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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

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Tel direct: 01670 622613

Date: 1 February 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **MEETING SPACE, BLOCK 1, FLOOR 2, COUNTY HALL** on **THURSDAY, 10 FEBRUARY 2022** at **10.00 AM**.

Yours faithfully

Daljit Lally
Chief Executive

To Health and Well-being Board members as follows:-

J Boyack, N Bradley, C Briggs, S Brown, B Flux (Chair), J Lothian, J Mackey, C McEvoy-Carr, P Mead, L Morgan, W Pattison, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson

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
County Hall, Morpeth, Northumberland, NE61 2EF
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www.northumberland.gov.uk



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

(Pages 1
- 10)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 9 December 2021 as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURES OF INTEREST

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 and must leave the room.

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

4. UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

An update will be provided at the meeting on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan. Presentation by Liz Morgan, Interim Executive Director for Public Health and Community Services.

5. PHARMACEUTICAL NEEDS ASSESSMENT

(Pages
11 - 16)

To update the Health and Wellbeing Board (HWB) of progress and plans for refreshing the statutory Northumberland Pharmaceutical Needs Assessment (PNA) and agree the lower geographical level for assessment.

6. SAFEGUARDING ADULTS ANNUAL REPORT AND STRATEGY REFRESH

(Pages
17 - 66)

To receive an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/21. (Report from Karen Wright, Senior Manager Safeguarding Adults.)

- 7. NORTHUMBERLAND SAFEGUARDING CHILDREN BOARD (NSCB)
ANNUAL REPORT AND UPDATE OF ISSUES IDENTIFIED** (Pages
67 - 110)
- To provide an overview of the work by the Northumberland Strategic Safeguarding Partnership 2020-21. (Report from Paula Mead, Northumberland Safeguarding Children Board.)
- 8. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages
111 -
118)
- To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.
- 9. URGENT BUSINESS (IF ANY)**
- 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 meeting will be held on Thursday, 10 March 2022, at 10.00 a.m. at County Hall, Morpeth.

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 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 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.

Ch.'s Initials.....

Health & Wellbeing Board, 9 December 2021

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 mutated 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 become 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 weeks 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.

34. HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED that the forward plan be noted.

35. 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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Northumberland County Council

HEALTH AND WELLBEING BOARD

13TH JANUARY 2022

NORTHUMBERLAND PHARMACEUTICAL NEEDS ASSESSMENT

Report of: Liz Morgan Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattison - Adult Health and Wellbeing

Purpose of report

1. This report is intended to update the Health and Wellbeing Board (HWB) of progress and plans for refreshing the statutory Northumberland Pharmaceutical Needs Assessment (PNA) and agreeing the lower geographical level for assessment.

Recommendations

2. It is recommended that the HWB:
- Support the plan and proposed timelines for the statutory review of the PNA; and
 - Approve the use of previous CCG localities as the geographical basis of the PNA.

Link to Corporate Plan

3. The PNA links to the following objectives in the Northumberland Corporate Plan:
- Living. Pharmaceutical services provide a range of wellbeing and healthcare services and support to enable improved health and wellbeing.
 - Enjoying/Connecting. Pharmacy teams, located in the heart of communities, are assets which contribute to thriving places.
 - Thriving. Community pharmacies range from large multiples to small independent businesses and are an accessible healthcare and wellbeing provider for visitors to Northumberland.

Key issues

4. Producing and publishing a PNA is a statutory responsibility of the HWB. The Local Authority and Clinical Commissioning Group (CCG) are statutory partners in this process.

Background

Pharmaceutical Needs Assessment (PNA)

5. A Pharmaceutical Needs assessment (PNA) describes the health needs of the population and the services delivered by community pharmacies which are in place or could be commissioned to meet those identified health needs.

6. The main use of the PNA will be for NHS England to decide whether additional pharmacies are needed in Northumberland. Additional pharmacies may be needed if there are significant new housing developments and the current infrastructure will be overstretched. However there is a balance between current provision and a free market, as we need to ensure that the pharmacies are commercially viable and in the locations which are best for all the residents of Northumberland.

7. The HWB has a statutory duty to produce a PNA every three years. The requirement to produce a PNA in 2020 was delayed, due to the pandemic. The HWB is required to produce a PNA by September 2022. The DHSC produced updated guidance for Local Authorities in October 2021, which is much more prescriptive about what PNAs should contain. This is probably to ensure that the documents produced by local authorities are of a higher standard, and to reduce the number of applications going to appeal and litigation.

8. Work started in August 2021, and much of the information in the October guidance has been anticipated by the team working on the PNA, including:

- Establishment of a Steering Group, with the appropriate membership.
- Development of survey for Community Pharmacies.
- Development of a questionnaire for patients and the public.

Geographical areas to be used in PNA

9. The regulations require the HWB to divide the area into localities which reflect the needs of the local population. In the past District Council boundaries and CCG localities have been used to subdivide the County into manageable, locally focused areas. However, Primary Care Networks (successors to CCG localities) are groups of GPs who work collaboratively for patient benefit but do not reflect any pre-existing geographical boundaries.

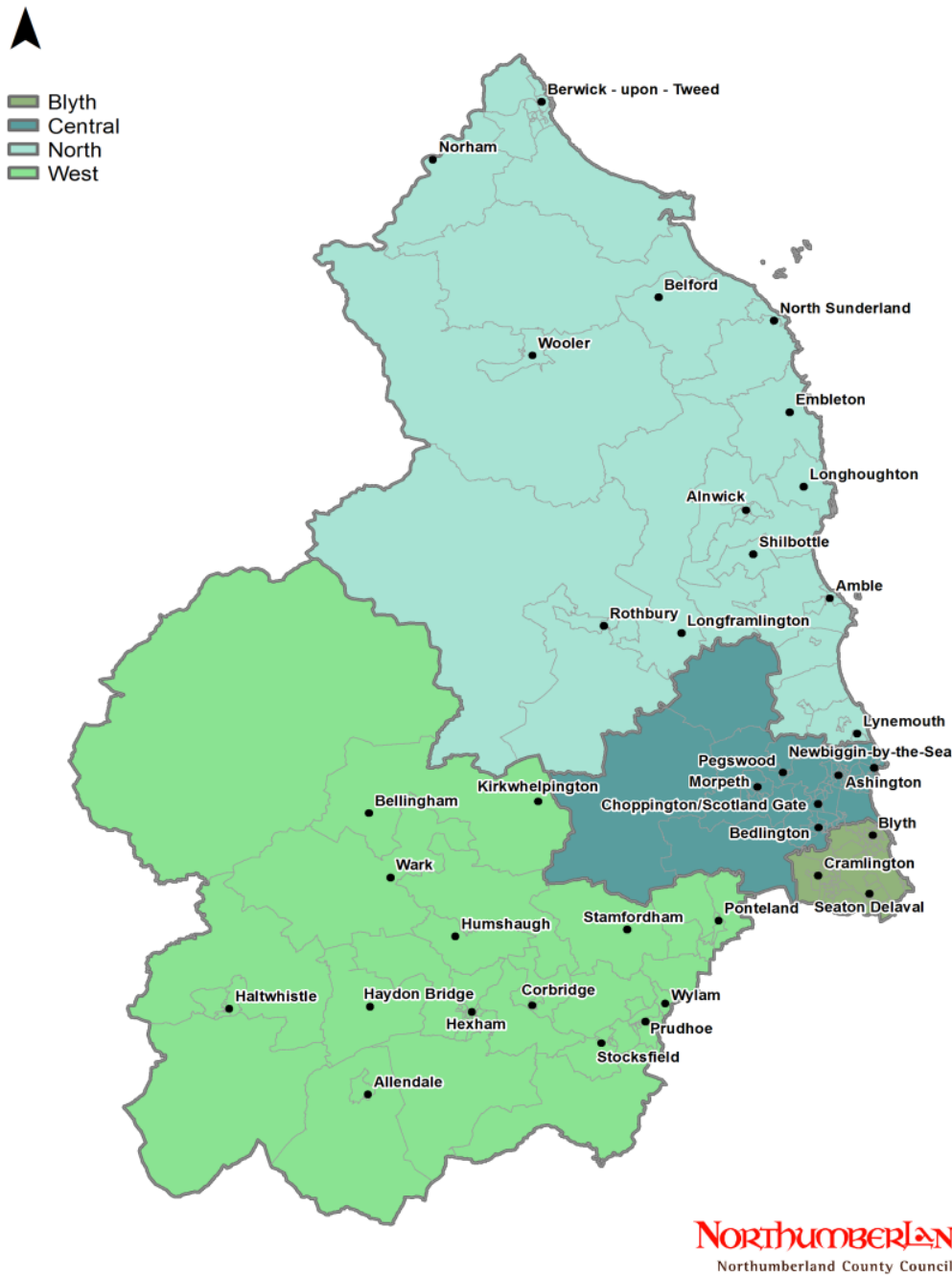
10. The county is too big to use as the locality of choice, as people in different parts of the county have very different health needs. Wards are too small as populations are not large enough on their own to support pharmacies. The best option would seem to be to use the previous localities used by the CCG, which split the county into 4 areas, North, West, Central and Blyth. This would allow us to identify hubs (market towns) where surgeries and pharmacies are currently located and ensure there are enough pharmacies to provide pharmacy services to the hubs and surrounding outlying areas. See Map 1 which identifies where there were surgeries in 2017. Housing development data can be adapted to fit with this model. An added advantage of using this approach is that the data would be comparable to the previous PNA and changes in demographic and health need could be compared.

11. Once the basis for localities has been decided, the justification for this must be included in the PNA, as this is a requirement of the 2013 regulations.

Timeline for production of PNA

12. The team responsible for producing the PNA started preliminary work in August 2021 and set up the Steering group by early September. However, delays in getting the community pharmacy survey out and the increased COVID pressures, has delayed production of the first draft of the document. The first draft of the document should therefore now come to the April 2022 HWBB, prior to going out for consultation in 60 days over April/May/June 2022. The final sign off for the completed document including any changes as a result of the consultation will need to be at the September 2022 HWBB.

Map 1. Northumberland CCG localities mapped over Northumberland LSOAs (2017)



Northumberland
Northumberland County Council

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Implications

| | |
|---|---|
| Policy | Already a statutory requirement |
| Finance and value for money | Resources identified within the Public Health Team |
| Legal | This is a statutory output of the Health and Wellbeing Board |
| Procurement | N/A |
| Human Resources | Resources identified within the Public Health Team. There is an opportunity cost to other NCC departments contributing to the production of the PNA such as planning. |
| Property | N/A |
| Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | The PNA is fundamental in helping NCC address inequalities – health, social and economic |
| Risk Assessment | N/A |
| Crime & Disorder | Recommendations may be made re crime and disorder |
| Customer Consideration | The PNA needs to be accessible to all Northumberland residents and to potential providers of healthcare services |
| Carbon reduction | The equitable and accessible provision of community based pharmacy services could contribute to carbon reduction by reducing the travelling distance required by residents. |
| Health and Wellbeing | The PNA is the main driver for ensuring capacity to deliver health and wellbeing plans, policies and priorities through community pharmacies |
| Wards | The PNA will seek to ensure that residents in all wards have reasonable access to pharmaceutical services |

Background papers:

[Pharmaceutical needs assessments: Information pack for local authority health and \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Report sign off.

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

| | |
|--|----------------------|
| | Full Name of Officer |
| Monitoring Officer/Legal | Suki Binjal |
| Executive Director of Finance & S151 Officer | Jan Willis |
| Relevant Executive Director | Liz Morgan |
| Chief Executive | Daljit Lally |
| Portfolio Holder(s) | Cllr Wendy Pattison |

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Northumberland County Council

HEALTH AND WELLBEING BOARD

DATE: 10 February 2022

[North Tyneside and Northumberland Safeguarding Adults Annual Report – 2020/21](#)

Report of Paula Mead, NSSP Independent Chair

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 once 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.

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.

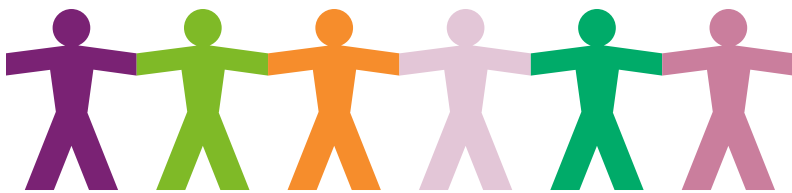


Paula Mead
Independent Chair

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.



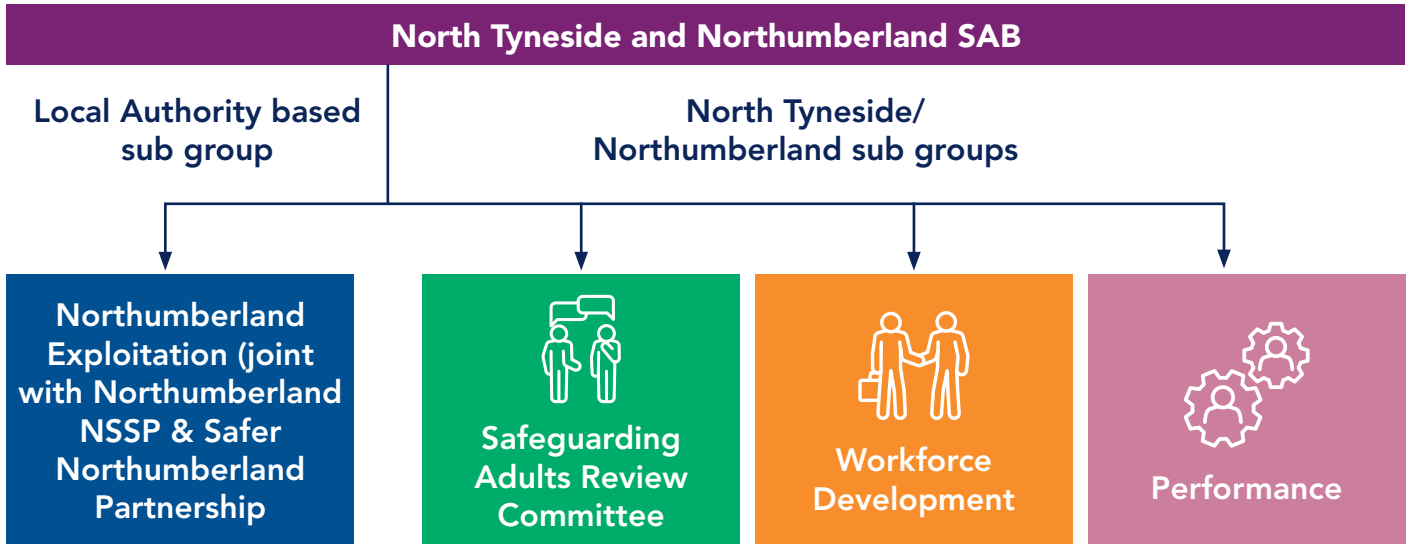
Publish an annual report detailing how effective their work has been.



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

The infographic features several interlocking gear shapes in various colors (orange, purple, green, blue, pink, light purple) containing text. There are also photos of staff members: a man and a woman in the top left, a man in the middle right, and a woman in the bottom left. A small icon of a person pushing a gear is at the bottom center.

We have contributed to the Safeguarding Vulnerable Dependent Drinkers project, and multi-agency workshops/briefings have been rolled out.

We introduced the SAB Risk Register to identify and monitor Covid related risks and themes.

We have completed and published a Safeguarding Adults Review relating to Leigh.

We have promoted and implemented the Regional Missing Adults Protocol.

We have launched virtual multi-agency training programmes across the partnership, including criminal and sexual exploitation.

We have commissioned and completed an independent review of our SAB arrangements and identified our strengths and areas for development.

The effectiveness of our partnership working has been recognised in the success of Operation Momentum.

We have continued to promote awareness of safeguarding and domestic abuse by sharing information with the public and partners.

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.

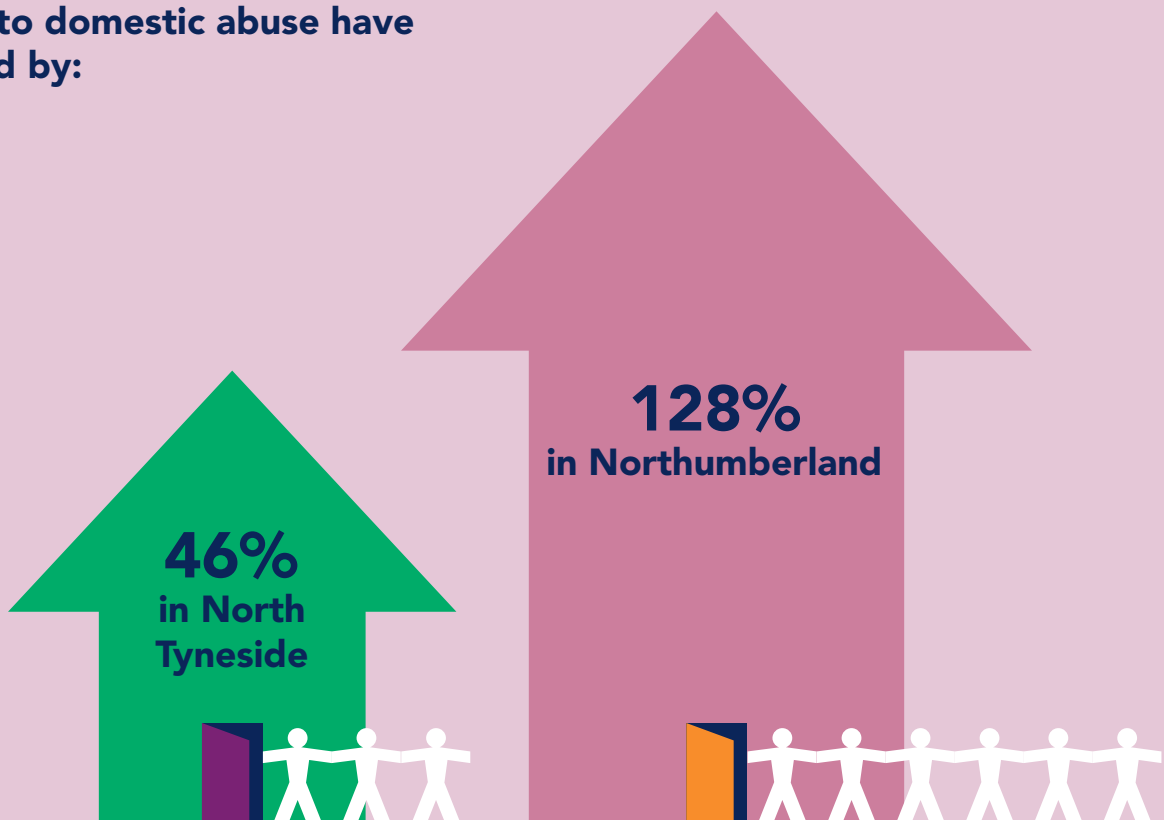
Nationally organisations have noted that the conditions of lock downs and other Covid restrictions exacerbate triggers that increase risk and restrict a victim's access to support or escape. The Domestic Abuse and Sexual Violence specialist support services across both Local Authorities continued to 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:

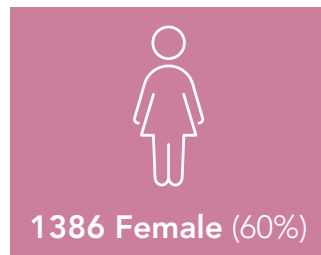
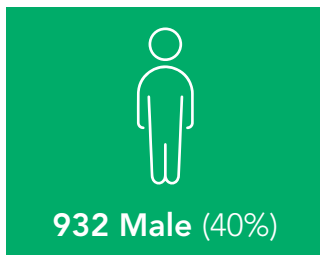
Northumberland



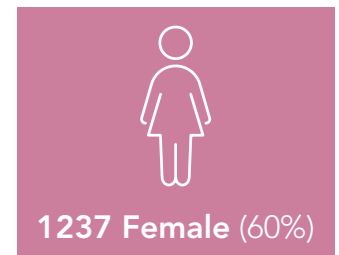
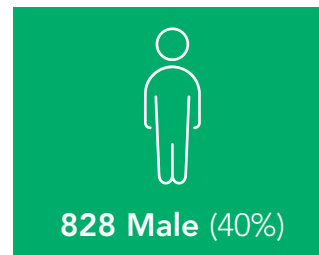
North Tyneside



Northumberland

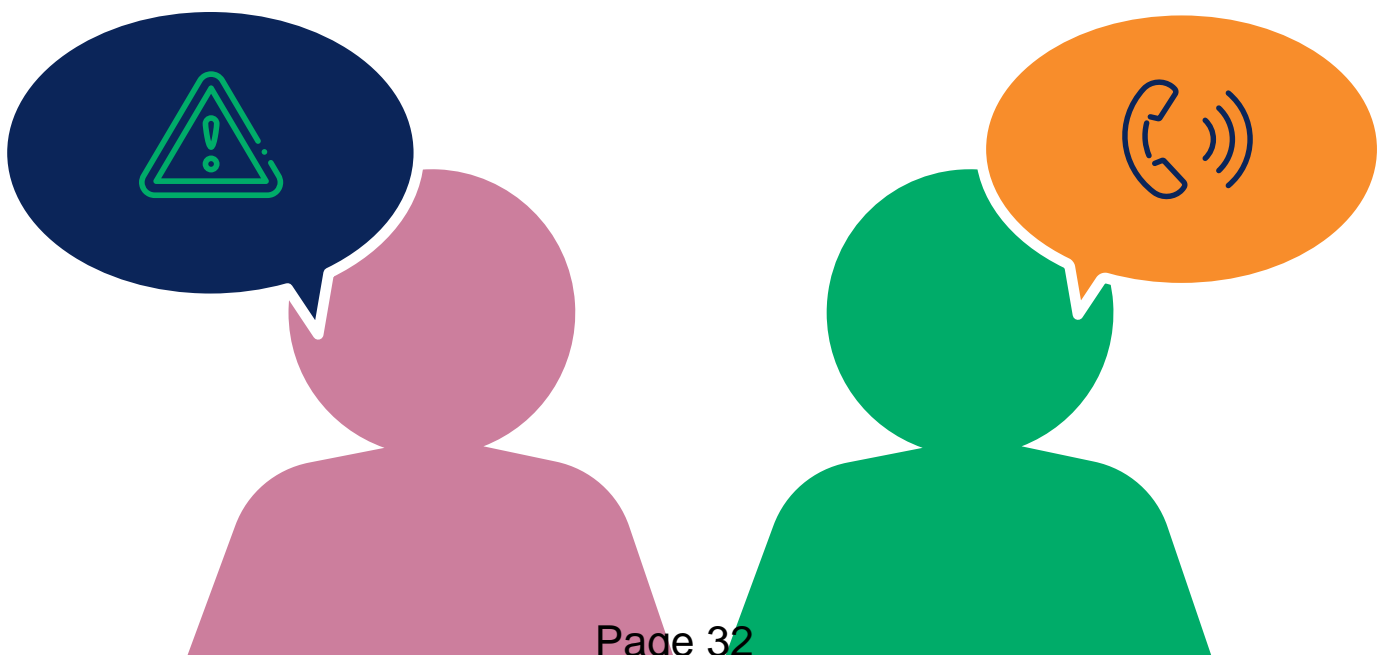


North Tyneside



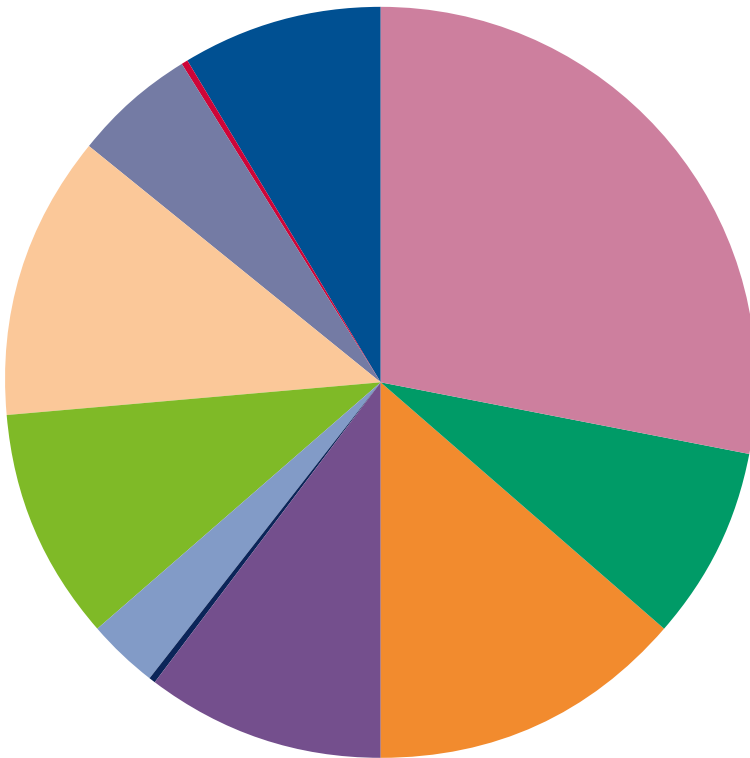
Age

| | 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%) |



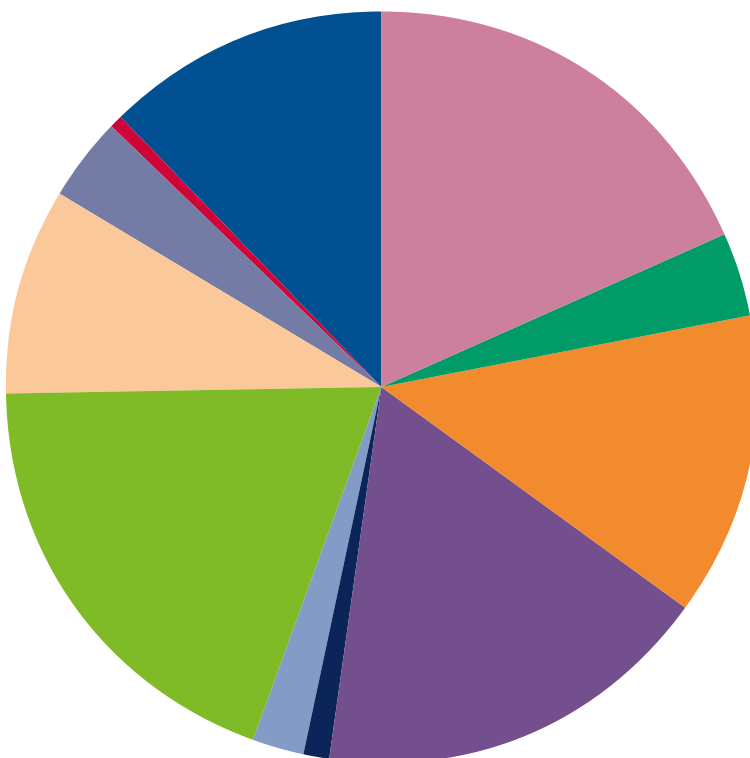
Types of Abuse:

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

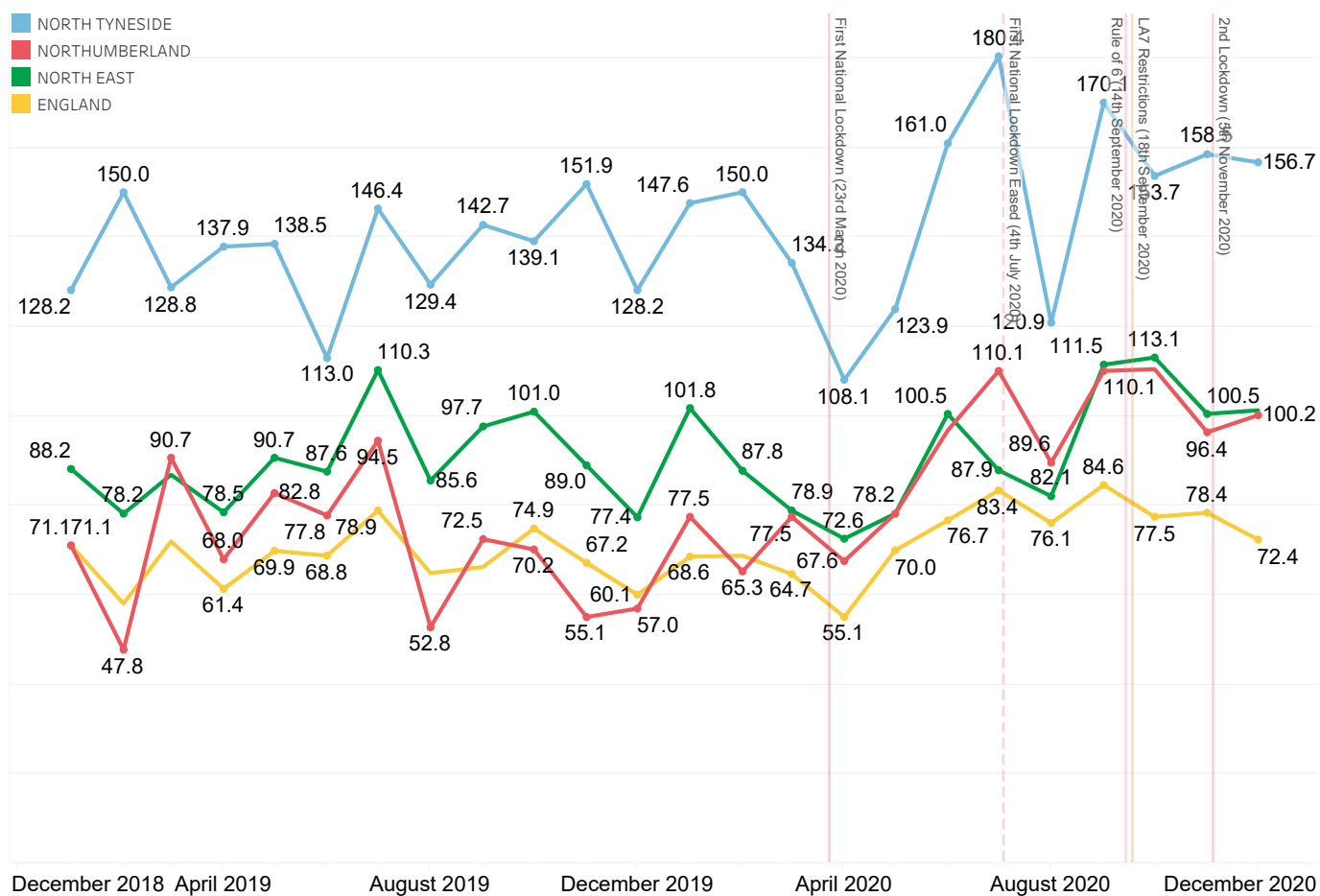


65% of enquiries involved a source of risk known to the individual (87% including service providers)

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.

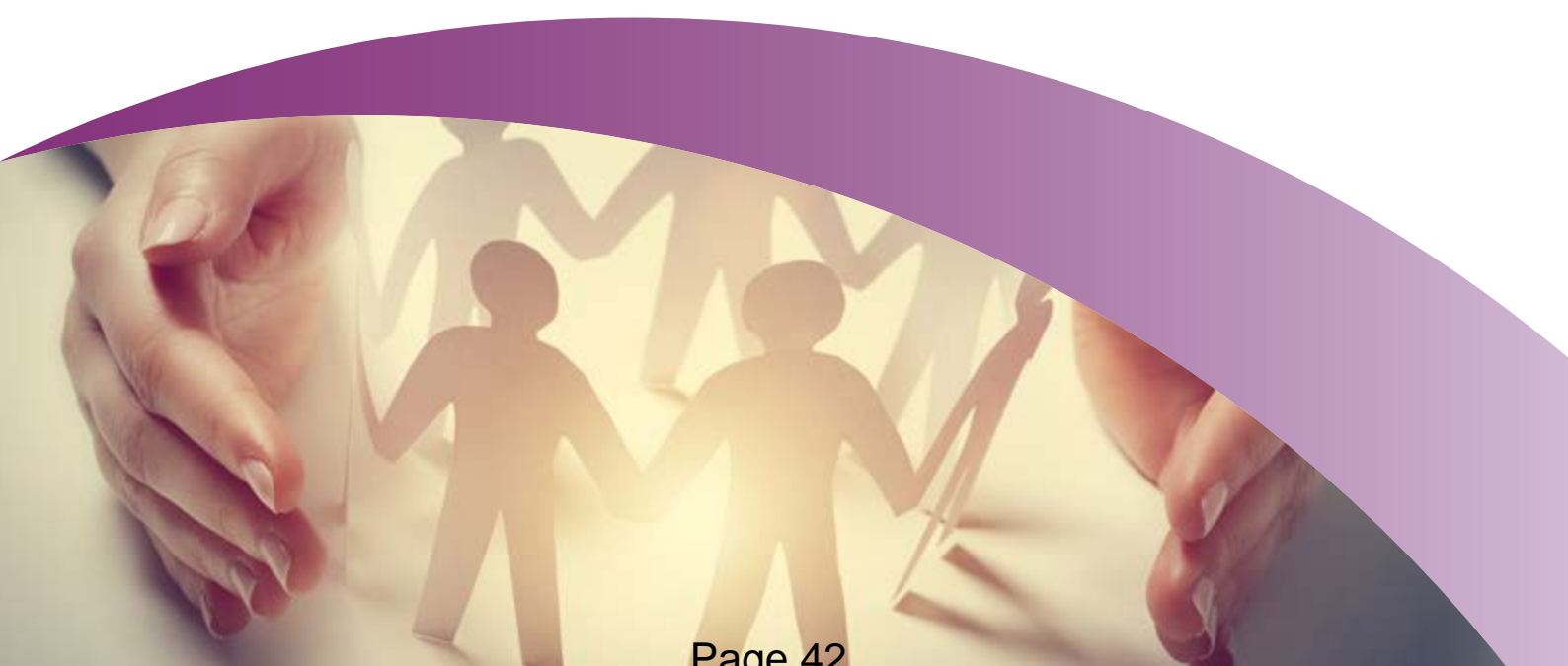
Links have also been developed between Northumberland LA and the Regional Modern Day Slavery (MDS) Coordinator with resources shared to improve front line practitioners' knowledge and awareness of NRM referrals.

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

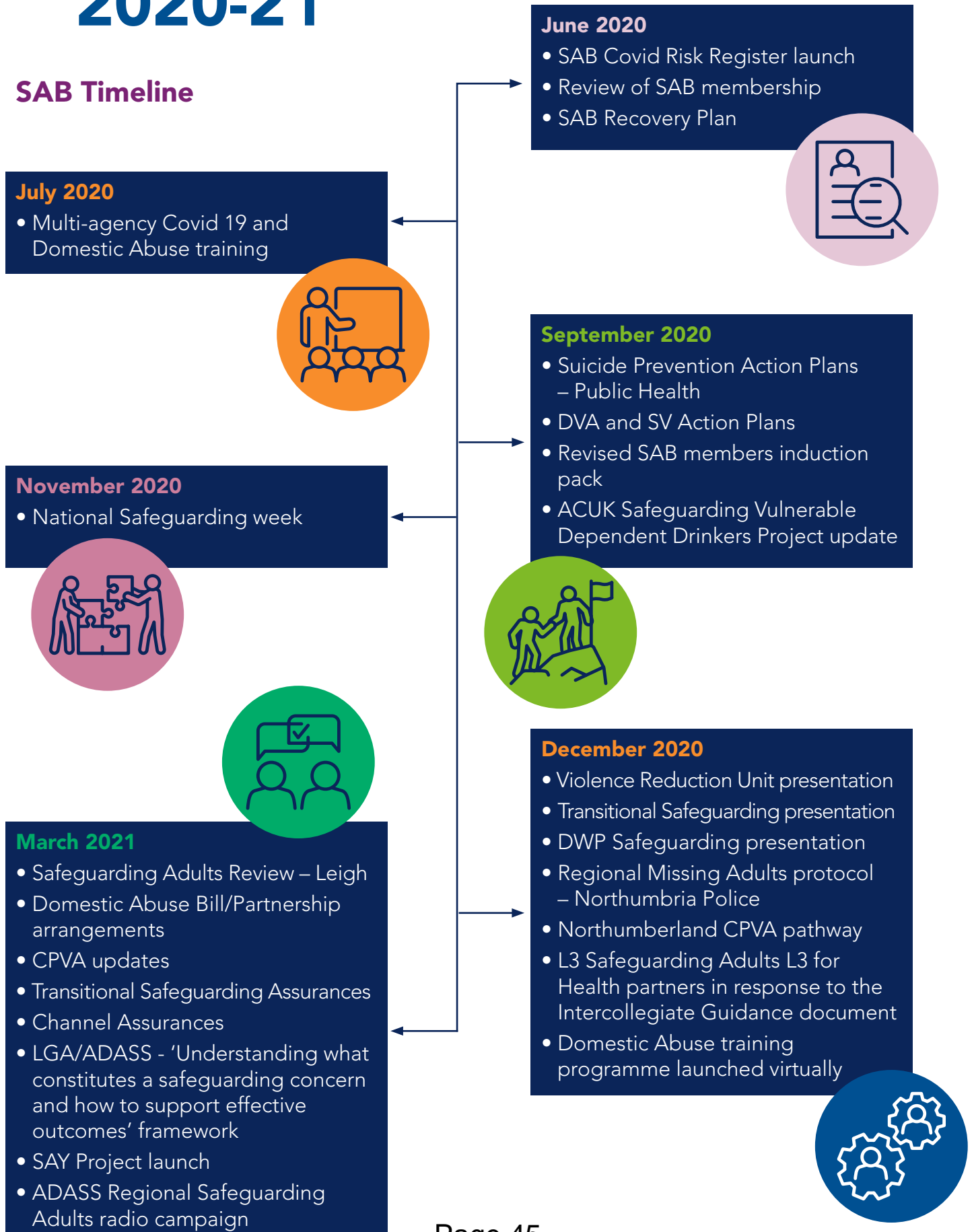


North Tyneside



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.





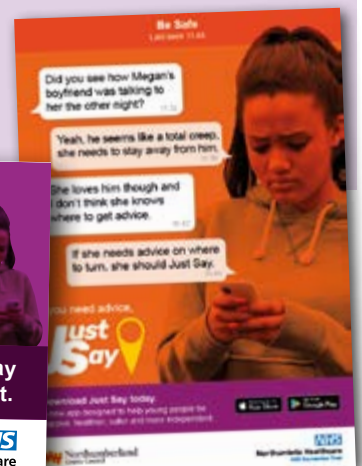
Just Say App Launch

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.

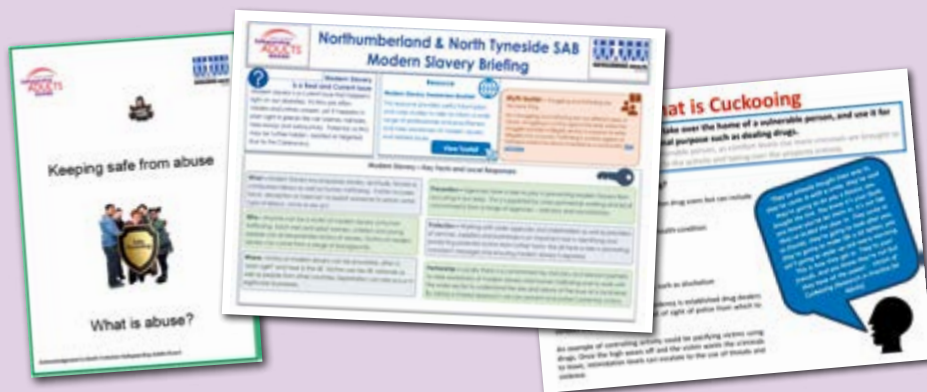
During this week, the SAB launched and published a number of resources including 'Keeping safe from abuse' easy read guides, and a series of briefings in relation to self-neglect, modern day slavery and cuckooing.

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.

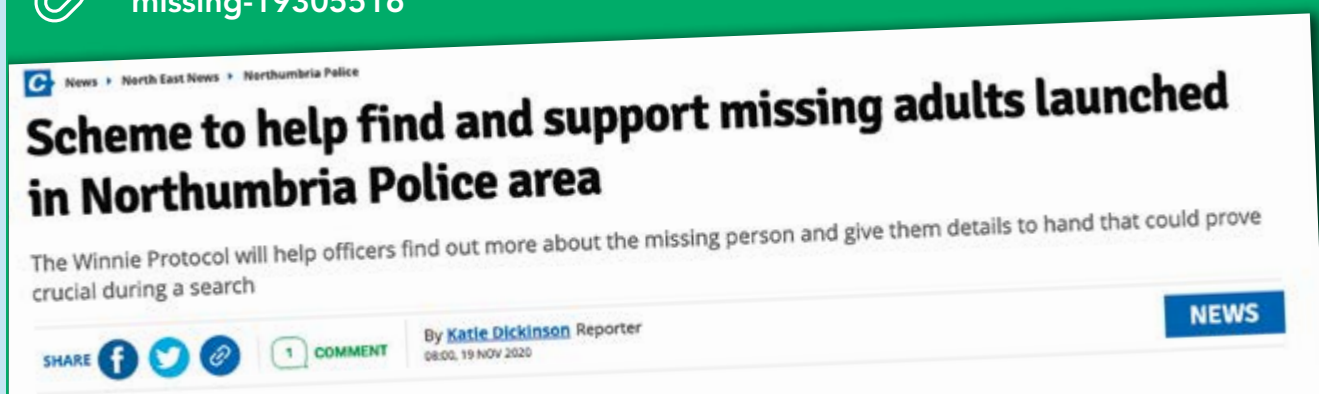


In keeping with the theme of Missing, Northumbria Police have collaborated with Missing People Charity to take advantage of a service which offers Missing adults in MH crisis with early contact and support from the Samaritans. Early analysis of this service shows that 80% of missing adults who are offered 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>



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 Clinical Commissioning Group

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

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

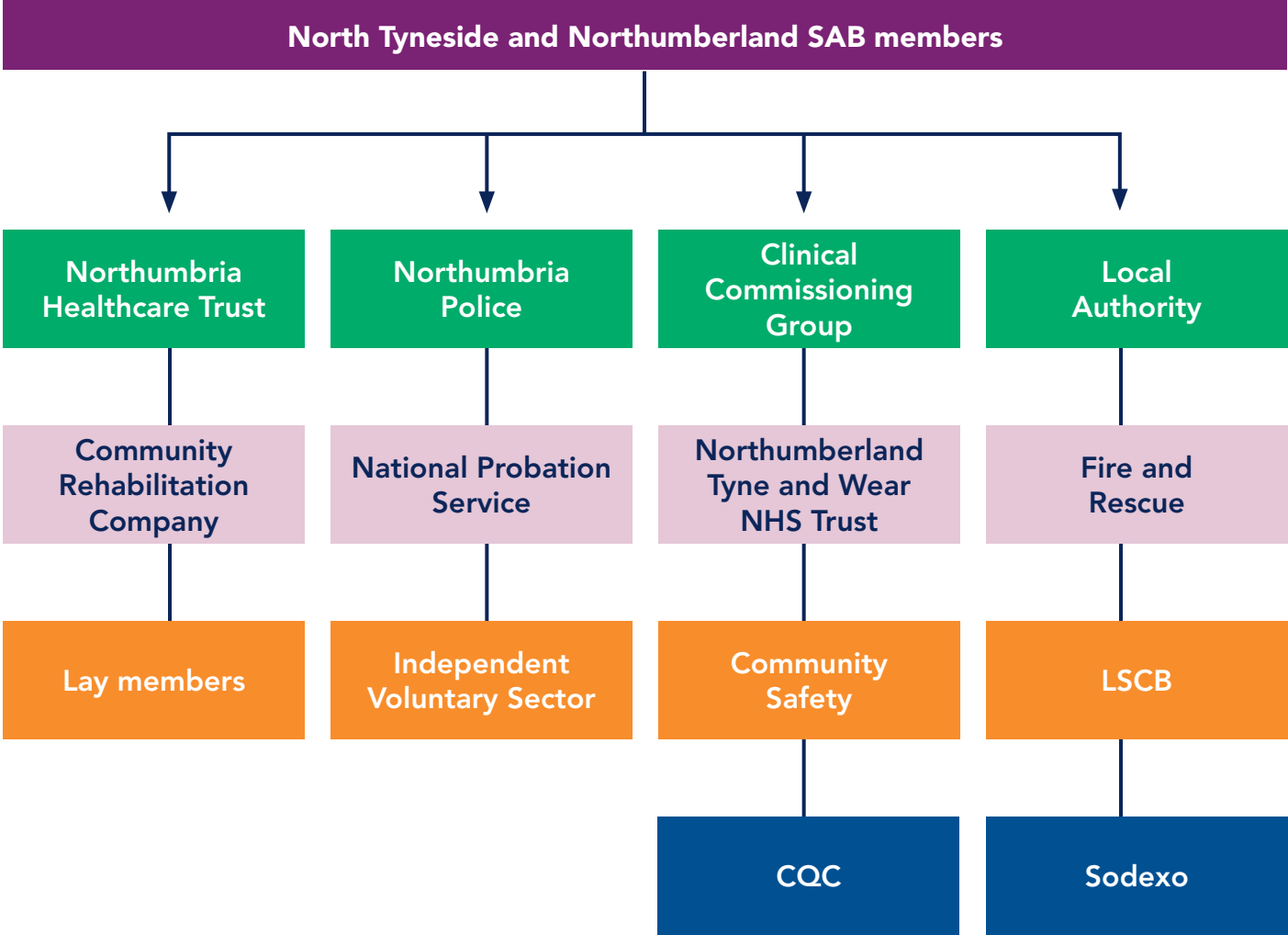
CQC

Legal Services

Healthwatch

Appendix B

SAB members



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Northumberland County Council

HEALTH AND WELLBEING BOARD

10 February 2022

Northumberland Strategic Safeguarding Partnership Annual Report 2020-21: Safeguarding Children in Northumberland

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

Cabinet Member: Guy Renner-Thompson

Purpose of report

To provide an overview of the work by the Northumberland Strategic Safeguarding Partnership 2020-21.

Recommendations

Members to note the content of the Northumberland Strategic Safeguarding Partnership (NSSP) Annual Report 2020-21.

Link to Corporate Plan

This report is relevant to the "We want you to feel safe, healthy, and cared for" and "We want to make a difference" priorities included in the Northumberland County Council Corporate Plan 2018-2021.

Key Issues:

1. The Annual Report describes the work undertaken between September 2020 and August 2021 of the Northumberland Strategic Safeguarding Partnership (NSSP). It evaluates the impact of partner's strategic decision-making and the subsequent outcomes on operational safeguarding activity during the year. It looks forward; outlining future plans and makes recommendations for improvement.
2. The report describes achievements and progress, as well as challenges, for the NSSP during the year.
3. The NSSP collates the findings and analyses the learning from local safeguarding practice reviews (LCSPRs). During this period there have been 2 LCSPRs, 3 learning reviews and 4 rapid reviews. Two joint child/adult reviews, undertaken in the previous reporting period, were published this year.
4. The safeguarding partners reviewed the strategic priorities last year; new priorities were developed with work on previous priorities embedded as business as usual.
5. Priorities focus on children and young people's mental health, suicide and self-harm; the impact of domestic abuse on children, including child to parent violence and abuse (CPVA); safeguarding children under 1 year old (the most vulnerable age-group) and

we continue work with Neglect which remains a stubborn cause for concern in the county.

6. The impact of the Covid-19 pandemic is exacerbating the challenges of day-to-day life for many people in Northumberland and is therefore a focus within all our priorities and work. It is within this environment that the NSSP provides leadership, oversight and quality assurance of safeguarding activity.
7. Overall, there is evidence of progress, with good engagement and partnership working adding value on the front-line, within an integrated children and adult Multi Agency Safeguarding Hub - (MASH).
8. Agencies are engaging with children and young people, although there is more work needed to build their lived experience into practice.
9. Partners need to continue to evaluate which interventions work and adds value through multi-agency audits, shared intelligence, deep-dives and evidence-based reflective practice.

Background

This report covers the second year of the Northumberland Safeguarding Strategic Partnership (NSSP) arrangements which began on 5th August 2019, replacing the local safeguarding children board (LSCB). This change was required by legislation in line with the implementation of the Children and Social Work Act 2017.

Relevant local organisations and agencies have a duty under Section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

The NSSP has a statutory duty to prepare and publish an Annual Report which analyses and assesses how our partners safeguard vulnerable children and young people. Our primary responsibility is to provide a way for the local organisations that have a responsibility in respect of child welfare, to agree how they will work together to safeguard and promote the welfare of children and to ensure that they do so effectively.

Implications

| | |
|--|--|
| Policy | The Annual Report 2020-21 demonstrates the extent to which the functions of the NSSP, as set out in the national statutory guidance 'Working Together to Safeguard Children' (2018) are being effectively fulfilled. |
| Finance and value for money | No direct implications |
| Legal | The Annual Report 2020-21 evidences how NSSP arrangements meet the statutory duty to prepare and publish an Annual Report demonstrating how partners safeguard vulnerable children and young people. In accordance with 'Working Together to Safeguard Children' (2018). |
| 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 Northumberland County Council. |
| 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. Referral 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. There are various multi-agency risk assessment groups including Multi Agency Risk Assessment Conferences (MARAC) and the Missing Slavery, Exploited and Trafficked Group (MSET). |
| Crime & Disorder | Northumbria Police are members of the NSSP as are Safer Northumberland Partnership, and there is close joint working to ensure that prompt and appropriate action is taken where it is thought that a crime may have been committed. |
| Customer Consideration | There is a continuing need to ensure that children and young people are adequately protected from the risk of abuse or exploitation and children and young people in need are offered the services to maintain their health and development |

| | |
|-----------------------------|---|
| Carbon reduction | No direct implications |
| Health and Wellbeing | Promoting the safety, welfare, health and wellbeing of vulnerable children and young people is the primary function of the NSSP and its work. |
| Wards | All |

Background papers:

Northumberland Strategic Safeguarding Partnership (NSSP) Final 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) | Guy Renner-Thompson |

Paula Mead NSSP Independent Chair and Scrutineer

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Northumberland
Strategic Safeguarding Partnership



Safeguarding Children in Northumberland

NSSP Annual Report

2020-2021



Foreword

by the NSSP Independent Scrutiny and Assurance Chair

The Northumberland Strategic Safeguarding Partnership came into effect in August 2019, replacing the local safeguarding children board as required by legislation.

Over the period covered by this report, the ongoing impact of the pandemic on our community has been significant. The evidence in the report demonstrates that safeguarding partner's and relevant agencies have responded creatively to deliver safe services, offering families and children support whilst managing the risks presented by COVID-19. This report will therefore inevitably include a focus of the impact of the pandemic on families, children and young people's mental ill health and well-being, and the substantial consequences of isolation on safeguarding. During this time Northumberland has continued to receive referrals for safeguarding reviews from the partnership as well as increasing numbers of reports of children living in households experiencing domestic abuse.

It is within this context that the NSSP continues to focus on driving quality frontline practice around protection, prevention, exploitation and contextual safeguarding. Independent challenge and scrutiny of data, audit and intelligence is analysed in the report, identifying the achievements and the stubborn challenges for the partnership. The learning and improvement cycle continues, with work ongoing to measure the impact of services on children'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 Safeguarding Scrutiny
and Assurance Chair of Northumberland
Strategic Safeguarding Partnership

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1. Introduction

This report covers the second year of the Northumberland Safeguarding Strategic Partnership (NSSP) arrangements which began on 5th August 2019. This change was required by legislation in line with the implementation of the [Children and Social Work Act 2017](#).

To ensure transparency for children, families and practitioners about the activity undertaken, the safeguarding partners are required to publish a yearly report setting out what they, and relevant agencies, have done as a result of the new arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice. In other words what value these new provisions have added in terms of impact. The report will include;

- evidence of the impact of the safeguarding partners and relevant agencies work, including outcomes for children and families, from early help to looked-after children and care leavers
- an analysis of areas where there has been little or no evidence of progress on agreed priorities
- evidence of decisions and actions taken by the partners in the report's period, or planned to be taken, to implement the recommendations of local and national child safeguarding practice reviews, including resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision
- a review of the use of restraint in Northumberland's secure children's home.

1.1 Multi-Agency Safeguarding Arrangements (MASA) for 2020-2021

Relevant local organisations and agencies have a duty under Section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. The responsibility for this coordination rests with the three safeguarding partners (the Local Authority, Police and the Clinical Commissioning Group [CCG]) who have a shared and equal duty to make arrangements for agencies to work together to safeguard and promote the welfare of all children in a local area.

A North and South of Tyne Child Death Overview Panel (CDOP) reports annually to the Health and Well-Being Board. The annual report, which will be published later this year, is provided

to the NSSP for information and to provide evidence that influences the partnership's priorities and planning.

NSSP sub-groups drive operations through their agreed workplans; these governance arrangements and membership are set out in [Appendix 1: Governance Structure](#) and [Appendix 2: NSSP Membership](#).

The NSSP budget and expenditure are set out in [Appendix 3: NSSP Staffing and Budget](#).

Northumberland's demographics are set out in [Appendix 4: Northumberland; Context & Information](#).

1.2 Independent Scrutiny

One of the changes in the new arrangements, is the way in which independent oversight of the NSSP is achieved.

Previously, this function was undertaken by an Independent Chair. Currently, an Independent Scrutineer provides assurance through critical challenge to the partnership, and analysis of its strengths and areas for development in order to hold the safeguarding partners and the relevant agencies to account.

There are a number of context-appropriate methods to achieve the scrutiny function and the role of Independent Scrutineer is just one element.

Challenges and responses raised between partners are explicitly logged in the partnership minutes.

A multi-agency audit tool provides assurance to ensure partners, including Primary Care, are compliant with Section 11 of the Children Act,

2004. Schools, Northumberland college and alternative education providers complete Section 175 safeguarding standards audits that are monitored and reviewed annually in September aligned with updates to Keeping Children Safe in Education statutory guidance.

Ofsted conducted a JTAI in 2019 examining multi-agency arrangements for dealing with criminal and sexual exploitation; progress of the action plan is monitored by the partnership.

A peer review of the partnership is planned for the coming year.

To ensure the independence of the assurance and impact of the partnership's work outlined in this report, it has been prepared by the Independent Scrutineer and will be made widely available for scrutiny to the Health and Well-Being Board and the Family and Children's Services Overview and Scrutiny Committee. It will then be published on the [NSSP Website](#).



2. What the MASA in Northumberland have achieved at a glance



Our multi-agency responses to children at risk of criminal & sexual exploitation and MDS has been strengthened through a joint children/adults CSE strategy and delivery plan, and a proactive JTAI action plan

Northumberland's Sharing Information Regarding Safeguarding (SIRS) recognised as a best practice model by the national Child Safeguarding Practice Review panel

School exclusions have been reduced from 50 in school year 2019/20 to 44 in school year 2020/21

We have made tangible progress with Early Help. The percentage of successfully completed Early Help involvements has risen from 68% to 76% and reduced the number of children who receive Early Help interventions needing further involvement of statutory services

Increased strategic alignment with NSSP, SAB and Community Safety

94% of young people's cases did not need to be re-examined at Missing, Slavery, Exploitation and Trafficking (MSET). An increase from 83% in the previous year

Northumberland CCG bid for investment in the 'Mental Health Support Teams in School Trailblazer' and the 'Four Week Wait' (from referral to treatment) pilot funding Outcome - waiting times have more than halved



We have refreshed our priorities to focus on 'stubborn' challenges

We have progressed our work within the Tyne & Wear and Northumberland Strategic Safeguarding Partnership to maximise resources and share learning across the wider region



3. Strategic Priorities; Achieving our Objectives

During this reporting period, the safeguarding partners commissioned a review of NSSP strategic priorities. They wanted to take stock of the extent to which the partnership's objectives were being met and whether they still added value to the safeguarding system. Stakeholders from relevant agencies reviewed and made recommendations for changes by evaluating progress based on evidence from audits, data and local intelligence. Work around previous priorities continues, however they are embedded as business as usual in the partnership's work.

These are demanding times; the impact of the Covid-19 pandemic is exacerbating the challenges of day-to-day life for many people in the wider North East with exceptional levels of poverty driving dramatic rises in child protection intervention and the number of children in care¹. It is within this environment that the NSSP aims to provide leadership, oversight and quality assurance of safeguarding in

Northumberland. The Quality Improvement and Performance (QIP) subgroup has identified a range of multi-agency, qualitative and quantitative measures which will enable the NSSP to monitor impact and inform the safeguarding partners planning.

The priorities were re-focused in-year therefore this report presents both sets and explains the decision-making behind the changes;

¹ North East Submission to the Independent Review of Children's Social Care. July 2021



3.1 Priorities 2018-2020

| Priorities 2018-2020 | WHAT WE DID AND ITS IMPACT | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|--|----------|-----------|-----------|--|-----|-----|--------------|----------|----------|--|-----|-----|--------------|----------|------------|--|-----|-----|--------------|
| <p>Further promoting preventative and early help approaches</p> | <p>The Early Help offer is now firmly embedded and part of the routine work of the partnership. The percentage of successfully completed Early Help involvements has risen from 68% to 73% for the quarter ending June 2021. More broadly, workloads have increased in early help and this, as well as other preventative work, have been key to ensuring that statutory services have not been overwhelmed during the pandemic. Importantly, it ensured that children, young people and families have been supported at the earliest opportunity and at the lowest appropriate level.</p> <p>The ambition, supported by a multi-agency, early intervention approach was to have fewer children looked after reducing to 60 per 10,000 of the under 18 population. Whilst it has not reduced to achieve this target, there has been a reduction in the numbers since December 2020, reducing from a high of 455 and is currently remaining at around 435. Alongside the range of preventative and early intervention services, focused work to ensure plans for discharge from care are progressed in a timely way where possible have also underpinned the reduction in numbers. The current rate is 73 per 10,000, having reduced from December 2020 and this is the second lowest in the region.</p> <p>The Early Help and Early Intervention sub-committee continue to monitor this work on behalf of the NSSP.</p> <p>While risk assessed face to face visits continued for the most vulnerable families, virtual delivery of all the programmes on the pathway have been quickly adapted and delivered by partners. This has resulted in an increase in the sustained engagement target of the most vulnerable families in our 30% and under Income Deprivation Affecting Children Index (IDACI) areas. Rising from 12% (July 20) to 49% (June 21) with the biggest increase in the West locality from 29% to 83%. This positive work is now the subject of an Applied Research Bid (ARC) led jointly by EH managers and both universities in Newcastle.</p> <p>There has been an increase in referrals to Early Help during the period of the pandemic, particularly at key times such as prior to lockdown in December 2020 and schools opening in March 2021:</p> <table border="1" data-bbox="485 1626 1238 1955"> <thead> <tr> <th></th> <th></th> <th>Increase</th> </tr> </thead> <tbody> <tr> <td>Sept 2019</td> <td>Sept 2020</td> <td></td> </tr> <tr> <td>399</td> <td>476</td> <td>19.3%</td> </tr> <tr> <td>Dec 2019</td> <td>Dec 2020</td> <td></td> </tr> <tr> <td>325</td> <td>398</td> <td>22.5%</td> </tr> <tr> <td>Mar 2020</td> <td>March 2021</td> <td></td> </tr> <tr> <td>373</td> <td>444</td> <td>19.0%</td> </tr> </tbody> </table> <p>Reflecting the impact of this work, the number of children with early help episodes that ended successfully remains consistent month on month, with a 12-month average of 76%.</p> | | | Increase | Sept 2019 | Sept 2020 | | 399 | 476 | 19.3% | Dec 2019 | Dec 2020 | | 325 | 398 | 22.5% | Mar 2020 | March 2021 | | 373 | 444 | 19.0% |
| | | Increase | | | | | | | | | | | | | | | | | | | | |
| Sept 2019 | Sept 2020 | | | | | | | | | | | | | | | | | | | | | |
| 399 | 476 | 19.3% | | | | | | | | | | | | | | | | | | | | |
| Dec 2019 | Dec 2020 | | | | | | | | | | | | | | | | | | | | | |
| 325 | 398 | 22.5% | | | | | | | | | | | | | | | | | | | | |
| Mar 2020 | March 2021 | | | | | | | | | | | | | | | | | | | | | |
| 373 | 444 | 19.0% | | | | | | | | | | | | | | | | | | | | |

| Priorities 2018-2020 | WHAT WE DID AND ITS IMPACT |
|---|--|
| <p>Further promoting preventative and early help approaches (continued)</p> | <p>When monitoring the children who have had early help episodes, who later go on to be involved with social work within 12 months, it is encouraging to see a downward trend; 22% falling to 19%.</p> <p>Early Help Family Workers (EHFW) have been providing a 'duty' system during the pandemic. Families can call for help and support. This has been successful in preventing the escalation of family issues into more targeted work and plans are in place to continue this service after the pandemic. EHFW have dealt with 2,686 duty calls during the pandemic, this includes 1,217 families (3,099 clients).</p> |
| <p>Working with Fathers</p> | <p>Progress has continued to be made with this priority since focussing on it following Kirsty, Molly and Olivia Serious Case Reviews (SCR's). This is demonstrated through audits and evidence gathering for Local Safeguarding Practice Reviews.</p> <p>The chairperson of SPRG undertook a multi-agency audit into the role of fathers when families are involved in child in need or safeguarding processes. The findings were reviewed by the Quality Improvement and Performance sub-committee; further work continues to ensure men are engaged with and fully assessed to optimise their maximum ability as parents as well as to identify risk.</p> <p>The CCG, in partnership with Northumbria NHS Foundation Trust (NHCFT), have continued to roll out SIRS (Sharing Information Regarding Safeguarding) across primary care and maternity services to recognise relevant information regarding fathers of unborn babies in order to identify any early support required or highlight risks. This resulted in a number of cases being spotted than would otherwise have been. It led to actions ranging from offers of Early Help to proactively protecting babies from harm under statutory procedures.</p> <p>The Designated Nurse and Named Midwife have presented the project to other areas in the region with a view to wider roll out. The Designated Nurse was asked to present the project to the Child Safeguarding Practice Review Panel (National Panel) as evidence of emerging good practice as part of their third national thematic review on non-accidental injuries in the under ones and specifically the role of fathers. This work was referenced in "The Myth of Invisible Men" Safeguarding children under 1 from non-accidental injury caused by male carers, published in September 2021.</p> <p>You can find the report here.</p> |

| Priorities 2018-2020 | WHAT WE DID AND ITS IMPACT |
|--|---|
| <p>Improving focus on the child's experience of services and better embedding it in practice</p> | <p>Work continues to inform the direction of the NSSP through increased alignment with the Children and Young People's Strategic Partnership (CYPSP).²</p> <p>The "Fiona" Learning Review, recommended a baseline audit to establish how agencies meet the needs of vulnerable 16 and 17 year olds, and the significant challenges that undermine agencies efforts to meet those needs. An Appreciative Inquiry methodology is being used to engage with young people who have experienced the care system, gathering their views on what worked well for them, in order to develop the audit tool.</p> <p>The ILACS Ofsted inspection in 2020 noted the effectiveness of the engagement with and understanding of the experiences of children and young people.</p> |
| <p>Criminal and Sexual Exploitation</p> | <p>Identified as a priority during a JTAI and now embedded as NSSP business as usual. A joint, three partnership (NSSP, NSAB and Community Safety) Exploitation Group and Delivery plan continue to drive forward this work which now includes Trafficking and Modern Slavery.</p> |

² See Section 6



3.2 Priorities 2020-2023 – Our Rationale

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|--|---|
| <p>Overarching Priority</p> <p>Understanding how COVID-19 and associated lockdowns have impacted on safeguarding children and young people – including, but not limited to, increased service demand, access to health services, understanding impact, and multi-agency responses to it</p> | <p>The pandemic has amplified the risks to the NSSP’s safeguarding systems and is therefore represented in all priorities.</p> <p>A multi-agency Risk Register was created with the purpose of logging safeguarding lockdown-specific risks, identifying controls and assurances to mitigate these risks.</p> <p>Analysis of Referral Numbers by Partners; One particular concern was that children at risk of harm would not be identified by agencies due to the restrictions, this was monitored and referral numbers to Children’s Social Care (CSC) did fluctuate during 2020/21. The number of referrals received since April 2020 are lower than the levels seen prior to the pandemic (2,589 in 2020/21 compared to 3182 in 2019/20), and Northumberland’s referral rate for that period was significantly below the national, regional and statistical neighbour averages. Whether this was a result of hidden harms or the effectiveness of Early Help is not clear. This may not be a fully sustained trend as the numbers of referrals received in Qtr. 1 of 2021/22 exceeded the same period in the previous year. Children’s safeguarding referrals generated from NHCFT to CSC have significantly increased by 24% from Qtr. 4. These referrals have continued to be predominantly made by NSECH (where parents or their children are presenting to A&E with safeguarding concerns) and also from midwifery and from the Trust’s community settings.</p> <p>Mitigations. In the early days of the pandemic effective liaison and monitoring between health, education and children’s social care, was developed as a matter of urgency and multi-agency support was made available to assist vulnerable children’s return to school where additional needs were identified.</p> <p>All agencies recognised early on the potential safeguarding impact of the pandemic on Disabled Children & Young People (DC&YP). There was concern about the impact on DC&YP and their families from not attending school and not being able to access respite/short break care, as well as uncertainty for families about employment, loss of income and impact on mental and emotional health. The findings from a survey undertaken by the Strategic Lead for SEND provides evidence of the pressures on C&YP with SEND and their families during the pandemic. Children with an EHCP and those with a Social Worker were eligible to attend school during lockdown but, initially, very few did.</p> |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|--|---|
| <p>Overarching Priority</p> <p>Understanding how COVID-19 and associated lockdowns have impacted on safeguarding children and young people – including, but not limited to, increased service demand, access to health services, understanding impact, and multi-agency responses to it</p> <p><i>(continued)</i></p> | <p>School attendance of the number of C&YP who had a Social Worker, including those at Special Needs School's, steadily increased over the weeks of lockdown. There are examples of wide-ranging and proactive approaches of many schools to support C&YP and their families during this period. Where there have been concerns about inequity of access to Special Needs Schools in parts of the county, members of the NSSP have provided information to make the case for need and clarify issues regarding health risks for complex children. In the early stages of the pandemic, risk/benefit analysis statements were written to support discussions around Covid-19 risk for children attending Special Needs Schools. They highlighted the potential for escalation to safeguarding concerns for children not accessing school following pressure from families.</p> <p>Covid-19 continues to have an impact and it is expected that this will be exacerbated following the national guidelines changing on 19/07/21. A causal link is anticipated between the end of the school summer holidays and an increase in children's referrals which there has been historically year on year.</p> |
| <p>Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying</p> | <p>Impact of Covid-19 on mental health. Across the country, children and young people have been severely affected by the pandemic. Increased family stress, decreased social interaction and reduced access to support services have fuelled concern for children and young people's mental health during lockdown. The majority of young people (83%) with existing mental health needs report that the pandemic has made their health worse (Mental Health Impact Assessment Scoping Paper – Covid-19 Northumberland).</p> <p>There has been an increase in the number of referrals for mental health to health agencies over the last year. For example, this increased from 565 to 608 to tier 3 Children & Young Peoples Service (CYPS) and from 21 up to 45 to NHCFT. There has also been an increase in the number of referrals categorised as self-harm that have been received by NHCFT. These referrals continue to be responded to in a timely way by CYPS and Primary Mental Health Workers (PMHW's) despite the increased volume. CSC is now able to flag referrals from other agencies where the child's mental or emotional health appears to be factor, and there have been high numbers in the last quarter: Of the 1,945 households referred to CSC, 558 had child mental health flagged (29%) and 722 had child emotional health flagged (37%).</p> <p>A Disability Dashboard was developed to enable scrutiny of data about safeguarding DC&YP in Northumberland. Consistent themes within this are:</p> <ul style="list-style-type: none"> • Autism and ADHD with and without Learning Disability are the commonest categories of disability of C&YP with CIN and CPP plans. They include more boys than girls (73% male, 23% female). • Peak age range of these C&YP open to CSC 10-15 year olds (52%) |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|---|---|
| <p>Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying (continued)</p> | <ul style="list-style-type: none"> • There is a concern that the proportion of CPP's for DC&YP remains low at around 4% of the total plans when national data indicates that disabled C&YP are at increased risk of neglect and abuse. Audits are underway to understand this, for example are plans correctly coded. <p>With regards to bullying, school exclusion data for the 2021/22 academic year shows that there has been a slight increase in the proportion that were categorised as bullying compared to the previous year, although that is within the context that schools were fully open for longer.</p> <p>There have been 2 cases of children committing suicide in the last year (see section 4.1. What have we learnt from Child Safeguarding Practice Reviews?).</p> <p>At the beginning of the pandemic all cases open to CYPS were RAG rated to identify which young people required additional support during Covid-19. A daily MDT was held to discuss any highlighted change to a young person's risk profile due to deterioration in mental health and to plan what steps needed to be actioned to support them.</p> <p>Face to Face clinical appointments continued for those young people who had been discussed at daily MDT and it was felt that this was the best way to support the young person.</p> <p>Collective investment by partners in mental health services has resulted in substantial growth and enhancement across the whole system, including but not limited to;</p> <ul style="list-style-type: none"> • Early help and prevention - growth of Early Help Mental Health workforce; PMHW team grown from 5 staff in 2018 to 34 staff currently. • Identified opportunities across the system for specialist CYP MH staff – LAC/MASH /Youth Offending/Substance Misuse Service. • The CYPS Universal Crisis Team pathway has now been increased to 24/7 provision. • A 24 hour Enhanced Psychiatric Liaison Team now review young people within 1 hour of attending A&E and 4 hours if admitted to the Paediatric Ward. • Outcomes Framework Tool developed to measure impact across the system. • Implementation of accessible consultation pathways to mental health and wellbeing services for our children looked after, led by the Community Matron (Children Looked After and Access). The narrative and data to evidence the improvements were reported. <p>The partnership continues to monitor this work and progress has been made in access to services;</p> <ul style="list-style-type: none"> • Average waiting time for those referred to mental health teams has more than halved from 8.6 weeks to 3.4 between April 2019 and March 2021. • Primary Mental Health Worker referral and waiting times have reduced whilst more children and young people have been seen. Numbers have increased from 508 in 2018/19, to 791 in 2019/20, and 1701 in 2020/21. |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|----------------------|--|
| Neglect | <p>Neglect has been a priority since 2018, however it stubbornly persists as the highest category of abuse in Northumberland and although some progress has been made, it will remain a priority for the partnership. IRO's were tasked with auditing CPP's to enable the NSSP to understand underlying issues; the outcome was inconclusive with no particular feature of neglect identified.</p> <p>This quarter, referrals for neglect have risen from 49 to 95 referrals from NHCFT to CSC between Qtr.1 2020/21 and Qtr.1 2021/22. Neglect continues to be significant within the work of safeguarding partners and this is reflected within the CSC data. The majority of children subject to a child protection plan are categorised as neglect and at the end of the last quarter, 265 out of the 342 child protection plans were labelled as neglect. Separately, the local authority is now able to report on sub categories of neglect identified from the referral, and in the last quarter emotional neglect and physical neglect were the most significant factors. Going forward, we can now report on the prevalence of educational neglect, medical neglect and nutritional neglect which may be factors that could come to the fore more in the future as the pandemic continues to impact. This information should enable more targeted intervention and prevention strategies.</p> <p>There is compelling evidence of the relationship between poverty, inequality and neglect. Anecdotally, the pandemic has increased inequalities across the county and the impact of poverty on children and families.</p> <p>One of the CCG's priorities moving forward is to look at the impact of inequality on health and this will be through various means including 'Population Health Management'. Safeguarding will be a cross-cutting theme in this.</p> <p>Outcomes are difficult to quantify, however there are signs of progress;</p> <ul style="list-style-type: none"> • Child neglect offences have decreased by 5% from 2019/20 to 2020/21. • Five years ago, around 10% of child protection plans lasted longer than two years, whereas only one plan did so in 2020-21. • Twice as many children with learning disabilities access annual health checks than was the case in 2019, increasing to 76% in 2020/21. • A recent audit of 18 cases, chosen at random where Neglect was identified as the Child Protection plan category, demonstrates evidence of good practice as well as the areas for improvement and recommendations. The Neglect Toolkit has been adopted, particularly in Early Help, however it identified that in the audited cases, the toolkit had not been used. The auditor commented that it would have given a much richer picture of the child's life, a more consistent use of direct work being completed, resulting in plans being executed at an earlier stage. A relaunch of the toolkit was a recommended action. Further evidence-based interventions, such as Signs of Safety, are being implemented. |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|--|---|
| <p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023)</p> | <p>The need to protect children, including the unborn baby, and adults from the risks and consequences of domestic abuse remains a key priority for the NSSP. It will now include CPVA (previously known as APVA). We know Covid-19 restrictions and lockdown has had a particular impact on victims of domestic violence and abuse both locally and nationally. Between Qtr.3 and Qtr.4 the figures have remained steady regarding domestic abuse to NHCFT patients, as have referrals for staff members to MARAC. NHCFT's Safeguarding practitioner for Domestic Abuse and Sexual violence has been on site at NSECH most days and has been providing on the spot advice and support for staff and victims of domestic abuse This is reflected in the figures for intervention for patients which has risen in Qtr.1 by 21%.</p> <p>Within the context of there being fewer referrals to CSC in the last year, the proportion where domestic abuse was a factor has remained relatively stable, this peaked in summer 2020 as did the number of domestic abuse HRNs (and this has been seen again in July 2021). There has also been an increase in the number of multi-agency risk assessment conferences compared to 2019 and NHCFT are seeing an increase in the number of MARAC referrals completed. Newly available data tells us there are 538 cases open to CSC where domestic abuse is a factor, and 38 where social workers are working with the child to parent abuse team.</p> <p>When comparing Qtr.1 2021/22 with the same period the previous year, Northumberland has seen an increase in domestic abuse activity. Northumbria Police Force wide, there has been a 6.5% increase in Domestic Abuse incidents where a child has been involved in Qtr.1 whilst Northumberland saw the largest increase (+18.6%, 129 incidents), as it did for BME victims (57.9% (11 victims), and the volume of victims aged 16-17 years 50.0% (9 victims). Northumberland had an increase in the number of high-risk victims (8.1%) and a reduction in medium risk victims (-19.8%). There has been an 8.9% increase in the volume of repeat victims in Northumberland from Qtr.1 2020/21 to Qtr. 1 2021/22, the greatest percentage increase in the Force area. Finally, whilst there was a decrease force-wide with the number of arrests from incidents associated with domestic abuse with a child involved, in Northumberland there was actually an increase of 32% (48 more arrests).</p> <p>There have been a number of developments over the last year;</p> <p>A CPVA multi agency audit was undertaken in 2020 by the Northumberland CPVA steering group. The group oversee the audit action plan that covers the key learning and actions below;</p> <ul style="list-style-type: none"> o An CPVA pathway agreed by children's and adult social care that via training and comms is improving communication between ASC and CSC with joint family safety plans. o This training and comms ensure appropriate CPVA referrals to the Gatekeeper. |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|---|---|
| <p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023 <i>(continued)</i>)</p> | <ul style="list-style-type: none"> o The work of the steering group and funding secured has enabled the development of a menu of options – RYPP Link. Respect tools and the VRU funded NVR principles work – to meet the range of needs identified by the audit. <p>Operation Encompass; The Next Steps, was effective in safeguarding children during the pandemic by providing enhanced support to children, families and staff affected by domestic abuse. The main elements of the project included training for all school staff, development of Personal, Social, Health and Economic (PSHE) products for Key Stages 1-4, a drop in/advice service at schools and access to new school safeguarding liaison officers (SSLOs) employed by Northumbria Police.</p> <p>To evaluate impact, using survey and case-study methodologies, schools were asked how Operation Encompass processes are working and what improvements could be made. Fifty-one education providers completed the survey and results were overwhelmingly positive. Schools agreed that it safeguarded and supported our young people.</p> <p>As part of Northumberland’s extended Operation Encompass, the CCG shares police Child Concern Notifications (CCNs) regarding domestic abuse and missing children with all GP practices to improve awareness and information sharing.</p> |
| <p>Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping</p> | <p>Case reviews nationally have found babies are eight times more likely to be killed or seriously harmed than older children. The Child Safeguarding Practice Review Panel (National Panel) are currently undertaking a thematic review into injuries in babies under 1 year with a key focus on the role of fathers. The pressures of lockdown on families with new babies are likely to magnify issues; this supports the NSSP’s decision to identify it as a priority.</p> <p>A formal practice review has been undertaken which was delayed due to Covid -19 restrictions and will be published in the next reporting period. Factors included professional optimism, disguised compliance, parental substance misuse, mental health issues and domestic abuse. The role of father was not fully assessed. Further work is ongoing to address this.</p> <p>Within the context of referrals to CSC having reduced over the last year by over 20%, it has followed that the number of referrals, strategy discussions, s47s, ICPCs and CPPs starting for under ones have also reduced. However, the number of CPPs actually in place relating to under ones has remained fairly stable since October 2019 as have the number of under ones in care, demonstrating it is a “sticking issue”. The single most reliable factor that predicts whether the Local Authority will issue care proceedings is previous care proceedings for older siblings and when parental risk factors remain constant. 68% of new-born babies were removed from parents who had previously had children removed from their care. There were a fluctuating number of referrals made to the local authority by NHCFT in relation to unborns, 36 in Qtr.2; 65 in Qtr.3 2020/21 rising to 101 in Qtr.1 2021/22.</p> |

| Priorities 2020-2023 | WHAT WE ARE DOING AND ITS IMPACT |
|--|--|
| Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping <i>(continued)</i> | <p>Outcomes are not easy to quantify however it's important to tackle this priority upstream; early identification and prevention is underpinned by a comprehensive and effective universal service. Health surveillance data shows;</p> <ul style="list-style-type: none"> • Percentage of births receiving a face-to-face New Birth Visit within 14 days by a health visitor is 91.45%. Well above the target of 85% • Percentage of children receiving a 6-8 week review 77.85% down from 86.29% in the last quarter • Percentage of children who received a 12 month review 93.41% in last quarter and above the target of 90%. |



4. Dealing with risk & learning from Safeguarding Practice

This section explains how learning and improvements are embedded to make progress on achieving better outcomes for children and young people.

4.1 What have we learnt from Child Safeguarding Practice Reviews?

The NSSP collates the findings from local safeguarding practice reviews (LCSPRs), repeat learning/findings are reviewed and further audit and scrutiny is undertaken to have a broader view of the findings. There have been 2 LCSPRs, 3 learning reviews, 4 rapid reviews were held (1 learning review from a referral to SPRG regarding historic information so no rapid review was required as no serious incident notification was made). Two joint child/adult reviews undertaken in the previous reporting period were published this year.

Priority 1. Children and young people's mental health, including self-harm and suicide

The Safeguarding Practice Review Group (SPRG) has undertaken reviews of cases over this period with regard to 2 incidents of suspected child suicide. One resulted in the criteria being met for formal review, the other a learning review. Although not complete during this time period, emerging learning has been shared and added where appropriate to single and multi-agency training and the self-harm pathway amended accordingly. Covid-19 is likely to have impacted on one if not both cases due to reduction in service provision and school closures leading to reduction in access to support and the visibility of the young person to relevant agencies. An audit is planned to identify how agencies work well with young people, especially those difficult to reach. This will involve drawing on the views of what worked well for these young people themselves.

Priority 2. Neglect

SPRG undertook a learning review of a case involving the chronic neglect of a child aged 11 years. Learning has been shared across agencies and the action plan is currently being monitored by SPRG.

Priority 3. Safeguarding children under 1 year old - including non-accidental head injuries and co-sleeping

A learning review was completed regarding a small baby with serious, life-threatening head injuries. The baby was known only to universal services and no concerns identified by agencies at the time except the baby cried for significant periods. The Child Safeguarding Practice Review Panel (National Panel) requested further information which was provided. To support the learning, a new process called ICON ([ICON Link](#)) is being implemented across Northumberland to prevent non accidental head injury in babies often at increased risk of being shaken due to excessive crying. It has a number of 'touch points' throughout pregnancy and the post-natal period and is aimed at both parents. This is part of a national approach commissioned by NHSE/I. Staff training and awareness has been undertaken with GP's, midwifery, and health visiting services, and it is planned to include other agencies such as early help, children's social care and independent reviewing officers.

A formal practice review has been undertaken with regards a baby (Daniel) who sustained multiple fractures. The review was delayed due to Covid-19 restrictions and will be published in the next reporting period. Factors included professional optimism, disguised compliance, parental substance misuse, mental health issues and domestic abuse. The role of father was not fully assessed. Due to the difficulties arising from lockdown and to prevent further delays in the review process for the Daniel case, the whole review was undertaken virtually. This included running two learning events with practitioners, their managers/supervisors and other key professionals. Undertaking such sensitive and emotive work virtually can be very challenging and staff were supported throughout the process which proved a success.



5. Quality of practice and assurances; how effectively are children and young people being safeguarded in Northumberland?

Scrutiny from external inspectorates provides independent monitoring and reviewing of how well safeguarding is being carried out in Northumberland, however the pandemic has meant these processes have been suspended. The NSSP therefore considered alternative sources to ensure practice and multi-agency systems are proportionate, effective and safe.

5.1 The Clinical Commissioning Group

As one of the statutory partners the CCG has sought assurances on a quarterly basis throughout the pandemic to ensure all health care providers have adequate and appropriate arrangements in place to ensure service provision meets the needs of vulnerable families. The CCG safeguarding team attends MAPPA (Multi-Agency Public Protection Arrangements) and MARAC (Multi-Agency Risk Assessment Conference) meetings on behalf of GP practices. As part of this process and through information sharing agreements, access has been granted by most GP practices in Northumberland which allows the team to access relevant information, add appropriate coding and provide reports for the meetings on behalf of GPs and then feedback after meetings. This has greatly improved two-way information sharing for the purposes of these meetings and therefore increased awareness for GPs in primary care.

The CCG complete a Section 175 audit with Primary Care and it is in the process of being finalised for this year, Safeguarding has been included as a mandated requirement as part of primary care commissioned services, and this will further strengthen the current safeguarding systems and processes in GP practices.

5.2 Northumbria Police

The force has recently created a new Strategic Innovation Partnership Team (SIP). Within the new SIP team, there is a learning and improvement function, overseen by a Detective Inspector who will attend all learning and improvement/quality improvement sub groups, to work with partners to drive and share internal and external learning and improvement. The SIP team will support the NSSP priorities and provides a consistent and innovative approach to Safeguarding and the development of child procedures. The Detective Inspector reviews all SCR / DHR / SAB / MAPPA reviews to identify internal and external learning and manages the police response to this to ensure learning is embedded in policy and practice and learning throughout the force.

5.2.1 Contextual Safeguarding

Northumbria Police Prevention Through Education Team have recently undertaken an awareness raising campaign about the sharing of self-generated indecent images among children. Recently the team visited 15 Northumberland schools to deliver this topic to 1206 pupils. This included 7 middle schools, 3 high schools, 4 SEN schools and 1 PRU with most children in year 8. Five of these sessions included a contribution from the Paedophile Online Investigation Team,

giving an insight into what can happen to these indecent images once shared digitally. Feedback from the schools was that the inputs were timely, shocking, well-pitched and exactly what the students needed to make them aware of consequences.

Plans are in place for a period of action in October for the team, collaborating with the Violence Reduction Unit, to highlight the effects of malicious communications and online bullying focussing on sharing indecent images.

A senior police officer chairs the MSET. Children who go missing or who are at risk of exploitation from others, receive a prompt multi-agency response. This includes well-attended strategy meetings, referral for consideration at the MSET and the offer of specialised support to help young people recognise and reduce risks. This year the partnership has tried to further improve the work of MSET by strengthening the focus on preventative risk management before young people are discussed at a full meeting and we have seen a significant reduction in young people progressing to full MSET which means that the risks are being tackled earlier and more effectively. By focussing on prevention and considering contextual risk, the force is working to create safer communities for our young people to live in.



5.3 Local Authority

5.3.1 Early Help

This case study is an example of where early intervention limited escalation and the possibility of the family's situation deteriorating into safeguarding. Prompt school action in identifying concerns at the earliest opportunity enabled an Early Help Family Worker (EHFW) to become involved and empower the family, along with support from a team around the family (TAF).

'Ally', age 10, was referred by school following a number of concerns including poor school attendance and bereavement.

The family were allocated an EHFW, who completed an Early Help Assessment (EHA) following a first knock on the door which showed the home cluttered with empty bottles of alcohol on benches. Rubbish and unwanted items were piled up inside a damp house. The quality of that first interaction was instrumental in mum opening up to support and admitting she was not coping following the death of her husband. She was leaving her two children in the morning to get ready for school alone whilst she went to work. She was at work in the evening leaving them unsupervised, something which raised anxieties for Ally who feared being left by her mum.

The worker used the Neglect Toolkit, with mum, to unpick the core issues and address them with a plan. Mum worked with her, identifying where she thought home life was sitting within the Toolkit and how she could be supported to make changes. The children's views were listened to and relayed to the TAF. Their views were essential and a key driver for mum committing to making positive changes to deliver best outcomes for the children.

Mum worked hard with the team to make changes and the use of the Neglect Toolkit proved a useful tool for her, encouraging her to reflect on her actions and the home situation whilst working out how to improve outcomes for herself and her children. Their home became decluttered and a comfortable place to be. Mum changed her working arrangements to ensure her children were a priority and, with support around benefits from the workers links to DWP, the stress regarding finances was alleviated. Dealing with these basic issues enabled the family to begin to address their grief which had underpinned the situation they found themselves in. The worker accessed resources to support the children with their grief whilst they awaited the support from the counselling service they had been referred to. Attendance improved for Ally. The family all recognised the improvement in their lives and appreciated the hands-on approach the worker had provided with the Neglect Toolkit and listening to them all had helped them come up with to their own plan on how to make changes resulting in a better place to call home and Ally attending school.



5.3.2 Children's Social Care (CSC)

Quality of practice work in-year has consistently identified the following areas of good practice and impact across the county and across services³;

- Strong, child centred practice across the main areas of social work and early help/social care activity. Direct work with and views and experiences of children are undertaken and supported in a range of creative ways.
- Thresholds are applied appropriately, and work is stepped up or down between early help and social work effectively.
- Management oversight is regular, thorough and supports the progress of the work and there is clear evidence of developing and effective use of Signs of Safety (SoS) in both early help and social work.
- Assessments in both social work and early help are thorough, detailed and effectively underpin future work.
- Plans do cover the key areas of work and improvements are evident in supporting the progress of the work, but further development is required to ensure they are consistently SMART and clear with and for children and families.
- There is good multi agency working and consistently regular care team meetings (CTM's) and children in need (CIN) meetings as well as core groups (although there is some variation across the county) which engage parents, carers and wider family members. The effectiveness of these in focusing on the plan and progress has improved, supported by the implementation of SoS, but further embedding of this is needed to ensure consistency.
- There is effective engagement of the wider family network in the majority of cases and the consistency and timeliness of this across all work can be further improved.
- Reviews are timely and include children's and parents' views effectively and focus on the experience of children and drive the progress of plans including for permanence.

- Staff in social work and early help are uniformly positive about the management, support and training that they receive.
- The local authority has continued to provide return home conversations to children and young people after they have been missing. There has been an increase in the acceptance of these conversations which have enabled young people to receive additional support, advice and signposting relating to their situation and in order to ensure they remain safe in the future.

Care Leavers.

A visit by the DfE advisor for care leavers in February 2021 found a number of positives in the quality of support for care leavers;

"The local authority is deemed 'Good' by Ofsted and it is clearly evident why they have secured this judgement. There has been rapid development in their approach to Corporate Parenting, their local offer and the extended duties that apply to care leavers up to 25 years. The local authority has worked really hard to strengthen their Corporate Parenting approach and are beginning to see the benefits of having elected members and senior officers asking the pertinent question 'is this good enough for my child'."

Work to develop a wider understanding of engagement in corporate parenting roles and responsibilities across the council, elected members and partner agencies continues.



³ General quality of practice findings (CSC self-assessment April 2021)

5.3.3 Education and Skills

The service continues to monitor safeguarding standards in education settings i.e., schools, academies, alternative providers, Free Schools and independent schools through a Section 175/157 safeguarding standards audit tool.

The number of families choosing to electively home educate has slightly decreased. Northumberland now has 309 children known to be home educated. There is no pattern or trend given by parents for choosing to do so and this is in line with what our neighbouring local authorities are telling us. There are 83 new cases since schools re-opened in March 2021 and 141 children have returned to school places during the year. Most parents are engaging with the Education Welfare service and providing evidence of work, and ongoing monitoring continues.



5.4 Northumbria Healthcare NHS Foundation Trust

An internal, risk-based audit found that governance, risk management and control arrangements for children and adult safeguarding provided a good level of assurance and that risks are managed effectively. A high level of compliance with the control framework was recognised. The audit identified good practice around the supervision process across the safeguarding department and positive methods of disseminating lessons learnt from safeguarding cases across the trust. The organisation has made significant investment in frontline safeguarding capacity, including a domestic abuse practitioner presence on acute hospital sites, as well as in robust training, audit and data monitoring arrangements. Impact of these measures will be reported to the NSSP.

The trust's 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.



The trust has embraced the Learning Disability Diamond standards to ensure health inequalities of people with a learning disability are met. This includes being fully compliant around the NHSI Learning Disability Standards. They have set up a flagging electronic system for children who have a learning disability to ensure that when a child attends hospital, a code will be in their medical record so that staff can identify that they have a learning disability and ensure reasonable adjustments are put in place as required.

5.5 Performance Priority Dashboard

Performance data, both qualitative and quantitative, measuring progress against the NSSP's priorities, has been set out and analysed in Section 3 against each of the priority areas. The dashboard below presents a summary of these data.

NSSP Priority dashboard - End of June 2021

Priority 1 - Mental health, self-harm and suicide (includes social media and bullying)

Priority 2 - Neglect

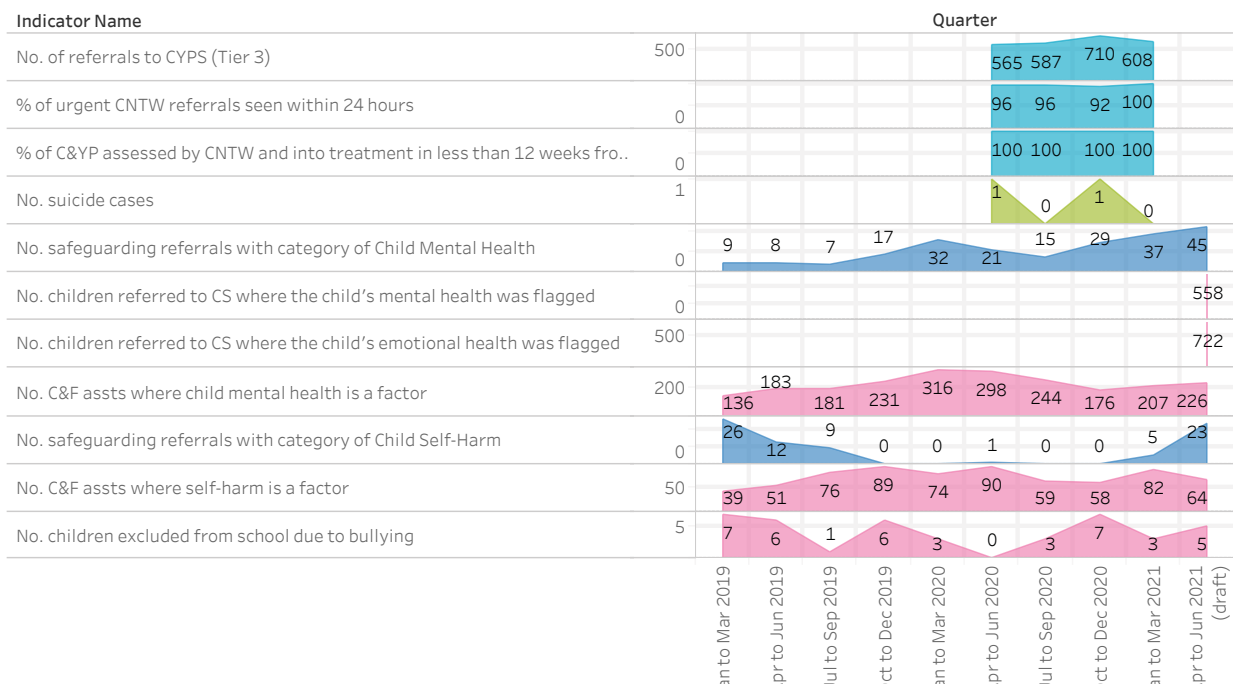
Priority 3 - Safeguarding children under 1 year old

Priority 4 - Impact of domestic abuse (DA) on children and child to parent violent abuse (CPVA)

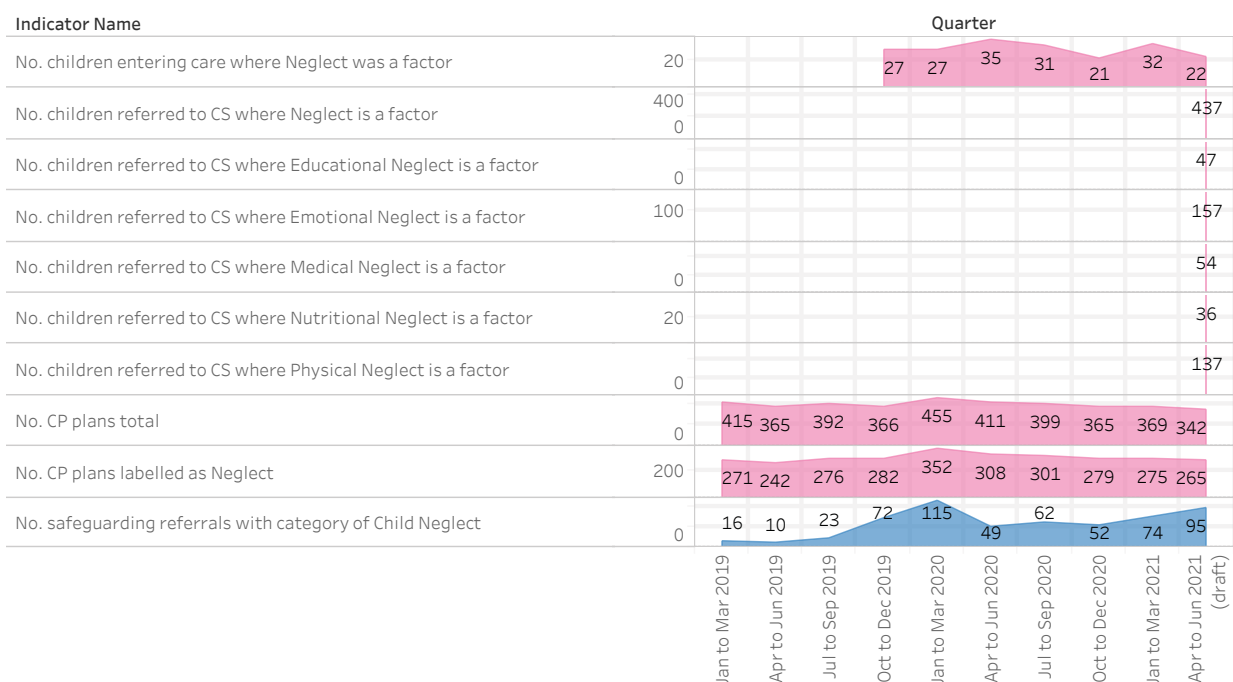
Priority 5 - Understanding how COVID-19 has impacted on safeguarding children and young people

Priority 1

Data from: CCG - CNTW - NCC CS - NHCFT - Police

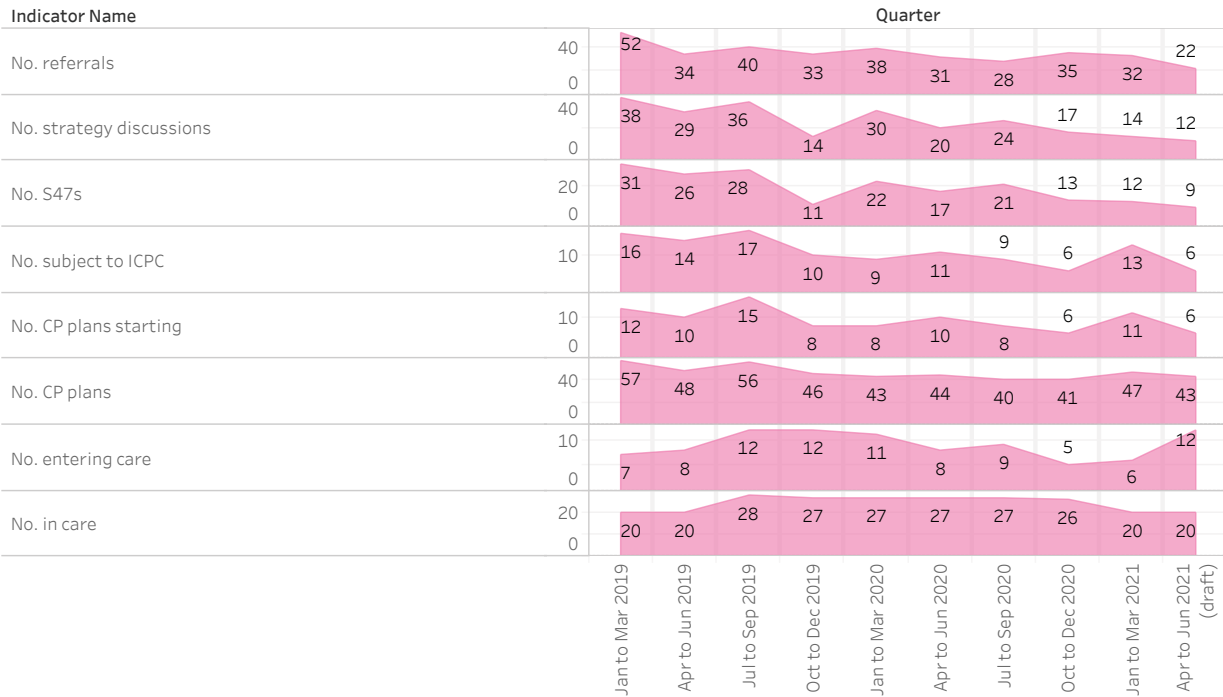


Priority 2

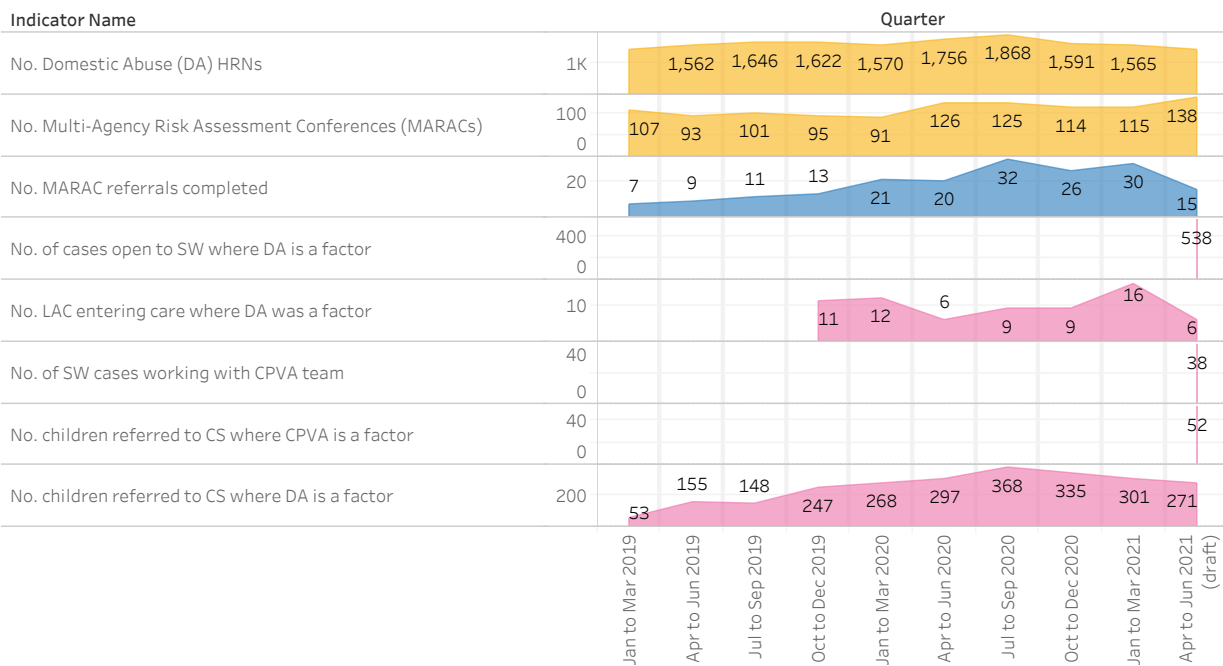


Priority 3 All data relates to children under 1 year old

Data from: CCG - CNTW - NCC CS - NHCFT - Police



Priority 4



6. Improving focus on the child's experience of services and better embedding it in practice

6.1 What has worked well

In developing the Northumberland Children and Young People's Plan, young people told us that one of the most important things to them was to have safe places to go in their own communities. The restrictions created by the pandemic have not made that easy for young people; however, virtual youth clubs have engaged with them across the county in issue-based youth sessions as well as arts and craft activities within their own homes. Detached youth work has safely facilitated outside youth work with individual young people and small groups in line with current regulations enabling young people to gain access to sexual health advice and support as well as discussing and engaging in issues and topics directly related to them.

This approach has meant that on over 200 occasions, young people have had meaningful engagements where they have expressed their thoughts and feelings to an appropriate adult, and received support in return. When asked what this meant, one young person said *"It was good to be able to talk to the youth workers that were doing detached as I have found lockdown really hard and am feeling lonely, I really appreciated having a catch up with them and talking about a few things that have been on my mind. They said they will support me either when they are doing detached or I can call them if I need to talk in between"*.

Listening to children and young people is crucial, at times the most vulnerable young people don't always feel that they are heard or their opinions taken seriously. Over the past year over 80 children and young people have

been supported to get their points of view across to the people they want to listen through the support of the Advocacy Team. In a recent Initial Child Protection Conference, a young person was supported to attend and take part, enabling them to give their side of the story. The conference chair commented that this was one of the most positive and productive conferences they have chaired in years. The young person left knowing that everyone understood their feelings and that they were now getting the help they needed.

Signs of Safety practice has focused direct work with young people. Safety plans are now completed with young people, so they are aware of triggers and red flags around risk taking behaviour. This means that risk assessment is more contextual in its approach to working with teenagers and helps them understand strategies to reduce risk themselves as well as following safeguarding measures from external risks.

Within Northumberland Adolescent Services young people are regularly asked to feedback on the service they have received. Young people open to the 14+ Team are asked "Do you think your social worker has made you: Safer, Happier, Less Worried. 100% of the young people said that they thought their social worker made them safer and happier and 67% said that their social worker made them less worried. One of those young people also commented *"The best way social services has helped me is by giving me [a] life my parents couldn't"*.

As referred to in the priorities section, an Appreciative Inquiry methodology is being used to engage with young people who have experienced the care system to develop an audit tool in order to interrogate the significant challenges that undermine agencies efforts to meet their needs.

As part of Disability Awareness Day, December 2020, the partnership worked with young people from Collingwood Special Needs school to focus on positive representations of disability and a u-tube video outlines [what young people said made them feel safe](#).

6.2 Participation by children and young people with the Independent Reviewing Service

The participation of C&YP in their Children Looked After (CLA) reviews was strong with 95% taking part and/or contributing directly to their reviews. The method of participation varied from an update prior to the review to young people chairing their own reviews. Where possible, reviews were held with the agreement of the young people, with the focus on them and their plan.⁴

The IRO service have responded to the challenges of the pandemic, putting in place virtual mechanisms to ensure statutory requirements and timescales were met. It is reported that virtual meetings enhanced the level and breadth of professional participation.

Plans are in place for the Participation Team to team up with the IROs to deliver training to the ASYE academy around engaging and involving young people in conferences and reviews.

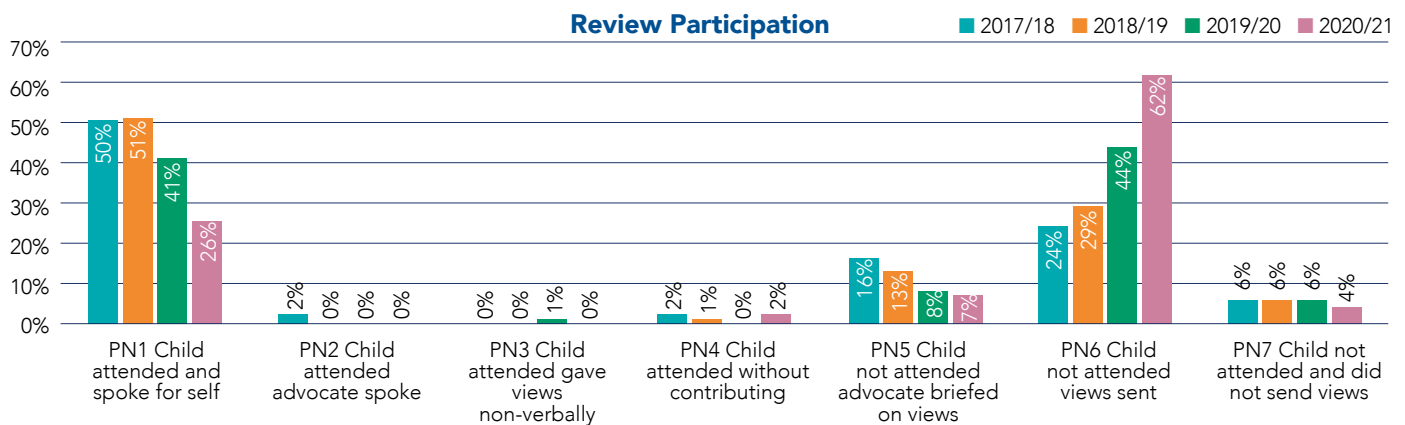


Figure 2. Breakdown of children and young people’s participation in looked after reviews

6.3 Challenges

There is evidence that front-line staff have made considerable efforts to engage directly with children and young people during the unavoidable restrictions imposed by the pandemic. However, there is the potential for the voice of children and young people, and particularly those with disabilities, to be marginalised through virtual contact. It is less easy to ensure a confidential space for them to speak to professionals and some do not like communicating through virtual means. For younger children, face to face observation is essential for assessing their

behaviour, communication and welfare. Reduced face to face assessment and visits has inevitably meant some delay in undertaking/ completing assessments and reviews for C&YP with additional support needs; however, recovery plans have been put in place. The Disabled C&YP sub-group has proactively reviewed the approaches taken by different agencies to rate caseloads on the basis of risk and target face to face time with DC&YP throughout the pandemic.

⁴ Source. Independent Reviewing Officer Service Annual Report 2020/2021

7. Workforce development and improvement

The pandemic has impacted on delivery of the training programme which has been adapted to online/virtual delivery. This has kept a good range of training available and added new e-learning modules to support staff working from home.

1. The impact of the pandemic within other areas of training provision has been embedded, for example within Domestic Abuse training.
2. Continuing expansion of the wider workforce Early Help and Prevention multi-agency training programme.
3. Two new multi-agency training strategies;
 - Adverse Childhood Experiences - establishing foundations for resilience focused, trauma-informed practice
 - Domestic Abuse - building on victim/survivor training by focusing on strengthening professional skills and knowledge to undertake direct work with perpetrators of domestic abuse

Work has been undertaken this year to evaluate the impact of training on frontline practice;

Sexual Exploitation

In 2019, an agreement was reached between the SAB and NSSP that there should be a combined, joined-up offer of Sexual Exploitation training open to both the adult and children's multi-agency workforce. As a result, since early 2020, we now offer **Vulnerability Not Age: Exploring Sexual Exploitation**.

As a consequence of this strengthened offer, the impact the training was having on the work of the practitioners in Northumberland was explored, in particular, how the exploitation training was impacting upon practice and outcomes for children and families ([page 31](#)).

Criminal Exploitation

The criminal exploitation (CE) training offer consisted of an e-learning package, criminal exploitation awareness sessions, which were face-to-face and some County Lines briefings.

The post evaluation work focussed on the face-to-face training offer, which was a commissioned training package provided by EDGE.

This work was collated in July 2020 and looked at the impact that attending CE training has had on their practice and particularly the impact upon the children and families that they support, which is the conclusive measure of the impact of training ([page 32](#)).

Vulnerability not age; Exploring sexual exploitation

As a result of attending a Sexual Exploitation Learning Event, staff were asked 3 months later; 'how has this training impacted upon your social care practice and for the outcomes of the children and families you are working with....'

What was said about the impact upon practice...

I challenged aspects of a resource a colleague was using, which focused entirely on a male perspective and used discriminatory and stigmatising concepts of women and girls and consent in relationships.

I now clearly understand how and when to complete a referral form for an MSET.

I identified the need for a professionals meeting to share concerns to ensure all parties involved had current, timely details of issues and concerns to ensure a robust safety plan and risk assessment was achieved for the young person.

What was said about the impact upon outcomes for children and families...

I have recently been working with two older victims of exploitation, which as a result of the training, I was able to identify additional vulnerability needs, and linked in relevant social care providers ensuring a care plan was in place and reviewed to meet the needs of the clients.

Having the knowledge from the training, has really helped us to develop the learning materials. I am working with a Mum at the moment. Since this training I have realised just how vulnerable she is, and that despite her young age at the moment she may need continued support throughout her journey as a mother. This training changed the way I look at the situation and how I work with the family.

We are in the process of starting to develop an exploitation awareness programme to run with young people in schools in Northumberland to help young people identify the issues.



Exploring Criminal Exploitation

'As a result of attending a criminal Exploitation Learning Event, staff were asked 3 months later, how did this training impact upon their practice and for the outcomes of children and young families they are working with...'

What was said about the impact upon practice...

I have a better understanding of the local context of county lines and how this operates within Northumberland. It has expanded my knowledge in terms of how deep young people can become involved in this and the impact that it can have on them and their families which may prevent them from seeking help. I now know how to spot the signs, and the terminology used by young people which will help me to recognise when young people may be involved in exploitation."

I can now consider the nature and prevalence of what County Lines means, including signs and indicators. I have a much better and clearer understanding of CCE and the key things to look out for. I know what this looks like for children and young people. This has now allowed me to consider how best to work with young people that may be involved in these really difficult and dangerous situations.

What was said about the impact upon outcomes for children and families...

One very powerful quote has been used to highlight the impact that this training has had upon an outcome for a young person...

I was able to have a discussion with the facilitator during the break, about my concerns for a young person that I was working with at the time and around the support that could potentially be offered to him.

In being able to network in this way I was sent a referral form the very next day. She then emailed me to follow this up, the very next day, as she had delivered training to the Police that morning who had also discussed making a referral for this particular young person. She was able to update them in terms of our discussion and this helped to strengthen my concerns. A worker was identified immediately following the completed referral being sent off.

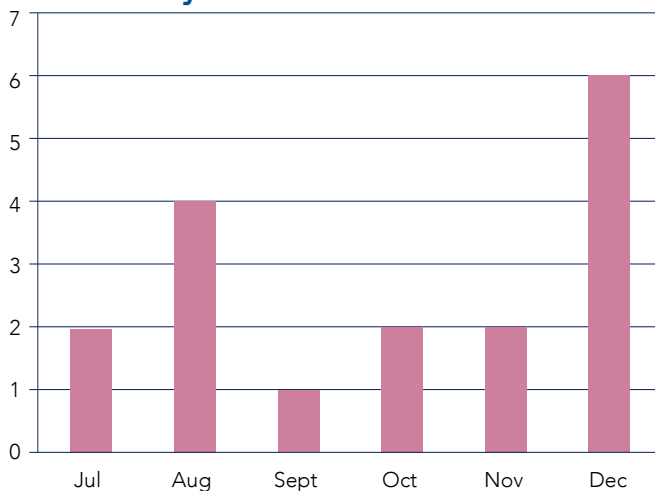
Being able to network in this way has proved hugely beneficial to this particular young person, myself and his support worker. I was confident he would receive the help and support that he so desperately needed. He formed a very good working relationship with the support worker who then went on to support him in his chosen career path and he veered away from the circle of associates that were of concern. Overall, this training event and the networking that it allowed may well have changed this young person's life!



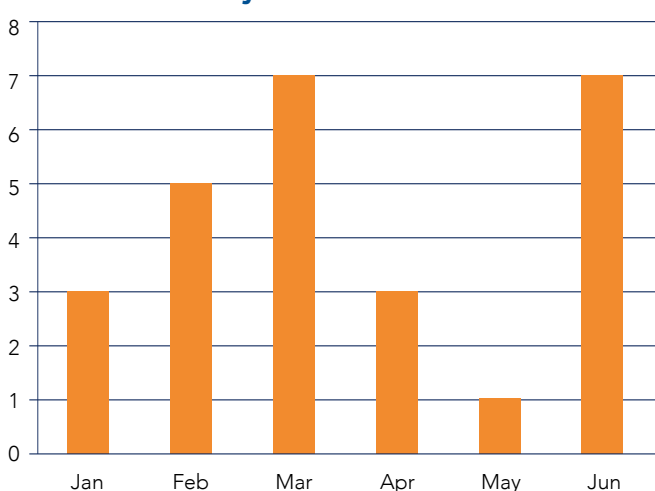
8. A review of the use of restraint in Kyloe House Secure Children's Home

There were 17 instances of physical intervention during the first 6 month period and 26 instances of physical intervention during the second 6 month period. The charts detail the number of physical interventions per month;

**Use of Physical Intervention
1st July 2020 to 31 December 2020**



**Use of Physical Intervention
1st January 2021 to 30 June 2021**



The use of physical intervention within secure accommodation is impacted on by a number of factors, including when the young person is first admitted, their presenting needs, relationships with the new staff team and the pressures of a secure environment. This complex behaviour requires the care team to work extensively with the health team to develop appropriate behaviour management and health plans to support the young people to develop more appropriate and less reactive strategies to deal with their emotional difficulties.

This dynamic is evidenced within the two charts.

There will always be peaks and troughs dependent upon the stages of the group of young people and how confident they are in regulating their emotions without the need, for example, to self-harm or be violent towards others. Another factor to consider is as young people prepare to leave secure accommodation this can often lead to an increase in the frequency of use of physical intervention. The figures at the end of both reporting periods reflect this.

It is difficult to compare and contrast the use of physical intervention from previous years due to the impact of COVID-19 restricting the number of young people living in the home.

9. Independent scrutineer's conclusions

This report demonstrates that over the last year the NSSP has met its statutory duties and agencies have delivered safe and effective frontline services that endeavour to safeguard children and young people in the face of the many challenges and risks the pandemic has presented.

9.1 Does the NSSP add value to safeguarding in Northumberland?

Major challenges continue for the NSSP that are exacerbated by the pandemic. We know there is an association between a family's socio-economic circumstances and the likelihood of a child experiencing abuse or neglect, we also know that this is a gradient relationship and not a straightforward divide. The impact of hardship on parental capacity is complex and persistent, sometimes at an individual level through mental health, or illness, but also through invisible barriers creating difficulty in asking for earliest support.

Families experiencing poverty are often not resourced to invest in themselves, their home environment, things they need, or quality care and activity. Too often the social and physical environments are unchangeable by families themselves yet are stubborn barriers to living well and staying safe. Children experience neglect, and children experience happy and safe childhoods across the socio-economic spectrum, so it is vital partners understand this, recognising the role stigma and shame play in preventing families from accessing support must be central to the design of any activities or interventions agencies put in place to mitigate. Too many interventions are activity focused; confronting the socio-economic difficulties that families face is key to relieving pressure and opening families up to opportunity. Evidence shows that relieving the emotional and financial burden of the extended holidays, building support networks and establishing hobbies with peer groups is a key safety net for families and a fundamental aspect of social mobility. We need to make best use of partners relationships

to work with families, understanding the challenges they face and the opportunities they would like to see and be part of.

The question of whether value is added by the partnership to that of individual agencies safeguarding systems, is crucial to evaluating the impact of the NSSP. There is evidence of the NSSP facilitating joined-up working on the frontline through, for example, an integrated Children and Adult MASH which works well; this model has been welcomed by partners. Joint adult/children Learning Reviews and action plans with joint 7-minute guides have been developed as appropriate. Progress has been made with the collation and analysis of multi-agency data, with a particular focus on NSSP priorities. This has enabled the partnership to understand their current position, measure progress and outcomes, and plan practice improvements.

There is a culture of positive relationships and effective multi-agency working in Northumberland; partners are sufficiently confident to constructively challenge each other at a senior level. The new arrangements are beginning to promote change, for example in joint funding commitments and joined-up senior decision-making. Over the coming year, Northumberland's vision is to develop ever closer strategic alignment between the NSSP, Safeguarding Adults Board and the Community Safety Partnership.

A Joint Targeted Area Inspection (JTAI) of criminal and sexual exploitation was undertaken in 2019 and tangible, measurable progress

continues to be reported to the NSSP bi-monthly. Over this period, multi-agency responses to children and young people at risk of sexual and criminal exploitation, and all aspects of Modern Slavery have been strengthened through a joint CE strategy and delivery plan. Delivery of missing, slavery, exploitation, and trafficking (MSET) roadshows to educate and support front line safeguarding staff have increased understanding of signs of exploitation and enabled appropriate referrals. Police have launched an Early Intervention Strategy and delivery plan and are planning a Vulnerability Awareness training programme to all front-line practitioners with a focus on Early Intervention and use of the three C's (Curiosity, Communication and Clues). Police will view incidents through the eyes of the child, ensuring officers focus on underlying issues and explore Mental Health triage and interventions rather than a singular Criminal Justice approach.

A Transition Protocol has been endorsed although further work is needed to monitor transition outcomes based on feedback from the young people themselves. Work includes a focus on safe transitions for disabled young people where there are safeguarding concerns.

The NSSP DC&YP sub group has published guidance on recognising and responding to safeguarding concerns about DC&YP and are currently undertaking a repeat multi-agency audit examining themes that include contextual safeguarding and how effective are the assessments of factors affecting a disabled child such as neglect and the impact of the pandemic.

Going forward, there are plans to further integrate the public health commissioned 0-19 Service (health visiting and school nursing) with Early Help.

The analysis within this report supports the proposition that the NSSP is a learning partnership underpinned by a positive culture of agencies working effectively together. However more work is needed to strengthen the governance of the strategic safeguarding arrangements going forward. Priorities have been agreed, and risks identified, nonetheless the strategic vision, long term objectives and goals need further development by the three safeguarding partners.

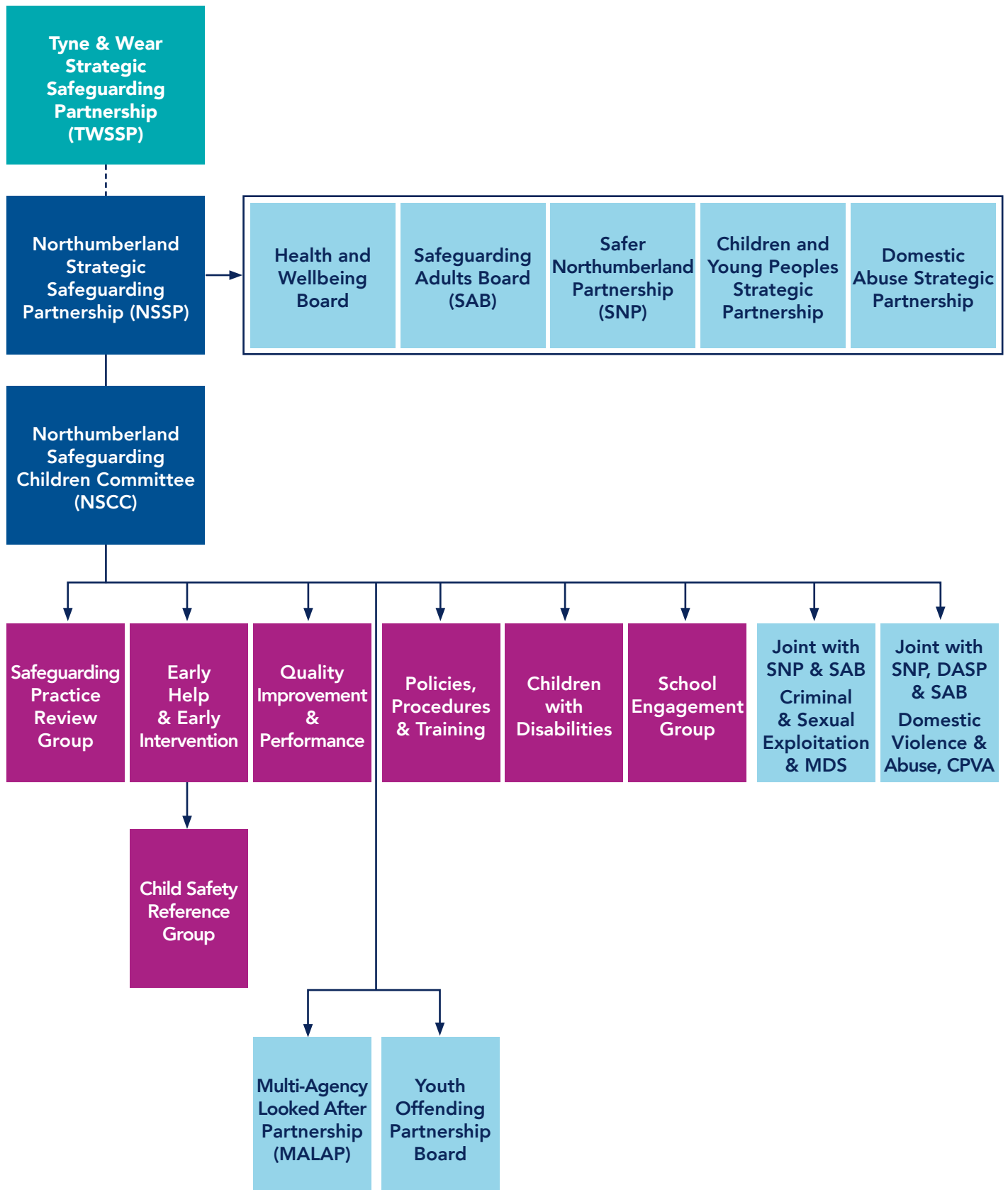
Meaningfully involving children and young people and gaining their views about the quality of multi-agency practice is challenging although there is evidence of progress, particularly in day-to-day practice. However, the partnership needs to understand and apply children and young peoples 'lived experience' at a strategic level. In other words, drilling down into personal knowledge about their world gained through their direct experience, rather than representations constructed by the NSSP. This is an ambitious but significant test for the safeguarding partners.

Emerging risks are recognised but further work is needed by the NSSP regarding contextual safeguarding. Sexual harassment and harmful sexual behaviours in school is one strand of this work, however the challenge is to address peer on peer sexual abuse more widely in community settings.

A challenging question for safeguarding partnerships, is how to develop a local understanding of what it is they do that works, and importantly, what doesn't work. Further evidence is needed to understand the extent to which agencies interventions are connected to children and young people's outcomes. For example, does the positive and welcome support, provided through Operation Encompass; Next Steps, translate into improved resilience, health and educational outcomes for children and young people. We need to answer these sort of questions.

Appendix 1

Governance Structure



Appendix 2

NSSP Membership

Members

Independent Scrutiny and Assurance Chair

Northumberland County Council

Executive Director of Adult Social Care and Children's Services

Service Director, Education and Skills

Service Director, Children's Social Care

Head of Housing and Public Protection

Director of Public Health

Northumberland Clinical Commissioning Group

Executive Director of Nursing, Quality & Patient Safety

Chief Operating Officer

Northumbria Police

Detective Chief Inspector Safeguarding

Northumbria Healthcare NHS Foundation Trust

Executive Director of Nursing, Midwifery and Allied Healthcare Professionals

Professional & Operational Lead Safeguarding Adults & Children

Northumberland, Tyne and Wear NHS Foundation Trust

Group Nurse Director North Locality Care Group

Named Nurse for Adult and Children Safeguarding

Probation Services

Head of North of Tyne

Senior Operational Support Manager North of Tyne

CAFCASS

Service Manager

Advisors to the NSSP

NSSP Business Manager

Strategic Safeguarding Manager, Safeguarding Adults Board

Designated Doctor

Designated Nurse

Senior Manager Performance: Education & Safeguarding

Sub-Committee chairs as required

Appendix 3

NSSP Staffing and Budget

Staffing

| Expenditure | 2020-2021 |
|--|-----------------|
| NSSP Manager | £ 67,342 |
| Business Support Officer | £27,530 |
| Training (% of training manager salary) | £36,781 |
| Total staffing costs | £131,653 |
| Insurance - Employers Liability / Third Party | £70 |
| Hire of facilities | £0 |
| Professional Services, Tri.x procedures, Independent Chair and SCR Authors | £23,878 |
| Travel Allowances | £457 |
| Other | £275 |
| Total Expenditure | £156,333 |

NSSP Budget

The financial contributions from partner agencies are as follows:

| Partner | 2020-2021 |
|-------------------------------|-----------------|
| Northumbria Police | £5,000 |
| NHS Northumberland CCG | £70,000 |
| Northumberland County Council | £75,579 |
| CCG (contribution to SLP) | £2877 |
| Police (contribution to SLP) | £2877 |
| Total Contributions | £156,333 |

The NSSP is supported by the following officers:

NSSP Business Manager

NSSP Business Support



Appendix 4

Northumberland;

Context & Information

- Population: **322,434**
- Child Population: **59,050**
- Clinical Commissioning Group: **1**
- Police Force: **1**
- CRC/NPS: **1**
- GP Practices: **38**
- Foundation Trust (Acute and Community): **1**
- Mental Health Trust: **1**
- Ambulance Trust: **1**
- Schools: **164** (**49** Academies including **1** Free School Academy);
 - First and Primary: **121** (**27** Academies including **1** Free School Academy)
 - Middle: **17** (**8** Academies)
 - High School: **16** (**12** Academies, plus **1** all age)
 - Special School: **9** (**2** Academies)
 - PRU: **1**
- Northumberland is twice the size of Luxembourg, but has half the population size
- **97%** of the county is classed as rural
- **50%** of the population live in 3% of the south-east urban area
- Population density of **64** people per square kilometre; **427** nationally
- Northumberland is the **116th** most deprived area (out of 317)
- **45,550** pupils attending schools – **19.6%** FSM, **98.0%** have English as first language
- **3.9%** of pupils with an EHCP, **11.5%** with SEN support
- **73%** of under 2s in targeted areas are engaged with a Children’s Centre
- **660** Early Help Plans
- **836** Child in Need Plans
- **337** CP Plans
- **436** Looked After Children
- **58,801** 0–17-year-olds. The number continues to decline, at the same time there is an increasing elderly population in the county

Contact Us

Northumberland County Council,
County Hall,
Morpeth
NE61 2EF

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2021 - 2022

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated :19 January 2022

FORTHCOMING ITEMS

| ISSUE | OFFICER CONTACT |
|--|---|
| 10 February 2022 | |
| <ul style="list-style-type: none"> • Covid 19 update, communications and engagement • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • Pharmaceutical Needs Assessment | Liz Morgan Paula Mead Karen Wright Liz Morgan/Anne Everden |
| 10 March 2022 | |
| <ul style="list-style-type: none"> • Covid 19 update, communications and engagement • Suicide Prevention Strategy and Zero Suicide JSNA Chapter • Northumberland Cancer Strategy and Action Plan • DPH Annual Report 2020 | Liz Morgan Pam Lee/Yvonne Hush Robin Hudson Liz Morgan |
| 14 April 2022 | |
| Covid 19 update, communications and engagement | Liz Morgan |

MEETING DATE TO BE CONFIRMED

| | |
|---|----------------|
| <ul style="list-style-type: none"> • Impact of COVID pandemic on SEND services | Nichola Taylor |
|---|----------------|

Updated :19 January 2022

| | |
|--|--|
| <ul style="list-style-type: none"> ● Update on DPH Annual Report 2019 ● Joint Health and Wellbeing Strategy Refresh <ul style="list-style-type: none"> ● Empowering People and Communities theme ● Wider Determinants theme ● BSIL theme ● Whole System Approach ● CNTW Priorities Report ● Urgent and Emergency Care - Strategic Care ● Child and Adolescent Mental Health ● CDOP Annual Report ● 2019 DPH Annual Report Update | <p>Liz Robinson Liz Morgan</p> <p>Pam Travers Siobhan Brown Cath McEvoy-Carr Margaret Tench Liz Morgan</p> |
|--|--|

REGULAR REPORTS

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| <p>Regular Reports</p> <ul style="list-style-type: none"> ● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> ● Public Health Annual Report ● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan | <p>Sir Jim Mackey/Siobhan Brown Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (DEC)</p> <p>Paula Mead (DEC) Liz Morgan (OCT) Robin Hudson (DEC/JAN)</p> |
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| 2 Yearly Report <ul style="list-style-type: none">● Pharmaceutical Needs Assessment | Liz Morgan (FEB 2022) |

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2021-2022**

| Ref | Date | Report | Decision | Outcome |
|------------|-------------|---|--|----------------|
| 1. | 8.7.21 | Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan | To note and endorse | |
| 2. | 8.7.21 | COVID-19 Update | To note | |
| 3. | 8.7.21 | Communications and Engagement Update | To note | |
| 4. | 12.8.21 | Changes to Partnerships between the County Council and NHS bodies | (1) Comments on implications of working across health and social care in Northumberland resulting from the ending of the Council's with NHCT were noted (2) Comments on the new partnership for health visiting and school nursing services proposed by the Council and HDFT be noted. (3) The contents of the letters from the Chair of NHCT to the Chair of Health & Wellbeing OSC and the response by the Council's Chief Executive were noted. | |
| 5. | 9.9.21 | Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan | To note and endorse | |
| 6. | 9.9.21 | Communications and Engagement Update | To note | |
| 7. | 9.9.21 | Healthwatch Annual Report 2020/21 | To note | |

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| 8. | 14.10.21 | Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan | Note Report | |
| 9. | 14.10.21 | Communications and Engagement | Note Report | |
| 10. | 14.10.21 | SEND Revisit May 2021 | (1) Note Report (2) Support Next Steps | |
| 11. | 14.10.21 | Northumberland Physical Activity Strategy | (1) The importance of the physical activity strategy taking a multi-agency approach in tackling the complexities around physical inactivity in the county be understood and acknowledged, and more public and third sector organisations be supported to connect with the strategy's aspirations and be part of the solution. (2) The complexities associated with tackling inactivity and the excellent ongoing collaborative work with strategic stakeholders to implement the countryside physical activity strategy be recognised. (3) The immediate impact of implementing this strategy, targeting out most vulnerable communities hit hardest by the COVID 19 crisis be noted. (4) The significant benefits of using a preventative approach to tackle rising physical inactivity levels across the county against | |

Updated :19 January 2022

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| | | | <p>the wider health, social, educational and economic priority outcomes be noted. This aimed to ensure people were better prepared to live happy and fulfilling lives as members of more sustainable and resilient communities.</p> <p>(5) The benefits of developing place-based approaches and the current work ongoing in Berwick as a tool to reduce inequalities across the county be acknowledged.</p> | |
| 12 | 9.12.21 | Covid (Inequalities) Community Impact Assessment | <p>(1) Receive report and comments</p> <p>(2) Receive regular updates</p> | |
| 13 | 9.12.21 | Population Health Management – Quarterly Update | Receive and note presentation | |
| 14 | 9.12.21 | Update on ICS | <p>(1) Receive report and comments</p> <p>(2) Receive regular updates</p> | |
| 15 | 9.12.21 | Update on epidemiology of Covid 19, Northumberland Covid 19 Outbreak Prevention and Control Plan, and Vaccination Programme | To note presentation | |
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