

Public Document Pack



Northumberland County Council

Your ref:

Our ref:

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Date: 2 January 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **COUNCIL CHAMBER, COUNTY HALL, MORPETH** on **THURSDAY, 12 JANUARY 2023** at **10.00 AM**.

Yours faithfully

Rick O'Farrell
Interim Chief Executive

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

G Binning, J Boyack, N Bradley, C Briggs, J Daniel, P Ezhilchelvan (Chair), M Hall, S Lamb, J Mackey, P Mead, R Mitcheson, L Morgan, R Murfin, R O'Farrell, W Pattison, G Reiter, G Renner-Thompson, G Sanderson, E Simpson, H Snowden, G Syers (Vice-Chair), M Taylor, D Thompson, C Wardlaw, and J Watson



Rick O'Farrell, Interim Chief Executive
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AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 10)

Minutes of the meeting of the Health and Wellbeing Board held on Thursday, 8 December 2022 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 where a matter arises at a meeting;

- a. Which directly relates to Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.
- b. Which directly relates to the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.
- c. Which directly relates to their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.
- d. Which affects the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.
- e. Where Members have or a Cabinet Member has an Other Registerable Interest or Non Registerable Interest in a matter being considered in exercise of their executive function, they must notify the

Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

- 4. CHILD DEATH OVERVIEW PANEL ANNUAL REPORT (MARCH 2021- APRIL 2022)** (Pages 11 - 38)

To receive the Child Death Overview Panel Annual Report and a presentation from Alison Johnson, Designated Nurse Safeguarding Children, North East & North Cumbria Integrated Care Board.
- 5. NORTHUMBERLAND CHILDREN AND ADULTS SAFEGUARDING PARTNERSHIP (NCASAP) ANNUAL REPORT SEPTEMBER 2021 - AUGUST 2022** (Pages 39 - 106)

SAFEGUARDING CHILDREN IN NORTHUMBERLAND

To receive a report setting out Northumberland's multi-agency safeguarding arrangements for children and young people. The purpose of the report is to ensure transparency for children, families and practitioners about the activity agencies have undertaken and how effective these arrangements have been in practice. The report will be presented by Paula Mead, NCASP Independent Safeguarding Scrutiny and Assurance Chair.
- 6. NORTH TYNESIDE AND NORTHUMBERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22** (Pages 107 - 152)

To receive an overview of the work carried out under the multi-agency arrangements for safeguarding adults during 2021/22. The report will be presented by Karen Wright, Senior Manager, Safeguarding Adults.
- 7. BETTER CARE FUND AND THE ADULT SOCIAL CARE DISCHARGE FUND** (Pages 153 - 178)

To seek the Board's endorsement of plans for the use of funding received through the Better Care Fund (BCF), including £2.6m of additional funding intended to support discharge from hospital during the winter months. The report will be presented by Neil Bradley, Director of Adult Services, and Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

- 8. HEALTH AND WELLBEING BOARD – FORWARD PLAN** (Pages 179 - 188)
- 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, 9 March 2023, 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 discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor’s knowledge)— (a) the landlord is the council; and

	(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and (b) either— i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* ‘director’ includes a member of the committee of management of an industrial and provident society.

* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

<p>You have a personal interest in any business of your authority where it relates to or is likely to affect:</p> <ul style="list-style-type: none"> a) any body of which you are in general control or management and to which you are nominated or appointed by your authority b) any body <ul style="list-style-type: none"> i. exercising functions of a public nature
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- ii. any body directed to charitable purposes or
- iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 8 December 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M (substitute)	Pattison, W.
Binning, G.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Curry, A (substitute)	Syers, G.
Lamb, S.	Taylor, M.
Lothian, J.	Thompson, D.
Mitcheson, R.	Travers, P.
Morgan, L	Watson, J.
Murfin, R.	Wardlaw, C.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
K. Lynch	Senior Public Health Manager
S. Eaton	Northumbria Healthcare Foundation NHS Trust
P. Lee	Public Health Consultant
E. Richardson	Senior Manager Specialist Services

113. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, J. Daniel, P. Mead, H. Snowden, C. Wheatley, and Councillors L. Simpson and G. Renner-Thompson.

114. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 November 2022, as circulated, be confirmed as a true record and signed by the Chair.

115. DEVELOPING NORTHUMBERLAND'S COLLABORATIVE APPROACH TO TOBACCO CONTROL

Members received a report and presentation from Kerry Lynch, Senior Public Health Manager. The report outlined action towards a collaborative approach to tackling tobacco use in Northumberland, including an update on vaping, and asking the Health & Wellbeing Board to endorse national recommendations, influence national action and provide direction for our local approach

Kerry Lynch raised the following key issues:-

- Smoking prevalence was declining nationally and significant progress had been made in the North East. In Northumberland overall adult smoking rates had dropped from 18.8% in 2012 to 11.8%.
- Smoking was closely linked with health inequalities and further work was needed to reduce smoking rates particularly amongst the most vulnerable and disadvantaged residents and communities.
- Areas of significant concern were
 - **Pregnancy** – smoking in pregnancy was five times more common in the most deprived groups compared to the least.
 - **Mental Health** – Amongst those diagnosed with serious mental health illness, smoking rates were estimated to be around 37.1% in Northumberland
 - **Illicit tobacco** – 77% of those buying illicit tobacco were from the three lowest social and economic groups in society, disproportionately affecting the poorest communities.
- The current National Tobacco Plan expired at the end of 2022, and it was hoped that the Health & Wellbeing Board would be able to influence Government policy to draw up another national statement on smoking.
- It was hoped that partner organisations would come together as a collaborative partnership and focus on areas that were not currently being worked on and sign up to relevant declarations. Declarations included the NHS Smokefree Pledge and Local Government Declaration on Tobacco Control. It was also hoped that the national picture could be influenced by writing to the Secretary of State.

The following comments were made:-

- There was a disconnect between e-cigarettes (vaping) which were either a route to coming off inhaled tobacco or a risk modification. There was no access to e-cigarettes on smoking cessation courses. The use of e-cigarettes for smoking cessation should be encouraged. It was acknowledged that switching to an e-cigarette carried a fraction of the risk of inhaled tobacco. The County Council's Community Stop Smoking Service had received a grant from the ICS to pilot vaping amongst people with serious mental illness. This work was just commencing in Wansbeck and West PCNs.

- No specific work was planned in schools. The evidence was that if the adult world was changed then this would, in turn, influence children and young people. The percentage of young people smoking or vaping was now very low.
- Northumberland Fire & Rescue Service was aware not only of the home safety risks of smoking but also other risks relating to alcohol, dementia and deprivation.
- Trading Standards had successfully prosecuted businesses selling illicit tobacco and vapes. It was vital to ensure that e-cigarettes were compliant if smokers were to be encouraged to switch to their use.
- CNTW was working with people with serious mental health problems looking at their use of vapes that they were supplied with and noting the different quality.

RESOLVED

- (1) that Members' comments be noted.
- (2) that the Chair of the Health & Wellbeing Board write to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022).
- (3) that Northumberland County Council becomes a signatory to the 2022 Local Government Declaration on Tobacco Control attached as Appendix 2 to the report.

116. THE SAFE HAVEN/ALTERNATIVES TO CRISIS NORTHUMBERLAND PROJECT

Members received a presentation from Pam Travers, Group Director North Locality CNTW.

Pam Travers raised the following points:-

- £300,000 had been identified to develop a Safe Haven/Alternatives to Crisis proposal in Northumberland. A small group had been put together to work on the proposal.
- The location was identified after looking at population level and deprivation. Suitable accommodation had been located in Ashington.
- Safe Haven would be run by a third sector provider.
- The Safe Haven would provide a welcoming and non-clinical environment to support people experiencing psychological distress. They would offer a safe place with support out of hours over evenings and weekends.
- It was aimed to get more partners involved and that anyone could get access to the support they needed.

- Trained staff would be present and promoting recovery, emotional and social support in a non medicalised environment.
- Now that a suitable building had been identified, alterations were under way prior to opening.

The following comments were made:-

- Members welcomed the Safe Haven initiative and particularly referred to its out of hours opening.
- It was acknowledged that there would be ongoing revenue costs and these were still under discussion.
- There would also be a virtual option which would be beneficial to provide some coverage over the large county. There would not be a catchment area.
- It was hoped to expand the Safe Haven service to other areas of Northumberland. There were already Safe Havens in Newcastle and North Tyneside.
- The Ashington site should be opened early in the next financial year.

The Chair thanked Pam Travers for her presentation.

RESOLVED that the presentation be received.

117. NORTHUMBRIA HEALTHCARE FOUNDATION TRUST HEADLINE PERFORMANCE DETAILS AND WINTER PLANS

Members received a report on headline performance details and winter plans from Alistair Blair and Simon Eaton of Northumbria Healthcare Foundation Trust.

Alistair Blair provided the following update:-

- Detailed figures of the Trust's performance for October 2022 were provided in the presentation including
- Ambulance handover delays – 114 cases of over one hour
- A&E attendances – 90% seen and discharged/admitted within the four hour window. The national target was 90%, however, this was the best performance in the country.
- Wait for scans and diagnostics – 96.8% waiting less than six weeks.
- Referrals within 18 weeks – 82.2% - some specialities such as Urology had massive volume and pressures and this skewed the figures. There were a variety of reasons why a small number of patients were waiting over one year.
- Cancer – 95% of suspected cases were seen within two weeks and diagnostics within 28 days. Again, there were many different reasons why treatment may be delayed.

- A&E attendances were at an all time high and this reflected pressures within the system. The national standard was 95% and Northumbria was the highest performing Trust nationally at 90.2%
- Nationally for diagnostics, Northumbria was in the top 10 with 95.2% performance.
- Nationally for referrals, Northumbria was the highest performing Trust at 82.5%.
- Although there were still some issues, Northumbria was performing very well in comparison with its peers. Performance was monitored on a weekly basis and residents were getting a much better deal than other areas.

Simon Eaton updated Members on the Winter Plan 2022/23 as follows:-

- The overall numbers of patients in the system were higher than just before Covid and there had been no dip in attendances during summer 2022. This was leading to the workforce being very overstretched.
- The plan considered all aspects of the overall system and included bed requirements, critical care capacity, elective recovery, community services, external partners, and staffing and recruitment (health & wellbeing of staff). Responsiveness and agility were key.
- Winter plans were very well rehearsed across the system and the Trust was working to address those issues.
- Covid and other winter illnesses such as flu and novovirus along with prevention and control; impact on flow; reinforcing handwashing.
- The primary aim was to continue to deliver high quality care and maintain patient safety. This included ambulance waiting times which were a concern nationally at present, overcrowding, discharge and minimisation of risk.
- Staff Wellbeing Portal – This included support to staff whilst in work but also generally.
- External Partners – There was close working with other partner organisations such as the North East Ambulance Service, PCNs and Primary Care

The following comments were raised:-

- There were a variety of reasons why a cancer patient may still be waiting for treatment outside the target timescale. This could often be due to an informed decision by the patient such as they wish to go on holiday before commencing treatment or taking time to look at all the treatment options available to them. It was not always a delay in the system.
- Regarding the comparisons with other Health Trusts in the country, the Trusts in the top 10 for various issues was fairly stable. On average NHS performance was decreasing and not performing as well as it was three years ago.
- From a Primary Care point of view, Northumberland was performing very well.

- The System Transformation Board (STB) had regular updates on the performance of the ambulance service, primary care etc. The Health & Wellbeing Board could seek assurance from the STB on performance in these services.

The Chair thanked Alistair Blair and Simon Eaton for their presentations.

RESOLVED that the presentations be received.

118. NORTHUMBERLAND COMMUNITIES TOGETHER – COST OF LIVING CRISIS

Members received a presentation from Emma Richardson, Senior Manager Specialist Services, updating them on the work of Northumberland Communities Together, its collaborative and corporate touchpoints with VCSE colleagues, and an overview of the action plan responding to the current costs of living pressures.

Emma Richardson raised the following points:-

- Refresh – There was a high level of partnership and collaboration with a number of different organisations and bodies. The opportunity for a lot of this work had increased over the last few days and was culminating in the production of the Inequalities Plan.
- Core Support – Northumberland Communities Together (NCT) aimed to provide the most appropriate and effective support to residents. Support included grants from the Household Support Fund, Welfare Assistance, hardship, fuel grants and energy efficiency advice. It was emphasised that a lot of delivery of services was through partner organisations.
- In the Community – A lot of organisations were involved with community hubs and these would tie in well with the Safe Havens. Listening to users was very important. Pop up programmes and take up campaigns were known to be important especially in areas where take up of a particular benefit payment such as pension credit may low. This awareness raising was, again, being undertaken in collaboration with VCSE organisations. Teaching and learning opportunities were also available within the flagship Cramlington Hub. Some young people with additional needs had now found apprenticeship positions and employment as a result.
- Corporate Touchpoints with VCSE - Thriving Together was part of the Inequalities Plan commitment. VCSE Support Contract facilitated the touchpoints with the community sector and had been awarded to Northumbrian Citizens Advice. Cross sector working was important along with building relations and collaboration.
- Why Thriving Together matters – Decisions could be made within resources and avoiding duplication. Looking for new ways of working and a readiness to apply for and mobilise funding
- VCS Liaison Group – The group met bi-monthly with a co-led agenda and attendees from the County Council and Thriving Together with best fit VCSE and officer representation as required.

- Cost of Living, Poverty and Hardship - This formed part of the Inequalities Plan and recognised the need to prevent widening of inequalities during the current cost of living pressures.
 - Nominal allocations from Public Health reserves – proposals will be agreed over the 18 month course of the action plan.
 - Exploring additional funding from the Integrated Care Board to join up the approaches across the system.
 - Effective targeted hardship support and applied business intelligence
- Areas of particular attention to the Public Health funding allocation
 - Food - proposed £130,000 – work with food providers to ensure continued provision of quality food support over next few months. 120+ Warm Spaces with hot free or affordable meal in community venues. Expansion of community fridges, larders and shops.
 - Fuel – proposed £230,000 – cost of living support hub and information leaflets. Targeted to residents with chronic conditions adversely affected by cold homes, home visits and prioritisation of households for energy efficiency and support intervention.
 - Children and Young People – proposed £200,000 – addressing child poverty through school setting and working with education colleagues to find best approaches to support
 - Access to advice and information and building resilience – proposed £240,000 – cost of living hub website containing reliable up to date information and support, warm spaces and places mapped, citizens advice to expand core offers and targeted leaflet, digital and trusted partner information sharing.

The following comments were made:

- Northumberland Communities Together had originally been created at the start of the Covid pandemic to offer support to vulnerable residents.
- It would be useful if there was a session to help all key partners on the Board fully understand what each other were there for and to have a wider peripheral vision to see how all of the services joined up.

The Chair thanked Emma Richardson for the presentation.

RESOLVED that the presentation be received.

119. INTEGRATED CARE BOARD UPDATE ON PLACE-BASED WORKING IN NORTHUMBERLAND

Members received a verbal update from Rachel Mitcheson, Director of Place and Integrated Services – Northumberland.

Rachel Mitcheson made the following comments:-

- The Integrated Care Board (ICB) was now six months old.
- There were two partnership working elements

- Integrated Care Partnership (ICP) – this was the statutory element of the ICB and had brought all 13 ‘Places’ together. It met biannually and was responsible for ensuring that the ICB was moving in the right direction in a strategic way.
- Meetings would be held in the north and there had been discussions about it being the local group for partnership working.
- The System Transformation Board (STB) was the Place based board and, in the past, had been the consultative board but it was now moving towards becoming an ICB committee. Terms of reference and membership were being looked at. The committee would operate as a shadow committee prior to becoming operational in April 2023.

RESOLVED that the verbal report be received.

120. JOINT HEALTH & WELLBEING STRATEGY THEMATIC GROUPS

Members received a verbal progress report from the Wider Determinants Thematic Group from Rob Murfin, Interim Executive Director of Planning & Local Services.

Rob Murfin raised the following issues:-

- The wider determinants of health involved looking at the spatial patterns of inequality; where people had poorer health; where there were different elements of different layers of disadvantage.
- How health inequality played out in different places was the single most statistically clear spatial pattern of inequality. It happened in particular places and to particular groups of people.
- The issues around the wider determinants of health had been first identified in the late nineteenth century but, sadly, were still issues today.
- Weighting of issues – what importance was put on issues. For example, properly designed houses could lead to fewer trips and falls and therefore less demand on hospital services.
- Initial immediate actions - tackle fuel poverty, support for people to live independently in the right housing, make sure that people with health issues rooted in employment have them normalised compared to the general population and local transport policy with proper flexible options in all areas particularly in rural areas.
- It was important to put the right weight on all of these issues.
- The debate needed to become mainstream in the same way that climate change had become.

The following comments were made:-

- It was acknowledged that the issues were not new. The type of housing being built in Northumberland was high end and expensive and did not address the issues. It was commented that 60% of Local Authorities did not have any standards for adaptability in housing e.g. doorways wide

enough for wheelchairs or level access. Going forward it was important to ensure that whenever a new strategy was being devised it must be considered through the inequalities lens.

- There was a risk of making the issue overly complicated. Place based issues were social multi variant issues and the same answer to the same problem may not be the same in different places.
- There was a risk of extending what the ICB could do as the NHS needed to concentrate on healthcare inequalities. There were things that the ICB could do around the wider determinants of health within the Trust's anchor organisations and own workforce but there was a need to avoid potential duplication of activity. Representatives on the ICB Board included the Director of Public Health, Director of Adult Social Care, Director of Children's Services etc and so they should be able to adequately represent the wider determinants when those issues arose. There was also a significant public health input to the ICB and developing its policies and strategies.
- Spatial planning could be the greatest legacy that could be left for the future.

RESOLVED that the verbal update be received.

121. HEALTH AND WELLBEING BOARD FORWARD PLAN

RESOLVED that the Forward Plan be noted.

122. URGENT BUSINESS

The Chair announced that this meeting was the last with Liz Morgan as Director of Public Health. She had been with Northumberland County Council for six years which included the Covid pandemic during which time she had provided a tremendous service. The Chair noted that Liz had been extremely supportive to him when he took over the role Chair of the Health & Wellbeing Board. The Chair thanked Liz for all of her work and service and presented her with a bouquet of flowers on behalf of the Health & Wellbeing Board.

The Chair announced that Pam Travers from CNTW was retiring and that this was also her last meeting. The Chair presented Pam with a bouquet of flowers on behalf of the Health & Wellbeing Board.

123. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 12 January 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

Ch.'s Initials.....

Health & Wellbeing Board, 8 December 2022

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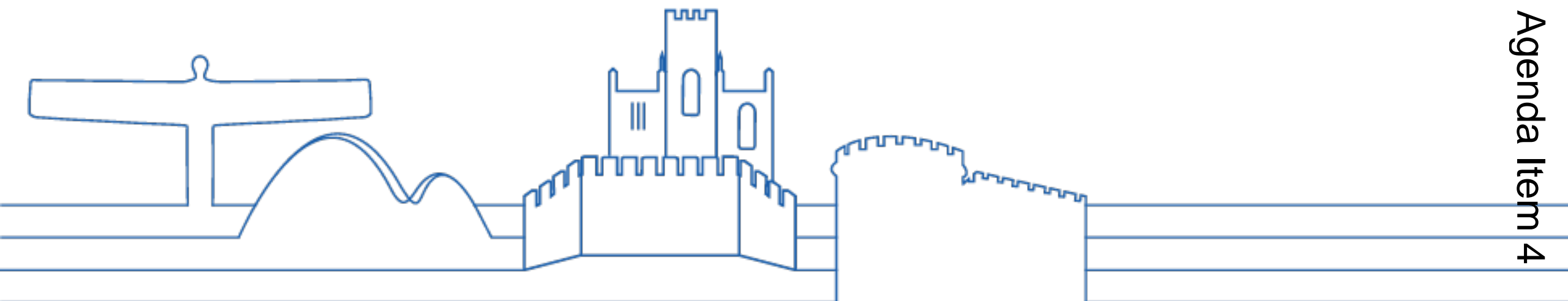
**North East and
North Cumbria**

Child Death Overview Panel (CDOP) Annual Report April 2021-March 2022

Alison Johnson

Designated Nurse Safeguarding Children

Agenda 1



Agenda Item 4

Annual report

- North and South of Tyne Child Death Overview Panel (CDOP) review the death of every child who normally resides in each of these areas, regardless of where the death occurs. This document reports on all the children whose deaths were reviewed in 2021/22, regardless of the year in which the child died. The panel met 8 times within this timeframe.
- The statutory task of the multi-agency panel lies in its ability to scrutinise the circumstances surrounding each child's death and where appropriate, to provide challenge to the agencies involved to further enhance the learning and recommendations to appropriate agencies to improve service delivery and patient experience.
- Ascertain why a child has died by a thorough but proportionate review of the facts and circumstances surrounding the death
- Determine the contributory and modifiable factors
- To make recommendations to all relevant organisations where actions have been identified which may prevent further deaths or promote the health, safety and wellbeing of children
- Provide detailed data to National Child Mortality Database (NCMD) which they analyse nationally and produce regular reports e.g. on the impact of deprivation on child deaths.
- Produce an annual report highlighting local trends and patterns and any actions taken by the panel
- Contribute to the wider learning locally, regionally and nationally.

Northumberland Cases

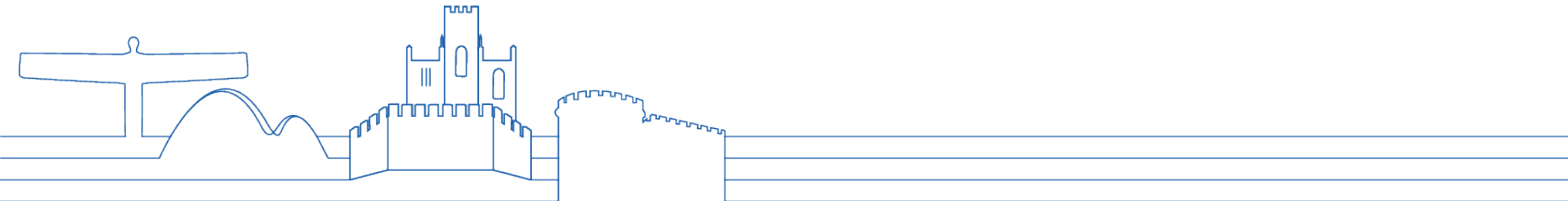
Northumberland	2020/21	2021/22
Northumberland – Total Number of notifications of deaths	16 (21%) (75)	19 (21%) (91)
Total number of deaths reviewed	20(24%) (82)	10(14%) (73)
Numbers & % of child deaths where modifiable factors were identified	9 (45%) (27)	6 (60%) (28)
*North & South of Tyne		

Modifiable factors in Northumberland Cases

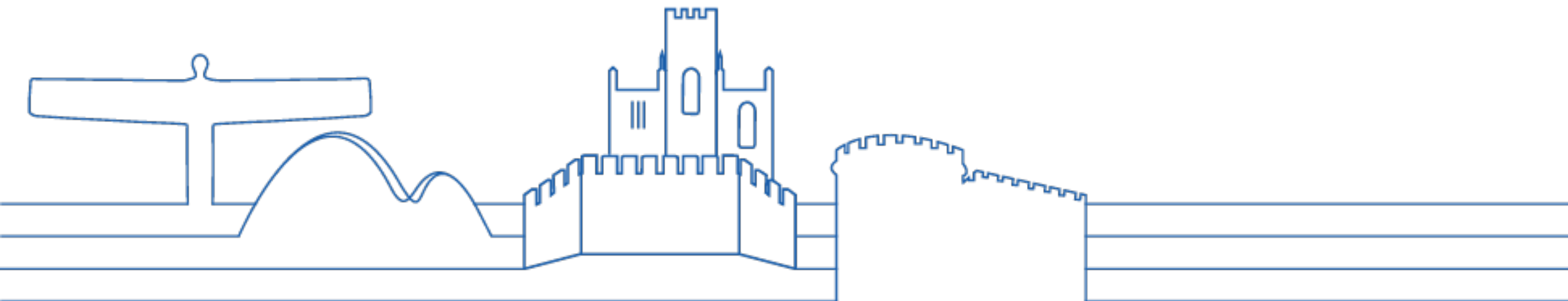
- Parental smoking
- Missed immunisations
- Service provision: delays in diagnosis and /or missed opportunities
- Maternal obesity during pregnancy
- Unsafe sleep arrangements
- Failure to recognise vulnerability in young people

Action

- To identify any themes and modifiable factors when not included in annual report.
- Designated Nurse Safeguarding Children will link with CDOP and gain the outcome of each Northumberland case with modifiable factors.
- This can then be raised with HWBB and NCASP



Thank you



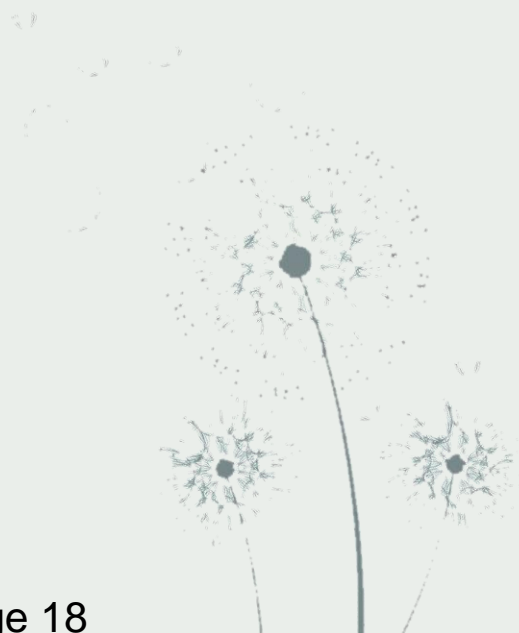
Child Death Overview Panel (CDOP) Annual Report

April 2021 - March 2022

North & South of Tyne

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Foreword

Child Death Overview Panel Independent Chairperson (North & South of Tyne)

Welcome to the second annual report of the North and South of Tyne Child Death Overview Panel (N&S Tyne CDOP), which contains a summary of the activity carried out by the panel, activity which seeks to drive improvements in children and young people's health across the 6 areas represented: Gateshead, Newcastle, Northumberland, North Tyneside, South Tyneside and Sunderland.

The Child Death process requires agencies to undertake a review process prior to the panel review. Thanks must go to all those frontline staff and their managers involved in this process, without whom we could not fulfil our task. Frontline staff are the 'human face' of the child death review process, supporting families' at the most difficult time of their lives.

The statutory task of the multi-agency panel lies in its ability to scrutinise the circumstances surrounding each child's death and where appropriate, to provide challenge to the agencies involved to further enhance the learning, as well as make recommendations to the appropriate agencies to improve service delivery and patient experience.

The re-constituted panel has now been functioning for two years, in which attendance has been excellent. Meeting virtually has been a challenge, however anecdotally we are aware that virtual meetings have facilitated a wider diversity of professionals' attendance at Joint Agency Response meetings (JARs) and Child Death Review Meetings (CDRMs) which can only lead to improved information sharing and learning.

The North and South of Tyne panel met 8 times within the timeframe of this annual report (April 2021 - March 2022) and has enjoyed very good multi-agency attendance. We have continued to welcome observers to the panel from the constituent agencies and there have been 5 such observers this year from nursing, medicine and safeguarding.

Sheila Moore, MA, RGN, DN, HV
Independent Chair

1 Introduction

1.1 The death of a child is a devastating loss which profoundly affects all those involved. Since April 2008 all deaths of children up to the age of 18 years, excluding stillbirths and planned terminations are to be reviewed by CDOP to comply with the statutory requirement set out in Working Together 2018¹. In the event of a birth which is not attended by a healthcare professional, child death partners may carry out initial enquiries to determine whether the baby was born alive. If the baby was born alive then the death must be reviewed.

1.2 The Children Act 2004² requires Child Death Review Partners, (5 CCGs and 6 Local Authorities in our footprint) to ensure arrangements are in place to carry out child death reviews, including the establishment of a CDOP. The reviews are conducted in accordance with Working Together 2018 alongside the Statutory and Operational Guidance (England) 2018³.

1.3 The North and South of Tyne CDOP panel is multi-agency and the process is carried out for all children resident in the 6 Local Authority areas listed in the foreword. Legislation allows for CDR partners to make arrangements for a review of a death of a child not normally resident there. This process needs to be pragmatic with consideration given to where the most learning can take place.

1.4 In April 2019 the National Child Mortality Database⁴ (NCMD) became operational and is populated directly with the relevant data from eCDOP, a cloud-based information management system commissioned by the CDR partners for use across our footprint.

1.5 The purpose of the panel is to:

- Ascertain why a child has died by a thorough but proportionate review of the facts and circumstances surrounding the death
- Determine the contributory and modifiable factors
- To make recommendations to all relevant organisations where actions have been identified which may prevent further deaths or promote the health, safety and well-being of children
- Provide detailed data to NCMD which they analyse nationally and produce regular reports e.g. on the impact of deprivation on child deaths.
- Produce an annual report highlighting local trends and patterns and any actions taken by the panel
- Contribute to the wider learning locally, regionally and nationally.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

² <https://www.legislation.gov.uk/ukpga/2004/31/enacted>

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859302/child-death-review-statutory-and-operational-guidance-england.pdf

⁴ <https://www.ncmd.info/>

The CDOP is not commissioned to undertake public health campaigns or deliver interventions arising from the learning from reviews, rather it relies on its' partners in the Health and Well-being Boards and the Safeguarding Children Partnerships to incorporate the lessons learned into policy and develop appropriate interventions.

2 The Process of the Child Death Overview Panel across North & South of Tyne

Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland work together via the North and South of Tyne Child Death Overview Panel (CDOP) to review the death of every child who normally resides in each of these areas, regardless of where the death occurs. This document reports on all the children whose deaths were reviewed in 2021/22, regardless of the year in which the child died.

When a child dies, an appropriate clinician will, in liaison with other professionals make immediate decisions on whether a Medical Certificate of Cause of Death (MCCD) can be issued or whether a referral is required to the coroner.

Where a death is, for example, from a life-limiting illness, the death will be registered in the usual way and the family is offered support. Information is gathered from professionals involved, which is then collated and presented to the Child Death Overview Panel.

Where a death requires a series of rigorous investigations, including a post-mortem, a multi-agency meeting, known as a Joint Agency Response (JAR) is held to establish, as far as possible, the cause of death and plan future support for the family. A Child Death Review meeting (CDRM) follows once all the information is available and is then collated and presented to the Child Death Overview Panel.

The CDOP will in each case classify the cause of death, identify contributory factors, identify any modifiable factors (those which can be changed through national or local interventions) and make recommendations to prevent future similar deaths, or improve the safety and welfare of children in the local area and further afield.

The Children and Social Work Act 2017⁵ ended the requirement for serious case reviews when the LSCB converted into the new multi-agency safeguarding arrangement. Following the ending of the LSCB the new Multi-Agency Safeguarding Arrangements must comply with the requirements outlined in the legislation and Working Together 2018 to undertake, Child Safeguarding Practice Reviews (CSPRs) which can be locally or nationally led and overseen by a national panel. The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children.

The CDOP need to consider whether the criteria for a local or national SPR might be met in certain cases, even if it has already been considered by the SCP, and to make recommendations appropriately.

⁵ <https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Learning Reviews can also be undertaken. In 2021/2022 there were two cases subject to a SCPR and one case subject to a learning review.

The Child Death Review process recommends that panels undertake themed panels. Two themed neonatal panels were held and panel members were very positive around the scope of learning which took place whilst focusing on one category of child death.

If the CDOP is notified of the death of a child with an identified learning disability or the likelihood of a diagnosis this information is shared with the Learning Disabilities Mortality Review (LeDeR)⁶ Programme via the online referral process. Further liaison takes place to share core data to ensure the CDOP supports the LeDeR Programme.

3 Membership of the Child Death Overview Panel

Named Representative	Agency/Title
Sheila Moore	Independent Chair
Jill Rennie	North of Tyne CDOP Coordinator
Dr Richard Hearn	Consultant Neonatologist NUTH
Dr Anna Thorley	Designated Doctor Child Deaths Newcastle
Dr Stephen Bruce	Designated Doctor Child Deaths Northumberland & North Tyneside
Dr Maryam Rehan	Designated Doctor Child Deaths Gateshead
Dr Sunil Gupta	Designated Doctor Child Deaths South Tyneside
Dr Carl Harvey	Designated Doctor Child Deaths Sunderland
Nichola Howard	Named Professional Safeguarding North East Ambulance Service
Trina Holcroft	Designated Nurse Safeguarding Children, Newcastle and Gateshead
Jan Hemingway	Designated Nurse Safeguarding Children, North Tyneside

⁶ <https://leder.nhs.uk/>

Jenna Wall/Lesley Heelbeck	Head of Midwifery Northumbria/Head of Midwifery Gateshead
Louise Cass-Williams	Northumbria Police
David Garner	Practice Manager ISIT (Social care)
Alison Fry	Children's Services Manager
Wendy Burke	Director of Public Health (DPH) North Tyneside Council
Tom Hall	Director of Public Health (DPH) South Tyneside Council
Dr Therese Hannon	Consultant Obstetrician (Themed Panel Member)
Tracey Hadaway	South of Tyne CDR Coordinator



4 Examples of actions taken to reduce child deaths across the CDOP footprint. ---

4.1 Primary Care

As a result of a child's death a primary care practice introduced a system to highlight vulnerable young people who were not requesting repeat prescriptions for long term mental health conditions. The preliminary findings after a six-month review identified five such cases.

When primary care has undertaken pieces of work as above, the learning is shared with other practices via GP TeamNet, email and peer review sessions.

4.2 Midwifery

The maternity service of Northumbria Healthcare NHS Trust reviewed the 2020/21 report and completed a gap analysis of ongoing public health workstreams to ensure the modifiable factors were being addressed.

An area of focus was safe sleeping practices, and as a result the maternity service planned their educational 'Theme of the Month' around safe sleeping practices. This includes educational displays in all staff areas throughout the service, an update of the Head of Midwifery monthly newsletter, a parent education drive with information shared via social media platforms and also in patient facing areas in the maternity units.

A survey monkey questionnaire was shared with parents to gather data regarding the information midwifery staff were providing, whether this was adequate, and which areas needed further development (interestingly this was around safe bed sharing practices...). The results of this survey fed into the gap analysis and action plan and as a result patient information has been updated and will be transitioned onto BadgerNet from April 2022.

4.3 NCMD Webinars

The 58 CDOPs contribute data nationally which is then used to develop themed reports and inform professionals and policy makers, highlights from this work includes:

- Continued sharing of real-time child death data with NHS England to support and inform the national response to COVID-19 pandemic.
- Child Mortality and Social Deprivation Report May 202, supported by a webinar
- Suicide in Children and Young People Oct 2021, supported by a webinar

- Child deaths in England after Covid-19 infection during the first pandemic year
- How to complete a reporting form effectively, supported by a webinar
- The Role of the Key worker, supported by a webinar
- Safety notices shared on super strong magnets and baby slings: these come about when the NCMD receive a notification of a child's death and they believe the risk to other children is great enough to warrant a national alert.





5. Deaths Notified to North & South of Tyne CDOP

There is a well-established and robust system for notifying the CDOP of the death of a child, all relevant agencies have access to the electronic eCDOP, in line with the statutory requirements to notify all child deaths 0-17 years of age immediately after the death of the child. Multi-agency data is then transferred to NCMD, reducing duplication.

Table 5.1 – Total number of notifications of deaths

	2020/21	2021/22
Northumberland	16 (21%)	19 (21%)
North Tyneside	7 (9%)	7 (8%)
Newcastle	19 (25%)	19 (21%)
Gateshead	13 (17%)	13 (14%)
South Tyneside	5 (7%)	12 (13%)
Sunderland	15 (20%)	12 (13%)
Out of Area	0	9 (10%)
North and South of Tyne Total	75	91

There were 91 deaths notified to the CDOP in 2021/2022, compared with 75 the previous year, this number differs from the number of cases which the panel reviews as the preceding child death review process, prior to the CDOP meeting can take several months, particularly if there are police or coronial processes to be concluded.

Table 5.2 – Age of child at time of notification of death

	2020/21	2021/22
0-27 days	30 (40%)	33 (36%)
28 days- 364 days	14 (17%)	22 (24%)
1 year-4 years	8 (11%)	15 (16%)
5-9 years	6 (8%)	6 (7%)

10-14 years	7 (9%)	7 (8%)
15-17 years	10 (13%)	8 (9%)
North and South of Tyne Total	75	91

Table 5.3 - Place of Death identified at notification

	2020/21	2021/22
Hospital	53 (71%)	71 (78%)
Home	15 (20%)	18 (20%)
Hospice	1 (1%)	2 (2%)
Public Area	5 (7%)	0
Private Care Home	1 (1%)	0
North and South of Tyne Total	75	91

In 2021/2022 71 (78%) of the deaths occurred in a hospital setting, with 18 (20%) occurring at home.

Table 5.4 – Gender of child at time of notification

	2020/21	2021/22
Male	35 (47%)	61 (67%)
Female	40 (53%)	29 (32%)
Indeterminate	0	<5
North and South of Tyne Total	75	91

Table 5.5 - Number of death notifications by ethnicity

Ethnicity (Broad)	2020/21	2021/22
White	64 (85%)	73 (80%)

Mixed	0	2 (2%)
Asian	7 (9%)	11 (12%)
Black	3 (4%)	2 (2%)
Other	1 (1%)	3 (3%)
Unknown	0	0
North and South of Tyne Total	75	91

6. Deaths which have been reviewed and cases closed

Table 6.1 – Total number of deaths reviewed

	2020/21	2021/22
Northumberland	20 (24%)	10 (14%)
North Tyneside	5 (6%)	10 (14%)
Newcastle	23 (28%)	17 (23%)
Gateshead	16 (20%)	9 (12%)
South Tyneside	4 (5%)	8 (11%)
Sunderland	14 (17%)	17 (23%)
Out of Area	0	2 (3%)
North and South of Tyne Total	82	73

The panel reviewed two cases from out of the area, i.e. children who were resident in another country. One of the acute hospitals in our footprint is a tertiary facility providing specialist services and cares for children from a wide catchment area. The cases were brought to panel as the clinicians involved felt there was learning for the system.

Table 6.2 – Age of child at time of death

	2020/21	2021/22
0-27 days	37 (45%)	26 (36%)

28 days- 364 days	13 (16%)	14 (19%)
1 year-4 years	10 (12%)	12 (16%)
5-9 years	7 (9%)	4 (5%)
10-14 years	7 (9%)	6 (8%)
15-17 years	8 (10%)	11 (15%)
North and South of Tyne Total	82	73

The largest number of reviews were in the 0-27 days category 26 (36%) followed by 28-364 days 14 (19%)

Table 6.3 - Place of Death

	2020/21	2021/22
Hospital	66 (80%)	49 (67%)
Home	9 (11%)	19 (26%)
Hospice	3 (4%)	1 (1%)
Public Area	3 (4%)	4 (5%)
Private Care Home	1 (1%)	0
North and South of Tyne Total	82	73

Table 6.4 – Gender of child of cases reviewed and closed

	2020/21	2021/22
Male	46 (56%)	37 (50%)
Female	36 (44%)	36 (49%)
North and South of Tyne Total	82	73

Table 6.5 - Number of deaths by ethnicity of cases reviewed and closed

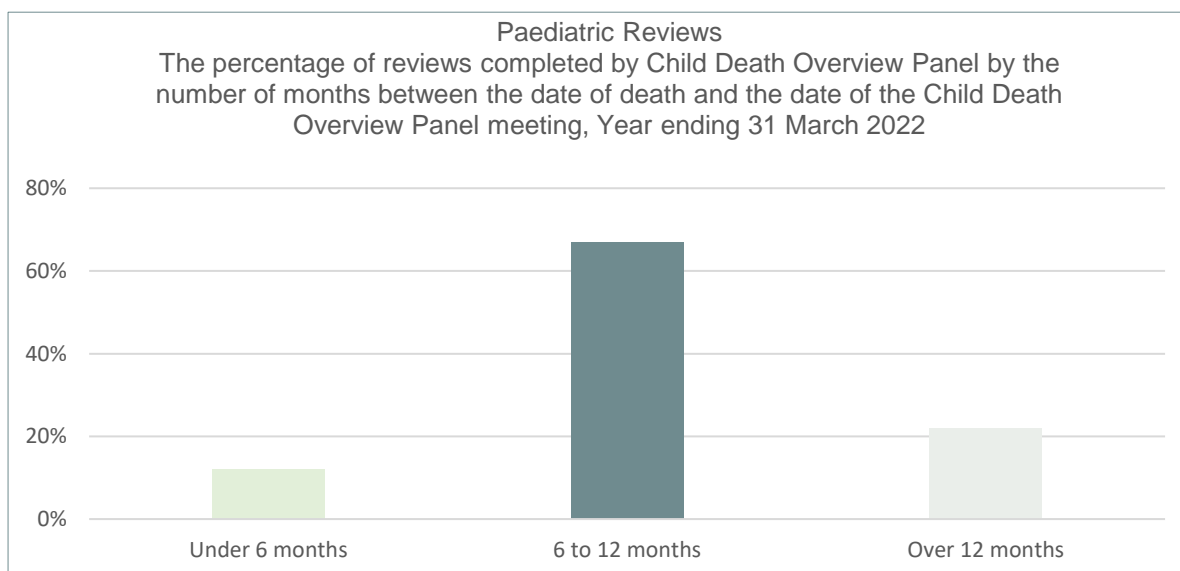
Ethnicity (Broad)	2020/21	2021/22
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White	71 (87%)	59 (81%)
Mixed	2 (2%)	1 (1%)
Asian	8 (10%)	6 (8%)
Black	1 (1%)	3 (4%)
Other	0	2 (3%)
Unknown	0	2 (3%)
North and South of Tyne Total	82	73

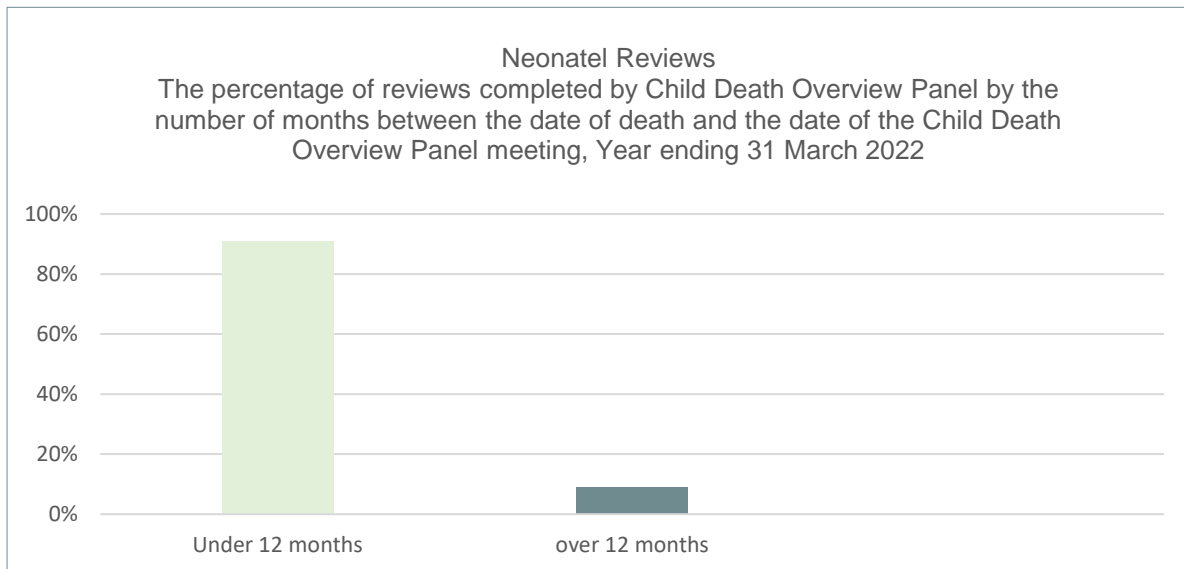
Table 6.6 - Number of reviews at each meeting 2021/22

May	June	June Themed	Aug	Sep	Nov	Jan Themed	Feb	Total
9	12	8	9	2	4	14	15	73

Table 6.7 - Duration of Reviews 2021/22



In this year 51 paediatric deaths were reviewed, 6 (12%) of reviews were finalised within 6 months of the child's death, while 34 (67%) were completed between 6-12 months and 11 (22%) took over a year.



In this year 22 neonatal deaths were reviewed within 2 themed panels, 20 (91%) were reviewed within the 12-month timescale and 2 (9%) took over a year

There are several factors that may contribute to a longer length of time between the death of a child and the final CDOP review. Examples are the return of reporting forms, the receipt of the final post-mortem report, undertaking a criminal investigation or a Child Safeguarding Practice Review and receipt of the final report from the local child death review meeting. In addition, on occasion when the outcome of a Coroner's inquest is awaited, there may be a longer delay before the panel can finalise the review process.

The panel engaged in discussion with the Regional Pathology department to attempt to resolve the delays in PM reports which was impacting on the panels' ability to review and close cases. There is a national shortage of forensically trained paediatric pathologists so a pathway was developed to ensure that all post mortems, including the reports, are completed in line with national guidance. Some of the work has been outsourced and the remainder is dealt with in house with strenuous efforts being made to fill a current vacancy. These arrangements will be monitored closely.

7. Modifiable Factors

The review process is required to identify deaths where modifiable factors occur, in order that agencies learn lessons, improve practice and ultimately prevent further deaths.

Of the 73 cases reviewed in 2021 /2022, modifiable factors were identified in 28 (38%)

A modifiable factor is defined as something which: “may have contributed to the death of the child and which, by means of locally and nationally achievable interventions, could be modified to reduce the risk of future child deaths”.

There is a degree of subjectivity in this matter which is decided on a case-by-case basis and is reliant on the thorough completion of national CDOP reporting forms by the clinicians. This takes place after the Child Death Review Meeting (CDRM) where all the relevant professionals who know the family share knowledge of the child's life and the

circumstances of the death. Four domains are used to categorise the information with a corresponding level of relevance (0-2):

Domain A: Factors intrinsic to the child

Domain B: Factors in social environment including family and parenting capacity

Domain C: Factors in the physical environment

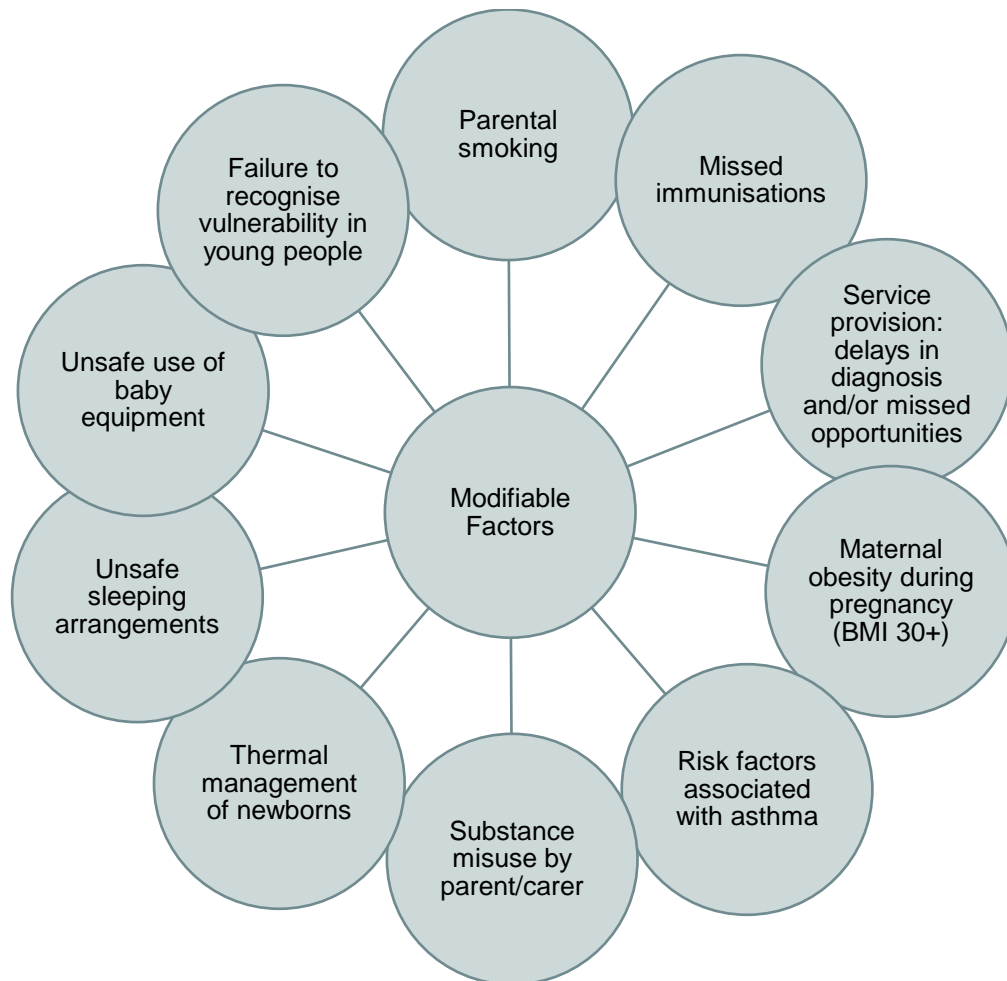
Domain D: Factors in service provision.

NCMD are working to develop guidance on the identification of modifiable factors to assist CDOPs.

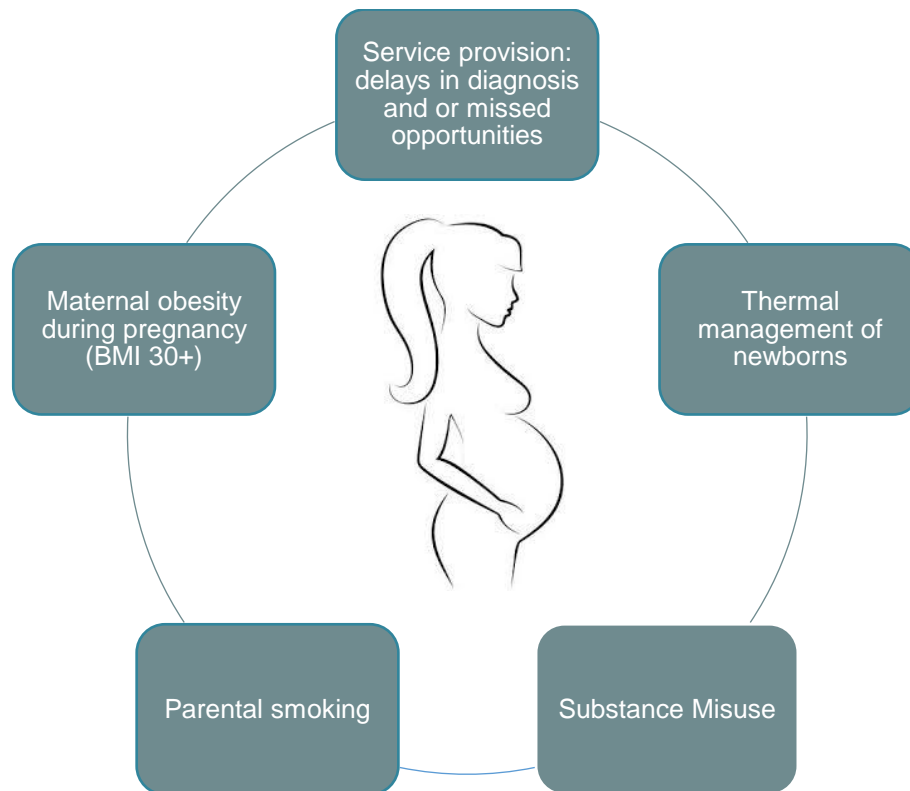
It is worth noting that the child death process also creates an opportunity at the meetings held before the panel review (Joint Agency Response Meetings, Morbidity and Mortality and Child Death Review Meetings) for services to identify other smaller, micro-changes to practice, e.g. a need for workplace training or amendments to internal policies and procedures.

Table 7.1 - Numbers and % of child deaths where modifiable factors were identified

Area	2020/21 - 2021/22							
	Total number of cases		No modifiable factors		Modifiable factors		% with modifiable factors	
	20/21	21/22	20/21	21/22	20/21	21/22	20/21	21/22
Newcastle	23	17	18	12	5	5	22%	29%
Northumberland	20	10	11	4	9	6	45%	60%
North Tyneside	5	10	5	9	0	1	0%	10%
Gateshead	16	9	10	5	6	4	37%	44%
South Tyneside	4	8	2	3	2	5	50%	63%
Sunderland	14	17	9	10	5	7	36%	41%
Out of Area	0	2	0	2	0	0	0%	0%
North & South of Tyne	82	73	55	45	27	28	33%	38%



- Parental smoking
- Missed immunisations
- Service provision: delays in diagnosis and/or missed opportunities
- Maternal obesity during pregnancy (BMI 30+)
- Risk factors associated with asthma
- Substance misuse by parent/carer
- Unsafe sleeping arrangements
- Unsafe use of baby equipment
- Failure to recognise vulnerability in young people
- Thermal management of new-born babies.



7.2 Maternal Obesity in Pregnancy

A modifiable and relevant factor highlighted by the North and South of Tyne CDOP is mother's raised body mass index (BMI) during pregnancy. For most adults, an ideal BMI is in the 18.5 to 24.9 range (healthy weight range). The NHS defines the BMI⁷ categories as:

- below 18.5 - underweight
- between 18.5 and 24.9 - healthy weight range
- between 25 and 29.9 - overweight range
- between 30 and 39.9 - obese weight range
- 40 and over - severely obese weight range

Being overweight increases the risk of complications for pregnant women and baby⁸. The higher a woman's BMI, the higher the chance of complications. Problems for baby can include being born prematurely and an increased risk of stillbirth (from an overall risk of 1 in 200 in the UK to 1 in 100 if mother has a BMI of 30 or more).

The increasing chances of complications are in relation to:

- miscarriage - the overall chance of miscarriage under 12 weeks is 1 in 5 (20%); for women with a BMI over 30, the chance is 1 in 4 (25%)
- gestational diabetes - women with a BMI of 30 or above, are 3 times more likely to develop gestational diabetes than women who have a BMI below 25

⁷ <https://www.nhs.uk/conditions/obesity/>

⁸ <https://www.nhs.uk/conditions/pregnancy-and-baby/overweight-pregnant/>

- high blood pressure and pre-eclampsia - women with a BMI of 30 or above at the beginning of their pregnancy, have a chance of pre-eclampsia which is 2 to 4 times higher than that of women who have a BMI below 25
- blood clots - all pregnant women have a higher chance of blood clots compared to women who are not pregnant, for women with a BMI of 25 or above, the chance is increased further
- the baby's shoulder becoming "stuck" during labour (sometimes called shoulder dystocia)
- heavier bleeding than normal after the birth (post-partum haemorrhage)
- having a baby weighing more than 4kg (8lb 14oz) - the overall chance of this for women with a BMI of 20 to 30 is 7 in 100 (7%); for women with a BMI of above 30, the chance is doubled to 14 in 100 (14%)
- women are also more likely to need an instrumental delivery (forceps or ventouse), or an emergency caesarean section

7.3 Smoking

Smoking continues to have a negative impact on the general health of children and remains a key modifiable factor for child deaths in the North East. Depending on the nature of the death, the CDOP collates information regarding the smoking status during the antenatal period, including maternal smoking in pregnancy and household members to monitor women who are exposed to harmful effects of environmental tobacco smoke during pregnancy.

Smoking in pregnancy has well known detrimental effects for the growth and development of baby and the health of the mother. Smoking during pregnancy can cause serious pregnancy related health problems including complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy (SUDI). Maternal smoking in pregnancy and/or parental household smoking was the most common occurring modifiable factor which the CDOP deemed a significant relevant factor in relation the cause of death. A smoke-free home is the best way of protecting babies and children.

7.4 Sudden & Unexpected Death in Infancy/Childhood (SUDI/SUDC)

Deaths categorised as a sudden unexpected, unexplained death where the pathological cause of death was recorded as either 'sudden infant death syndrome (SIDS)' or remains 'unascertained', continue to feature multiple modifiable factors relating to forms of unsafe sleeping arrangements. Unsafe sleeping arrangements such as co-sleeping, are particularly dangerous if the parent/carer has consumed alcohol or ingested substances, which may limit their awareness. Other known risk factors include co-sleeping with babies born prematurely or those with a low birth weight, overheating, covering baby's face or head while sleeping, loose bedding and falling asleep with baby on a sofa or in an armchair.

In deaths categorised as sudden unexpected, unexplained death, the CDOP highlighted several modifiable factors identified including:

- Parental smoking and/or other household smokers
- Unsafe sleeping arrangements such as co-sleeping where the carer has used alcohol or drugs

Dissemination of the learning from reviews

Panel members are tasked with taking the learning from these cases and sharing it widely within their organisations in order that staff in all the constituent agencies are aware of the risk factors when supporting and advising parents and carers. The learning is also included in the training package which is delivered to staff groups.



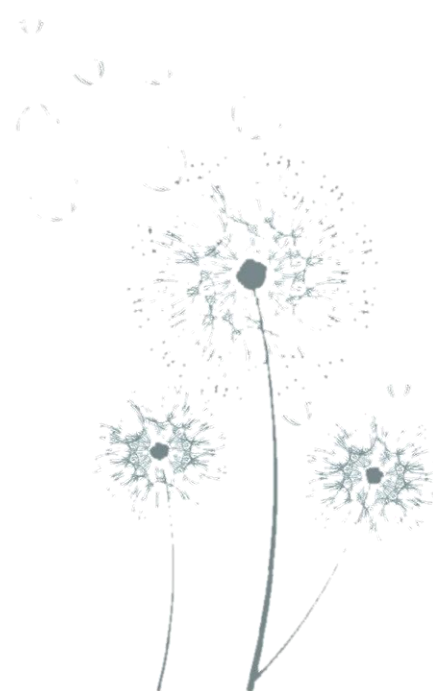
8 Categories of Child Deaths

The categories below are determined by the DfE and every CDOP nationally follows them.

Table 8.1 - Category of child deaths

Category		2020/2021	2021/2022
1	<u>Deliberately inflicted injury, abuse or neglect</u> - This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.	2	1
2	<u>Suicide or deliberate self-inflicted harm</u> - This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.	4	7
3	<u>Trauma and other external factors</u> - This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Excludes Deliberately inflicted injury, abuse or neglect. (Category 1).	2	5
4	<u>Malignancy</u> - Solid tumours, leukaemia & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.	7	9
5	<u>Acute medical or surgical condition</u> - For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.	3	6
6	<u>Chronic medical condition</u> - For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. Includes cerebral palsy with clear post-perinatal cause.	5	1

7	<u>Chromosomal, genetic and congenital anomalies</u> - Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.	18	18
8	<u>Perinatal/neonatal event</u> - Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intra-partum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It includes cerebral palsy without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).	32	17
9	<u>Infection</u> - Any primary infection (i.e., not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.	5	2
10	<u>Sudden unexpected, unexplained death</u> - Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).	4	7





Northumberland County Council

HEALTH AND WELLBEING BOARD

12TH JANUARY 2023

Northumberland Children and Adults Safeguarding Partnership (NCASP) Annual Report September 2021 – August 2022 Safeguarding Children in Northumberland

Report of Joint Interim Directors of Children's Services, Graham Reiter and Audrey Kingham

Cabinet Member: Guy Renner Thompson, Lead Member for Children's Services

Purpose of Report

This report sets out Northumberland's multi-agency safeguarding arrangements (MASA) for children and young people. The safeguarding partners (the Local Authority, the Integrated Care Board and Police) are required to publish a yearly report, setting out what they and relevant agencies have done as a result of the MASA. The purpose of the report is to ensure transparency for children, families and practitioners about the activity agencies have undertaken and how effective these arrangements have been in practice.

Recommendations

The Committee is recommended:

1. To note and comment on the contents of the report.

Link to Corporate Plan

This report is relevant to the 'Living and Learning' priority included in the Northumberland County Council Corporate Plan 2021-24, and the commitment to providing sustainable support to children and families and supporting the most vulnerable in our society, including children and young people.

Key Issues

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 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 transitional year began in April 2022, since which time the safeguarding partners have been developing joined-up arrangements with our Safeguarding Adult Board to develop an integrated Northumberland Children and Adults Safeguarding Partnership (NCASP) over the coming year whilst working towards streamlining and reducing duplication across Northumberland's strategic partnerships.

A suite of measures enables the partnership to monitor impact and progress against the partnership's priorities:

- **Overarching Priority - The impact of Covid-19** has continued to amplify safeguarding risks to children and young people. Its impact is therefore considered within all our priorities.
- **Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying.** Demand for mental health services has increased amongst healthcare providers and there are challenges to the workforce's capacity to meet it (30% increase in referrals to CYPS tier 3 between July 2021 and June 2022 compared to same period the previous year)
- **Neglect.** This continues to be a stubborn issue in Northumberland and the wider region. The trends tell us that recorded neglect remains prominent within the lives of vulnerable children and young people in the county. It continues to be the most frequently cited category in child protection plans and is often identified as a factor in those entering care.
- **Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping.** The under 1s are the most vulnerable and therefore proportionately more represented the further through the safeguarding system they travel. They therefore continue to be a priority focus for the partnership.
- **Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023).** As with neglect, the police data repeatedly tells us that domestic abuse is a significantly prevalent factor in our work with vulnerable children and young people.
- **Harmful Sexual Behaviour (HSB).** Whilst this was not originally identified as a priority, emerging evidence of significant risk has required further analysis and focus by the partnership.

Learning from Child Safeguarding Practice Reviews

The Safeguarding Practice Review Group (SPRG) collates the findings from local children's safeguarding practice reviews (LCSPRs), evaluates the learning/findings, and

provides further audit and scrutiny to gain a broader view of the findings on behalf of NCASP.

There have been 3 rapid reviews this year and no LCSPRs initiated during this reporting period. Ongoing work and actions have continued in relation to previous reviews.

- There have been 2 rapid reviews undertaken relating to suspected child suicide although neither met the criteria for a formal LCSPR, one of these involved a child placed out of the area.
- The SPRG undertook a learning review during this year where neglect featured, and the action plan is currently being monitored.
- A Domestic Homicide Review (DHR) undertaken this year was asked to consider any learning relating to a child which will be included as an appendix report.

Background

The aim of the annual report is to outline:

- 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 reporting 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.

The data and analysis presented in this report demonstrates that the partnership has met its statutory duties and agencies have delivered safe and effective frontline services that strive to safeguard children and young people. There is evidence of improvements and effective partnership working despite the context of increasing pressures and risks from the pandemic and the subsequent economic environment that may negatively impact on children's health and well-being going forward.

Implications

Policy	The Annual Report 2021-22 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	<p>The Annual Report 2021-22 evidences how NCASP 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).</p> <p>The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council.</p>
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 type="checkbox"/> N/A <input type="checkbox"/>	<p>This is an information report so does not require an EIA.</p> <p>Referral statistics suggest that the gender and ethnic balance of safeguarding referrals broadly match those of the care management caseload.</p>
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 NCASP as are the 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 NCASP and its work.
Wards	All

Background Papers

Northumberland Children and Adults Safeguarding Partnership (NCASP) Annual Report 2021-22

Report Sign Off

Paula Mead, NCASP (formerly Nssp) Safeguarding Scrutiny and Assurance Chair

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Monitoring Officer/Legal	Neil Masson obo Suki Binjal
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Northumberland
County Council



NORTHUMBRIA
POLICE



North East &
North Cumbria



NCASP

NORTHUMBRLAND CHILDREN AND ADULTS
SAFEGUARDING PARTNERSHIP

**NCASP Annual Report September 2021 – August 2022
Safeguarding Children in Northumberland**

Foreword by the Independent Scrutiny and Assurance Chair

Since April 2022, our children and adult safeguarding partnerships' have been transitioning toward an integrated Northumberland Children and Adults Safeguarding Partnership (NCASP). The transition period continues until April 2023 therefore this will be the final 'standalone' children's yearly report.

Over the past year, the impact and fall-out from Covid-19 on our community has been significant. The evidence in this report demonstrates that safeguarding partner's and relevant agencies continued to respond, despite increasing demand, to deliver safe services, offering families and children support whilst managing the associated risks. The partnership therefore continues its focus of the impact from the pandemic on families, children and young people's health and well-being, and the substantial consequences of isolation on safeguarding.

It is within this context that NCASP continues to focus on driving quality, frontline practice around protection, prevention, exploitation and extra familial harms. Independent challenge and scrutiny of data, audit and intelligence, including a focus on the lived experience of children and young people, is analysed in this report, identifying the achievements but also 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.

I want to extend my gratitude to our partners who have provided the information collated within this report. 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 this last year.



NCASP Independent Safeguarding Scrutiny and Assurance Chair

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1. Introduction

This report deals with two distinct periods in the development of the Northumberland Safeguarding Strategic Partnership (NSSP), which replaced the Local Safeguarding Board (LSCB) in August 2019 as required by the Children and Social Work Act 2017.

The narrative in this report sets out the Multi-Agency Safeguarding Arrangements (MASA) for children and young people. However, a transitional year began in April 2022, since which time the safeguarding partners have been developing joined-up arrangements with our Safeguarding Adult Board to develop an integrated Northumberland Children and Adult Safeguarding Partnership (NCASP) over the coming year. The NSSP governance structure has been retained during this period whilst working towards streamlining and reducing duplication across Northumberland's strategic partnerships. The work is led by the Executive Board which includes the three safeguarding partners; Northumberland Local Authority, the Clinical Commissioning Group (CCG; an Integrated Care Board (ICB) from July 2022) and Northumbria Police, as well as senior representatives from CNTW mental health trust, NHCFT hospital trust, and the Independent Scrutineer.

For the avoidance of confusion, the safeguarding partnership will be referred to as NCASP throughout this report.

Outcomes measuring impact and/or added value of these integrated arrangements is being monitored through a prospective evaluation framework which will report in the next annual report.

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 arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice. In other words what value these provisions have added in terms of impact.

An audit¹ to assess how effectively Safeguarding Partners yearly 2019-20 reports were compliant with requirements set out in Working Together 2018 was undertaken on behalf of the Child Safeguarding Practice Review Panel. The contents and structure of this report reflect these recommendations therefore 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 reporting period, or planned to be taken, to implement the recommendations of local and national child safeguarding practice reviews, including resulting improvements

¹ Analysis of Safeguarding Partners' Yearly Reports 2019-20. What Works for Children's Social Care. May 2020

- 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 2021-2022

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 ICB) 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 is discussed at NCASP and provides evidence that influences the partnership's priorities and planning.

NCASP sub-groups drive operations through their agreed workplans; these governance arrangements and membership are set out in Appendix 1. Governance Structure and Appendix 2. NCASP Membership

The budget and expenditure are set out in Appendix 3 – NCASP Staffing and Budget

Northumberland's demographics are summarised in Appendix 4. Northumberland Context .



1.2 Independent Scrutiny

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. These have included our responses to emerging concerns, for example audits were commissioned to interrogate issues including extra-familial harm (HSB) and responses to anonymous referrals.

Challenges and responses raised between partners are explicitly logged in the partnership meetings 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 the effectiveness of multi-agency arrangements for dealing with criminal and sexual exploitation. Progress of the associated action plan was monitored by the partnership with all actions now complete.

Work has begun with the six Tyne and Wear local authority areas to establish a consistent and collaborative regional approach to independent scrutiny by establishing a protocol to share good practice and shape practice improvements. A consistent methodology and operating framework will be developed based on the Bedfordshire Six Steps (checklist) model with regional reporting into the Tyne Wear & Northumberland Strategic Partnership (TWNSP).

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 [NCASP Website](#).

2. What Northumberland's MASA's Have Achieved at a Glance

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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 completed JTAI action plan

Delivery of a multi-agency Neglect Summit to tackle and prevent neglect resulting in a partnership plan to be monitored and evaluated over 2022-2023

Tangible progress developing integrated children and adult 'Think Family' safeguarding arrangements. Strengthening governance, streamlining and reducing duplication

The voice of the child found its way into our performance reporting so that NCASP can understand lived experience better (HRBQ survey findings)

Northumberland County Council successful in White Ribbon Accreditation, agreeing a three-year action plan aimed to ending violence against women
<https://www.whiteribbon.org.uk/organisations>

SEND inspection and OFSTED focussed visit; Planning For and Achieving Permanence, cite evidence of improvements

3. Strategic Priorities; Achieving our Objectives

During this reporting period, partners met for two development sessions to examine children and adult safeguarding arrangements whereby children and adult safeguarding priorities were reviewed and it was concluded there was a synergy. It was agreed to continue focus on current priorities while acknowledging the need to be agile and responsive to emerging risks.

These are demanding times; the impact of the Covid-19 pandemic continues to impact and exacerbate 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 care². This therefore remains an overarching priority for the partnership. It is within this environment

that NCASP provides leadership, oversight and quality assurance of safeguarding in Northumberland. The Quality Improvement and Performance (QIP) subgroup monitors and reviews a range of multi-agency, qualitative and quantitative measures enabling NCASP to monitor impact and inform the safeguarding partners planning.

A suite of measures to monitor progress against the five priorities were agreed in September 2021. The results were shared with the QIP in June 2022 and in an analysis session that followed. The findings from that quantitative and qualitative work, informed by the discussions about impact, took place at the analysis session.

This was the second analysis session and as the suite of information is still coming through, it is premature to provide complete assurance about impact, however the report provided judgements on what is working well and which areas need improvement.

² North East Submission to the Independent Review of Children's Social Care. July 2021

3.1. Analysis of Progress and Impact.

Priorities 2020-2023	What We Are Doing and Its Impact
<p>Overarching Priority</p> <p>1. 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 impact of Covid-19 has continued to amplify the risks to children and young people; its impact is therefore considered within all our priorities.</p> <p>Context:</p> <p>Children’s Social Care: For the period July 2021- June 2022, the volume of referrals received by children’s social care has remained stable compared to the same period in the previous year (2919 and 2953, respectively). Over the same period, the number subject to a child protection plan increased from 342 to 403.</p> <p>Northumbria Healthcare NHS FT: There has been a reduction in the number of safeguarding alerts to NHCFT, down by 29 to 314 in quarter 1 (25 of the 29 were in the Community). There were fewer child MASH information requests to NHCFT in quarter 1, reducing from 106 to 65. This is directly attributable to the TUPE of the 0-19 service to Harrogate FT in October 2021. The health visiting and school nursing service, by the nature of their work, represented a high volume of referrals. Despite the resulting reduction in referrals, an increase in complexity and a resource intensive response needed to safeguard children has been reported by the service.</p> <p>Police: The periods of lockdown meant variation on the reporting of crime, which was anticipated. Post COVID data has in a lot of areas returned to pre-pandemic levels. Increases have been seen in the submission of referrals into the MASH, however it is not clear if this is a reaction to coming out of lockdown periods or greater awareness of processes, it is thought to be a combination of both.</p> <p>What Worked well: Police officers adapted to the restrictions brought about by COVID. As an emergency response this did not change the requirement to attend incidents within allotted timescales.</p> <p>What Didn’t work well: Assessing safeguarding requirements remotely to truly understand what was going on behind closed doors. Capturing the voice of children.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 55</p>	<p>From the available data there is no doubt that the pandemic has had a negative impact on children and young people, though the longer-term fall-out from this is not yet clear. Only by listening to the voices of children will this be understood moving forward.</p> <p>Any trends/ hotspots should be picked up within the MASH to enable early intervention and prevention to be put in place. This relies on partners sharing information in a timely fashion, and professional curiosity. Further capture of the voice of the child is required.</p> <p>The number of Covid-19 cases at the beginning of 2022 placed pressure on services and there was a potential for more children to be off school. The partnership responded to these challenges by reviewing our Covid-19 response plans and assuring ourselves that risks of harm were mitigated;</p> <p>Processes</p> <p>A system was in place to monitor those children and young people with Child Protection Plans. There is an information sharing agreement for children open to a Social Worker, where school attendance/absence is shared with Children’s Services, and visits prioritised.</p> <p>Two audits were undertaken with positive findings:</p> <ul style="list-style-type: none"> • Children known to Social Workers and not attending school in the past year • Front Door contacts and referrals from families re. neglect/physical abuse with no further action were found to be assessed appropriately <p>More than 357 children are being electively home educated in Northumberland. There is an approved Children Missing Education (CME) process in place which is subject to Ofsted scrutiny and contact with families is maintained by Education Welfare.</p> <p>Schools provide monthly reports to the Local Authority on children not in school. This list is monitored by a multi-agency group, so there is a partnership approach in getting these children back into school. Children’s Services regularly share information with schools re. lists of children who are open to a Social Worker to support effective information sharing</p>

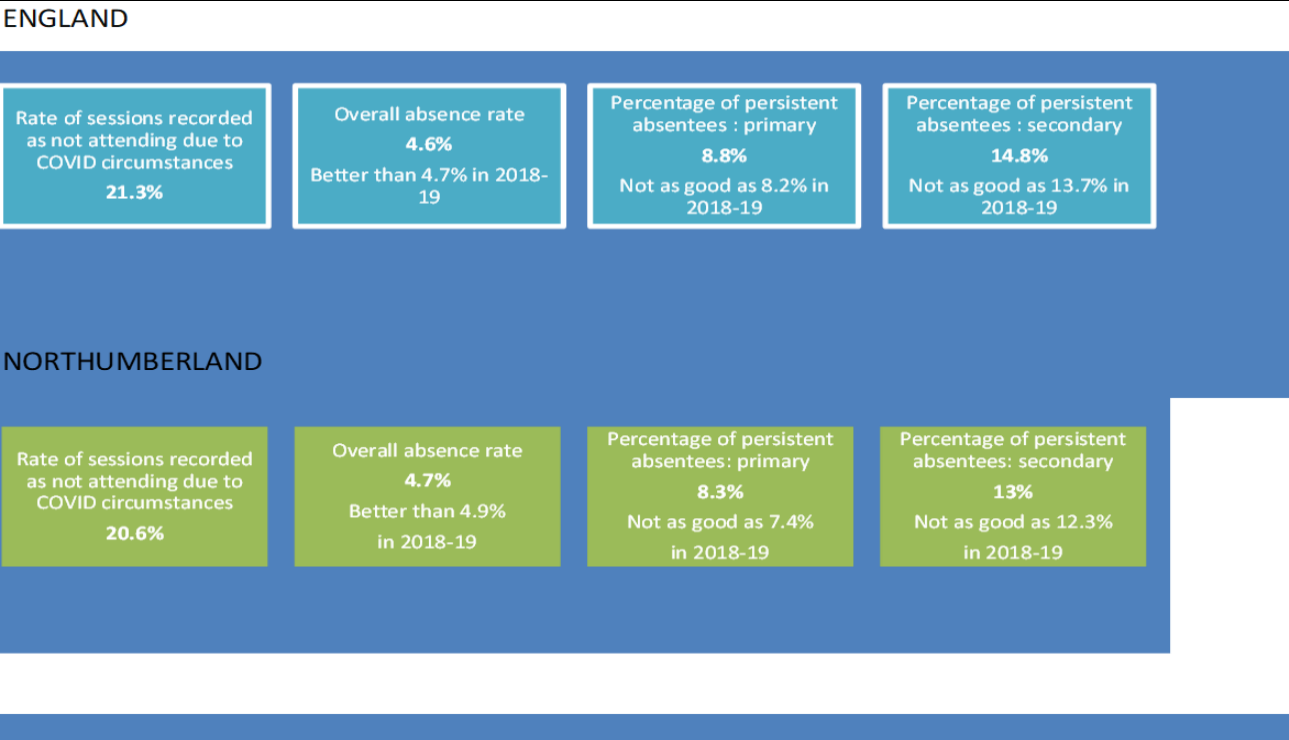
Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 56</p>	<p>Regular core group/Team Around the Family meetings for those children open to social work and early help to oversee and coordinate interventions and support with information sharing processes in place.</p> <p>MASH review completed and revised processes were put in place from 10/1/22 to further enhance timeliness and multi-agency involvement in decision making through the MASH.</p> <p>The multi-agency tracking panel for children at risk of missing education meets monthly and shares information about individual children so that action can be taken</p> <p>Children’s Social Care (CSC) provided the partnership with assurance that robust oversight and support was in place for Looked After Children.</p> <p>Health Visitors provided a full face to face service, so all vulnerable children were seen throughout the lockdowns. The universal Healthy Child Programme continues. A Health Visitor representative attends the MASH, to strengthen partnership working. Health Visitors and School Nurses attend the Primary Care Supporting Families meetings. Midwives review antenatal bookings monthly.</p> <p>Family Hubs are now being developed, facilitating effective multi-agency working, including through co-location where possible as Primary Mental Health, Midwifery and Health Visiting colleagues are now working alongside Early Help professionals in the Hubs.</p> <p>GPs were provided with additional guidance during lockdown re. risks to virtual consultations and advice on professional curiosity. Information and support continue with daily contact and advice available for GPs, if concerns are noted, by the CCG safeguarding Team. Safeguarding training is delivered to GPs virtually. CCNs have been shared with Primary Care throughout Covid.</p> <p>Police continue working ‘business as usual’. The Think Family approach has been reiterated and the multi-agency approach to CCNs continues.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 57</p>	<p>New Domestic Abuse Strategy in place.</p> <p>SIRS (Sharing Information Regarding Safeguarding), noted nationally as an example of emerging good practice, is ongoing with GP's/midwives.</p> <p>Immobile Babies Policy is in place, however further assurance was sought from all agencies re. their plans to highlight for the frontline the issue of bruising in immobile babies following a recent learning review</p> <p>Strong processes are in place re. exploitation e.g., MSET, identifying hot spots, targeted youth work, and responses around missing.</p> <p>An audit has been completed re. triage work and there were positive findings.</p> <p>Work continues to reinforce professional curiosity, triangulation of evidence and challenge. Signs of Safety continues to be rolled out.</p> <p>Face to face multi-agency training re. working with resistant and hostile parents was commissioned but put on hold due to pandemic, but was reinstated in May.</p> <p>Through the implementation of agency reports, the partnership now has a better understanding of the prevalence and factors impacting on children and young people not being in school, and the importance of promoting good school attendance being everyone's business.</p> <p>School attendance</p> <p>Northumberland learners experienced better school attendance than the national average, but persistent absence is still high. There are still some non-returners to school following the pandemic, but they are being worked with through early help and the virtual school.</p> <p>The national headlines suggest this is an issue across England and levels of school attendance had not returned to where they were. Whilst that was originally underpinned by anxiety from parents about children returning to school, it has become something different although there is a sense among professionals that poverty and the cost-of-living crisis may be impacting.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
Page 58	<p>Good attendance at school provides routine and stability for children. It has not been restored in the way that we had hoped and have a high number in Northumberland of ‘persistent absences’ where their attendance is less than 90%. The Virtual Head reported however, we are on the right trajectory and is targeting some secondary schools where levels are high and the families are requiring significant levels of support to get this stabilised.</p> <p>National developments In addition to the education-related work, audits were commissioned in Children’s Social Care following the murders of Arthur Labinjo-Hughes in Solihull and Star Hobson in Bradford. The partnership received assurance that eyes were on children during the period of COVID, however responses to further lockdown related issues are being incorporated into business continuity arrangements.</p> <p>What are the data telling us;</p> <p>School attendance: the DfE has published a statistical release for the academic year 2020-21 regarding school attendance and it shows that school attendance in Northumberland is not yet back to pre-pandemic levels (2018-19), but is moving in the right direction and compares well with the national averages in the measures shown:</p>

Priorities 2020-2023	What We Are Doing and Its Impact
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The information from Education Welfare school visits is that persistent absence (PA) in the primary phase is currently between 24% and 30%, with overall attendance between 92% and 95%. And in the secondary phase PA is between 26% and 49% with overall attendance between 89% and 91%.

There are still too many children not in school full time, the reasons for which are varied but the majority may be related in some way to child or parental anxiety. This is a lingering legacy of the pandemic. Several strategies are in place to improve school attendance that are gradually having a positive impact. Integrated arrangements between Early Help and Education Welfare are working well.

Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 60</p>	<p>In the last quarter there were three significant developments regarding school attendance that are expected to accelerate improvement;</p> <ol style="list-style-type: none"> 1. The Virtual School Headteacher now has an extended duty to promote the education of children with a social worker. Northumberland has taken a project approach to this with 4 key workstreams, one of which is school attendance. The guidance was refreshed by the DfE in June with a greater emphasis on school attendance, so it is now a national priority. 2. The Schools' Bill is introducing new requirements for local authorities and parents to do with elective home education and children missing education. During the new academic year, a Children Not in School register will be set up that contains details of all children who are electively home educated (identified by their parents) and children who are not in school full time (e.g. on part-time timetables, in alternative provision, flexi schooled). The DfE will collect this data centrally each term, beginning in October 2022. 3. In May the DfE published new guidance – <i>Working together to improve school attendance</i>. There is a deliberate echo in the title of the statutory guidance on inter-agency working to safeguard and promote the welfare of children, in <i>Working Together</i>. The approach now taken to school attendance is very much about safeguarding, and asking if children are not in school then where are they and are they safe. The guidance is extensive and will give the Education Welfare access to all schools, not just maintained schools, and requires Northumberland to develop and implement a multi-agency Attendance Strategy. The focus is on managing school attendance by preventing, intervening and targeting. <p>Children missing education: the CME process was suspended when schools closed during the pandemic and was replaced by the arrangements set out in the original Children Not in School review. Once schools opened fully again the process resumed to identify, track and provide assurance that children not in school are appropriately safeguarded.</p> <p>The number of children being tracked through our CME process, identified as at risk of missing education, increased during the year but almost halved by the end of the last quarter to 598 children. If school attendance is poor then it is right that more children are tracked until they return to school, so the data demonstrates that the process was working and children were being identified by schools and services. The lower number in July is also due to Year 11 no longer being included as they had left school by then.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
Page 61	<p>The CME tracking panel reviewed its Terms of Reference this year and during the last quarter themed panels were introduced e.g. focus on children with a social worker; focus on children with anxiety issues. This targeted approach has started to have some success. In September 662 children were being tracked, 290 were referred to the CME tracking panel, and by July 257 had returned to school full time.</p> <p>The number of children in alternative provision and on part time timetables increased during the year and by the last quarter the use of part time timetables had almost doubled. Being in alternative provision is the most common reason for CME. Although the majority of those children on part time timetables are now engaging in some education when previously they had not, the trend and number of children (currently at 105) is high for Northumberland and needs to reduce. This will be addressed through the CME tracking panel in September.</p> <p>Elective home education: the number of children being electively home educated (EHE) in Northumberland continued to rise throughout the year and is at the highest level recorded.</p> <p>The total number of children known to be EHE by July 2022 is 357, which is a reduction from the peak figure of 423 earlier in the academic year once the year 11 leavers have been taken off. 221 children became EHE from September 2021 to July 2022, and 63 returned to school places. There has been a rise in the number of families agreeing to annual visits from Education Welfare Officers, and this is encouraging.</p> <p>A review of EHE cases is currently underway to identify more specifically the reasons why parents in Northumberland choose to home educate their children. This is aligned with national developments and is preparation for new requirements, such as the Children Not in School register, that will emerge during the new academic year.</p> <p>Work in all 3 areas is ongoing and captured as priorities in the Virtual School Improvement Plan 2022-23, that links to the CSC Continuous Improvement Plan. Making attendance everyone’s business – a multi-agency approach.</p> <p>Disabled children and young people</p> <p>Headline findings from the multi-agency audit of disabled children and young people who had been subject to a child protection enquiry;</p> <ul style="list-style-type: none"> • good evidence that children were safer and happier following the input from services following a child protection enquiry • better consideration of environmental factors than in a previous audit 3 years ago and prior to the pandemic • The main recommendation for improvement was that wider use of the ‘harm matrix’ could improve assessment and planning in cases where there has been previous safeguarding service involvement.

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<p>2. Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying</p>	<p>What are the data telling us</p> <p>Demand for mental health services has increased further amongst healthcare providers and there are challenges to the workforce’s capacity to meet it (30% increase in referrals to CYPS tier 3 between July 2021 and June 2022 compared to same period the previous year). Performance on seeing urgent referrals within 24 hours has declined in the last 2 quarters (87% and 76%, respectively) but there is a sound understanding of why this was the case (largely due to families cancelling appointments). With regards to suicide, it is difficult to categorise how many referrals come in for attempted suicide because generally it is captured within depression, anxiety or self-harm. In terms of outcomes, there has been 1 suicide of a Northumberland child / young person between July 2021 and June 2022 (there was also a case involving a young person from Nottinghamshire). Children’s Social Care data indicates that mental ill health and emotional ill health have increased in prevalence during the last year, both in real terms and percentage terms.</p> <p>Cumbria, Northumberland, Tyne & Wear (CNTW): Data was reported to the partnership in April 2022, specifically in relation to the Children & Young Peoples Service (CYPS). It was then agreed they would drill down into the data to focus on referrals for CYP presenting in crisis or with self-harm. CNTW have identified all those CYP referred to the PLT (Psychiatric liaison team) / UCT (Universal Crisis Team) from April 2021 – June 2022. Within this period 792 CYP have been referred into the UCT following an episode with PLT or direct referrals into the crisis service. An average of 49.8% went on to receive home-based treatment within UCT. The remaining 50.2% CYP’s needs were met by the most appropriate service to meet their needs in line with the THRIVE model. All referrals into PLT instigate a referral into UCT unless they already have a care co-ordinator with CYPS MH / LD Pathway to CYPS for 7 day follow ups. Referrals to UCT fluctuated during the period, being higher in the spring and reducing in the summer (but with an increase in late summer) and levelling off in the autumn and winter. A snap shot of data was taken to understand the referrals in January 2022 – March 2022 (47 CYPS / 81 UCT), where the referral reason has been self-harm or in a crisis. Of these, 39 were categorised as being in crisis and 89 as self-harm. Females accounted for 102 of the 128 referrals and CNTW have identified that they continue to seek support sooner whereas males continue to present later in the crisis phase.</p>

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The geography of Northumberland and referrals from the areas remain consistent, with higher numbers coming from the central and south east of the county (90 out of 125), factors being higher socioeconomic deprivation and a larger, more densely populated area.

Self-harm can mean many things and it is important for providers to understand this and what can enable CYP to access support prior to being in a crisis phase. 47 case records have been reviewed from a CYPS perspective;

CYPS referrals coded and Self harm	Number of CYP (47)
Self-Harm (cutting, Burning, ingesting substances)	30
Suicidal ideation (thoughts / ligatures)	9
Overdose	7
Hallucination (wrongly coded)	1

Common themes also associated with the above CYP whom self-harm include ongoing difficulties with relationships, bullying, exam stress, return to education following summer break, autism and trauma.

NHCFT: There was a slight increase in safeguarding referrals (+5) with category of self-harm and a decrease (-17) with category of mental health. This coincides with a decrease in safeguarding referrals this quarter. Although NHCFT have seen a decrease in referrals, the complexity and involvement in cases is noticeable. As referrals are only given 1 category it may be that both parental mental health and substance misuse are present in some cases and the shift is due to recording practice. NHCFT will keep this under review this next quarter to identify if any additional action is required.

Police: The police report that the impact of the pandemic has seen a rise in mental health issues across all age-groups. Statutory Partners adapted well to the restrictions with meetings moving online which is continuing.

Processes in place to identify and respond to themes and trends.

QIP's work has improved the partnership's understanding of self-harm and the factors underlying it through production of a more granular data set from CNTW.

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Page 64	<p>CNTW continue to interface with colleagues within NHCFT from a PLT perspective but also with PMHW's and Talking Matters. A weekly clinical Interface meeting is in place between UCT / CYPS and PMHW and school health to ensure children's needs are met by the most appropriate service. This is also a forum where they identify themes and trends and enable them to co-ordinate bespoke pieces of work targeted at specific groups for example a group of girls same age from 1 high school all presenting at NSECH with self-harm (WEST). An increase in overdoses from 1 school of 12-13 year olds (Central). Along-side this there is a monthly operational interface between CNTW and PMHW's this again is an opportunity to explore themes and trends, identify and coordinate training and there is a clear defined pathway to ensure CYP receive the most appropriate service to meeting a CYP's need following presenting in a crisis.</p> <p><u>Points for further discussion at Quality, Improvement & Performance (QIP)</u></p> <ul style="list-style-type: none"> • Ongoing working within CNTW around incident reporting safeguarding vs self-harm to potentially support with data collection. • Work around males and seeking support. • LA information – voice of the child <p>The 2021 Health & Behaviour-Related Questionnaire received a good response rate of around a third out of 9,000 pupils, year groups 6, 9 and 11 in 5 secondary schools and 29 middle and primary schools having participated. This lived experience data tells us that, unsurprisingly, a significant proportion of pupils said that life during coronavirus had affected their mental health and wellbeing, and this was more the case for girls than boys (31% of boys and 56% of girls in the secondary phase). The issue of child sexual abuse in schools has been reviewed within Northumberland's safeguarding arrangements and the questionnaire asked related questions about that, revealing that 30% of boys and 46% of girls said someone has posted or sent them hurtful, unwanted or nasty comments on the internet, and 28% of Year 11 girls said they had been asked to post pictures of themselves that are inappropriate.</p> <p>Further issues raised by the results relating to potential safeguarding concerns include; 74% primary pupils but only 25% of secondary pupils think their school takes bullying seriously. 37% of Year 9 girls have hurt themselves at some point. 61% of Year 11 girls said that life during covid has affected their mental health and wellbeing. 66% of Year 9 lesbian, gay, bisexual pupils would keep a problem to themselves compared with 53% of the overall Year 9 sample.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 65</p>	<p>26% of Young Carers in Year 9 said they felt less safe at home because of increased family tensions during COVID restrictions/lockdown compared with 11% of the overall Year 9 Sample.</p> <p>62% of Year 11 lesbian, gay, bisexual pupils have deliberately hurt themselves compared with 36% of the overall year 11 sample.</p> <p>30% of Year 11 pupils living in single parent families have had sex compared with 22% of the overall Year 11 sample.</p> <p>Year 6 pupils who experienced shouting and arguing at home are more likely to say they have felt less safe at home since Covid.</p> <p>Secondary pupils who smoked cigarettes are more likely to have used e-cigarettes, know someone who uses drugs and get drunk when they drink alcohol, compared with secondary pupils who haven't smoked.</p> <p>Year 11 pupils who have used drugs are more likely to have tried smoking, had sex, deliberately hurt themselves and usually miss breakfast compared with Year 11 pupils who haven't used drugs.</p> <p>The Senior Mental Health Lead Coordinator is contacting all schools that took part in the survey to give them the opportunity to feedback on how they are using their reports, and to offer support if necessary.</p> <p>Data which is relevant will be included in Northumberland's Children & Young People's Emotional Wellbeing and Mental Health Strategy.</p> <p>NCC and partner agencies to direct activity where needed to address concerns from the Survey</p> <p>Activity to be planned on how to share the HRBQ findings wider with children and young people.</p> <p>Understanding how to promote better engagement, so that the survey results reflect a more significant picture going forward i.e. providing an assurance of countywide opinion.</p> <p>There is general agreement amongst healthcare providers that they were seeing more instances of self-harm. Publicly available data shows that hospital admissions as a result of self-harm of 10-24 year old Northumberland residents have increased, from an average of around 240 per year between 2014/15 and 2016/17 to around 470 per year between 2019/20 and 2020/21, whereas there has only been a slight increase seen nationally in that period. In Northumberland, the latest data shows that 90% of the hospital admissions as a result of self-harm amongst 10-24 year olds involved those aged 15 plus. The data from the</p>

Priorities 2020-2023	What We Are Doing and Its Impact								
	H-RBQ triangulated the view that self-harm was a significant issue with 25% of boys and 38% of girls saying they have deliberately hurt themselves at some point.								
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 66</p> <p>Neglect</p>	<p>What are the data telling us</p> <p>The trends from July 2020-June 2021 and July 2021-June 2022 tell us that recorded neglect remains prominent within the lives of vulnerable children and young people in the county. It continues to be the most frequently cited category in child protection plans (83% between July 2021 and June 2022) and is often identified as a factor in those entering care (65% of admissions in July 2021 – June 2022).</p> <p>Given the relatively high figures in cases that are firmly in the system and at the sharp end, it is safe to say that the prevalence of neglect within the most concerning cases continues to be high in Northumberland. The question has been raised about whether we are effectively capturing the emotional side of neglect in our work and whilst it is captured at the referral stage in CSC (and reported to QIP), it was agreed that data is based on initial judgements at the onset of involvement and the QIP would discuss if something more focused should be introduced, or whether this can be sourced from audit work.</p> <p>In cases worked on previously by CSC where neglect had been identified as a factor, 10% that came back into the safeguarding system also identified neglect as a factor. This is an encouraging indicator that the initial work round neglect is effective in the majority of cases.</p> <table border="1" data-bbox="640 994 2029 1198"> <thead> <tr> <th colspan="2">Cases categorised as neglect that had previously been categorised as neglect</th> </tr> </thead> <tbody> <tr> <td>% of CSC cases where neglect is a factor that had previously been referred to CSC (for any reason)</td> <td>62%</td> </tr> <tr> <td>% of CSC cases where neglect is a factor that had previously been referred to CSC with neglect as a factor</td> <td>10%</td> </tr> <tr> <td>% CPPs categorised as neglect starting within 2 yrs of previous CPP categorised as neglect</td> <td>10%</td> </tr> </tbody> </table> <p>The data told us that there had been a slight increase in Child Protection Plans (CPP) starting in the year due to ‘neglect’ that were repeat plans within 2 years categorised as neglect (from 8.8% to 10%). Reducing this should provide encouraging signs about the impact that partners’ collective interventions are having on those children. Whilst numbers are relatively small, this is still a useful indicator of the effectiveness of work done on the initial CPP and it is something we would want to see reduce.</p>	Cases categorised as neglect that had previously been categorised as neglect		% of CSC cases where neglect is a factor that had previously been referred to CSC (for any reason)	62%	% of CSC cases where neglect is a factor that had previously been referred to CSC with neglect as a factor	10%	% CPPs categorised as neglect starting within 2 yrs of previous CPP categorised as neglect	10%
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Priorities 2020-2023	What We Are Doing and Its Impact
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 67</p>	<p>NHCFT: There has been a reduction in referrals with category of harm from neglect this quarter (-27) and 20% of referrals account for neglect compared to 28% the previous quarter.</p> <p>Police: There has been an increase in the number of offences against children categorised as child neglect, which increased from 46 to 62 (35%).</p> <p>What is the qualitative intelligence telling us. The planned multi-agency audit of neglect was delayed in order to follow the Neglect Summit (May 2022). It is expected this piece of work will provide depth to determine the impact of partners’ work on frontline practice, and consequently on the lives of children and young people. Whilst this audit work will be key to determining impact, there are positive overviews in relation to other activities. For instance, training that has been completed by the 0-19 service for the Home Environment Assessment Tool (HEAT). The QIP heard it has been appropriately integrated into professional’s home contacts alongside the existing individual health needs assessment, and also impacts on the priority to safeguard under 1s. Neglect is a theme discussed within the safeguarding supervision groups inclusive of all children who reside within the family home.</p> <p>The multi-agency Neglect Summit was held in May attended by 325 staff from the partnership. Agencies created action plans describing how they would improve practice in relation to identification, intervention and review of neglect. Attendees reported a positive effect on their understanding of the impact of neglect.</p>
<p>Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping</p>	<p>Assurance has been provided to the partnership around quality of practice delivered in relation to safeguarding under 1s.</p> <p>What are the data telling us The data tells us that under 1s continue to be proportionately more represented the further through the safeguarding system they travel. For instance, over the last year, around 10% of referrals were for those aged under 1, yet the proportion of all CP Plans starting where the child was under 1 was around 17%. This is not unexpected as immobile babies have significant vulnerability. However, this has decreased when comparing the most recent year with the previous one and significantly so in the most recent quarter (April 2022 – June 2022); 17% of all CP plans started were aged under 1 compared to 23% the previous</p>

Priorities 2020-2023	What We Are Doing and Its Impact
Page 68	<p>year. A small number of these CP plans (5%) were re-plans within 18 months of the previous plan ending and there were just 2 CP re-plans where the second plan began before the child’s first birthday, a picture that we would want to see continue.</p> <p>CP plans for under 1s are taking longer to end in the most recent quarter. 41% of those ending lasted less than 6 months compared to 46% the previous year. More ended in the 6-12 month period (47%) than the previous year, but fewer lasted longer than 12 months (12%) compared to 15%. It is unclear why there has been an increase, is the increase because babies were already in the court arena? Whereas between July 2020 and June 2021, 29% ended in the first 3 months, this reduced to 25% in the most recent year. This may suggest better processes are in place for moving work into court and will be interrogated in the next audit on safeguarding under 1s.</p> <p>Data from the Healthy Child Programme tells us that in over 90% of cases:</p> <ul style="list-style-type: none"> • Mothers receive a first face-to-face antenatal contact with a Health Visitor at 28 weeks or above • Mothers receive a face-to-face New Birth Visit <u>within</u> 14 days by a Health Visitor • Children receive a 6-8 week review • Children receive a 12 month review by the time they turned 15 months <p>There is a process for follow up with families for any contact missed within the timeframe. Antenatal and primary visit contacts by health visitor include key elements relevant to the priorities:</p> <ul style="list-style-type: none"> • health needs assessment, including domestic abuse and maternal mental health • Safe sleeping • ICON³ - about helping people who care for babies to cope with crying. • Home Environment Assessment Tool (HEAT) <p>For families who transfer into the service, the first contact includes a health needs assessment and HEAT, and age appropriate/relevant information.</p> <p>At each routine Health Professional contact, relevant elements are reviewed and outcomes noted. At any time, when an issue is raised, targeted support and contact is offered.</p> <p>ICON – 96.1% is recorded at primary visit (10-14 days).</p>

³ I – Infant Crying is normal. C- Comforting methods can help. O- its ok to walk away. N – never, ever shake a baby

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Page 69	<p>A CSC pre-birth team was created in September 2022 with key partnership links to further strengthen the timeliness and responses where unborn children are deemed to be at risk of significant harm</p> <p>What is the qualitative intelligence telling us</p> <p>A multi-agency audit of safeguarding under 1s. completed, focusing on decisions and actions taken at the point of referral and the following positive impacts were found:</p> <ul style="list-style-type: none"> • There were no cases where children were left unsafe • The actions from referrals made a difference • Appropriate and proportionate actions on referrals were made in all the cases audited • Good information sharing between agencies <p>Areas for improvement were:</p> <ul style="list-style-type: none"> • In half the cases the reason for referral was unclear • In nearly half of cases the vulnerability and history of involvement was not considered to inform decision making • For the vast majority, there was no engagement with the father but that could have occurred later on in the case which was not looked at as part of the audit • The referrals were not always accessible to the auditors <p>A more in-depth, multi-agency audit will be scheduled to give a wider understanding of the multi-agency working for this priority.</p> <p>SIRS (sharing information regarding safeguarding) is being embedded in Northumberland and having a positive impact with cases being identified due to safeguarding information being shared that was held by the fathers' GP. It was highlighted that there were 11 or 12 cases where safeguards have been put in place whereas before this process was implemented that would not have happened, showing that this early prevention model works.</p> <p>There have been positive evaluation findings in relation to a specific training package developed to address this priority (called Vulnerable Babies) which addresses potential safeguarding concerns from conception, including substance use in</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>pregnancy. Local procedures and referral routes are specifically referenced in the training which is co-facilitated by staff from NCC and CCG/ICB. Positive impact of this training on professional practice was seen with 83% of the 38 attendees scoring a maximum of five in response to the question about the impact of the training on professional practice, and 17% scored 4. Quotes from delegates included that they found the focus on the following areas really useful: ICON; the Myth of Invisible Men; information about the SIRS process; understanding local data – especially about substance use in pregnancy; and holistic consideration of all elements of vulnerability.</p>
<p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023)</p>	<p>Assurance has been given to the partnership on quality of practice delivered in relation to CPVA.</p> <p>What are the data telling us</p> <p>As with neglect, the police data repeatedly tells us that domestic abuse is a significantly prevalent factor in our work with vulnerable children and young people. There was a 32% increase in the number of domestic abuse incidents between July 2021 and June 2022 and the corresponding period the previous year, accounting for a 33% increase in the number of victims. Triangulating this, there was a 25% increase in violence against the person incidents.</p> <p>Despite the increase in incidents, the proportion that were repeats was 1.2% fewer and there were fewer MARAC cases discussed. There was a less marked increase in the number of incidents involving children (7%) than the population as a whole, but an increase all the same, this period being the first in 3 years where there were no lockdown restrictions. The proportion of domestic abuse victims aged 16/17 remained similar to the previous year (1.9%). The proportion of domestic abuse incidents with children involved that ended in arrest reduced significantly (by 22%). Where cases were more advanced at the “sharp end”, there has been an increase in children entering care where domestic abuse was a factor: 28% compared to 24% in the previous period, and the real numbers in the last 2 quarters were relatively high (19 and 14, respectively).</p> <p>NHCFT: A decrease has been seen in domestic abuse in quarter 1 22/23 with less referrals to MARAC and this follows increases in the previous 3 quarters.</p> <p>The numbers of referrals made due to concerns regarding child to parent violence and abuse (CPVA) have slightly decreased in quarter 1 22/23. CPVA is fully embedded within training and supervision opportunities to promote identification and robust responses. There have also been small increases in both Criminal and Sexual Exploitation concerns.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
Page 71	<p>Harrogate District FT: In terms of impact around Domestic Abuse women’s voices are captured at an early stage, as 0-19 practitioners are asking the question, and using the risk of identification checklist. This enables us to be more confident that victims are being protected.</p> <p>Finally, the developing intelligence about our healthy relationships work showed that 80% of children experiencing parental conflict went on to have an early help assessment, a child in need or a child protection plan, demonstrating that the thresholds for intervention by this programme feel appropriate.</p> <p>What is the ‘soft’ intelligence telling us The qualitative information received included findings from the multi-agency audit of CPVA and the use of CCNs amongst GPs. A multi-agency CPVA audit was undertaken 18 months ago. This recent audit evidenced positive improvements across agencies regarding the identification of CPVA, the use of the CPVA risk identification checklist and CPVA pathway since then.</p> <p>The CPVA audit told us what worked well:</p> <ul style="list-style-type: none"> • A much broader understanding of CPVA • good identification and use of the checklist by all agencies • training is embedded • voice of the child is captured • improved use of the CPVA non-violent resistance offer • use of the CPVA pathway has improved • evidence of discussion between adult and children’s social care <p>What needs to improve;</p> <ul style="list-style-type: none"> • Ensure GP records and coding updated to reference CPVA • Ensure information re CPVA shared with school/education provider • Understanding of the role of males in the household for all agencies

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Whilst we would like to see a decrease in prevalence, we are not at that point on “the curve” yet; we are more at the “identification” stage. We are seeing an increase in identification, and that is encouraging and demonstrates the impact of training and the tools/pathway provided.</p> <p>With regards the use of CCNs amongst GPs, the ICB audit found that most GP responders report that CCNs were discussed at safeguarding meetings and multidisciplinary team meetings which was good awareness raising for GPs. It was felt that this reflected positively on the large amount of training of GPs around domestic abuse and CPVA.</p> <p>Maternity services are now asking about domestic abuse at every contact which did not happen previously. In terms of impact around Domestic Abuse per se, patients are being seen in a timelier way and their voices captured at an early stage, staff are using the risk of identification checklist and in general, being upskilled. The impact is we can be more confident victims are being protected.</p>
<p>2020-21</p> <p>2021-22</p> <p>2022-23</p> <p>2023-24</p> <p>2024-25</p> <p>2025-26</p> <p>2026-27</p> <p>2027-28</p> <p>2028-29</p> <p>2029-30</p> <p>2030-31</p> <p>2031-32</p> <p>2032-33</p> <p>2033-34</p> <p>2034-35</p> <p>2035-36</p> <p>2036-37</p> <p>2037-38</p> <p>2038-39</p> <p>2039-40</p> <p>2040-41</p> <p>2041-42</p> <p>2042-43</p> <p>2043-44</p> <p>2044-45</p> <p>2045-46</p> <p>2046-47</p> <p>2047-48</p> <p>2048-49</p> <p>2049-50</p> <p>2050-51</p> <p>2051-52</p> <p>2052-53</p> <p>2053-54</p> <p>2054-55</p> <p>2055-56</p> <p>2056-57</p> <p>2057-58</p> <p>2058-59</p> <p>2059-60</p> <p>2060-61</p> <p>2061-62</p> <p>2062-63</p> <p>2063-64</p> <p>2064-65</p> <p>2065-66</p> <p>2066-67</p> <p>2067-68</p> <p>2068-69</p> <p>2069-70</p> <p>2070-71</p> <p>2071-72</p> <p>2072-73</p> <p>2073-74</p> <p>2074-75</p> <p>2075-76</p> <p>2076-77</p> <p>2077-78</p> <p>2078-79</p> <p>2079-80</p> <p>2080-81</p> <p>2081-82</p> <p>2082-83</p> <p>2083-84</p> <p>2084-85</p> <p>2085-86</p> 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Priorities 2020-2023	What We Are Doing and Its Impact
Page 73	<p>Northumbria Police, CYPS, Early Help and CQC. Findings show that cases entering the criminal justice system receive a more holistic assessment and have more consistent access to support services like CYPS, AIM assessments are not used consistently in cases where charges are not brought, there are gaps in preventative programmes across the region and there is a lack of professional curiosity in navigating conversations of HSB</p> <p>Strengths</p> <ul style="list-style-type: none"> • Professionals write about children in a child first way, considering the child's needs and not focussing on the offence in isolation. • Arrests for offences were timely and good use of 'Operation Harbinger' was found – an initiative to reduce time spent in custody and ensure staff are appraised of wider mental health, speech and language, learning needs which would impact time spent in cells and ability to engage in interview etc. • CCNs were timely and identified risk to the victim as well as siblings. Aggravating factors noted by Police allowed triage to understand and address wider support needs like alcohol use. • Chronologies are well used but did not always consider early help information. • Prevention work with schools is a theme in the audits – this is identified only on an increase in CCNs for specific schools. • When cases enter the youth justice service, they consistently have AIM assessments – these are holistic and identify robust risk management strategies. • Young people have been supported to remain in or return to school with multi-agency plans and support. <p>Limitations</p> <ul style="list-style-type: none"> • RUI (Released Under Investigation) is misused and means children are left in a state of limbo for too long, with limited safeguarding around them. Bail Conditions would allow safeguarding to be addressed and would provide reassurance for victims. This would also trigger regular reviews from Police. • Professionals make judgments based on limited information and without assessment or understanding of wider risk/influence i.e. 'out of character'.

Priorities 2020-2023	What We Are Doing and Its Impact
Page 74	<ul style="list-style-type: none"> • There is a theme around lack of professional curiosity with this subject. Specifically, that we do not consider wider environmental factors or take time to understand the ‘why’ behind behaviours. Several audits identified that professionals either do not speak to the child about the HSB or there is a significant delay in doing this (2 months). This causes hypothesis to be formed on incomplete information. In some cases, there is a reliance on parents to share their understanding of why children have displayed HSB. • Issues navigating contact records has been identified as a potential risk of ‘missing’ information for those unfamiliar with EHM/ICS. Contact records are described as ‘disjointed’ in nature and ‘difficult to follow’. • Additional needs (diagnosed mental health or learning disabilities) were identified but not routinely shared. This was not the case for cases in the criminal justice service. <p>Recommendations</p> <ul style="list-style-type: none"> • Police to consider comms regarding the use of Bail Conditions in cases where this would provide additionality. • Information sharing between social care and health services to be reviewed for cases HSB. A multi-agency pathway would support this. • There is a need for intervention programmes/services to work with this cohort prior to a charge decision. This is a regional gap since NSPCC provision moved out of Newcastle. • AIM pathways and policy information needs to be delivered to social care team managers. AIM3 assessments should be used consistently and not just in cases with CJS involvement. This will support more holistic assessment of HSB generally. Each locality has an AIM3 trained social worker to support this process. • Staff should receive training in HSB to enable them to feel confident navigating difficult conversations with children who display these behaviours. <p>The Criminal & Sexual Exploitation Sub-Group are leading on this area of work for the partnership</p>

3.2 Performance Priority Dashboard

Performance data, both qualitative and quantitative, measuring progress against the NSSP’s priorities, has been set out and analysed in Section 3.1 within each of the priority areas. The dashboard below presents a summary of these data.

NSSP Priority dashboard - End of June 2022



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

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



NSSP Priority dashboard - End of June 2022



Priority 2 Neglect

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

Owner	Indicator Name	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
NCC CSC	No. children referred to CS where Neglect is a factor	0					367	410	383	402	394	
	% children referred to CS where Neglect is a factor	0					16	22	19	18	17	
	No. children referred to CS where Educational Neglect is a factor	0					16	20	33	34	47	
	% children referred to CS where Educational Neglect is a factor	0					1	1	2	2	2	
	No. children referred to CS where Emotional Neglect is a factor	0					136	140	135	135	116	
	% children referred to CS where Emotional Neglect is a factor	5					6	7	7	6	5	
	No. children referred to CS where Medical Neglect is a factor	50					52	28	52	61	37	
	% children referred to CS where Medical Neglect is a factor	0					2	1	3	3	2	
	No. children referred to CS where Nutritional Neglect is a factor	0					28	27	38	40	32	
	% children referred to CS where Nutritional Neglect is a factor	0					1	1	2	2	1	
	No. children referred to CS where Physical Neglect is a factor	0					121	191	198	188	160	
	% children referred to CS where Physical Neglect is a factor	0					5	10	10	8	7	
	No. CP plans total	0	455	411	399	365	369	342	368	381	403	388
	% CP plans labelled as Neglect	50	77	75	75	76	75	77	81	87	80	82
No. of CPPs starting and categorised as neglect	100	150	101	90	80	104	115	101	127	91	116	
% CPPs starting within 2 yrs of previous plan - both neglect	10	15	5	12	10	8	5	16	10	4	9	
No. children entering care	0	49	44	46	41	44	32	33	57	57	43	
% children entering care where Neglect was a factor	50	55	80	67	51	73	72	70	60	67	63	
NCC EH	% of EH cases subsequently stepped up to SW where neglect is a reason	0					0		2	5	3	
NHCFT	No. safeguarding referrals with category of Child Neglect	50	52	32	35	40	41	79	51	51	92	65
	% safeguarding referrals with category of Child Neglect	0	19	17	14	15	18	25	24	24	28	20
Police	Child Concern - notifications	OK		3,354	3,910	3,638	3,720	4,292	3,566	3,931	4,376	4,487
	Child concerns - % of repeat notifications	0		39	38	37	38	35	35	35	35	35
	Neglect - offences against children	0		7	8	8	14	16	12	24	12	14

Jan to Mar 2020 Apr to Jun 2020 Jul to Sep 2020 Oct to Dec 2020 Jan to Mar 2021 Apr to Jun 2021 Jul to Sep 2021 Oct to Dec 2021 Jan to Mar 2022 Apr to Jun 2022

NSSP Priority dashboard - End of June 2022



Priority 3 Safeguarding children under 1 year old (includes unborn babies)

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

Owner	Indicator Name	Quarte									
		Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	Apr to Jun 2022
NCC CSC	No. referrals for babies	102.0	80.0	72.0	93.0	87.0	90.0	76.0	72.0	86.0	52.0
	% of referrals that were for babies	12.0	12.4	14.4	12.2	12.7	12.7	13.8	9.7	11.6	7.0
	No. strategy discussions for babies	69.0	44.0	40.0	48.0	37.0	48.0	47.0	47.0	49.0	48.0
	% strategy discussions where a baby is the subject	12.3	11.1	11.8	13.3	10.6	12.8	13.8	12.9	12.9	13.6
	No. S47s where babies are the subject	50.0	46.0	33.0	39.0	37.0	36.0	42.0	39.0	41.0	24.0
	% S47s where a baby is the subject	12.6	15.7	13.1	18.2	14.7	13.8	18.3	13.4	14.2	8.6
	Of the S47s counted above, no. babies subject to ICPC	37.0	33.0	24.0	28.0	31.0	30.0	30.0	29.0	27.0	15.0
	% of ICPCs where a baby is the subject	16.0	23.4	20.2	23.9	20.8	23.8	21.3	18.7	19.1	8.4
	No. babies starting CP plans	31.0	32.0	20.0	27.0	36.0	29.0	25.0	23.0	29.0	15.0
	% of CP plans starting where the child is a baby	15.6	23.9	17.7	24.5	28.6	22.5	19.5	15.1	21.5	11.6
	No. of CP re-plans within 18 months of the previous CP plan end date	4.0	0.0	3.0	1.0	0.0	3.0	2.0	1.0	2.0	0.0
	% CP re-plans within 18 months of the previous CP plan end date	12.9	0.0	15.0	3.7	0.0	10.3	8.0	4.3	6.9	0.0
	No. of CP re-plans where 2nd plan was before child's first birthday	0.0	0.0	2.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
	% of CP re-plans where 2nd plan was before child's first birthday	0.0	0.0	10.0	3.7	0.0	0.0	4.0	4.3	0.0	0.0
	No. CP plans for babies	43.0	44.0	40.0	41.0	47.0	43.0	44.0	52.0	57.0	62.0
	% of children subject to CP plans that are babies	9.5	10.7	10.0	11.2	12.7	12.6	12.0	13.6	14.1	16.0
	No. of CP plans ending (where child was unborn when CP plan started)	15.0	28.0	22.0	13.0	15.0	24.0	20.0	26.0	14.0	16.0
	% of above that ended within 0 to 3 months	53.3	32.1	31.8	23.1	26.7	33.3	30.0	30.8	14.3	25.0
	% of above that ended within 3 to 6 months	20.0	21.4	22.7	15.4	13.3	16.7	10.0	15.4	21.4	18.8
	% of above that ended within 6 to 12 months	13.3	32.1	18.2	53.8	60.0	33.3	50.0	46.2	42.9	50.0
	% of above that ended within 12 months+	13.3	14.3	27.3	7.7	0.0	16.7	10.0	7.7	21.4	6.3
	No. babies entering care	11.0	8.0	9.0	6.0	11.0	8.0	10.0	17.0	17.0	13.0
	% of children entering care that are babies	22.4	18.2	19.6	14.6	25.0	25.0	30.3	29.8	29.8	30.2
No. of babies in care	27.0	27.0	27.0	26.0	20.0	20.0	21.0	31.0	29.0	27.0	
% of children in care that are babies	6.2	6.1	6.1	5.9	4.6	4.6	5.2	8.0	6.8	6.3	
NCC EH	% of people attending brilliant babies subsequently referred to SW in 1y					0.0	1.0	2.0	1.0	1.0	3.0
?	No. SINs due to co-sleeping				0.0	0.0	0.0	0.0	0.0	0.0	

NSSP Priority dashboard - End of June 2022



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

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

Owner	Indicator Name	Qu	Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	Apr to Jun 2022
NCC CSC	No. children referred to CSW	OK	2,345	2,138	2,272	2,229	2,171	2,321	1,885	1,984	2,234	2,381
	No. children referred to CSW where DA is a factor	500	505	564	657	609	586	515	449	396	362	463
	% children referred to CSW where DA is a factor	20	22	26	29	27	27	22	24	20	16	19
	% of children referred with DA as a factor that go on to CS referral stage	0	44	35	23	37	28	35	40	46	27	29
	No. children referred to CSW where CPVA is a factor	50						28	26	33	74	82
	% children referred to CSW where CPVA is a factor	2						1	1	2	3	3
	No. of cases open to SW where DA is a factor	0						538	473	411	373	318
	% of SW cases where DA is a factor	0						24	22	18	16	15
	No. of SW cases working with CPVA team	0						38	49	36	26	30
	% of SW cases where CPVA is a factor	0						2	2	2	1	1
	No. children entering care	0	49	44	46	41	44	32	33	57	57	43
	% children entering care where DA was a factor	20	24	14	20	22	36	22	18	28	33	33
	No. CLA entering care where DA was a factor	10	12	6	9	9	16	7	6	16	19	14
	NCC Ed	% schools reporting Op Encompass had a +ve impact on understanding of DA	0							26		
NHCFT	No. MARAC referrals completed	0	18	21	19	17	15	15	12	20	22	15
	% MARAC refs increase / decrease compared to prev Q	0	-11	3	-2	-2	-2	0	-3	8	2	-7
Police	No. DA Incidents	OK	1,208	1,738	1,242	1,200	1,055	1,813	1,784	1,567	1,703	1,943
	No. DA Victims	1K	895	1,261	907	898	782	1,389	1,375	1,207	1,284	1,432
	% DA Victims age 16/17	0	1	1	2	2	2	2	2	2	2	2
	% of repeat DA incidents	0	26	27	27	25	26	23	23	23	25	26
	Domestic Incidents involving Children	500	570	695	830	527	538	824	753	662	724	769
	% Domestic incidents involving children	50	47	40	67	44	51	45	42	42	43	40
	Arrests associated with domestic violence incidents with child involved	0	242	150	140	254	224	198	149	145	172	174
	% Domestic incidents with children involved that end in arrest	0	42	22	17	48	42	24	20	22	24	23
	No. MARAC Cases discussed	0	91	125	134	114	115	116	117	117	109	113
	No. repeat cases	0		34	42	31	45	30	28	27	23	41
	% of repeat MARAC cases discussed	0		27	31	27	39	26	24	23	21	36

Jan to Mar 2020 Apr to Jun 2020 Jul to Sep 2020 Oct to Dec 2020 Jan to Mar 2021 Apr to Jun 2021 Jul to Sep 2021 Oct to Dec 2021 Jan to Mar 2022 Apr to Jun 2022

3.3 An Early Help Case Study

The following case study provides a qualitative illustration of joined-up and prompt multi-agency action resulting in positive outcomes for the child and family. Concerns included neglect, domestic abuse and parental substance abuse/mental health issues.

Background:

- Child started 2-year-old early education provision in June 2022.
- Health Visitor shared concerns with Senior Early Years Worker regarding home conditions and mothers' wellbeing. Senior Early Years Worker shared concerns around mothers' mental health with Early Help colleagues.
- Discussion between Early Help team and health visitor led to a referral to Children's Services.
- Child Protection conference held and case opened – neglect and domestic abuse
- Initial core group meeting – info shared: mum testing positive for drugs, child attending 2-year-old provision up to summer holiday period and has attended one holiday drop-in session with no concerns noted, social worker is still working with families' targets and mother providing regular samples to the health visitor.
- Outcome: mother to join in summer holiday provision at Children's Centre. Health visitor arranging with GP for more suitable mental health provision for mum. Mum signposted for drug abuse support. Father not to have unsupervised contact.

What we are worried about	What is working well	What needs to happen
<ul style="list-style-type: none"> • Poor parental mental health, living conditions, past and current substance misuse & domestic violence in the home, overall impacting on the child's holistic development, learning and wellbeing 	<ul style="list-style-type: none"> • Mother shared her mental health history with Senior Early Years Worker when bringing child to provision on 2nd day. • Mother engaging with relevant professionals and attending Children's Centre for parenting support, and the learning and development opportunities for her child. • Parent attending appointments with GP, referred to mental health services. • Parent accessing support from the family network to improve home conditions. • Relevant & timely information sharing with other professionals 	<ul style="list-style-type: none"> • Mother to continue attending services for support. • Consistency with relevant information sharing between professionals. • Mother to have regular negative drug test results. • Improved home conditions to be maintained.

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 Safeguarding Practice Review Group (SPRG) collates the findings from local children's safeguarding practice reviews (LCSPRs), evaluates the learning/findings, and provides further audit and scrutiny to gain a broader view of the findings on behalf of NCASP.

There have been 3 rapid reviews this year, one of which took place out of area, and no LCSPRs initiated during this reporting period. Ongoing work and actions have continued in relation to previous reviews. There has been one joint child/adult learning review completed, and one child learning review undertaken in the previous reporting period which was finalised this year. One LCSPR from the previous year is complete and will shortly be published.

Priority 1. Children and young people's mental health, including self-harm and suicide. There have been 2 rapid reviews undertaken relating to suspected child suicide however neither met the criteria for a formal LCSPR, one of these involved a child placed out of the area. The SPRG has overseen and completed a learning review related to a suspected child suicide. The learning from this review has been shared and included in single and multi-agency training, including a carousel event. A draft action plan and 7-minute guide

has also been prepared. The self-harm pathway has been reviewed and updated to consider the learning from this and other recent reviews. There is an ongoing action to consider information sharing regarding self-harm between health and education services. A joint adult and child learning review has been completed during this reporting year, where the key themes included transitional safeguarding and the impact of trauma. There is ongoing work to ensure these approaches are embedded across services. In addition, the Northumberland Emotional Wellbeing Service (NEWS) is now in place and fully operational, working with families and carers.

Priority 2. Neglect. The SPRG undertook a learning review during this year where neglect featured and the action plan is currently being monitored. The findings from this and previous learning directly informed a well-attended, multi-agency Neglect Summit in May 2022.

Priority 3. Safeguarding children under 1 year old - including non-accidental head injuries and co-sleeping. In response to a learning review completed in the previous year for a small baby with serious, life-threatening head injuries, the action plan has been reviewed and assurance sought from agencies. ICON, a prevention programme to raise the awareness and reduce the incidence of abusive head trauma (AHT), has been rolled out across Northumberland in Sept 2021. There is ongoing work with the immobile baby policy to include in training across agencies. The immobile baby policy has been included in the carousel event and the multi-agency vulnerable baby training. Work is underway to develop an information leaflet for parents regarding the process when an immobile baby has a bruise, which is recognised as a very emotive and stressful experience for parents and professionals.

A SPR was initiated in the previous year with regards to a baby who sustained multiple fractures. The review concluded this year however publication is on hold due to ongoing police investigations. Nevertheless, a 7-minute guide and an action plan has been produced.

Priority 4. Impact of domestic abuse on children including Child to Parent Violence and Abuse (CPVA). A Domestic Homicide Review (DHR) undertaken this year was asked to consider any learning relating to a child, which will be included as an appendix report and was presented to NCASP.

In response to learning from previous joint learning reviews, there has been ongoing work and training to raise awareness of CPVA and promote the pathway.

5. Quality of Practice and Partners 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. The pandemic delayed these processes last year however inspections have more recently been reinstated.

Northumberland's safeguarding partners and relevant agencies have continued to provide assurance to NCASP and sought assurance from their commissioned services.

5.1 The Integrated Care Board (ICB)⁴

As one of the statutory safeguarding partners the ICB must gain assurance from all their commissioned services, NHS and independent healthcare providers, throughout the year to ensure quality and continuous improvement.

Assurance consists of assurance visits, Section 11 audits which will be carried out in the next reporting year, and attendance at provider safeguarding committees and quarterly monitoring provided through the safeguarding children and adult performance dashboards.

The ICB is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. The ICB safeguarding team has extended the attendance at multi-agency meetings to provide information on behalf of GP Practices as agreed through the information sharing agreement including MAPPA (Multi-Agency Public Protection Arrangements), MSET, and MARAC (Multi-Agency Risk Assessment Conference). Through this process, and information sharing agreements which have been reviewed and updated over the last year, access has been granted by most GP practices in Northumberland which allows the team to retrieve relevant information, add appropriate coding and provide reports for the meetings on behalf of GPs and then feedback after meetings.

Furthermore, assurance has been sought from GP practices by the Named Nurse Primary Care (NNPC) who aims to attend each practice at least once annually. This offers the opportunity to support, share

⁴ The Clinical Commissioning group until July 2022

learning, seek assurance, and identify any areas for development. Additionally, this provides an opportunity to develop good rapport with GPs and Primary Care staff. To achieve this the most appropriate setting is to attend the supporting families multi-disciplinary meeting where vulnerable people are discussed. To date the NNPC has attended 36 practices 'supporting families' meetings either face to face or via teams. Attendance at these meetings allow the NNPC to share learning from Case Reviews and CQC inspections, to discuss any training needs or training opportunities for Primary Care staff in addition to supporting and advising on safeguarding concerns.

5.2 Northumbria Police

MASH demand was closely monitored to measure the impact of COVID on child concern (CCN) notifications and allow flex and response accordingly, with a continued physical presence with MASH police staff, officers and support staff, located in and working from the MASH.

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

Northumbria Police have continued to provide a Street Triage Service investing in training front line officers, this commitment is open to Children across Northumberland. The CNTW nurses and police officers who work on the service deploy to incidents of children in MH crisis and have continued to provide a face-to-face service throughout the COVID pandemic and beyond.

In the last 12 months our Street Triage officers have undertaken training in ACE's, learning disabilities and child exploitation to ensure they have a more holistic understanding of children's presenting

behaviours. The Street Triage service also ensure they are sighted on the impact of parental mental ill health on children and young people's mental health and make safeguarding referrals for children impacted by a parent or carers mental health crisis, utilising a think family approach.

Kooth is promoted within Northern area command for front line officers in Response Policing and Neighbourhood Teams to use as a signposting tool for young people with mental health concerns.

The role of our Criminal Justice Liaison and Diversion Nurses in Custody who can support children who are suspected of an offence with their mental health is fully embedded. The importance of seeing an incident through the eyes of a child and hearing the voice of the child to understand their lived experience to ensure that our officers focus on Mental Health triage and interventions for Children rather than taking a Criminal Justice approach wherever possible.

Struggling children whose poor mental health has pushed them towards self-harm and substance abuse have been provided support by Northumbria Police, through early intervention and education.

5.2.2 Priority 2. Neglect

Northumbria Police are committed to reducing instances of child neglect. All reports are subject to daily oversight from the Detective Inspector within dedicated Child Abuse Teams. There is a drive to work with our partners throughout the force to establish the root cause of the issues and provide help and support to prevent any reoccurrence. Vulnerability training has been initiated for officers' force wide, helping them identify where neglect is a factor. Raising awareness that this is a form of child abuse that can have serious and long-lasting impacts on a child's life - it can cause serious harm and

even death. Awareness that neglect can happen at any age, sometimes even before a child is born. If a mother has mental health problems or misuses substances during pregnancy, for example, she may neglect her own health, and this can damage a baby's development in the womb.

When a prosecution is justified these are driven by supervisory oversight to make the process as quick as possible to limit the impact to victims throughout. All investigations are conducted by specialist investigators within Child abuse teams who are trained in interviewing children.

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

All reports of this nature are daily brought to the attention of specialist child abuse teams and scrutinised and reviewed at Detective Inspector level. Staff attend and share information at all levels of multi-agency meetings to ensure accurate interventions and safety plans are in place.

Detective Inspectors attend all rapid review meeting for serious injury and SUDI and continues with the child death review panel and joint learning review processes.

Lessons learned are disseminated and staff attend formal delivery sessions as part of their CPD for the SCADIP (Specialist Child Abuse Investigators Development Programme) accreditation.

All reports of this nature are investigated by Child Abuse specialist detectives who have a SCADIP qualification from the College of Policing.

5.2.4 Priority 4. Impact of Domestic Violence on Children and CPVA

From September 2021 to August 11.8.2022 there were 42 incidents of CPVA in the Northumberland area including harmful acts/

behaviours or patterns of coercive control. The force recognises that children displaying these types of behaviour may well be subject to factors including learning disabilities, autism, ADHD, substance abuse, and ACEs (adverse childhood experiences) and therefore consider the child's developmental age as well as their age. The force continues to promote the "Through the Eyes of a child" campaign as part of their frontline response to domestic abuse incidents.

5.2.5 Criminal Exploitation

Northumbria Police have developed a vulnerability assessment tracker (VAT) within the Multi-Agency Exploitation Hub. While in its early stages of development the performance data is at this time primarily Police centric, the aim is to host relevant multi agency data which will be a big step forward in supporting safety plans. Work has progressed on Information Sharing Agreements (ISA) with the future aim for all hub partners to drive a more connected intelligence picture to allow for effective extra-familial safeguarding. Also, developed is an internal threat reduction group meeting at a senior management level which is linked to the Force tasking and coordination process driving the 4P policing activities (Prevent, Protect, Prepare & Pursue) in response to exploitation. This is supplemented with analytical support desk within the Force Intelligence Department dedicated to Modern Slavery, Human Trafficking as well as Child Sexual Exploitation and County Lines identifying any current or emerging trends and hotspots.

A weekly meeting between all partners to discuss individuals raised as being at potential risk or at current risk of exploitation takes place. There are no geographic boundaries, allowing a whole system approach to ensure bespoke safety plans are put in place.

5.3. Local Authority

5.3.1 Children's Social Care (CSC)

Effective performance management and quality assurance processes underpin continuous improvement and ongoing development as a learning organisation. The focus and depth of our quality of practice is driven in the work of QPAG where all quality of practice findings are presented, improving how learning from quality of practice work reaches front line staff in a meaningful and embedded way by enhancing the communication flow from QPAG to CSMs to Team Managers to Practitioners.

Overall, there has been evidence of continuing improvement in the quality of practice seen in all activities. We have worked on achieving more consistency in application of standards and this has been evidenced, improvement has been noted and practice is more consistent across all areas of children's social care in Northumberland. The consistency of recording has also improved but requires ongoing focus to ensure all good practice and impact is evidenced. . The increased quality of practice activity in this period and the dedication and commitment of workforce members to ensure good outcomes for children and young people threads through the practice.

Further to the practice areas and impact noted in the previous section on the priorities, the following findings from our quality of practice work relevant for the partnership are summarised below:

The Signs of Safety model has been firmly embedded in the practice at the front door and across the safeguarding teams. The use of

clear, jargon-free language, networks, danger statements and safety plans, and direct work with young people are consistently evident. Staff report increased confidence in the use of the model and can see the benefits in their relationships with families and outcomes for children.

While the overall numbers of children subject to a child protection plan has increased over the year from 359 to 389, our quality of practice work has evidenced that the decision making, and application of thresholds is appropriate. Child protection conferences are consistently held in a timely way

There is good application of thresholds and children are receiving the right service at the right time. Referrals are well received into the Front Door and triage is thorough and analytical in the application of thresholds for intervention. Effective decision-making at the Front Door has led to re-referrals reducing further, from 20% in 2020/21 to 16% in 2021/22, far lower than the national average of 23%.

Cases that require immediate actions are escalated appropriately and the relevant cases are proceeding to MASH where a multi-agency approach determines the next steps.

EDT actions are considered as proportionate and recording of these actions is thorough and appropriate. Where necessary, rapid safety plans are put in place and a handover process is in place to ensure day services are aware of any necessary tasks that might be required.

Section 47 enquiries are initiated at appropriate junctures across the service and measures are put in place to safeguard the child(ren). This is strengthened by oversight from the Service Manager,

however the recording of information and analysis in Section 47s is variable and further work is required in this area.

Through ongoing scrutiny of our thresholds, we are reassured that we are applying them appropriately and not intervening unnecessarily: our rate of S47s going to ICPC is between 50% and 60% (consistently higher than the national average of 37%).

Strong child-centred practice is evident across all areas of social care and the majority of assessments and plans are robust, ensuring children's needs are understood. Use of child protection/looked after and child in need procedures are well embedded within the teams and effective use of conferencing/reviews and relevant meetings strengthens the overall ethos to keep children safe and improve their lives.

Parents and wider family members and networks are engaged well and there is regular and effective multi agency working. Plans are variable, however are improved with the Signs of Safety form used now. Identification of family networks is improving, and they are being engaged and are creating safety for the child

Good step-up arrangements from early help to social work are in place and quality of practice activity evidence that this is executed well and with the child at the focus, joint visits are arranged, and the situation explained to parents about the shift in level of involvement needed.

Effective responses to and understanding of exploitation and extra familial harm are strong in Northumberland Adolescent Service (NAS), with constructive partnership work evident. Numbers of young people discussed in MSET have reduced in the last 12 months

and those that are re-presenting is extremely low (averaging just 7% in 2021). There was an increase in young people accepting their offer of a Return Home Interview with a 13% increase from 75% to 88% between October 2021 and May 2022.

Further to our internal quality of practice findings, two external inspections reported ongoing improvements;

Details from the SEND inspection in July 2021 can be found here; <https://files.ofsted.gov.uk/v1/file/50166604>

Details from a focused visit in July 2022: Planning for and achieving permanence can be found here; <https://files.ofsted.gov.uk/v1/file/50191898>.

5.3.2 Education

The Schools' Engagement sub-group continued to operate according to its Terms of Reference to improve the engagement of schools with the work of the partnership and improve safeguarding standards in schools and education settings.

The annual review of the S175 Safeguarding Standards Audit completion rate by schools has dipped this year (to 82% by July 2022), however development of an e-S175 is underway and will be launched with schools before the end of 2022, with better accessibility and significantly enhanced functionality.

Progress through the groups workplan was good and provided a framework to ensure that partnership priorities were understood and acted on appropriately in education settings. **Schools are prepared and resourced to take appropriate action in their own**

school communities to challenge sexual abuse, violence and harassment

The impact of delivery on this priority was positive, with evidence that more schools create the opportunity for children to speak out about sexual abuse, violence and harassment and have better information to either prevent or respond to incidents. Schools know which other appropriate agencies to involve when needed and the statutory RSHE curriculum addresses this theme effectively.

19 Northumberland schools were asked by Ofsted inspectors about what they are proactively doing to combat sexual abuse, violence and harassment in their community (even if there were no reported cases), including preventative measures, the curriculum (and RSHE curriculum) and responses to allegations. Complaints about schools via the Ofsted whistleblowing route were monitored and only one related to sexual violence and sexual harassment (linked to the school's PSHE curriculum) Safeguarding was recorded as 'effective' in the 19 Ofsted school inspection reports published by July 2022.

Through the sub-group, the Schools' Safeguarding Team co-ordinated schools' responses to the NSPCC audit commissioned by NCASP, of sexual harassment and violence in Northumberland settings. Contributing to the findings report for NCASP compiled by the task and finish group. Partners developed advice and guidance relating to sexual exploitation in schools that was included in every locality briefing for Designated Safeguarding Leads.

The Schools' Safeguarding Team now delivers multi-agency domestic abuse L1 course training.

Fulfil the extended duty of Virtual School Headteachers to promote the education of children with a social worker

From June 2021 Virtual School Headteachers have had a new duty to promote the education of children with a social worker. The requirement is not to provide a new service, but to deliver services in ways that strengthen the relationships between social workers and Designated Safeguarding Leads.

A priority, and key measure of success, is improved stability for children with a social worker in school, and improved school attendance. Northumberland's Virtual School delivered a webinar for the DfE to demonstrate good practice regarding the attendance of children with a social worker.

Actions to identify and support individual children not in school are delivered through the Children Missing Education (CME) process at a monthly multi-agency CME tracking panel.

Poor school attendance is recognised as a negative impact of Covid-19 and which affects the safeguarding of children. Following the cases of Arthur and Star, assurance was provided to NCASP regarding the safeguarding of children not in school during the pandemic and school closure periods.

Strategies to improve school attendance are on-going, and further improvements will be achieved as the new DfE School Attendance guidance is implemented. This includes the development of a Northumberland attendance strategy and specific focus on children with a social worker.

Recommendations from learning reviews have been fully implemented.

Implementation of lessons from learning reviews has promoted good practice and improved understanding of the vulnerability of children not in school. The recommendations were monitored through the sub-group workplan and schools' S175 Safeguarding Standards Audits.

The Fiona Review;

- 100% of schools and alternative providers have received updates on the recommendations from this review
- Recommendations from this review are included in all whole school training and monthly Designated Safeguarding Lead refresher training.

The Bobby Review;

- A Prevent item was included in every half termly issue of Safe to Learn, received by all schools and alternative education providers, including the Prevent Flowcharts and how to make a referral
- To ensure that senior leadership teams in schools are able to support students with SEND or safeguarding concerns, recommendations were shared regarding contingency planning for Designated Safeguarding Leads e.g. absent from work, change of role, new staff

- Measures for smooth handover and continuity planning for individual pupil cases was included in the S175 Schools' Safeguarding Standards Audit
- Exclusion processes and the use of alternative education were reviewed through the Exclusions Strategy Board and included in The Northumberland Strategic Inclusive Plan (a new promoting inclusion and preventing exclusion strategy)

The Aaron review;

- 100% of schools and alternative providers have received updates on the recommendations from this review
- Recommendations from this review are included in all whole school training and monthly Designated Safeguarding Lead refresher training
- The updated partnership Suicide and Self-Harm strategy and pathway was shared
- All schools have access to relevant training provided by the local authority and NCASP.

5.4 Cafcass⁵ Section 11 submission to safeguarding partners

The Cafcass Annual Report and Accounts 2020-21 were published on 28 October 2021 in accordance with the standards set out in the *Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2007: section 2.13)*.

The strategic risk profile saw some increase in risk which related to issues associated with the pandemic including pressure of rising

⁵ Children and Family Court Advisory and Support Service

demand and delays in concluding cases in court resulting in growing caseloads. Noteworthy risks around case management and safeguarding include not seeing children, either as a result of sickness or pandemic restrictions, which means that there is an inadequate understanding of the child's lived experience, wishes and feelings. Mitigation includes an operational action plan aiming to have 100% of records where a child is expected to be seen, in line with policies; the plan is monitored and then scrutinised. Organisational and strategic risk continues to be monitored through new reporting processes, including identification of emerging risks, and this is supported by regular assessment of environment risks. There were no noteworthy emerging strategic risks at the end of the financial year.

5.4.1 Quality assurance

In accordance with the newly published Cafcass inspection framework, Ofsted undertook a focused visit in April this year and despite the exceptional challenges of the pandemic Cafcass *'sustained and further improved our track record of placing children, their welfare and safety at the centre of our work.'* Internal quality assurance audits find close to 63% of the work to be good or better, with a further 30% meeting the required standards.

The same quality assurance framework remains in place from last year but also includes a focus on improving coaching, learning and family feedback aspects of quality assurance, as an important means of reflecting on practice and impact. During this year, changes include:

- A strengths-based audit focused on learning, to improve the impact we have on children.
- The incorporation of collaborative (alongside FCAs) audit and family feedback. This enables a more complete picture to be

formed of the quality and impact of the work for the child, which supports improved practice and learning about what is done well and what needs to change.

- The level of management oversight for staff not approved to self-file is retained by additional auditing between quarterly audits. For self-filing FCAs, this is now completed via 'dip sampling quality assurance'.
- The National Improvement Service undertakes moderation of audits on a regular basis and works with regional teams where there is a difference in judgement as well as overseeing learning and improvement actions.

A new performance and accountability framework is the mechanism through which Cafcass hold 's themselves to account as an organisation for the commitments made in the National Improvement Plan.

5.4.2 Feedback from children and families

In addition to the learning from internal audits, feedback is obtained from children and families directly to the family court adviser after meetings via surveys and in less direct ways, for example through mystery shopper work at call centres.

During the last year, an integral aspect of audits included routinely asking parents and children for their feedback. For example, we audited records for 200 families who had experienced domestic abuse and received feedback from 81 people. Many reported they felt listened to and their circumstances were understood by Cafcass for example, *"Thank you for putting my children's safety and wishes at the heart of your report and for your empathy and kindness"*. However, the need for more explanation of the decisions made in

assessments, more consideration of all professional opinions and the need to keep an open mind about children's and parents' experiences throughout the assessment process, provided some learning.

Feedback from children, cited that they need more help in advance of initial meetings so that they can prepare for and understand the purpose of engagement with them. In response to this point, introductory letters were revised and re-issued to enable children to plan what they would like to say and for Cafcass to explain clearly the purpose of the meeting – including asking for their feedback on

5.4 Northumbria Healthcare NHS Foundation Trust.

The Safeguarding Service hosted NHCFT's annual safeguarding conference in September 2021. 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 continues to use 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.

SIRS identifies partners who may pose a risk to the unborn/new-born is referenced as good practice by the National Panel in their thematic

how well they had felt supported. Children are also asked in the new letters, what is special about them and what they would like to be known about how this affects their experiences, wishes and feelings. A Family Forum has been created to work closely with families whose experiences of work with them should have been better. The two most important objectives in this work are to put right mistakes made and to learn from that practice so that anyone receiving help and support receives a quality experience equivalent to the best offered.

review of non-accidental injuries in under 1's. This process was established following a Serious Case Review.

From April 2021 the trust safeguarding service extended their service supporting staff and patients around safeguarding. There is a safeguarding practitioner on site at the Emergency Care Centre

(NSECH) covering all of the wards and A&E. This was a proactive approach taken due to the increased volume of patients and safeguarding concerns since the Covid-19 pandemic. A successful business case resulted in an additional 5 specialist safeguarding posts into the service which includes a specialist domestic abuse practitioner who is IDVA and ISVA qualified. The service takes a proactive role in safeguarding and includes full cross cover across children's, adult's and the acute learning disability liaison service.

The trusts joint safeguarding children and adult three-year strategy and action plan 2021-2024 has been signed off. In year it includes;

- Plans for early identification and prevention of cocaine use through audit, toxicology reports and campaigns.
- Reviewing and developing domestic abuse training, a physical presence of a DA practitioner on acute hospital sites, develop a pathway for victims of sexual violence that attend the trust. Will be achieved through training, audit, data analysis and DA champion networks feedback.
- Develop the workforce's understanding of 16/17 year old vulnerabilities around transition and appropriate actions to take with mental health, substance misuse and exploitation concerns. Will be achieved by identifying staff needs, and providing appropriate support.
- Implementation of ICON to reduce abusive head trauma in babies through training for all midwives.

5.5 Cumbria, Northumberland, Tyne and Wear (CNTW) Mental Health Trust

The service has now returned to face-to-face contacts, but has also retained new ways of working developed during lockdown. Including multi-disciplinary risk management meetings to ensure safe and appropriate intervention are in place to meet a child's needs.

A Universal Crisis Team (UCT) remains in place, Children and Young Person (CYP) pathway to a 24/7 provision and mobilised a 24 hour Enhanced PLT, providing a holistic approach to assessment for young people/adults up to age 25; with both CYP and Working Age Adult professionals jointly providing review.

Neglect and risks to vulnerable babies are dealt with in Level 2 and 3 training. Where concerns regarding neglect is identified, staff are

required to complete an incident report to obtain advice, support and supervision as needed.

Following learning from 'Daniel', and other local case reviews the Keeping Children Safe Assessment is under review.

Staff have attended specific Child to Parent Violence and Abuse training, including awareness of reporting processes.

5.6 Northumberland Domestic Abuse Local Partnership Board (DALPB)

Partnership arrangements for domestic abuse (DA) have been established in its new strategic Domestic Abuse Partnership Board.

The Board is responsible for supporting Northumberland County Council in meeting its duties under the new DA Act 2021 and ensuring victims of domestic abuse have access to adequate and appropriate support to improve outcomes for victim/survivors, including their children, through a strategic approach to identifying and addressing gaps in support. Following a refresh of the DA needs assessment the DA Board published its Domestic Abuse Strategy 2021-2024 informing the recommissioning of domestic abuse services from 1st April 2022 to ensure support is available when needed for victims, survivors, their children and those causing harm who are acknowledging the need to change their behaviour.

Northumberland Integrated Domestic Abuse Support Services: DASSN (Domestic Abuse Support Service Northumberland) provided by Harbour– refuge, dispersed properties, sanctuary scheme, IDVA service, outreach, assertive outreach, groups & service user forum. Full time IDVA based in MASH.

Counselling, Therapeutic & Outreach Service for Children and Young People provided by Acorns – counselling, play therapy, outreach support & service user forum.

Changing Behaviour Service provided by Harbour– 1:1 & groups, based in MASH. Partner safety work.

6. Focus on the Child’s Experience of Services and Embedding it in Practice

6.1 Young People’s Views and Opinions About the Services they Receive

There is still more work to do for NCASP to understand the lived experiences of children and young people. The following material has limitations generally in that the analysis largely stems from those young people open to Northumberland Adolescent Services (NAS), equating to 95% of all responses, with 4% coming from Early Help Teams and 1% coming from ESLAC. Since August 2021 there was a total of 69 responses of which 89% were directly completed by young people. Nevertheless, hearing the voices of this particular cohort of young people is crucial for a safeguarding partnership.

The lived experiences of children and young people more broadly in Northumberland is reported on page 12 from data sourced by the **2021 Health & Behaviour-Related Questionnaire** in the priorities section.

Domestic Abuse in Rural Areas provided by NDAS – 1:1, group work and awareness raising in the North & West

Adult Counselling provided by Cygnus Support – counselling for male and female victims of DA.

A DA Summit has been arranged for the 6th October 2022 to support the DA Board in reviewing the DA Strategy and action plan priorities.

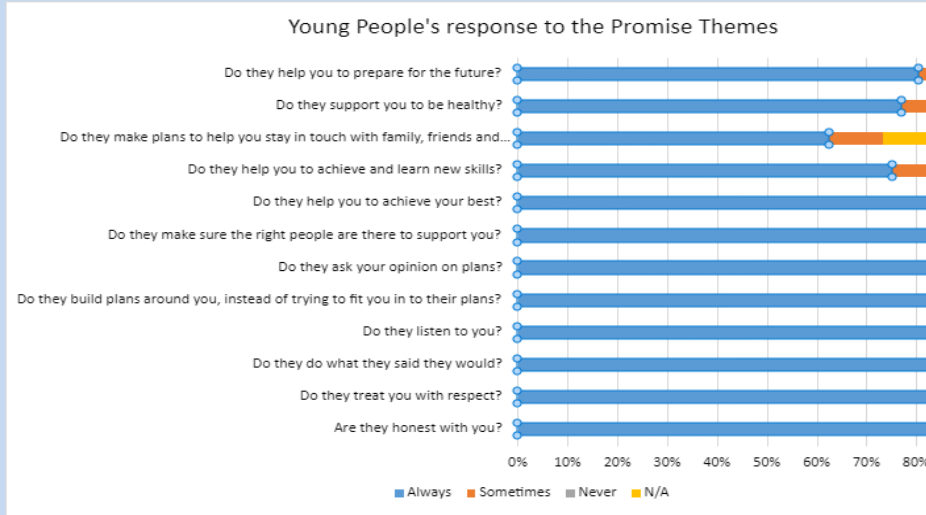
The Children and Young Peoples Plan, Priority 1, states - Children and Young People know that their voice will influence decisions that affect them.

A Young People’s Feedback survey was developed collaboratively at the beginning of 2021 to provide a picture of the views of young people about the services they received over the year.

6.1.1 What we are doing well

Respondents rated the overall service they received out of five, with one being “Poor” and five being “Brilliant”. Over the 12-month period the average score was 4.36 out of 5. This highlights that most young people are happy with the service they are receiving.

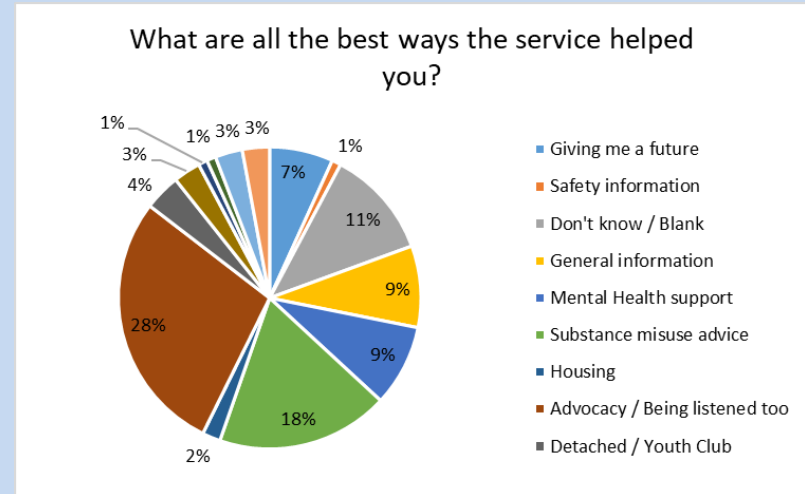
Figure 1. Details of the young people’s responses to questions about The Promise which was created for children and young people in care but has relevance to all young people involved with Northumberland’s Children’s Services.



Analysis of responses demonstrate a generally positive picture on the themes of The Promise;

- 95% of young people say they are always listened too
- 99% say they are always treated with respect
- 96% say their workers are always honest with them

Figure 2. Young people were asked about the best ways in which their service helped and supported them;



Qualitative Data

Young People reported that they felt listened to by their worker/s and that their worker/s cared for them and were there for them. They valued and trusted these relationships;

- “(worker’s name) has been really supportive and caring. She gives good advice and has earned my full respect and trust. When my social worker was on leave and I was going through a difficult time (worker’s name) stepped in and came out nearly everyday if she could to help and support me. I really appreciated that. She sat in hospital with me when I was going through a hard time. She didn’t have to but she did and that goes a long way.

- “The best way social services has helped me is by giving me a life my parents couldn't and making sure they can do whatever I have needed.”
- “Help with moving on and to succeed in life”
- “I'd be homeless if it wasn't for (worker's name), no one else has ever helped me this much.”
- “The service helped me change my life around and has inspired me to do a youth work degree.”
- “The service has really supported me and listened to my views”
- “(workers name) listened to me, she made me feel like I mattered to her and that made me happy to talk to her.”
- “Listened to me and was an extra voice to try and get me a place to live in Cramlington as that is where I wanted to be. I am now in accommodation in Cramlington and very happy.”

A recent focussed visit by Ofsted to Northumberland children's services noted a number of areas of improvements including;

“The Designated Family Judge reports an improvement in the quality of work, including how the child's voice is evidenced within reports” and also that “Social workers encourage children, including disabled children by using communication aids to express their views about their plans”.

6.1.2 What we need to do better

A small number of young people reported feeling that they were only “sometimes” supported, helped or involved in their care plans or interventions. Below is a breakdown of the key areas for potential improvement where they felt we could do more in relation to that theme. (See Figure 1)

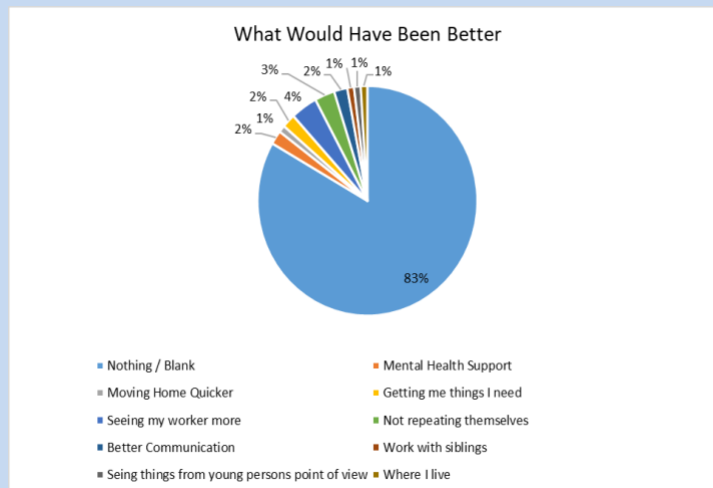
- 3% of respondents felt that workers were “sometimes” honest with them,
- 10% felt that workers would “sometimes” do what they said they would,
- 6% felt that workers “sometimes” made sure the right people were there to support
- 7% felt workers “sometimes” helped them achieve their best.
- 14% felt that workers “sometimes” helped them to achieve or learn new skills, 3% felt this “never” happened.
- 11% felt workers “sometimes” helped them stay in touch with family and friends, 27% felt this was “not applicable” to them
- 12% felt workers “sometimes” supported them to be healthy, 2% felt this “never” happened.
- 13% felt workers “sometimes” prepared them for the future

The three broad findings below indicate that some young people feel that they are not as involved in the development and review of their care plan or intervention as they could be. This suggests that at times our young people may not always be made aware that they are listened to and their opinions are taken seriously or that

they have not had decisions explained to them in a way they can understand and accept.

- 5% of respondents indicated that workers only “sometimes” listen to them
- 10% indicated that workers “sometimes” build plans around the young person and their needs
- 5% of respondents felt that workers would “sometimes” ask their opinion on a plan

Figure 3. Young People were asked what could have been better for them:



- 106 responses were received during the 12-month period, 83% indicated that there was nothing that they felt would improve the service they had received. However, it is

acknowledged that some young people who did not have a positive experience may have chosen not to complete the feedback form. Therefore, responses may be disproportionately positive.

In the comments made about what would have been better, there were some recurring themes;

- Keep working with me, not closing the case, keeping the same worker (which suggests young people viewed this relationship positively)
- Keeping intervention sessions shorter
- Not repeating the same information time and again.
- Following up with specific tasks (applying for passports, Driving licences etc)

Summary

Whilst the data indicates some areas for further work and scrutiny, the findings over the 12-month period are generally positive and highlight effective work carried out by frontline workers. Young people stated that their workers are positive, easy to talk to and engage with, are supportive and knowledgeable and there is mutual respect between the worker and young person.

Progress to Date

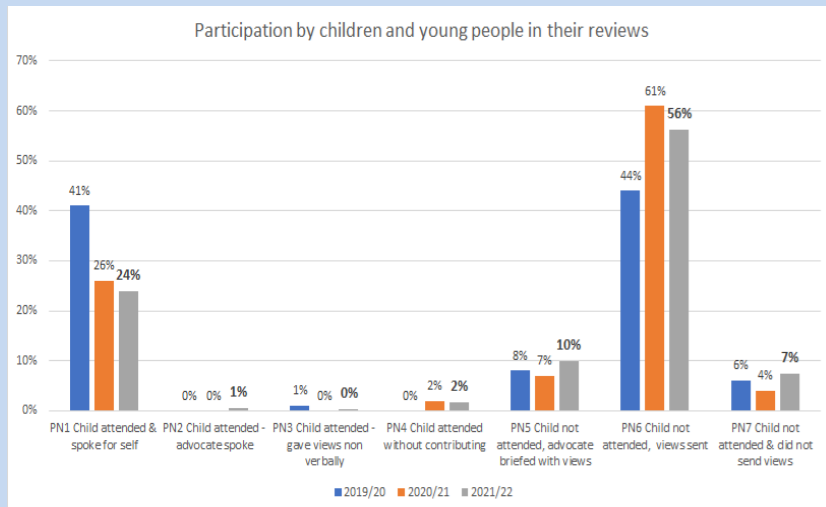
A number of developments have progressed including three participation champions identified within the Youth Justice Service, 14/18+ Team and Sorted with plans for this to be rolled out into the Accommodation Service going forward. The participation champions act as a link between the young people within the individual services and the participation service with a view to promoting the

involvement of young people; whether that be supporting young people to attend Voices Making Choices (VMC) or the care leavers forum to promoting feedback from young people within the individual services. Those attending the Strategic Participation Group have been asked to begin the process of identifying their own participation champions that can promote the engagement of young people and ensure services are recording the voice of the child/young person and acting upon the information shared.

All quality improvement work is reported to a senior management performance and QA meeting to understand outcomes and monitor progress against further actions. This participation work will generate a range of further actions.

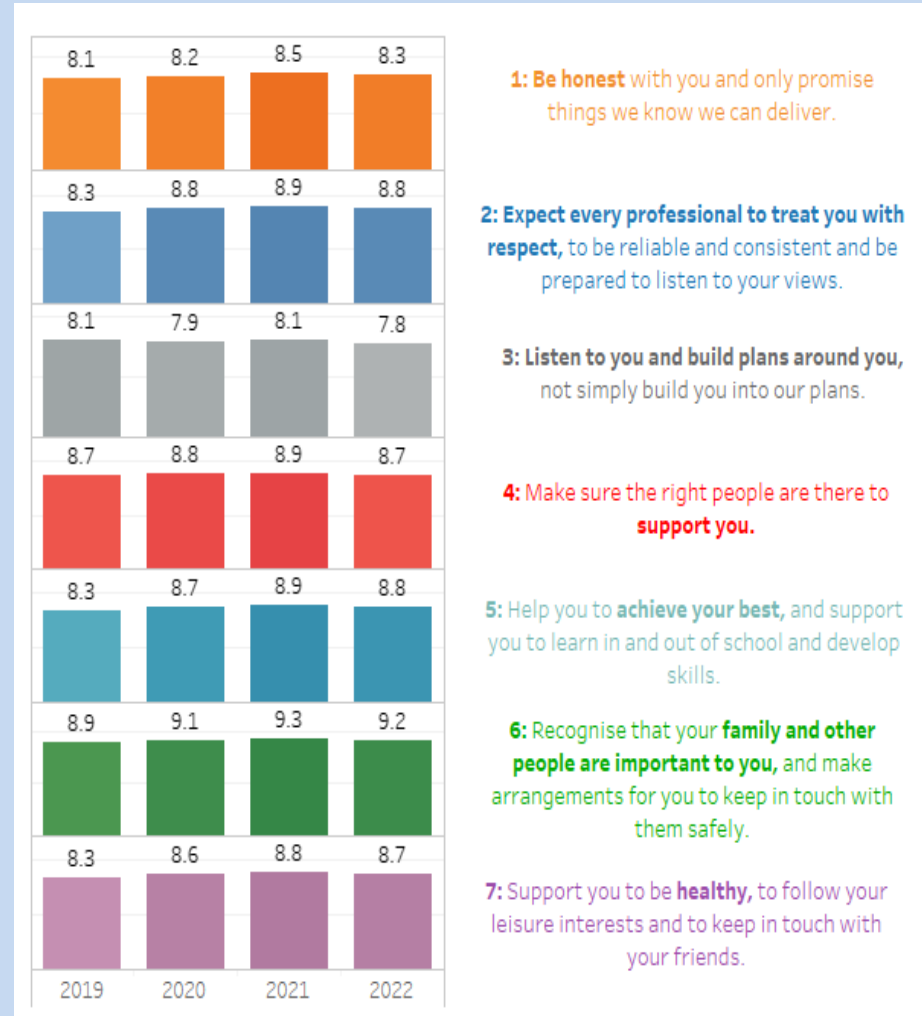
6.1.3 Participation of children and Young People in their reviews

Overall, 91% of children in care participated in their reviews this year compared to 94% last year.



6.1.4 The Promise

The average scores show, out of 10, how Northumberland is meeting its Promise to our looked after children.



7. Workforce Development and Improvement

A range of multi-agency training has been delivered, virtually and face to face, during the past year.

C.A.R.E Northumberland⁶ was developed as a multi-agency strategic response, across both children and adult services, to reduce the experience of adversity and minimise the impact of ACEs on the health and wellbeing of both children and adults. This is a key focus for NCASP.

C.A.R.E Northumberland aspires to having a seamless and life course approach for residents from childhood to adulthood. We do this by working together, learning from one another and working with organisations in our communities that can support this important work.

Impact Evaluation

Following attendance at a multi-agency C.A.R.E. Learning event, we conducted a post course evaluation to capture the impact on practice from those who attended.

We asked:

Q: Give us an example from the C.A.R.E. Training that has made a difference in your practice

We were told;

⁶ Caring About Resilience, Adversity and Empowerment

“I have used the tools to identify resilience in young people and promoted it.”

“It has helped me to think about the impact of adversity within people’s lives and how this affects them and their own resilience levels”

“Supporting a parent with training and finding job opportunities”



“We ran a small group session in a secondary school – the aim of which was to empower two vulnerable pupils to understand their language difficulties and what they can do to help themselves and what others can do to support them”

Q: How do you know you have made a difference?

We were told:

“Children have told us they feel listened to”

“Feedback we have received from schools”

“Promoted the parents mental health – they felt more confident and the household became a more positive environment resulting in the family being able to have more opportunities for days out”

“Supporting people to make positive change and see positive outcomes”

Q: Give an example of a positive outcomes you were able to achieve

We were told:



“The family dynamics have changed for the positive. They have more routines and rules in place – they have a happier environment now”

“The difference in the pupils was amazing”
“Helped the family to navigate a difficult period

of care”

“At the NSSP Schools Engagement subgroup meeting, the Designated Safeguarding Leads discussed how the improved understanding of ACE’s has helped them to respond to CCN’s and support children in school”

The Signs of Safety® Approach.

This is a relationship-grounded, safety-organised approach to child protection practice which continues to be rolled out across the partnership in Northumberland.

As a result of attending a Signs of Safety partner learning event, staff were asked 3 months later; **‘how has the training impacted upon your social care practice and, how do we know we have made a difference to those children and families you support’**

75% of responders advised they were confident in linking information from training into practice and of those who scored that they were not yet confident, they said that team discussions and practicing different parts of Signs of Safety would increase their confidence.



Responses were sought regarding perceptions of impact upon practice. These included;

“The needs of the young person were identified and recorded clearly and that has been able to inform further work with the young person”

“I have been able to make more child centred and friendly timelines and plans”

“I now start with positives/strengths (within a family) rather than immediately considering concerns”

“Helped me to have difficult conversations in non-judgemental ways, as well as recording it accurately”

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

“The young person now works with the team”

“Now focus on young person’s strengths, skills and goals for the future”

“This framework has provided a non-confrontational way to express concerns for parents leading to clarification of why they were not currently considered a safe carer for their child”

“Families are reporting that they feel listened to and that there is less jargon as it is a more focused approach on what is working and what the worries are”.

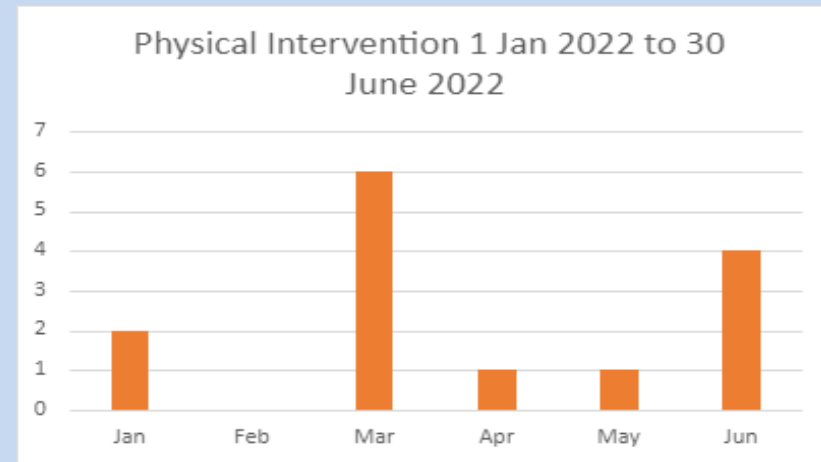
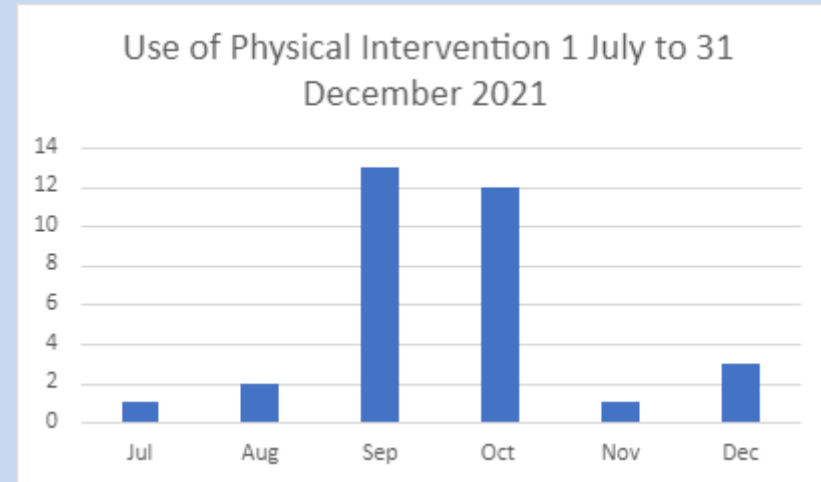
8. A review of the use of restraint in Kyloe House secure children’s home.

This secure children’s home is operated by the local authority and is approved by the Department for Education to restrict children’s liberty. The home can accommodate up to 15 children aged between 10 and 17.

The home provides care for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

The commissioning of health services is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Health and Education is provided on site in dedicated facilities.

During the first six-month reporting period, there were a total of 32 incidents of Physical Intervention (restraint) and a total of 14 during the second six-month reporting period.



The use of physical intervention and comparison across periods, is difficult to analyse due to several factors. Admission of young people with complex needs, young people who find relationship building difficult, violence and self-injurious behaviours can impact on numbers of restraint.

The staff team work closely with the young people to identify triggers and methods of support to deescalate and reduce the need for Physical Intervention. The young people also receive necessary support from the mental health and physical health team within Kyloe House to promote their health and wellbeing. This also has an impact on the use of Intervention.

8.1 Ofsted Inspection March 2022.

The inspection found that the secure children’s home provides effective services that meet the requirements for ‘Good’.

Inspectors found that members of the healthcare team were *“made aware of all significant incidents involving children, including occasions of physical restraint. During usual working hours, the nursing staff on duty assess the children without delay. This ensures that children’s health needs, or any medical needs that become apparent as a result of a significant incident, are responded to”*

Furthermore;

“As a result of consistent care and positive relationships, there has been a reduction in the use of physical restraint, managing away and single separation. When these measures are used, records provide evidence that the criteria are met, and that debriefs for children and staff take place in a timely way. Reviews of physical interventions

include a review by a manager who is independent of the home. This provides an added layer of scrutiny and evaluation.”

“Quality assurance and auditing processes are completed on a wide range of areas and incidents occurring in the home. The oversight of the home is thorough, and any deficits or shortfalls are addressed. Nevertheless, the management team does not always identify any lessons learned from incidents, to further inform best practice.”

Consequently, it was recommended that;

“The registered person should ensure that from their monitoring and evaluation of the home and of staff practice, following any significant incident, that they proactively implement lessons learned in sustaining good practice.”

Consequently, all incident forms now undergo a robust quality assurance process by the management team. The forms have been improved to reflect a lesson’s learned section. At the same time, formal supervision includes lessons learned to include discussion with staff on a one-to-one basis. It is also a standard agenda item for team meetings and which is minuted.

Ofsted carried out an unannounced quality assurance visit on 27 July 2022 and were satisfied that the requirements were met.

9. Independent Scrutineer's Conclusions

The data and analysis presented throughout this report demonstrates that NCASP has met its statutory duties and agencies have delivered safe and effective frontline services that strive to safeguard children and young people. There is evidence of improvements and effective partnership working despite the context of increasing pressures and risks from the pandemic and the subsequent economic environment that may well negatively impact on children's health and well-being going forward.

9.1 Does NCASP add value to safeguarding in Northumberland?

Major challenges continued over the past year for NCASP. The context has further deteriorated for families, particularly those on low incomes experiencing financial insecurity and anxiety with what is still to come. We know there is an association between a family's socio-economic circumstances and the likelihood of a child experiencing abuse or neglect, however 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 earlier support. The increasing cost of living crisis can only exacerbate pressures on families, therefore focusing agencies efforts on being both visible and accessible as points of information and support is key to keeping everyone safe and connected in the coming months. An intelligence led and collaborative approach to the deployment of

resources such as Household Support Funding and pop-up interventions is crucial.

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.

However, 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. 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 Council for Disabled Children (CDC) worked with three local areas, one of which was Northumberland, to explore approaches to providing an inclusive and supportive programme for children with SEND and their families⁷. Northumberland remains focussed on partnership, reach and quality. Examples of Northumberland's good practice are cited in the toolkit.

⁷ Cited in Holidays, Activities and Food Programme. A toolkit for engaging and supporting children with SEND.

The question of whether value is added by the MASA to that of individual agencies safeguarding systems, is crucial to evaluating the impact of NCASP. It is particularly important, going forward, to assess the impact of the new integrated children and adult partnership arrangements. To this end, a prospective evaluation framework has been designed to measure the outcomes and outputs the partnership hopes to achieve from the joint arrangements.

NCASP continues to drive 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 specific focus on NCASP 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, led by the executive group, 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 NCASP and other local partnerships.

The actions, following the Joint Targeted Area Inspection (JTAI) of criminal and sexual exploitation undertaken in 2019, are now complete and signed off by NCASP. Multi-agency responses to children and young people at risk of sexual and criminal exploitation,

and all aspects of Modern Slavery continue, led by the joint Criminal & Sexual Exploitation group.

NCASP has scanned and responded to emerging risks, such as extra-familial sexual abuse and harmful sexual behaviours in schools and the wider community. The work continues.

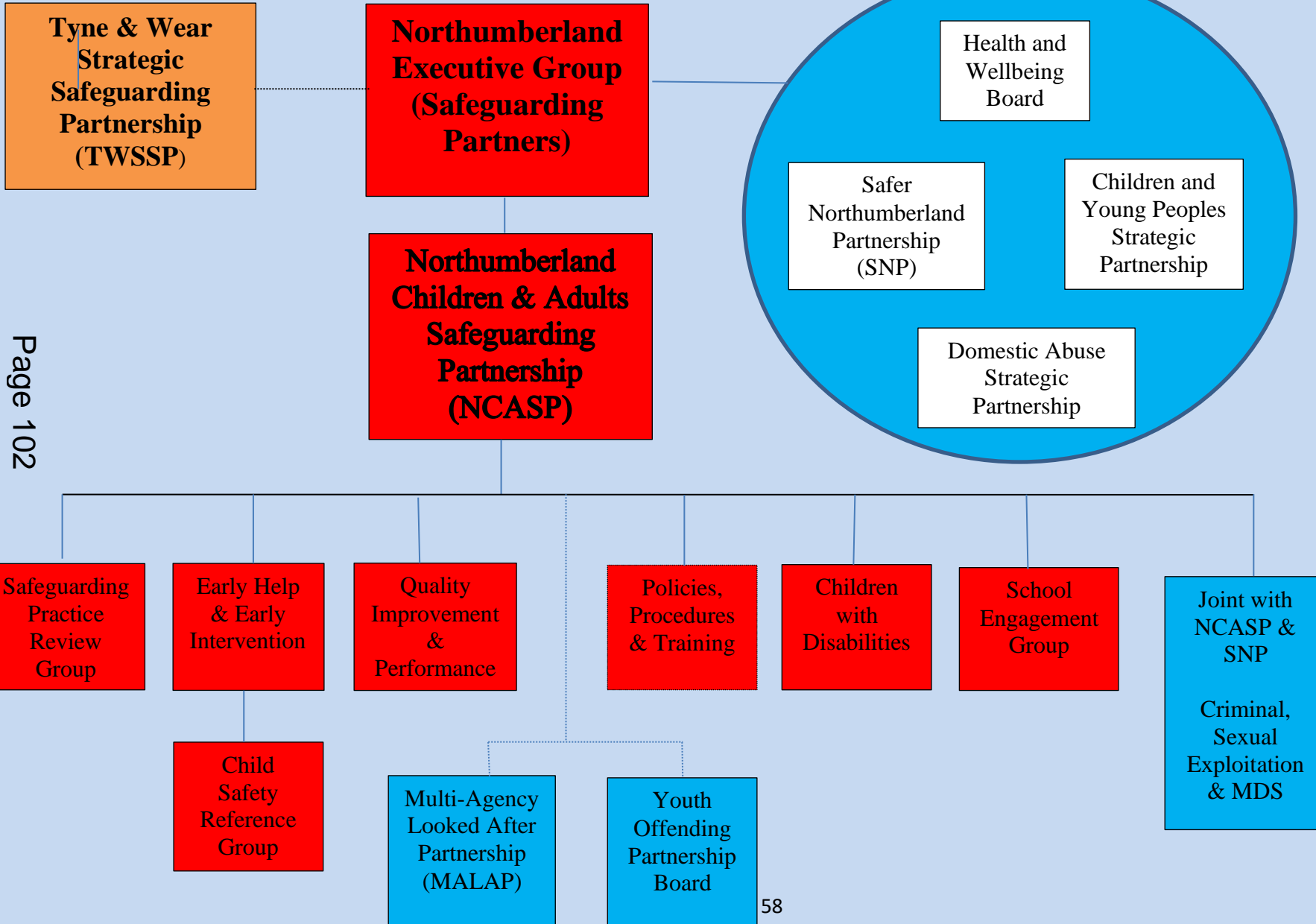
The analysis within this report supports the proposition that NCASP is a learning partnership underpinned by a positive culture of agencies working effectively together. However, work is ongoing to strengthen the governance of the strategic safeguarding arrangements going forward. Priorities have been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

A recently published review of Independent Scrutiny and Local Safeguarding Children Partnership Arrangements reported that only 29% of 95 safeguarding partnerships involve children and young people in a formal scrutiny role.

<https://www.vkpp.org.uk/publications/publications-and-reports/reports/independent-scrutiny-and-local-safeguarding-children-partnership-arrangements-august-2022/>

Further work is needed to involve young people in the role of effective, independent scrutiny in Northumberland. Meaningfully involving children and young people and gaining their views about the quality of multi-agency practice is a challenge but with some evidence of progress, particularly in frontline practice. This continues to represent a significant test for the safeguarding partners.

Appendix 1. Governance Structure



Appendix 2. NCASP Membership

Members

Independent Scrutiny and Assurance Chair

Northumberland County Council

Interim Executive Director of Children's Services
Executive Director of Adult Social Care
Service Director, Education and Skills
Head of Housing and Public Protection
Director of Public Health

Integrated Care Board/CCG

Service Director Transformation and Integrated Care

Northumbria Police

CAFCASS

Service Manager

Advisors to the NCASP

Strategic Safeguarding Manager
Designated Doctor
Designated Nurse
Senior Manager Performance and Systems Support.
Sub-Committee chairs as required

Detective Chief Superintendent Safeguarding

Northumbria Healthcare NHS Foundation Trust

Executive Director of Nursing, Midwifery and Allied Healthcare Professionals.
Head of Safeguarding Children & Adults and Acute Liaison Learning Disability and Autism

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Group Nurse Director

Probation Services

Head of North of Tyne
Senior Operational Support Manager North of Tyne

Appendix 3 – NCASP Staffing and Budget

Staffing

The NCASP is supported by the following officers:

NCASP Business Manager
Business Support

NCASP Budget

The financial contributions from partner agencies are as follows:

Partner	2021-2022
Northumbria Police	£12,167
TCB/CCG	£70,000
Northumberland County Council	£75,159
Probation	£861
Training Course Fees (NHCFT)	£1100
Total Contributions	£159,287

Expenditure	2020-2021
NCASP Manager	£ 44,980
Admin Assistant to Senior Manager	£25,754
Overtime	£1,273
Holiday pay	£184
Training (% salary)	£36,781
Performance (% salaries)	£13,217
Total staffing costs	£122,189
Staff training	£550
Professional Services, Tri.x procedures, Independent Chair and SCR Authors	£35,201
Other	£1,347
Total Expenditure	£159,287

Appendix 4. Northumberland Context (March 2022)

- Population: 323,820
- Child Population: 58,801
- Clinical Commissioning Group: 1
- Police Force: 1
- CRC/NPS: 1
- GP Practices: 37
- Foundation Trust (Acute and Community): 2 plus inpatient children go to Newcastle
- Mental Health Trust: 1
- Ambulance Trust: 1

- Schools
- 167 (59 Academies including 1 Free School Academy)
 - First and Primary: 127 (38 Academies)
 - Incl. 1 Free School Academy)
 - Middle: 14 (7 Academies)
 - High School: 16 (12 Academies, incl. 1 all age)
 - Special School: 9 (2 Academies)
 - PRU: 1

- 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
- 52% of under 2s in targeted areas regularly visit a Children’s Centre
- 619 Early Help Plans
- 823 Child in Need Plans
- 396 CP Plans
- 415 Looked After Children



Northumberland County Council

COMMITTEE HEALTH AND WELLBEING BOARD

DATE: 12 January 2023

TITLE OF REPORT NORTH TYNESIDE AND NORTHUMBERLAND
SAFEGUARDING ADULTS BOARD ANNUAL REPORT
2021-22

Report of **Director of Adult Social Services**
Cabinet Member: **Councillor Wendy Pattison, Adult Wellbeing**

Purpose of report

To provide an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults during 2021/22.

Recommendations

Members to note the content of the North Tyneside and Northumberland Safeguarding Adults Annual report 2021/22.

Link to Corporate Plan

This report is relevant to the 'Living and Learning' priority included in the Northumberland County Council Corporate Plan 2021-24, and the commitment to supporting the most vulnerable in our society and helping people to live healthy lives.

Key issues

1. The attached Annual report describes the work of the North Tyneside and Northumberland Safeguarding Adults Board (SAB) during 2021/22, and provides information about operational safeguarding activity during the year. The report describes a range of improvements in safeguarding arrangements and details the work carried out during 2021-22 across all partner organisations, working together to improve safeguarding arrangements for vulnerable people.
2. Following on from the significant increases in safeguarding activity reported last year, in 2020/21 Northumberland continued to experience increases in safeguarding demand. Northumberland data shows a 38% increase in safeguarding concerns, and a 6% rise in safeguarding enquiries, compared to last year. The main location of abuse has again been within people's own homes, though there has been an increase in safeguarding reports related to Nursing or Care homes. In terms of local trends there has been a continued rise in domestic abuse, physical

abuse, and self-neglect.

3. A key focus for the SAB this year has been understanding the impact of the pandemic on local safeguarding activity. This has enabled the SAB to respond to changing safeguarding needs, identify lessons learnt, and has directly informed future planning and priorities. An example of this can be seen in some specific targeted work undertaken in response to the noted increase in self-neglect, as an impact of the pandemic. It is evident that some people have delayed requesting help or support and this means that their presenting needs are now at a higher level or are more acute. It is also clear that the pandemic has created additional layers of complexity for safeguarding practice, particularly in relation mental health, social isolation, and substance misuse. MASH (Multi-Agency Safeguarding Hub) arrangements have continued to provide effective multi-agency responses and holistic assessments of risk at the first point of contact, and a review of the MASH has recently been undertaken.
4. The report sets out the SAB's work in response to the 5 key strategic priorities in the SAB Annual Strategic Plan, which have been informed by local safeguarding data; experiences and feedback; partner self-assessments; and regional priorities. It also outlines some key highlights of the SAB's work during this year, which has included a focus upon a range of themes and awareness campaigns.
5. There have been no Safeguarding Adult Reviews (SARs) undertaken in Northumberland during this reporting year, however a number of new case referrals have been considered, and two learning reviews have commenced. Learning from previously completed local SARs and Learning Reviews have continued to be monitored, alongside findings from regional and national reviews.
6. This will be the final Annual report of the North Tyneside and Northumberland Safeguarding Adults Board. Following an independent review of the Board arrangements and subsequent consultation, a decision was reached that the time was right to separate the joint Board and develop place-based SABs in each Local Authority area. This will allow each area to align arrangements with other strategic boards, and to fully understand the holistic view of safeguarding and safety in their communities. In Northumberland, the Safeguarding Adult and Children's Boards became an integrated Partnership from April 2022. This builds upon examples of successful collaboration on some key areas of work, and further develops the 'Think family' model and approach to safeguarding across the life course.

Background

The County Council has strategic responsibility for overseeing multi-agency arrangements in its area for safeguarding adults at risk. This includes making enquiries and arrangements for investigating and where necessary acting on referrals alleging that 'adults at risk' are being abused or neglected. It also includes wider arrangements for ensuring that the safety, independence, and dignity of 'adults at risk' 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 adults at risk. 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 2021/22 under the Safeguarding Adults policy and procedures. It also provides statistical information about operational safeguarding activity.

Implications

Policy	This Annual Report meets the SAB statutory requirements set out in the Care Act 2014.
Finance and value for money	No direct implications
Legal	The Annual Report 2021-22 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 Social Care.
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. 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 Board Annual Report 2021-22

Report sign off.

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

Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Neil Bradley
Chief Executive	
Portfolio Holder(s)	Wendy Pattison

Author and Contact Details

On behalf of Paula Mead - NCASP Independent Safeguarding Scrutiny and Assurance Chair
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North Tyneside and Northumberland Safeguarding Adults Annual Report 2021-2022



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Foreword

by the North Tyneside & Northumberland Safeguarding Adults Board Independent Chair

This will be the final annual report of the North Tyneside and Northumberland Safeguarding Adults Board. It details the work carried out during 2021-22 across all partner organisations working together to improve safeguarding arrangements for vulnerable people.

Following consultation with partners, it was agreed that adopting a place-based model for safeguarding adults at risk from April 2022, would present both areas with opportunities for focussed, joined-up working of local partnerships. This report therefore clarifies our vision for the future.

The Safeguarding Adults Board has a core duty in accordance with the Care Act (2014) to publish an annual report detailing how effective work has been. Over the past year, the impact of Covid-19 on our community has continued to be significant. The evidence in this report demonstrates that partners have continued, despite increasing demand, to deliver safe services and have managed the associated risks. The partnership has continued its focus on the impact from the pandemic and the consequences of social isolation on safeguarding.

It is within this context that the partnership continued to focus on driving quality of frontline practice around protection, prevention, exploitation and safeguarding adults at risk. Independent challenge and scrutiny of data, audit and intelligence, including an ongoing focus on Making Safeguarding Personal, is analysed in this report, identifying the achievements but also the challenges.

I want to extend my gratitude to our partners who have provided the information collated within this report. The service pressures experienced by agencies, and particularly 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 this last year.



Paula Mead, Independent Chair

'As the Northumberland County Council Portfolio Member responsible for Safeguarding, I believe that looking after the welfare of children and vulnerable adults is absolutely vital.

As a Council we need to ensure everyone receives the best outcomes and are provided with safe and effective care. We need to ensure that our residents are supported and are provided with appropriate support and empowerment.'

Wendy Pattinson - County Councillor, Lead member for Adult Well-being, Northumberland County Council

'As the Lead Member for Adult Social Care in North Tyneside I am delighted to contribute to the work of the Safeguarding Adults Board. There can be nothing more important than ensuring that people with care and support needs receive appropriate, safe and effective care services. By working together robustly with our partners, we are ensuring that people are achieving their best outcomes'.

Anthony McMullen - Lead Member for Adult Social Care, North Tyneside Council

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.

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.



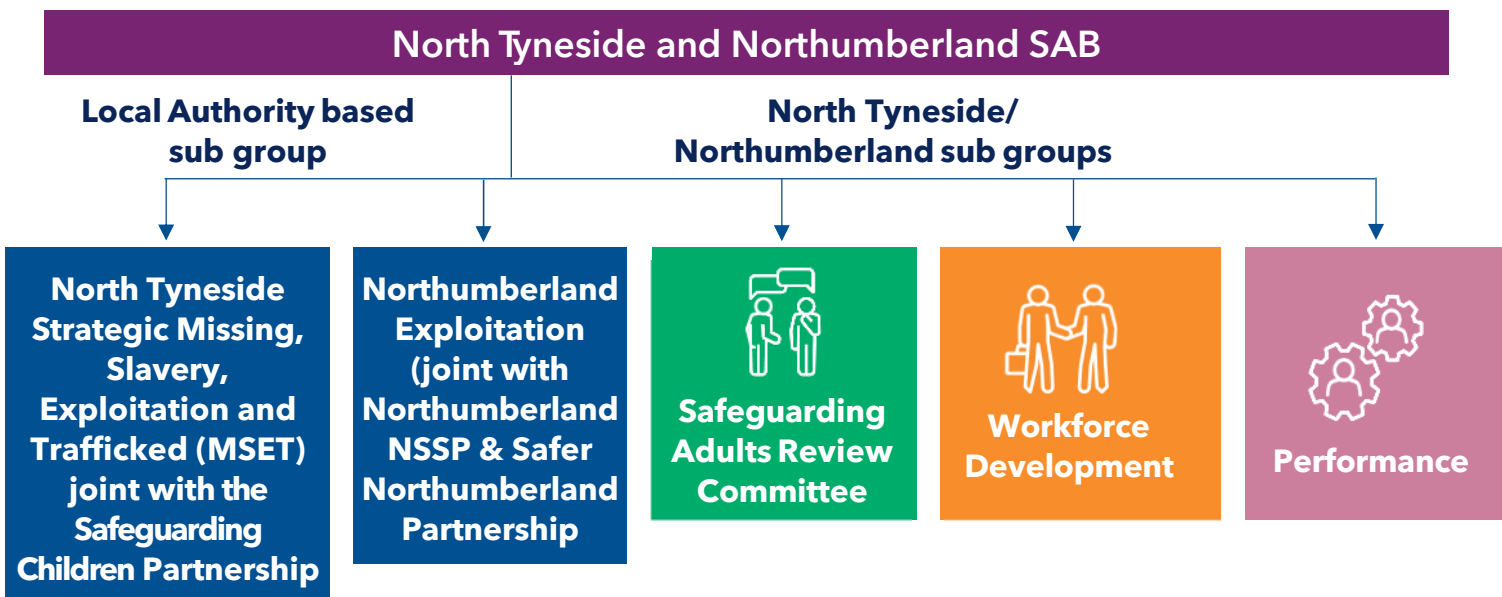
Publish an annual report detailing how effective their work has been.



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.



2. What the Board has achieved at a glance



3. What does our data tell us?

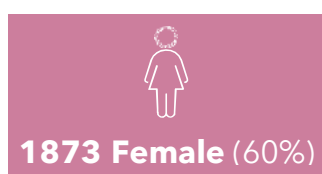
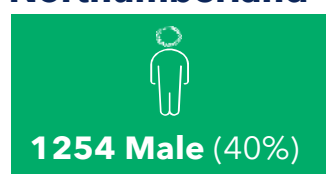
Throughout 2021-22 the SAB Performance subgroup have continued to monitor and analyse key trends and themes across partner agencies. This enables the SAB to understand any changes in demand, the impact of these changes, and the assurances required from partner agencies to ensure adults with care and support needs are safeguarded across the Partnership.

The role and work of the multi-agency Performance subgroup remains crucial to understanding changing demands and trends across the Partnership, and to informing future priorities. Following on from the significant increases in safeguarding activity reported last year, in 2020/21 North Tyneside and Northumberland continued to experience increases in safeguarding demand. North Tyneside has seen an 13% increase in safeguarding concerns being reported, and a 20% increase in Section 42 safeguarding enquiries undertaken. Similarly, Northumberland data shows a 38% increase in safeguarding concerns, and a 6% rise in enquiries, compared to last year.

The main location of abuse for both areas has again been within people’s own homes, though there has been an increase in safeguarding reports related to Nursing or Care homes. In terms of local trends both areas have continued to see rises in domestic abuse, physical abuse and self-neglect. North Tyneside have also seen noted increases in ‘neglect and acts of omission’.

During this year, some key Association of Directors of Adult Social Services/Local Government Association (ADASS/LGA) frameworks relating to safeguarding concerns and section 42 enquiries have been published.

Northumberland



Age

The purpose of these guidance documents was to support partner agencies to make appropriate safeguarding referrals; promote a consistent understanding of what constitutes a safeguarding concern; and ensure a consistent response is provided by Adult Social Care.

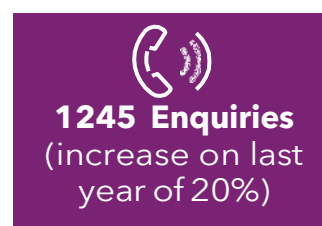
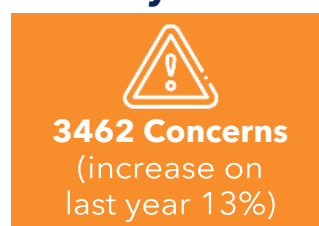
The SAB promoted awareness of these frameworks across partner agencies, and sought assurances about local guidelines defining and referring concerns against the core messages in the frameworks. The guidance has also prompted local analysis of safeguarding systems and recording.

Concerns/Enquiries:

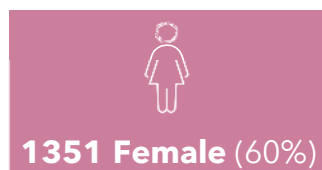
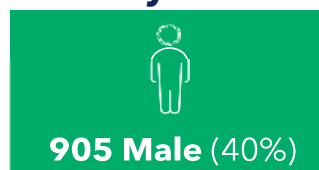
Northumberland



North Tyneside



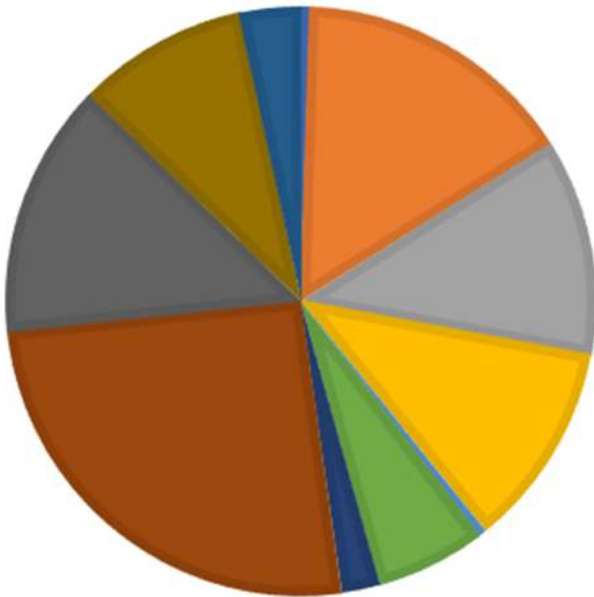
North Tyneside



	18-64	65-74	75-84	85-94	95+
Northumberland	1418 (45%)	371 (12%)	593 (19%)	637 (20%)	108 (3%)
North Tyneside	905 (40%)	294 (13%)	477 (21%)	478 (21%)	102 (5%)

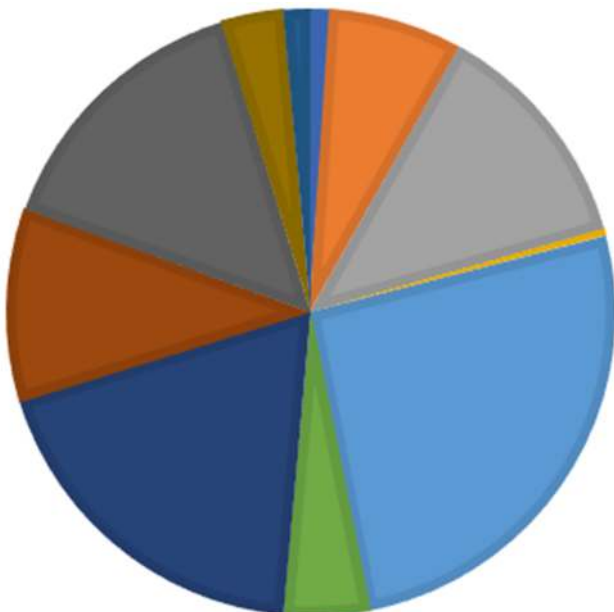
Types of Abuse:

Northumberland Percentage of total enquiries 2021/22



- **Discriminatory 0.5%**,
(50.0% change)
- **Domestic 15.6%**,
(36.1% change)
- **Emotional/Psychological 11.9%**
(-7.4% change)
- **Financial 11.3%**,
(18.3% change)
- **Modern Slavery 0.5%**,
(50.0% change)
- **Neglect 6.0%**
(-35.6% change)
- **Organisational 2.1%**
(-27.8% change)
- **Physical 25.6%**,
(-3.6% change)
- **Self Neglect 14.0%**,
(76% change)
- **Sexual 9.4%**,
(20.4% change)
- **Sexual Exploitation 3.3%**,
(-34.4% change)

North Tyneside Percentage of total enquiries 2021/22



- **Discriminatory 1.03%**,
(6.25% change)
- **Domestic 7.08%**,
(-8.66% change)
- **Emotional/Psychological 10.26%**
(-9.18% change)
- **Financial 12.46%**,
(-17.40% change)
- **Modern Slavery 0.36%**,
(-25.00% change)
- **Neglect 25.96%**
(55.10% change)
- **Organisational 4.52%**
(146.67% change)
- **Physical 18.81%**,
(17.11% change)
- **Self Neglect 14.78%**,
(39.88% change)
- **Sexual 3.29%**,
(3.84% change)
- **Sexual Exploitation 1.40%**,
(-54.00% change)

Location of abuse:

Northumberland



69% of concluded enquiries were about abuse in people's own home



11% of concluded enquiries were about abuse in Nursing or Care homes

North Tyneside



52% of concluded enquiries were about abuse in people's own home



30% of concluded enquiries were about abuse in Nursing or Care homes

Risk identified/ceased at individuals request:

Northumberland



91% of enquiries had risk identified and action taken



3% of enquiries ceased at individual's request

North Tyneside



78% of enquiries had risk identified and action taken



4% of enquiries ceased at individual's request

Source of risk:

Northumberland



85% of enquiries involved a source of risk known to the individual (**97%** including service providers)

North Tyneside



58% of enquiries involved a source of risk known to the individual (**88%** including service providers)

Covid Insights

During this reporting year, the Performance subgroup have continued to benchmark and analyse National and local Covid Insights reports, which have assisted in understanding the impact of the pandemic on local safeguarding activity. This has enabled the SAB to respond to changing safeguarding needs, identify lessons learnt, and has directly informed future planning and priorities. An example of this can be seen in some specific targeted work undertaken in response to the noted increase in self-neglect, as an impact of the pandemic.

Regional Self-Neglect Campaign

Locally and regionally Covid-19 and the associated restrictions have been seen to impact upon the increasing number and complexity of safeguarding concerns reported involving self-neglect. Reduced face-to-face contact with people (and access to their homes), as well as an increased reluctance for people to access support and services, are thought to be contributory factors to this. Increases in the volume of safeguarding concerns, has also been accompanied by a high number of referrals relating to self-neglect considered by Safeguarding Adults Review (SAR) subgroups across the region.

Research and local experience highlight that many aspects of self-neglect work are particularly challenging for front-line workers as a result of: divergent agency thresholds for triggering concern and involvement; competing value perspectives; care management workflow arrangements; and unclear legal frameworks. The same research highlights those managers and practitioners have emphasised the need for increased knowledge about self-neglect and the skills for effective intervention. Each local SAB area has guidance in place on identifying and responding to self-neglect, but recent local SARs have highlighted that this guidance is not always used by staff and in some cases, there is a lack of awareness of it.



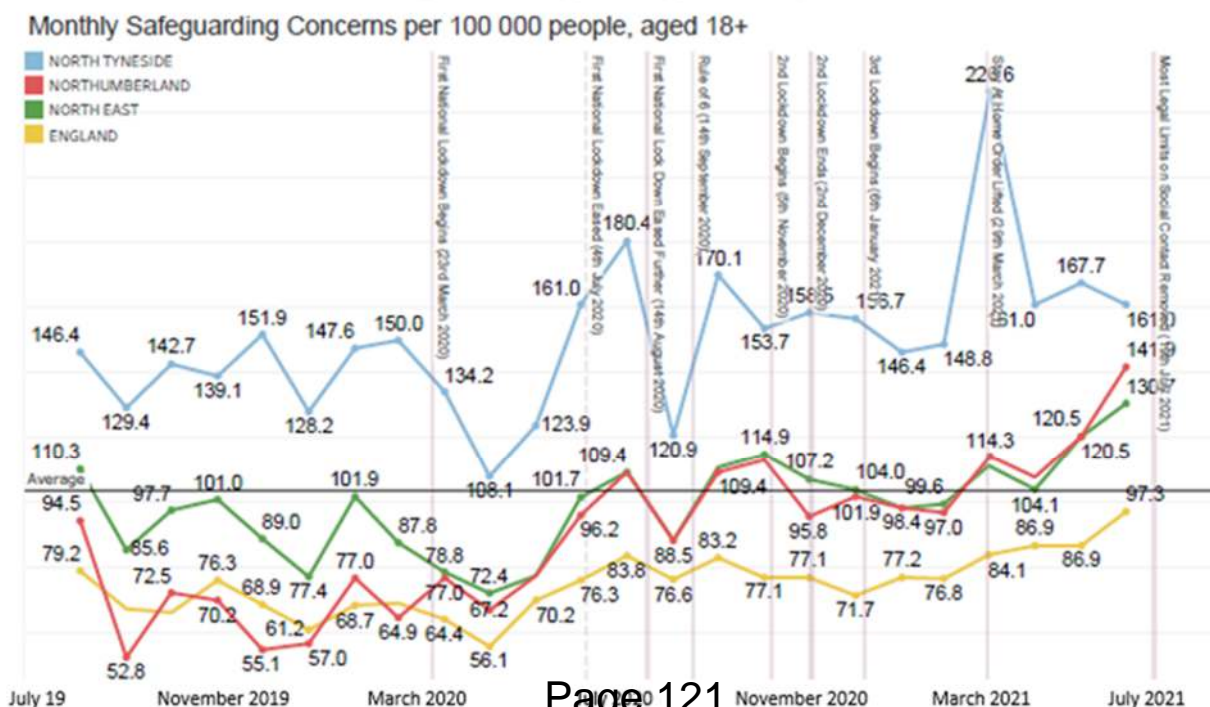
In response, members of the North East Safeguarding Adults Leads network have developed a series of seven 7-minute briefings aimed at professionals outlining all aspects of self-neglect, which will form part of toolkit to support and enhance local self-neglect guidance. These 7-minute guides have been launched and promoted across the SAB during this year. To support a regional campaign to raise awareness of self-neglect amongst the general public, a self-neglect animation has also been produced which will be launched next year at a regional awareness raising event.



In December 2021, a highlight report was presented to the SAB providing a summary of the key messages gained from the National Covid Insight Project. Generally local safeguarding concerns have continued to show a long-term upward trend, tending to decrease during periods of Covid restrictions followed by a sharp increase once those restrictions were lifted. This activity is in line with national trends, demonstrated in the **graph below**. Of note, benchmarking data has highlighted that Northumberland reports a lower level of Section 42 Safeguarding enquiries, compared to other Local Authorities in the North-East and also nationally. Both the regional and national data show variation between local authorities on a scale which is unlikely to reflect differences in the actual level of risks of abuse or neglect, and more probably indicates that the statutory framework is being interpreted in differing ways.

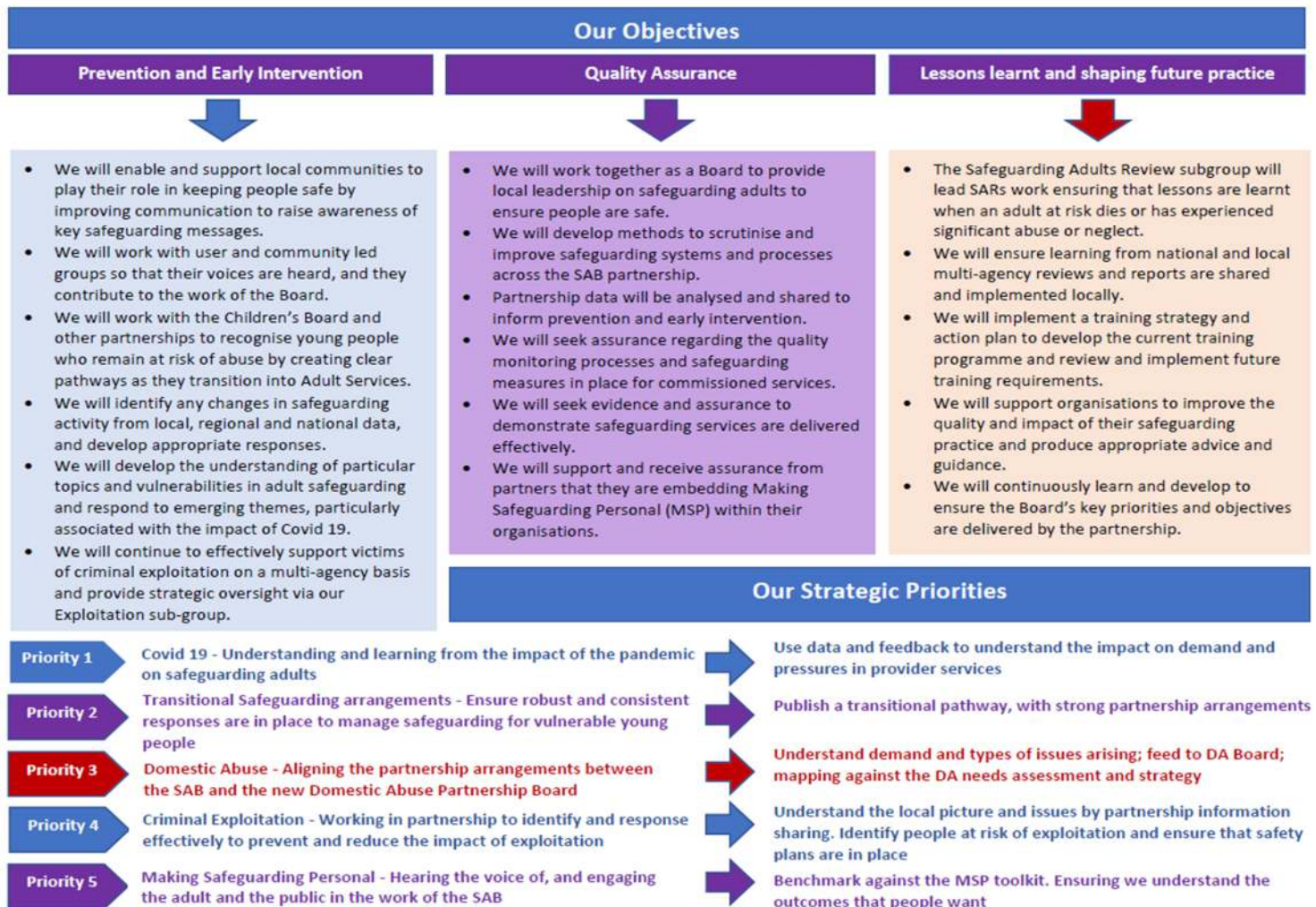
The relatively low rate at which concerns raised have become recorded as Section 42 enquiries in Northumberland is not new, and continues the pattern before the pandemic. Further analysis of this data has been undertaken, and a report has been provided to the SAB detailing the findings. No issues related to safeguarding decisions and practice have been highlighted in quarterly audits, however there is a need to review current recording systems and processes, to ensure that the reasons for differences from other areas are fully understood, and that recording is in line with best practice. Moving forward, Northumberland will continue to undertake quarterly audits of safeguarding concerns and conversion rates, monitored by the Performance subgroup, and will implement any required recording and system changes. The impact of any changes will be examined in future performance data reports.

COVID-19 Adult Safeguarding Insight Project



4. Strategic Priorities 2021-22

The SAB has produced a 3-year strategic plan for 2021-24, which has been informed by local Safeguarding data and themes, partner assessments and assurances, and local and national learning. This is underpinned by a work plan which is updated annually.



The full Strategic plan can be found on the Safeguarding Adults pages at;

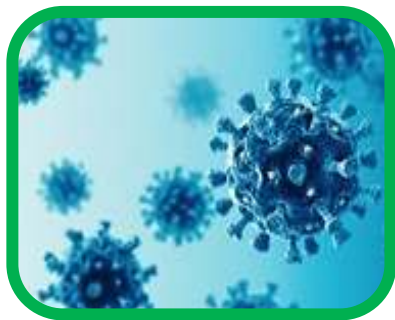
Northumberland Safeguarding Adults -

<https://www.northumberland.gov.uk/Care/Support/Safeguarding.aspx>

North Tyneside Safeguarding Adults -

<https://my.northtyneside.gov.uk/category/1033/safeguarding-adults>

The SAB agreed to focus on 5 key strategic priorities:



Covid-19

Understanding the learning from the impact of the global pandemic on Safeguarding Adults



Transitional Safeguarding Arrangements

Ensure robust and consistent responses are in place to manage safeguarding for vulnerable young people. This continues to be a local and national theme.



Domestic Abuse

Aligning the partnership arrangements between the SAB and the new Domestic Abuse Partnership Boards



Criminal Exploitation

Including County Lines, Sexual Exploitation, Cuckooing, Hate Crime and Criminal Gangs. This continues to be a local and national theme



Making Safeguarding Personal

Focus upon hearing the voice of, and engaging the adult and the public in the work of the SAB.

Priority 1 Impact of Covid-19

All services have been impacted by the Covid-19 pandemic and safeguarding adults is no exception. During the last two years it is evident that some people have delayed requesting help or support and this means that their presenting needs are now at a higher level or are more acute. We have seen significant increases in self-neglect in both areas, impacted by the effects of social isolation, inability to access routine appointments, and reduction in face-to-face contact from professionals.

Services have also seen an increase in domestic abuse and issues in provider services. Provider services have experienced recruitment difficulties which alongside the need for staff to take time off for covid related illness and self-isolation has led to critical staffing levels. Consequently, there has been an over-reliance on agency staff in the context of increased demand, as hospitals were pressured to achieve high levels of discharges.

As evidenced in the performance data already outlined, both areas have experienced surges in safeguarding demand and activity directly linked to Covid restrictions, in the context of a general upward trend in safeguarding concerns. It is also evident that the pandemic has created additional layers of complexity for safeguarding practice, particularly in relation to mental health and substance misuse issues.

These additional challenges to services have required both areas to develop innovative and responsive services to manage the increase in volume and complexity, and ensure adults with care and support needs are appropriately safeguarded. In Northumberland, staffing has been increased, and Police notifications are dealt with twice daily to manage the volume of activity. Further work with

partners in relation to access to the MASH system has led to better recording of research, therefore saving valuable time. Concerns relating to organisational safeguarding have increased, and weekly meetings are being held to proactively work with care homes. In North Tyneside the increase in activity has continued to be managed across Social Work Teams with the support of the Safeguarding Adults team, chairing complex, and organisational safeguarding meetings. North Tyneside have noted the need to ensure they are capturing the individual's voice and demonstrating that their safeguarding experience is person-centred, and intend to use Healthwatch to support this work.

MASH (Multi-Agency Safeguarding Hub) arrangements in both areas have continued to provide effective multi-agency responses and holistic assessments of risk at the first point of contact. In Northumberland, a review of the MASH has recently been undertaken. A number of areas for improvement were identified for both Adult and Children's Services, in particular focusing on the use of strategy discussions within the MASH. This is now in place within the MASH timescales, and prevents any delay in safeguarding actions and responses. Partner agencies have been returning into the MASH throughout 2021-22, though Police, Adult Safeguarding, Children's Services and CNTW have sustained a continued presence. Referrals into the MASH continue to increase and there has been a noted change in complexity since Covid restrictions were lifted. In North Tyneside it is a similar picture with an increase in referrals and in the number of cases with co-morbidity issues including mental health and substance abuse. Adult Social Care remained office based during Covid and the majority of the MASH discussions took place with partners via teams. Since the restrictions were lifted, partners have returned to the office.



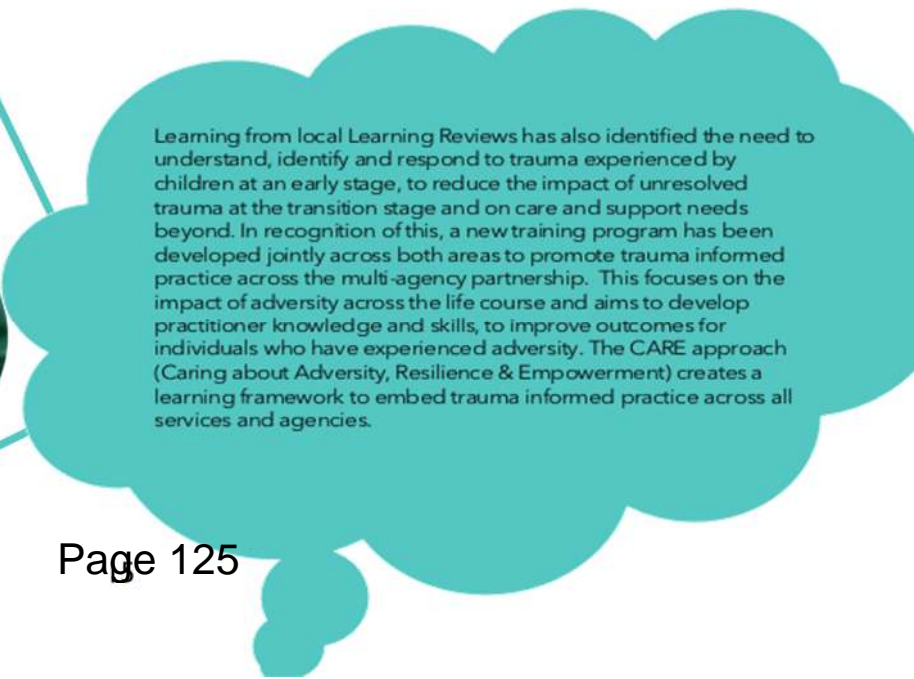
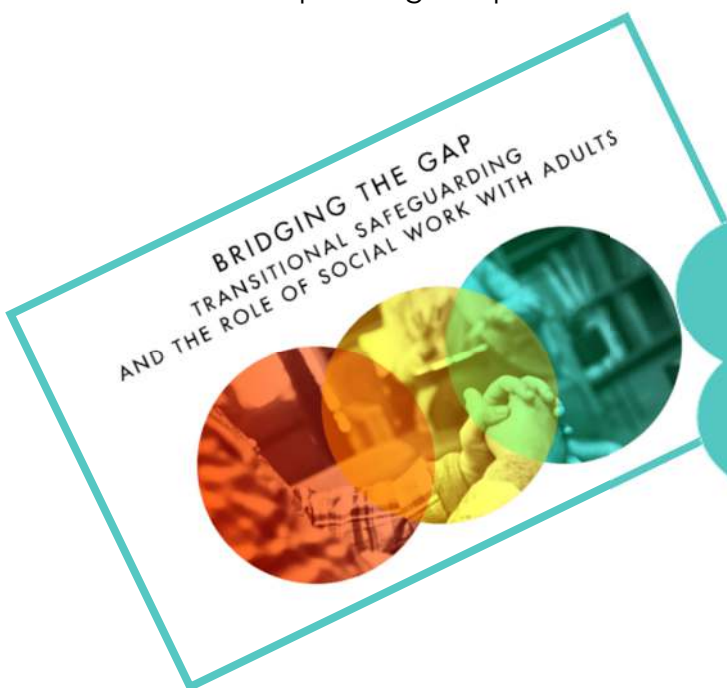
Priority 2 Transitional Safeguarding arrangements

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 who recognise that harm is likely to continue post 18, and that victims are targeted due to their vulnerability irrespective of age. Learning from national reviews, and also some local Learning Reviews in Northumberland, have highlighted the importance of early transitional planning to avoid young adults facing a 'cliff edge' and often significant harms, at the point of transition from children to adult services and agencies.

Last year we reported the SAB valuable input from Steve Baguley (National Working Group network) who presented the key principles of transitional safeguarding to the SAB, including national examples of good practice.

This presentation was instrumental in driving forward this work in both areas at a strategic and practice level. This year saw the national publication of 'Bridging the Gap', which explored the role of social work with adults in Transitional Safeguarding, drawing on good practice, research and knowledge from other areas. The key messages from this guidance have been presented to the SAB who considered the implications in the context of local needs, challenges and good practice. and oversight of Strategic leadership and oversight of Transitional Safeguarding activity continues to be a key priority for the SAB, which includes a focus upon local multi-agency safeguarding systems across services for children's and adults.



Learning from local Learning Reviews has also identified the need to understand, identify and respond to trauma experienced by children at an early stage, to reduce the impact of unresolved trauma at the transition stage and on care and support needs beyond. In recognition of this, a new training program has been developed jointly across both areas to promote trauma informed practice across the multi-agency partnership. This focuses on the impact of adversity across the life course and aims to develop practitioner knowledge and skills, to improve outcomes for individuals who have experienced adversity. The CARE approach (Caring about Adversity, Resilience & Empowerment) creates a learning framework to embed trauma informed practice across all services and agencies.

North Tyneside:

Within North Tyneside work has been ongoing looking at improving transitions from children to adults' services. This work has included a review prompted by the identification of a gap in transition planning for children and young people who do not meet criteria for the Whole Life Disability Service. Both children and adult services agreed that improvements are required for all young people moving into adulthood and adult care services, as such a transition improvement review has been established. The purpose of the review is to ensure that the experience of young people and their families in transition from children to adult services is positive and seamless, and that service delivery is value for money and compliant with legislation and guidance. Several areas for improvement were identified Following the review, a Transition Advisory Group (TAG) was developed. The purpose of the TAG is to provide assurance that a co-ordinated and integrated approach is in place across children and adult services for transition planning for children and young people as they move into adulthood. The group brings together professionals with responsibility for commissioning / procuring, delivering services and care planning for young people who require statutory service in adulthood. The TAG is in early stages of development and will be reviewed in November 2022.

Alongside the work of the TAG, a Transitional Safeguarding Pathway is in development with plans to establish a multiagency panel for complex and high-risk cases which do not have traditional care and support needs. Children's and adult services have shared training opportunities throughout the year undertaking Caring about Adversity, Resilience & Empowerment training (CARE), CPVA Training, and communications and a 7-minute guide have been shared regarding the 'Think Family' Approach.



Northumberland:

In Northumberland there has been continued progress and learning in relation to transitions, building on the Transitions policy and panels introduced last year. This operational framework provides early opportunities to identify the most appropriate pathway for a young person, facilitate joint working, ensure appropriate referrals and signposting take place in a timely manner, and reduce safeguarding risks.

The Transitional Safeguarding Protocol also introduced last year, has been recently reviewed, and work continues to ensure this is embedded across all teams. Collaborative approaches and joint working initiatives between the Northumberland Adolescent Service and Adult Social Care have continued to develop, which has been evidenced in some improved outcomes for individual young people. This work has been recognised and showcased at the National Leaving Care Benchmarking forum.

Shared culture, vision, common language and understanding of roles and responsibilities	Prevention and person centred approach focusing on positive outcomes	Professional curiosity, MSP, family approach, strengths based, ACES and trauma informed	Clear understanding and application of MCA for people 16+ and positive risk taking
Exploring non engagement and repeating patterns	Understanding person's history - impact of trauma and adverse experiences	Legal literacy to ensure all legal options and remedies explored	Effective and collaborative and multi-disciplinary team around the person
Timely and appropriate information sharing – referrals clearly stating what requested	Multi-agency training and learning from serious cases	Collaborative and multi-agency needs and risk assessment and planning	Understanding communication and language of the young person

Building upon existing joint training opportunities relating to exploitation, adversity awareness, child to parent violence and abuse, and mental capacity, this year Transitional Safeguarding workshops have been introduced for children's and adult staff across all agencies. These workshops explore both the local and national learning context, the respective roles and responsibilities of children's and adults' practitioners, and a model of good practice for transitions.

To support and evidence the importance of this work, a local audit has been undertaken of safeguarding referrals for individuals aged 18-25. Research and learning from reviews have indicated that unresolved trauma can increase risks later in adulthood, and not responding appropriately in early adulthood can mean young people experience more difficulties and increased risks later in life.

This was supported by the audit outcomes which found that a high proportion of individuals aged 18-24, who had been subject to a Section 42 enquiry had previous children services involvement. Further exploration of a sample of these referrals, identified the importance of co-working and considering trauma in both children and adult assessments, and also the challenges associated with consent, and different information systems.

The findings from this audit have directly informed the development of the transitions workshops to promote greater understanding and working arrangements across Children's and Adults workforces. Moving forward, there will be a focus upon promoting these workshops across all agencies, and continuing to embed the Transitional Safeguarding protocol locally.



Priority 3 Domestic Abuse

Domestic Abuse Partnership Boards

In the Spring of 2021 both Northumberland and North Tyneside reviewed their partnership arrangements for domestic abuse and established new strategic Domestic Abuse Partnership Boards, chaired by the Service Director for Children's Social Care in Northumberland and the Director for Public Health in North Tyneside.

The Boards are responsible for supporting their Local Authority in meeting its duties under the new Domestic Abuse Act 2021 and ensuring victims of domestic abuse have access to adequate and appropriate support to improve outcomes for victim/survivors, including their children, through a strategic approach to identifying and addressing gaps in support.

Following a refresh of the DA needs assessment in both areas the DA Boards published their Domestic Abuse (DA) Strategies 2021-2024 informing the recommissioning of domestic abuse services in both areas from 1 April 2022, to ensure support is available when needed for victims, survivors, their children and those causing harm who are acknowledging the need to change their behaviour.

Impact of Covid 19

As reflected in the Performance data, the DA service providers have noted that 2021-22 has presented ongoing challenges as they continued to deal with the consequences of the Covid-19 pandemic. However, they have also identified that there have been opportunities to build on the learning from the pandemic, to offer individuals more options for how they interact with services.

DA service providers report that individuals are presenting with ever more complex needs, perhaps due to strained capacity across other services, which results in

challenges with engagement, service user retention and successful outcomes. Working with the DA Leads, Commissioning teams and the DA Boards in each of the areas they are reviewing approaches in response to this.

In last year's Annual report (2020-21) our local data evidenced significant increases in domestic abuse across both authorities, a 46% increase in section 42 enquiries in North Tyneside and 128% in Northumberland (2020-2021). This year we have continued to see increases, but not to the same extent.



Northumbria Police have also reported a 1.2% force wide decrease in all domestic abuse incidents when comparing 2020/21 and 2021/22. Incidents are lower than last year but remain higher than 2019 (+3%). The proportion of incidents that involve a partner/ex-partner remains at 77% force wide for 2021/22.

White Ribbon Day

Building on the success of our regional approach to Domestic Abuse training, in November 2021 both Northumberland County Council and North Tyneside Council were successful in their applications for White Ribbon accreditation, and a joint workshop was held for Champions and Ambassadors. Both areas have agreed their own three-year action plan aiming to end violence against women that includes a communication strategy in both areas to raise awareness across the areas of the support available. With Newcastle also achieving White Ribbon accreditation in November 2021 the three local authorities have worked together on several North of Tyne initiatives to achieve greater impact with awareness raising.

In October and November 2022, the White Ribbon Steering groups will review the progress made in the first year and priorities for the year ahead.

Child to Parent Violence and Abuse

As reported in last year's report both North Tyneside and Northumberland have developed a Child to Parent Violence and Abuse (CPVA) pathway agreed jointly by Children's and Adults Social Care, and supported by a CPVA training strategy. The steering groups in both areas continue to meet quarterly, and the partnership remains committed to raising awareness and embedding a coordinated approach in response to CPVA.



Priority 4 Criminal Exploitation

During this reporting year Northumbria Police coordinated a review of the regional Multi-agency Exploitation hub, and a revised model was launched in November 2021.

The purpose of the hub is to provide a multi-agency response to victims of exploitation, with agencies working collaboratively and innovatively to prevent sexual and criminal exploitation and protect those at risk. Both North Tyneside and Northumberland Local Authorities contribute to and support the work of the regional hub, which oversees, reviews and coordinates activity across statutory and non-statutory partners to safeguard victims of all forms of exploitation.

This regional approach to tackling exploitation is strengthened further by Northumbria Police providing consistent chairing arrangements for all 6 Strategic Exploitation subgroups which focus on all age exploitation, learning from practice and improving collaboration across partnerships.

Following on from the Missing Adults protocol feature in last year's Annual report, a regional and collaborative approach to missing adults with Northumbria Police, has continued across the region. The Northumbria Missing Adults protocol has also been updated to ensure that it is reflective of the National Missing Adults framework.

This work has been further extended by Police Missing from Home Coordinators sharing information locally with Adult Social Care, about the adults that most frequently go missing. This ensures appropriate care and support is in place, supports a preventative and holistic view of their missing needs, and addresses any underlying vulnerabilities which are linked to missing episodes.

Gaining a multi-agency view of exploitation across both areas is a key priority for the SAB. This year the Performance group has continued to work with partner agencies to identify relevant data to inform a local understanding of exploitation.

Both LAs are linked to the regional multi-agency exploitation hub, which provides opportunities to cross reference police and LA data, to better understand the wider exploitation profile.

According to current data, concluded section 42 enquiries involving criminal exploitation fell by 50% in North Tyneside compared to the previous year, and fell by 29% in Northumberland.

The relevant abuse types currently monitored and reported on include Modern Slavery, Sexual Exploitation, and Human Trafficking, and developing this data continues to be a focus for both LA's.

Northumberland have adopted a new way of recording types of abuse against Adult Concern Notifications (Safeguarding Concerns) providing a deeper understanding of patterns and themes.

North Tyneside have also reviewed how this type of abuse is recorded and more information about how is being developed will be available in 2022-23.

Capturing multi-agency data to inform local profiling continues to be a priority for both areas moving forward. In line with Board priorities, a multi-agency Adult Safeguarding training programme has continued to be offered across both areas.

This year, this has included the development of extended Criminal Exploitation workshops and a Countywide event in Northumberland for the retail, hospitality and voluntary services sector.

This was delivered in collaboration with Changing Lives and the Gangmasters Labour Abuse Authority to raise awareness of criminal exploitation in the wider community.

North Tyneside:

In order to better understand the picture of exploitation in North Tyneside, a subgroup of the SAB was set up this year. Strategic Missing, Slavery, Exploited, Trafficked (MSET) was originally set up in North Tyneside as a subgroup of the Children's Partnership to oversee at a strategic level, concerns related to children who were missing and at risk of slavery, trafficking and exploitation. It was recognised that the Strategic MSET should also cover adults and the subgroup became a joint group which reports into both the adults and children's safeguarding Partnerships.

The key areas of focus for the Strategic MSET delivery plan are:

- Preventing Exploitation- This work includes developing a multi-agency understanding of data and intelligence held within agencies which would contribute to the picture of exploitation within North Tyneside, ensuring front line practitioners are effectively trained to understand their response to exploitation, raising levels of community engagement and awareness.
- Protecting Victims of Exploitation - This work includes ensuring specialist services and pathways are in place to support exploited victims, working with families of exploited victims
- Pursuing Perpetrators of Exploitation- By developing pathways for sharing of intelligence around locations and perpetrators of harm, focussing on disruption and prosecution opportunities.

Over the first year of this joint group, we have increased representation across adults and community safety members to ensure a whole systems approach to exploitation, we have shared regional and national learning about good practice and areas for improvement from inspections and statutory safeguarding reviews and we have had guest speakers from other areas and third sectors sharing their expertise with the group



Northumberland:

The Strategic Exploitation subgroup has continued to drive the exploitation agenda and all-age response in Northumberland, and is a joint subgroup with the Children's Safeguarding and Community Safety Partnerships. During this year, membership of the group, the Exploitation Strategy and the multi-agency delivery plan have all been reviewed and updated.

The delivery plan continues to focus upon community engagement and awareness support and responses to victims, training, and wider disruption activity.

There is a continued focus also on data sharing across agencies, to assist with identifying emerging threats and areas of concern in the locality.

Learning from previous reviews has highlighted a number of exploitation themes which have also been incorporated in the delivery plan, such as Transitional Safeguarding and the impact of adversity on the health and wellbeing of both children and adults.

Last year we reported on the multi-agency and collaborative response to Operation Eclipse, a Police operation undertaken to tackle County Lines activity in a community in Northumberland.

Since this time, there has been increased awareness raising of criminal exploitation and the associated risks to vulnerable adults. To support this, learning from the success of Operation Eclipse in Northumberland, has been shared with all Strategic Exploitation groups across the Northumbria Police footprint.

Some highlights from the work undertaken by the Exploitation subgroup this year include awareness raising of the NRM, Transitional Safeguarding briefings and further promotion of the Northumbria Missing Adults protocol.

A number of local deep dives have been undertaken in relation to missing data, to identify any themes and to maximise the safeguarding response. There has also been a presentation in relation to the Exploitation hub, and the use of the vulnerability tracker to map exploitation. Introducing Exploitation champions in all agencies is being considered, and this is being taken forward as part of the delivery plan. The group has continued to develop their links with the Violence Reduction Unit (VRU), and has also supported Changing Lives in the implementation of their Stage toolkit for adult victims of sexual exploitation.

Of particular note, Northumberland has continued to receive consistent support from the Changing Lives Liberty Project, both operationally and strategically.

The project has provided not only valuable support and safeguarding to individual victims, but also a range of support and resources to partners to identify modern day slavery (MDS), and a regional insight into (MDS) activity.



Priority 5 Making Safeguarding Personal

Making Safeguarding Personal (MSP) continues to be a key priority for the SAB and is central to the strategic planning and subgroup activity. The SAB recognises the important role it plays in developing a safeguarding culture that puts individuals at the heart of operational and strategic decision making.

There is a continued commitment to work together to achieve person-led and strengths based frontline practice, across all agencies. All partners are expected to report their work and to provide evidence and assurance of their progress.

As a SAB we continually review how we capture MSP and engage individuals in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life. Our data tells us that in Northumberland **85%** of adults or their representatives were asked for their desired outcomes, and of those who expressed their outcomes, **98%** were fully or partially met.

In North Tyneside, **77%** were asked for their desired outcomes, and of those outcomes expressed, **94%** were met fully or partially. These are the highest rates recorded across the region. The principles of MSP continue to be embedded across our range of safeguarding training programmes.

During this year, a SAB development session was held which focused upon showcasing the LGA/ADASS MSP toolkit and resources, to support partner agencies to embed MSP and improve safeguarding practice. The range of tools and practice-based case examples have also been used to develop local training resources for staff.

In Northumberland a webinar for Adults Social Care staff has been produced to signpost practitioners to the resources, and is available to access at any time. MSP briefings have also been delivered at Social Work and Care Manager forums.

One area that requires further development in the next year, as identified by the previous review of our SAB arrangements, is a focus upon involving and hearing the voices of people who use services in the work of the Boards.

There is a need to ensure both new Partnership arrangements understand the reality for those with lived experience and frontline staff, and focus upon qualitative reporting on outcomes as well as quantitative measures.

Within North Tyneside Adult Social Care, plans are in place to seek direct feedback following safeguarding interventions via Health Watch. This will be reported on next year, including any actions taken based on the feedback

In 2021/22:

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



5. SAB Highlights 2021-2022

June 2021

- Transitional Safeguarding/Bridging the gap presentation
- Endorsement of Northumberland Transitional Safeguarding protocol
- NICE Guidelines 'Safeguarding in Care Homes' – CCG Assurances presented
- Closed Cultures Assurances
- Covid SAB Risk Register signed off presentation
- North Tyneside launched Falls Safeguarding Policy



October 2021

- Launch of 'Tricky Friends' animation

November 2021

- National Safeguarding Week promotions and activities



March 2022

- Northumberland S42 Safeguarding Data Audit findings and report
- New Board models outlined
- LGA Carers & Safeguarding: A briefing for people who work with carers presented
- Northumberland Falls Guidance launched for Care Providers
- Northumberland Revised Safeguarding Adults Policy & Procedures launch



April 2021 - SAB Development Session

- Safeguarding Vulnerable Dependent Drinkers briefing
- MSP toolkit / resources explored in detail
- LGA/ADASS Safeguarding Concerns and S42 Enquiries frameworks and local implications considered



September 2021

- Northumbria Police – Diversity, Equality, and Inclusivity Strategy
- National SAR Analysis - SARC benchmarking/assurance findings and action plan
- North East SAR Quality Markers quick guide launch
- NHCFT/CCG Diabetes Management plan/pathway launch
- Regional Public Health update – Mental Health post Covid
- Northumberland 7-minute briefings published - Language, CPVA, Professional Curiosity
- Safeguarding Vulnerable Drinkers Project – Final guidance/report presented



December 2021

- Domestic Abuse Partnership Boards updates
- Local Mental Health Post Covid updates
- Future Board models proposals
- Northumbria Police – Multi-Agency Victim Hub update
- Local Covid Insights report analysis
- LGA/ADASS updated Adult Safeguarding and Homelessness Briefing

Some Key Highlights 2021-2022

Organisational Safeguarding - Impact of Covid

Clearly the impact of Covid-19 on all of our partners agencies and services has been significant, particularly for our residential and nursing care homes. As a SAB we were very mindful about creating a supportive environment for all of our partners, and the staff who work with and support vulnerable individuals within our communities. This is balanced with an awareness of the risks associated with closed environments, i.e., those settings which have been closed to visitors and professionals during the pandemic.

During this reporting year ADASS published guidance identifying the risks associated with the pandemic and closed environments, as did CQC for care providers, and it highlighted the need for SABs to seek assurance in relation to the monitoring of care settings. The SAB recognised that there were already a number of systems and forums in place to facilitate information sharing between professionals and agencies but took the opportunity to assure itself of local safeguarding arrangements and identify any additional measures that may be required. The SAB sought assurance from Commissioners (social care and health) and CQC that there was a robust awareness of issues that relate to closed environments, and the potential indicators and warning signs, including awareness of recently published NICE guidelines '*Safeguarding Adults in Care Homes*'.

In addition, regional benchmarking identified variation in practice, thresholds and decision making relating to organisational abuse and the need for national guidance has been highlighted to the national safeguarding network to improve consistency. To support this work a regional task and finish group has been established to undertake some regional benchmarking related to organisational abuse and both Northumberland and North Tyneside are involved in progressing this work.



Awareness Campaigns - National Safeguarding Week

In November, in collaboration with the Ann Craft Trust, North Tyneside and Northumberland joined a national conversation in raising awareness of National Safeguarding Adults Week. The aim of Safeguarding Adults Week is to work together in raising awareness, increase community confidence in reporting concerns, and support the workforce in developing their understanding of complex safeguarding issues.



In support of this week, the SAB developed a padlet platform to raise public awareness of a range of information including Safeguarding Adults week; What is Safeguarding; the work of the SAB; and Domestic Abuse.

SAB Safeguarding Adults week 2021 padlet



The SAB also produced, shared and promoted a 'Partner resource pack' which included a variety of resources, factsheets, communications and social media links relating to the local themes of the week: Domestic abuse; Self-neglect; Financial abuse and Scams; Criminal Exploitation; and Transitional Safeguarding.

A number of SAB partners also undertook activities and events to promote key safeguarding messages across both areas. Northumbria Healthcare Foundation Trust (NHCFT) delivered a number of awareness sessions relating to key safeguarding themes including Transitional Safeguarding, Learning Disabilities, Domestic abuse and Self-neglect.



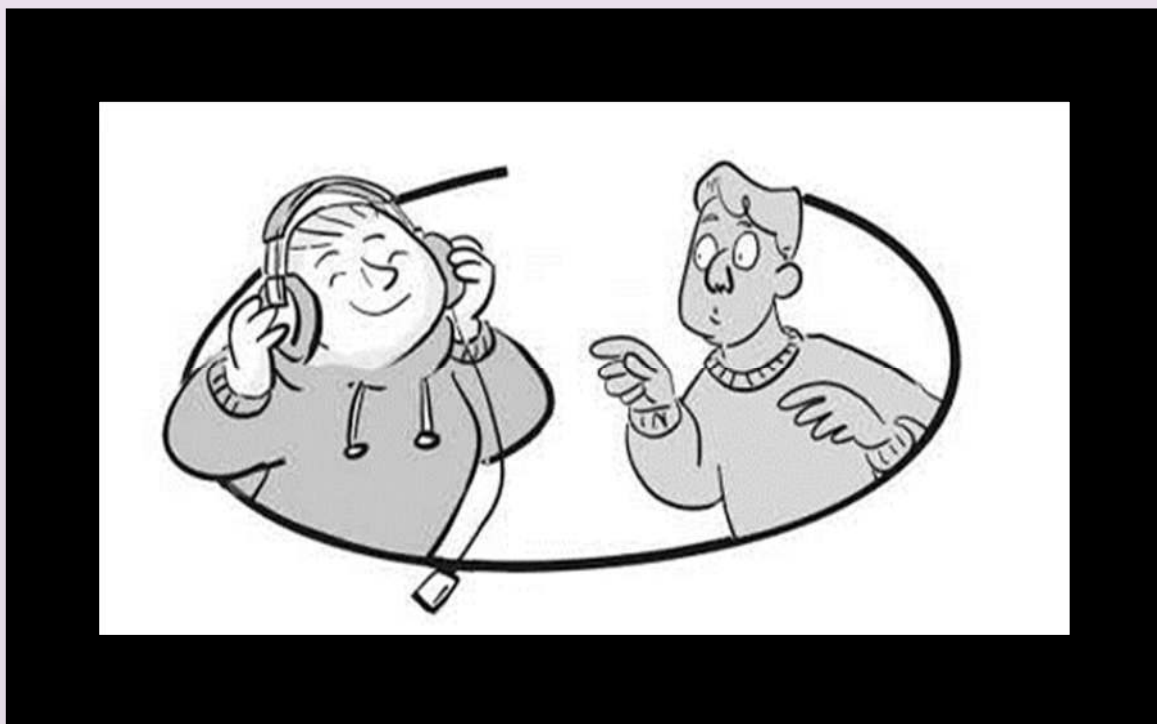
Northumbria Police also supported Safeguarding Adults week across the regional footprint, in particular promoting the Missing Adults Protocol and associated Winnie and Herbert protocols. A range of National County Lines Coordination Centre (NCLCC) resources were also circulation relating to Modern Slavery, Cuckooing and the NRM.

Awareness Campaigns - Tricky Friends Animation

In October 2021 the SAB launched their 'Tricky Friends' animation across both areas. This is a short animation originally developed by Norfolk Safeguarding Adults Board, with the aim of supporting people with learning disabilities and autism, to understand what good friendships are, when they might be harmful, and what they can do to seek help. As a SAB, we know there are some people who may be more vulnerable to exploitation, and may be less able to recognise the intentions of others. The animation can be used by carers, family, professionals and organisations, to help raise awareness, start conversations, and keep people safe whilst maintaining positive relationships. This has been promoted widely across the Partnership, included in training, and is available on both websites:

['Tricky Friends' - Northumberland Safeguarding Adults](#)

['Tricky Friends' - North Tyneside Safeguarding Adults](#)



6. 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.

Learning and Reviews

There have been no SARs undertaken by North Tyneside and Northumberland SAB during 2021-22. However, the SARC considered 5 new case referrals and has continued to monitor action plans and learning from previously completed SARs and Learning Reviews. These learning reviews had not met the statutory criteria for a SAR, but partners agreed that there were lessons to be learned about multi-agency collaboration.

Two learning reviews have commenced in this period in Northumberland and these

will be reported in next year's report.

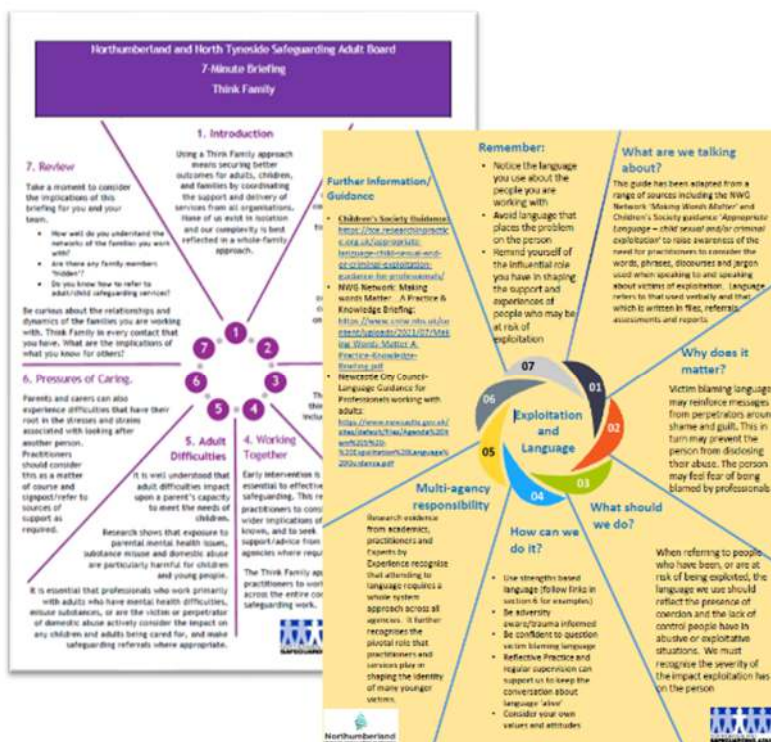
For Northumberland, action plans from the joint 'Bobby' Learning Review, and Leanne SAR, have been completed and signed off by the SAB this year. Another joint learning review was also concluded for Adult AB, where there was clear learning in relation to the importance of person centred and timely transition planning.

The diabetes pathway highlighted in last year's report has been re-launched and its efficacy is currently being audited





A number of 7-minute guides and recorded webinars have been developed to support learning, and a wide range of themed guides relating to Exploitation and Language, Professional Curiosity, Think Family, Child to Parent Violence and Abuse (CPVA), Hate and crime, and Caring about Adversity Resilience and Empowerment (CARE). Learning from SARs has also led to the roll out of various briefings, including Leigh, Missing Persons Protocol and criminal exploitation.

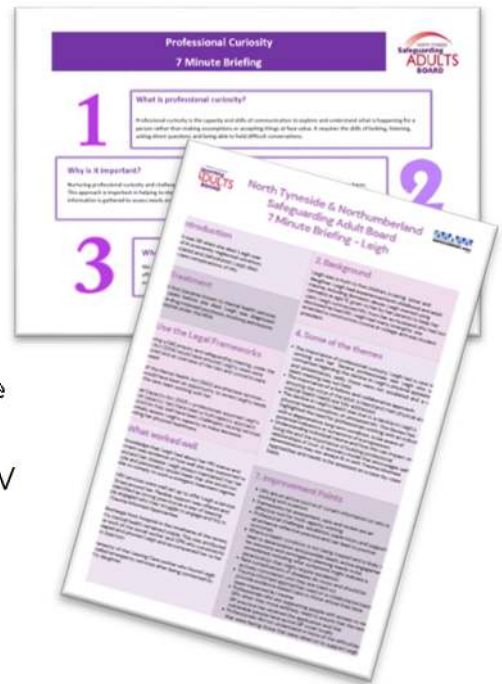


Learning from Leigh:

In March 2021 we published the Leigh Safeguarding Adults Review. This was featured in our last annual report - add link

Since then, we have undertaken the following actions:

- Produced a briefing to summarise the review and delivered briefing sessions across our partners
- Produced 7-minute guides about Professional curiosity, Think Family and self-neglect (add links)
- Delivered training on Caring about Adversity, Resilience and Empowerment (CARE)
- Recorded a webinar to brief staff about the effects of HIV and long-term conditions - see here



Safeguarding and Housing group:

In our 2019/20 Annual Report we provided information following the Board's publication of the [Leanne SAR](#) undertaken in Northumberland. One of the key areas of learning from this SAR highlighted the need for a multi-agency approach to identify the interplay of risks between individuals with entrenched problems, when housed together.

Since this time, significant work has been undertaken to address all the review recommendations, including temporary accommodation providers being asked to provide assurance and evidence to the SAB in relation their

risk assessment tools and their consideration of wider vulnerability. The Northumberland Safeguarding and Housing Multi-Agency Partnership Group has also been set up aligned with national guidance (Adult Safeguarding and Homelessness) to support preventative work with the growing numbers of people experiencing homelessness, who also increasingly experience abuse, exploitation and neglect, escalating health and care needs, and premature mortality.



North East SAR Champions:

Throughout this year, both North Tyneside and Northumberland have continued to be active members of the North-East SAR Champions network, which was established to share and improve learning from SARs and other reviews, across the region. A SAR library, developed and hosted by Gateshead SAB, is now live and accessible across the region. The content of the library continues to expand, and now includes both local and national reviews alongside a range of learning resources and tools. The group has also published a North East Quality Markers checklist, an easy read reference and benchmarking guide to the National Quality Markers, to support the SAR process at every stage. This work has been recognised nationally, and the SAR Champions were asked to present a national webinar in October 2021 for the Care and Health Improvement Programme (CHIP), showcasing the good practice and outputs from the group.



National SAR Analysis benchmarking:

In November 2020 the findings of the National SAR Analysis were published, which identified a range of priorities for sector led improvements. In response to this national work, an assurance framework was developed to provide the SAB with local assurances, and benchmark current SARC practice against the recommendations from the analysis. An action/improvement plan was then produced setting out some key priorities and tasks over the next year. This included the need to review the both the SAB's Quality Assurance Framework and SAR Policy and Procedure, to ensure the learning and the challenge from the national review was reflected. Also identified, was the need for a number of briefings, and an Appreciative Inquiry/Learning Review toolkit to be developed to support SARC decisions. The SARC were also asked to consider in detail, how learning from previous SARs can be revisited, to ensure this learning continues to be

embedded. Much of this assurance work is underway, and will be the focus of a SARC Development session.

Learning from Regional and National Safeguarding Adult Reviews:

The SARC continues to consider and benchmark against other reviews, both locally and nationally, and have developed a learning brief template which summarises the key findings and identifies the implications for practice locally. Partner agencies are then encouraged to disseminate this learning across their own agencies. The SARC also held a development session for members this year, where the findings from two large national reviews were considered in detail. In 2021/22 the SARC considered the learning and local implications from one local Domestic Homicide Review and Safeguarding Practice Review, and 8 national SARs and Learning Reviews.



7. Looking ahead to next year

Following a review of the Board arrangements and subsequent consultation, a decision was reached that the time was right to separate the joint Board and develop place-based SABs in each Local Authority area.

This will allow each area to align arrangements with other strategic boards, and to fully understand the holistic view of safeguarding and safety in their communities. As an interim arrangement, to allow each area to develop their partnership models and subgroup arrangements fully, the Safeguarding Adults Review Committee and Performance subgroup will continue joint arrangements until April 2023. These will be reported on fully in next year's Annual report.

Working with our Partners

The SAB has continued to be supported by our Lay Members through a number of changes, including a review of our partnership arrangements, and adapting to new ways of working. Our Lay members continue to promote safeguarding locally and provide valuable insight into our communities. They remain key members of our Partnership, strengthening the work of the Board, and providing an essential community perspective to scrutiny and assurance.

'We have continued to work with the board, to promote greater awareness that every member of our borough and wider community is entitled to feel safe and be protected from abuse and neglect. It is imperative that we continue to have local representatives (as lay members), that add an independent voice to an exclusively professional committee.'

North Tyneside Lay member

Partner Spotlight

CHANGING LIVES

Liberty Project

The Liberty Project, a Changing Lives project, was initially funded by the Police and Crime Commissioner (PCC) and has funding from the National Lottery Community Fund (NLCF) until December 2022.

The project supports individuals subjected to all forms of exploitation under the Modern Slavery umbrella. The project was established in 2018 and initially supported men who had been victims of a large-scale exploitation case in Northumberland.

Since January 2020, the Liberty Project has supported 51 individuals across Northumberland. This support is person-centred, taking into account the causes of the exploitation, the trauma experienced by victims and overall well-being.

Short-term support focuses on physical and mental health, accommodation, re-connecting victims with services and income. As trust develops, disclosures are often made and plans for medium and long-term recovery are then possible. There have been instances when victims have been re-located away from immediate risk, ensuring their safety and a chance to escape exploitation.

Liberty has assisted with **Operation Momentum** and **Operation Lionheart**, working closely with other agencies, including Safeguarding Adults and Northumbria Police. A proactive method of joint working has been adopted, identifying and approaching those at risk of exploitation based on relevant intelligence shared.

Without exception, everyone approached by the Safeguarding Adults Manager and the Project lead accepted support.

The Liberty Project also coordinates a Strategic Group, advising and informing regional partners of local, regional, and national developments in the field of modern slavery. This includes updates on legislation, trends, research and various initiatives. The Project also directly informs, and is represented on the Exploitation sub groups in both North Tyneside and Northumberland.

Partner case studies - Multi-Agency Safeguarding

Northumbria Police

Northumbria Police's Missing from Home Coordinators have played an active role in multi-agency safeguarding over the last 12 months in respect of young adults missing, through Criminal Exploitation and County Lines. One such example involved a young male who had been the victim of a serious assault in a southern county after becoming involved in criminal exploitation. Close and intensive partnership working took place with him to support his needs including being a teenage parent, substance misuse and mental ill health. This enabled accommodation, harm reduction and appropriate care and support to be provided.

This example highlights the benefits of Adult Safeguarding being involved in the Missing, Slavery, Exploited Trafficked process, and the effectiveness of early Transitional planning and involvement across agencies. In this case information was shared between services in a proportionate and timely way to respond to the young person's changing needs and reduce the risks of harm.





Northumbria Healthcare Foundation Trust

Patient B first attended hospital in late 2020 where they presented with social ideation. Attendance escalated, with 139 attendances (one of the most frequently attending patients) predominantly around self-harm, suicidal ideation, and use of drugs and alcohol as a coping mechanism. Patient B was often brought to hospital unresponsive after a ligature attempt. Patient B would also attempt to end their life whilst in hospital with the use of ligatures.

Patient B had a complex history and has been a mental health inpatient for short stays on more than one occasion. Patient B reported to suffer from PTSD linked to service in the armed forces, but was later diagnosed with Emotionally Unstable Personality Disorder. Due to the presenting risks of death by misadventure, a number of agencies were involved, but engagement from Patient B was inconsistent.

A coordinated response was managed via MDT meetings with all involved agencies, including the use of safeguarding when indicated. A detailed management plan for the attendances at the Emergency Department was implemented to not only support Patient B, but also the staff involved in Patient B's care, and was shared with all agencies. The plan was successful with attendances reducing, and staff and agencies feeling supported in providing care for Patient B when attending hospital, and providing a safe controlled environment.

This example demonstrates the effectiveness of multiagency collaboration to manage complex risk. All agencies involved felt that the approach was extremely beneficial, as risks were communicated and shared. This approach allowed Patient B to receive joined up care, and reduced the risk of death by misadventure.

National Probation Service

Mr A was allocated to a Probation Practitioner (PP) in Northumberland following an offence that was not related to domestic abuse. The PP undertook a thorough investigation of Mr A's home circumstances and discovered, after various enquiries, that he was living with an adult at risk of harm. This person was a victim of domestic abuse from Mr A, but no conviction had been brought, even though there were over 80 police call outs of concern. The PP liaised with staff from both Northumberland and North Tyneside Local Authorities to share information, and develop and implement a safeguarding plan.

This joined up working allowed the PP to recall Mr A to prison for a period to allow services to work with the victim prior to his later re-release. Once released, regular professionals' meetings continued in order to share information. Although Mr A is assessed as being a serious risk to his partner, they continue to reside together by choice. All appropriate actions were taken by both Probation and the Local Authorities to reduce the risk, and a Making Safeguarding Personal approach was central to this. There are ongoing MAPPA meetings and services are currently working together to produce a case for a Closure Order, to prevent Mr A from going to the victim's home once she is ready to engage with support services.

This example demonstrates the impact of working with other professionals to safeguard, whilst ensuring the views and wishes of individuals are central to any safeguarding plans and multi-agency responses. This tenacious and continued approach to safeguarding has resulted in the level of risk being reduced whilst ensuring the opportunities for engagement are maximised.



8. Some highlights from our Partners



Northumbria Police

- Protecting Vulnerable People is a force priority, supported by the launch of a Force wide Vulnerability Strategy this year focusing on four key pillars: Working Together, Our People, Leadership and Early Intervention and Prevention. The aim is to achieve a safe environment for people, their families and wider communities to thrive without fear of harm, to ensure perpetrators are identified and targeted, and the opportunity for them to cause further harm is removed or minimised. Working collaboratively with multi-agency Safeguarding and Community Safety Partnerships is key to this response. It is acknowledged that adopting an Early Intervention and Preventative Approach which will have greater longer-term benefits in preventing harm and exploitation.
- Harm Reduction Teams are now embedded across the force and will play a key role in tackling emerging issues identified with vulnerability, working with partners to adopt a problem-solving approach. New teams have been set up which include a Harm Reduction and Communities Team and also a court disposal team (TREAD team) who are looking at pathways to divert adult offenders from the criminal justice system.
- To ensure that Protecting Vulnerable People is front and centre of the force response, "Vulnerability Matters" training is being rolled out to all front-line officers and staff. This will support officers to take a trauma informed approach when dealing with vulnerability and seek preventative early intervention to community harms. Bespoke training sessions are also being delivered to force control room call takers to enable them to recognise and respond to vulnerability at the first point of contact. In support of the Vulnerability Matters training a 15- month force campaign from May 2022 will focus on vulnerability, and ensure that protecting the vulnerable is integral to the force response.



- The learning from the Leigh SAR has continued to be further embedded within primary care with discussions at the Lead GP Peer Network meetings for safeguarding Adults, a briefing for GPs, and the developed resources being shared via the GP bulletin and placed on GP TeamNet.
- To support better oversight of issues affecting children and adults, the Safeguarding Lead GPs Peer Network groups for children and adults combined for a number of meetings. It was agreed that this approach supported families, children in care, and transitions, and as a result a number of combined meetings will be included in following years schedule for peer networks.
- Work has been undertaken to ensure that domestic abuse is identified currently within primary care, and that templates are used effectively. Guidance has been put in place for the Named GP for safeguarding, practice managers, safeguarding admin staff and individual GP practices. Training sessions were facilitated by the NTCCG Safeguarding Team, North Tyneside Domestic Abuse and Sexual Violence coordinator, Local Authority safeguarding team, NECS template designer, Domestic Abuse champions and NHCFT Safeguarding Team. GP practice visits from the NHCFT Safeguarding Team took place to embed the MARAC process, provide guidance and obtain feedback about the pathway and process. The templates were designed with read codes to enable their use within practices to be measured. The results were very positive, showing an increase in the number of Multi Agency Risk Assessment Conference (MARAC) compared to the previous years. Whilst this is an excellent achievement what the results also showed was that the DASH Risk indicator checklist (RIC), which is a measure of risk, was only being used in clear high-risk cases and not as a tool to monitor lower-level cases where risk may be seen to be escalating. This is an issue which will be further explored with GP safeguarding leads throughout 22-23.

- Multi-agency working in Northumberland has always historically been very strong. This continues with the CCG having close relationships with partners working across Northumberland and beyond. The safeguarding team represents the CCG on numerous committees and subgroups across the SAB and SNP (Safer Northumberland Partnership), contributing to all priorities. The team provides reports on behalf of primary care for MARAC, MAPPA, MATAC, MSET and Prevent.
- In relation to transitional safeguarding arrangements, NCCG are continually working with providers and partners to ensure robust and consistent responses are in place to manage safeguarding for vulnerable young people. Specific work is ongoing with care leavers to ensure smooth transitions take place. Likewise, in relation to criminal exploitation NCCG are working in partnership to identify and respond effectively to prevent and reduce the impact of exploitation. Training and briefings have been shared with Primary Care colleagues

- The trust safeguarding service continue to have a specialist practitioner on site at the Northumbria Specialist Emergency Hospital daily, and works across all of the other hospital sites to ensure our most vulnerable are immediately safeguarded.
- The trust Safeguarding 9th annual safeguarding conference “What a Difference a year makes” was held virtually and successfully attended by over 150 staff. Speakers included topics around self-harm and suicide, Mental Capacity Act/ Deprivation of Liberty, transitional safeguarding and a survivors account of domestic abuse.
- Health Cards were developed and launched in collaboration with Learning Disability North East and Northumbria Healthcare Trust. These are a colour coded easy read document to support patients with a learning disability in the hospital trust to understand their medical and healthcare needs during their hospital stay.
- The safeguarding service have worked jointly with the Anaesthetists/Surgery Business Unit and Primary Care to implement an anaesthetics pathway for patients with a learning disability and/or autism. This is now embedded and ensures early reasonable adjustments for patients coming in for surgery.
- In the Northumbria Staff Awards 2021 - the trust safeguarding service were finalists in Team of the Year Award



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

- The Trust has continued to support the PREVENT agenda via a dedicated worker in the team who supports this work Trust wide, attending Channel meetings and sharing information as required. The MASH worker is also now fully embedded and integral to the safeguarding assessments completed by One Call in Northumberland. This worker supports safeguarding meetings in cases requiring specialist mental health advice for individuals who may not be active to CNTW at the time concerns have been raised.
- Local Domestic Homicide Reviews have highlighted the need to strengthen the response to domestic abuse incidents within Addictions services. This has resulted in the development of a bespoke Domestic Abuse awareness session for this service, which is currently being delivered in Northumberland. Early evidence is that this is increasing incident reporting in this pathway.
- Learning from a local learning review identified the need to develop expectations of Trust staff guidance for attending and/or invited to Safeguarding Adults at Risk meetings. This will be developed to support information in the Trust policy.
- Incident reporting continues to increase alongside referrals submitted to the Local Authority using a Think Family approach. This is evident in the access pathway who report the highest volume of safeguarding activity. Access services provide CNTW Psychiatric Liaison, Initial Response Team and Addictions pathway Individuals accessing these pathways are often the most vulnerable so it is reassuring that staff are identifying concerns when they arise.

National Probation Service (NPS)

- Northumbria CRC and The National Probation Service combined to form the Probation Service in June 2021.
- The Probation Service is a partner in all MASH, MARAC, MATAC and MAPPA arrangements to ensure and maximise Adult Safeguarding arrangements. The Probation Service is also a key partner on the Domestic Abuse Partnership Board and operates in all aspects of domestic violence reduction across the partnership. This is to ensure that perpetrators are managed effectively, and that further victimisation is reduced.
- The Probation Service is committed to reducing exploitation and all staff undergo compulsory training on criminal and sexual exploitation, this also forms part of the risk assessment process for all People on Probation.
- A key priority for the Probation Service in 2022 is to develop and fully embed the new National Neighbourhood Crime Integrated Offender Strategy with Northumbria Police. This will seek to tackle and prevent offences which impact upon the most vulnerable in Northumberland and North Tyneside and reduce repeat victimisation.
- The North East Region now have in place a Continuous Improvement Strategy which outlines our 3-year approach to improving our sentence management delivery. Our vision over the next 3 years is to strive to create a culture of continuous improvement within the NE Region that is sustainable, innovative and empowers others, as well as defining what good probation supervision looks like in the region.
- Commencing in July 2022 there will be a focus on Suicide Prevention and Self Harm Awareness Training for all frontline Probation Staff



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

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

Care Quality Commission (CQC)

Legal Services

Healthwatch

Contact us

Northumberland County Council
County Hall
Morpeth
NE61 2EF

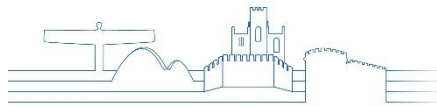


www.northumberland.gov.uk

NorthTyneside Council
Quadrant East
Silverlink
North Cobalt Business Park
North Tyneside
NE27 0BY



www.northtyneside.gov.uk



HEALTH AND WELLBEING BOARD

Date: 12 January 2023

The Better Care Fund and the Adult Social Care Discharge Fund

Report of the Executive Director of Adult Social Services and Director of Place and Integrated Services - Northumberland

Cabinet Member: Councillor Wendy Pattison, Adult Wellbeing

Purpose of report

To seek the Board's endorsement of plans for the use of funding received through the Better Care Fund (BCF), including £2.6m of additional funding intended to support discharge from hospital during the winter months.

Recommendations

The Board is recommended:

- 1. To confirm its endorsement of the main contents of the Better Care Fund plan for 2022/3 as set out in section 1 of the background to this report.**
- 2. To confirm its endorsement of the contents of the additional plan submitted to the Department of Health and Social Care (DHSC) for the use of the Adult Social Care Discharge Fund during the current winter as set out in section 2 of the background to this report.**
- 3. To consider whether there are any comments that it would wish to make about the issues discussed in this report**

Link to Corporate Plan

This report is relevant to the "Living" priority in the Council's Corporate Plan. Within the draft integrated care strategy of the North East and North Cumbria Integrated Care Partnership (ICP), it is relevant to the goal of "Excellent Health and Care Services".

Key issues

- 1. The Better Care Fund (BCF) has existed since 2015/16. It is an arrangement under which the local authorities responsible for adult social care and their partner NHS**

commissioners are required to agree a single annual plan covering a number of funding streams allocated nationally through both NHS and local authority funding mechanisms. Before July 2022, the lead NHS organisation working with the council on BCF planning was Northumberland Clinical Commissioning Group; it is now the North East and North Cumbria Integrated Care Board (ICB) and involvement in the process is led by their Director of Place for Northumberland.

2. While additional funding streams have been added to the original scope of the BCF since 2015/16, many of the components of the BCF expenditure in Northumberland have remained broadly the same since the BCF was originally created and contribute to the core funding of key social care and community health services which need to work together to achieve maximum benefits for the overall health and care system.
3. BCF plans must comply with national guidance issued each year. In recent years, this guidance has generally been issued seven months after the start of the financial year; in the current year it was published in late July, with a requirement to submit a plan by 26 September 2022. This timetable did not make it possible to present the plan to the Board for approval before submission, so it was agreed between the Council and the ICB at officer level. In practice the contributions to Council and NHS expenditure which it set out were rolled forward from previous years, with adjustments which did not materially affect the budget assumptions already made by the two organisations.
4. On 18 November 2022, the Government published details of further funding¹, labelled as the Adult Social Care Discharge Fund, which the Council and the ICB were required to treat as an additional element of the BCF. This funding, which nationally totalled £500m, had been announced by the then Secretary of State for Health and Social Care in September of 2022, but with no details as to how it would be allocated or what conditions would apply to its use.
5. The details published in November 2022 indicated that nationally 60% of the Fund would be distributed through ICBs and 40% through Councils. The Council allocations were based on the standard formula for distributing funding to local authorities for adult social care; the allocations to ICB's were based on data supplied by acute trusts in each ICB area for the numbers of patients medically fit for discharge but awaiting the services which they need in the community. Since delayed discharges are less common in this region than in other areas of England, the ICB in practice received a level of funding which was only slightly higher than the total allocations to the 13 local authorities in its area. The ICB has distributed this funding to local authority areas pro-rata to the level of funding which they have received directly. In Northumberland, the outcome is that the council will receive funding totalling £1,267,877, and the ICB has allocated £1,331,714 to the County. The total available funding is therefore £2.6m.
6. Department of Health and Social Care (DHSC) required the Council and the ICB to submit a return on a standard spreadsheet template setting out how they intend to use the funding by 16 December 2022. Decisions about this have therefore had to be made by Officers, after consultation with relevant Cabinet Members. The background section of this report provides an expanded version of the information which has been submitted. A questions and answers document produced by the national Better Care Fund unit seems to make it clear that local areas will not be held to the precise

¹ Available at www.tinyurl.com/ascdischarge

expenditure figures in their submission, and the intention is to treat the funding as a flexible pooled budget, within which it will be possible if necessary to move money between the expenditure headings in the submission as the picture of demand and of available opportunities emerges in the course of the winter.

7. DHSC expects both the annual BCF plan and the plan for the use of the Adult Social Care Discharge Fund to be signed off by the Health and Wellbeing Board. In practice, both planning processes have in the current year been required to take place on a timetable which has made it necessary for the plans to be agreed at Officer level rather than brought to the Board before submission, but the board is asked both formally to endorse the decisions taken by Officers and to consider whether there are any issues that it would wish Officers to take into account if required to make similar decisions about further tranches of funding over the next two years. The Government has announced that in total £600m of additional funding will be distributed to local authorities and ICBs to be added to the BCF in 2023/4, and £1bn in 2024/5. We do not yet know how that will be distributed, or what timetables or processes may be required.
8. This report focuses primarily on the use of the short-term funding allocated through the Adult Social Care Discharge Fund, since this is new money. However, it also includes as an appendix a full list of the expenditure included in the 2022/23 BCF plan.

The Better Care Fund and the Adult Social Care Discharge Fund

BACKGROUND

1. The Better Care Fund plan for 2022/3

- 1.1 The BCF Plan for Northumberland for the financial year 2022/23 was submitted to the national Better Care Fund unit in September 2022. At the time of preparing this report this and all other BCF plans submitted by other areas remained in principle draft plans awaiting national approval, though Officers' assumption is that this is a purely formal requirement, and since the BCF funding forms part of the budget for core social care and community health services it has in effect been being spent since April 2022, though details of the planning requirements associated with it were only published in late July.
- 1.2 Appendix 1 to this report lists the expenditure against the BCF as set out in the spreadsheet template which was submitted to the national BCF unit. Appendix 2 is the "narrative plan" which was required alongside the spreadsheet.

2. The Adult Social Care Discharge Fund

- 2.1 The Council and the ICB are required to treat this additional funding as a single pooled budget and agree on its use. They are required to use the funding in ways which support the objective of minimising delays to discharge, but guidance makes it clear that this can include taking general steps to strengthen the resilience of key services required to support people after discharge from hospital.
- 2.2 While delays to discharges are not as common in Northumberland or elsewhere in the North East as in some other parts of the country, and local hospitals are coping better than those in many other areas with the multiple challenges which are currently facing the NHS, there are still serious and unprecedented problems in all parts of the health and care system, and delays to discharges from, in particular, acute hospitals are a source of concern, as one factor contributing to the stress on the health service.
- 2.3 The difficulties currently being experienced by adult social care providers in recruiting and retaining sufficient numbers of care workers are adding to this pressure locally as well as nationally. Over the past year, it has often not been possible to arrange care in people's own homes quickly enough for older people who are ready to leave hospital to be able to go home as soon as they no longer need to be there. It has generally been possible to find care home accommodation as a short-term alternative, but this is understandably often less acceptable to older people and their families, and in some cases, such as those where a patient with dementia is so agitated that their behaviour presents risks to others, finding a care home which can appropriately support them may be difficult.
- 2.4 While the additional funding through the Adult Social Care Discharge Fund is welcome, its short-term nature and the limited time available for planning restrict significantly the options for its use. Realistically, in particular, there is no prospect that additional funding allocated in mid December 2022 could significantly increase

the number of new care workers available in services during this winter, though that is the single most critical factor determining the ability of care services to support hospital discharge.

- 2.5 The plan submitted to the national BCF unit therefore includes only schemes which there is a realistic prospect of implementing rapidly, and so far as possible schemes which are not expected to lead to longer term financial commitments not already provided for in the council's budget or ICB budgets. Realistically it is not possible to give complete assurance that some of the arrangements made using this funding may not lead to further financial commitments beyond 1 April 2023, but while we do not have details of the rules that will apply to the further BCF funding to be allocated during 2023/24, officers' advice is that there appears to be no significant risk in assuming that it will be possible to charge any limited ongoing commitments that may result from the planned schemes against that funding.

3. Schemes to be funded from the discharge grant

- 3.1 While the intention is to treat this funding as a pooled budget which can be used flexibly, as required by the national guidance, the spreadsheet template submitted to the national BCF team requires each spending item to be allocated either to the ICB funding or the Council funding. Figures are therefore given against each expenditure heading to show which funding stream it will notionally be charged against, but the intention is to manage the funding as a whole, within the existing close joint working arrangements between the Council and the ICB officers leading on "place" issues in Northumberland.
- 3.2 Services commissioned or given enhanced funding through the discharge grant will include both social care services commissioned under the council's Care Act duties, and NHS services commissioned and case managed by the Council on behalf of the NHS, such as services funded under the NHS Continuing Health Care scheme, and jointly-funded aftercare services under Section 117 of the Mental Health Act. These services are commissioned by the Council within an integrated framework agreed with the former Northumberland Clinical Commissioning Group and now taken over by the ICB; the same consistent funding arrangements will be applied regardless of the specific funding stream.

Bringing forward pay increases for care workers in key services

- 3.3 National guidance on the Fund specifically suggests as one potential use of the grant support to enable the providers of commissioned care services to introduce early pay increases which would ordinarily have been expected from April 2023. This is unlikely to lead to a substantial increase in the number of new care workers joining services during the winter, because of the period of time that it takes for new workers to be recruited, vetted and trained. However, it is reasonable to hope that additional pay may reduce the number of care workers leaving the sector, particularly in current economic circumstances, where low-paid workers may be struggling to cope with cost-of-living increases, so may be considering alternative employment for financial reasons even if they would prefer to continue working in care services.

- 3.4 The two services most relevant to the ability of staff in hospitals to arrange rapid discharge are home care and care homes for older people. In Northumberland, 96.7% of workers in home care services commissioned by the Council are now covered by the “Wage Support Scheme” introduced in Northumberland from April 2022, with their employers having committed to paying at least a local minimum hourly wage which has been set at the level of the “Real Living Wage”. In care homes for older people, the figure is 88.2%. The plan therefore includes bringing forward to 19 December 2022 in these two areas of service an increase to the Wage Support Scheme minimum from the current Real Living Wage figure of £9.90 per hour to the new figure which would ordinarily have been introduced from April 2023 of £10.90.
- 3.5 For the purposes of the template submitted to the national unit, the estimated cost for home care of £608,000 has been attributed to the element of the Fund paid as a grant to the local authority, and the estimated cost for care homes of £940,000 has been attributed to the element paid through the ICB. This also ensures that there will be no unintended side-effects for the charges payable by service users.

Custom solutions for individual home care packages

- 3.6 The single most serious challenge facing adult social care services at present, in Northumberland and nationally, is the inadequate capacity of mainstream home care services, as a result of which, since autumn 2021, there have typically been around 200 people who have been assessed as needing a home care service, or an addition to their current home care service, which cannot be provided immediately. While temporary solutions have been found in each case, there is no doubt that this has had impact on the speed with which people can be discharged from hospital, as well as on people’s lives and their ability to return home. Older people and their families have sometimes been reluctant to accept the temporary alternatives which have been offered, particularly if those require the person to stay for a time in a care home.
- 3.7 The planned use of the Fund therefore includes projected expenditure of £500,000 on custom solutions for individuals outside the normal home care contractual framework. This could take a variety of different forms. Sometimes the solution may involve making unusual arrangements with a home care provider, at higher cost than traditional visit-based homecare service, for instance to ensure that a group of care workers are available when needed in a particular locality, even though this means that for some of their working day they will not in fact be required to be providing care to anyone. Providers have suggested some interesting ways in which this could be combined with testing out an approach in which care workers are given more delegated responsibility for adjusting the service as people’s needs change, potentially from week to week, and Officers will be monitoring closely any lessons that can be learned about models which they have longer term benefits, though in the short term this is expected to be a more expensive service than normal arrangements. In some circumstances, a “live-in” carer may be the most viable alternative, even where the person has not been assessed as needing there to be a care worker on hand 24 hours a day. Another solution which may sometimes be called for is paying transport costs and travel time for care workers to travel from some distance away to a locality where no local care workers are available.

- 3.8 For the purposes of the spreadsheet template, £400,000 of the projected expenditure has been attributed to the grant paid to the Council, and £100,000 to the ICB funding.

Equipment to support rapid discharge

- 3.9 Northumberland has for many years had a Joint Equipment Loan Service (JELS), funded by both the council and the NHS, able to deliver equipment to support people with mobility or other issues to all areas of the County. The plan includes a temporary enhancement to the funding for this service, to pay for a number of short-term changes to the way in which it operates, designed to make it as easy as possible to deliver key equipment to people's own homes or to care homes on the day when they are ready to leave hospital. This includes increasing the level of stock of key items held by the service, hiring temporary additional storage space and an additional van, and making temporary changes to staffing rotas to ensure that a member of staff can be released to make additional deliveries at short notice.
- 3.10 The projected overall cost is £200,000. For the purposes of the national spreadsheet template, this figure has been split between the ICB and the local authority, with 64% of the cost being attributed to the ICB and 36% to the council. These proportions are balancing figures to match the total allocations, and are not based on any specific assumption about the nature of the equipment which will be delivered, but it is anticipated that some of the most significant benefits may come from delivering items such as hospital-style adjustable beds, which would ordinarily be thought of as NHS equipment.

Short-term care home capacity to support discharge

- 3.11 Funding of £135,000 has been provisionally allocated to pay for short-term placements in care homes following discharge from hospital, whether as a temporary arrangement until a home care service is available, or for a period of recovery before the person returns home. The current expectation is that this will support a mix of block-booked beds in a small number of care homes and placements made under the council's call-off contract.
- 3.12 For the purposes of the national template, this expenditure is attributed to the Council's grant.

Specialist capacity for people with complex dementia care needs

- 3.13 This scheme is designed to address the specific issue of older people with advanced dementia who cannot be discharged from hospital at the point when they no longer need medical care because their behaviour could not be accommodated in a mainstream care home. We anticipate block booking two places in care homes outside Northumberland which have a good reputation for working with this group of older people, aiming over time to get to a point with each person where they would be able to move to a more local care home. In the longer term, we are still hoping to commission a specialist service for this group of older people within Northumberland, but a procurement exercise during 2022 did not attract any proposals. The estimated cost is £40,000, which is notionally attributed to the council grant element of the Fund.

Premium payments to care homes for rapid discharge

- 3.14 The plan includes an offer of additional payments to care homes which accept discharges within 24 hours of a request. This is similar to a scheme operated during winter 2021/2, also funded by a Government grant, though there are some lessons to be learned from last year's experience about how to minimise the administrative overheads for providers and the Council. The rationale is to cover the costs to providers of measures needed to enable them to respond that rapidly – particularly at weekends, when they might have to make arrangements for senior staff to be available on call to make decisions about whether the home can accommodate a particular resident. The plan includes projected expenditure of £100,000, charged notionally against the ICB element of the grant.

Short-term overnight home care

- 3.15 The final substantive scheme in the plan is to pilot an arrangement in which workers in the Council's Short-Term Support Service will be available to provide support overnight in people's homes for a brief period after discharge. This is intended as a response to the fairly common situation when a patient no longer requires medical treatment, but where they or their family are anxious about whether they will be able to cope safely at home. The projected cost is £50,000, notionally charged to the ICB element of the Fund.

Administrative overheads

- 3.16 The grant guidance permits 1% of the total funding to be used to cover administrative overheads associated with expenditure from the fund. This amounts to £26,000, which has notionally been split between the local authority and ICB elements of the Fund pro-rata to their overall contributions.

- 3.17 Summary Table of the schemes detailed above...

Scheme	Total cost	Notional funding route	
		Council	ICB
Bring forward RLW increase in home care	£608,000	£608,000	-
Bring forward RLW increase in care homes for older people	£940,000	-	£940,000
Custom solutions for individual home care packages	£500,000	£400,000	£100,000
Equipment to support rapid discharge	£200,596	£72,199	£128,397
Short-term care home capacity to support discharge	£135,000	£135,000	-
Specialist capacity to support discharges of people with complex dementia care needs.	£40,000	£40,000	-
Premium payments to care homes for rapid discharge	£100,000	-	£100,000
Short-term overnight home care	£50,000	-	£50,000

Scheme	Total cost	Notional funding route	
		Council	ICB
Administrative overheads	£25,995	£12,678	£13,317
Totals	£2,599,591	£1,267,877	£1,331,714

IMPLICATIONS ARISING OUT OF THE REPORT

Policy	The national policy intention behind the BCF is to require local authorities and NHS bodies to plan together for the use of a substantial proportion of their combined budget for community services. In Northumberland, because of the history of close integration of health and social care, the BCF has largely been an administrative arrangement supporting a broader programme of partnership working.
Finance and value for money	The main BCF programme is existing funding supporting core social care and NHS services. The plans set out in this report aim to make the best possible use of the Adult Social Care Discharge Fund, within the constraints described in the report.
Legal	A partnership agreement under Section 75 of the NHS Act 2006 between the council and the ICB (originally entered into with Northumberland Clinical Commissioning Group) provides the framework for BCF expenditure.
Procurement	Making use of the discharge fund on the timetable set nationally will require some accelerated procurement arrangements; these are being discussed with the Council's procurement advisers.
Human Resources	Some additional overtime working by council staff is expected to arise from the plans for the discharge fund, but no new posts or substantive changes to the roles of existing postholders are proposed.
Property	No implications identified.

Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	While planning for the use of the discharge fund has had to take place in haste, screening has concluded that the plan can be expected to have positive impacts for disabled people, and that any other impacts relevant to protected characteristics can be addressed during individual assessments of the needs of each person making use of the planned services.
Risk Assessment	No risks requiring formal assessment have been identified.
Crime & Disorder	No implications identified.
Customer Considerations	The plans for the use of the discharge grant are expected to achieve more personalised support for people discharged from hospital and reduce the need for people to remain in hospital when that is no longer in their best interests.
Carbon reduction	No implications identified.
Health and wellbeing	BCF plans are intended to support integrated working to improve health and wellbeing.
Wards	All

BACKGROUND PAPERS

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

Report sign off.

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

	Full name of officer
Monitoring Officer/Legal	Lynsey Denyer
Executive Director of Finance & S151 Officer	Jan Willis
Executive Director	Neil Bradley
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Wendy Pattison

Author and contact details

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Appendix 1: expenditure in the BCF Plan for 2022/23

The tables below summarise the expenditure which is currently charged against the main BCF, as set out in the BCF Plan submitted in September 2022. This includes social care expenditure funded by the ICB, social care expenditure funded through grants paid directly to the Council, and the grant paid to the Council for the Disabled Facilities Grant scheme, which can also be used for adult social care capital schemes.

The “narrative plan” submitted to the national BCF unit which is attached as Appendix 2 provides further information about the context of this expenditure, and the indicators by which the impact of BCF expenditure is monitored nationally.

ICB transfers to the council

Support to hospital discharge	Hospital-based social care teams supporting discharge, and a VCS scheme to assist return home from hospital.	£0.58m
Mental Health Services	Continuation of a pooled budget funding transfer to support mental health services previously delivered through the NHS.	£3.37m
Preventative services	Grant aid to the countywide carer support organisation Carers Northumberland; "support planner" posts assisting people to find non-traditional solutions; staff supporting professionals to give advice about disabled people's benefit entitlements, to maximise their independence.	£0.52m
Short-term support service (reablement)	Joint reablement service including therapists and reablement home care. The home care capacity in this service is also used to provide temporary support to fill gaps in the availability of commissioned home care, when there is particular pressure on capacity.	£3.24m
Long-term home care (independent sector)	Continued protection for core home care services, which are recognised as an essential component of a health and care system which is able to support people in the community and on discharge from hospital, and avoid inappropriate use of hospital services.	£8.26m
Dementia services	Specialist dementia services, including short breaks in care homes for people with dementia, day care, and a premium paid to care homes providing longterm accommodation and care for residents with dementia. (Classified as "residential placements to reflect the expected largest element")	£1.6m
	Total NHS transfers to the council from BCF	£17.6m

Disabled Facilities Grant (direct transfer to social care from central government)

A sum of £3,328,942 which must be treated as part of the BCF, and used to fund either DFG grants for the adaptation of people's homes or other social care capital expenditure. The policy agreed through the BCF planning process is to allocate any funding not required for mandatory DFG grants to support other capital expenditure on accommodation for people with care and support needs.

Improved Better Care Fund (direct transfer to social care from central government)

Service	Description	Value
Stabilising the care home market	Continuation of additional funding for a restructured contract with care homes for older people introduced in 2017, which has so far achieved its objectives of minimising care home closures and improving CQC ratings.	£1m
Additional costs resulting from Cheshire West judgement	Funding for additional staff required to carry out DoLS assessments, and for the growing number of people who have become entitled to nonchargeable support in a care home under Mental Health Act aftercare provisions, following detention in hospital for treatment because their hospitalisation is now classified as depriving them of liberty under the definition in the Cheshire West judgement.	£0.65m
Emergency capacity at times of severe pressure on community resources	Funding to cover the short-term use of care home capacity and other high-cost options to avoid the need for inappropriate use of hospitals at times when capacity across the system is under pressure.	£0.14m
Support to hospital discharge	Hospital-based social care teams supporting discharge.	£0.02m
Demography & Additional pressure on Commissioned Services	Funding to support the cumulative impact of demographic change and other sources of additional demand, including maintaining capacity to support growing number of people discharged from hospital with complex care needs.	£7.1m
Short-term support service (reablement)	Further contribution towards STSS budget	£0.54m
Long-term home care (independent sector)	Further contribution towards spending on these commissioned services.	£3m
	Total Improved Better Care Fund	£12.5m

ICB expenditure on NHS services

Service	Description	Value
Enhanced discharge, reablement and admission avoidance through initiatives such as integrated community teams	These services provide integrated care solutions to enhance discharge, deliver rehabilitation and avoid admission for frail elderly patients who often have multiple Long Term Conditions. They aim to promote and support independence, self-management and prevent readmissions by working closely with all community teams including district nursing, specialist rehabilitation, occupational therapy, pharmacy, safe home and short term support teams. The services promote a proactive approach to ensure patients' wishes are respected, providing the lowest level of care to meet their needs, whilst ensuring their health and care needs during a medical emergency are addressed in a timely and appropriate manner.	£10.1m
Local Enhanced Service Out of Hospital	Community Based Scheme	£0.55m
	Total ICB spending on NHS services from BCF	£10.6m

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Northumberland BCF narrative plan 22/23

Introduction

This plan covers the intention of Northumberland County which includes provision of health and care providers directly within and surrounding areas. The key stakeholders are directly involved in planning the health and social care for our Northumberland system through our System Transformation Board (STB). The STB includes partners from the social care, local acute trust, mental health care trust, ambulance services, Healthwatch (VCS) and primary care. STB was established in 2017 and meets monthly to discuss areas of transformation, performance, and resource allocation to ensure the system supports health and wellbeing of all Northumberland residents. It ensures there is a forum to address key areas including all of those covered by the BCF agenda to support integrated care. The STB reports to the Northumberland Health & Wellbeing Board.

This report is expected to be discussed at the Northumberland Health and Wellbeing Board on the DATE 2022.



Executive summary

The priorities for Better Care Fund have been to jointly agree a plan between local health and social care commissioners which ensures NHS contributions to adult social care is maintained in line with CCG allocations, continue the investment in NHS commissioned out of hospital services and continue to improve outcomes for those people being discharged from hospital.

In line with national guidance, our local focus now includes ensuring continued ring fenced investment in NHS commissioned out of hospital services. Northumberland continues to meet the requirement to invest over and above the required minimum contribution to support care in the community. This investment supports discharge pathways and admission avoidance through community facing assets.

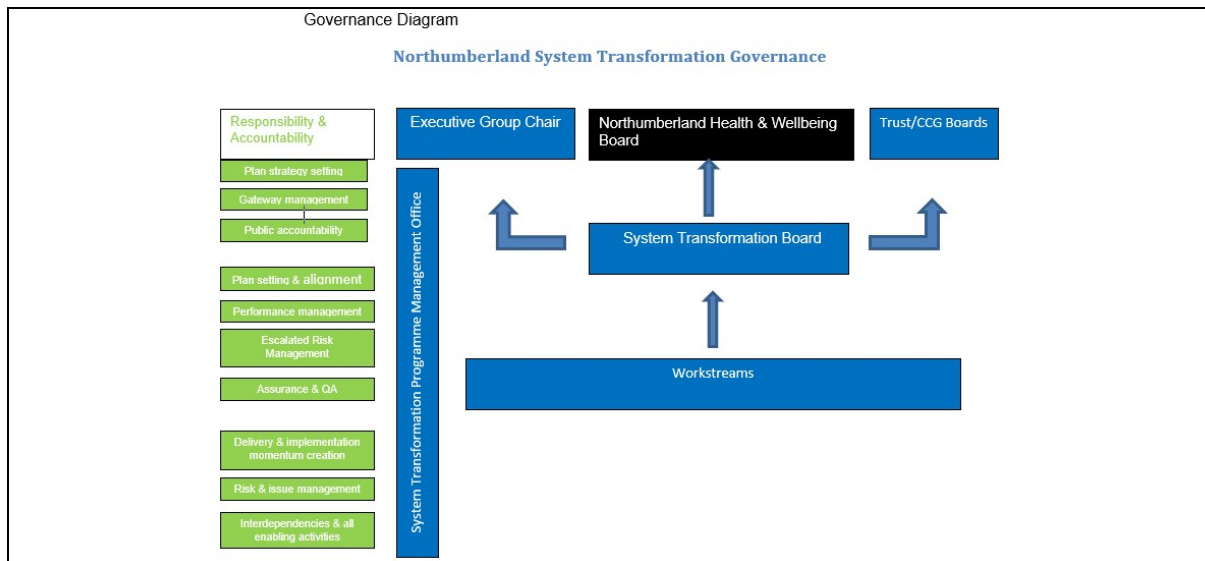
Locally, Northumberland is now looking forwards following a tough previous year dealing with pressures related to COVID. There is now a process to ensure all trust areas develop plans to meet backlogs created by the COVID related pressures. From the 1st of July, the Northumberland Clinical Commissioning Group became part of the Integrated Care Board for North East and North Cumbria. This now allows greater collaboration on a regional basis where this makes sense, whilst still focusing at place where there is expected to be continued drive towards integration with local partners. All local services continue to work closely together with available resource to deliver the best outcomes for our patients.

The Northumberland system is addressing inequalities through targeted work looking to address inequalities across the system. The work is looking to address both the underlying inequalities in the area which have been exacerbated by the COVID19 pandemic. This work is well underway and it has included holding a series of events across Northumberland with community leaders in each area. A comprehensive action plan has been developed which will work in conjunction with the BCF planning requirements.

Development of the plan has included the close working and involvement through priority setting work with local partners, including providers, VCS representatives, and locality authority leads (including house and DFG leads).

Governance

Our STB acts as the main vehicle to monitor the performance of key metrics including those set by the BCF and ensures delivery of the objectives. Through the close working relationships between health and care partners, our integration plans are put in place and delivered. To monitor newly identified metrics, agreement has been reached with system partners to meet on a quarterly basis to monitor and put in place corrective action where required. Ultimately the STB holds stakeholders to account for delivery and transformation. The integrated working relationships are key to ensuring successful delivery of our plans. The STB reports to the Northumberland Health & Wellbeing Board.



Overall BCF plan and approach to integration

The joint priorities for 22/23 are as follows:

- Ensure jointly agreed plans with a section 75 agreement to ensure elements of mandatory funding are used in accordance with BCF policy requirements. As part of the arrangement, ensure review of health inequalities and equality for people with protected characteristics to ensure plans comply the Equality Act 2020. As part of actions to address inequalities, each Primary Care Network (PCN) has selected a population health management project to address areas of inequality within their respective areas. Review of avoidance admission data and discharge data published via the BCF exchange to understand any performance issues at local level and agree plans to address issues including focus on objectives identified under Core20PLUS5.
- Ensuring that the CCG minimum contribution to the Better Care Fund is used to implement improvements in the area. This will include looking to continue to support carers' breaks and carer support, including support for carers of people in receipt of NHS continuing health care, which has been funded by the CCG, consider how reablement and rehabilitation resources support services to allow people to remain at home or return home following an inpatient episode. This will include the development of high level capacity and demand plans for intermediate care services covering both BCF and non BCF funded services.
- NHS contribution to adult social care will be maintained with the defined uplift to NHS minimum contribution which will ensure support from the NHS for social care services with a health benefit is maintained in line with growth in NHS minimum contribution to the BCF. This contribution will continue to support broadly the same areas as in previous years, but with a further strengthening of capacity in the HomeSafe service which supports discharge from hospital, which it is hoped will partially offset the impact of the ending of the nationally-funded Hospital Discharge Programme.
- Continue to ensure that funding is maintained for NHS commissioned out of hospital services. As in previous years, Northumberland has contributed more than the minimum spend required on out of hospital NHS commissioned services and this will be a continued priority as the area recognises the benefit to the system in supporting this area. Northumberland will continue to work with partners to ensure this area is developed and our residents receive the best possible out of hospital services which operate seamlessly across partner organisations. This will include the continued development of 2 hour urgent community response service which will support patients to remain independent at home, reducing avoidable admissions to hospital for ambulatory care sensitive conditions and in turn reduce inappropriate length of stay.
- Ensure the iBCF and DFG funding is spent in the most effective manner.
- Ensure that transfers of care are managed safely and effectively in our system including timely discharge of patient to right place with the right package of care using the home first approach.

The approach to our collaborative commissioning arrangements is to continue to use STB as the key board to discuss, agree and deliver transformation across our system. There are 5 flagship programmes which are driven by STB, which, although not directly related to BCF, ensuring integration of services across our system.

The approach taken to supporting people to remain independent at home, including strengths-based approaches and person-centred care includes:

- The Council introduced from 1 April 2022 changes to the way in which it organises its social work and care management services, designed to make them more person centred and more closely integrated with NHS community-based services. Community teams are now aligned either with primary care networks/clusters of GPs within primary care networks; or with specialist mental health, learning disability and other services provided by the CNTW mental health trust.
- Supporting the delivery of the Enhanced Health in Care Home Framework via the Primary Care Networks. This includes aligned support around our most vulnerable communities with regular check ins and link GP practice. Regular Integrated Care Home group which has stakeholders from across the system discuss commissioning arrangements, raise and resolve issues in a MDT way.
- Regular Integrated Care Home group which has stakeholders from across the system discuss commissioning arrangements, raise and resolve issues in a MDT way.
- Use of Primary Care Commissioned Services to support primary care to take forwards workplans which look to focus on person centred care.
- Falls Forum which meets regularly to discuss and agree actions plans to improve management of falls and support education where required.
- The use of our Health Improvement Group which has stakeholders from across the system. This groups focus is to use the wealth of data we have across the system to address the inequalities and wider social determinates in our system. Each provider works individually and together to reduce inequalities in our system. This group includes strong links with the voluntary and community sector where there are significant amounts of work bringing our communities closer together with the recognition that true partnership working between the VCSE and health/care can bring about real change. Recent community events have look at collecting data to support the development of a plan to address inequalities, a draft of which is expected in the coming months.
- The care home, and frailty pharmacist service ensures that high risk patients at high risk of hospital received medication reviews to ensure medicines optimisation and evaluation has demonstrated that this supports admission avoidance.

The BCF funded services are an integral part to Northumberland's approach to integrated working which encourage providers to work closely together in best interest of our population. Although the former partnership between the Council and Northumbria Healthcare FT has now ended, relationships remain strong and the Council and the Trust intend to continue to work closely together in areas such as discharge planning, admission avoidance and reablement.

A separate section 75 partnership remains in place between the ICB and the Council, under which the council is responsible for commissioning on behalf of the ICB non-NHS care and support services for people eligible for NHS continuing healthcare (CHC), or for section 117 mental health after-care. The Council handles all associated administrative and financial arrangements on behalf of the ICB. This partnership also covers case management for care plans provided to meet continuing health care needs. Benefits of this partnership include

seamless transitions when people's eligibility changes to a different funding source, and economies of scale in commissioning, financial processing and the arrangement and monitoring of personal health budgets and personal budgets for social care.

Implementing the BCF Policy Objectives (national condition four)

The strong integration between health and care within Northumberland enables the area to continue to support the important objective to enable people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time.

The main mechanisms which support the successful implementation of this area are:

- A system transformation board which main focus is to ensure all services are joined up and wrap around the resident within Northumberland.
- Multidisciplinary team (MDT) CATCH working – this is an important area where primary and community teams are committed to working together in order to discuss the most in need patients, identify and introduce support. This is a proactive approach rather reactive model to ‘catch’ or avoid residents from unnecessarily being admitted to hospital. This is a challenging area given the wide geography in Northumberland and also issues with the care workforce, which have become more acute in the aftermath of the pandemic..
- The 2 hour urgent community response service which is a national requirement has built upon existing health and care services. A coordinator role is in place now which enables the identification of patients via referral who are not necessarily in need of 999/urgent intervention however would benefit from a more immediate response in order to avoid unnecessarily travel to hospital. This service further demonstrates the integrated approach Northumberland has taken, with health and care services meeting regularly to discuss how each service can work effectively together to meet the requirements of the national service and how this would best operated in the local area.
- The Discharge to Assess model is used by teams supporting the discharge from hospital process. As part of this process, resources are identified to ensure safe discharge and to allow time for recuperation, recovery, and ongoing rehabilitation or reablement in the most appropriate setting. This includes consideration of the essential criteria where supporting patients to go home is the default pathway however recognising that alternate pathways are sometimes needed. This includes use of a step-down facility to support the hospital discharge process, with care home accommodation supported by a team of therapists carrying out rehabilitation programmes. The focus is on person centred care with easy access to services and ensuring effective assessment is completed in a timely manor to ensure packages of support are in place.
- A short term support service managed by the Council provides reablement and therapy support which both reduces the risk of admission to hospital and supports people who may benefit during the weeks after a hospital discharge.
- Anticipatory Care – through the Primary Care Networks, there is a significant amount of work ongoing to support this agenda. This includes the delivery of the Enhanced Care in Care Homes framework which supports the proactive provision of care through aligned resources to care homes. All care homes within the area are fully aligned to a PCN who, working with health and care stakeholders, plan and deliver care. Also, all 7 of the PCNs have MDT processes in place which consider the needs of those residents who require further support in a community setting. The MDT approach has a core and wider team members involved in the planning of care provision, with information sharing and relationships between stakeholders key to the

success of proactive care. These MDT take the form of both virtual and face to face meetings.

The Personalised Care agenda continues to have significant focus across Northumberland, the key areas of development are:

- Social Prescribing – supporting the workforce across Northumberland including social prescribing link workers, health trainers and health coach workforce. There is a challenge in terms of the retention of staff and organisations from across the area are coming together to discuss how organisations can work together to support the roles. This includes consideration of supervision, mentoring, training, organisation culture, clarity of role and workload. The importance of social prescribing has long been recognised as it is clear we have many assets within our system and we need to work as a system to ensure we get best use of them.
- Support for the voluntary and community sector. The Council established in 2020, in part as a response to the pandemic, Northumberland Communities Together, a unit with a specific focus on building stronger partnerships between statutory and VCS bodies, bringing together and enhancing functions previously in separate parts of the Council. A new system has been set up to support capture of referral to VCSE partners as it was acknowledged that the system does not fully understand the significant amount of work progressed through the sector. The system allows further understand of activity and supports the highlight of areas and organisations where there are gaps and further support of our community based assets are required.
- A fund has been established within the local system which will offer funding bids to be received by voluntary and community sector to further support the sector which is vital need of protecting, complementing Council support for the sector.
- A Health Inequalities group has been established to support the system to take a Population Health Management approach to how it commissions services. This broadly takes the broad principles of:
 - o Infrastructure – ensuring the correct individuals from across our Northumberland system are involved in the decision making process
 - o Intelligence – ensuring we have not only the right data but the right individuals who are capable of interpreting or telling the story of what the data is telling us. This is essential due to the local nature of data which is capture due to the interpretations we have found in capturing data.
 - o Interventions – developing evidence based interventions which are right for the residents within Northumberland as they have the correct individuals involved in the service developments and use the information collect. Research and Evaluation is a key part of this.

As part of meeting the condition, the area has completed a self assessment of the implementation of the High Impact Change model for managing transfers of care. As a result, a series of actions have been identified to support improvements in the areas where performance could be enhanced. Over the coming months, the actions will be completed.

We work in a collaborative way to commission discharge services across health and care. The collaboration arrangement including the discharge to assess model ensure there is support for safe, timely discharge which supports embedding of a home first approach and that residents are discharge to their usual place of residence where appropriate.

Supporting unpaid carers.

Within the partnership arrangement between the ICB (formerly the CCG) and the Council for NHS CHC, a consistent approach has been adopted to supporting carers, whichever funding stream is involved. Carers' needs are considered as an integral part of needs assessments and care and support planning, and whichever funding stream supports the person with care needs also covers support for the person's carer(s), with the principles in the Care Act being used as guidance when considering the needs of the carer(s) of people funded through CHC. The ICB's financial commitment to this is reflected in the BCF plan. This ensures that that the needs of the person and their carer(s) can be considered as a whole, recognising that in most cases the form of support that matters most to carers is a plan for the person they care for which takes full account of their own need to be able to balance caring with other aspects of their lives.

Through elements of the CHC system, which the Local Authority manages on behalf of health, there is significant support to carers. The BCF supports the commitment to providing support for carers eligible for CHC by providing them with breaks from caring. The Local Authority have a system called Swift, which is used to record whether an eligible person has a carer. As a system, we have reviewed how much of the day care which is being provided overall (including NHS related). This was mainly seen as support for carers of which we believe around half of financial support to day care is for that purpose. There are direct payments for short breaks which provides short term relief for carers.

The elements of the BCF expenditure which allow and support all carers, not just those who are directly supported by continuing care.

Disabled Facilities Grant (DFG) and wider services

The grant funding to support DFGs which is incorporated within the Better Care Fund will continue to be used primarily to meet the costs of the statutory DFG scheme, now augmented by a discretionary scheme introduced in December 2020, which focuses in particular on making funding equivalent to DFGs available to support a move to more suitable accommodation, where this is a better solution; meeting additional costs where necessary adaptations cost more than £30,000; and providing additional financial support in circumstances where the statutory means test produces unacceptable outcomes. Surplus grant funding not required for these purposes will continue to be used to support other capital expenditure on accommodation for disabled people.

The operation of DFGs and policy on use of the DFG grant element to support accessible accommodation outside the statutory scheme both sit within the adult social care directorate in Northumberland, which is a unitary authority. The Council's housing function has worked closely with adult social care and the CCG (now the ICB) to develop extra care and supported housing schemes.

There is an existing joint strategy for extra care housing and supported accommodation, which we plan to refresh during the remainder of 2022/3, and the development of schemes within the strategy is jointly supported by housing, social care and health. The Council's "Market Position Statement", a revised version of which is in its final stages of development, covers housing and supported accommodation schemes funded both through social care and NHS funding streams, and has been developed in consultation with the Council's housing service. The Council provides an in-house telecare service.

Equality and health inequalities

Northumberland has developed several important areas since the last iteration of the BCF plan. A Health Improvement Group has been formed which has stakeholders from across the Northumberland Health and Care system to identify inequalities and develop plans to reduce those identified.

The HIG was established just before COVID pandemic in 2020 and has formed successful partnerships across the system. Colleagues from public health are involved in the workings of this group and direction is set from the Joint Strategic Needs Assessment documentation. As part of the work, the Northumberland system has 5 Flagship Programmes which looked to address action in 5 key priority areas. The 5 key areas are given below and a summary of the work with each:

- Our Children and Young People – focus includes ensuring the Best Start in Life for this age group by working with community groups. This has included a focus on understanding the self-harm agenda and looking at projects which can ensure our most in need communities are resourced with service they need.
- Our Workforce – the strategic planning of our workforce across all sectors. This includes ensuring that Primary Care Network additional roles are considered within the wider system and ensuring a joined-up approach is taken to recruitment and retention as to not destabilise the system. We have embraced the use of apprenticeships and career start schemes.
- Our Communities – working closely with our voluntary and community sector include work with the “Northumberland Communities Together”. This has included greater inter-agency working with a support to care organisations. This has include additional support to VCSE and introduction of a system to monitor outcomes.
- Our Connectivity – we are supporting the development of building blocks for our Population Health Management across the pillars of Infrastructure, Intelligence and Intervention. We have a network of individuals who have a collective but distributed leadership in supporting the reduction of health inequalities. This was included a £1 million fund to take forwards PHM initiatives in our system
- Our Culture – we are nurturing a relationship of trust between our stakeholders and continue to build an environment which allows recognition of challenges and an honest discussion on how to resolve.

The identification of inequalities of outcomes related to the BCF national metrics is taken forwards via our STB and Health Improvement Groups. As services, providers and the system, the identification and reduction in inequalities is top of our collective agenda. The goal of improvement on each of the BCF national metrics is seen hand in hand with this drive to reduce inequalities.

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2022 - 2023

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Updated : 19 December 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
12 January 2023	
<ul style="list-style-type: none"> • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • Child Death Overview Panel Annual Report (March 2021-April 2022) • Better Care Fund 	Paula Mead Paula Mead/Karen Wright Paula Mead/Alison Johnson Rachel Mitcheson
9 March 2023	
<ul style="list-style-type: none"> • Director of Public Health Annual Report • Thematic Groups - Update • 0-19 Service Update • Living Wage • Closed Development Session – Physical Activity Strategy 	Gill O’Neill Suzanne Lamb/Jon Lawler Sarah McMillan
13 April 2023	
<ul style="list-style-type: none"> • Oral Health Strategy Refresh and Updated Action Plan 	Kerry Lynch

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> • Impact of COVID pandemic on SEND services • CNTW Priorities Report 	Nichola Taylor Pam Travers
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<ul style="list-style-type: none"> • Urgent and Emergency Care - Strategic Care • Child and Adolescent Mental Health • Northumbria Police Presentation – Overview of approach to Prevention Strategy, Early Intervention and Serious Violence 	Siobhan Brown Cath McEvoy-Carr Claire Wheatley
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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> • Joint Health & Wellbeing Strategy Refresh Thematic Groups – Update (Quarterly – Feb/May/Aug/Nov) • System Transformation Board Update • SEND Written Statement Update - progress reports • Population Health Management - (Oct/Jan/Apr/July) <p>Annual Reports</p> <ul style="list-style-type: none"> • Public Health Annual Report • Child Death Overview Panel 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 • Tobacco Control 	Sir Jim Mackey/Siobhan Brown ?? Rachel Mitcheson Liz Morgan (APR) Paula Mead/Alison Johnson (JAN) ??? (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (JAN) Paula Mead (JAN) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Kerry Lynch (DEC)
<p>2 Yearly Report</p> <ul style="list-style-type: none"> • Pharmaceutical Needs Assessment Update 	(MAY 2024)

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2022-2023**

Ref	Date	Report	Decision	Outcome
1	10.5.22	Living with Covid	Receive Report	
2	10.5.22	Pharmaceutical Needs Assessment Update	(1) the draft plan be approved for progression to formal consultation (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.	
3	10.5.22	Northumberland Oral Health Strategy Update	(1) the report be received. (2) the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged. (3) the extension to the strategy period from 2022/25 be approved	
4	10.5.22	Population Health Management – Quarterly Update	Receive Report	
5	14.7.22	Integrating Services Supporting Children and Young People	(1) the comments of the Board be noted. (2) The evolution/expansion of the Family Hubs model as the	

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			<p>mechanism to drive forward CYP integration and the governance process be approved;</p> <p>(3) The proposed approach to culture and leadership change and interface with community centred/place-based approaches to tackle inequalities be supported.</p>	
6	14.7.22	Ageing Well Service Review	<p>(1) the comments of the Board be noted.</p> <p>(2) the refresh of a strategic Northumberland Healthy Ageing Board accountable to the Health and Wellbeing Board be supported.</p> <p>(3) Inclusion of the importance of volunteering to be considered during the refresh.</p> <p>(4) The refreshed Northumberland Health Ageing Board be chaired by the Director of Public Health.</p> <p>(5) the decision to appoint an independent chair of the Health Ageing Board be delegated to the Director of Public Health in consultation with the portfolio holder for Adult Wellbeing.</p>	
7	11.8.22	ICS Update	Note presentation and comments	

8	11.8.22	A Health Needs Assessment of Benefits and Debt Advice for Northumberland	<ul style="list-style-type: none"> (1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted. (2) The importance of the role that advice services have in reducing inequalities be acknowledged. (3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and (4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed. 	
9	11.8.22	Board Development Session – Review	<ul style="list-style-type: none"> (1) the update be received and noted. (2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group. 	
10	8.9.22	Northumberland Inequalities Plan 2022-23	<ul style="list-style-type: none"> (1) the proposals for the shorter term supporting and enabling actions be agreed. 	

			<ul style="list-style-type: none"> (2) The proposed short, medium and long term indicators be agreed. (3) The levels of ambition and Board members' contribution to the plan be agreed. (4) The mechanism to continue to the next stage and development the long term plan be agreed (5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution. 	
11.	8.9.22	Pharmaceutical Needs Assessment Consultation Report	Updated Northumberland Pharmacy Needs Assessment approved.	
12.	8.9.22	Family Hub Development	<ul style="list-style-type: none"> (1) to proceed with the funding for the Family Hub offer. (2) the development of the governance and wider processes to underpin this be supported. 	
13.	8.9.22	Healthwatch Annual Report 2021-22	Report and presentation received.	
14.	8.9.22	Membership and Vice-Chair of Health & Wellbeing Board	<ul style="list-style-type: none"> (1) that Northumbria Police and the Fire & Rescue Service be invited to each 	

			<p>send a representative to join the Health & Wellbeing Board.</p> <p>(2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.</p>	
15.	13.10.22	Northumberland Healthy Weight Declaration	<p>(1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.</p> <p>(2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.</p>	
16.	13.10.22	Northumberland Joint Strategic Needs Assessment	<p>(1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.</p> <p>(2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.</p> <p>(3) the priorities and timelines as attached to the report as Appendix 5 be agreed.</p>	

17.	13.10.22	Population Health Management Update	(1) the presentation be received (2) regular updates be received every three months.	
18.	13.10.22	Health & Wellbeing Strategy	Action plan for each theme to be developed and reported to future Board meeting.	
19.	10.11.22	Northumberland Fire & Rescue Service's Collaborative Approach to Safety and Wellbeing	Presentation and comments be noted.	
20.	10.11.22	Joint Health & Wellbeing Strategy Thematic Groups Updates	Updates from the thematic groups be received.	
21	10.11.22	Inequalities Plan – Compact	Partner organisations be requested to formally sign up to the Inequalities Plan at the Health & Wellbeing Board meeting on 8 December 2022.	
22.	10.11.22	Living with Covid	Updates be received.	
23	8.12.22	Developing Northumberland's Collaborative Approach to Tobacco Control	(1) that Members' comments be noted. (2) that the Chair of the Health & Wellbeing Board write to the Secretary of State for Health and Social Care to urge government to publish a new Tobacco Control Plan which includes recommendations made in the APPG report (2021) and the independent review of tobacco policy (Khan Review 2022). (3) that Northumberland County Council becomes a signatory to the 2022 Local Government Declaration	

			on Tobacco Control attached as Appendix 2 to the report.	
24	8.12.22	The Safe Haven/Alternatives to Crisis Northumberland Project	Presentation received.	
25	8.12.22	Northumbria Healthcare Foundation Trust Headline Performance Details and Winter Plans	Presentations received.	
26	8.12.22	Northumberland Communities Together – Cost of Living Crisis	Presentations received.	
27	8.12.22	Integrated Care Board Update on Place-Based Working in Northumberland	Verbal report received.	
28	8.12.22	Joint Health & Wellbeing Strategy Thematic Groups – Wider Determinants	Verbal update received.	