).

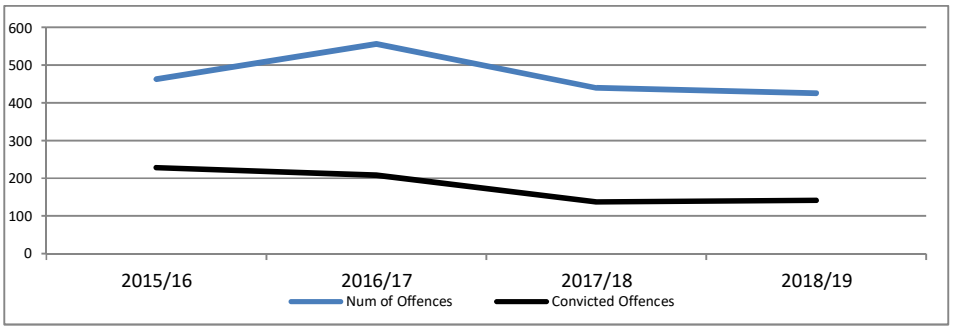
Youth Offending Service support is delivered on a South Tees basis across the Middlesbrough and Redcar & Cleveland areas and is represented on the MSCB through the Assistant Director of Prevention and Partnership and the South Tees Youth Offending Service Manager (Head of Partnerships). It reports to the Learning & Improving Practice Sub Group on individual cases classed as 'Serious Incidents' and also has representation on the MSCB sub groups.

In 2017/18, the YOS dealt with **137** offenders who were convicted of **440** offences. This number of offenders increased to **141** but offences decreased to **426** in 2018/19; **a 2.9%** growth in the young offender population and a fall of **3.2%** in offences. Of these, **87.9%** of offenders were male with **84.4%** being of white origin.

As at 31st March 2019 the number of young people on custodial sentences was **6**. Of these **4** were in the custodial phase of the order (**2** in Wetherby, **1** transferred to HMP Durham and **1** in Adel Beck Secure Children's Home). The remaining **2** were in the community phase of their sentence.

(2018-19 data source: YJB Data Summary 98 Apr18-Mar19)

CHART 6: Number Recorded Offences 2015/16, 2016/17, 2017/18, 2018/2019



Links to Adult Services/Mental Health/Drugs & Alcohol.

The vulnerability of adults is regularly identified as a key factor in serious case reviews both locally and nationally. In Middlesbrough particular focus has been placed on domestic abuse in an effort to ensure that children are safeguarded and that there is appropriate service development across all partner agencies.

Adult Safeguarding.

The MSCB has representation from Adult Services by the strategic lead for Safeguarding Adults, with representation by the Well-being Care & Learning board member on the Tees-wide Adult Safeguarding Board. The MSCB receives the Teeswide Safeguarding Adults Annual Report.

Mental Health.

The MSCB has representation from Mental Health Services, with the Named Doctor, Tees Esk & Wear Valley NHS Foundation Trust, which covers adult mental health, CAMHS (Children and Adolescent Mental Health Services) and Learning Disability.

In the period April 2018 to March 2019 there were **1,844** referrals a small decrease on last year. **1,185** of these received a service from CAMHS an increase of **20%** compared to last year. The rest were either signposted, declined a service, or did not respond to requests of contact before making an appointment.

Police

Cleveland Police covers the Middlesbrough as well as the other Tees area's and deploys to calls for service. The force provides for the investigation of offences and specialist services to ensure appropriate safeguarding of vulnerable people and children. The force has a dedicated 'Protecting Vulnerable People' (PVP) unit comprising of specialist trained officers.

CHAPTER 6

GOVERNANCE ARRANGEMENTS

MAKING SURE THAT ALL OUR DEALINGS ARE TRANSPARENT

This Report fulfils the statutory requirement contained within Working Together to Safeguard Children to produce an annual report that:

- collates relevant management information on safeguarding and child protection activity
- reports on progress in the previous year
- outlines priorities for the forthcoming year.

The MSCB has a three year business plan and this report will also address the progress of work under that plan to update and change any priorities based on current and/or predicted information.

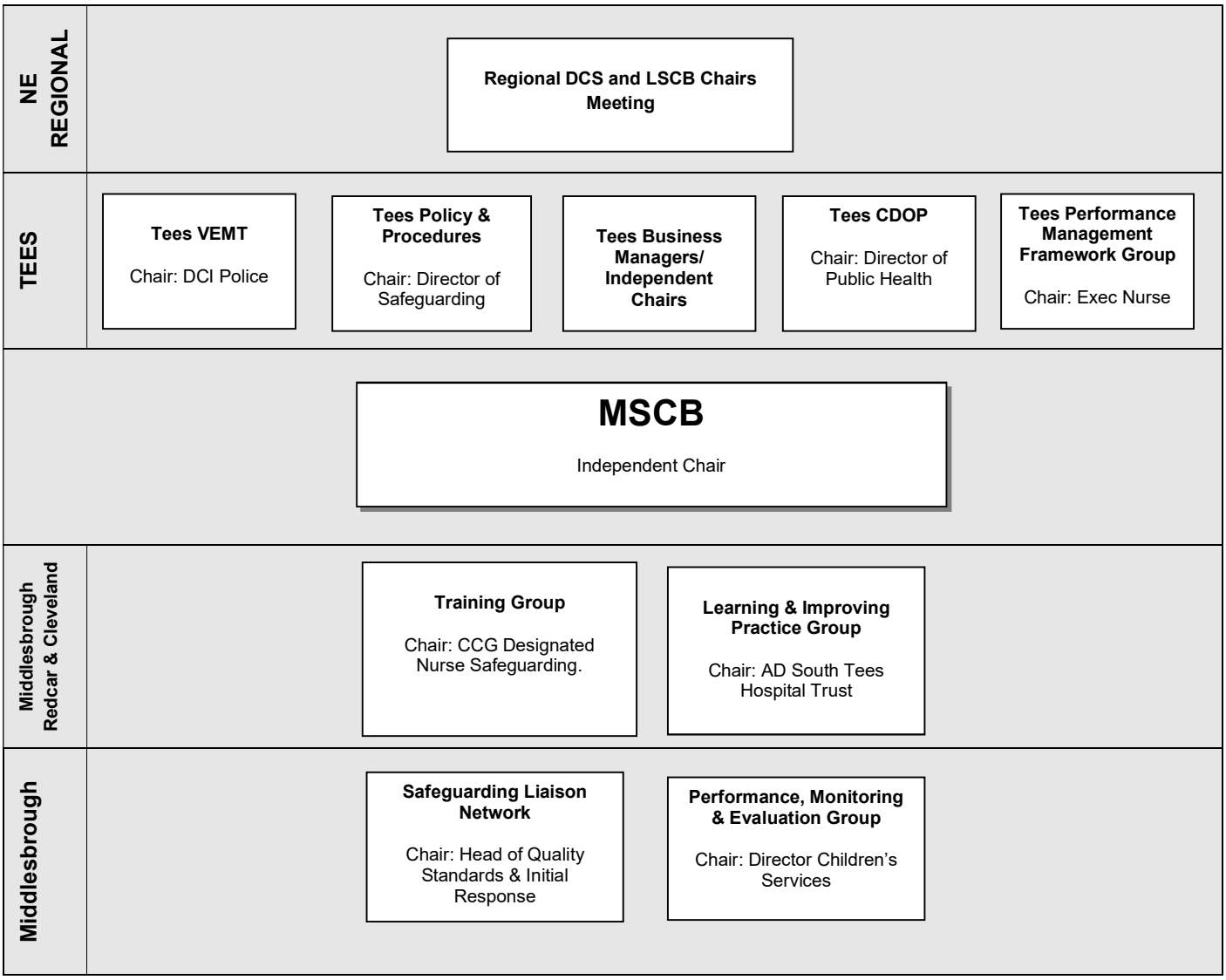
The MSCB has worked to improve the Governance of its functions and maintain its independence while strengthening its links with the Middlesbrough Health and Well Being Board and the Middlesbrough Achievement Partnership (MAP) as well the Middlesbrough Children's Trust.

Governance Structure: Review/Consider/ Challenge

Review/ consider	Drives Performance	Drives Audit and improved practice	Drives Guidance for change	Crisis/Spikes	Task & Finish Groups
MSCB Meeting : all board members consider	Board updates, board approves, board challenges	Learning & Improving Practice Sub Group – Change/challenge drives audit program	Tees Procedures Sub Group Working Together Audit Findings	Ofsted Inspection SCR/LR Tees Performance Framework Out of Area LAC Learning Reviews	For example: Finance review eSafety Review Migrant Impact Review
Board members chair subgroups	Performance & Quality Assurance Group	Training Sub Group prepares professionals to improve practice	Safeguarding Implementation Group – communication strand for professionals Audit Findings	Ofsted Inspection SCR/LR Digital Safeguarding agenda driving agenda	
Senior staff from agencies consider issues.	ADSC meeting	MSCB Network	Safeguarding Forum and MSCB subgroups Audit Findings	Ofsted Inspection SCR/LR ADHOC specific meetings	

This table highlights the process by which the MSCB reviews, considers and challenges agencies over safeguarding issues arising in the course of the year.

MSCB REGIONAL/SUB REGIONAL AND SUB GROUP SAFEGUARDING STRUCTURE 2018-2019



MSCB WORKING SUB GROUPS

The work of the MSCB is supported by a number of sub groups.

Middlesbrough Groups

Performance, Monitoring & Evaluation Group

The group changed name in this period from Performance & Quality to Assurance to Performance, Monitoring & Evaluation (PME) to fit accordingly with the revised terms of reference.

The group monitors child protection and safeguarding activity on an inter-agency basis on behalf of the MSCB in order to identify areas of concern to the Board and promote continuous improvement.

Work this year:

The group has reviewed and responded to the Tees Performance Framework and reported to the board on four occasions.

- Q1-Q4 data reviewed
- Q1 and Q4 summary reports reported to the board

The PME group has presided over and participated in the following audits over the period:

- Middlesbrough VEMT Audit June 2018
- Safer Referral repeat audit July 2018
- CSAFE (Child Sexual Abuse in the Family Environment) Audit October 2018
- Core Group Audit November 2018
- Missing Children/Young People Audit March 2019

The group has monitored the action plans for the above audits and taken responsibility oversight of the Tees Section 11 Audit process.

Training Group

With a South Tees footprint, this group ensures that appropriate high quality multi-agency training is provided for statutory agencies that reflect MSCB policy and procedure, enhances knowledge and skills and promotes joint understanding of child protection work.

Work this year:

In total, **1,348** candidates attended face to face training sessions during the 2018-2019, **61** taught sessions were delivered.

The Quality Assurance Programme process consisted of the following:

- Each course in the Training Programme was subject to a quality assurance evaluation
- Trainers (in-house and independent) are notified of the evaluation process
- The evaluator was either a member of the Training Sub Group or their appropriately nominated representative
- The evaluator is required to complete the LSCB Standards for Multi-agency training courses form.
- The course materials and participant evaluations, completed on the day of the course, are considered by the Training Sub Group and other training products modified to reflect feedback.

This evaluation process has enabled the Training Sub Group to deliver courses which met the aims, objectives and standards required.

South Tees Learning & Improving Practice Sub Group (LIPSG)

This South Tees LIPSG oversees the quality assurance of all Serious Case Reviews/Safeguarding Practice Reviews and other Learning Reviews to monitor and evaluate SCR/SPR/Learning Review action plans and to advise the MSCB Chair if the criteria for commissioning a SCR, as outlined in Working Together to Safeguard Children, may have been met.

Work this year:

- The MSCB chair has commissioned 2 serious case reviews over this reporting period and the LIPSG has had an overview of the process from initial decision making to implementation of review recommendations.
- LIPSG is monitoring the multi-agency action plans pursuant to the reviews and reviewing single agency action plans progress.
- Monitored the outcomes of national reviews of relevance to Middlesbrough

Tees-wide Groups

Tees-wide Policy & Procedures Group

Responsible for reviewing and amending existing policies and procedures and for developing new ones based on experience, research findings, government and professional guidance and the recommendations of case reviews.

Work this year:

Procedures agreed during 2018/19 so far are as follows:

- CiN Cross Boundary
- Professional Challenge, Escalation and Dispute Resolution
- Immobile Babies (Bruising in Children)
- Investigating complex (organised or multiple) abuse
- Parental Mental Illness
- SAFER Referral Form
- Unborn Baby Procedure
- Discontinuing Child Protection Plan
- Partnership Intelligence Form
- Tees VEMT Screening Tool
- Tees Missing Protocol update
- Threshold Document reviewed and updated

The Tees LSCB's Safeguarding Procedures website continues to be monitored and updated as appropriate.

Current Position

TPG members feel that there is a clear and effective structure and process in place which has resulted in a productive year. The website moved to a new host in April 2019 with a revised look and feel.

Tees Child Death Overview Panel

This group provides a forum that allows for a professional multi-agency examination of all child deaths within Middlesbrough and, by identifying associated dangers and risks, it seeks to improve the safety and welfare of children. Public health and safety issues allow for wider environmental and social benefits to be also addressed.

See Chapter 8

Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) Group

Takes a strategic overview of this key area of work and directs implementation of complementary strategies across the local operational groups.

Work this year:

- Membership and terms of reference reviewed and refreshed.
- The VEMT Strategy and Action Plan were reviewed and updated.
- Reviewed and update VPG Screening Tool
- Refreshed Tees Missing from Home and Care Protocol.
- Tees Performance Management Framework data in relation to VEMT has been reviewed to ensure consistency across Tees and enable improved analysis.
- Voice of the Child increased focus with Barnardo's "Tees Youth Take action project" and the Blossom Project questionnaires, changes to the audit tool to include voice of the child, obtaining the views of those exiting the VEMT process.
- An audit regime of VEMT cases in place to inform best practice and learning.
- CSE training events were held with attendance of 126 people from a wide range of agencies, whilst 504 professionals completed e-learning courses across the Tees.

Tees Performance Management Framework

In 2016 the Tees Performance Management Framework (Tees PMF) was introduced across the Tees LSCB's and the MSCB was able to review a much broader range of data on a quarterly basis.

The Tees PMF dataset contains a number of key indicators covering a wide range of subjects including:

- Child Protection Activity
- Looked After Children
- VEMT (Vulnerable,Exploited,Missing,Trafficked)
- CAMHS (Children and Adolescent Mental Health)
- Accident and Emergency
- Domestic Violence

The data is divided into the following sub sections:

- Enable children/young people to live healthy lives
- Providing the right support for children/young people
- Ensuring children/young people are safe.

The dataset enables the MSCB to assure itself on four fundamental questions:

The dataset is shared with partners via updates at Board and Performance and Quality Assurance group meetings and is used to:

- Identify any changes, patterns or trends that require either a single or multi-agency response
- Identify what actions agencies may need to take in relation to changes in data,
- identifying priorities for the MSCB multi-agency audit schedule.

Other task-limited working groups

The MSCB may appoint working groups for specific tasks. The terms of reference and membership of such groups will be agreed by the Board.

MSCB ATTENDANCE

As part of the governance arrangements attendance at the MSCB and associated working sub groups is monitored and reported to the board.

The attendance of MSCB continues to be good with key members being represented at all meetings, the elected lead member for Children's services continues to support the MSCB.

The Independent Chair meets regularly with the Local Authority Chief Executive, Executive Director of Wellbeing, Care and Learning and the elected lead member for Wellbeing, Care and Learning.

The 3 Lay Persons continue to attend the MSCB bringing a wide range of experience from different professional backgrounds.

LINKS TO OTHER BODIES AND FORUMS

In order to carry out its responsibilities satisfactorily the MSCB must also ensure that there are appropriate links to other bodies and forums including the following:

Tees Adult Safeguarding Board – TSAB
Safer Middlesbrough Partnership
Youth Justice Board
MAPPA (Multi-Agency Public Protection Arrangements) – via Probation
MARAC (Multi Agency Risk Assessment Conferences)
Police & Crime Commissioner.

These links are achieved through existing members of the MSCB and associated officers.

MSCB AND THE CHILDREN TRUST.

The MSCB has continued to strengthen links to the Children and Young Peoples Trust, with the MSCB independent chair a member of this group. The MSCB also liaises with the Middlesbrough Achievement Partnership to distribute safeguarding information direct to schools. The broader children and young peoples' agenda will be picked up by these groups with the MSCB monitoring progress to reinforce the safeguarding agenda in this area.

MSCB AND THE MIDDLESBROUGH HEALTH & WELL BEING BOARD

The MSCB has developed links with the Health & Well Being board in Middlesbrough. Discussions have taken place between the MSCB chair and the Director of Public Health, the MSCB chair attends on an annual basis to present the MSCB Annual report and update the Health and Well Being Board on any safeguarding matters arising. The Director of Public Health is a member of the MSCB and has presented both the Public Health Strategy and the Public Health Annual report to the board as public health arrangements continue to be delivered on a South Tees footprint basis.

MSCB FUNDING

The MSCB operates a legally constituted pooled budget and the activities of the board, including publications, inter-agency training and administration, are met by financial contributions from the following partners:

- Middlesbrough Council
- Middlesbrough Schools
- Cleveland Police
- South Tees Clinical Commissioning Group
- Durham Tees Valley Probation/National Probation Service Cleveland (50/50)
- CAFCASS
- Youth Offending Service

MSCB BUDGET 2018-2019

Funding Agency	£
Middlesbrough Council	**57,967**
Schools	21,500
Police	**16,433**
Health	**47,648**
Probation	1,158
YOS	3,239
CAFCASS	550
SCR Carry forward	0
Total Income	**148,495**

MSCB EXPENDITURE: 2018/2019

Expenditure	2018-2019
Employees	£80,600
Training	£30,000
Training/Learning Events	£4,000
Professional fees/SCRs	£10,500
Tees PMF	£8,000
CDOP contribution	*
Supplies and Services	£500
Website Tees Procedure	£988
Communication	£500
Independent Chair	£13,000
Expected Expenditure	**£148,088**

*** Donates Funded by Public Health**

MSCB finances are managed by Middlesbrough Council. The annual budget for the MSCB's activities covers the period from 1st April to 31st March and are presented for Board approval each year. The budget report includes the following:

a financial statement for the preceding year's activity;
a projection for the current year's activities; and
an outline of spending proposals for the following financial year.

MSCB BUSINESS UNIT

There are two members of staff working within the MSCB Business Unit, the MSCB Business Manager and MSCB administrator who are both directly employed through Middlesbrough Council

SERIOUS CASE REVIEWS (SCR) / LEARNING REVIEWS (LR)

Learning & Improving Practice Sub Group

The MSCB established the Learning and Improving Practice Sub Group (LIPSG) in 2014. The sub group is made up of standing members of the board at a strategic level and is the first port of call for any serious incidents or any cases that need consideration for a SCR process. Once agreed the LIPSG will prepare a report for the Independent Chair to consider the case for SCR.

SCR's Undertaken.

The MSCB has been required to submit 2 SCR's to the Safeguarding Children National Panel in this year

Middlesbrough Safeguarding Children Board is committed to the robust monitoring of SCR action plans both inter-agency and single agency. This monitoring of SCR's is carried out by the South Tees LIPSG, which is chaired by an assistant director from Health with membership comprising of senior officers from a range of agencies.

The MSCB is committed to embedding the learning from SCR s in order to drive forward progress in safeguarding children and young people and will consider recommendations from other local, regional and national SCR's to inform local practice.

The key Learning Points include:

- Professionals should use the details in a plan to monitor and evaluate progress
- Plans and multi-agency meetings should capture the voice of the child and their lived experience
- Successful interventions to support families affected by parental substance misuse must depend on holistic approaches.
- When working with cases of neglect it is a risk that professionals will become reactive to each individual incident.
- There are benefits in providing preventive work and early access to help and support for children.
- The effective use of information, rather than just the recording of information, is critical to effective safeguarding arrangements

Learning from National Reviews.

Learning from the Biennial Review of Serious Case Reviews nationally has also been noted as well as points highlighted from the Ofsted Reports "Learning Lessons". It is the role of the LIPSG to consider the learning from National and Regional SCR and ensure it impacts on the

development of safeguarding practice locally as necessary. This learning is taken into consideration when considering quality and effectiveness issues locally and in the development of any multi-agency protocols.

Learning Reviews.

In the past year the MSCB completed one Learning Review:

Following the death of a young person linked to the management of a diabetic condition. The learning was monitored and shared via the South Tees LIPSG.

Auditing

The MSCB has an audit schedule, which is coordinated through the Performance, Monitoring & Evaluation sub group. The schedule, which is designed in a multi-agency environment and be responsive to issues highlighted locally via the LIPSG as well as those issues identified both regionally and nationally. It includes governance audits which examine single and multi-agency policies, procedures and governance arrangements as well as case file audits aimed to improve understanding of practice and identify good practice.

The audits and quality assurance activities which the MSCB has undertaken between April 2018 and March 2019 are as follows:

Audit/Quality Assurance Activity	Type of Activity
CSAFE Audit	Themed Audit
SAFER Referral Audit	Themed/Case file audit
VEMT/VPG Audit	Themed Audit/Case File audit
Core Group Audit	Themed Audit
Top 10 Missing Audit	Themed Audit/Case File Audit

SECTION 11 AUDIT

Section 11 of the Children Act 2004 places a duty on individuals and organisations to ensure that children and young people are safeguarded and that their welfare is promoted in the undertaking of their functions.

The next section 11 audit is scheduled for September/October 2019 with other Tees LSCB's allowing coterminous agencies to complete the audit once for all relevant LSCB's and to ensure shared learning. The results will be reported to the newly formed South Tees Safeguarding Children Partnership.

SECTION 175/157

Section 175/157 of the Education Act outlines the safeguarding governance that must be in place within all schools. The Local Authority Education, Inclusive Learning Support Team are responsible for auditing that compliance. The S175/157 monitoring forms will be counter-signed by the Chair of the requisite schools Governing Body. The quality of the information supplied is cross referenced against the Local Authority Child Protection database that holds records of all Child Protection training accessed by education staff against individual schools. Where gaps in safeguarding arrangements /compliance are identified, formal notification is sent by the Local Authority Education Director and to the respective head teacher / principal. Schools are expected to develop their own action plans in relation to any areas for development highlighted.

Analysis for the academic period suggests that the education sector in Middlesbrough continues to have a sound understanding of its statutory safeguarding responsibilities and individual settings can clearly identify both strengths and areas for development.

Recommending and Monitoring Key Outcomes and Indicators

The MSCB Plan is a three year plan with supporting audits to be undertaken as the plan develops. The audit program is driven by the Learning & Improving Practice Sub Group (LIPSG) and the findings derived from reviews and learning events for example the following audits have been completed in 2019:

- SAFER Referral Audit
- Core Group Audit
- CSAFE Audit – in line with the JTAI CSA in family settings
- Children Missing Top 10 Audit

Key outcomes from the audits included the following:

- Review the process of sharing of minutes of meetings with involved parties.
- Review the recording of key information.
- Compliance with guidance and procedures.
- Ensuring the child is kept at the centre of any intervention.
- Consideration of a child as part of a wider family system and the need to involve all relevant family members and partner agencies in interventions.
- Information sharing and awareness of the parental vulnerability.

Data has identified key indicators which merit further challenge/investigation such as:

- Child Poverty figure for Middlesbrough 34.5 compared to 20 nationally
- Child Protection for Neglect remained at the 60% level
- High number of Domestic Abuse incidents reported to Police.
- The number of children looked after by Middlesbrough continues to increase.
- 22 young people were subject to VPG as at March 2019.
- The turn-over of social work staff has increased significantly.
- LADO referrals have also increased significantly.

Tees PMF Data – Middlesbrough Key Points for Consideration

LSCB02 – Under 18 conceptions – The rates per 1,000 females for under 18 conceptions has increased for both 13-15 and 15-17 year olds. The rate of conceptions per 1,000 female children aged 13-15 year olds has risen by 80.2% from 6 in Q4 2017/18 to 11 in Q4 2018/19.

LSCB04 – NEET – There has been a large reduction in the number of looked after 16-17 year olds that are NEET in the year on year comparison. Middlesbrough's percentage of looked after NEET has decreased from 14.6% (15) in Q4 2017/18 to 4.3% (5) in Q4 2018/19.

LSCB14 – EHCP and Statements of Special Education Needs – The rates per 10,000 child population for new EHCPs or statements of special education needs for primary, secondary and post 16 children in Middlesbrough have seen significant decreases since 2017/18. The largest reduction was in the rate for new EHCPs for post 16 children which has dropped by 60.2% from a rate of 9.2 in Q4 2017/18 to 3.7 in Q4 2018/19. This equates to 18 children to 7 children respectively.

LSCB16 – Second/Subsequent Child Protection Plans – Percentages of children becoming the subject of a Child Protection Plan for a second or subsequent time has increased in Middlesbrough from 3.1% in Q4 2017/18 to 7.1% in Q4 2018/19. Middlesbrough remains below the Tees average for this indicator.

LSCB18 – Accident and Emergency Presentations – Reductions can be seen across all areas of deliberate and accidental injuries for Q4 2018/19. Assault rates per 10,000 child population has fallen by 68.4% at Q4 2018/19 in the year on year comparison. Although rates have fallen for accidental injuries, Middlesbrough continues to be above the Tees-wide average for road traffic collisions and 'other' accidental injuries.

CHAPTER 7

THE RIGHT PEOPLE IN THE RIGHT PLACE TO DO THE JOB

WORKFORCE, TRAINING & DEVELOPMENT

National research "Canary in a Cage" indicates that protecting children is a staff intensive process and staff are the primary resource of any service. This makes staff recruitment, retention and development critical for all partner agencies. For this reason, the Social Work Task Force (2009) has also drawn attention to the need to make better use of local data on workforce forward planning

Middlesbrough Social Care Workforce: September 2013-2018

Year	Num of SW	Num of Vacancies	Vacancy Rate	Num of new starters	Num of SW who left	Turnover Rate	Num of Agency Workers	Agency Worker Rate
2013	83.3	3	3	14	15	18	3	1
2014	139	14	9	17	14	10	10	7
2015	150	14	9	30	25	17	x	x
2016	154	4	2.8	51	4	2.6	5	3.1
2017	171	18	x	91	18	10.5	x	x
2018	175	10	5.7	64	39	22.3	19	9.8

The table is taken from the Social Care Workforce published figures 2013 - 2018. SW indicates Social Worker.

The published workforce figures show an increase in social workers in September 2018 from **171** in September 2016 to **175** per head count an increase of **2.3%**

The number of vacancies in 2018 in the department decreased from **18** in 2017 to **10** with a vacancy rate of **5.7%.**

The turnover rate for social workers increased significantly from **10.5%** in 2017 to **22.3%** in 2018.

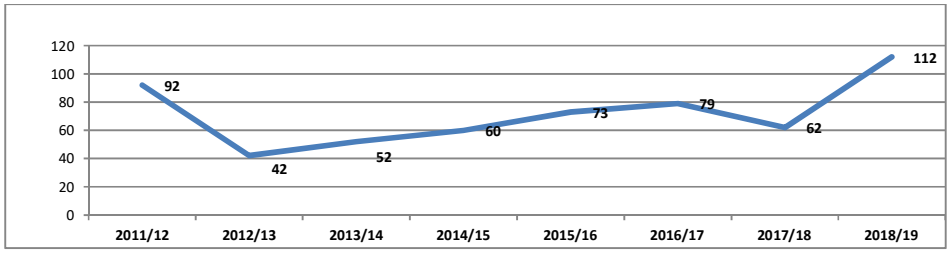
The average caseload per social worker reduced in this period from **17.4** to **13.2** compared to September 2017. The figure also compared favorably with the national caseload figure of **17.4** and a North East regional caseload figure of **17.8**

Safer Recruitment and Managing Allegations

The Managing Allegations against Adults Policy is now implemented across Tees. The MSCB receives a report annually from the Middlesbrough Local Authority Designated Officer (LADO) and the following figures and key areas were noted:

During the period April 2018 and March 2019 the LADO received a total of **112 referrals** this has significantly increased from **62** in the same period last year an increase of **81%**.

CHART 7: LADO REFERRALS 2011 to 2019



The majority of referrals to LADO were received from Health Care professionals.

Training

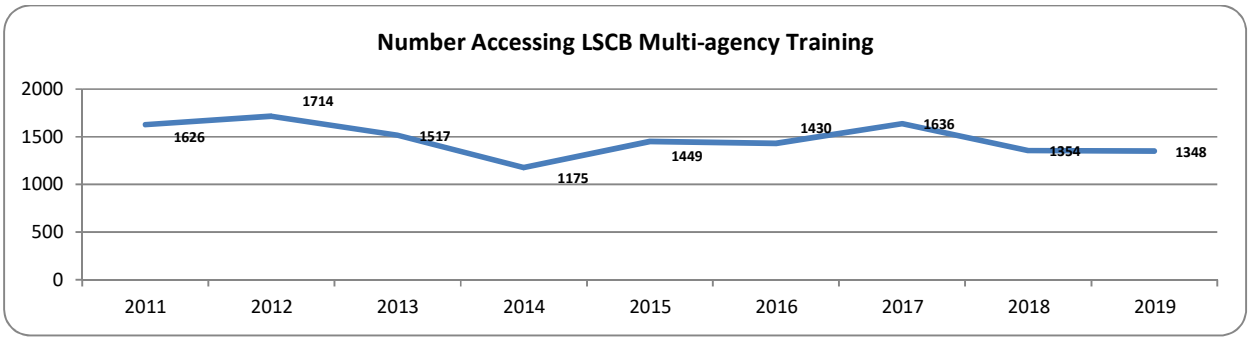
Safeguarding multi-agency training is delivered on a South Tees basis covering Middlesbrough and Redcar & Cleveland. In this financial period Middlesbrough invested £30,000 on multi-agency training this includes the cost of e-learning and a 50% contribution to the cost for the training coordinator.

Training Achievements

During the period 2018 to 2019, **22** different training courses were delivered, many of the courses were repeated two or three times dependent upon need and demand. A total of **61** taught courses and **4** bite size sessions were held.

In total across Middlesbrough and Redcar & Cleveland **1,348** staff have attended training sessions around **735** were attended by professionals working in Middlesbrough. It is estimated that the total number of applications across both local areas for e-learning was around **5,000** and eLearning continues to be an important part of the training programme.

CHART 10: MSCB TRAINING 2011—2019



Key Training Achievements include:

- Level 3 Core Training rolled out and evaluation continues to establish this as the best delivery model for this training.
- eLearning package continues to be a success with additional modules including Domestic Abuse.
- Specialist courses run with most being run twice per year.

MSCB DEVELOPMENTAL AREAS

The work of the MSCB in respect of quality and effectiveness has focused over the past year on improving safeguarding across the range of presenting needs predominantly driven by SCR/LR recommendations/action plans, multi-agency audits and inspection outcomes.

Business Plan and Performance

The focus provided by the revised Business Plan 2017-2020 has allowed a planned approach. However it must be acknowledged that this work can only continue with the full commitment of partner agencies to provide staff and resources with which to undertake this work.

The Tees Performance Management Framework has continued to be developed in this year and further review of the framework will be forthcoming in the next year.

Finance Schools/Colleges

In 2013 the Middlesbrough Achievement Partnership withdrew central funding for the MSCB and schools were approached independently with regard to contributing to the work of the board. Of the 57 education establishments in Middlesbrough **46** were able to contribute in the last financial year.

A continuing challenge for the future will be to liaise with schools and raise awareness of the work of the MSCB and the importance of safeguarding in education. An added feature will be as more schools transition to academy status and therefore acquire more autonomy how the MSCB continues to engage in its supportive efforts.

Equality & Diversity

Equality and diversity are important aspects of safeguarding and consideration must be given to issues of equality to ensure a consistent level of service and support across all groups in order to ensure the safeguarding and welfare of all children and young people in Middlesbrough.

The MSCB supports the work of the Local Authority's Inter-Faith Network and the BME Cohesion Network. The chair has attended the Middlesbrough Inter-Faith Network Group on several occasions. The MSCB has engaged in profile raising of safeguarding with the faith groups of Middlesbrough.

The MSCB training programs and audit programs all recognise equality and diversity and communicating with disabled children training has been developed and offered to staff.

MSCB Website

The MSCB website been re-designed and re developed and as part of this process sections and pages have been updated with current information to make a more streamline product. The website can be accessed on www.middlesbrough.gov.uk/MSCB/safeguarding

Private Fostering

Private Fostering is when a child under the age of 16 years (under 18yrs if disabled) is cared for by someone who is not their parent or a close relative. It is a private arrangement made between a parent and the carer for 28 days or more. It does not include children looked after by the local authority.

The numbers notified to children's social care remains very low which is in line with the National figure. Throughout 2018/19 in Middlesbrough there were four Private Fostering arrangements in place, 2 new notifications and 2 existing arrangements carried over from the previous year.

Digital Safeguarding - The Vision

Children and Young People are actively encouraged and supported to enjoy the benefits of new technologies, whilst being provided with the guidance and skills to avoid risk and harm. Organisations, Parents and carers are given skills and knowledge through the safeguarding in the digital age documentations to guide and protect themselves and those they are responsible for.

CHAPTER 8

WHAT HAPPENS WHEN A CHILD DIES?

The Tees Child Death Overview Panel (CDOP) reviews the deaths of children from the Hartlepool, Middlesbrough, Stockton-On-Tees and Redcar & Cleveland Local Safeguarding Children Board (LSCB) areas. The CDOP is a sub group of the 4 Tees LSCBs.

The role of the CDOP is to ensure that wherever child deaths occur, and under whatever circumstances, scrutiny of the cases result in recognised improvements that can be made to practice to improve the quality of care, as well as the safety of children. CDOP also identifies any relevant strategic issues and ensure that these translate into action within or between agencies.

CASES REVIEWED BY CDOP 1 APRIL 2018 – 31 MARCH 2019

During 2018/19 Tees CDOP reviewed 10 Middlesbrough child deaths, the Tees Panel met 5 times during the year

The table below shows the respective ages of the children when they died. In total 10 child deaths were reviewed from Middlesbrough during 2018/19.

MSCB	Neonatal <4 Weeks	4- 52 Weeks	1 - 4 Years	5 - 9 Years	10 - 14 Years	15 up to 18 Years	Total
Middlesbrough	5	2	0	2	0	1	**10**

TOTAL CHILD DEATHS 2016 to 2019

The table below shows comparative numbers of **total child deaths** for the current and previous 2 years.

	2016/17	2017/18	2018/19	Total
Middlesbrough	13(2)	14 (8)	9 (5)	**36 (15)**

(*) Numbers in brackets denote unexpected deaths

RAPID RESPONSE MEETINGS HELD IN 2018/19

A Rapid Response meeting is held following unexpected deaths (with the exception of Neo-natal Deaths).

A total of 11 rapid response meetings were undertaken in 2018/19 across the Tees area.

ISSUES OF NOTE

- **Safer Sleep Campaign** - once again all Tees LSCBs supported the Lullaby Trust's Campaign which took place 11-17 March 2019.

  The campaign included:

  - Promoting safe sleeping
  - Displaying a variety of posters, information cards and leaflets from The Lullaby Trust in public places to support initiatives.
  - Promotion boards being taken to clinics to actively engage parents in discussions.
  - Information from the Lullaby Trust specifically for teenage parents.

- **Tees CDOP Safety Leaflet** –This leaflet provides information and guidance to help prevent childhood injuries and deaths and is given to all parents/carers at the first home visit by the Health Visitor.

10,000 copies were printed and 2500 copies were distributed to each Tees Local Authority.

- **Links with the Coroner** – improved arrangements are in place to ensure greater support and information is provided to bereaved families/carers.
- **Child Bereavement UK**

A particularly good working relationship has been formed between Child Bereavement UK and James Cook University Hospital who have been receiving Bereavement Awareness training on a regular basis.

CHAPTER 9

ISSUES & CHALLENGES & HOW DO WE KNOW WHAT WE ARE DOING IS WORKING.

The MSCB has continued to develop multi-agency arrangements in order to improve the safeguarding of children and young people of Middlesbrough over the last year. The MSCB has proven multi-agency working and co-operation which can be evidenced in the way in which agencies work with each other to safeguard children. Appropriate arrangements are in place to ensure that the MSCB meets its statutory functions as outlined in Working Together, the Local Safeguarding Children Board Regulations 2006 and Children Act 2004.

The last year has seen a number of changes to the MSCB, which have had a significant impact on the board as a whole, as well as the MSCB Business Unit specifically. While the ramifications of some of these changes continued into April 2019 and beyond, the MSCB has embraced and supported change, ensuring that the safeguarding and welfare of children and young people remained a priority for partners.

What seems like constant organisational changes in the Local Authority, Health and Police have also had an impact, however these changes have not affected the level of enthusiasm and professionalism of front line staff which has continued to be impressive?

A key area of concern has been the reduction in resources and the scale of the changes that this has enforced on agencies due to the economic climate. This has been raised in a number of safeguarding forums, and is an area the MSCB will continue to monitor.

In this year the MSCB has been required to commission two Serious Case Review (SCR). Learning from historical and National SCR's has been taken forward and embedded in safeguarding training and practice locally and the outcomes reviewed by the Learning and Improving Practice Sub Group (LIPSG).

The MSCB continues to focus on safeguarding children both locally and nationally while the Independent Chair strives to ensure independent scrutiny, appropriate challenge and accountability for all contributing agencies.

The MSCB continues to tackle the safeguarding agenda through its commitment to sub-regional and Teeswide projects including the Teeswide Child Death Overview Panel, The Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) group, the monitoring of and promotion of Teeswide eSafety strategies, the review, update and up keep of the web based Tees Child Protection Procedures and also ensuring compliance with guidance relating to the conducting of Serious Case Reviews.

As part of this annual report the MSCB has to consider and seek to address any challenges there may be in terms of safeguarding planning, development or practice and bring this to the relevant bodies of authority.

The work of MSCB is part of the wider context of partnership cooperation arrangements that aim to improve the overall wellbeing of children/young people in Middlesbrough.

The MSCB objectives are about coordinating and ensuring the effectiveness of what member organisations do both individually and collectively to safeguard and promote the welfare of children.

Any extended role or further functions for the MSCB will be determined through the wider partnership arrangements The MSCB and its partners will make sure that any extended role will not lessen the MSCB's ability to perform its core role effectively.

The challenges facing the MSCB continue to focus on raising awareness on how to further improve frontline practice and to demonstrate and evidence improved outcomes for children and young people. The MSCB has to therefore consider any service or practice issues that may be a focus for development in order to achieve this objective and to bring this to the attention of the Local Authority Chief Executive, Health & Well Being Board and Police Commissioner in order that they can drive through any required improvements that need to be made.

Improving access services and customer service continues to be identified in feedback from inspections as areas requiring improvement, therefore the review and understanding of current threshold processes has led to the further review of the MSCB Threshold Document which is available on the MSCB website. The threshold document covers both Middlesbrough and Redcar & Cleveland and is in line with the other Tees board areas therefore improving continuity on access to services across the Tees area.

The continued development and implementation of the Tees multi-agency performance management framework and dataset, which includes indicators that address local safeguarding issues and that measure the outcomes.

The Middlesbrough Neglect Strategy has been revised in line with the latest government guidance and National learning and was launched in late 2018.

The further development of the VEMT (Vulnerable, Exploited, Missing, Trafficked) structure and governance arrangements with the Vulnerable Young Peoples (VPG) group becoming the VEMT Practitioners Group in line with other Tees LSCB VEMT groups. The agreement of a VEMT data set aligned again with and monitored by the Tees Strategic VEMT.

This year has seen the continued review of the MSCB audit program in line with the Ofsted Inspection plans and the development of themed audits driven by the Learning and Improving Practice Sub Group (LIPSG) work. The case file audit will also feed into agency audit processes and governance arrangements to drive improvement in practice and service delivery therefore bring improved outcomes for children and young people.

OVERALL CONCLUSION

Evidencing impact on outcomes for children is a challenge facing all LSCB's. The emphasis is on improved practice and effective intervention, a process that cannot be measured in the short-term. The ways that this can be measured in addition to the use of the National Indicators that tend to measure processes or activity include:

- Practice audits.
- Assessing the impact on training on improved practice.
- Increased use of the My Family Plan (Early Help Assessment) for early intervention on safeguarding issues.
- Reduction in children with particular vulnerabilities requiring services.

These areas will continue to be considered by the Performance & Quality Assurance Sub Group.

Capacity of partner agencies in the last year has been stretched by an increasing local level of demand placed on them; by the requirements of central government, inspection regimes and by the general economic climate. This has led to some delay in the implementation of some actions.

The MSCB acknowledges the need to review its own capacity to undertake this work and to keep its priorities under review over the coming year

KEY ACHIEVEMENTS

- The MSCB has had one development session in addition to the bi-monthly meetings a joint board with Redcar & Cleveland to discuss the new Safeguarding Children Partnership arrangements and an extra ordinary meeting to discuss active Serious Case Reviews.

- Attendance at the board and sub groups remains constant.

- In this financial year 46 Middlesbrough schools contributed to the MSCB.

- The Tees Performance Management Framework continues to be developed.

- The Threshold document has been reaffirmed by the board and published on the MSCB website.

- The MSCB website continues to be developed in line with the new Council website.

- Learning from SCRs continues to be incorporated into the training program.

- SCR and Learning Review action plans outcomes are monitored and reported to the MSCB as a standing agenda item.

- The Tees Safeguarding/Child Protection Procedures website has been moved to a new host and continues to be extensively updated with policies, procedures and guidance and is extensively used by professionals and the public.

- Between April 2018 and March 2019 approximately **725** Middlesbrough staff attended training sessions. During this period **22** courses were held (including half day and full day courses).

- E learning continues to expand with the introduction of several new courses such as a refresher in Child protection, Hidden harm and Safeguarding Children with disabilities. Over **15,000** applications for E learning courses have been completed.

- The following audits have been completed:

    - VEMT/VPG Audit
    - SAFER Referral Form Audit.
    - CSAFE (Child Sexual Abuse in the Family Environment) Audit
    - Top Ten Missing Young People Audit

- MSCB newsletters and briefing notes distributed to over 500 front line professionals.

MSCB Supported Key Events 2018/2019

The MSCB have continued to engage professionals, children and young people through events covering a range of topics, as noted below:

12th April 2018: MSCB business manager and chair attend Middlesbrough Interfaith Network.

1st May 2018: SCR re Child Methadone Ingestion Learning Event.

8th May 2018: Review of MSCB Neglect Strategy.

16th May 2018: MSCB business manager and chair meet with Eritrean Orthodox Church.

16th May 2018: MSCB business manager and chair meet with Methodist Church

17th May 2018: Tees CSE Commissioning Meeting

24th May 2018: Safeguarding Network Forum meeting.

25th May 2018: MSCB business manager and chair attend Mosque.

29th May 2018: MSCB business manager and chair meet Church of England

6th June 2018: MSCB business manager and chair meet Sikh Temple representative.

6th June 2018: MSCB business manager and chair attend Jubilee Church.

14th June 2018: VEMT audit.

15th June 2018: Diabetic case review learning event.

22nd June 2018: MSCB business manager and chair meet Boro Angel's representative

30th June 2018: SAFER referral form audit.

25th July 2018: MSCB business manager and chair attend Hindu Temple.

24th August 2018: SCR Billy (Road Traffic Accident) published.

30th August 2018: MSCB business manager and chair attend Jamia Mosque.

31st August 2018: MSCB business manager and chair attend Abu Bakir Mosque.

7th September 2018: Diabetic review case second learning event.

13th September 2018: Children Society Missing Project – interview.

20th September 2018: Safeguarding Network Meeting.

24th October 2018: CSAFE audit.

14th December 2018: Second methadone ingestion learning event.

9th January 2019: Third methadone ingestion learning event.

1st February 2019: Core Group audit.

28th February 2019: Teen Suicide learning event.

1st March 2019: Top Ten Missing Young People audit.

8th March 2019: Preventing Methadone Ingestion in Children Group meet.

24th April 2019: Second teen suicide learning event.

To all those working in this extremely complex and challenging arena

thank you for all your support and your continued dedication to what you do

Postscript:

The children of Middlesbrough have benefitted to no small extent from the honesty, commitment and hard work of the Independent Chair and Business Manager to the board who have unstintingly supported both the children and the professionals and volunteers working with them. I should like to acknowledge the enormous contribution that their inclusive and collaborative approach has made in this complex and challenging environment, providing a firm foundation for further progress under the new arrangements.

Janet Whiteway M.A., M.Chir., F.R.C.S.

Lay Member.

Redcar & Cleveland Safeguarding Children Board

Annual Report 2018/2019 and Closing Report

September 2019

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Foreword by Jon Rush Independent Chair of Redcar & Cleveland Safeguarding Children Board

The aim of the Annual Report 2018-19 is to provide a summarised overview of the partnership working that has been undertaken to keep children and young people safe in Redcar & Cleveland.

This year's report will not only focus on the last twelve months but will report on the work of the Board as it comes to an end. As such, this is my last report as the Independent Chair due to the new statutory arrangements for safeguarding children and young people which will come into place in September 2019 through the creation of the South Tees Safeguarding Children Partnership, operating across Redcar & Cleveland and Middlesbrough.

The past year has been one of transition to the new arrangements, whilst at the same time ensuring that the current partnership and Board have performed effectively. The introduction of the new South Tees Multi Agency Children's Hub in June 2019, run in conjunction with Middlesbrough, is an operational example of how key partners can co-ordinate and commit to enhancing the initial referral and advice service for agencies and the public; enabling a more effective response for children and families in need of help and protection.

We have always aimed to make the partnership inclusive and transparent in order to not only provide assurance via appropriate challenge and support, but also an arrangement where learning lessons and developing our staff is at the forefront of everything we do. I believe that this is something we have achieved and particularly around how we commission learning reviews that do not seek to blame staff or agencies but create discussion and new ways of thinking. This has ultimately assisted with our training plan and innovative 'bite size' briefing sheets to embed the key learning points with staff. Also, the ability of the Board to support and gain appropriate involvement in the 'Signs of Safety' approach to child safeguarding was an important step to having a consistent assessment process which is understood by all partners.

Our audit approach has developed alongside the utilisation of the Teeswide Performance Framework and this has enabled us to analyse and focus on specific areas for development. This resulted in us re-invigorating our approach to Early Help and making sure that it was a fully inclusive partnership approach.

We know that we are not fully where we want to be with various aspects of our partnership working, and the ever increasing challenges of child and young person's mental health and well-being is something that is on the increase, alongside the continued exposure to domestic abuse linked, at times, to alcohol and illegal drug use. Also, the Special Education Needs and Disability review was an area that demonstrated how we have to improve our services for the most vulnerable young people in our community, alongside the steady increase of young people going into the care of the local authority.

Finally, I would like to thank the partners and Board Members that I have worked with during the last three years for their support to me in my role as Independent Chair, but my ultimate respect and support goes to those front line staff from all agencies who are constantly trying to ensure that the lives of the children and young people in our community are improved and they are safeguarded effectively.

Jon Rush

Summary

Redcar & Cleveland Safeguarding Children Board (RCSCB) was established in April 2010 as a statutory body made up of organisations which worked with children and young people. It was the key mechanism for agreeing how relevant organisations in the local area would co-operate to safeguard and promote the welfare of children and for ensuring effectiveness.

Section 14 of the Children Act 2004 set out the overarching objectives of Local Safeguarding Children Boards (LSCBs) which were:

a) To coordinate what is being done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) To ensure the effectiveness of what is done by each such person or body for those purposes.

Partners within RCSCB agreed the following statement which demonstrated the shared vision for the children and young people of Redcar & Cleveland:

"Working together to ensure all Children and Young People in Redcar & Cleveland are appropriately Safeguarded".

The Board has worked closely with other local strategic boards including the Health and Wellbeing Board, the Community Safety Partnership, Corporate Parenting and the Tees Safeguarding Adults Board.

Changes to Multi-Agency Safeguarding Arrangements

The Government has introduced legislation through the Children and Social Work Act 2017 to reshape the way in which local agencies work together to safeguard and promote the welfare of children. This sees LSCBs ceasing to be the mechanism for multi-agency safeguarding, and instead sets out 'safeguarding partner' arrangements.

This is therefore the final report of the Redcar & Cleveland Safeguarding Children Board and will provide an overview of the work of the Board since it was established in 2010.

The report will focus on the achievements of the Board and provide an overview of the significant work undertaken by partners with particular focus on:

- Learning and Development
- Performance Management and Audit
- Improvements in Practice
- Voice of the Child

This report is formally the responsibility of the Independent Chair, Jon Rush. Its contents have been accepted by the RCSCB. In line with statutory guidance in Working Together 2015, it will be submitted to Chief Executive of the Council, the Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Well-being Board.

Chapter 1 – About the Board

The Board has seen a number of changes since its establishment in 2010 and since 2016 has been independently chaired by Jon Rush, who took over from Jan van Wagtendonk, following his retirement.

The way the Board works has undergone a number of enhancements including the business planning process which has involved input from all Board members on a one to one basis. The introduction of a Challenge Register in 2016 has provided focus and accountability on key issues which have been identified by partners.

Partnership working with other Tees Boards has increased in recent years and has included:

- A Tees wide response to child death via the Tees Child Death Overview Panel
- The development of Tees wide Safeguarding Procedures
- A Tees wide approach to responding to children at risk of or victims of Child Sexual Exploitation through the Vulnerable Exploited and Missing and Trafficked (VEMT) processes.
- The development and Delivery Tees wide Performance Management Framework.
- Undertaking a Tees wide Section 11 Audit
- The Tees wide Threshold Document 'Providing the Right Support to Meet a Child's Needs'

Membership of the Board

Current Board members include representatives from:

- Redcar & Cleveland Council
  - Children & Families
  - Public Health
  - Adult Services
  - Elected Lead Member
- South Tees Clinical Commissioning Group
- South Tees Hospitals NHS Foundation Trust
- Tees Esk & Wear Valleys NHS Foundation Trust
- Cleveland Police
- Education Representatives
  - Primary
  - Secondary
  - Special
- CAFCASS
- National Probation Service
- Community Rehabilitation Company
- Youth Offending Service
- Beyond Housing
- Redcar & Cleveland Voluntary Development Agency
- Lay Members

The Board has been supported by a number of sub groups:

LEARNING AND IMPROVING PRACTICE SUB GROUP (LIPSG)

The LIPSG ensures the Board is best prepared to respond to referrals under Chapter 4 of Working Together 2015. The group provides advice to the Independent Chair on whether the criteria for

conducting a Serious Case Review (SCR) have been met, and oversees all SCRs undertaken by RCSCB including the monitoring of agency responses/actions in respect of recommendations.

In addition to SCRs, the group also organises and manages other forms of learning reviews where the criteria for a Serious Case Review are not met, but where in the opinion of the sub group such a case review would have benefit.

MONITORING & EVALUATION (M&E) SUB GROUP

M&E is responsible for the mapping and collation of evidence on the assurance frameworks and processes implemented by partner agencies to demonstrate the quality of their safeguarding practices.

The group is responsible for conducting a cycle of RCSCB multi-agency case file audits and reviews the Tees Wide Performance Management Framework prior to its presentation to Board.

SAFEGUARDING IN EDUCATION NETWORK (SiEN)

This group was newly established in 2017/18 and facilitates communication across the education/training sector on safeguarding issues disseminating relevant information in respect of learning from audits and SCRs.

VULNERABLE EXPLOITED, MISSING AND TRAFFICKED (VEMT) SUB GROUP

A Tees wide approach to tackling issues of Vulnerable, Exploited, Missing or Trafficked (VEMT) children and young people has been developed in recent years. This involved the establishment of the Tees Strategic VEMT Group which is underpinned by a VEMT Sub Group and VEMT Practitioners' Group (VPG) in each of the four areas.

The overall purpose of the VEMT Sub Group is to ensure a local multi-agency response to sharing information, monitoring risk and analysing data for children and young people who may be vulnerable, exploited, missing or trafficked.

TRAINING SUB GROUP

The Training Sub Group is responsible for agreeing and implementing a multi-agency training programme across Middlesbrough and Redcar & Cleveland.

The group ensures that learning from local and national Serious Case Reviews is reflected within training courses and also considers changes in practice and it relevance to training plans.

TEES PROCEDURES GROUP (TPG)

This Tees Wide group is responsible for coordinating the development of local procedures, protocols and guidance for safeguarding and promoting the welfare of children on behalf of the Tees LSCBs prioritising those identified by the Tees LSCBs.

The group undertake focussed pieces of work, co-opting additional professionals as required and have established processes that promote consistency by all LSCB partner member organisations in their response to, and management of, safeguarding children issues, ensuring the child is the central focus.

TEES CHILD DEATH OVERVIEW PANEL (CDOP)

As a sub group of the 4 Tees LSCBs, the Tees Child Death Overview Panel (CDOP) reviews the deaths of children from the Hartlepool, Middlesbrough, Stockton-On-Tees and Redcar & Cleveland Local Safeguarding Children Board (LSCB) areas.

Tees CDOP is Chaired by the Director of Public Health (South Tees) and the business management functions are undertaken by the RCSCB business support team.

The role of the CDOP is to ensure that wherever child deaths occur, and under whatever circumstances, scrutiny of the cases result in recognised improvements that can be made to practice to improve the quality of care, as well as the safety of children. CDOP also identifies any relevant strategic issues and ensures that these translate into action within or between agencies. CDOP ensures that the team looking after children have the opportunity to discuss and reflect on the death, learn any lessons, and implement any helpful changes to practice or to systems of care.

SAFE4US – JUNIOR RCSCB

The Safe4Us group acts as the Junior Safeguarding Children Board and plays a key role in ensuring that the views of children and young people are taken into account by the Board on matters relating to Safeguarding. The group has also taken a lead role in certain projects involving young people.

Chapter 2 – Demand for Children's Social Care Services

Redcar & Cleveland is facing unprecedented increases in demand for Children's Social Care Services. As funding to local government has decreased over the last ten years, levels of need have increased placing additional pressure on budgets in an already challenging financial environment.

The below charts displays key statistics that evidence the level of need within the borough, providing trend data over time with regional and national comparisons. Key points are as follows:

- As at March 2019, there were 297 children in care within Redcar & Cleveland.
- Since 2011, the number of children in care in Redcar & Cleveland has increased by 91%, in comparison there has been an 8% increase in England and a 31% increase in the North East.

Figure 1 and Table 1 show the number of referrals, children subject to a child protection plan, children in need and children in our care as at 31st March of each year since 2011, it shows a significant increase in the number of children in our care, in line with number of children in need.

As at 31st March 2019, there were 297 children in our care, compared to 147 in 2011. Between 2011 and 2018 there has been a 91% increase in the number of children in our care, this compares to 8% in England over the same period.

Figure 1

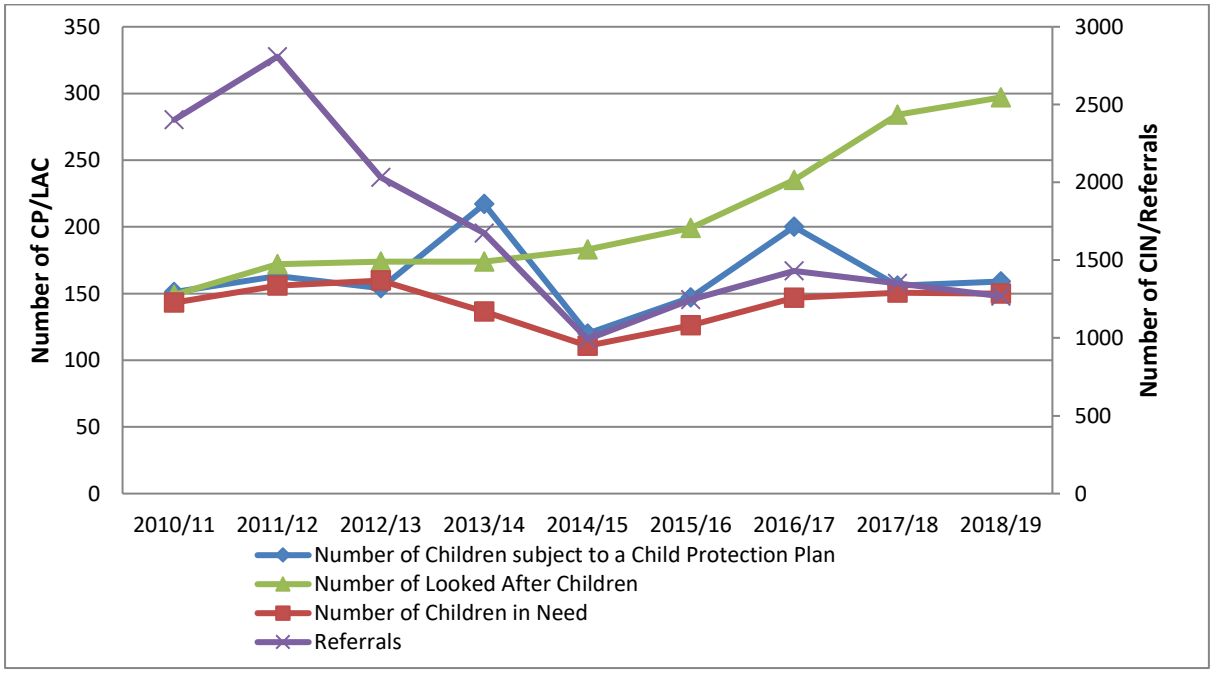


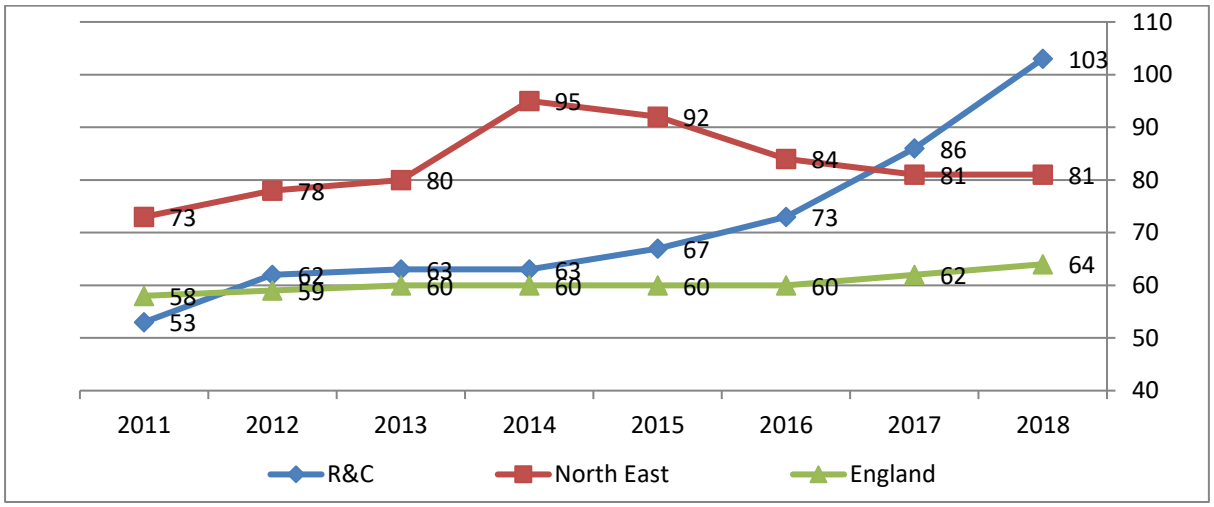
Table 1

	2010/ 11	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19
Number of Children subject to a Child Protection Plan	151	163	154	217	120	147	200	156	159
Number of Children in Need	1227	1337	1369	1170	950	1081	1259	1291	1285
Number of Children in Our Care	149	172	174	174	183	199	235	284	297
Referrals	2401	2808	2031	1673	992	1246	1432	1350	1269

Whilst there has been a significant increase in the number of Children in Our Care, the number of referrals has reduced substantially since 2011 with the most significant reduction from 2014 onwards. This reduction coincided with the both the publication of updated threshold criteria with associated awareness raising and the Best Start in Life Review which resulted in investment in early help services designed to support children and families at the earliest opportunity.

To enable comparisons between areas the DfE produce statistics showing the rate of children in care per 10,000 population, figure 2 shows the chart shows the sharp increase in Redcar & Cleveland since 2015, whilst the national rate has remained stable and the regional rate has reduced.

Figure 2 – Rate of Children in Our Care per 10,000 with national and regional comparison.



Chapter 3 – The Work of the Board 2018/19

2018/19 has seen the continuation of partnership working to ensure that the arrangements in place for safeguarding children and young people are robust. The Board has continued to challenge where appropriate and has supported and encouraged improvements in practice aimed at enhancing the outcomes for children and families in Redcar and Cleveland.

In particular during 2018/19 we have

Supported the development of the South Tees Multi Agency Children's Hub (MACH) which provides a single point of contact across the whole of the South Tees area for anyone seeking advice, guidance, support and direct services. It includes representatives from key partner agencies being situated within a single location including:

- Middlesbrough Council
- Redcar & Cleveland Borough Council
- South Tees Clinical Commissioning Group
- Cleveland Police
- Tees Esk and Wear Valleys NHS Foundation Trust
- South Tees NHS Foundation Trust
- Harrogate District Hospitals NHS Foundation Trust

The hub aims to ensure that children and families receive the right services, at the right level, at the right time.

Undertaken a series of multi-agency audits in respect of safeguarding arrangements including:

- Early Help
- Children Sexual Abuse in the Family Environment
- Children living with Neglect

Participated in the development and delivery of a multi-agency Early Help Strategy

Provided training to a multi-agency audience on a range of subjects including:

- Core Level 3
- Digital Technology and the Hazards Posed to Children
- Domestic Abuse
- Early Help Assessment
- Neglect

Facilitated practitioner events to support learning from local and national Serious Case Reviews.

Supported the implementation of the Signs of Safety model of practice within Redcar & Cleveland. This is an accredited way of working which provides a more collaborative and solution focussed way of working with families. This included training courses for local authority practitioners, awareness sessions for partner agencies and the development and endorsement of a Signs of Safety Charter.

Produced a series of reflective learning sheets for practitioners in response to a local Learning Review.

Continued to strengthen links with Education including the Chair facilitating the annual education conference.

Contributed to the development of the new South Tees Safeguarding Children Partnership and ensured that robust transitional arrangements are in place.

Chapter 4 – Achievements of the Board

This section will focus on key achievements of the Board since it was established in 2010.

4.1 Learning and Development

The overall objective of RCSCB is to ensure that all children in Redcar & Cleveland are appropriately safeguarded. In order to achieve this, RCSCB is committed to understanding the quality and effectiveness of safeguarding services, providing scrutiny, challenge and support to partner agencies where appropriate.

This has developed significantly and the Learning & Improvement Framework was revised in 2018 to reflect this. The framework supports learning and development aimed at:

- Improving practice,
- Enhancing outcomes for children and families.

The provision of a wide range of Safeguarding Training has been an integral part of the work of the Board and has developed to reflect changes in practice and new and emerging themes.

The annual programme of multi-agency training included taught courses delivered by commissioned and in house trainers alongside the provision of a comprehensive range of e-learning. The programme was developed taking the following into account:

- National Guidance – "Working Together to Safeguard Children" (2015)
- Local requirements as determined by both LSCBs and through discussion at the Training Sub Group.
- Local demand as identified by the Training Sub Group
- Outcomes from Single Agency Training Audits and Training Needs Analysis.
- Current research
- Lessons from both local and national Serious Case and Learning Reviews
- National and local policy developments.

The delivery of taught courses to a multi-agency audience is fundamental to the principles of the training programme and brings people from a variety of agencies together to promote:

- An increased shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance.
- More effective and integrated services at both strategic and individual case level.
- Improved communication between professionals including a common understanding of key terms, definitions and thresholds for action.
- Effective working relationships, including an ability to work in multi-disciplinary groups or teams.
- Sound child focussed assessments and decision making.
- Learning from Serious Case Reviews, reviews of child deaths, multi-agency audits and any other learning reviews.

Training is delivered in conjunction with Middlesbrough LSCB and since 2010 over 500 direct taught training courses have been delivered to over 10,000 staff and volunteers from partner agencies and over 20,000 online safeguarding courses have been undertaken.

4.2 Performance Management and Audit

Work has been undertaken to improve the quality of information available to the Board and the way in which multi-agency audit is undertaken to ensure an ongoing cycle of learning and improvement.

Performance Management Data

The implementation of the Tees Performance Management Framework (TPMF) has seen significant development in recent years and involved the four Tees LSCBs working together on the delivery of the TPMF aimed at ensuring:

- improved monitoring and accountability of partners to the Boards;
- improved decision making and prioritisation;
- better outcomes for children and young people as a consequence of improved understanding of need and prevalence;
- efficiency savings in some partners only having to provide information once instead of four times and consistency as to the type of information collected.

The primary purpose of providing performance information to the Boards is to stimulate debate, engaging Board members in discussion with a view to improving practice and enhancing outcomes for children and families.

Use of the TPMF in has initiated further work regarding:

- *Domestic Abuse*
- *Early Help*
- *Assessment factors*
- *Audit Themes*

Audit

The Board, via the M & E Sub Group, has undertaken a series of multi-agency audits taking into account Board priorities, emerging themes, issues highlighted in both local and national Serious Case Reviews (SCR's) and those area subject to potential Joint Targeted Area Inspections (JTAIs).

Significant work has been undertaken in recent years to develop a process which is fit for purpose and is focussed on learning and improvement.

Audits have been undertaken in respect of:

- Early Help
- Child Sexual Abuse in the Family Environment
- Children living with Neglect

Learning from these audits has been shared with practitioners aimed at improving practice in areas such as: use of, and reference to, the Thresholds, Safer Referral process, information sharing and communication.

Section 11 Audit

Section 11 of the Children Act 2004 places a statutory duty on key agencies to make arrangements to safeguard and promote the welfare of children. A Teeswide Section 11 Audit was undertaken in 2017/18 which provided an opportunity to consider the safeguarding arrangements within these agencies and provided the Board with assurance that agencies have appropriate arrangements in place, highlighting both areas for improvement and good practice.

Reviewing Child Deaths

The Tees Child Death Overview Panel (CDOP) reviews the deaths of children from the Hartlepool,

Middlesbrough, Stockton-On-Tees and Redcar & Cleveland LSCB areas and is a sub group of all four LSCBs.

The role of the CDOP is to ensure that wherever child deaths occur, and under whatever circumstances, scrutiny of the cases result in recognised improvements that can be made to practice to improve the quality of care, as well as the safety of children.

In the ten years that the CDOP has been in operation, it has reviewed over 400 child deaths. Learning from these reviews has informed both clinical and safeguarding practice and recommendations have been made to initiate a number of formal reviews.

It is recognised that the majority of child deaths have no safeguarding concerns associated with them and therefore CDOP will not be a function of the new Safeguarding arrangements which are due to commence in September 2019. The statutory child death review process and Tees CDOP will continue and clear links will be developed with the safeguarding partners to ensure where appropriate cases are referred for further consideration and any lessons learned are shared.

4.3 Improvements in Practice

Learning from Local and National Serious Case/Learning Reviews

Learning from cases, locally, regionally and nationally, and the impact on practice, has been at the heart of RCSCB. This work has been led by the Learning and Improving Practice Sub Group (LIPSG).

In addition to undertaking a number of Serious Case Review (SCR)s as part of the Board's statutory functions the Board has also commissioned a number of Learning Reviews for cases which it considered there was the opportunity to learn lessons and improve practice. Such local and national learning has influenced practice in a number of ways including:

- The development of a Teeswide approach to preventing and tackling issues related to Vulnerable, Exploited, Missing or Trafficked (VEMT) children and young people. This includes those suffering or at risk of sexual exploitation (CSE) and in response to recent learning criminal exploitation.
- The development of a Complex Case process which provides a mechanism to support practitioners to address potential drift and delay in challenging cases.
- Revision of the Safer Referral Form and advice for practitioners on its completion, including ensuring the consequences and risks associated with non-action are recorded.
- Reflective Learning Sheets aimed at supporting practitioners to identify and respond to a number of safeguarding concerns.

Strategic Leadership

The Board has recently initiated and supported the development of a number of multi-agency strategies and policies including:

- Early Help Strategy
- Neglect Strategy – including adolescent neglect

Safeguarding in Education

A significant success of the Board has been the work undertaken to engage with and involve educational establishments in the work of the Board. This included the establishment of the Safeguarding in Education Network (SiEN) in June 2017.

The purpose of the group is to facilitate communication across the education/training sector on safeguarding issues and to disseminate relevant information in respect of learning from audits and serious case reviews.

The objectives of the Safeguarding in Education Network are to:

- Support and strengthen the safeguarding culture within educational and training establishments across Redcar & Cleveland, providing an opportunity to share both good practice and learning.
- Ensure that RCSCB is aware of key safeguarding issues and challenges faced by educational establishments.
- Ensure that emerging safeguarding issues are communicated effectively to all education establishments.

The group meets termly and regularly attracts attendance from the majority of schools, academies, further education and training providers within Redcar and Cleveland.

4.4 Voice of the Child

Ensuring we involve and listen to children and young people is integral in working towards delivering positive outcomes for families within Redcar & Cleveland. The Board has encouraged and supported the various forums and mechanisms for capturing the voice of the child, which have in turn influenced how partners develop and deliver services. These include:

- Children Accessing Hospital Services
- Visits and Direct Work with Children/Young People
- Child Protection Conference Packs
- Looked After Children's Council – '*Have Your Say*'
- Youth Service Annual Survey
- (Vulnerable, Exploited, Missing & Trafficked) VEMT – 'How safe do I Feel'
- Viewpoint for Looked After Children (LAC)
- Annual Health Related Behaviour Survey
- All Age Disabilities Service – 'Checkers'
- Parenting Programmes
- Early Help – Key working
- Young Carers via The Junction
- Young People Substance Use Services – Service Development

Safe4Us – Junior Safeguarding Children Board

The Safe4Us group acts as the Junior Safeguarding Children Board and has played an important role in ensuring that the views of children and young people are taken into account by the Board. The group has taken a lead role in a number of projects involving young people most recently in respect of the effects of alcohol and drugs on the body. Of particular note is the YOLO (you only live once) domestic abuse project which involved the development of graphics for campaign material and was featured in a short film for the Fixers ITN news report. Two members of the group were selected and interviewed for the film.

Safe4Us members have attended a number of community events promoting the work of the group and raising awareness of safeguarding issues.

Chapter 5 – Final Word From the Chair

As both Redcar & Cleveland and Middlesbrough Safeguarding Children Boards conclude and our two geographical areas commence new joint Safeguarding Children arrangements, I presented a report to the last Board meeting on 6th September 2019. This outlined my assessment of the current transition to the new arrangements and any specific areas that may assist the partners going forward. I have included here the key areas that may assist the new arrangements.

Geographical coverage and partners arrangements

- In the current structures, the main lead partner has always been the Local Authority, the new arrangements put the Police and CCG's on an equal footing. Therefore, as the new arrangements mature, there has got to be a re-balancing and re-emphasis of the tripartite, where every partners' voice and contribution is equal.
- Do not rule out the potential for a Tees wide arrangement in the future. There is an opportunity that can assist all partners as the purpose of the arrangements is to develop strong strategic and operational delivery of procedures to safeguard children in a given area. It's not about the autonomy of individual council areas and the fact that we already have a joint Tees procedures, a Tees performance framework, a Tees Child Death Overview Panel and a Tees Strategic VEMT, is evidence of a partnership arrangement at that level.

Structure, vision, objectives, and processes

Regarding the structure of the new arrangements. In effect it is basically a merging together of two Boards with the rationalisation of some meetings. Now there is nothing wrong with this as it does help in some of the challenges faced by organisations in being able to meet the demands of multiple meetings etc. and spending more time on front line delivery. However, without strong leadership and development, it could become a formulaic and assurance driven process. I would emphasise one main point here supported by 6 potential areas for development or focus:

Main point

- As soon as reasonably practicable, get all the key partners together to develop and agree a strong vision and key objectives. Whilst the current vision is adequate to get the arrangements up and running, it does not really capture what could be achieved.

6 potential areas for development or focus

- Continue to be a learning and development arrangement and really build on what is being currently done in this area via joint training and joint learning review. This can be further developed by newsletters, staff surveys about the training and awareness of the new arrangements.
- Focus on the outcomes for safeguarding children in our area – this is a really easy thing to say and hard to demonstrate but the long term setting of some key indicators and the utilisation of the joint Tees indicators will assist.
- Develop a stronger method of systematically collecting the views of children and families about their priorities and their experience. We have it in 'pockets' across the area but cannot demonstrate that strategic and operational influencing as clearly as we would want.
- Ensure that all the key strategies and approaches such as Early Help, Neglect and Signs of Safety are compatible across the two areas.

- Develop the ability to do joint audits but with the emphasis being 'Joint Targeted Inspection ready' as a partnership.
- To clearly demonstrate the links to other strategic partnerships that overlap with the new arrangements around safeguarding.

Summary and Conclusion

Whilst there is opportunity for potential benefits to come from these changes, I caution that there appears little in the way of consistency of approach across the country and much remains to be done if the new arrangements are to strengthen and improve on what has hitherto been in place.

Agenda Item 10

Healthwatch South Tees - SEND Report

Dr Ian Holtby,
Chair of Healthwatch South Tees

Healthwatch South Tees _ SEND Report

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	19th December 2018
From:	Dr Ian Holtby - Chair of Healthwatch South Tees	**Agenda:**	10
Purpose of the Item	To provide South Tees Health and Wellbeing Board (HWB) with updates on the work of Healthwatch South Tees		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board are requested to consider the report presented by Healthwatch South Tees and that Healthwatch will apply the learning from the consultation in Redcar & Cleveland across the South Tees area.		

1	**PURPOSE OF THE REPORT**
1.1.	To provide South Tees Health and Wellbeing Board (HWB) with updates on the work of Healthwatch South Tees

2	**BACKGROUND**
2.1	Healthwatch South Tees produce several reports a year arising from work and investigations they carry out as part of their annual work programme. The Health and Wellbeing Executive consider all Healthwatch reports and provide an opportunity for a system as well as individual organisational response.
2.2	The Executive also oversee any actions required and provide the response to Healthwatch for dissemination to the public. The Executive are working with members of Healthwatch South Tees to agree a protocol which will set out how Healthwatch reports should be responded to.

3	**SEND Report**
3.1	The Health and Wellbeing Executive has received a report from Healthwatch South Tees on special education needs and disability (SEND) in Redcar & Cleveland. (Attached at appendix 1) This consultation was in support of the implementation of the NHS long term plan.
3.2	Whilst the focus for improvement during this work was for NHS consideration, there are several factors that will inform our local priorities: • Working with and supporting GP Practices to improve the overall experiences of parents / carers; encouraging the identification of carers and making reasonable adjustments for carers and those they care for. • Supporting GPs to improve practice for patients with autism / learning disability and improved outcomes for associated long term health conditions, with long term treatment and management plans. • Influencing improvements towards autism / learning disability friendly communities. • Direct engagement with young people to explore the causal factors of poor mental health in children and young people and their ideas for local solutions. This work will target all young people but ASD/LD can be profiled as part of this.
4	**RECOMMENDATIONS**

4.1	That Live Well South Tees Health and Wellbeing Board are requested to consider the report presented by Healthwatch South Tees and that Healthwatch will apply the learning from the consultation in Redcar & Cleveland across the South Tees area.

-

5	**BACKGROUND PAPERS.**
5.1	No background papers other than published works were used in writing this report.

6 Contact Officer

Kathryn Warnock – South Tees Integration Programme Manager

0782505430

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NHS Long Term Plan

Focus Group: Special Education Needs & Disabilities

V2 December 2019

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NHS Long Term Plan Local Engagement
Focus Group – Parent Carer Forum

Report Update

The following report has been shared at the Health and Wellbeing Executive, November 2019. As a result of this we will be producing a second version taking into account feedback from relevant members. We have received a response from Cleveland LMC. We are grateful for the time taken to consider our report and have acknowledged the comments made, which have been highlighted throughout the report.

Background to research

Following the proposal of the NHS Long-term Plan (LTP), the Healthwatch network were funded by NHS England and NHS Improvement to engage with communities across the country to establish how the LTP should be implemented locally. Engagement involved gathering views through the NHS Long Term Plan surveys and focus groups and this information has since been shared with local NHS to help develop plans appropriate for the area.

Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) held focus groups in line with their agreed priority demographic areas for 2019-2020 with the overarching theme of long-term health conditions:

- BAME (Black, Asian and Minority Ethnic)
- Older people
- Young People

Geographically, engagement work focused in the Redcar & Cleveland area on the experiences of children and young people with autism and learning disability. HWST chose this area following wide ranging community intelligence that identified significant issues for young people (18 – 25) with hidden disabilities with the common overarching increase in poor mental health. We consulted with parents/carers and a small number of young people, offering a whole family perspective of SEND and care. The conversations we were required to have with focus groups were compiled by the NHS in relation to their Long-Term Plan

developments which were disseminated by Healthwatch England. The focus groups were identified by Healthwatch South Tees to support the current workplan priorities. The consultation activities explored experiences of assessment and diagnosis, ongoing care, and prevention.

Local Engagement

Healthwatch established links with two different community groups that engage with parents and carers of SEND children and young people, and invited them to attend focus groups:

- Redcar & Cleveland Parent/Carer Forum – Group of parents and carers who work in partnership with local authority and South Tees CCG to make a difference for children and young people with SEND and autism (Redcar and Cleveland Parent Carer Forum, 2019).

- Community Stepping Stones – Not-for-profit organisation supporting individuals with learning disabilities to increase their skills and knowledge for future independence (Community Stepping Stones, 2019).

We also engaged with some young people whose lives had been impacted personally by their disability through consultation at Botton Social Farm (a service for Redcar and Cleveland young people with Autism and Learning Disabilities).

The topics of the focus groups centred around experiences of health and care, as specified by Healthwatch England, and made reference to the Integrated Care System (ICS) priority of *improving the emotional wellbeing and mental health of infants, children and young people*. This was an opportunity to explore how lived experiences impacted on the lives of children and young people with autism and learning disabilities and their families.

Focus Group Format

The format for the focus group followed the requirements for NHS compilation of information, gathering experiences at three different stages of the healthcare process:

- Assessment, diagnosis and treatment
- Provision of ongoing care and support
- Prevention and/or early intervention

Under each of the above areas we then explored:

- What works well
- What could be improved
- Solutions (or ideas for improvement)

Using a colour coded system, the data was analysed against the different stages and themes. It was then forwarded to all participants of the focus groups for their comments, to ensure accuracy of interpretation. To date, no comments have been received. A first draft of this report was forwarded to both groups and where possible, a member of the team attended the groups to present the information and take any comments.

Challenges to research

The NHS Long Term Plan consultation required a quick turnaround and incorporated the Easter holiday period which impacted on people's availability for engagement.

The framework for collecting and reporting data was quite restrictive, with parts of the dialogue not fitting into just one specific theme. It is therefore important to note that individual experiences do cross boundaries and impinge on the individual's care journey at different times and in different ways.

Health and social care experiences are not isolated parts of people's lives. Where participants have talked about other areas of their lives, e.g. education, their contribution has been considered in terms of the impact that this has on their health and social care and what useful information and conclusions can be derived from this.

Main findings

We stress that the opinions represented in this report are those of the parent/carers we interviewed in the organised focus groups and aren't representative of all parent/carers, nor represent the opinions of Healthwatch South Tees.

Access, assessment and diagnosis

For the parent-carers involved in the focus groups, the social, emotional and physical needs of children with autism, learning disability and associated conditions are not adequately met. Issues included:

- **Parent-professional relationship and understanding behaviour:** Taking a whole family approach to SEND has highlighted experiences of parents and carers; they explained how they didn't feel supported, they didn't feel their concerns about their child's needs were taken seriously, and they felt a culture of 'parent-blaming' exists which can cause parent/carer/family distress and mental health issues. This was particularly linked to education, with many of the parents explaining how they felt that schools and other institutions may not acknowledge and understand behaviour that challenges without a diagnosis. They felt that without an understanding, schools fail to make reasonable adjustments to behavioural policies leading to unfair/inappropriate treatment, low attendance, school avoidance, exclusions, unhappiness, distress, poor mental health, low achievement.
- **Neurodevelopmental assessment and diagnosis pathways:** Parents found the system of pathways very unclear and felt that assessments can take a very long time, during which, a child's and carer's needs are not met and sometimes misinterpreted.
- **Diagnosis:** The parents explained the impact of a diagnosis and how it can change perceptions of a child's presentation and attitudes towards them and their parent's/carers, yet diagnosis may take years and needs have been lifelong. There is also a lack of understanding around female presentation of autism/learning disability leading to under diagnosis of girls.

- **Practitioners:** Parents felt that ongoing illnesses such as bowel, skin and sleep problems etc., are often treated by GPs as single presentations at appointments. HWST agree with the point raised by Cleveland LMC that 'diagnostic overshadowing' is not in line with good practice, however the parents' position was that their children would benefit from a longer-term treatment plan to manage the illness.

Solutions

- Improve parent-professional relationships- Institutions should actively listen, take seriously, recognise and value the information parents present about their child and any concerns they have.
- Neurodevelopmental assessment and diagnosis pathways are currently being developed locally to try and improve the speed of the diagnosis process with assessments happening alongside each other rather than in a chain system. HWST will continue to work with parents and carers to improve information and access to this in terms of ongoing developments and the production of a new strategy, to keep parents informed.
- Early intervention and preliminary diagnosis to trigger personalised support, therapy, and other interventions based on presenting needs, whether there is a diagnosis or not.
- Parents asked for multiple and ongoing presentations of 'illnesses' relating to the same condition to be flagged and to trigger an approach by health professionals that will better treat and manage the issues effectively, thereby preventing flare ups and reducing the need for GP appointments.
- Improve diagnosis for girls.

Provision of ongoing care and support

Although there were some individual examples of good health and care provision, there was a general consensus within the focus groups that provision of ongoing care and support following diagnosis is poor and inconsistent, specifically:

- Poor access to specialist treatments, therapies, training and support for parents/carers and children.
- Poor follow up after diagnosis.

- Files are closed once referral has been made to other service. The option of accessing the service in future may be offered but this doesn't always work.
- GP appointment systems and waiting times don't cater for children finding crowded waiting rooms and long waiting times difficult to deal with.
- Health and social care are not good at working with education to support EHCP's (Education, Health and Care Plans).
- Lack of support and opportunities for developing independence / experience of work, including post 16 / transitions leaving many SEND children very isolated and families overwhelmed.

Solutions:

- Improved support plans: pre and post diagnosis care and support plans based on individual needs and NHS and schools working better together to develop EHCPs.
- Suitable adjustments and changes: As highlighted by Cleveland LMC, practices have a duty under the Disability Discrimination Act and are expected to make reasonable adjustments to accommodate their patients with learning disabilities. Parents and carers suggested that GP appointment systems and waiting times need to be changed for children who find crowded waiting rooms and long waiting times difficult to deal with. Practical adjustments would help; flagging individual files to alert to carers, autism and long-term conditions. Practices should therefore be encouraged to listen to suggestions and make appropriate changes. Cleveland LMC have made us aware that local dispensing of prescriptions and a text system for appointment reminders are being rolled out, however care needs to be taken to make parents/carers and young people aware and updated of this move, as this is support that those we engaged with would really benefit from.
- Improve social care by offering a range of options, including direct payments, registered personal assistants and employment support, based on individual interests and needs rather than commissioned short break options.
- Easy access to support, treatments, therapies, according to needs (not set programmes i.e. 6 weeks)
- Find alternatives to discharging ASD/LD children from specialist provision, especially mental health services.

- Review short break provision to include benefits to parents and carers.
- Improve post 16 transitions to adult services.

Prevention and/or Early Intervention

Prevention and/or early intervention is fundamentally linked to recognising individual needs. Parents and carers told us that the delay in diagnosis and the length of time spent assessing needs resulted in escalation of children's needs and early intervention would improve the overall health and wellbeing of children, parents and families. The strongest message from the focus groups is:

- Early intervention and prevention across health and care provision, and better working together with education, would significantly improve the mental wellbeing of children, their parent's and carers, preventing crisis intervention.

Solutions

- Early assessment and diagnosis and acknowledgement of needs during assessment processes.
- Improved working together with parents and carers and other agencies including education.
- Better prevention measures for parents and carers, recognising undiagnosed conditions and multiple caring roles.
- Provide timely and relevant information and signposting for parents /carers including things like entitlements to benefits.

Botton Social Farm Consultation

The consultation with the two young people working at Botton Social Farm made it very evident that early diagnosis can have a significant impact on individual happiness and wellbeing. Briefly, the young person with early diagnosis was happy, had a great outlook on life and was clearly achieving her individual ambitions in life. In comparison, the individual who had received late diagnosis (in his teens) had some very unhappy times, describing poor relationships with his family and peers, being frightened and bullied at school. He felt continually judged and misunderstood for his communication and behaviour.

Suggestions and Recommendations to Local NHS

The recommendations in each of the above sections have been submitted to NHS for considerations in implementation of the Long-Term Plan.

A summary of the key messages are as follows:

Improved care and working together with parents and carers, recognising and valuing:

- Their unique, exclusive and distinctive perspective.
- Their wellbeing as fundamental to providing the best care and support of SEND children and young people.

Early diagnosis and ongoing assessment as part of a personalised individual package supporting identification of changing and ongoing needs, dual and comorbid diagnosis.

Improved personalised care, support and treatment packages including:

- Access to specialists.
- Recognition and treatment of long term-health conditions.
- Better social care including a range of options for developing independence away from the family and in the community.
- Improvements in post 16 planning and transitions.

Significant improvement in NHS working with other agencies, particularly education and Education, Health & Care Plans (EHCP'S).

Improved mental health for children and young people with autism / learning disability and those caring for them has been an overarching factor throughout the consultations and focus groups, which reinforces community intelligence that this is a major issue. Discussion groups and subsequent data, suggests that the causal factors are related to the attitudes of others and personal life experiences associated with having hidden disability, exacerbated by late diagnosis and unmet needs. The case studies with two young people supported this hypothesis.

Next Steps

The NHS Long Term Plan consultations have provided Healthwatch Redcar & Cleveland an opportunity to reflect on how this information can be used for local impact. Whilst the focus for improvement during this work has been for NHS consideration, there are several factors that will inform our local priorities:

- Working with and supporting GP Practices to improve the overall experiences of parents / carers; encouraging the identification of carers and making reasonable adjustments for carers and those they care for.
- Supporting GPs to improve practice for patients with autism / learning disability and improved outcomes for associated long term health conditions, with long term treatment and management plans.
- Influencing improvements towards autism / learning disability friendly communities.
- Direct engagement with young people to explore the causal factors of poor mental health in children and young people and their ideas for local solutions. This work will target all young people but ASD/LD can be profiled as part of this.

Healthwatch will apply the learning from the consultation in Redcar & Cleveland across the South Tees area.

Acknowledgements

Redcar & Cleveland Parent / Carer Forum

Community Stepping Stones

Botton Social Farm

All parents/carers and young people involved in focus groups.

We also acknowledge the feedback from the following;

- Cleveland Local Medical Committee (LMC)
- Deanne Taylor, Assistant Director Early Help, Children & Families Directorate, Redcar & Cleveland Borough Council
- South Tees Clinical Commissioning Group (CCG)

All comments and suggestions have informed the content of this report.

your voice counts

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Healthwatch South Tees (HWST) SEND Consultation Report V2 H&WB Executive responses 2019

All comments received below have been incorporated into this draft report.

Ian Holtby – email 03.12.19

In the bullet point on page 2 "BAME (Black, Asian and Minority Ethnic) there should not be an "s" at the end of Ethnic".

Deanne Taylor, Assistant Director Early Help, Children & Families Directorate, Redcar & Cleveland Borough Council – email 04.12.19

Following our discussion at the Health and Wellbeing Executive yesterday, we do really welcome the report from Health Watch. The issues that have been highlighted really reinforce our plans for improvement and the work that we are taking forward in Redcar and Cleveland. We have just ended our consultation on our short breaks provision and we hope to increase the number of providers on our framework which will provide more choice for parents/carers and children and young people.

We are absolutely committed to working in partnership with our Parent/Carer forum and we now have parent/ carer representative involved in all decision making in respect of newly commissioned services and when we are reviewing services that are already commissioned. The Chair of our P/C forum is involved in an interview process this week for the appointment of Lead Officer for SEN.

Two reports were shared with HWST; one report is in respect of a funding bid that has been approved by TVCA for autism training for all our educational settings; and the second is a report regarding the developments that we have ongoing, in respect of our educational provision in -borough.

I hope these are helpful. Please come back if you require any further information

Rachel McMahon, Cleveland LMC – email 18.11.19

We note that the report primarily reflected the views of the parents/carers of children and young people with autism and learning disabilities. This is a group with a broad range of needs, and we feel it is important to see each child or young person as an individual, with individual needs, and that care needs to be taken not to over-generalise in this diverse clinical group. We also feel that it is important to recognise that GPs have a professional responsibility, as defined by the GMC, to make the care of the patient their first concern. In this regard, we feel that the report should address the potential conflict between the very real needs of the parents/carers, and the need of the individual with autism or learning disabilities, as these may not always be the same. It may be that this represents some of the issues within the theme of "parent blaming" picked up within your report.

GPs share the frustrations expressed regarding the assessment and diagnostic pathways. All local pathways are self-referral, so can be accessed by any parent/carer, or by any professional who has concerns about the child. GPs do not have access to pathways

that are any more rapid, and it is frustrating to us when parents/carers attend the surgery with the expectation that we can access a more timely assessment. We would encourage the promotion of referral from all professionals involved in the care of this child, or directly from the parent/carer.

We have concerns about this paragraph in the report;
Practitioners: Medical practitioners, including GP's, often treat multiple presentations of conditions that are associated with autism and learning disabilities, e.g. skin conditions and bowel problems, as individual presentations, and fail to recognise these as long-term health conditions that require longer term management and treatment plans.

Which fits with this paragraph;
GP training and awareness to recognise long term associated conditions along with multiple presentations, triggering specialist assessment and long-term treatment and care plans.

It may be that the physical symptoms described are a part of the underlying learning disability/autism in the particular case from which this description has arisen, however this is not supported by the current research evidence. There is increasing awareness of the problem of diagnostic overshadowing, which is believed to be a major contributing factor in avoidable premature death in this group. This is a useful article to explain this further - http://www.intellectualdisability.info/changing-values/diagnostic-overshadowing-see-beyond-the-diagnosis - and we would encourage the inclusion of these ideas within your report.

As discussed at the Health and Wellbeing Executive, if there were to be a specialist assessment joining up physical and psychological symptoms, beyond that which is provided in general practice, such a service has not currently been commissioned, nor is it clear who would be involved in providing this service. One suggestion was the school doctor, although this would only be appropriate while the young people were in educational services. Practices are encouraged via a Directed Enhanced Service to offer an Annual Health Check to all patients with learning disabilities who are over the age of 14, and South Tees CCG further encourages uptake of this Health Check via a Local Incentive Scheme to practices.

It is disappointing to hear that parents/carers are finding GP appointment times, and the experience of the GP waiting room difficult to manage. Practices have a duty under the Disability Discrimination Act to make reasonable adjustments to accommodate their patients with learning disabilities. These are useful resources regarding the expectations for practices;
https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-67-reasonable-adjustments-disabled-people
https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-53-care-people-learning-disability-gp-practices

When your report has been finalised, Cleveland LMC will be happy to publicise this report to practices, along with a reminder of their obligations, in order to improve the experience of care received. Due to workload and workforce pressures in practices, it may not always be possible to accommodate every request from every parent/carer on every occasion.

There is a move across the region to electronic repeat dispensing of prescriptions, which allows patients/carers to collect prescriptions from the chemist of their choice without needing to first order this from the practice. In addition. practices are encouraged to

make use of SMS text reminder systems to send messages to patients, which can include appointment reminders.

Practices are encouraged to identify and code patients as carers, and provide appropriate support to them. This is not an area that is specifically resourced in any way, so uptake is dependent on the motivation and workload within specific practices. Further information can be found here - https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-44-caring-carers

The integration of the NHS with education to create Education, Health and Care Plans is specifically outside of the remit of NHS commissioned general practice services, other than to provide information on request to other health providers who are involved in the care of this child/young person.

Many thanks again for the opportunity to be involved in this consultation. If you require any clarification of any points raised, please do not hesitate to contact myself, or Jackie Jameson in the LMC Office.

HWST has responded directly to Cleveland LMC.

South Tees Clinical Commissioning Group (CCG)

This is an area of work that has seen significant focus in South Tees and local work already underway touches on a number of the issues that feature in your report.

Working with Middlesbrough local authority, Redcar and Cleveland local authority and the South Tees Public Health Team a joint commissioning strategy has been collaboratively developed and agreed and a Children's Joint Commissioning Group has been established. In addition, we are one of only a small number of areas across the country to have achieved a substantial level of data sharing amongst partners in respect of education, health and care plans to support the needs of children and young people.

I will share the report with the Director of Commissioning, Strategy and Delivery (Children and Young People) so that this can be considered as part of the SEND work underway.

Agenda Item 11

Health and Wellbeing Executive Chair's report (assurance report)

Dr Ali Tahmassebi, Chair of Health and Wellbeing Executive

South Tees Health and Well-being Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	19th December 2018
From:	Dr Ali Tahmassebi – Chair South Tees Health and Wellbeing Executive	**Agenda:**	10
Purpose of the Item	To provide South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board's Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board's Vision and Priorities		

1 PURPOSE OF THE REPORT

1.1. To provide South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board's Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board's work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

3.1 The next section of this report sets out progress the Health and Wellbeing Executive has made against the Board's statutory functions.

3.2 *Pharmaceutical Needs Assessment (PNA)*

3.2.1 The Live Well South Tees Health and Wellbeing Board has delegated to the South Tees Health and Wellbeing Executive to approve elements of maintenance and use of the PNAs.

3.2.2 **Supplementary Statement consideration – Redcar and Cleveland**

On 17th October 2019, formal notification was received from NHS England that the four pharmacies in Redcar delivering additional supplementary hours on a rota basis on a Sunday evening will cease with effect from 28th November 2019. The four pharmacies provided pharmaceutical services on a rota basis between 18:30 and 21:30 hours on a Sunday evening.

In July 2018 the South Tees Health and Wellbeing board had recognised the contribution of this supplementary hour provision to improvement or better access between 6.00pm and 9.30pm on a Sunday.

This does not affect the current contractual arrangements for the emergency out of hours (OOHrs) GP service during those hours and patients who attend the OOHrs GP will continue to be

provided with emergency medication by the surgery as required. The extended GP service however, will not be served by pharmaceutical services during the said hours.

It was recommended that:

- *The change be found relevant to the granting of applications; the rota provision of the supplementary pharmacy opening hour was the only provision of essential services (i.e pharmacy opening time) on a Sunday evening between 6pm and 9.30pm within Redcar and Cleveland and this hour provision contributed to improvement or better access to pharmaceutical services as identified in the PNA; and*
- *South Tees CCG to monitor the situation through contract monitoring arrangements, recognising as referenced in the PNA that the provider of the extended GP hours provides suitable solutions to support (including arranging transport) any patient unable to collect or unable to arrange to collect any (urgently needed) prescribed medicines; the CCG is able to monitor uptake of this facility with the provider together with any complaints or concerns regarding pharmacy opening hour provision on a Sunday evening.*

3.2.3 **Supplementary Statement consideration – Middlesbrough**

On the 1st March 2019, a new distance selling pharmacy started trading in Middlesbrough

- 378 Company Ltd, Unit 2c, Cadcam Business Centre, High Force Road, Riverside Park, TS2 1RH

It was recommended that the change be found relevant to the granting of applications.

3.2.4 **Changes to ward boundaries in Redcar and Cleveland**

Since the PNA was published in 2018 there have been some changes to the wards in the borough. An assessment of the impact of these changes has been undertaken. All pharmacies remain in the same localities outlined in the PNA.

It was recommended that the changes should be taken account of in the next routine review of the PNA (due for publication in March 2021 – review to commence April 2020).

3.3 ***Better Care Fund Planning 2019/2020***

3.3.1 The Better Care Fund Planning requirements, planning templates and funding allocations for 2019/20 were released nationally in mid-July, which was a delay of several months. There are no significant changes in the Policy Framework from previous years. The 4 national conditions to accessing the Better Care Fund as set by government are:

a) That a BCF Plan , including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs.
b) A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG's minimum contribution.
c) That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care.
d) A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must

adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToC) during 2019-20 into their BCF plans.

3.3.2 There are 4 national metrics for the fund:

a) Non-elective admissions
b) Admissions to residential and care homes
c) Effectiveness of reablement and
d) Delayed Transfers of Care (DToC)

3.3.3 The Better Care Fund (BCF) Planning Templates were submitted to NHS England in September. Formal assurance on these has been delayed but both Middlesbrough and Redcar & Cleveland plans have been recommended for assurance.

3.3.4. The table below provides an update on 3 South Tees wide BCF funded schemes:

3.3.5

Single Point of Access	The 5 local partner organisations (South Tees Hospitals NHS Foundation Trust, Middlesbrough Council, Redcar & Cleveland Council, South Tees Clinical Commissioning Group and Tees Esk and Wear Valleys NHS Foundation Trust) have agreed to form a Single Point of Access (SPA). The aim is for this new SPA model to become the point of contact for any health and social care professional seeking advice on the best outcome for an individual. This could be to step up care to avoid a hospital admission or help with complex discharges. A new SPA Manager and 2 integrated health and social care call handlers are due to be in post from 9th December. They will be supported by a Multi-Disciplinary team comprised of a community nurse and a therapist, a mental health nurse and social workers. It is hoped that this new SPA service will go live on 3rd February 2020, following a pilot with some volunteer GP practices.
Support to Care Homes	Enhancing health of care home residents continues through the infection control, end of life, nutrition and medicines optimisation support. The Care Home Education and visiting Support Service (CHESS) is in place to respond to referrals from care homes and avoid unnecessary admission of residents to hospital. It has just been agreed to continue funding this support, valued by care home staff and all partner organisations, until March 2021.
Frailty Coordination Team	A new initiative is due to start in December within James Cook University Hospital. A small team of dedicated Frailty Practitioners with specialist knowledge in the care of the older person living with frailty will provide specialised input and co-ordinate ongoing care for patients with a frailty score of 4 or more who are admitted to the JCUH site for more than 3 days. This will help to optimise the quality of ongoing care to these patients and ensure they are discharged home or as close to home as possible, when medically optimised with the appropriate support.

Performance against metrics

The performance dashboard provides a high level summary of performance against each of the BCF metric targets as at Quarter 2 2019.

Metric	BCF Target 2019/20		Quarter 2 Performance
METRIC 1 – Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	MBC	1018	Slightly over target
	R&CBC	902	On track to meet the target
METRIC 2 – Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	MBC	87%	Rolling data indicates on track to meet the target
	R&CBC	82%	Rolling data indicates on track to meet the target
METRIC 3 – Delayed transfers of care from hospital per 100,000 population (Quarterly target shown)	MBC	725	Not on track to meet the target although numbers have reduced in the first 2 quarters in comparison to 2018
	R&CBC	983	Not on track to meet the target although numbers have reduced in the first 2 quarters in comparison to 2018
METRIC 4 – Total emergency admissions into hospital	MBC	20,995	On track to meet the target
	R&CBC	19,248	On track to meet the target

Better Care Fund 2020 onwards

Informal indications are that the Better Care Fund will continue in 2020/21. However, confirmation of this and the publication of planning guidance have been delayed by the General Election. Assuming the BCF will remain, schemes are being evaluated to determine whether funding should continue in 2020/21 and consideration will be given to any new or amended schemes which could potentially help deliver against the metrics above and further support closer integration.

3.4 ***Health Protection and Assurance***

3.4.1 This section of the report provides assurance to the Live Well South Tees Health & Wellbeing Board on the delivery of the Council's statutory public health duties regarding health protection assurance and the main issues to highlight to the Board.

3.4.2 The second Live Well South Tees health protection assurance workshop was held in November 2019. As part of our arrangements for winter preparedness a South Tees Cold weather plan has been developed and approved by the Emergency Management Response Teams (EMRT) of both councils. Implementation of the plan will ensure that relevant partners are able to make the necessary arrangements to protect vulnerable people and reduce the impact of severe cold weather on their health and wellbeing.

3.4.3 During November 2019, a number of schools in our area experienced higher than expected number of flu-like symptoms and diarrhoea and vomiting amongst pupils and staff. Schools and parents were supported with relevant public health action to minimise the impact. The school flu immunisation programme is also in progress and GPs continue to immunise children who might be medically at risk.

3.5 ***Joint Strategic Needs Assessment (JSNA)***

3.5.1 The Local Authorities and Clinical Commissioning Group have an equal and joint statutory duty, working through the Health and Wellbeing Board, to produce a JSNA that will be used to influence commissioning decisions in their local area.

3.5.2 The children and young people's JSNA for both councils have been recently updated. The Adult's JSNA for Middlesbrough is currently under development and that for Redcar and Cleveland is at the planning stages.

4		**PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRORITIES**
	4.1	The Board's agreed vision and priorities are to: Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following areas key themes: a. Inequalities - Addressing the underlying causes of inequalities across the local communities; b. Integration and Collaboration - across planning, commissioning and service delivery; and c. Information and Data – data sharing, shared evidence, community information, and information given to people.
	4.2	Set out below is a summary of the progress the Executive has made towards achieving each of the Boards priorities to date.
	4.3	**PRIORITY 1 - Inequalities - Addressing the underlying causes of inequalities across the local communities**
	4.3.1	**Sport England – local delivery pilot-You've Got This** In July 2016, Sport England announced their strategy which outlined their priority of exploring better ways to address the barriers that prevent the inactive (less than 30 minutes of physical activity per week) becoming active, such as social and cultural issues, active travel, personal safety, knowledge, motivation and confidence. Through a highly competitive selection process, 12 areas

were selected as national pilot places (South Tees are the only North East pilot). Although each area committed to tackling inactivity in very different ways; the common elements that each pilot had to demonstrate were:

- **whole system change approach (personal, social and structural)**
- **distributed leadership and**
- **a specific focus on behaviour change.**

Our proposal focuses on two key elements. The first element across the whole of South Tees outlines four specific "communities of interest", hidden across the whole area and not geographically defined:

- People waiting for some types of surgery; we know that physical activity before surgery can improve their outcomes.
- People with or at risk of developing Type 2 Diabetes; physical activity can reduce the risk or help ease the effects of the condition.
- People accessing commercial weight loss services, as these often look more at changing eating habits rather than increasing physical activity.
- Working with health professionals to change behaviour and build capacity to utilise physical activity as a clinical pathway.

Progress in terms of the implementation of the pilot has included gathering baseline data, building relationships, and support of local initiatives. Sport England are happy with the progress so far. It has been a slow process as it was about getting the public on board to be proactive and committed to the initiatives. It was agreed that it was important to ensure that any initiatives under this were linked with existing schemes so that there was no duplication and that it was linked with the population health management project.

We are currently working on a submission to two separate funding streams available only to Local Delivery Pilots: Pathfinder and Accelerator funding. Pilots can submit proposals to secure funding in one go or access it in parts. Accelerator funding will consider the additional resources that may be needed due to local context such as the degree of local deprivation, geographic coverage, complexity of audience, the state of local infrastructure and capacity.

The accelerator investment is designed to respond to opportunities to influence significant local partnerships and secure co-investment opportunities. We have developed themes around which we frame our future investments which include workforce development, green and open space, active travel and investment into our focus wards and communities of interest.

We are working closely with ward members from our four focus wards to identify co-production opportunities, maximising a range of local resources.

It is proposed that a full update is presented to the Live Well South Tees Health and Wellbeing Board in March when the outcome of the pathfinder and accelerator proposals are known.

4.3.2 Children's Emotional Health and Wellbeing

At its meeting, September 2019, the Live Well South Tees HWBB requested that a workshop was held with all stakeholders to understand the needs and services available to Children and Young People within South Tees to improve their emotional health and wellbeing, including CAMHS

transformation plans

The board are advised that a workshop had been held 29th July 2019, the workshop was attended by TEWV CAMHS service managers, Director of Education, Local Authority Integration Officer, Public Health Representatives, Local Authority Commissioning Officers, School Nursing Representatives, Special educational Needs (SEND) representative, VCSE providers, Voluntary Development Agencies and Healthwatch. The purpose of the workshop was to consider model options for utilisation of Future in Mind (FiM) monies towards a sustainable transformational model of delivery.

Since the workshop a proposed model incorporating a single point of access and assessment by a multi-disciplinary triage team consisting of a TEWV clinician and an Educational Psychologist has been presented to The Darlington, Durham and Tees Mental Health and Learning Disabilities Partnership (DDTMHLDP).

The DDTMHLDP were very appreciative of all the work that has gone into mapping current delivery and proposals for model development, and emphasised the importance of recognising the work done to look at other delivery models will not be wasted and will be fully factored in to the CAMHS whole pathway programme so we are able to deliver at locality place based levels. DDTMHLDP have requested that this work is fed into a wider piece of work that is taking place which is focusing on the whole CYP pathway which includes CYP EHWB across Durham, and Tees Valley.

Whilst the wider programme of work is developed it was recognised that there is a need to ensure stability of the current CYP IAPT delivery workforce and agreed that 19/20 FiM monies can be utilised to achieve this through implementing a robust CYP IAPT performance management framework to develop understanding of longer term workforce sustainability by monitoring additional capacity delivered through proposed Local Authority commissioned delivery of mental health support into schools.

The full detail of the funding mechanisms for realising the 19/20 FiM monies will be agreed with providers accordingly.

It is proposed that a full update will be presented to the HWBB in March 2020.

4.3.3 Best Start in Life - Sector led Improvement

Getting families off to the Best Start is crucial; a child who gets off to a good start will have better health thought their life, achieve more at school, have a much stronger chance of being in stable employment during their life and have more money to put back into the local economy.

A healthy start to life does not solely benefit the child and their family, the financial benefits are that people are much less likely to need costly acute health and social care services throughout their life too.

Having the 'Best Start' means that mothers have a healthy pregnancy and that they are supported with appropriate preventive health and social care during their child's early years (generally up to the age of two).

The Best Start in Life System Led Peer Review tool was developed by a range of health professionals in the North East and was led by Public Health England's Children's and Young People's partnership. The tool aims to help local areas to benchmark where they are with their Best Start approach, finding strengths/ weaknesses and identifying areas for development and improvement.

	The Executive supported the undertaking of a Best Start Peer Led review locally and were willing to invest their time and resource into the process, which will mean: • Clear lines of accountability and deadlines for the work are agreed by the board • Board members time and resource (of that of their staff) investment is committed to the process It was agreed that an update would be presented to the Executive in January to confirm the support required from the Executive along with a clear indication of timescales, process and milestones.
	4.3.4 South Tees Multi-Agency Children's Hub South Tees Multi-Agency Children's Hub has now been fully operational since the beginning of June. The operating model for the MACH compromises both Early Help and Safeguarding, with three early help coordinators also located in the Hub on a permanent basis. Our multi-agency partners are a key part of the Hub and they include Police, Tees Esk Wear Valley (TEWV) and Harrogate NHS Foundation Trust. In addition, several local authority services such as those for Domestic Violence, Education, Missing and the management of allegations against staff are coordinated from the Hub, with officers co-located. The MACH also has a number of virtual partners including Housing, Probation and Adult Mental Health Services. The benefits of having a multi-agency single-point of access include timely intelligence gathering that enable children and families to receive the right services, at the right level, at the right time. All decisions are based on robust application of the Safeguarding Partnership's Threshold Document. Co-location is the key principle to the successful implementation of the Hub; it has enabled agencies to come together to 'think family' with the child at the centre; it provides the mechanism to gain support for families quickly to avoid escalation of needs. After a period of transition, including the introduction of new electronic recording systems and some staffing instability, the Hub is showing signs of real success. Performance continues to improve and morale is extremely high amongst partners; all reporting a significant difference in the quality and strength of their conversations held to safeguard children.
4.4	**PRIORITY 2 - Integration and collaboration**
	North East and North Cumbria Integrated Care Systems - Update
4.4.1	In September 2019, the Live Well South Tees HWBB received a presentation on North East and North Cumbria Integrated Care System, which detailed the Integrated Care System (ICS) for the North East and Cumbria Region.
4.4.2	ICSs have evolved from sustainability and transformation plans (STPs) and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

4.4.3	To ensure that the HWBB is kept up to date with the progress of the ICS and its various work programmes the he Health and Wellbeing Executive have considered a presentation from a recent workshop to engage local authorities with its progress.
4.4.4	South Integrated Care Partnership Integrated Care Partnerships are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.
4.4.5	The 'South ICP' is one of four ICPs in the North East and North Cumbria ICS. It covers a population of 847,000 with the following statutory organisations involved: • Four CCGs - NHS Darlington CCG, NHS Hartlepool & Stockton CCG, NHS Hambleton, Richmondshire & Whitby CCG, NHS South Tees CCG • Three NHS Foundation Trusts - County Durham and Darlington NHS Foundation Trust (Darlington site), North Tees & Hartlepool NHS Foundation Trust, South Tees NHS Foundation Trust • Six Local Authorities – Darlington, Hartlepool, Middlesbrough, North Yorkshire, Redcar & Cleveland, Stockton • One Mental Health and Learning Disabilities Trust - Tees, Esk & Wear Valley NHS Foundation Trust • Two Ambulance Trusts - North East Ambulance Service NHS Foundation Trust, Yorkshire Ambulance Service.
4.4.6	The ICS plan has been built on a foundation of ICP level plans developed in partnership with Local Authorities, NHS Providers and CCGs. The plans include: • System Narrative Plan • System Delivery Plan (Finance, Activity and Workforce) • Strategic Planning Tool (Metrics) To enable the plans above to be produced in partnership a series of meetings and touch points have been in place where all partners have had the opportunity to contribute and/or comment on the contents of the plans.
4.4.7	Final versions of the plans were produced on 15th November 2019 and across the South ICP these will be presented to CCG, LA and Provider Boards during December and January
4.5	**PRIORITY 3 - Information and Data**
4.5.1	To progress the Board's vision to develop a joint understanding of the local challenges through better use of information and intelligence. South Tees Health & Wellbeing Executive has been exploring how we can join up our system data so we can have shared intelligence across the health and care system. There is recognition that the headline datasets we are currently using cannot provide the answer to the 'wicked' questions e.g. multi-morbidity, frailty in the population, its impact on health care demand and how we use whole population / whole system data intelligence to support future planning and commissioning. A multi-agency project board has been set up. The board has identified the need to implement a pathfinder project using data for the over 85years old to test our local infrastructure for linking data from multiple agencies. The dataset requirements has been agreed. The information

	governance and data control leads are currently exploring the legal arrangements that will need to be put in place to enable the data sharing requirements to be implemented.

5 STATUTORY CONSULTATION AND SERVICE CHANGES

5.1 South Tees Hospitals NHS Foundation Trust Cancer Strategy

The vision for the South Tees NHS Trust's cancer strategy is to '*provide the best cancer care, improving outcomes for the people we serve by investing in our staff and working with others to deliver top quality patient care, excellent education and world-class research*'.

Five key themes are identified from which objectives have been set for the forthcoming years. These themes are:

- Leading Cancer Centre
- Personalised Care and Patient Experience
- Research and Development
- Outcomes
- Partnership and Engagement

The strategy will published in December 2019, followed by a formal launch in February 2020.

6 Updates on recent Inspections

Middlesbrough Local Area – SEND Reforms

6.1 Between 8 and 10 July 2019, Ofsted and the Care Quality Commission (CQC) revisited the Middlesbrough local area. Following the revisit, the Inspectors were of the opinion that the local area had made sufficient progress to improve each of the weaknesses identified at the initial inspection in May 2017.

6.2 The Inspectors noted progress against previously identified specific areas of weakness as follows;

- Strategic leadership and governance and the implementation of the reforms
- The partnership between local authority and CCG leaders has strengthened significantly since the initial inspection. There is now greater collective ambition for children and young people who have SEND. Crucially, local area leaders have secured the strong support of frontline staff who share their commitment to improving the outcomes achieved by this group of children and young people.
- Local area leaders fully accepted the findings from the initial inspection in March 2017. They have used the findings to bring about improvement in education, health and care services for children and young people who have SEND and their families. Local area leaders have kept a close eye on the implementation and impact of their Written Statement of Action (WSoA). They have worked hard to keep the actions in their plans on track. The fundamental weaknesses in the strategic leadership and governance of the SEND reforms are being tackled effectively.
- Involvement of children, young people and their families and the local offer;
- There has been a marked improvement in education, health and care (EHC) assessment and planning.
- The quality of EHC plans has improved significantly since the initial inspection. Typically, plans are co-produced.
- Local area leaders have made a positive start to strengthening engagement and co-production with children, young people and their families.

- Use of information to commission services and monitor outcomes;
- The local area's self-evaluation provides a clear picture of the effectiveness of Middlesbrough's SEND arrangements. This is a notable improvement since the initial inspection.
- Local area leaders are now gathering information about the education, health and care outcomes achieved by children and young people who have SEND aged 0 to 25. They are beginning to analyse and use this information in a more systematic way.
- Strategic planning and joint commissioning;
- The local area's strategic plan provides a strong starting point for sustaining improvement in Middlesbrough's SEND arrangements. The partnership's vision and strategy are clear and ambitious.
- The local area has a joint commissioning strategy and some services for children and young people who have SEND are being commissioned jointly by the local authority and the CCG.

6.3 The Middlesbrough local area is no longer under formal monitoring by the CQC and Ofsted; however local leaders continue to meet and work collaboratively to deliver the SEND reforms

Redcar and Cleveland Local Area - SEND Reforms

6.2 Redcar & Cleveland Local Area were inspected for progress relating to SEND reforms in February/March 2018 and received a Written Statement of Action (WSoA) for weaknesses in the following areas;

1. Shared understanding of the needs of children and young people who have SEND and/or Disabilities and their education, health and care outcomes.
2. The lack of an effective approach to joint planning and commissioning the services that children and young people who have SEN and/or disabilities need.
3. The evaluation of the effectiveness of the local area's arrangements for improving the education health and care outcomes for children and young people who have SEND and/or disabilities.

The involvement of children, young people and families in meaningfully coproducing the services, resources and support they need.

6.3 Having developed a WSoA the CCG is working with Council colleagues to make progress in these areas. The Department for Education (DfE) and NHS England (NHSE) visit frequently to support the Local Area with progress. At the monitoring visit on 25th September 2019, acknowledgement was given to the progress made to date and the local area also received the following advice to support delivery of the reforms:

1. Ensure that governance structures allow for accountability and that a record is maintained of assurance and challenge.
2. Actions were good however the Local Area needs to be able to demonstrate the impact these actions have had.
3. Work around exclusions is good. The Local Area could look at what pupils do after school, specifically focussing on those who are home educated.
4. Attendance by the Parent Carer Forum at the monitoring meeting was noted; however, there needs to be further improvements to the Local Offer website such as the creation of a '*you said we did'* section.

6.4 The Council and CCG officers continue to meet monthly to ensure rapid progress against the WSoA and the additional advice by the DfE and NHSE.

6.5 To share the learning from the inspection and monitoring processes, there have been meetings between the two South Tees local areas to support effective delivery of change for children and young people with SEND.

7	RECOMMENDATIONS

7.1 That Live Well South Tees Health and Wellbeing Board:

- Are assured that the Board is fulfilling its statutory obligations
- Note the progress made in implementing the Board's Vision and Priorities

8	BACKGROUND PAPERS.

8.1 No background papers other than published works were used in writing this report.

9 **Contact Officer**

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Agenda Item 12

Live Well South Tees Health & Wellbeing Board

Forward Work Programme

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
1. Board Priorities			
a) Inequalities	**Director of Public Health**		
• Sport England LDP – progress updates		August 2019 February 2019	September 2019 – assurance report March 2020 assurance report
• Making Smoking History – Smoke Free Alliance implementation plan		February 2020	March 20
• CYP EHWB plus CAMHS Transformation Plans and Future in Mind		Dec 19	December 19 assurance report
• Children and Young people's plans for each area		TBC	TBC
• Work and health – to include worklessness and disability		July 2020	September 2020
• Arts, culture and health and well-being – next steps		October 2019	March 2020
• Poverty – including period and fuel poverty		April 2020	June 2020 assurance report
• Public health approach to violence prevention		June 20	September 2020 assurance report
• Tackling social isolation and loneliness – a multi-agency and community centred approach		March 2020	March 2020 assurance report
• Community Safety Partnership – action plan and local updates		TBC	TBC
• Domestic Violence – prevention and Support		TBC	TBC
• Clean Air plan for South Tees		March 2020	June 2020
• Homelessness reduction – one year on progress report		TBC	TBC
• Tackling Alcohol related harm across Tees		May 2020	June 2020 assurance report
• Tackling Problem Gambling		July 2020	September

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
			2020 assurance report
b) Integration			
• Community model and emerging priorities o Primary Care Networks	System Leaders Group	August 2019	September 2019
• Integration models for vulnerable individuals with complex needs	Director of Public Health	October 2019	December 2019
• South Tees Carers Strategy	Adults Joint Commissioning Board (AJCB)	October 2019	December 2019 (assurance report)
• Adults Social Care Green Paper	AJCB	TBC	TBC
• Single Point of Access - Adults	SPA Partnership Board	October 2019	December 2019 (assurance report)
c) Intelligence and Information			
• Population Health management	System Leaders Group	January 2020	March 2020 assurance report
• H&WBB Performance Management Framework	H&WBB Executive	June 2019	September 2019 (assurance report)
2. Statutory Responsibilities			
• Pharmaceutical Needs Assessments	H&WBB Executive	ongoing	ongoing
• BCF planning sign off	H&WBB Executive	TBC	September 2019 (assurance report)
• HWBB Annual Report ,	H&WBB Executive	August 2019	September 2019
• Local Multi Agency Safeguarding Arrangement s	Local Authorities	September 2019	December 2019
• CCG Annual Report	South Tees CCG	TBC	TBC
• Quality Reports – TEWV	TEWV	April 2020	May 2020
• Quality Report - STHFT	STHFT	April 2020	May 2020
• Safeguarding Reports	Chairs of the boards	TBC	TBC
• JSNA refresh	Adults Joint Commissioning Board	Ongoing	Ongoing

Area of Focus	Lead Organisation/ System Group	HWB Executive	HWB Board
	(AJCB)		
• H&WBB Risk Register	H&WBB Executive	November 2019	December 2019 (assurance report)
• Annual health protection conference and assurance report	Director of Public Health	January 2020	March 2020
• DPH annual report	Director of Public Health	January 2020	March 2020
• LGA/DHSE Delayed Transfers of Care - Peer Challenge - report	H&WBB Executive	November 2019	December 2019
3. Healthwatch			
• Work Programme and Annual Report	Healthwatch South Tees	September 2019	September 2019
• Forward plan	Healthwatch South Tees	January 2020	March 2020
4. Community Engagement and Campaigns			
• Communication and Engagement Plan	H&WBB Executive	February 2020	March 2020 assurance report
• Better start in life SLI	H&WBB Executive	January 2020	March 2020 assurance report
5. Local System Oversight			
Integrated Care Partnership plans	South Tees CGG	November 2019	December 2019
CCG Merger Proposals	South Tees CCG	July 2019	September 2019 (assurance report)
Integrated Care System updates and future implications	Alan Foster	August 2019	September 2019