



Northumberland

County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 22 December 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **MEETING SPACE - BLOCK 1, FLOOR 2 - COUNTY HALL** on **TUESDAY, 4 JANUARY 2022 at 1.00 PM.**

Yours faithfully

Daljit Lally
Chief Executive

To Health and Wellbeing OSC members as follows:-

K Nisbet (Vice-Chair), L Bowman, R Dodd, D Ferguson, G Hill, C Humphrey, I Hunter, R Wilczek, V Jones (Chair) and C Hardy

Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting.

Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving round but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used and members requested to self-test twice a week at home, in line with government guidelines.



Daljit Lally, Chief Executive
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES OF PREVIOUS MEETING

(Pages 1
- 10)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 9 December 2021, as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

NB Any member needing clarification must contact the Monitoring Officer at monitoringofficer@northumberland.gov.uk. Please refer to the guidance on disclosures at the rear of this Agenda letter.

4. FORWARD PLAN

(Pages
11 - 16)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

5. HEALTH AND WELLBEING BOARD

(Pages
17 - 26)

The minutes of the Health & Wellbeing Board held on 9 December 2021 are attached for the scrutiny of any issues considered or agreed there.

6. WORKFORCE ISSUES IN COMMISSIONED CARE SERVICES

(Pages
27 - 42)

The report, due for determination at a meeting of Cabinet due to be held on 11 January 2022, will inform the Cabinet of current recruitment and retention issues affecting the care providers from which the Council commissions adult social care services, and to set out measures which could be adopted to address this.

- 7. NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS ANNUAL REPORT 2020-21** (Pages 43 - 94)
- To provide an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/2021.
- 8. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 95 - 104)
- To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2020/21.
- 9. URGENT BUSINESS**
- To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.
- 10. DATE OF NEXT MEETING**
- The next remote meeting is scheduled to be held on Tuesday, 1 February 2022.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

| |
|---|
| Name (please print): |
| Meeting: |
| Date: |
| Item to which your interest relates: |
| Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details): |
| Nature of Non-registerable Personal Interest (please give details): |
| Are you intending to withdraw from the meeting? |

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Thursday, 9 December 2021 at 1:00 pm.

PRESENT

Councillor V Jones
(Chair, in the Chair)

MEMBERS

| | |
|------------|----------|
| L Bowman | G Hill |
| R Dodd | I Hunter |
| D Ferguson | K Nisbet |
| C Hardy | |

OFFICERS IN ATTENDANCE

| | |
|-----------|----------------------------------|
| C Angus | Scrutiny Officer |
| H Bowers | Democratic Services Officer |
| E Morgan | Director of Public Health |
| G O'Neill | Deputy Director of Public Health |

ALSO IN ATTENDANCE

| | |
|-------------|----------------------------|
| R Hayes | Northumberland CCG |
| R Mitcheson | Northumberland CCG |
| D Thompson | Northumberland Healthwatch |

33. MEMBERSHIP AND TERMS OF REFERENCE

The Chair referred to the changes in the membership which Council had made on 3 November 2021.

RESOLVED That the changes be noted.

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Wilczek.

35. MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny, held on 5 October 2021, as circulated be confirmed as a true record and signed by the Chair.

36. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions. (Schedule enclosed with the signed minutes).

RESOLVED that the report be noted.

37. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board be agreed.

REPORTS FOR CONSIDERATION BY SCRUTINY

38. COVID/VACCINE UPDATE

Members received presentations from Gill O'Neill, Deputy Director of Public Health, Liz Morgan, Director of Public Health, Richard Hayes and Rachel Mitcheson, Northumberland CCG on the latest COVID-19 figures and Public Health Strategies. (Presentations attached to the signed minutes).

The Deputy Director of Public Health reported the following:-

- England figures were broken down by regional levels, with the south east being the highest. The north east was now lower with 388 per 100,000 population
- Dashboard – Northumberland 378 per 1000 population
- Ward levels fluctuated on a daily/weekly basis
- 7 day average – Northumberland trend data, measures were being looked at how to slow down cases
- The severity of illnesses and hospitalization remained low
- There were Community PCR test for cases and contacts
- 50% had chosen to go to a testing site
- 22% had chosen to receive postal tests
- Good coverage across the county
- Asymptomatic testing and national programme for care homes
- Community programme within pharmacies
- Contact tracing – there was a national coordinated programme through the NHS Test and Trace at a local level with NCC Customer Services Teams trained up

- Scientists were working on the speed of transmission and new measures around quickening up the booster programme
- Anyone coming into the UK would be asked to take tests before and after. There would be more guidance following the announcement of Plan B.
- There were now over 500 cases of the Omicron variant across England
- Close work was being carried out with the Health Protection Teams
- People with confirmed cases were asked to isolate for 10 days
- Rapid PCR tests were in place
- The key messages were daily testing and continued to be cautious, considerate and kind.

The Director of Public Health then shared her presentation with the following information:-

- There were 568 known confirmed cases of Omicron across the UK, but this could be higher.
- The pressure on the NHS had been unsustainable and early indicators was that boosters gave higher protection
- Additional preventative measures around face covering were mandatory in major indoor venues
- People had now been asked to work from home
- From 15 December, subject to Parliamentary approval, NHS passes were required for indoor and outdoor venues
- The priority was to keep the work force safe going by re-introducing daily contact testing
- There was a lot of uncertainty about the virus and respiratory disease, there was no evidence that Omicron caused more disease. Science was awaited around areas of uncertainty.

Richard Hayes and Rachel Mitcheson of Northumberland CCG provided a presentation on the update of the Vaccination Programme:-

- It was the first anniversary since the first ever vaccination in England and a week later in Northumberland
- Since then, 635,139 vaccinations had been carried out in Northumberland with an average of 1740 jabs per day, 72 vaccinations per hour

Vaccinations in Northumberland

- Northumberland had a network of 11 primary care sites; 11 community pharmacies; 1 hospital hub; 1 roving vaccination unit; 1 school age immunisation team; community nursing teams; walk in and pop-up clinics.

Vaccine Uptake

- Northumberland had the highest percentage uptake of 1st and 2nd vaccines and was in the top 10 for the uptake of the booster
- 10.4% more of Northumberland's under 50 population have received two doses than the national average

Care Homes and Care Staff

- Boosters had been delivered to older adult care homes to residents and staff and mop up sessions were in progress. Boosters were in progress in younger adult care homes. The staff booster uptake was well above average for each group.

Vaccinations in Children and Young People

- A programme to deliver 1st dose vaccinations to healthy 12–15-year-olds had been rolled out in schools in September with a fantastic uptake
- This was alongside wider offer for all 16-17 year olds (1 dose) and vulnerable 12-15 year olds (2 doses) being delivered by PCNs
- The post-infection vaccination interval had been extended to 12 weekly
- 1st dose uptake for 12-15 and 16-17 year olds both within the top 10 nationally
- Most recent guidance (November '21) from JCVI was for 12-17 year olds to receive 2 doses, 12 weeks apart
- 16-17 year olds were being invited for 2nd doses as they become eligible – via local and national booking
- Plans were being developed to deliver 2nd doses to 12-15 year olds in early 2022 using a hybrid approach of in-school clinics and wider access via the National Booking Service at selected PCN and Pharmacy sites

Phase 3

- Phase 3 Booster programme commenced in late September 2021 to deliver boosters to JCVI Cohorts 1-9 in order to maximise protection in those who were most vulnerable to serious COVID-19
- mRNA vaccines – should be delivered no sooner than six months after the 2nd dose of a patient's primary course
- Boosters could be co-administered alongside flu vaccines
- Phase 3 also included delivery of a 3rd primary dose to severely immunosuppressed individuals
- 128,257 3rd and booster doses had been delivered to date to Northumberland residents

Evergreen Offer

- An evergreen offer of 1st and 2nd dose vaccination remained open to all eligible individuals
- The Northumberland Winter Vaccine Equity Board continued to monitor vaccine uptake and identify groups for targeted intervention

Where are we now?

- The Programme was currently at its most complex point with a combination of different priority cohorts, dosing intervals and points of delivery
- The single biggest expansion and acceleration of the programme was recently announced in response to emerging Omicron variant
- JCVI had recommended extension of the booster programme to all adults aged over 18
- UK Government target to offer all adults a booster by 31 January 2022
- Booster doses for severely immunosuppressed patients were also recommended, 8 weeks after the 3rd primary dose

Challenges and Next Steps

- Additional capacity was being made available across all delivery models to enable expanded and accelerated programme to be offered
- National command & control continued to leave local teams with all of the responsibility but none of the control over the programme
- Several course corrections and changes in guidance, often at very short notice and usually in the media first
- Unpredictable supply chain continued to make long-term planning of both workforce and delivery incredibly difficult
- Vaccine fatigue within both the workforce and the general public; maintaining momentum is critical to enable continued success
- Effective communication and engagement on the benefits of booster vaccines was vital to ensure public support and confidence in the programme remained high
- Planning for further expansion and extension of the vaccination programme
- The Government had secured booster supply through to the end of 2023. Strategic, long-term planning was essential in order to embed sustainable vaccination services within local communities
- A multi-integrated approach had meant that a comprehensive, efficient and effective service had been delivered to patients
- Thanks were conveyed to all teams and stakeholders who had contributed to the excellent delivery of service

The Chair thanked the officers for their presentations.

The following information was provided in response to questions from Members:

- In terms of compliance and prevention Need to be clear about the science and the uncertainty of scientific evidence currently. The evidence of Pfizer was open access data and had been peer reviewed by academics across the scientific community. mHRA were the arbiters of the evidence.
- COVID had provided extra challenges, including prevention of infections in hospitals. There would normally be respiratory cases in the winter, but there was a longer period of recovery for Covid patients which caused extra pressure.
- National Policy required people to get a code before collecting lateral flow tests. However, for those who could not access or were unfamiliar with IT, rolling vans were in place, dropping off kits at pharmacies, venues and post offices to make sure they targeted those communities who might find online access difficult. There was also review of capacity to deliver the accelerated booster programme across the county asking for expressions of interest for more community pharmacies which had included Berwick and Seahouses.
- Letters from Doctors' practices were sent out to ethnic communities.
- Vaccinations of BAME groups, a huge amount of work was going on with NCT, encouraging faith leaders and trying to encourage vaccinations and good behaviour. Any ideas of how to engage were welcomed. Blyth was large area of challenge, and more work was to be carried out on engagement. There were resources for language in those communities through Vaccination Board.
- Most GP sites recall locally in priority order, Alnwick operated a local booking system.

RESOLVED that the information be noted.

39. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

Members were presented with the Director of Public Health (DPH), Annual Report for 2020, which for this year, was focused on protecting the health of our communities from the impact of Covid 19.

- Directors of Public Health in England had a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it.
- The DPH Annual Report was a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers
- This year's report focused on Covid 19 and the pandemic and reflected the situation up to June/July 2020
- The same pandemic was being experienced differently by sectors of the community. Differences in mortality from BAME backgrounds, disability and the more deprived backgrounds.

- The direct and indirect effects, eg, loss of employment had been higher in young people; children find it difficult to stay at home.
- Mitigation measures had been put in place and all of the information was highlighted in the videos.
- The report made recommendations to address inequalities which had been apparent over the last 20 months
- Video 1 was an introduction and overview of the report and what was hoped to achieve.
- The second video focused on income, job security, social isolation and mental health
- The third video talked about how the wider determinates of health had shaped the experience eg, poor housing and health behaviours with evidence from BALANCE regarding alcohol consumption
- The fourth video focused on those who had been affected more than others by being digitally excluded; those on low income, care workers; long term health conditions and those less able to work
- The final video focused on the Council's response looking at the support around employment, libraries, NCT which had been instrumental in supporting the vulnerable.

The Annual Report made the following four recommendations:

- Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This had been presented earlier at the Health & Wellbeing Board.
- Introduce an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process.
- Build on the strong community networks and increased social cohesion to ensure residents were at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Support the local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound.

The following information was provided in response to questions and comments:

- Northumberland was better at vaccinating people which was testament to the population and agencies involved. There were communities with great community spirit, pulling together, eg, at the beginning of the pandemic when people were self-isolating, communities rallied around to support those who were vulnerable.
- The issue around mental health and children and young people had been important even before the pandemic and a lot of investment had taken place in mental health support in schools, on line to children and

also teaching staff. Practitioners were really well placed to pick up early signs of behavioural or attachment problems.

- The issue of the clinics would be discussed with NHS colleagues
- In respect of the shops at Blyth, that was separate and was possibly an insurance issue.
- A lot of work was going on around inequalities. The ICS had a Health Inequalities Working Group, the Northumbria Trust had an Inequalities Board, and the Council was keen to develop a plan and bring all work streams together and develop an Inequalities plan for Northumberland to ensure that all work was done coherently. It had been agreed earlier at the Health & Wellbeing Board to develop an Inequalities summit for Northumberland which would oversee how the plan was developed and what the priorities should be.

Members agreed that the report was positive.

RESOLVED that:-

- A COVID-19 Inequalities Impact Assessment to inform the council's recovery plan to ensure that areas of deepening inequalities were recognised and addressed be undertaken.
- An integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process be introduced.
- The strong community networks and increased social cohesion to ensure residents were at the centre of processes to design initiatives and services which met their needs and aspirations should be built on.
- The local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound, be supported.

REPORT OF THE SCRUTINY CO-ORDINATOR

40. Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2021/22 council year. (Report enclosed with the signed minutes).

The Scrutiny Co-ordinator reported that:-

GP Access and End of Life Strategy reports were listed for February.

Members requested the following reports:-

Paramedics at Berwick – this was listed for January but that would be followed up.

Ch.'s Initials.....

Health & Wellbeing OSC, 9 December 2021

A report on E cigs/Vaping APBG to be brought to a future committee

Future Winter reports/emergency winter reports following Storm Arwen was suggested.

RESOLVED that the work programme be noted.

41. DATE OF NEXT MEETING

The next meeting was scheduled for Tuesday, 4 January at 1:00 pm.

CHAIR _____

DATE _____

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Forward Plan

FORTHCOMING CABINET DECISIONS JANUARY TO APRIL 2022

| DECISION | PROPOSED SCRUTINY DATE | CABINET DATE |
|--|------------------------|-----------------|
| <p>Outcomes of consultation on proposal to amalgamate Seaton Sluice Middle School and Whytrig Middle School</p> <p>This report sets out the feedback received from stakeholders in response to informal consultation on a proposal to amalgamate Seaton Sluice Middle School and Whytrig Middle School in new shared buildings with Astley Community High School, necessitating the formal closure of Seaton Sluice Middle School. This consultation was approved by Cabinet on 12 October 2021 in response to a request brought forward by the federated Governing Body of the Seaton Valley Federation which governs all 3 schools.</p> <p>Cabinet may also be recommended to approve the implementation of formal (statutory) consultation on this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/Sue Aviston - 01670 622281)</p> | FACS 6 January 2022 | 11 January 2022 |
| <p>Outcome of Consultation on proposals for Atkinson House</p> <p>This report sets out the feedback received from stakeholders from consultation on proposals for Atkinson House Special School in Seghill, a secondary provision for boys with</p> | FACS 6 January 2022 | 11 January 2022 |

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| <p>Social, Emotional and mental health (SEMH) needs in Northumberland.</p> <p>Cabinet may be also be recommended to permit the publication of a Statutory Proposal in relation to this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/Sue Aviston - 01670 622281)</p> | | |
| <p>Notification of the Estimated Collection Fund Balances 2021-22 – Council Tax & Business Rates</p> <p>The report will advise members of the estimated surplus or deficit balances on the Collection Fund in relation to Council Tax and Business Rates at 31 March 2022. The Local Government Finance Act 1992 (as amended) requires the Council as the Billing Authority to calculate a Council Tax Collection Fund estimate by 15th January each year. The Non-Domestic Rating (Rates Retention) Regulations 2013 require the Council as the Billing Authority to calculate a Business Rates Collection Fund estimate on or before 31st January each year. (R. Wearmouth/A. Elsdon 622168)</p> | N/A | 11 January 2022 |
| <p>Local Government Social Care Ombudsman Judgment</p> <p>This report will provide an overview of a recent judgement from the LGSCO in relation to Northumberland County Council. We are required by law for any outcome judgements to be on the agenda at a cabinet or council meeting (W. Pattison/C. McEvoy-Carr – 01670 01670 623958)</p> | N/A | 11 January 2022 |

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| National Funding Formula and 2022/23 Schools Funding This is an annual report to update Cabinet in relation to the implementation of the Department for Education's National Funding Formula, and to seek delegated powers to set the formula values in order to distribute the 2022/23 Dedicated Schools Grant (G. Renner Thompson/S. Aviston - 01670 622281) | FACS 6 January 2022 | 11 January 2022 |
| Workforce Issues in Commissioned Care Services The report sets out the background to the current pressures on workforce recruitment and retention in adult social care services. The key decision that the report asks of Cabinet is whether the Council should implement the Real Living Wage in Northumberland for independent sector Adult Care workers two years ahead of when would expect national policy on the national minimum wage to raise it to the equivalent level. The report also sets out the cost implications of this decision and how it could be implemented. (W. Pattison/Neil Bradley (01670 622868)) | | 11 January 2022 |
| Revenues and Benefits Policies for 2022/23 The report sets out the policies that the Revenues and Benefits services operate for the administration of council tax, business rates, housing benefit and council tax support. The report is for information and approval of any updates or legislation changes that need to be made. (R. Wearmouth/G. Barnes - 01670 624351) | CSEG 7 February 2022 | 8 February 2022 Council 23 February 2022 |
| Budget 2022-23 and Medium Term Financial Plan 2022-25 | CSEG 7 February 2022 | 8 February 2022 |

| | | |
|--|-----------------------|--------------------------|
| <p>The report presents the updated Budget 2022-23 and Medium Term Financial Plan 2022-25 to Cabinet following the receipt of the provisional local government settlement which is due to be announced during December 2021. The report will also include an update on the deliverability of savings. (R. Wearmouth/ A. Elsdon - 01670 622168)</p> | | Council 23 February 2022 |
| <p>School Admission Arrangements The report informs Cabinet of the outcomes of the consultation on School Admission Arrangements for Community and Voluntary Controlled Schools for the 2023/24 Academic Year as required by the School Admissions Code 2021. Approval (determination) of these admission arrangements is also sought. (G. Renner Thompson/S. Aviston - 01670 622281)</p> | FACS 3 February 2022 | 8 February 2022 |
| | | |
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| <p>Trading Companies' Financial Performance 2021-22 - Position at the end of December 2021 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2021-22 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)</p> | CSEG OSC 7 March 2022 | 8 March 2022 |
| <p>Bus Service Improvement Plan/Enhanced Partnership For Cabinet to approve, subsequent to a prior consultation and objection period and statutory consultation period, the proposed Enhanced Plan and Scheme(s). The Enhanced Plan and Scheme is a proposed statutory partnership with</p> | TBC | 8 March 2022 |

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| <p>regard to a statutory transport plan including the Bus Service Improvement Plan. Cabinet would have to approve prior to these being considered by the Joint Transport Committee on 15 March 2022. The Enhanced Plan and Scheme (s) need to be approved by deadline imposed by Central Government of 1st April 2022.</p> <p>(W. Ploszaj/R. O'Farrell/H. Lancaster – 01670 623323)</p> | | |
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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 9 December 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

| | |
|----------------------------|-------------------|
| Boyack, J. | Sanderson, H.G.H. |
| Lothian, J. | Syers, G. |
| Mitcheson, R. (substitute) | Thompson, D. |
| Morgan, E. | Travers, P. |
| Pattison, W. | Watson, J. |
| Riley, C (substitute) | |

ALSO IN ATTENDANCE

| | |
|---------------|--|
| M. Adams | Northumberland CCG |
| L.M. Bennett | Senior Democratic Service Officer |
| Dr. R. Hudson | Northumberland CCG |
| P. Hunter | Senior Service Director |
| G. O'Neill | Interim Deputy Director of Public Health |

28. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Brown, C. McEvoy-Carr, R. O'Farrell, and P. Mead, Councillors G. Renner-Thompson and E. Simpson.

29. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 October 2021, as circulated, be confirmed as a true record and signed by the Chair:

30. COVID (INEQUALITIES) COMMUNITY IMPACT ASSESSMENT

Members received a detailed report and presentation introducing the Covid Inequalities Community Impact Assessment; how it would be developed further; and how the council intended to use that to inform recovery plans. Presentation by Philip Hunter, Interim Senior Service Director.

The Assessment was currently in draft form and would be an ongoing area of work to be refreshed and added to as and when new and more up to date information became available. Members of the Board were encouraged to consider if an inequalities impact assessment of their own area would be helpful to contribute to a richer picture of the issue. It was intended that the analysis would be used to inform policy and decision making as part of the recovery process.

The detailed presentation highlighted the following areas:-

- Inequalities Baseline – Pre Covid. Deprivation was concentrated mainly in the South East of Northumberland but also with pockets elsewhere such as Newbiggin, Berwick upon Tweed and the South West of Northumberland.
- Covid Response and Inequalities; widening of pre-existing inequalities in mental health, education, income and digital divide. Increased food insecurity, domestic abuse, social isolation and loneliness, and alcohol use
- Vaccine Coverage Inequalities; Despite Northumberland having one of the highest rates of vaccine uptake nationally there was a link between lower take up and more deprived areas.
- Mental Health particularly of children and young people.
- Wider Determinants
 - Economic, Jobs and Income – Indicators showed employment increasing slightly and average weekly earnings rising. However, increases in bills were expected.
 - Poverty – particularly child poverty which remained a challenge. Food referrals were clustered mainly in the most deprived areas in the South East of Northumberland. There were clusters elsewhere. The Citizen's Advice Bureau was experiencing increased demand for its service.
 - Environment – Journey patterns had returned to pre-covid levels except for journeys to the workplace due to home working. There was an increase of residents and visitors visiting parks and open spaces. There was a strong sense of community spirit.
 - Education and Children's Services
 - Community Safety

The following comments and suggestions were received:-

- The definitions of poverty, inequality and deprivation should be clarified in the report along with how they linked to a lower uptake of the vaccination.
- There was a general link to access to and uptake of the vaccine and health care between the more deprived and least deprived areas and there were a number of reasons for that including working conditions making it difficult to take time off and poor health literacy could lead to people not understanding the importance of vaccination or other health care issues.

- With regard to inequalities, there were systematic differences within the county between geographical areas, communities and age groups in how they accessed services.
- Recovery – there was little science behind the recovery from the pandemic and it was necessary to look at the recovery experience from events such as flooding, hurricanes etc. to identify the areas to be best focused on. Community resilience had been identified as a key area to be focused on regarding health and social care and it was important to identify communities which were experiencing inequalities at the moment.
- Inequalities were endemic in communities and not just related to Covid. This work would be used to shape and inform how the Council's activity was prioritised to alleviate poverty and deprivation. A partnership seminar was planned early in 2022 to look at this issue in more detail.
- It was recognised that there needed to be a shared understanding of the ways that Covid had impacted and continued to impact on Northumberland's communities. Provide an evidence base to inform the Council's response to Covid in the short, medium and long term and to recognise the disproportionate impact Covid had had on the most marginalised and vulnerable groups. The next steps would be to build on the data and take it out to communities to ensure that it resonated with their experiences and develop solutions based on their needs.
- It was acknowledged that people with disabilities were disproportionately affected by Covid and continued to be so. This included health inequalities, and access to services but also in terms of loneliness and isolation. There would be engagement with the voluntary sector and its knowledge and intelligence would be welcomed.
- The Food Poverty Working Group was actively working with Northumberland Communities Together to open hubs in the more deprived areas. There were also regular meetings with Dr. Graham Syers from the Northumberland CCG.
- Information and data from the CNTW was offered and gratefully accepted. It was hoped to set up a whole systems Inequalities Plan for Northumberland. The proposed summit would hopefully provide a springboard to this plan. It was proposed to have one single inequalities plan for the County.
- The proposed summit was welcomed by Board members.

RESOLVED that

- (1) the report and presentation be received and comments made noted.
- (2) regular updates on this work be received.

31. POPULATION HEALTH MANAGEMENT – QUARTERLY UPDATE

Members received an update on progress on taking a population health management approach and the link to identifying and addressing inequalities. Presentation by Dr. Robin Hudson, Northumberland CCG.

Key points from the presentation included:-

- The System Transformation Board had identified a number of flagship programmes including; Our Children and Young People, Our Workforce, Our Communities, Our Connectivity and Our Culture. It was important to empower and support local communities to move this agenda forward themselves.
- There had been an opportunity to engage with the OPTUM programme which gave more understanding of the science and method behind population health management. The Health Improvement Group chaired by Dr. Hudson, aimed to keep the conversation going between all the stakeholders in the Local Authority, and health care and the voluntary sector. £1 million had been released to support the population management agenda in 2021/22.
- Workshops had been held to try and bring together the right stakeholders from the community, public health, general practice and CCG and to identify what work was already taking place. It was aimed to also look for gaps where there was unmet need.
- The workforce was essential, and a lot of work had been done with general practice to help them network with their communities. A primary care network in Wansbeck had already identified child poverty as an issue. There had been a lot of support from Public Health.
- The CCG was working closely with the Local Authority and Northumberland Communities Together and had identified 'Thriving Together' as a banner. Communities had come together and there was a lot of energy and creativity. CAB had been commissioned for a frontline tool called Frontline which any community group could sign into and start referring people to other groups. There was also a self-referral capacity. Funding was being made available to the voluntary sector and they would be asked to bid for funds with an emphasis on collaborative working and how they would address health inequalities.
- An academy or forum was being considered which would bring together the right stakeholders together to agree on what the problem was by looking at the data and then how to solve the problems with interventions.
- The biggest challenge was culture and how it could be changed to break down those barriers and open lines of communication.

The Chair thanked Dr. Hudson for his presentation.

RESOLVED that the report and presentation be received.

32. UPDATE ON ICS

Members received a presentation and discussed how the Health and Wellbeing Board may link into the ICS Integrated Care Board and local place based Northumberland System Board. Presentation by Mark Adams, Accountable Officer, Northumberland/North Tyneside/North Cumbria/Newcastle/Gateshead CCG.

Key points from the presentation included:-

- A very large Integrated Care System (ICS) was being developed in the area and was expected to come into being in April 2022. It was expected that an Integrated Care Board (ICB) which was a statutory NHS Board would be created along with an Integrated Care Partnership. The ICS would cover North Cumbria, Northumberland and down to Middlesbrough and the Tees Valley. Sir Liam Donaldson had been appointed designate Chair of the ICS. The development of the ICS was now being moved forward quite rapidly.
- Discussions were taking place with Local Authorities' Leaders and Executives along with local and regional scrutiny meetings and joint Management Executive Meetings to develop proposals on the ICS governance and operating model.
- One of the key tasks of the new ICS was to take on board the commissioning functions and responsibilities of the existing CCGs.
- The current CCG Commissioning spend across the whole ICS area was approximately £5.33 billion. Details of how this money was spent was displayed.
- A lot of consideration was being given to how to structure the ICS' ways of working. In general, the ICS would be involved in strategic directions of travel, the strategic priorities and also areas which it was believed would work best across that large footprint.
- It was planned to devolve down to a place based level including monitoring the quality of local health and care services, continuing primary care commissioning and working with community and local government partners.
- Participation would continue in Health and Wellbeing Boards and continue to commission local services as close as possible to local communities. It was planned to continue to build on local strengths to continue to serve the public and patients.
- Development Timeline – the transition to the ICS was taking place October 2021-April 2022, which would be followed by a period of stabilisation between April 2022-June 2022 and then it would begin to evolve from June 2022 onwards.
- Details of the core elements of ICB governance arrangements and the proposed membership were shown.
- The ICB was a unitary Board with responsibility for achieving
 - **Improving outcomes** in population health and healthcare
 - **Tackling inequalities** in outcomes, experience and access
 - **Enhancing productivity** and value for money
 - Supporting boarder **social and economic development**.
- **Integrated Care Partnership**
 - **Ethos** – to have key role in setting tone and culture of system. Operating a collective model of accountability, including to local residents
 - **Requirements** – system partners to determine how the ICP would operate, agree leadership arrangements and functions over and

above its statutory responsibilities. Develop an integrated care strategy for the area.

- **Membership** – to include all Local Authorities and representatives to draw on a wide range of partners working to improve health and care in the community and include views of patients and the social care sector.
- Arrangements to establish the Integrated Care Partnership Board – including appointment of chair designated, agreement of terms of reference, membership, ways of operating. Also, to develop formal agreement to engage and embed the VCSE and plan to develop the Integrated Care Strategy.
- The draft constitution had been developed and was awaiting approval.
- The Chief Executive designate had been appointed and would take up post in January 2022.

The following comments were made:-

- The guidance indicated one ICP for each ICS. The need or desire for sub meetings was still to be determined.
- More planning about what the local place based system board would look like would probably take place from June 2022 onwards. However, it would be possible to have discussion locally before then within the Systems Transformation Board. Other areas in the ICS were already having these discussions. From next year it would be known what the ask was and so the response could then be formed.
- This needed to be developed in parallel with what the Health & Wellbeing Board required it to be for the people of Northumberland and should not occur in isolation. Consideration of the structure needed to always be brought back to Northumberland and how everything worked together in Northumberland.
- There was a lot of work going on behind the scenes and there was a heavy reliance on the work of staff and trying not to lose momentum while this new organisation came into being. It was noted that on 1 April 2022, the CCG staff would still be there and predominantly doing the same work as they were now. Priorities would be driven from place upwards rather than from the organisation downwards.

Members welcomed the report and requested that regular updates be provided to the Board.

The Chair thanked Mr. Adams for his presentation.

RESOLVED that

- (1) the presentation be received.
- (2) further updates be provided.

33. UPDATE ON THE EPIDEMIOLOGY OF COVID 19 AND ON THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND VACCINATION PROGRAMME

Members received updates on the epidemiology of COVID 19 and the Northumberland COVID 19 Outbreak Prevention and Control Plan and COVID Deaths and vaccination programme in Northumberland. (Presentation filed with the signed minutes).

Gill O'Neill, Interim Deputy Director of Public Health gave a presentation to the Board and key points included:-

- Seven day rolling rate for England was currently 469 per 100,000 and this was expected to increase as the Omicron variant took over. Hopefully, measures being put in place would start to slow this increase.
- The South East and South West of England were showing the greatest increases and the North East tracking at the lower end at 388 per 100,000.
- The County Council's dashboard was showing the latest figures for Northumberland 378 per 100,000. Rates had been declining but there was now a slight increase. Within Northumberland's wards, Prudhoe and Cramlington had the highest rates and Ponteland with the lowest rates.
- Graph showing seven day average of cases in Northumberland from July 2020 and projected into January 2022. The graph reflected the changes following removal of restrictions.
- Graph showing data broken down into age bands - over 75s cases remained low and the highest rates were in the under 25s, mainly in primary school age children.
- There was a good rate of testing and good offers and opportunities for testing in Northumberland. Approximately 50% went to testing sites to pick up their PCR kits.
- For asymptomatic testing there was a national testing programme for care homes and some supported accommodation. In the community test kits could be collected from pharmacies, or ordered online. A national testing strategy was awaited along with details of funding after the winter period.
- Northumberland's Local Tracing Partnership was part of the Local 4 scheme and carried out tracing within the most disadvantaged postcodes within Northumberland. Details of national strategy and funding after March 2022 were awaited.
- Omicron (Variant of Concern) - All viruses mutate regularly and were classed as, of concern, if there was evidence of a change that could lead to causing more harm such as an increase in transmissibility or severity of illness. The Government had announced that Plan B was coming into place and new temporary restrictions.
- As of 7 December, 2021 there were over 400 confirmed cases of Omicron in England. UKHSA was managing any confirmed or highly probable cases with a local Incident Management Team. Confirmed cases were being asked to self-isolate. Contacts were being asked to also self-isolate irrespective of their age or vaccination status.

- The Health Protection Board should be maintained, and the Outbreak Management Plan updated.
- Key messages to the public remained guidance to be cautious, be considerable and be kind.

Liz Morgan, Executive Director of Public Health and Community Services added the most up to date information:-

- A large number of changes had been announced yesterday
- It was becoming very apparent that Omicron was now outcompeting the Delta variant and there was an increase in transmissibility and immune evasion.
- There were now 568 confirmed cases in England which was 131 up on the previous day. However, it was known that the real number of infections was likely to be the thousands. Cases were doubling every two to three days and the potential pressure on the NHS could not be unsustainable very quickly.
- The booster jab was very important and provided much higher protection against severe disease and transmission than just having the first two doses. The newly announced prevention measures were needed to slow down transmission and allow time for more to receive the booster and so have the boosted immunity.
- The newly announced changes were highlighted and included the requirement to wear facemasks in certain indoor settings, to work from home where possible and the introduction of Covid passports for entry to certain settings.

The following comments were made:-

- A note of caution was sounded regarding the vaccination figures and it was stressed that some figures only included the eligible population rather than the whole population. Therefore, only 67% of the whole population was vaccinated. There was still a significant number who had not been vaccinated. In Northumberland, the unvaccinated population of over 12s with no first dose was 32,000 and in over 18s, 22,000.
- All housebound residents were able to be vaccinated at home.
- The updated guidance for England had not yet been received about how the need for covid passports would be managed.
- Regarding the availability of booster jabs to the 18-40s, a lot of changes were needed to systems including the national booking system to allow this to happen along with logistical planning. Numbers now entitled to a booster jab was approximately 130,000 in Northumberland.

Rachel Mitcheson, Northumberland CCG, provided a presentation on the current vaccination programme and included the following:-

- 99.8 million doses had been administered in England since the start of the vaccination programme and 635,000 in Northumberland. The bulk of

these vaccinations had been delivered by primary care and this was additional work for practices.

- The vaccination performance in Northumberland for 12+ was the highest in England for first and second doses and top ten for the booster. 89.1% had received the first dose, 82.9% the second dose and 43.5 the booster dose.
- By age band, 10.4% more of Northumberland's under 50s had received two doses than the national average, compared to 5% more over 50s.
- The vaccination programme in children and young people had begun in September 2021 along and there had been a high uptake in these cohorts compared to the national average. The most recent guidance had added second doses for 12-17 year olds. Plans for early 2022 included using a hybrid approach to use in school clinics along with wider access to the national booking service for some PCNs and pharmacy sites.
- The booster programme was using Pfizer and Moderna vaccine and should be delivered no sooner than six months after the second primary dose. It could be administered alongside the flu vaccine. A third primary dose was being offered to severely immunosuppressed patients at eight week post second dose. 128,257, third and booster doses had been delivered in Northumberland.
- The programme was at its most complex point dealing with a combination of different priority cohorts, dosing intervals and points of delivery. It had also just been expanded in response to the emerging Omicron variant.
- This model was very nationally controlled with a lot of responsibility for the local delivery. There could be a disconnect between what was offered nationally to when it could be delivered locally and slots opened up on the national booking site. If a GP practice was not on the national booking system, the slots could only be opened up when they were able to offer the appointments and dependent on vaccine supply.

RESOLVED that the two presentations be received.

26. HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED that the forward plan be noted.

27. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 January 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

Ch.'s Initials.....

Health & Wellbeing Board, 9 December 2021

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CABINET

Date: 11 January 2022

Workforce issues in commissioned care services

Report of the Executive Director of Adult Social Care and Children's Services

Cabinet Member: Councillor Wendy Pattison, Adult Wellbeing

Purpose of report

To inform the Cabinet of current recruitment and retention issues affecting the care providers from which the Council commissions adult social care services, and to set out measures which could be adopted to address this.

Recommendations

Cabinet is recommended:

- 1. To consider whether to adopt the proposal which appears as option C in this report, which would in effect bring forward by two years for most care workers in Northumberland the national target for the National Living Wage of setting it at two thirds of median earnings, by funding care providers to pay the "Real Living Wage"**
- 2. If Option C is adopted, to delegate to the Executive Director of Adult Social Care and Children's Services the authority to make detailed decisions about the issues listed in Section 8 of this report, in consultation with the Director of Finance and the Cabinet Member for Adult Wellbeing**

Link to Corporate Plan

This report is relevant to the "Living" and "Thriving" priorities in the Corporate Plan.

Key issues

1. In Northumberland, as elsewhere, most care services for adults are delivered by independent sector providers, and the primary means by which the council meets its adult social care duties is commissioning care services from the independent sector. Pay rates for care workers are generally only slightly higher than the rate of the national living wage (NLW). Skills for Care have recently published an estimate that in 2020/21 average hourly pay for care workers in Northumberland was £8.90, at a time when the NLW rate was £8.72.
2. Recruitment and retention of care workers at these rates has become increasingly challenging in recent years, particularly in parts of the county where employment rates

are high and there is competition from sectors such as hospitality, tourism and retail which are offering better pay.

3. In the last few months, these difficulties have become much more acute, affecting many care services but particularly homecare services providing support through regular visits to the homes of older people and others who are ill or disabled. There is an unprecedentedly high number of people for whom council officers cannot quickly arrange the care that they need to live safely and with dignity in their own homes. It is unclear how far this is a temporary consequence of the reopening of the economy after lockdowns and how far there may be a longer term change in attitudes towards care work.
4. The Government announced on 3 November details of a time-limited funding scheme intended to assist with care workforce recruitment and retention in the period up to March 2022. The allocation to Northumberland is £1.03m. Because of the timing of the announcement, decisions about its use will have to be taken rapidly for there to be any realistic prospect of it making an impact during this winter. Officers' view is that the most effective way to use time-limited funding to address immediate problems is to target all or most of it into the payment of retention bonuses for existing staff in the most fragile care sectors, and possibly conditional bonuses for staff recruited from outside the care sector. Officers are working up plans for this in discussion with providers..
5. The Government's announced policy is that by 2024 the rate of the National Living Wage will reach two thirds of median earnings. There is now a strong case for bringing that date forward for care workers, both to recognise the pressures that they have been under during the Covid pandemic and to address the current recruitment and retention issues. On the assumption that additional local funding would only be required for two full financial years, it would be possible for the council to fund the cost of this from reserves which it has set aside to meet the costs for adult social care of the aftermath of the pandemic. To ensure that additional funding was used to improve pay rates, the recommended approach would be to offer all providers of commissioned services a variation to their current contracts which would add a requirement that they must pay their care workers at least a specified minimum hourly rate, in return for a proportionate increase to the element in their funding which is currently linked to the national living wage. The proposal is that the minimum rate would be set at the level of the "Real Living Wage", though the variation would be drafted in such a way that the Council would have an opportunity when setting each subsequent year's budget to decide whether it could afford to continue to set it at this level.
6. There is also a separate current issue, locally and nationally, about the recruitment and retention of nurses to work in nursing homes, partly because there are too few qualified nurses available to fill the number of vacancies, and partly because of the NHS's increased need for nurses. The council is prohibited by law from providing direct financial support with the costs of any care that must be provided by registered nurses. Officers are in discussion with the clinical commissioning group about whether there are local steps that could be taken.

Workforce issues in commissioned care services

BACKGROUND

1. Pressures on the care workforce

- 1.1 Care services for adults are currently facing an unprecedented workforce crisis, locally and nationally. At the time of preparing this report, there had since throughout this autumn been 160-200 people at any one time who had been assessed as needing a care service to support them at home, but for whom none of the home care providers with which the council contracts was able to provide a service, because they had no staff available. These are predominantly older people, many of whom have recently been hospitalised because of a health crisis or accident. Some have had to live temporarily in a care home, though they do not need that level of care and would prefer to return to their own homes. Others have refused the offer of care home accommodation and remained in hospital, increasing pressures on the NHS at what is already a very difficult time for hospital services. Some are being supported temporarily by staff from the council's Short-Term Support Service, an expensive specialist service whose normal function is to work intensively with people to reduce their need for long-term care. Others have chosen to go home without the support they have been assessed as needing, accepting risks which could normally have been avoided, or placing demands on family members which are likely to be unsustainable.
- 1.2 There were already before the Covid pandemic issues about the ability of care providers to recruit and retain care workers, particularly in some rural areas. But previously in the most difficult periods the list of care plans which could not be fulfilled would at worst be about a quarter of the current level. The immediate problem is clearly associated with the reopening of the economy after the long period of lockdowns and other restrictions. At the start of April, the number of care workers reported by the home care services based in Northumberland which accept referrals from the Council was 1553. By 1 October, the reported number had fallen to 1393. Most of this fall took place after "freedom day" in July. Care providers in the areas of the county most visited by tourists were particularly hard hit, and have told us that workers who they had recruited from hospitality backgrounds during the peak periods of the pandemic were now returning in substantial numbers to their previous occupations. One large provider of home care has told us that they have faced competition from other employers who offer cash incentives to join the organisation as well as higher wages once employed. Along with falling numbers of staff, there has been a corresponding drop in the availability of care. In April, 7.4% of all referrals for home care could not immediately be met by a care provider; in September the proportion was almost 32%.
- 1.3 "Mainstream" home care services were the first to become unable to meet an increasing proportion of referrals, but problems are also now emerging in other care sectors. In care homes for older people, the issue was initially masked by low occupancy levels resulting from resident deaths in the first two waves of the pandemic and a reduction in the number of people willing to consider a care home placement, but the number of care workers appears to have fallen, though less steeply than in-home care, and it is now becoming increasingly difficult to arrange placements even in homes with vacancies. Care homes are also having difficulty for different reasons in recruiting and retaining nurses. This reflects a national

shortfall in the number of qualified nurses available for work, an issue which may become still more difficult as the NHS expands services as part of the programme to catch up with the backlog created by the pandemic.

- 1.4 Other more specialist services are also now starting to face difficulties, though they have not so far experienced reductions in workforce numbers on the same scale as the worst-affected home care providers. In general, these services have always found staff recruitment and retention easier than home care services, since they are usually able to offer more predictable hours of work and more consistent levels of income, but they do not appear to be immune from current problems. Agencies providing temporary staff, who are ordinarily the means by which care providers cover staff shortages and emergencies, are now becoming unable to supply staff in sufficient numbers. There are now also serious recruitment and retention difficulties affecting people who elect to employ their own care workers through a “direct payment” from the local authority.
- 1.5 A further anticipated source of pressure on care workforce numbers is the impact of mandatory vaccination requirements. At present this requirement is in force only for care home staff – from 11 November, care homes have been in breach of their registration conditions if workers in contact with residents have not had both doses of an approved Covid vaccine (with some exemptions, and a period of grace for staff awaiting confirmation of exemption). While there are obvious reasons for this policy, there are also reasons for concern. The proportion of care workers in homes in Northumberland who have not been vaccinated is lower than in many areas (7%, compared to a national average of 11%), so this is expected to have rather less of an impact than in some other parts of the country, but it will still create significant additional challenges for services that are already under strain. The Government is proposing from 1 April 2022 to extend this policy to home care staff (and NHS workers); the impact of this, in services which are already unable to meet all needs, could be very serious. In early December, the proportion of home care workers who have been double vaccinated was 87.5% in Northumberland, compared to 76% nationally and 84% regionally. These figures are likely to improve if mandatory vaccination is introduced, but it currently seems likely that existing difficulties in arranging care will increase, unless offset by other changes. We are not aware of any evidence yet available about the impact of mandatory vaccination on recruitment and retention.

2. Pay rates and local authority fees

- 2.1 There are a number of possible reasons for current workforce difficulties, potentially including changes in attitudes towards care work as a result of the pandemic, and in some parts of the country, though probably not in Northumberland, reduced numbers of workers from countries in the European Union. But an obvious factor at present is the gap between the hourly rates paid to care workers and the rates paid in other sectors of the economy which are also currently facing workforce shortages, such as retail and hospitality.
- 2.2 We do not have comprehensive information about pay rates for care workers. Skills for Care, an employer-led national organisation which works in partnership with the Department of Health and Social Care, collects detailed data about employees in care services, though response rates to its surveys are below 50% nationally for care services registered with the Care Quality Commission. The table below shows

their estimates of hourly rates of pay for basic grade care workers in registered care services during 2020/21, at a time when the National Living Wage was £8.72.

| | Non-residential | Care homes with nursing | Other care homes |
|----------------|-----------------|-------------------------|------------------|
| Northumberland | £8.89 | £8.81 | £8.87 |
| North East | £9.13 | £8.83 | £8.91 |
| England | £9.44 | £9.07 | £9.05 |

- 2.3 We do not know whether the providers which have responded to the survey in each area are typical, so we cannot be sure how reliable these figures are, but if taken at face value they suggest that the relationship of pay levels to the fees paid by local authorities is not a simple one. The Council pays lower fees for care home placements than most other local authorities in the North East, but the figures suggest that this makes little difference to the pay rates for care workers. According to a recently published report by the national Home Care Association¹, which uses data from a freedom of information request which asked about rates paid in April 2021, the Council pays the highest average hourly rate for home care of any local authority in the North East, but the Skills for Care survey results seem to show that pay rates are significantly below the regional average.
- 2.4 One obvious possible explanation of this would be that the geography of Northumberland means that delivering care in people's homes requires substantially more travel time than in most other parts of the region. The fees paid to providers by the Council are higher in rural areas outside south-east Northumberland, and much higher in the most sparsely populated areas of the North Pennines and the National Park. Care homes are likely to be less affected by geographical differences, because the service is provided at a single location.

3. The Workforce Recruitment and Retention Fund

- 3.1 One immediate opportunity to reduce the risk of further loss of care workers to other better paid employment was offered by a Government grant, initial details of which were published in early November. The Council's initial allocation from the Workforce Recruitment and Retention Fund was £1.03m, intended to fund schemes which will support the health and care system during this winter, either by increasing the number of care workers recruited or by retaining existing workers in the care sector. The funding must be spent on activity carried out before the end of March 2022.
- 3.2 A similar grant was made available in the previous winter, at a time when there were fewer reasons for concern about an immediate prospect of losing existing staff to other jobs. The previous grant was also announced on a shorter timescale, requiring it to be spent between mid January and the end of March, and had more restrictive conditions, requiring it to be spent on creating "additional" capacity. While it was not wholly obvious what should be regarded as "additional" capacity in services which rely heavily on part-time workers whose hours vary depending on

¹ The Home Care Deficit 2021 – available at www.tinyurl.com/ukhca2021

needs, the conditions appeared to rule out the possibility of using the funding simply to reward care workers for continuing to carry out demanding and essential work in difficult times. In Northumberland, the 2021-2 grant was used to pay for a mixture of recruitment initiatives (few of which were likely to have an impact until after the end of the winter, even if successful), and the costs of overtime and use of agency staff.

- 3.3 The new grant was announced with less restrictive conditions and was made available at a time when retaining the existing workforce is clearly a critical objective. The Chief Executive has therefore determined, after consulting with the Leader, that the main use of the grant this winter should be to offer retention bonuses to be paid after the end of March to workers in mainstream home care services who continue to work in the service throughout the winter. This was enacted via delegated decision on 10th December 2021.
- 3.4 Restricting the scheme to home care workers was felt to be necessary, to ensure that the level of the retention bonuses is high enough to be a significant incentive, at a time when other job opportunities may pay significantly higher hourly rates, or offer other special incentives. Payments are likely to vary depending on the number of hours worked by each person, but our initial estimate is that for workers providing a substantial level of care it may be offered possible to offer a bonus in the range £500-£1000.
- 3.5 On 10 December, the Government announced in a press release that it was proposing to increase substantially the value of the workforce grant – adding a further £300m to the initial national grant value of £162.5m – which if the extra grant is distributed on the same basis would mean an additional sum of £1.9m for Northumberland. At the time of preparing this report, full details of the conditions attached to this additional grant had not yet been published, though it appeared that they would be more permissive than the initial grant conditions. It is likely that decisions about its use will again need to be taken urgently, before the date of the Cabinet meeting.

4. The National Living Wage and the Real Living Wage

- 4.1 In the longer term, the central issue appears to be pay levels. As the table following paragraph 2.2 above illustrates, the hourly rates paid to care workers in independent sector services remain close to the statutory minimum, which for most workers is the National Living Wage.
- 4.2 Many national commentators on social care have suggested that low pay is one of the main problems for the sector. Among recent publications:
 - a) The Care Quality Commission, in its report on *The State of Care* published in October 2021 cited figures for growing numbers of unfilled vacancies for care workers and called for “higher overall levels of pay to increase the competitiveness of the market, and good terms and conditions to ensure employers can attract and retain the right people. The alternative is that the sector will continue to lose staff to the retail and hospitality industries. This will lead to reduced capacity and choice, and poorer quality care for the people who rely on social care – resulting in a ripple effect across the wider health and care system that risks becoming a tsunami of unmet need across all sectors, with increasing numbers of people unable to access care”.
 - b) The Low Pay Commission, the statutory body responsible for making recommendations to the Government about the National Living Wage said in its

October 2021 formal letter to the Government setting out its recommendations for 2022/3² that “The Commission has noted on multiple occasions the need for additional support for the social care sector to enable it to fulfil its ambitions to pay workers a decent wage. This need has only become more urgent.”

- 4.3 The Government’s Spending Review published on 27 October confirmed that it remains their ambition to increase the rate of the National Living Wage to two thirds of median earnings by 2024, “provided economic conditions allow”. The 6.6% increase to the National Living Wage announced in the Spending Review was estimated by the Low Pay Commission when recommending that figure to be slightly below the increase required to progress along an even path towards this objective; a policy adopted because of uncertainties about the data and caution about a larger increase in current economic circumstances, but the Commission’s recommendations were based on the assumption that the 2024 target would remain in place.
- 4.4 It is also now the Government’s declared policy to move towards a high skill, high wage economy, with pressure on wage rates in other traditionally low-paid sectors seen as a positive sign of movement in that direction. The government’s plans for adult social care, as initially described in the *Building Back Better* document published in early September, emphasise an intention to invest in higher levels of training for care staff, as a means of addressing workforce issues; while higher pay is not explicitly mentioned, it is hard to see how investment in training without improved pay could be expected to make care work more attractive, except possibly as a transitional area of work for people expecting to move into other roles, for instance in the NHS, once they can demonstrate experience and qualifications; and it seems unlikely that that would be a sufficient basis for achieving a lasting increase in the number of people working in social care roles.

The “Real Living Wage”

- 4.5 A petition recently submitted to the Council urges it to fund a policy in which care workers pay rates would be based on the “Real Living Wage” rather than the statutory minimum.
- 4.6 The Real Living Wage is an hourly rate of pay arrived at on a different basis from the National Living Wage. The main basis for setting figures for the National Living Wage since its introduction in 2016 has been the objective of increasing it to a target proportion of median earnings. Initially the target was 60% of median earnings, and the Low Pay Commission projected that that target would be achieved by the rate which it set in 2020-21. The recommendations for subsequent years have been based on the new target of reaching two thirds of median earnings by 2024. The Real Living Wage figures are set on the basis of a comparison with the cost of achieving “an acceptable standard of living, as determined through research with members of the public”. Because earnings typically increase by more than prices, and because of the introduction of the National Living Wage, and then the increase in its target level, the two different “living wage” figures have been moving closer together.
- 4.7 The new rate of the Real Living Wage is announced each year at about the same time as the new rate of the National Living Wage, in November. The Foundation advises that “Employers should implement the rise as soon as possible and within 6

² Available at <https://www.gov.uk/government/publications/minimum-wage-rates-for-2022>

months”, so that all employees of an accredited Real Living Wage employer should be receiving the new rates by May of the following year. It is therefore possible, and probably common, for an employer to meet these requirements by introducing payments at the recommended level from the beginning of April in the year following the announcement, at the same time that the new rate of the National Living Wage is introduced. Confusingly, however, the Foundation’s website describes a new rate announced in November 2021 as the “2020/21” rate, whereas the National Living Wage rate which may be introduced at the same time is described as the “2021/2” rate.

- 4.8 On the reasonable basis that the two rates announced at about the same time are both in effect recommendations for pay in the following financial year, the proportion by which the real living wage is greater than the national living wage has fallen from 18.1% in 2013/14 to 6.6% in the current financial year, and will fall further to 4.2% in 2022/3. The “2021/2” rate of the real living wage, to be implemented by May 2022, is £9.90, while the National Living Wage rate from April 2022 will be £9.50.
- 4.9 The case for an increase in pay to match the Real Living Wage is in part an ethical one about fair treatment of a predominantly female workforce who provide an essential public service, and in part an urgent practical issue about how to ensure that the Council remains able to meet its core statutory duties towards older and disabled people.
- 4.10 On the assumption that the two “living wage” figures will converge by 2024, the estimated cost of care workers in commissioned services being paid at Real Living Wage rates up until the point when there is no longer a significant difference could be managed within the medium term financial plan through use of reserves, without an impact on the revenue savings requirements. Since neither the 2024 target nor future local government finances are wholly predictable, this proposal might have to be implemented in a manner which left open the possibility that the Council could reduce the minimum pay level which it funded if current assumptions significantly changed. But on any assumptions, an early improvement in the comparative financial attractiveness of care work is one of the most promising measures open to the Council to address the current workforce issues.

5. Options

- 5.1 The Council has a number of options:
 - a) Take no immediate decision, in the hope that immediate workforce issues will turn out to be a short-term consequence of the disruption caused by Covid, and that the situation will rapidly become more normal, with a retention bonus paid from the Workforce Recruitment and Retention Fund reducing the immediate pressures in home care, the service area where intervention is most clearly urgent;
 - b) Increase the fees paid to providers, particularly the fees paid for home care services as the sector most in difficulty, and leave it to providers to decide what combination of pay increases and other initiatives would best enable them to improve service availability;
 - c) offer providers an uplift to the fees in their current contracts in return for a contractual commitment to paying their workers at least a minimum rate set at a higher level than the National Living Wage, whether set at the level of the Real Living Wage or at some other figure.

Option A: no immediate decision

- 5.2 The strongest argument for taking no immediate steps to bring about an increase in care workers' rates of pay is that it is at present particularly hard to assess whether the severe pressures being faced by care providers, and the increases in pay for other groups of historically low paid workers which are currently making recruitment and retention of care workers exceptionally difficult, are temporary consequences of the extraordinary circumstances of the pandemic, or whether they are the beginning of a "new normal".
- 5.3 The strongest argument *against* deferring decisions is that the current situation is unsafe. Older people are staying in hospital for longer than they need to, or are staying in care homes when they could go home if support was available; and in both cases they are likely to be becoming physically de-conditioned and less able to maintain their independence when they do go home. Those who choose to go home without formal support may be at risk of harm, and their families may be taking on unsustainable responsibilities.
- 5.4 While it would be desirable to allocate at least part of the Council's adult social care reserve to supporting long-term changes in the pattern of services, such as the development of "extra care" accommodation to reduce the need for residential care, it would be difficult to justify doing so at the expense of doing everything reasonably possible to meet immediate needs and the Council's adult social care statutory duties.

Option B: Increase fees without conditions

- 5.5 On this option, fees paid to some or all care providers would be increased above the current contractual level to an amount consistent with care worker wages being increased to a target level, and it could be made clear that this was the basis of the calculation. However no obligation to increase wages would be imposed on providers in return for the additional payments.
- 5.6 The argument in favour of this option is that there could be other, potentially more effective, ways in which additional funding could be used to improve the availability of services. For instance in the rural areas where it is hardest to recruit local care workers, it might possibly be more effective to introduce an arrangement in which staff living elsewhere are paid to travel to where care is needed, and paid while they remain in the locality between visits. Alternatively, in any area of the county guaranteed hours, bringing in a more predictable income, might be a more attractive proposition for some potential recruits to care work than higher hourly rates. Providers may be best placed to judge which of these approaches would work best in their specific circumstances.
- 5.7 There are two main arguments against this:
- a) One is that there is limited evidence that increasing fees would necessarily lead to a general improvement in the terms and conditions of staff. The figures in the table following paragraph 2.2 seem to show that in care homes, at least, higher fees paid by local authorities elsewhere in the north-east seem to have made little difference to staff pay – and given the practical constraints on the working patterns of staff working shifts in a care home, it does not seem likely that there will have been substantial differences in other aspects of staff terms and conditions. Comparisons are more difficult for home care, because there are more possible ways in which additional funding can be used other than

increasing hourly rates.

- b) The other argument against this approach is that past experience suggests that the immediate result might be a period of turbulence, in which providers facing immediate concerns about recruitment and retention might initially increase wage rates, and as a result attract workers currently employed by other care providers to transfer to them. In the medium term, this might, at least in some parts of the county, result in a general wage increase and make care work more attractive in comparison with working in non-care sectors, but the immediate consequence for service users might be disruption and turnover in the staff supporting them. There might also initially be little incentive for providers to focus on attracting new workers from outside the existing care workforce.

Option C: offer a fee uplift directly linked to a higher minimum wage

- 5.8 On this option, all care providers, or all providers of specified types of service, would be offered additional funding specifically in return for signing a contract variation under which they would agree to pay all care workers at least a minimum hourly rate. It would be possible to add some further requirements about minimum staff terms and conditions, though it might be desirable to avoid being over-prescriptive, so as to allow providers to make their own judgements about how best to offer an attractive package which also enables them to provide a reliable and flexible service.
- 5.9 The minimum hourly rate could be either specifically the Real Living Wage or a figure set by the Council – this issue is discussed further in section 7 below.
- 5.10 One argument in favour of this option is that it would make it possible for there to be an orderly transition to higher wages. This would reduce the potential risk under option B of creating instability if the wages paid by different providers diverged, though it would remain possible that some providers would decline to accept the contract variation, for instance because providers operating in multiple local authority areas had concerns about paying differing rates in neighbouring local authority areas. It would encourage a focus on recruiting new workers from outside the care sector, rather than attracting workers already working in other care services, and might improve perceptions of working in the care sector generally.
- 5.11 This would also be the option that would go furthest to meet with what appears to be a widespread public view that it is unfair for care workers to be paid little more than the statutory minimum, at a time when the pandemic has made it particularly apparent how demanding their work can be.
- 5.12 The main argument against this option, when weighing it against option B, is that it would be significantly more complex to implement. The main complications are discussed below; officers' advice is that they are not sufficiently serious to rule this option out, though Members do need to be aware of them if minded to approve this option.

6. How Option C would work

- 6.1 The council's current usual practice is to increase fees in each year by applying the percentage uplift in the National Living Wage to an assumed proportion of the total cost of the service which is linked to pay – for instance this is 80% of the total fee for most non-residential services, and approximately two thirds of the total fee for care homes for older people (the precise proportion varies slightly depending on the needs of the service user and the quality of the service). In the case of the contract

with care homes for older people, which is the single biggest contract for care services, this approach is formally set out in the contract; in other cases, the contract does not prescribe a specific formula, but with some exceptions, for instance for the most specialist services, the approach taken in recent years has generally followed a formula based on a percentage split between the National Living Wage and general inflation.

- 6.2 The recommended approach if option C is adopted is to offer providers a contract variation which would add to their fees by increasing the uplift to the element of the fee which is usually pegged to the National Living Wage so that it also included the percentage difference between the National Living Wage and a higher local minimum wage rate, initially set at the level of the Real Living Wage. The variation would also require the provider to pay its care workers at least this higher minimum wage rate. The variation would be drafted in such a way that the Council would have the option when setting its budget in each financial year to reconsider whether it could still afford to set the local minimum rate at the level of the Real Living Wage.
- 6.3 The intention would be for this to remain an optional element of the contract, which providers were free to decline without contractual consequences other than not receiving the additional payments. There is room for legal doubt about whether it would be lawful for the Council to exclude any provider from a procurement, or terminate their contract, because they were not paying their workers a local minimum wage, and the proposed approach would avoid the risk of challenge on those grounds, as well as recognising that some providers operating across multiple local authorities might find it difficult to adopt a different pay structure in Northumberland.
- 6.4 Officers' recommendation is that a variation on these lines should if possible be offered to almost all care providers commissioned by the Council. Workforce issues currently appear to be greater in some services than others, with home care services facing the greatest challenge. However specialist services are now reporting increased difficulty, so the impact may have been felt sooner in home care services because even in more normal times those generally have higher staff turnover rates. If the Council funded increased wages in some kinds of care service and not in others, the result might be to transfer the workforce problems to a different part of the system.

7. Costs

- 7.1 For most care workers, the Real Living Wage in 2022/3 will be 4.2% higher than the National Living Wage. For reasons explained above, our assumption is that the two figures will continue to move closer together, and the reduction in the gap for next year is consistent with the two figures converging by 2024/5, though this cannot be guaranteed since the methods by which the two figures are calculated are fundamentally different.
- 7.2 Based on the rates set for 2022/3, our initial upper estimate of the net additional cost in that year of making the offer described above, if all providers accepted the offer, is £3.4m, after taking account of an estimated £300K of increased income from charges to service users who are assessed as able to pay the full cost of their service. There would also be an additional cost of £1.35m to Northumberland Clinical Commissioning Group, since the same terms would apply to the fees paid for NHS continuing healthcare services arranged by the Council. These figures are

likely to be higher than the actual cost would be, because we would not expect all care providers to accept the offer, for reasons discussed in Section 8 below.

- 7.3 The table below shows the impact on Adults Social Care inflation across the 4 years of the current MTFP if the proposal was accepted and implemented. It should be noted that the cost of bringing forward this pay inflation to 22/23 potentially reduces inflation pressure in future years, thus offsetting part of the cost over the cycle of the current MTFP.

| | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
|--------------------------------|---------|---------|---------|---------|-------|
| | £m | £m | £m | £m | £m |
| Inflation currently in MTFP | 6.8 | 6.6 | 6.1 | 6.4 | 26.0 |
| Revised inflation based on RLW | 10.2 | 6.6 | 5.3 | 5.6 | 27.7 |
| Increase/(Decrease) | 3.4 | 0 | -0.8 | -0.9 | 1.7 |

- 7.4 If the cost of making an offer based on the Real Living Wage was judged to be unaffordable, alternative options would include an offer based on an intermediate rate set locally in line with a judgement of affordability, or possibly differential offers to different care sectors, depending on the level of current workforce pressures in each sector. Indicative figures for the cost of an offer based on the Real Living Wage in different categories of service are shown in the table below.

| Category of service | Net extra cost to the Council in 2022/3 |
|---|---|
| Home care | £925K |
| Care homes | £1.6m |
| Independent supported living schemes | £525K |
| Care workers employed through direct payments | £200K |
| Other commissioned services | £125K |

- 7.5 On the assumption that the rates of the two versions of the “living wage” will converge further, and that the difference between them will disappear by 2024/5 if the National Living Wage is then equivalent to two thirds of median earnings, the additional financial costs to the Council and the NHS in 2023/4 might be expected to be about half those in 2022/3, and there would be expected to be no additional cost in subsequent years. If these assumptions turned out to be incorrect, either because the Government used the “emergency brake” to defer the 2024 target in the light of economic circumstances, or because the assumptions underlying the Real Living Wage were revised in a way which meant that it remained significantly higher, the Council would be able to review the level of the minimum wage rate which it offered to fund.

- 7.6 Another option for the Council is to go beyond the Real Living Wage to make an even more significant statement to stimulate the care workforce at this point. The difficulty with this is that there is no guarantee that a certain level of increase in minimum pay would lead to a guaranteed increase in applications/employees within the sector. Another 0.5% increase in the wage rate to £10.40 would cost around £400k to give an idea of scale.

8. Some issues

- 8.1 There are a number of issues which will need to be considered further if option C is agreed.
- a) **Charges.** Because the Council's charging policy is based on service users paying the full cost of their services if they can afford to do so, some of the cost of an increased fees would be borne by service users. In practice this would primarily affect older people with savings above the capital limit (currently £23,250). In past consultations about charges, some service users have told us that they would not object to paying more if they were confident that the money was being used to increase care workers pay, though this may not be a universal view. There would be a particular complication if some providers declined to accept the contract variation, since under the council's current policy this would mean that users of their services would pay lower charges than others receiving the same level of care. It would be important at an early stage in implementation of a change to explore with providers how likely it is that this will be a significant issue.
 - b) **Workers other than care workers.** In care homes and other building-based care services, some of the staff employed may have little no involvement in direct care – for instance they may work in cleaning, kitchen or administrative posts. Some care providers also have separate headquarters staff. Some services may also use agency staff. Decisions would need to be made, following discussions with providers, about which workers precisely the commitment should apply to.
 - c) **Direct payment recipients.** Currently, the Council recommends to people who opt to receive a direct payment and employ personal assistants to provide their care an hourly rate of £9.78 – higher than both versions of the “living wage”. This rate reflects the special nature of the role, and is possible because the overall cost remains lower than the cost of commissioned homecare – this is because of the reduced overhead costs. Officers' initial view is that it would be desirable to maintain the differential between this rate and the minimum rate for other care workers, to minimise the risk of unintended disruption. Direct payment recipients are currently experiencing significant issues with recruitment of personal assistants, in much the same way as home care agencies.
 - d) **Other special cases.** There are a variety of other special cases, in which either people's care plans include services other than personal care, or care is provided in a way which does not fall within the scope of National Living Wage/Minimum Wage legislation.
- 8.2 The recommendation is that decisions about these and other issues of detail should be delegated to officers, in consultation with the Cabinet member.

IMPLICATIONS ARISING OUT OF THE REPORT

| | |
|------------------------------------|---|
| Policy | The proposed arrangement would address serious concerns about the ability of current care services in Northumberland to meet needs. It would also have wider benefits for a low paid group of workers living in Northumberland. |
| Finance and value for money | Our current estimate is that option C would have a net cost of £3.4m in 2022/3, and around half of that sum in 2023/4, if all providers took up the offer – and our expectation is that some might not do so. The additional cost over the entire period of the MTFP is projected to be £1.7m compared to current assumptions. The cost to Northumberland clinical commissioning group is estimated on the same basis at £1.45m in 2022/3, and would again be expected to reduce by half in the following year, with no long-term additional cost. Since the costs would arise only for a two-year period, it would be possible to cover them from reserves rather than an addition to the recurrent budget, and the proposed mechanism would make it possible to adjust the local minimum wage rate if the assumptions underlying this calculation turned out to be incorrect. |
| Legal | The Council is not in general permitted to impose requirements about staff wage rates or terms and conditions as a condition for awarding a contract. However we believe that the proposed mechanism is lawful, because providers which declined the offer would not be denied contracts. |
| Procurement | The proposed mechanism would be separate from the procurement process for awarding contracts, though it would be included in new contracts as an optional clause not relevant to procurement decisions. |
| Human Resources | The proposal would have no implications for the Council's workforce, though care providers would have to consider a variety of HR issues before deciding whether to accept the offer of additional fees in return for a commitment to pay a higher minimum wage. |
| Property | No implications identified. |

| | |
|--|---|
| Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | <i>{We will consider the need for an EIA during discussions about this proposal}</i> |
| Risk Assessment | The suggested mechanism would allow the Council to review the level of the minimum wage rate supported by enhanced fees in future budget rounds, if unexpected developments make it unaffordable to hold the rate at the level of the Real Living Wage. |
| Crime & Disorder | No implications identified. |
| Customer Considerations | The proposal would increase the charges payable by service users assessed as able to pay the full cost. There is some evidence that an increase directly linked to improved pay for care workers might be more acceptable to service users than increases seen as means of making savings in Council budgets. |
| Carbon reduction | No implications identified. |
| Health and wellbeing | A core objective of the proposal would be to address current difficulties in providing the care people need to maintain their health, safety and dignity. |
| Wards | All |

BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

Report sign off.

Authors must ensure that officers and members have agreed the content of the report.

| | Full name of officer |
|--|----------------------|
| Monitoring Officer/Legal | SK |
| Executive Director of Finance & S151 Officer | JW |
| Executive Director | CMC |
| Chief Executive | DL |
| Portfolio Holder(s) | GRT |

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Northumberland County Council

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

4 January 2022

North Tyneside and Northumberland Safeguarding Adults Annual Report – 2020/21

Report of Executive Director of Adult Social Care & Children's Services, Cath McEvoy-Carr

Cabinet Member: Wendy Pattinson

Purpose of report

To provide an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/21.

Recommendations

Members to note the content of the North Tyneside and Northumberland Safeguarding Adults Annual report 2020/21.

Link to Corporate Plan

This report is relevant to the Health and Well Being priority in the Corporate Plan.

Key issues

1. The attached Annual report describes the work of the North Tyneside and Northumberland Safeguarding Adults Board (SAB) during 2020/21, and provides information about operational safeguarding activity during the year. The report also describes a range of improvements in safeguarding arrangements.
2. The report outlines how the SAB adapted very quickly during the Covid-19 pandemic, identifying alternative ways of safeguarding adults at risk, and responding to emerging risks and demands. The SAB introduced a range of measures and assurance frameworks to promote multi-agency working arrangements and monitor and mitigate areas of risk and concern.
3. The report outlines that during this period, Northumberland experienced a 40% increase in reported safeguarding concerns, and a 14% rise in safeguarding enquiries, compared to the previous year. The main location of abuse has been within people in homes, which is likely to be linked to lockdown restrictions. In terms of local trends there have been rises in episodes of domestic abuse, physical abuse and self-neglect. On a more general note, the impact of Covid restrictions has also been evident in the increase in safeguarding concerns being reported which relate to isolation, mental health and wellbeing.
4. Our local data evidences that our local MASHs (Multi-agency Safeguarding Hubs) are

operating successfully and provide effective multi-agency partnership arrangements, and a holistic approach to risk.

5. There have been no Safeguarding Adult Reviews (SARs) undertaken in Northumberland during this reporting year, however the report provides details of a North Tyneside SAR relating to Leigh, which was published this year on behalf of the SAB. During this year one joint Learning Review with Children's Services has been concluded in Northumberland, following the suicide of a young person 'Bobby'. Further details of the learning from these reviews are included within the Annual report.
6. The report outlines some key highlights of the SAB's work during this year, which has included a focus upon a range of themes including Transitional Safeguarding, the Safeguarding Vulnerable Dependent Drinkers Project, Channel arrangements and updates, and criminal exploitation and the local experience of Operation Momentum.
7. The report also sets out the key strategic priorities in the SAB Annual Strategic Plan for 2021/22, which have been informed by local safeguarding data; experiences and feedback; partner self-assessments; and regional priorities.
8. During this reporting year the SAB commissioned and completed an independent review of their SAB arrangements, which identified that the joint board was valued and well regarded as a forum for bringing a wide range of partners together. Partners and local safeguarding leads work well together, and relationships were viewed as well-developed and strong. However, it was recognised that now is an appropriate time to focus on the needs of our respective communities and ensure that strategic arrangements are aligned locally.

Background

The County Council has strategic responsibility for overseeing multi-agency arrangements in its area for safeguarding adults at risk. This includes both arrangements for investigating and where necessary acting on referrals alleging that vulnerable adults are being abused or neglected, and wider arrangements for ensuring that the safety, independence and dignity of vulnerable adults are protected.

In accordance with the Care Act the SAB has a statutory duty to publish an Annual Report detailing how effective their work has been in safeguarding and promoting the welfare of vulnerable adults. The SAB also has a statutory responsibility to develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.

The attached Annual Report describes the strategic activity undertaken by the North Tyneside and Northumberland Safeguarding Adults Board, and the most significant specific issues dealt with during 2020/21 under the Safeguarding Adults policy and procedures. It also provides statistical information about operational safeguarding activity.

Implications

| | |
|--|---|
| Policy | Safeguarding arrangements in Northumberland are in line with Care Act 2014, and national policy statement on safeguarding adults issued in March 2015 |
| Finance and value for money | No direct implications |
| Legal | The Annual Report 2020-21 evidences how the Safeguarding Adults Board (SAB) arrangements meet the statutory duty to prepare and publish an Annual Report demonstrating how partners safeguard 'adults at risk'. In accordance with the statutory functions set out in the Care Act (2014). |
| Procurement | No direct implications |
| Human Resources | Safeguarding investigations can in some circumstances lead to disciplinary action against staff. Safeguarding training is mandatory for all staff working in Adult services. |
| Property | No direct implications |
| Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> | This is an information report so does not require an EIA. Referrals statistics suggest that the gender and ethnic balance of safeguarding referrals broadly match those of the care management caseload. |
| Risk Assessment | Management of risks in individual cases is a core element of safeguarding. Management of risks in commissioned services is a core role of contracting work. There are various multi-agency risk assessment groups in place including Multi Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA). |
| Crime Disorder & | Northumbria Police are members of the Safeguarding Adults Board, and there is close joint working to ensure that prompt and appropriate action is taken where it is suspected that a crime may have been committed. |
| Customer Consideration | There is a continuing need to keep under review the balance between maximising the control 'adults at risk' have over their support arrangements and ensuring that they are adequately protected from the risk of abuse or exploitation – although greater individual control can often also in itself be a means of reducing people's vulnerability. |

| | |
|-----------------------------|--|
| Carbon reduction | No direct implications |
| Health and Wellbeing | Promoting the safety, welfare, health and wellbeing is a primary function of the SAB and its work. |
| Wards | All |

Background papers:

North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21.

Report sign off

| | |
|--|---|
| | Full Name of Officer |
| Monitoring Officer/Legal | Suki Binjal |
| Executive Director of Finance & S151 Officer | Jan Willis |
| Relevant Executive Director | Graham Reiter on behalf of Cath McEvoy-Carr |
| Chief Executive | Daljit Lally |
| Portfolio Holder(s) | Wendy Pattison |

Paula Mead – North Tyneside and Northumberland Safeguarding Adults Board
Independent Chair

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North Tyneside and Northumberland

Safeguarding Adults Annual Report

2020-2021



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Foreword

by the North Tyneside & Northumberland Safeguarding Adults Board Independent Chair

I am pleased to introduce the safeguarding adult's annual report 2020-21. Over the period covered by this report, the ongoing impact of the pandemic on our residents, communities and organisations tasked with keeping adults at risk safe, has been significant. This report focuses on the partnership's approach to making safeguarding personal, and includes reference to our key achievements, as well areas for improvement. It also clarifies our vision for plans for the future.

The evidence in the report demonstrates that safeguarding partners have responded creatively in their aim of delivering safe services, offering support whilst managing the ongoing risks presented by COVID-19; some outcomes from the pandemic are as yet unrealised. This report will therefore inevitably include a focus on the impact of the pandemic on closed environments, people's mental ill health and well-being, and the safeguarding consequences of isolation on adults at risk. During this time Northumberland and North Tyneside have continued to receive referrals for safeguarding adult reviews as well as experiencing an increasing number of reports of households experiencing domestic abuse.

It is within this context that the partnership aims to drive quality frontline practice around protection, prevention, exploitation, and safeguarding adults at risk. Data and intelligence are analysed in the report, identifying the achievements and challenges for the partnership. The learning and improvement cycle continues, with work ongoing to measure the impact of services on people's outcomes.

The service pressures experienced by agencies and, particularly on front-line workers, are not underestimated. I would like to express my appreciation and sincere thanks for the commitment and innovation all partners have shown over the past year.



Paula Mead
Independent Chair

1. About the Board

The North Tyneside and Northumberland Safeguarding Adults Board (SAB) is a statutory and multi-agency partnership that leads the strategic development of safeguarding adults work across both areas.

"Our vision is to promote the individual's human rights, their capacity for independence, ensuring each person is treated with dignity and respect and able to enjoy a sustained quality of life and improved wellbeing. That at all times people are afforded protection from abuse, neglect, discrimination or poor treatment and that their carers whether paid or unpaid, are safe".



In addition, we adhere to the Care Act principles which underpin all adult safeguarding work:

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

The **purpose** of the SAB is to help safeguard people with care and support needs. Its main **objective** is to improve local safeguarding arrangements to ensure partners act to help and protect adults experiencing, or at risk of neglect and abuse.

As specified in the Care Act, the SAB includes three core members: the Local Authority, Clinical Commissioning Group, and the Police. However, our membership includes a wide range of partner agencies that actively contribute to the work of the Board. ([See Appendix B diagram](#))

The SAB has **three core duties**, in accordance with the Care Act (2014):



Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.



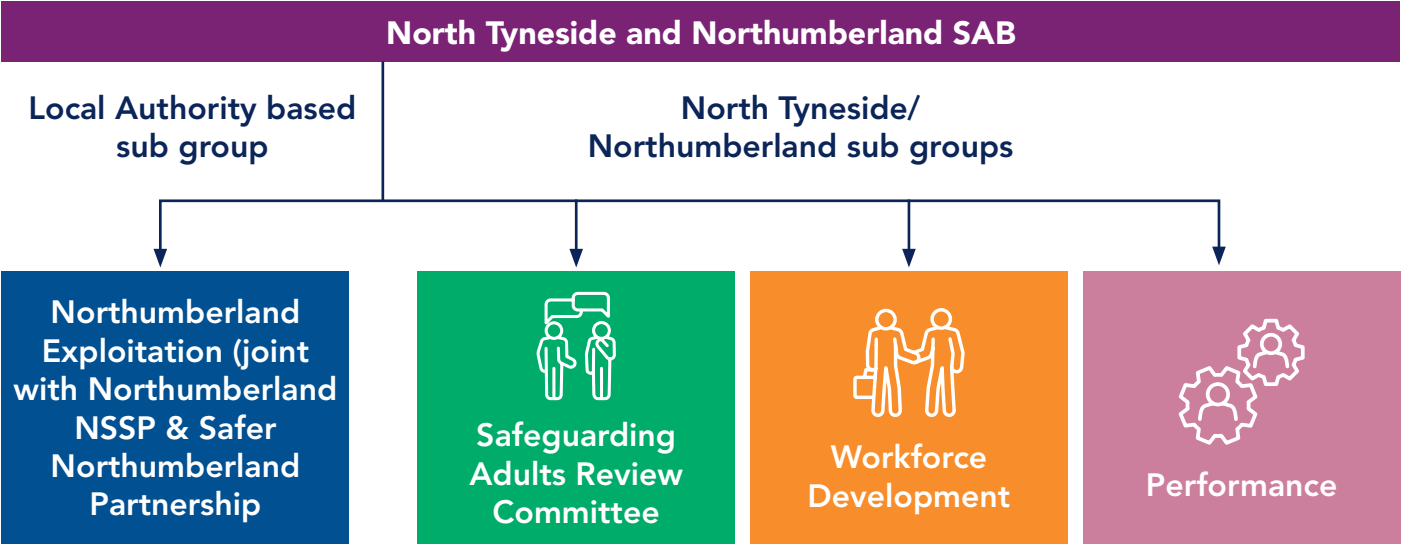
Publish an annual report detailing how effective their work has been.



Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

SAB Structure

The SAB is supported by a number of sub-groups that contribute to the work of the Board. Three of the sub-groups are partnerships between Northumberland and North Tyneside and have representation from both areas. Currently there is a separate Northumberland Exploitation sub-group which is a joint arrangement with the Safeguarding Children and Community Safety Partnerships. North Tyneside are currently developing a similar strategic group.



2. What the Board has achieved at a glance



3. Impact of COVID-19 Pandemic

No-one in the country predicted the situation that arose in the last quarter of 2020 in respect of the emergence of coronavirus, nor that by March 2020 the country would be facing a global pandemic.

All partners needed to quickly review and prioritise service delivery and make arrangements for safe business continuity against a backdrop of a national lockdown, reduced ability for face-to-face contact with people with care and support needs, and significant pressure in the health and social care system from increased demand.

Responding to the risks and impact posed by Covid-19 therefore became a new **strategic unplanned priority** for the SAB.

The SAB ensured the mitigation of multi-agency safeguarding risks through developing a risk assessment framework for each partner agency to complete and report on. This was an extremely robust overview of practice and risks running to over 30 pages.

Board meetings and sub-groups continued virtually and were managed successfully using Microsoft Teams. Although the Board operates jointly across both North Tyneside and Northumberland, strategic partner meetings were held fortnightly in each locality to allow robust information sharing about risk and safety issues, to understand where safeguarding pressures were being seen and to discuss how to approach this. There were some changes made to membership, following the change to remote working for the board, with a commitment to continuously seek improvement.

The multi-agency Workforce Development sub-group needed to quickly adapt training delivery methods to ensure they were able to continue to provide a reduced but prioritised training programme. Face to face programmes were reconfigured to suit the virtual classroom and several blended learning approaches were introduced, for example, recorded webinars and electronic workbooks. As the virtual platform technology advanced, this allowed the introduction of new and innovative ways to enhance the learner journey.

Despite the challenges posed by the pandemic the Board was pleased to be able to successfully deliver on our priorities including a specific project about working with change resistant drinkers. This has huge potential for positive impact on practice and improved outcomes for those people facing multiple needs. This work is highlighted later in the report.

The Board proved that even sensitive work could be undertaken robustly but in a different, more virtual way having conducted and published a Safeguarding Adult's Review.

In all, partners have showed great resilience, commitment, tenacity and innovation in terms of ensuring the safety of people in Northumberland and North Tyneside and the Board Executive extends a huge thanks to all partners for the work they have undertaken in a very challenging year.



Emerging themes:

SAB partners adapted very quickly to a rapidly changing landscape, identifying alternative ways of safeguarding adults at risk, and responding to emerging risks and demands. The key message to partners throughout has been that safeguarding adult's duties continued to apply, and all agencies should continue to work together to prevent and reduce the risk of harm to individuals with care and support needs.

The SAB introduced measures and assurance frameworks to promote multi-agency working arrangements and monitor areas of risk and concern. This included regular meetings with statutory partners and establishing a Covid Risk Register. It was recognised that some individuals have been increasingly vulnerable and at risk from abuse during this time, particularly in the context of reduced contact with the outside world and rising demand. Early identification of increased risk around self-neglect, financial abuse, scams and domestic abuse allowed close monitoring of these themes to take place.

High levels of support were put in place for local Care Homes, including a Prevent and Protect Team that supported care home staff with interpreting guidance, infection prevention and control training, operationalising some of the guidance and staff testing in addition to monitoring implementation of a range of new guidance. The team made physical visits to the homes in order to carry out monitoring and ensuring that the infection prevention and control measures in place were sufficiently robust. The team also played an important role in the event of outbreaks occurring in the home, with further visits and training provided as needed. Support was also provided to the homes with respect to the visiting protocols.

An increase in organisational safeguarding was seen across the year, and there was an increase in both areas of the number of individual safeguarding concerns and section 42 Care Act (2014) safeguarding enquiries.

This is congruent with the national insights report which identifies a trend of a sharp decrease in safeguarding concerns raised in the first two months of the pandemic followed by a sharp rise.

<https://local.gov.uk/publications/covid-19-adult-safeguarding-insight-project-second-report-july-2021>

All partner agencies have reported increases in safeguarding activity during this year, associated with a number of emerging themes. For example, Cumbria, Northumberland Tyne and Wear Trust (CNTW) reports a significant increase (+12.9%) Trust wide in safeguarding and public protection concerns reported into their Safeguarding team during 20/21, compared with 19/20. Similarly, the Northumbria Healthcare Foundation Trust (NHCFT) Safeguarding service saw an overall 12% increase in safeguarding referrals this year compared to last year. These rises in safeguarding concerns are evident across all partnership data.

In Northumberland, a Homeless Risk Management group was established with Adult Safeguarding, to respond to concerns relating to a group of individuals who were homeless and had additional vulnerabilities related to mental health and/or substance misuse. Through multi-agency information sharing and support, risks to the individuals, peer group, and the wider community were considered, and contingency plans were identified.

Domestic abuse:

One area that saw a significant increase in referrals was in respect of domestic abuse. Partners ensured that information about support and reporting were circulated, including across social media. Practitioners made a point of ensuring that contact with those at risk was increased and the local NHS Trust worked hard to increase the support mechanisms in place for those presenting at hospital.

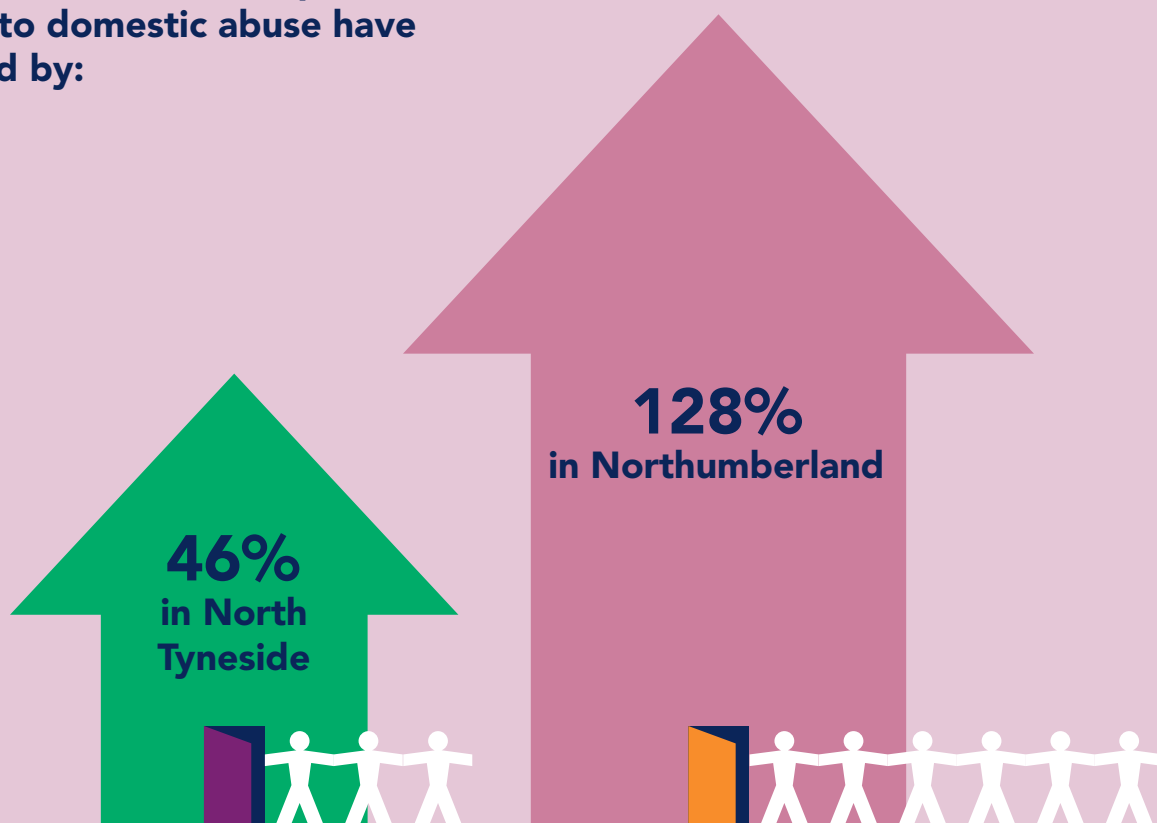
Nationally organisations have noted that the conditions of lock downs and other Covid restrictions exacerbate triggers that increase risk and restrict a victim's access to support or escape. The Domestic Abuse and Sexual Violence specialist support services across both Local Authorities continued to offer support during the periods of lockdown, offering support by telephone and virtual programmes, with face to face for those at high risk, following Personal Protective Equipment (PPE) and social distance guidelines. Northumberland Domestic

Abuse Service(NDAS) and Harbour also both launched 'Live Chat' facilities to increase safe opportunities for victim/survivors to access support. All of the services undertook risk assessments to reinstate face to face sessions when government guidance allowed, but they will continue to offer both face-to-face and virtual sessions.

Generally Domestic Abuse services have also seen an increase in the complexity of cases identified through the level of support and length of time support is required. Waiting lists and times continue to be monitored, with services accessing both national and local short-term funding to increase capacity and resources to reduce this impact.

This is supported by our local data which evidences that from 2019-20 to 2020-21 both authorities have seen a significant increase in domestic abuse cases.

Concluded section 42 enquiries relating to domestic abuse have increased by:



These increases are in line with national figures and trends.

Northumbria Police:

In response to Covid-19 and concerns in respect of anticipated rises in domestic abuse Northumbria Police introduced a range of safeguarding measures which were highlighted in a recent national HMICFRS inspection report as best practice. Arrangements were made with local authorities to ensure emergency housing provision for domestic abuse perpetrators who were displaced from their home addresses by a Domestic Violence Protection Notice (DVPN). Operation Fortify was introduced where the force telephoned medium-risk victims who had been in regular contact with the police before lockdown, and who had not come to police attention since lockdown began. The police

disguised the calls as follow-up welfare calls and offered support and help. Victims gave feedback to the force, saying the calls had made them feel reassured and safer, knowing they had not been forgotten and that the police were easily accessible.

In response to the rise in online fraud and cyber scams throughout the Covid Pandemic, Northumbria Police have run several campaigns to highlight awareness of frauds including local radio interviews and publications both online and in local newspapers. This demonstrates Northumbria Police preventative approach, providing the vulnerable with the knowledge required to keep themselves safe.



<https://beta.northumbria.police.uk/latest-news/2021/june/enough-is-enough-why-we-want-to-empower-victims-of-fraud-and-raise-awareness-of-complex-scams/>



<https://beta.northumbria.police.uk/latest-news/2021/march/brave-pensioner-whose-tip-off-prevented-a-complex-fraud-issues-cold-call-warning/>



4. What does our local data tell us

The Performance Sub-group continues to be central to assisting the SAB to identify trends and themes across all partner agencies. This includes exploring and accounting for changes in demand, the impact of these changes, and the assurances required from partner agencies to ensure adults with care and support needs are safeguarded across the partnership. Our local data evidences that our local MASHs (Multi-agency Safeguarding Hubs) are operating successfully and provide effective multi-agency partnership arrangements, and a holistic approach to risk.

The work of the Performance group and meetings with key partner representatives has been essential in order to understand the changing demand throughout the pandemic. North Tyneside and Northumberland have experienced significant increases in safeguarding activity during this reporting year. North Tyneside has seen an 11.7% increase in safeguarding concerns being reported, and a 30% increase in S.42 safeguarding enquiries undertaken. Similarly,

Northumberland data shows a 40% increase in safeguarding concerns, and a 14% rise in enquiries, compared to last year. The main location of abuse for both areas has been within people in homes, which is likely to be linked to lockdown restrictions.

In terms of local trends both areas have seen rises in episodes of domestic abuse, physical abuse and self-neglect. On a more general note, the impact of Covid restrictions has also been evident in the increase in safeguarding concerns being reported which relate to isolation, mental health and wellbeing.



Concerns/Enquiries:

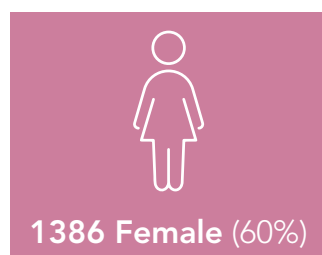
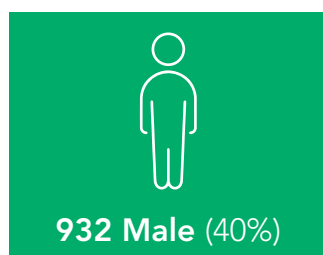
Northumberland



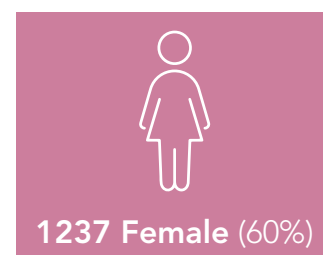
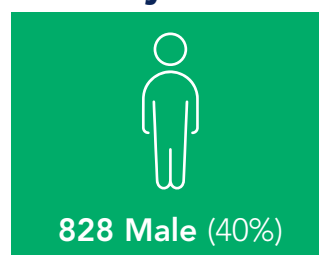
North Tyneside



Northumberland

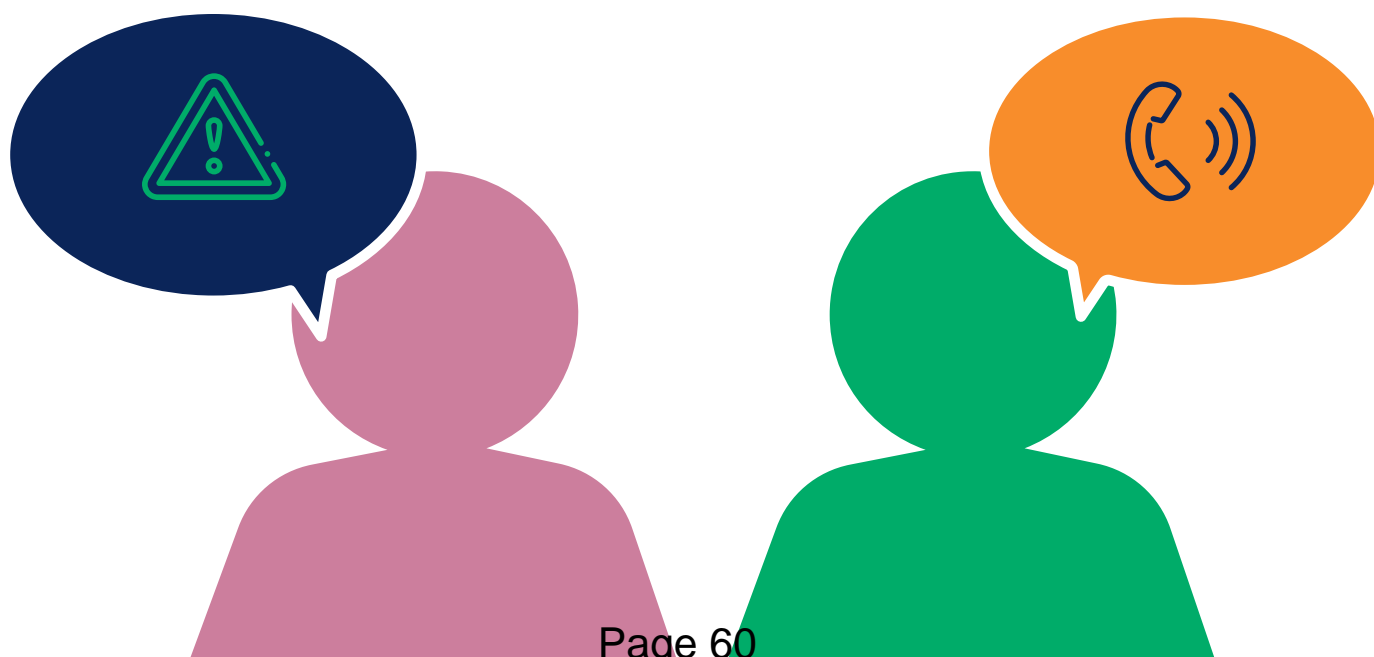


North Tyneside



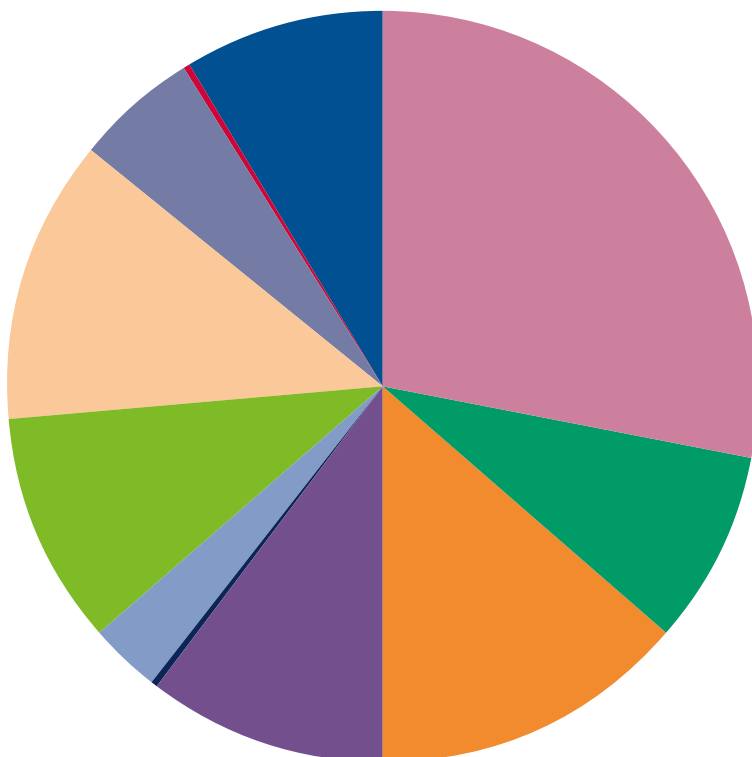
Age

| | 18-64 | 65-74 | 75-84 | 85-94 | 95+ |
|----------------|------------------|------------------|------------------|------------------|-----------------|
| Northumberland | 940 (41%) | 288 (12%) | 487 (21%) | 494 (21%) | 109 (5%) |
| North Tyneside | 889 (43%) | 268 (13%) | 400 (19%) | 436 (21%) | 72 (3%) |



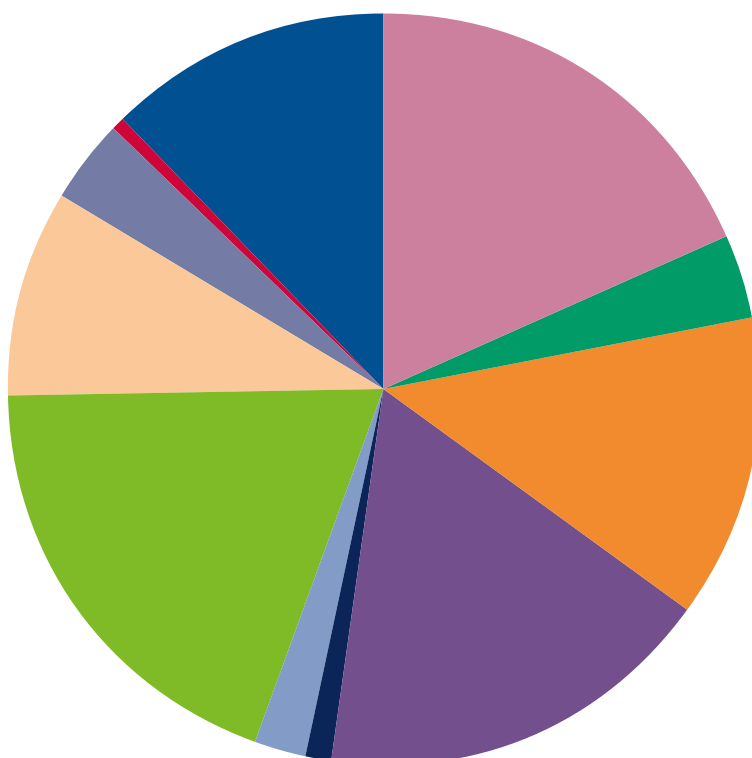
Types of Abuse:

Northumberland Percentage of total enquiries 2020/21



- **Self Neglect 8.4%**
(11.1% change)
- **Physical 28.2%**
(24.6% change)
- **Sexual 8.3%**
(25.6% change)
- **Emotional/Psychological 13.7%**
(-11.0% change)
- **Financial 10.1%**
(-6.3% change)
- **Discriminatory 0.3%**
(-60.0% change)
- **Organisational 3.0%**
(157.1% change)
- **Neglect 10.0%**
(-7.8% change)
- **Domestic 12.2%**
(132.3% change)
- **Sexual Exploitation 5.4%**
(39.1% change)
- **Modern Slavery 0.3%**
(-66.7% change)

North Tyneside Percentage of total enquiries 2020/21



- **Self Neglect 12.14%**
(33.08% change)
- **Physical 18.46%**
(6.05% change)
- **Sexual 3.65%**
(-7.14% change)
- **Emotional/Psychological 12.98%**
(13.50% change)
- **Financial 17.33%**
(9.29% change)
- **Discriminatory 1.12%**
(-27.27% change)
- **Organisational 2.11%**
(-28.57% change)
- **Neglect 19.23%**
(17.60% change)
- **Domestic 8.91%**
(33.68% change)
- **Sexual Exploitation 3.51%**
(25.00% change)
- **Modern Slavery 0.56%**
(60.00% change)

Location of abuse:

Northumberland



66% of concluded enquiries were about abuse in people's own home



14% of concluded enquiries were about abuse in Nursing or Care homes

North Tyneside



59% of concluded enquiries were about abuse in people's own home



21% of concluded enquiries were about abuse in Nursing or Care homes

Risk identified/ceased at individuals request:

Northumberland



83% of enquiries had risk identified and action taken



4% of enquiries ceased at individual's request

North Tyneside



80% of enquiries had risk identified and action taken



7% of enquiries ceased at individual's request

Source of risk:

Northumberland



77% of enquiries involved a source of risk known to the individual (**91%** including service providers)

North Tyneside



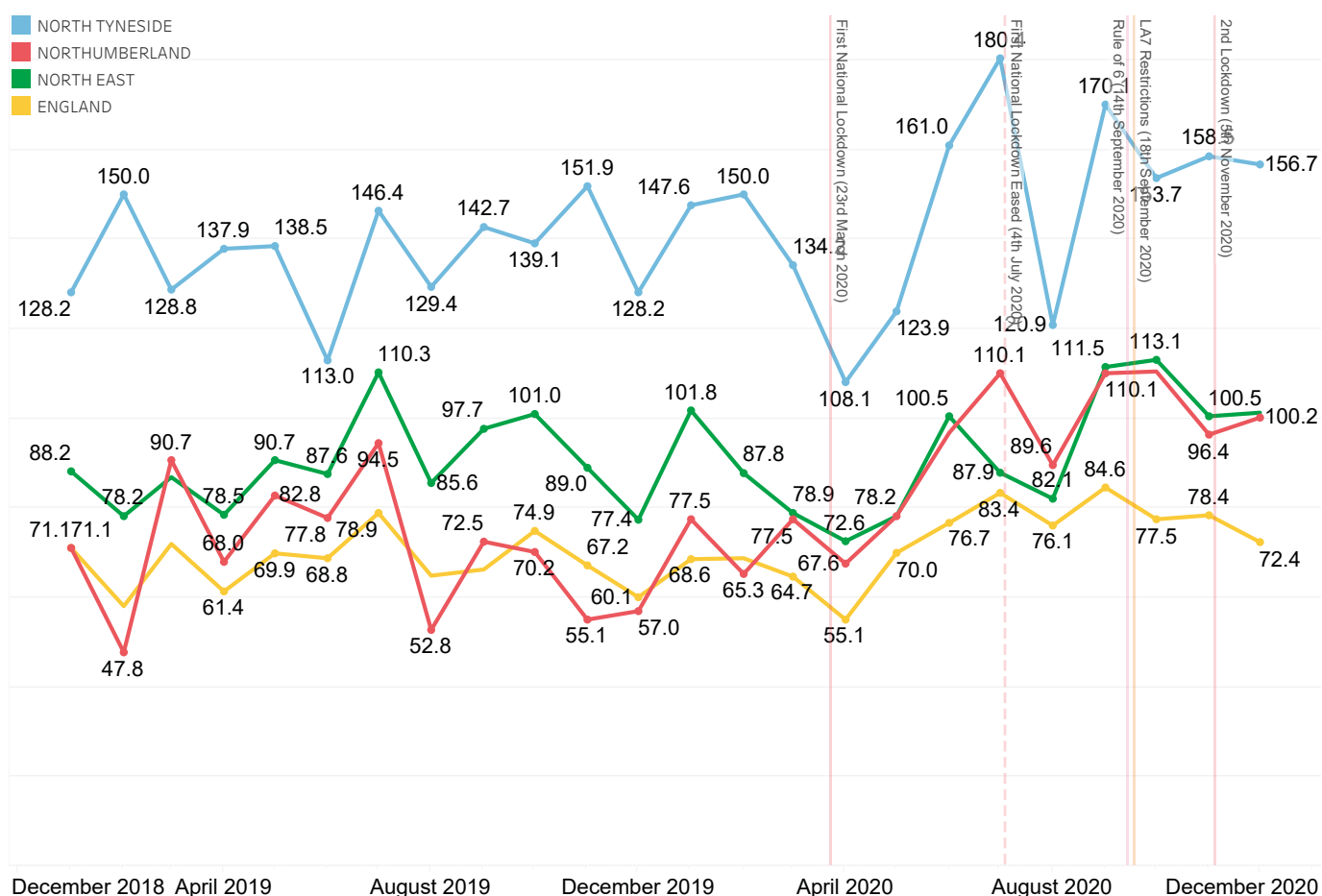
65% of enquiries involved a source of risk known to the individual (**87%** including service providers)



The National and local Covid Insights report identifies that we have seen significant peaks when lockdown has eased which appears to be a regional and national trend. It is believed that strong working relationships across partner agencies and the MASH, has led to increases in concerns being reported. Demand has fluctuated through the year, reducing during lockdown as people have been less free to mix, furloughed, and avoided hospitals or GP Practices. However, as lockdowns eased, people have returned to hospital and GP Practices, and families and professionals returned into care homes concerns have peaked. These trends and fluctuations are demonstrated in the graph below:

COVID-19 Adult Safeguarding Insight Project

Monthly Safeguarding Concerns per 100,000 people, aged 18+



Moving forward, the Performance sub-group will continue to benchmark data from future Covid Insights reports and the regional scorecard, against local demands and trends. This will assist the SAB to understand and respond to the impact of Covid. The sub-group has considered the different demographics of each Local Authority area and this is to be explored further as an area of focus in 2021-22.

* **Safeguarding Concern** – this is a referral into Adult Social Care by any person or agency who believes that an adult may be experiencing abuse or neglect.

* **S.42/Safeguarding Enquiry** – an enquiry is any action that is taken or instigated by the Local Authority under Section 42 of the Care Act 2014. Please see full [Care Act guidance](#).

5. Strategic Priorities 2020-21

In 2020-21 the SAB identified 5 key priorities, which have been informed by local Safeguarding data; experiences and feedback; partner self-assessments; and local, regional and national themes.

Priority 1 Covid 19 Recovery

Ensuring the early identification and response to emerging risks and demand due to Covid 19. [Go to Section 3 Impact of Covid-19 Pandemic](#)





Priority 2 Transitional Safeguarding arrangements

Ensure robust and consistent responses are in place to manage safeguarding for vulnerable young people.

Transitional Safeguarding continues to be a priority for the Board and will be a key feature of the Strategic Plan for the next three years. The Board recognises that harm is likely to continue post 18, and that victims are targeted due to their vulnerability irrespective of age.

Transition to adulthood can be a challenging and vulnerable time for some young people, particularly from a safeguarding perspective. Learning from Safeguarding Adult Reviews and Serious Case Reviews has highlighted how ineffective transitional planning can contribute to young adults 'slipping through the net' or facing a 'cliff edge', often with significant harms and consequences for their wellbeing. Therefore, the SAB seeks to ensure agencies share information between services in a proportionate and timely way so that young people receive access to guidance, information and support they will need as adults, and respond to complex risks and harms such as sexual and criminal exploitation.

Transitional Safeguarding is a key area of work for all the Board's sub-groups. It is evident that this work is taking place across partner agencies; however corresponding data is not readily available. Partners are currently considering what data may be obtained in the future, and this will be a key area of focus for the Performance group during 2021-21. The Workforce Development sub-group will also be developing a joint training programme for both adult and children's services,

which will be a multi-agency offer longer term. In advance of this North Tyneside have produced some short videos to improve adult and children's staff's understanding of each other's roles.

This year both North Tyneside and Northumberland partner agency senior managers participated in a regional transitional safeguarding event. This considered the learning we can use to improve our approach, how senior leaders can support the implementation of effective transitional safeguarding arrangements, and current developments across the region.

During this year, Steve Baguley (National Working Group network) presented the key principles of transitional safeguarding to the Board partners. Steve has a wealth of experience in this key area of learning, and in addressing cultural change at a strategic level. Steve provided an overview of some of the core messages in relation to the long-term impact of abuse, capacity and consent, the importance of language, and the need for a trauma informed approach. An update was provided about national guidance being developed and some examples of good practice and alternative models across the country were highlighted. This presentation has been central to informing the work of the board in this area, stimulating the need to review multi-agency local safeguarding systems across services for children's and adults.

North Tyneside:

In North Tyneside a scoping exercise has been undertaken to gain a better overview of the young people being worked with. This has identified some of the current themes and highlighted areas for further development work. Meetings have commenced in recent months between children's and adult services, education, and commissioning to review transitions from children to adult services, this includes transitional safeguarding. A pathway is currently being developed to identify children that are likely to need adult social care support. It is acknowledged that there will always be young people previously unknown to services who may experience a crisis at 17+ and the plan is to agree responsibilities, joint working arrangements, and pathways for these young people. These meetings are newly established, however the importance of improving and developing robust transitions more widely from children to adults and in relation to safeguarding is well understood.

Northumberland:

In Northumberland significant progress has been made in relation to transitions during this year, including the introduction of a Transitions policy and panels. This policy provides an operational framework and outlines the key element of transitions work and the responsibilities of both Children's and Adults Social Work teams in planning transitions. The framework includes Transitions Planning Panel meetings which provide an opportunity to identify the most appropriate pathway for a young person, facilitate joint working, and ensure appropriate referrals and signposting take place in a timely manner.

Several other collaborative approaches and joint working initiatives have been established between the Adolescent Service and Adult Social Care, to improve the outcomes for young people and respond more effectively to safeguarding risks. A joint Transitional Safeguarding Protocol has been agreed and will be implemented across Children's and Adult Services. A range of shared and multi-agency training opportunities have also been developed including 'Vulnerability not Age', Child to Parent Violence and Abuse (CPVA) and Mental Capacity Act/Deprivation of Liberty Safeguards, to align safeguarding systems. This ongoing work is also central to the joint Exploitation sub-group strategy and delivery plan. Moving forward, an audit of transitions cases has commenced, which will inform the development of transitions workshops to promote greater understanding and working arrangements across Children's and Adults workforces.



Priority 3 Early Identification and Prevention of Domestic Abuse

Working in partnership across both areas Northumberland and North Tyneside Workforce Development teams have ensured the ongoing development and delivery of multi-agency domestic abuse training as a virtual offer. The original programme was developed via funding from the Office of Police and Crime Commissioner (OPCC) to offer a standard and consistent approach to domestic abuse training across the Northumbria Police force area. Survivors focus groups were instrumental in the development stages. The original pool of trainers was expanded via a further 'Train the Trainer' programme which has ensured a continued training offer is available at all levels. Specific multi-agency training sessions about the impact of Covid-19 and Domestic Abuse were also quickly developed during this year. Learning from SAR's and DHR's has been delivered via virtual staff briefings.

In North Tyneside the Independent Domestic Violence Advocate (IDVA) service is now well embedded in the North Tyneside MASH team. North Tyneside were actively involved in the 16 Days of Action, through various activities to help raise awareness and assist in the prevention of Domestic Abuse. Both areas continue to have active Domestic Abuse Champions across adult social care. In Northumberland an IDVA MASH pilot from October 2020 to March 2021 has led to the Northumberland Domestic Abuse (DA) service, DASSN, successfully securing two years funding to continue to have a full time IDVA in the MASH.

In both Northumberland and North Tyneside, from April 2019, the local DA services DASSN and Harbour have also been funded by the Ministry of Housing, Communities and Local

Government (MHCLG) DA and Complex Needs project to provide assertive outreach. The assertive outreach team in both areas work with those service users who historically disengage with services, working in a trauma informed way to reduce risk, encourage engagement with services and secure and maintain stable accommodation.

The three North of Tyne Local Authorities, in partnership with the local statutory and voluntary agencies, once again arranged a range of virtual events and social media updates in support of the international 16 days of action to end VAWG (Violence Against Women and Girls). Raising awareness of the support available across the three local authority areas.

As part of the Domestic Abuse Bill/Act preparation work a task group was established January to July 2021 in both Northumberland and North Tyneside, supporting both areas to refresh their DA Needs Assessment, undertake a review of the DA Multi agency partnership arrangements and the development of commissioning priorities for 2022 -25. Looking ahead to next year, Domestic Abuse Board partnerships are being set up in both areas and aligning these arrangements with the SAB will be a key priority.

Within the Northumbria Police Safeguarding Team, close relationships have been forged with the Local Authority Domestic Abuse leads, to work together in the implementation of Domestic Abuse boards. In addition Northumbria Police have been working on the introduction of IDVA's into their police control room who can provide very early professional support to domestic abuse victims and ensure consistency with medium to long term support.

Child to Parent Violence and Abuse (CPVA):

In both North Tyneside and Northumberland, a CPVA pathway has been developed and agreed jointly by Children's and Adults Social Care, with communication across teams and services to raise awareness. This is supported by a CPVA training strategy, including virtual workshops. Positive and committed partnership working has given CPVA the profile needed to raise awareness.

The Northumberland CPVA steering group undertook a multi-agency audit in 2020 and oversees the implementation of key learning and action plan. Learning from the audit led to an agreed CPVA pathway and improved communication between Children's and Adult Social Care, with joint family safety plans being produced. The work of the steering group and

the funding secured has enabled the development of a menu of options to meet the range of needs identified by the audit. A 7-minute guide has also been disseminated and published on Northumberland Safeguarding websites.

The steering groups in both areas continue to meet quarterly and have both agreed that APVA will now be referred to as CPVA with an updated definition, in agreement with Northumbria Police and the other four Local Authorities in the region.



Priority 4 Focus on forms of Criminal Exploitation

Working in partnership to identify and respond effectively to prevent and reduce the impact of exploitation.

North Tyneside is currently establishing a strategic multi-agency group relating to criminal exploitation. It is anticipated this will provide a more robust overview of criminal exploitation in the local area across children's and adults, and this will contribute to a regional view, in terms of monitoring activity across the area. There will be a focus on transitional arrangements of young people and ensuring transitional safeguarding is strengthened. North Tyneside have delivered joint training with Changing Lives in relation to Criminal exploitation, a suite of training has been scheduled for 2021-22 to raise awareness. North Tyneside is also strengthening systems to capture data on criminal exploitation, in a more detailed, and qualitative way.

In Northumberland the multi-agency Exploitation sub-group has continued to drive our understanding and responses to criminal exploitation. The work of this group is informed by a multi-agency Strategy and Delivery plan which encompasses all age exploitation and draws upon learning from local and national reviews.

During this reporting year both 'Vulnerability not Age' and Criminal Exploitation multi-agency training programmes were launched. Multi-agency virtual workshops have been offered, including modern slavery, county lines, and criminal and sexual exploitation. An added emphasis on criminal exploitation has also been incorporated into the standard safeguarding

adult's programmes to highlight exploitation more widely.

A Modern Slavery, Trafficking and Exploitation Concept of Operations has been published which outlines roles and responsibilities, referral pathways, and a multi-agency approach to supporting victims. Other highlights from the work of the group include establishing links with the Violence Reduction Unit (VRU) and Changing lives, and the introduction of data sharing across agencies to assist with identification of any emerging threats, hotspots or areas of concern.

Also during this year, a Police operation was undertaken to tackle County Lines activity in a community in Northumberland. Operation Eclipse initiated a multi-agency local response to concerns which resulted in the Northumberland Senior Manager for Safeguarding Adults receiving a Policing award, for multi-agency partnership working. This was accepted on behalf of all the partner agencies involved in this collaborative safeguarding activity.

Learning from reviews in 2020 highlighted several areas of focus for the Exploitation sub-group which have been incorporated in the 2021 Delivery plan. These include transition to adulthood, CPVA and the links to exploitation, the use of language by professionals, and understanding and awareness of indicators of Criminal Exploitation.

Operation Momentum

Op Momentum is an ongoing operation within Northern Area Command set up to both disrupt County Lines drug supply, tackle serious violence and safeguard vulnerable adults being criminally exploited in the supply chain. Throughout the Operation, Northumbria Police have worked closely alongside Adult Social Care teams, Changing Lives and Community Safety Partners. Vulnerable adults are subject to increased visits from Neighbourhood policing teams and allocated a police Single Point of Contact (SPOC) who develop links to other agencies including housing to support the vulnerable adult. Weekly multi-agency meetings are in place to share information and support a multi-agency safeguarding plan with cases RAG rated based on an assessment of risk.

As a result of the success and in recognition of the dedication of all those involved, Op Momentum won Northern Team of the Year at Northumbria Police's Pride in Policing awards with all those involved receiving Assistant Chief Constables' compliments.

Northumbria Police

Northumbria Police's missing from home coordinators have played an active role in multi-agency safeguarding over the past year in respect of young adults missing through Criminal Exploitation and County Lines. The introduction of adult social care into the Multi agency MSET (Missing, Slavery, Exploitation, Trafficked) meetings has been a positive step in assisting to safeguard young people as they transition into adulthood.

A consistent force wide chair has been introduced to the Strategic Exploitation Groups across the Northumbria Police six local authority footprint. This has allowed the join up of best practice across the region in respect of all forms of exploitation. The chair has established links with both the Violence Reduction Unit (VRU) and the Regional County Lines Coordinator who can build learning from national and regional practice into the local response. Regional join up also allows for effective information sharing and learning from practice across the region.

Links have also been developed between Northumberland LA and the Regional Modern Day Slavery (MDS) Coordinator with resources shared to improve front line practitioners' knowledge and awareness of NRM referrals.

What does our local data tell us?

All agencies are currently reviewing how criminal exploitation is recorded, and this will be an area for development in 2021-22. In terms of LA data, the monitoring of relevant abuse types currently includes Modern Slavery, Sexual Exploitation, Radicalisation and Human Trafficking. For these abuse types North Tyneside has responded to 55 cases, compared with 33 the previous year. Northumberland also notes an increase from 33 to 39 cases this year. These increases demonstrate increased awareness from local campaigns, and improvements in recording and training provision across both authorities. Northumberland has also directly experienced the impact of Operation Momentum locally.

Across the partnership multi agency virtual training workshops have been offered to include Modern Day Slavery, County Lines, Criminal and Sexual Exploitation. An added emphasis on criminal exploitation has also been incorporated into the standard core Safeguarding Adults training programmes to highlight exploitation more widely.

Gaining a better understanding of all agencies multi-agency data in respect of exploitation, is a key area for development for the SAB. To inform this, it is anticipated that in the future both LA's links with the regional multi-agency Victim Hub, will provide opportunities for local profiling and an understanding of the wider exploitation picture.



Priority 5 Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a core objective for the SAB, which is incorporated within the strategic plan and all subgroup activity. There is a continued commitment to work together to achieve person-led and strengths based frontline practice, across all agencies. Fundamental to its role, the SAB seeks to promote the principles of MSP through its communications, quality assurance measures, and learning and development.

This year, the SAB has supported and promoted the MSP toolkit and resources published by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). This includes a series of tools to support MSP, measure effectiveness and improve safeguarding practice. Next year, this suite of resources will be the focus of a SAB development session and will be used to develop local training resources for staff.

From a workforce development perspective, the principles of MSP continue to be embedded across all learning packages, the emphasis being on the importance of person led interventions to achieve desired outcomes. In order to measure effectiveness and seek assurances that these principles are embedded, the Performance

group have produced a multi-agency audit tool to, which continues to be developed. MSP remains a continued area of focus, and all partners are encouraged to provide evidence and assurance of their arrangements.

We continue to review how effectively we capture MSP: in North Tyneside there is a plan to use an independent agency, to capture the views of the individual and their experiences of safeguarding, though this will need to be done with sensitivity and full consultation with the adult who has experienced risk, when deemed appropriate.

Looking ahead to next year, whilst MSP will continue to be a SAB priority, as highlighted in the recent review of partnership arrangements, there is a need to focus upon involving and hearing the voices of people who use services, to ensure the Board remains grounded in the reality for people and frontline staff.

MSP is closely monitored via each LA, which is reported below:

In 2020/21:

Clients involved in safeguarding enquiries who lacked capacity:

Northumberland



North Tyneside



Individuals involved in enquiries who were asked what their desired outcomes:

Northumberland



North Tyneside





Individuals who had their outcomes fully or partially met (where outcomes were expressed)

Northumberland

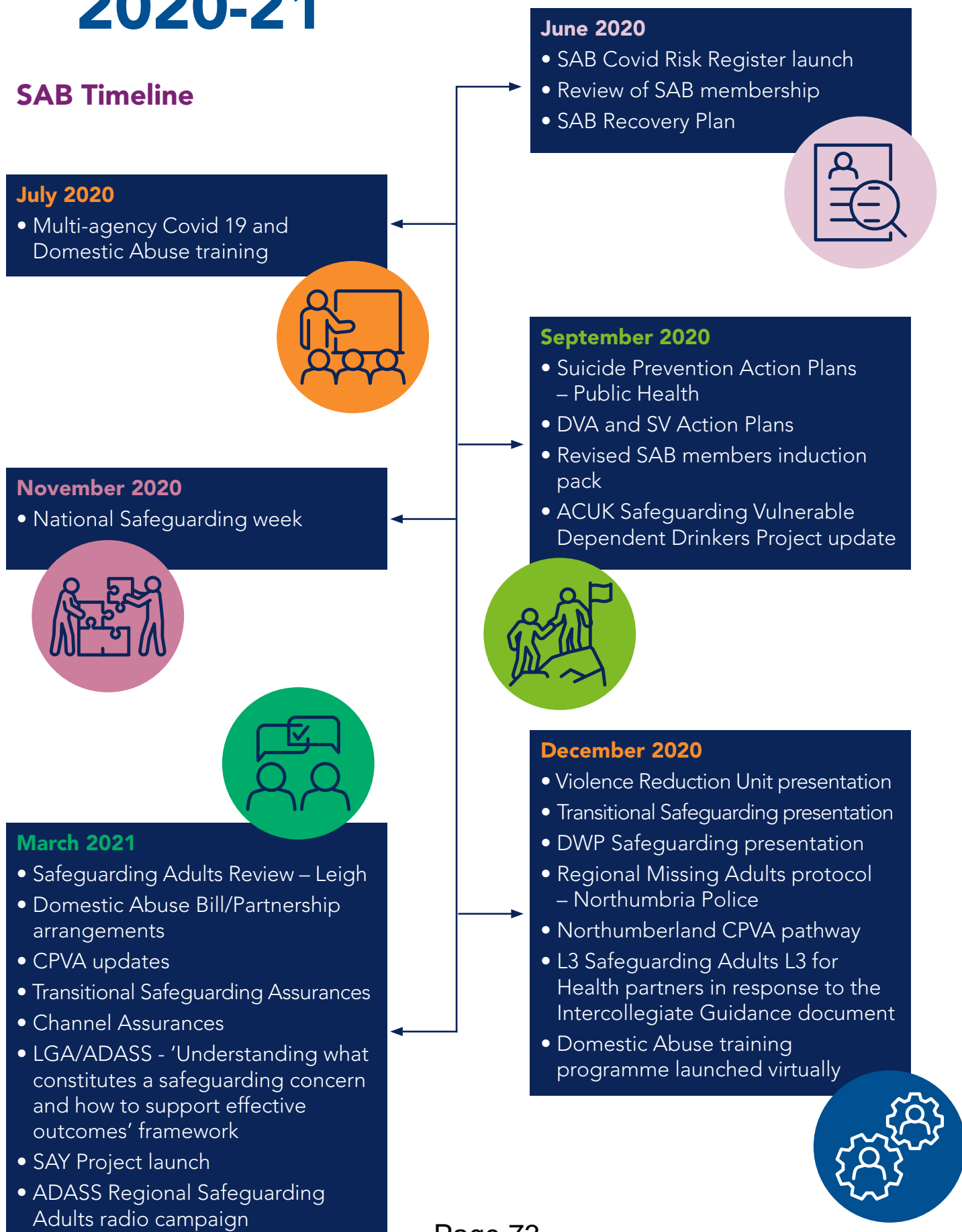


North Tyneside



6. SAB Highlights 2020-21

SAB Timeline



Key highlights from 2020-2021:

This year the Board has focused upon a range of specialist topics, aligned to the SAB's priorities. Information and presentations from speakers have informed future areas of work, and are included in a number of sub-group work plans. Below are some highlights from this work.

Safeguarding Vulnerable Dependent Drinkers Project

Last year we reported on the Board's involvement with a multi-agency project to develop guidance and training on responding to adults with care and support needs, who are chronic and change resistant dependent drinkers. This national work followed on from the 'Learning from Tragedies' report.

Over the last 18 months Alcohol Change UK, Mike Ward and Professor Michael Preston-Shoot have worked together to develop a national briefing and training in relation to *Safeguarding Vulnerable Dependent Drinkers*, with the aim of enabling professionals in England to use legal frameworks to manage and protect chronic dependent drinkers. This initiative was supported by approximately 24 local authorities and treatment agencies across England and Wales including Northumberland and North Tyneside.



The project has focused on helping practitioners to make the most effective use of the three main legal powers which can protect vulnerable dependent drinkers: the Care Act, the Mental Capacity Act and the Mental Health Act. It also focuses on a handful of other relevant powers such as the 2014 anti-social behaviour powers. In addition, it emphasises the importance of a framework of care planning systems that enable the powers to be used most effectively.

Legal powers should not replace good alcohol treatment, or the type of assertive community work set out in [ACUK's Blue Light project manual](#). However, as 25% of Safeguarding Adult Reviews feature complex dependent drinkers it is important that key staff working with these people understand how best to do so.

The briefing is now complete and is currently in a pre-publication phase. To support this, Alcohol Change UK are providing multi-agency training across Northumberland and North Tyneside in spring and summer 2021. It is hoped that both the training and the briefing will support future practice in this challenging area. In Northumberland the key messages from this work have been incorporated in Mental Capacity Act training, specifically in relation to substance misuse. This is also being developed in North Tyneside, where managers and senior social workers have been fortunate enough to receive presentations from both Mike Ward and Michael Preston-Shoot regarding the findings from Learning from Tragedies.



Just Say App Launch

The Just Say app originated from a regional commission, and has received funding from the ADASS and NHS England. Following a lengthy period of planning with a group of young people, the app has been developed in Northumberland, though can potentially be adapted by other areas in the region.



In March 2021 the [Just Say app](#) was launched for young people aged 16-25 living in Northumberland, and is available to download on the App Store and Google Play. The app offers information about local services, and advice and support to promote wellbeing, signposting to over 250 services for young people. These include support for mental health, money worries, safeguarding concerns, relationship problems and a range of issues. This was inspired by young people involved in a local youth project called SILX based in Blyth, who have worked with Northumbria Healthcare and Northumberland County Council to develop the app.

The North Tyneside and Northumberland SAB has supported the commission, development and launch of the app, and has promoted a range of resources across partner agencies, to help raise awareness with young people who use their services.



National Safeguarding week

In November North Tyneside and Northumberland joined a nationwide conversation to raise awareness of adult safeguarding issues as part of National Safeguarding Adults week.

Supported and promoted by SAB partners, a wide range of awareness raising resources, information and communications were circulated around the following topics

- safeguarding and wellbeing
- criminal exploitation
- financial abuse
- safe places within our communities.

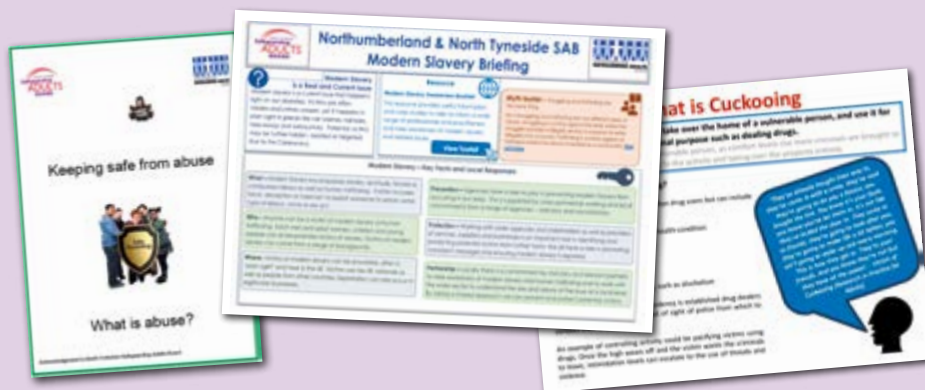
During this week, the SAB launched and published a number of resources including 'Keeping safe from abuse' easy read guides, and a series of briefings in relation to self-neglect, modern day slavery and cuckooing.

The aim of this national awareness week was to work together to remind the community about the vital role it plays in helping prevent abuse by spotting the signs, and the actions that should be taken if they are concerned about someone.

Paula Mead, Chair of the Safeguarding Adults Board said:

"Everyone has the right to be treated with dignity and respect and be able to enjoy a sustained quality of life and improved wellbeing.

The Safeguarding Adults Board is committed to raising awareness of individual's human rights, their capacity for independence, and ensure that they are protected from abuse, neglect, discrimination or poor treatment and that their carers too are kept safe."



Channel updates

Channel forms a key part of the national Prevent strategy, and is a safeguarding multi-agency process, providing support and intervention to individuals who are at risk of being drawn into terrorism.

Channel uses a multi-agency approach to identify individuals at risk, assess the nature and extent of that risk and develop the most appropriate support plan for the individuals concerned.

SAB partners provide a key role and contribution to Channel Panel arrangements across both areas and the SAB is provided with annual reports and assurances from the Channel Panel.

This year a number of significant changes to Channel arrangements took place across both areas, as delivery and chairing responsibilities transferred to Safeguarding leads with Adult and Children's Services.

North Tyneside

Following recommendations from the Parsons Green Review the Channel Chair responsibility moved from the Community Safety Team to the Adult and Children's Safeguarding team emphasising an important shift in ethos from security to safeguarding.

A working group was established in August 2020 and implemented a process that sits at the all-age Front Door and incorporates the Channel Guidance produced in November 2020. The Front Door Team Managers Chair the panel and the single points of contact are located within the all-age MASH. Concerns are escalated via the Director of Adult Social Care and Children's Services. The panel's principles incorporate the guidance from the Home Office Channel team about what a good panel should incorporate, and regular discussions are held with the Home Office's Quality Assurance lead who has also been invited to join the working group.

Northumberland

During this reporting year, Northumberland Channel Panel arrangements have been reviewed, and a number of changes have been made to governance and operational arrangements. Chairing responsibility has transferred from Community Safety to Adult and Children's Social Care, and processes and documentation have been revised and updated. A local self-assessment has also been undertaken to ensure arrangements are compliant with the revised Channel Duty guidance published in 2020.

The Channel panel chair reports directly to the Safer Northumberland Partnership Board (SNP) who has overall responsibility for the local overview and monitoring of Northumberland's implementation of the Prevent duty. The Channel chair also reports annually to the Northumberland Strategic Safeguarding Partnership (NSSP) and SAB, and to councillors through the Communities and Place Board Scrutiny Committee. Governance arrangements include provision for addressing escalated concerns, via the Executive Director of Adult Social Care and Children's Services.

A revised Prevent/Channel pathway has recently been developed and implemented in Northumberland, and Channel Chairs have attended a programme of training provided by the Home Office. Channel arrangements work effectively in Northumberland, with strong multi-agency attendance and commitment at an operational and strategic level. This was evidenced in the Annual Assurance statement return to the Home Office, and local input from the Quality Assurance lead.

7. Safeguarding Adults Review Committee – Lessons Learnt

In accordance with the Care Act 2014 Safeguarding Adult Boards have a statutory duty to carry out Safeguarding Adults Reviews. The SAB is required to undertake reviews when an adult in its area has died as a result of abuse or neglect, and there is a concern about how the partner agencies have worked together to safeguard the adult.

In the year for this Annual report one Safeguarding Adults Review (SAR) was completed in North Tyneside and endorsed by the SAB in March 2021. Further details of the learning from this review can be found below. Looking ahead to next year a key priority for the Safeguarding Adults Review Committee (SARC) will be to oversee the action plan from this review, reporting progress to the SAB and ensuring that all recommendations have been completed in full. The full report had now been published, and is available on the [North Tyneside Safeguarding Adults website](#).



Safeguarding Adults Review – Leigh

Leigh was a name chosen by her family for the purpose of the SAR. Leigh was 38 when she died, she was of white British origin and was a mum. Leigh had previously lived in another area and had been in care as a teenager. She had a history of domestic abuse, dating back to when she was a child and was known to mental health services. Leigh became infected with HIV through a previous relationship and she died because her HIV disease developed into an AIDS defining illness that was not recognised by those working with her. Leigh also experienced significant self-neglect in the last few weeks of her life. Leigh was known as a very caring person.

What did we learn?

- The importance of a trauma informed approach, as this affects the approach we take as professionals and how we understand the unique strengths and challenges for the individuals we work with.
It also affects how an individual might view their relationship with professionals and services.
- Self-neglect was not identified as a safeguarding concern by those working with Leigh.
- Many professions were working with Leigh, and this has highlighted the importance of a co-ordinated and multi-agency approach, in identifying and managing risk.
- Leigh had a long-term health condition, and the complications in relation to her health were not widely known or recognised.
- The importance of professional curiosity and escalation.
- The importance of a Think Family approach.

What are we doing as a result?

These are some of the actions that will be progressed as an outcome from the SAR.

- A Virtual Workshop Caring about Adversity, Resilience & Empowerment (CARE) has now been developed collaboratively by both Adult & Children Services across North Tyneside and Northumberland Local Authorities.
- Multi-agency briefings to be delivered on Think Family and Professional Curiosity over subsequent months.
- Awareness raising within front line teams of the implications of the long-term effects of untreated HIV disease.
- A re-launch of the North of Tyne self-neglect guidance is planned locally and regionally, and a review of regional SARs where self-neglect is a feature is to be undertaken.



Learning Reviews

In 2020-21 the SARC considered 3 new case referrals and has continued to monitor the action plans from previously completed SARs and learning reviews. These learning reviews had not met the statutory criteria for a SAR, but partners had agreed that there were lessons to be learned about multi-agency collaboration.

During this year one joint Learning Review with Children's Services has been concluded in Northumberland, following the suicide of a young person 'Bobby'. Some of the key learning from this Review relates to awareness of criminal exploitation and Child to Parent Violence and Abuse (CPVA) and referral pathways. In response to the recommendations from this Review, and in line with the current SAB's priorities, a significant amount of work has been undertaken to share the learning and raise awareness of these key issues, across the partnership. A multi-agency Action Plan and Assurance document has been developed and continues to be monitored. The next steps include producing a 7-minute briefing and learning from this case will feature in a series of multi-agency carousel training events.

The SARC also continues to consider and benchmark learning from other reviews, both locally and nationally. Following on from the multi-agency lessons learnt workshops commenced last year, a suite of webinar recordings and resources have since been developed for staff to access at any time. Locally this learning has been reinforced in practitioner forums. The learning from the National SAR Analysis and the priorities for sector-led improvement have also been a key focus for the committee and moving forward the recommendations for SABs will be assessed and assured against local SAR practice. Any identified gaps or developments required will be captured in an improvement action plan, to be progressed over the next year.

Multi-agency Diabetes pathway

In our 2018-19 Annual Report we outlined the details of a Northumberland SAR relating to Adult W, who sadly died in a nursing home after his condition deteriorated, and the severity of the situation was not recognised or escalated. One of the key findings from this review was that Adult W's bespoke diabetes care plan had not been updated and communicated across all relevant agencies, which led to a poor level of understanding of Adult W's diabetic and holistic care needs leading up to his death. One of the key recommendations of the Review was the need to develop a multi-agency Diabetic pathway to support staff.

We are pleased to report that NHCFT and Northumberland CCG have developed this pathway, which is now in place within acute and primary care settings. The pathway will enable professionals, who are working with patients with diabetes, to have a clear understanding of what to do if any issues arise, and who to contact. It also includes what to expect should the patient require an acute admission to the trust. The pathway and learning has been widely shared throughout the trust and adopted by both CCG's. It has also been circulated to regional networks and SAB partners and cascaded to Care homes.

The Board would like to acknowledge the significant amount of work undertaken by NHCFT and the Northumberland CCG to develop and finalise this pathway.

The full report and findings can be found on the [Northumberland Safeguarding Adults website](#).



North East SAR Champions

Both North Tyneside and Northumberland are members of the North East SAR Champions network. During this year the network has extended its membership, and remains committed to a collaborative partnership to ensure that learning from SARs and other reviews are shared across the North East area. Significant progress has been made this year with the network providing a regional response to the National SAR Analysis, developing a regional SAR library and peer review process, and a guide to the National SAR Quality markers. It is expected that the regional SAR library will soon be live and accessible to all LA areas, and a final Quality Markers guide will be circulated and implemented across all partnerships.

8. Looking ahead to next year

SAB Priorities and Plan:

The SAB has produced a 3-year strategic plan for 2021-24, which has been informed by local Safeguarding data and themes, partner assessments, the SAB Risk Register and local and national learning. This will be underpinned by an annual work plan which will be reviewed and updated quarterly. **The full Strategic plan can be found on the Safeguarding Adults pages at;**



The plan sets out 5 key priorities, which continue from the previous reporting year, though the focus of this work has progressed:

Review of SAB arrangements

North Tyneside and Northumberland joint Safeguarding Adults Board arrangements were established in 2016, and since that time, there have been many improvements and developments in partnership working. In 2020, one of the Board's priorities was to review the efficacy and efficiency of the Board; therefore, in January 2021 an Independent Review of these arrangements was commissioned, involving consultation with all partner agencies. The Review identified a number of key messages and proposals for the Board to consider for the future.

The Review identified that the joint board was valued and well regarded as a forum for bringing a wide range of partners together. There has been great deal of commitment, enthusiasm and drive to develop improvements to Safeguarding across both areas. Partners and local safeguarding leads work well together, and relationships were viewed as well-developed and strong.

However it was recognised that now was an appropriate time for the Joint Board to review its future as we emerge from a total focus on the pandemic, and start to realise the implications for local communities and people in need of care and support. We recognise that it is possible to work in different ways and that changes and lessons learned can be implemented much more quickly than previously seen. The time is now right to focus on the needs of our respective communities and ensure that strategic arrangements are aligned locally.

The Reviewer noted that members agreed more could be done to hear the voices of people who use services and frontline staff to ensure these shape the development and direction of services. Moving forward, this element of Making Safeguarding Personal will be a Board priority included in the Strategic Plan. Whilst the Board meets partner's needs for information and learning, there is a need for greater focus on core priorities, strategic direction/overview and assurance. As a result of the review an options paper is to be presented to partners for consultation about potential next steps.

9. Working with our Partners

Contribution from our Lay Members:

The SAB remains committed to engaging communities in safeguarding and promoting the welfare and wellbeing of adults. Following their appointment in 2018, the contribution of our Lay members has been invaluable, and they continue to provide a community perspective to the work of the Board. These key SAB members also offer essential oversight and scrutiny of the decisions and policies endorsed by the Board, bringing the voice of the community.

We continue to welcome their contribution and perspective, which strengthens the work of the Board, and enhances safeguarding links with our local communities.

"The SAB has continued its work with the recognition that the Covid-19 pandemic has resulted in unprecedented challenges placed upon all local and national services. Working in partnership throughout the pandemic, the SAB continued to make safeguarding person-led, and outcome focussed, whilst ensuring there is an underpinning ethos of prevention."

North Tyneside Lay Member

"What has impressed me throughout Covid is the unstinting focus and dedication of all the partner agencies to work even smarter and think out of the box to ensure systems and communications were robust in ever changing circumstances. At the heart of it all has been a team striving for continuous improvement in challenging times to ensure nobody "falls through the net."

Northumberland Lay Member

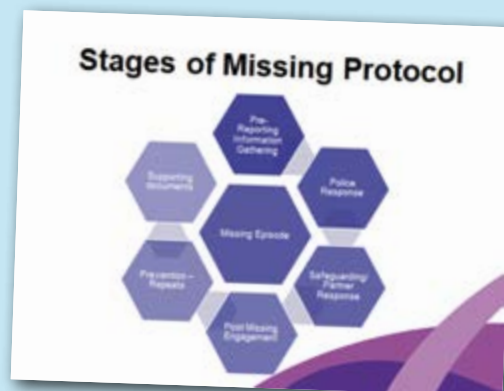


Partner spotlight:

Regional Missing Adults Protocol – Northumbria Police

Within the past 12 months Northumbria Police have worked with Regional Safeguarding Adults boards to develop a Missing Adult Protocol to ensure all professionals are aware of the risks surrounding missing adults. The protocol contains guidance for partners about police responses to Missing persons and Safeguarding guidance for all agencies. The protocol also contains a return interview template and introduces the Winnie Protocol for agencies to record information in respect of adults at risk of going missing. Since the launch of the protocol in November 2020 the protocol has attracted positive comment from the National Safeguarding Adults network and the NHS England Head of Safeguarding.

As part of the launch of the Missing Adult Protocol Northumbria Police have enhanced their support to the return home interview process by introducing a pilot which sees our Street Triage Service attend and conduct return home interviews with those adults who have been missing due to a mental health crisis. It is hoped that by providing an early intervention by Mental Health specialist we can provide effective signposting and support to prevent future missing episodes and serious harm linked to suicide/self-harm.



In keeping with the theme of Missing, Northumbria Police have collaborated with Missing People Charity to take advantage of a service which offers Missing adults in MH crisis with early contact and support from the Samaritans. Early analysis of this service shows that 80% of missing adults who are offered an intervention take up the offer of contact and support from the Samaritans. This is in keeping with our multi-agency focus on preventing the harms suffered by Missing adults.

In both North Tyneside and Northumberland briefing sessions have been delivered across adult social care following the launch of the protocol, including Managers and Senior Managers. Awareness and implementation of the protocol has been promoted across all partner agencies, to highlight the importance of using the protocol to ensure a consistent and multi-agency approach. This will continue to be promoted and monitored across both areas. Northumbria Police now report missing adult's data via the Exploitation sub-groups, which in Northumberland have been subject to further individual case reviews.



<https://www.chroniclive.co.uk/news/north-east-news/scheme-help-find-support-missing-19305516>

A screenshot of a news article from 'Northumbria Police' on the 'North East News' website. The headline reads: 'Scheme to help find and support missing adults launched in Northumbria Police area'. Below the headline, a sub-headline states: 'The Winnie Protocol will help officers find out more about the missing person and give them details to hand that could prove crucial during a search'. The article is attributed to 'Katie Dickinson Reporter' and dated '08:00, 19 NOV 2020'. At the bottom, there are social media sharing icons (Facebook, Twitter, LinkedIn), a 'COMMENT' button with a count of '1', and a 'NEWS' tag.

Partner cases studies – Multi-Agency Safeguarding

Community Rehabilitation Company

Mary is a woman well known to probation services, who has a history of serving multiple short sentences, being released from prison to chaotic circumstances and substance misuse, before returning to prison shortly afterwards. Mary is considered to be at a high risk of serious harm from others in terms of sexual exploitation and domestic abuse. She is also at risk of overdose and has complex mental health issues. Each time Mary has been released from prison, probation staff have attempted to engage with her and to support her to form working relationships with other services, for the purposes of safeguarding her from those risks.

During her latest release her probation officer worked hard with a social worker from safeguarding adults to help to safeguard Mary and provide her with the means to keep herself safe. Whilst Mary has been returned to custody again there has been real progress in that agencies have been able to work together to co-ordinate a meeting between Mary and the Sexual Exploitation team from Northumbria Police. She has been able to participate in some joint meetings with her accommodation provider and her officer and has received a mobile phone, so she is able to contact professionals involved in her safeguarding plan. Mary also achieved a short period of abstinence and there has been a noted improvement in her physical appearance. These may seem like small steps, but they are significant achievements for Mary.

This has happened because the people involved in safeguarding her, including her probation officer and her social worker, have been persistent, and each time she has been released from prison they continued to try and engage with her at different times and using different means. Whilst she has returned to prison again, this time she seems more open to working with professionals on her release.

This case demonstrates the impact of working with other professionals to safeguard individuals and illustrates how we try to engage with people can have significant consequences. This tenacious and determined approach resulted in reduced risks, and a continued willingness from Mary to engage and contribute to the safeguarding process and be able to safeguard herself.





Local Authority

Claire is a 33-year-old woman living who lives alone. A safeguarding adult's referral was made due to concerns about domestic abuse from multiple individuals, and her chronically dependent alcohol use that was endangering her health. The safeguarding referral facilitated a multi-agency process which resulted in her Care Act needs being met, and a care package being provided to support her personal care, nutrition and social isolation needs. Mental Capacity Act assessments also supported work with Claire and resulted in deputyship to safeguard her finances. Proactive and continued police engagement was successful in disrupting the perpetrators, and active engagement from the Northumberland Recovery Partnership Assertive outreach team began to address her alcohol use.

The involvement of the Alcohol Blue Light group was central to Claire's engagement. The Blue Light group is a multi-agency initiative to develop alternative approaches and care pathways for those vulnerable and dependent drinkers who have complex needs. These monthly meetings facilitated information sharing and the commissioning of an assertive outreach service to work with Claire. The Blue Light approach is that, whilst it may not always be possible for an individual to change completely, it is possible to reduce harm and manage the risk they pose to themselves and others.

A number of parallel safeguarding processes were put in place including Safeguarding Adults, Blue Light, Multi-agency Risk Assessment Conference (MARAC) and Multi-Agency Task and Co-ordination (MATAC). This co-ordinated Claire's safety plan, which included support and safeguarding for Claire as well as effective disruption of the perpetrators. The risks to Claire were significantly reduced, and the Safeguarding Adults procedures were closed. Whilst Claire continues to drink alcohol, there is a multi-agency support and risk management process in place, and she is currently being considered for residential rehab.

This case demonstrates the impact of a range of local multi agency safeguarding processes, utilised to respond to multiple vulnerabilities and risks. The key messages from the Safeguarding Vulnerable Drinkers guidance can also be evidenced in the coordination of these processes to enable the effective use of the legal powers available.

Northumbria Healthcare NHC Foundation Trust

Helen is a 43-year-old woman open to safeguarding Adults, who was at high risk of death from domestic abuse and had significant alcohol misuse for a number of years. Professionals involved had concerns regarding her executive capacity and cognition due to the impact of alcohol misuse, and therefore her inability to protect herself from abuse and neglect from her current partner, and others in the community. Helen intermittently engaged with professionals, however multiagency safeguarding meetings were held regularly with a number of agencies to try and reduce the risks to patient due to the high level of concern for her wellbeing. Helen had presented at A&E many times, due to physical assaults and self-harm following arguments with the perpetrator. A management plan was in place at A&E which ensured staff were advised of the concerns, and relevant agencies involved. Safeguarding Adults and MARAC referrals were submitted, however Helen always returned home, where the perpetrator was. The Police were unable to secure convictions against the perpetrator as Helen would withdraw the allegations, and they were unable to pursue prosecution without Helen's co-operation.

Helen was brought into A&E by the Police after a significant physical assault from her current partner, the safeguarding plan was followed and referrals were made, but Helen refused to give a statement to the police or provide any evidence of domestic abuse from the perpetrator. However, due to the injuries Helen was admitted onto a ward. The safeguarding team now have an extended service at NSECH where a safeguarding member of staff is onsite from 8am-8.30pm. They were alerted by A&E staff that patient B was an inpatient, which enabled them to co-ordinate with agencies about her admission, liaising and supporting nursing and medical staff regarding the risk of discharge, and the holistic approach required. Helen engaged well with ward staff and the safeguarding team, and disclosed she was being continuously contacted by the perpetrator who was sending abusive messages. She expressed she was fearful of blocking their number and was worried that they would turn up at the hospital. The Safeguarding team were able to offer direct reassurance of the security measures put in place and spoke to security staff who monitored Helen off site whilst she was having a cigarette.

Photos of the perpetrator and associate were provided by police, so they could monitor CCTV. Helen stated she felt secure and safe, so much that she relinquished her phone to staff. Helen also agreed for social workers, domestic abuse workers and police to visit her, which was facilitated by the ward. The engagement was such that Helen agreed to support and was discharged from hospital to a safe refuge placement.

This case demonstrates a focused multi-agency response with all agencies communicating and working together for the best outcome for Helen. The new safeguarding team role was pivotal to this, and feedback from professionals has been very positive. Ward staff expressed they felt more confident and competent having the safeguarding team on site to support them and were key to Helen's engagement.

Some highlights from our Partners:

Northumbria Police



- Northumbria Police have recently created a new Strategic Innovation Partnership Team (SIP), which ensures that the same member of the Safeguarding Senior Management Team at DCI level attends all 6 of the Local Authority's Safeguarding Adult's boards. The SIP team will help support the SAB priorities and provides a consistent and innovative approach to Safeguarding.
- Northumbria Police have also led on the review of the multi-agency exploitation Hub and the commitment of all 6 Local Authorities and Health to work together to provide a multi-agency response to those at risk of sexual, criminal exploitation and all aspects of Modern Slavery.
- As part of our commitment to protecting the vulnerable the force are currently launching their Early Intervention Strategy and delivery plan. The plan has four pillars around - Working together, Preventative Intervention, Community Resilience and Our People. Our ultimate aim is to achieve a safe environment for people, their families and the wider communities to thrive without fear of harm and to ensure perpetrators are identified and targeted, and that the opportunity for them to cause further harm is removed or minimised.

North Tyneside CCG (NTCCG)



- In response to the heightened concerns the coronavirus pandemic was having on the incidence of domestic abuse NTCCG safeguarding team, led by the lead GP, delivered a number of virtual education and information sessions for GP's and partners from external agencies.
- In order to maintain contact and oversight of care homes during the pandemic, the NTCCG Clinical Quality Lead nurse along with the local authorities commissioning team contacted the homes daily in order to establish any issues being faced by the homes and raise any concerns such as safeguarding.
- Learning from a recent Safeguarding Adults Review in North Tyneside highlighted that systems were required within primary care to identify vulnerable adults who do not respond to letters, invites, and do not attend appointments. In order to address this gap, the GP Practice involved put a system in place whereby they run a search on their computer system of patients who are flagged as vulnerable, then review to ascertain which patients are not engaging or attending. These patients can then be discussed at the practices multi-disciplinary team and safeguarding meetings, and information shared with other agencies if warranted. Moving forward the safeguarding team will work with all practices to identify equivalent systems.

Northumberland CCG (NCCG)

- This year the CCG had a vacant Named GP which was replaced by a senior nurse (Named Nurse Primary Care). This is a full-time permanent post, and the nurse has extensive knowledge and expertise in safeguarding across both adults and children. The purpose of the role is to work closely with GP's and Primary Care to support, advise and train on all aspects of safeguarding adults.
- A lot of guidance and information has been provided to primary care both locally, regionally, and nationally during this period. The team has therefore developed a safeguarding newsletter for GP practices to share relevant information and keep primary care staff up to date as new information and guidance emerges. Anticipating a surge in safeguarding cases as lockdown eases, the team have created new and innovative ways to continue with training and support to GPs for difficult and complex cases.
- Also during this period, the team were involved in the closure of a Northumberland GP practice where safeguarding was identified as an issue. For three months prior to the closure the Deputy Designated Nurse made contact with the practice daily to discuss all safeguarding concerns to ensure vulnerable adults and families were responded to in the appropriate and safe way.

Northumbria Healthcare NHS Foundation Trust

- From April 2021 the trust safeguarding service have commenced an extended service 8am-8.30pm (Monday-Friday) supporting staff and patients around safeguarding. This was a proactive approach taken due to the volume of patients and safeguarding since the Covid-19 pandemic but has always been a key ambition of the service. There are now an additional 5 specialist posts into the service which includes a specialist domestic abuse practitioner who is also qualified as an Independent Domestic and Sexual Abuse Advocate. The service takes a much more responsive and proactive role in safeguarding and includes full cross cover across the children, adult and acute learning disability liaison service.
- The Safeguarding Service hosted Northumbria Healthcare's annual safeguarding conference in September. The eighth annual conference was held virtually by over 200 staff and guest speakers included experts from Sexual and Criminal Exploitation, drug and alcohol, learning disability and The Lighthouse Boys who spoke about their lived experience of losing their mother and sister when their father murdered them both and the impact of domestic abuse in their early lives.

The trust safeguarding service were finalists in the National Patient Safety Awards (Health Safety Journal) in 2020 for the category of Safeguarding Initiative around the domestic abuse model in the trust.



Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)



- The Northumberland Multi Agency Safeguarding Hub (MASH) post is now fully embedded within the Trust's Safeguarding team and the MASH. This post holder has worked collaboratively throughout the pandemic to ensure vulnerable people with mental health and substance misuse problems are safeguarded. The MASH manager reports that this work has ensured that clients with mental health, drug or alcohol issues received a proportionate response from services and identified cases, which would not have been picked up by safeguarding adults, who needed a quick response from Mental Health services. There will be an evaluation of the impact of this post, and there may be potential to develop this model within other localities.
- The work plan for the Trust's Safeguarding team includes embedding local and national safeguarding priorities across CNTW including transitional safeguarding, contextual safeguarding and the new Domestic Abuse bill. The team are also looking at improving the data monitoring and quality assurance reporting of safeguarding data internally and to local partners.

National
Probation
Service



Northumbria
Community Rehabilitation Company



National Probation Service (NPS) and Northumbria Community Rehabilitation Company (CRC)

- Northumbria CRC and The National Probation Service combined to form The Probation Service in June 2021. The CRC and NPS have established effective working relationships with a wide range of partnership agencies, and this work will continue with the Probation Service.
- This year the CRC spent time developing a stronger practitioner focus on sexual exploitation, modern slavery and county lines, considering how this might be explored and addressed with service users, and how it would translate into safeguarding practice, risk management and sentence plans.
- Staff awareness around Hate Crime, Mate Crime, Prevent Duty, Female Genital Mutilation (FGM), and Modern Slavery has increased over the last 12 months and is ongoing. Further awareness raising and training updates are required for some staff regarding mental health capacity and more awareness around self-neglect.

Appendix A

SAB members

As specified in the Care Act, the SAB includes three core members; the Local Authority, Clinical Commissioning Group, and the Police. However, our membership is also made up of nominated lead representatives from a wide range of partner agencies who are core or co-opted members.

Core members:

Independent Chairperson

Northumbria Police

North Tyneside Local Authority:

Adult Social Care

Housing

Elected member

Northumberland Local Authority:

Adult Social Care

Housing

Elected member

North Tyneside Clinical
Commissioning Group

Northumberland Clinical
Commissioning Group

Northumbria Healthcare
NHS Foundation Trust

Cumbria, Northumberland,
Tyne and Wear NHS Foundation Trust

National Probation Service

Community Rehabilitation Company

Children's Partnership Board Manager

Lay members

Co-opted members:

Tyne and Wear Fire & Rescue Service

Northumberland Fire & Rescue Service

Public Health

Community Safety

Northumberland VCS Assembly

North Tyneside carers

Northumberland Self-Directed support,
Prevention and Carers

HMP Northumberland

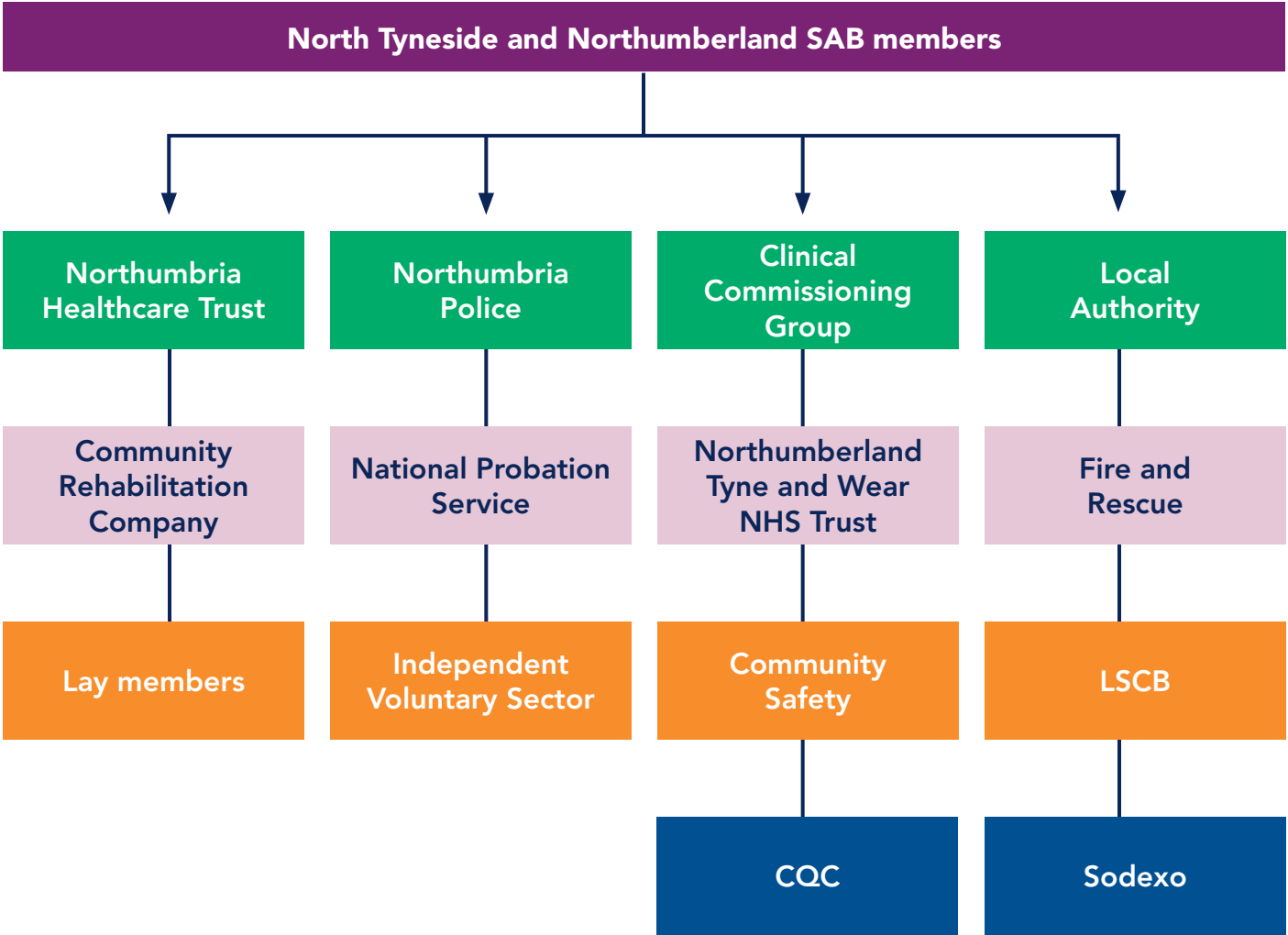
CQC

Legal Services

Healthwatch

Appendix B

SAB members



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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2021 - 2022

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Chris Angus, Scrutiny Officer
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22 December 2021 - CA

Agenda Item 8

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
 - Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial Inclusion and Fuel Poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity
 - Smoking Cessation
 - Alcohol and Drugs Misuse
 - Community Engagement and Empowerment
 - Social Inclusion
 - Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Update on learning disability funding
Adult Social Care Green Paper

Themed scrutiny:
Other scrutiny:

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2021 - 2022**

4 January 2022

PRE-SCRUTINY:- Workforce Issues in
Commissioned Care Services

To inform the Cabinet of current recruitment and retention issues affecting the care providers from which the Council commissions adult social care services, and to set out measures which could be adopted to address this.

North Tyneside and Northumberland
Safeguarding Adults Annual Reports 2020-21

To provide an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/2021

15 February 2022

End of Life Strategy

To receive an update following the revision of Northumberland CCG and Northumbria Healthcare's End of Life Strategy

Adult Principal Social Worker Annual Report

Annual report for 2020/21 of the Principal Social Worker in adult's social care.

GP and Dentist Access in Northumberland

Report on the current needs and access to GP and dental services across Northumberland. Report presented by Northumberland CCG and NHSE.

1 March 2022

Adult Social Care Self-Assessment

A review of the changes to adult social care following the dissolution of the partnership agreement between Northumbria Healthcare and Northumberland County Council.

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| | Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW) | Report by CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area. |
| 5 April 2022 | | |
| | NHCT Quality Accounts | |

| <p style="text-align: center;">Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2021-2022</p> | | | | |
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| Re f | Date | Report | Decision | Outcome |
| 1 | 15 June 2021 | NHS White Paper and ICS Update | RESOLVED that the presentation and comments be noted. | No further action at this time |
| 2 | 15 June 2021 | COVID-19 Update | RESOLVED that the presentation and comments be noted. | Further updates to be given. |
| 3 | 15 June 2021 | NUTH Quality Accounts | RESOLVED that the presentation and comments be noted. | NUTH to return with an update on their quality accounts next year |
| 4 | 26 July 2021 | Northumbria Healthcare NHS: COVID Recovery Strategy | RESOLVED that the presentation be noted | No further action at this time |
| 5 | 26 July 2021 | Community Mental Health Transformation | RESOLVED that the presentation be noted | Further information on 'Open Minds Northumberland' would be made available in the forthcoming Members' briefing. |

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| 6 | 26 July 2021 | CNTW Quality Accounts | RESOLVED that the presentation be noted | No further action at this time |
| 7 | 2 August 2021 | NHS Partnership Agreement | RESOLVED that <ol style="list-style-type: none"> 1) the report be received and 2) that the Cabinet be informed that the Committee supported the recommendations contained in the report and hoped that the changes would support the advancement of social care and drive further improvement for the residents of Northumberland. 3) an update be provided in early 2022 along with complete and detailed financial information to allow Members to fully understand all the implications arising from the changes. | The Committee's comments were considered at the Cabinet meeting held on 3 August 2021. |
| 9 | 2 August 2021 | Proposed Partnership for 0-19 Public Health Services – Consultation | RESOLVED that <ol style="list-style-type: none"> 1) The report be received. 2) A review be carried out in six to nine months. | A review be carried out in six to nine months. |
| 10 | 31 August 2021 | COVID-19 Update: Public Health/CCG | RESOLVED that the presentation be noted | Further updates to be given |

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| 112 | 31 August 2021 | Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services | RESOLVED that the information be noted. | No further action at this time |
| 12 | 5 October 2021 | Winter Planning Update | RESOLVED that the information be noted. | No further action at this time |
| 13 | 5 October 2021 | HealthWatch Northumberland Annual Report | RESOLVED that the information be noted. | No further action at this time |
| 14 | 9 December 2021 | COVID/Vaccination Update | RESOLVED that the information be noted. | No further action at this time |
| 15 | 9 December 2021 | Director of Public Health Annual Report 2020 | RESOLVED that:- <ol style="list-style-type: none"> 1. A COVID-19 Inequalities Impact Assessment to inform the council's recovery plan to ensure that areas of deepening inequalities were recognised and addressed be undertaken. 2. An integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process be introduced. 3. The strong community networks and increased social cohesion to ensure residents were at the centre of | COVID-19 Inequalities Impact Assessment to be shared with the Committee. |

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| | | | <p>processes to design initiatives and services which met their needs and aspirations should be built on.</p> <p>4. The local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound, be supported.</p> | |
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