



North Tyneside Council

# Adult Social Care, Health and Wellbeing Sub-Committee

22 January 2020

**Wednesday, 29 January 2020** 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item		Page
1.	<p><b>Apologies for Absence</b></p> <p>To receive apologies for absence from the meeting.</p>	
2.	<p><b>Appointment of Substitute Members</b></p> <p>To be notified of the appointment of Substitute Members.</p>	
3.	<p><b>Declarations of Interest</b></p> <p>You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.</p> <p>You are also invited to disclose any dispensation in relation to any registerable and/or non-registerable interests that have been granted to you in respect of any matters appearing on the agenda.</p> <p>Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.</p>	
4.	<p><b>Minutes</b></p> <p>To confirm the minutes of the meeting held on 7 November 2019.</p>	5 - 8
5.	<p><b>Safeguarding Adults Board Annual Report 2018/19</b></p> <p>To consider the Safeguarding Adults Board Annual Report 2018/19.</p>	9 - 68

Members of the public are entitled to attend this meeting and receive information about it. North Tyneside Council wants to make it easier for you to get hold of the information you need. We are able to provide our documents in alternative formats including Braille, audiotape, large print and alternative languages.

Agenda Item		Page
6.	<p><b>Joint OSC for the North East and North Cumbria</b></p> <p>The Chair to provide an update from the recent meeting of the Joint OSC for the North East and North Cumbria ICS and North and central ICPS.</p> <p>A copy of the agenda front sheet, minutes and presentation are attached. Full documents have been emailed to members of the Sub-committee for information.</p>	<b>69 - 104</b>
7.	<p><b>Healthwatch North Tyneside: Progress Update</b></p> <p>To receive a progress update from Healthwatch North Tyneside</p>	<b>105 - 126</b>

**Circulation overleaf ...**

**Members of the Adult Social Care, Health and Wellbeing Sub-Committee**

Councillor Trish Brady  
Councillor Karen Clark (Chair)  
Councillor Joe Kirwin (Deputy Chair)  
Councillor Tommy Mulvenna  
Councillor Cath Davis  
Councillor Alan Percy

Councillor Joanne Cassidy  
Councillor Muriel Green  
Councillor Nigel Huscroft  
Councillor Margaret Reynolds  
Councillor Les Miller  
Councillor Paul Richardson

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## Adult Social Care, Health and Wellbeing Sub-Committee

**Thursday, 7 November 2019**

Present: Councillor K Clark (Chair)  
Councillors T Brady, J Cassidy, M Green, J Kirwin,  
T Mulvenna, C Davis, A Percy and P Richardson

Apologies: Councillors M Reynolds

### **ASCH30/19 Appointment of Substitute Members**

There were no substitute members.

### **ASCH31/19 Declarations of Interest**

There were no declarations of interest or dispensations.

### **ASCH32/19 Minutes**

Resolved that the minutes of the meeting held on 3 October 2019 be confirmed and signed by the Chair.

### **ASCH33/19 Better Care Fund**

The Sub-committee considered a presentation which provided an update on the Better Care Fund (BCF).

It was noted that the BCF plan for 2019-20 was approved by the Health and Wellbeing Board on 12 September and by Cabinet on 14 October 2019. It is expected that the BCF will continue in 2020-21.

The Sub-committee noted some planned developments in services for older people which will lead to reconfiguration of some services included in the BCF. These included:

- single point of access
- integrated community frailty team
- integrated care community beds and reablement;
- integration with primary care networks and community services.

The Sub-committee considered information on progress against the BCF metrics. It was noted that emergency hospital admissions have continued to rise, and action is being taken to limit the growth. It was noted that delayed transfers were well below the target level and also well below the average level for England.

It was noted that the level of permanent admission to residential care is on a reducing trend with the target being to achieve the North East average.

One Member raised an issue about up to date information being made available to families who are seeking care homes and the need to ensure this information is reviewed regularly and kept up to date. It was noted that the Council's website provides direct links to the websites of individual care homes, so there is a reliance on the care homes ensure their information is updated and correct.

Members asked if performance information is available in relation to hospital re-admissions following reablement. It was noted that re-admissions within 30 days are measured but there isn't a target linked to this. Officers agreed to include information on re-admissions in the next update report.

Members highlighted a concern in relation to emergency admissions in ensuring there aren't detrimental outcomes for those who aren't admitted. It was noted that this would be difficult to measure, but in general the concerns in relation to emergency care are about over-use of the service rather than under-use.

There was some discussion about planning for hospital discharges and it was noted that discharge planning would start straight away on admission.

The Chair thanked the officer for this report.

The Sub-committee **agreed** to make a recommendation to officers that they review the information made available by the Council in relation to care homes, and to consider if there is more that can be done to ensure it is as up to date as possible.

### **ASCH34/19 Developing Wellbeing Services**

The Sub-committee received a verbal update on progress in developing well-being services.

It was noted that the priority has been on developing the Wallsend Customer Service Centre in the first instance, before looking at progressing other centres.

It was noted that a number of services were already located within the Wallsend Customer Service Centre, and work was underway to locate a drug and alcohol service on the second floor of the building. This is being funded via a grant from public health and will allow a currently unused space to be converted for use. In addition, there has been an expression of interest from the police service for space in the building, and a bid for funding has been submitted to support this.

It was noted that there was an aim to have a number of services located in the building by the end of the financial year. Officers would be looking to get the right services to meet community need and will also be considering whether this can be replicated in other areas.

Members highlighted that it was important that priority was given to community need and accessibility to ensure that services aren't relocated from the community into a central hub where this is not in the best interests of the service users. Officers confirmed that these considerations would be the starting point and that there was not an intention to relocate services if this would have a negative impact.

Members asked about progress in other areas. It was noted that there was a presence in

other centres across the borough, but this could be improved. However, officers were focussed on getting Wallsend right first before looking at other areas.

Members asked if there were any targets for attracting external organisations into the building. Officers confirmed that there were no targets and they would be looking at the best use of the building.

The Chair thanked the officer for the report.

### **ASCH35/19 Adult Social Care Strategic Needs**

The Sub-committee considered a presentation outlining work that is in development to understand the current and future demand on adult social care in North Tyneside.

The presentation highlighted an opportunity to change the narrative and see older people as assets, and to focus on extending healthy life expectancy. The presentation also highlighted the complexity around understanding current and future demand within an ageing population.

It was noted that national research highlighted a range of issues impacting on demand, including:

- The relative wealth/deprivation in the population;
- Performance of intermediate care and the availability of therapists/nurses in the community;
- How the needs of people with lower care needs are met;
- Supported housing and extra care;
- How providers deliver care;
- Effectiveness of council front door/short term help

Members asked about the involvement of partners in this work. It was noted that partners were not involved at the moment and the purpose of the work is to understand what, as a system, we need to purchase to meet future demand.

Members thanked officers for the informative presentation and for presenting the information in a different way. Members looked forward to receiving further updates at future meetings.

### **ASCH36/19 Dementia Friendly Communities**

Councillor Kirwin reported back on the recent workshop on Dementia Friendly Communities that he and Councillor Brady had recently attended. It was noted that this had been initiated by the Health and Wellbeing Board and was looking at how the Dementia Friendly Communities initiative could be taken forward in the absence of funding to support it. It was highlighted that a further workshop was planned for the new year which would involve a range of community organisations and leaders from across the borough and to which members will also be invited. It was suggested that the British Legion should be invited to this event and it was noted that this should happen as they were signed up to VODA.

### **ASCH37/19 STP Joint Scrutiny Committee**

Cllr Clark provided feedback from the last meeting of the STP Joint Scrutiny Committee which had taken place on 23 September 2019.

It was noted that it was agreed to change the name of the Joint Committee to the Joint OSC Committee for the North East and North Cumbria ICS & North & Central ICPs to reflect the revised remit.

Cllr Clark indicated that the joint committee had been provided with a lot of information but that it was proving difficult to identify anything tangible to scrutinise.

It was noted that the NE & Cumbria ICS had received formal approval from NHS England. As a result, new funding had been approved for two specific areas: workforce and population health.

There was some discussion about the size and complexity of the new arrangements and concerns were raised about how all 12 local authority areas will be properly represented and how the arrangements will be accountable to local areas. Members raised concern about the impact on services and whether the result would be reduced and more centralised services that will be further away from communities.

It was noted that the next meeting is in November and the agenda and a copy of the papers will be shared with members.



**Meeting:** Adult Social Care, Health and Wellbeing Sub-Committee

**Date:** 29 January 2019

**Title:** Safeguarding Adults Board Annual Report 2018/19

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**Author:** Ellie Anderson

**Service:** AD Business Assurance

**Wards affected:** All

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## 1. Purpose of Report

The SAB annual report is now finalised and ready for publication. It will be published on both Northumberland and North Tyneside SAB websites imminently.

The report is usually seen by the Adult Social Care Health and Wellbeing Sub Committee prior to publication but due to agenda timing issues in conjunction with the finalising of the report, on this occasion publication will happen before the report is presented to Committee. The matter is on the Committee agenda for January 2020. It is important with a Joint Board that both Authority's publish at the same time.

## 2. Introduction

The plan follows the six key principles of safeguarding

### **Key issues in the report:**

There has been an increase in concerns and enquiries from the previous year. This reflects a change in recording where safeguarding concerns received are reported without a pre-screening. They are then triaged prior to commencing an enquiry. Analysis of this identifies that many reports of safeguarding do not meet the threshold for safeguarding and are often a request for support or assessment. 78% of enquiries had risk identified and action taken, 4% of enquiries ceased at individual's request and 84% of enquiries involved a source of risk known to the individual. 49 % of cases of abuse occurred in the persons own home.

There is work to do around making safeguarding personal in terms of:

- a) Ensuring we understand and document what outcomes the individual wants from the process and,
- b) Ensuring that appropriate advocacy is involved where a person lacks capacity

The report highlights that this is an issue for both Local Authorities and reflects a regional focus.

We have started some multi agency case audits to identify how well we are managing this.

Development of the MASGH arrangements, developing responses to Modern day Slavery, County Lines and Sexual Exploitation and scrutinising safeguarding through a poverty lens were key areas of focus for the Board.

A range of activities and conferences took place to raise the public and professional awareness of Safeguarding in September 2018.

Within this timeframe the Board was delighted to welcome 2 lay members who bring a unique perspective to discussions

The LD forum in Northumberland is working with the Board to develop an easy read version of this report, which was an issue raised by the Adult Social Care Health and Wellbeing sub-committee last year.

The report also provides a summary of Safeguarding Adult Reviews, none of which relate to North Tyneside residents. We have however disseminated the lessons learned to staff and at Corporate Assurance Group and Safeguarding and Education Board

All of the decisions made by the Safeguarding Adult Review Committee were peer reviewed by Sunderland to ensure rigour in decision making

Training has continued to be a high priority for the SAB and both Authorities.

### **Priorities for current year**

- Transitional safeguarding arrangement
- Early identification and prevention of Domestic abuse
- Focus on criminal exploitation
- Making safeguarding personal

### **3. Background Information**

The following documents have been used in the compilation of this report and may be inspected at the offices of the author.

None identified

#### **4. Appendices**

- North Tyneside and Northumberland Safeguarding Adults Board Annual Report 2018-2019
- Appendix to the Annual Report – Partner Reports

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# North Tyneside and Northumberland Safeguarding Adults Board



## Annual Report 2018 – 2019



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## Foreword by Independent Chair

It has been my privilege to Chair the North Tyneside and Northumberland Safeguarding Adults Board (SAB) since the two boards became one in December 2016.

It is the Board's responsibility to ensure that all the potentially vulnerable people living in North Tyneside and Northumberland are kept as safe as possible from abuse or neglect, whether they are a hospital patient, a care home resident or living in their own home. The work of the Board, through its various sub groups and with local and regional partners, promotes robust safeguarding services across the multi-agency partnership.

This annual report provides local people with an account of the Board's work over the past year to improve the safeguarding and wellbeing of adults at risk. The Board continues to review our performance and provide high levels of scrutiny and constructive challenge on how effectively we work together to ensure strong safeguarding arrangements. I would like to take this opportunity to thank the Central User Forum who have agreed to assist the Board to produce an easy read version of this report, which will serve to increase awareness of Safeguarding Adults to a wider audience.

The SAB remains committed to the Making Safeguarding Personal agenda, and seeks assurance that these principles are embedded in practice. The ongoing development of Multi-Agency Safeguarding Hubs in both areas has strengthened safeguarding arrangements and working relationships with our partners, which directly impacts upon the safety of adults at risk of abuse and neglect. Our local data clearly demonstrates the impact of these developments. We remain committed to working together to develop these arrangements, to ensure we achieve personalised front line practice, and the best possible outcomes for individuals.

The Board continues to identify emerging areas of risk identified locally and nationally, and promotes a preventative approach. This year the SAB has focused upon self-neglect and hoarding, poverty, domestic abuse, sexual exploitation and modern day slavery.

Again it has been a busy year for the SAB, who have completed and published one Safeguarding Adults Review, and have commenced another. I would like to offer my condolences to the families of the individuals at the heart of these reviews, and offer an assurance that the Board will work in partnership to ensure that the learning from these reviews is embedded.

My thanks and appreciation goes to all partners for their dedication during a time of huge demand and whose commitment and motivation deliver our shared priorities. I would also like to thank and recognise the ongoing contribution of the Lay members, who continue to provide valuable scrutiny and perspective. We continue to learn and improve.



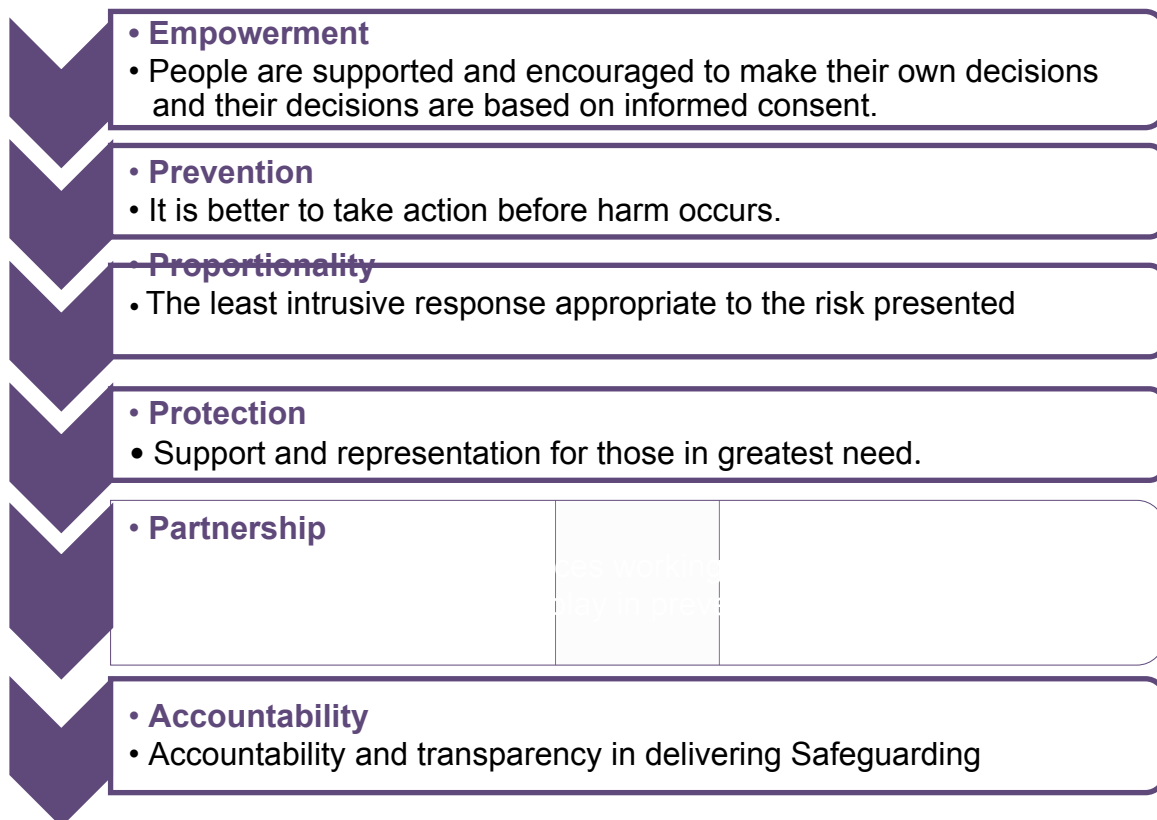
**Paula Mead**

North Tyneside and Northumberland SAB Independent Chair

## 1. Our Vision

“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 agree to adhere to the Care Act principles which underpin all adult safeguarding work;



## 2. North Tyneside and Northumberland Safeguarding Adults Board [SAB]

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

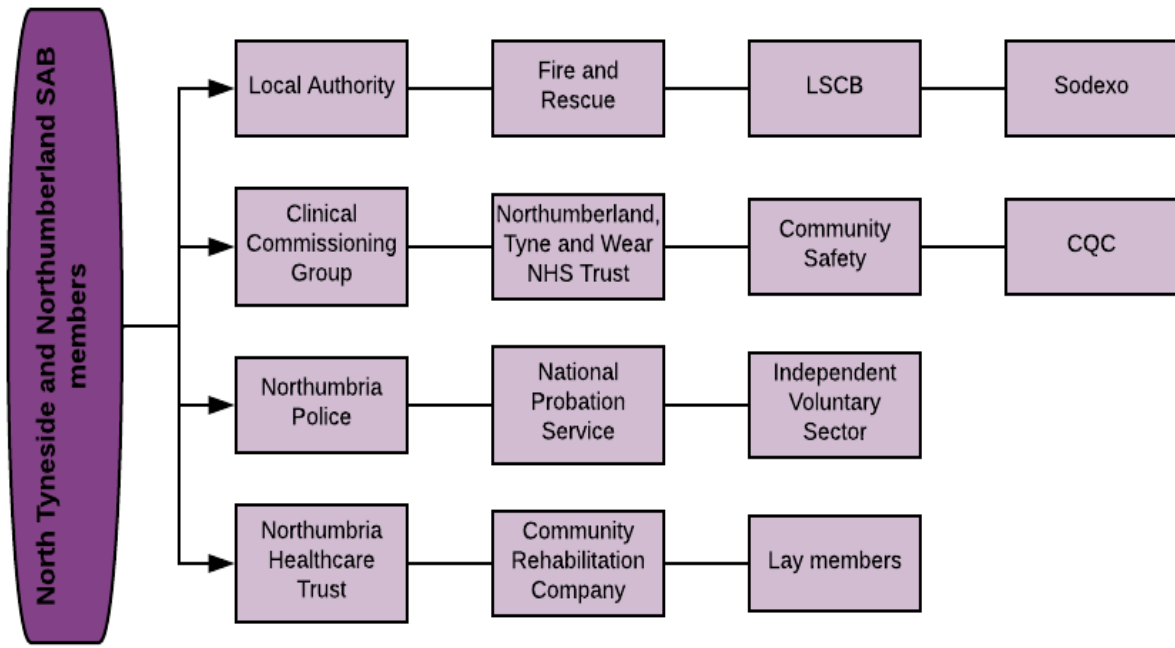
- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
- publish an annual report detailing how effective their work has been.
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The main objective of the SAB is to improve local safeguarding arrangements to ensure partners act to help and protect adults experiencing, or at risk of neglect and abuse.



## SAB members

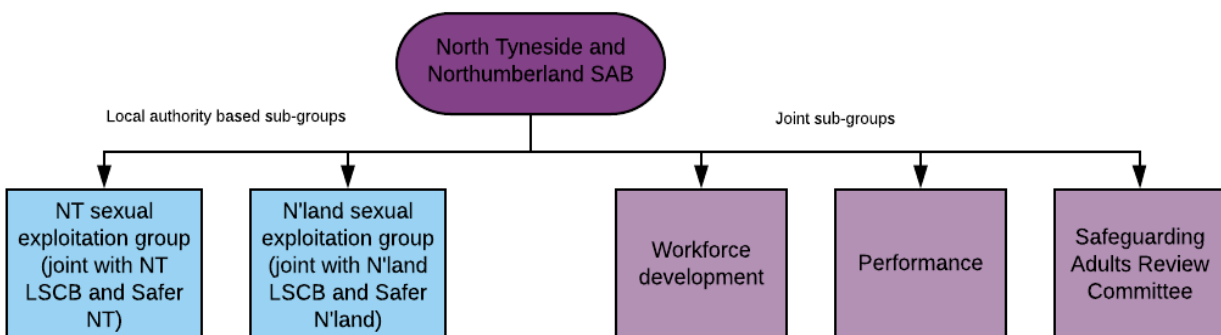
As specified in the Care Act, the SAB includes three core members; the Local Authority, Clinical Commissioning Group, and the Police. However our membership is also made up of nominated lead representatives from a wide range of partner agencies.



## 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. We have continued to have separate Sexual Exploitation sub-groups, with Northumberland and North Tyneside each having had a group consisting of members from their respective Local Safeguarding Children Board and Community Safety Partnerships.

The SAB reports to the Overview Scrutiny Committees and also shares the Annual report with the Health and Wellbeing strategic boards at North Tyneside and Northumberland.



### 3. Local Safeguarding Data 2018 -2019

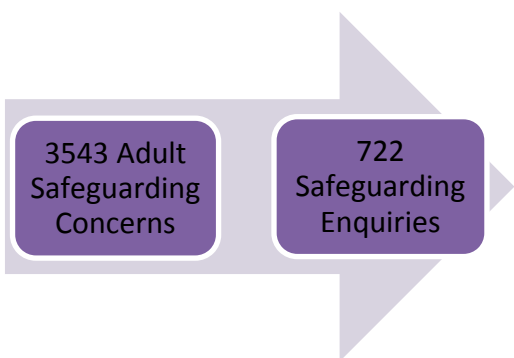


North Tyneside

#### North Tyneside Data

Performance Source: Safeguarding Adults Return

#### Safeguarding Concerns and Enquiries



There has been an increase in concerns and enquiries from the previous year. This reflects a change in recording where safeguarding concerns received are reported without a pre-screening. They are then triaged prior to commencing an enquiry.

#### Location of abuse



49% of concluded enquires were about abuse in people's own home.



28% of enquiries were in Nursing or Care homes

#### Source of Risk

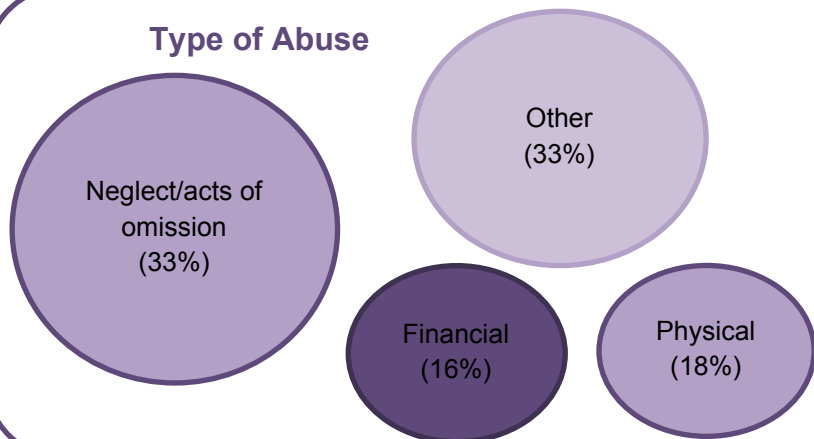


78% of enquiries had risk identified and action taken.

4% of enquiries ceased at individual's request.

84% of enquiries involved a source of risk known to the individual.

#### Type of Abuse



0 Safeguarding Adult Reviews were carried out

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

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



Northumberland

### Northumberland Data

(Performance Source: Local Performance Monitoring Report)

#### Safeguarding Concerns and Enquiries

2001 Adult Concern Notifications

261 Safeguarding enquiries

The introduction of a formal Multi-Agency Safeguarding Hub (MASH) has seen the number of concerns significantly reduce by 25% from the previous year. A triage system has similarly impacted on the number of enquiries, which is 44% lower than 2017/18. This demonstrates more appropriate concerns are being reported.

100% of referrals from the police led to an enquiry

#### Location of abuse

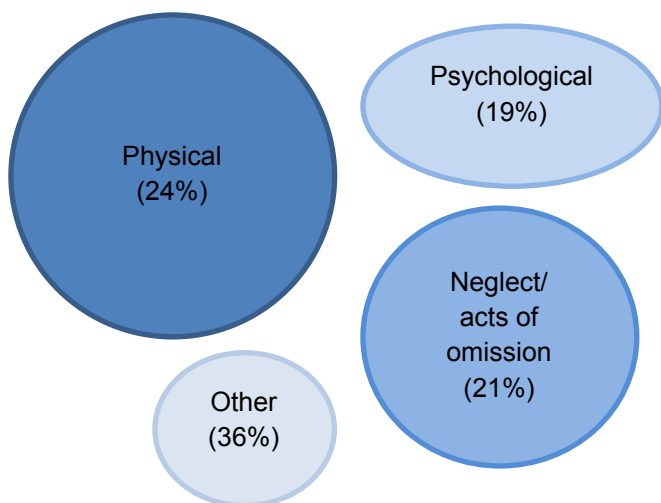


43% of concluded enquires were about abuse in people's own home



29% of enquiries were in Nursing or Care homes

#### Type of Abuse



#### Source of Risk



76% of enquiries had risk identified and action taken.

4% of enquiries ceased at individual's request.

65% of enquiries involved a source of risk known to the individual.

1 Safeguarding Adult Review was concluded and 1 was commenced

## Making Safeguarding Personal



% of clients involved in enquiries who lacked capacity

**North Tyneside – 38%**

**Northumberland – 47%**

% of individuals involved in enquiries who were asked what their desired outcomes were

**North Tyneside – 67%**

**Northumberland – 56%**

% of individuals who had their outcomes fully or partially met (where outcomes were expressed)

**North Tyneside – 93%**

**Northumberland – 91%**



The SAB remains committed to the Making Safeguarding Personal agenda, which is always a central focus for the Board. We remain committed to working together to develop these arrangements, to ensure we achieve personalised front line practice, and the best possible outcomes for individuals. Moving forward in 2019/2020 the Board will be undertaking multi-agency MSP audits to seek assurance that this approach is embedded across all partner agencies.

## 4. Key achievements 2018-2019

### Continued Development of the MASH



Both North Tyneside and Northumberland have developed Multi-Agency Safeguarding Hubs (MASH) as part of their front door services. A MASH brings together professionals from a range of agencies and is designed to facilitate timely information sharing and decision making on a multi-agency basis, which is key to meeting the SAB objectives. MASH arrangements across ensure consistent thresholds are applied, to facilitate effective risk assessment and intervention, and a family approach towards safeguarding.

#### North Tyneside

The Adult Social Care MASH continues to sit at the front door alongside children services and other partners which include the Police, Harbour, Probation and Housing. This has improved partnership working, especially around MARAC as the co-ordinators are co-located.

We have been part of the MASH since September 2017. We meet with the police every day to screen police concerns and this allows for effective triaging. The majority of referrals come from other professionals and we access the MASH partners to discuss these when required. The Adult MASH is also part of the Adult Gateway Team and this can allow for a positive customer journey.

Being co-located with children's services has allowed for a sharing of information but also gives us the opportunity to be able to give clarity around Adult Social Care and the Care Act. We are part of strategy meetings for children's cases when the police have determined that a case is APVA (Adolescent to Parent Violence), allowing for a think family approach and enables us to identify if the adult involved has any Care Act eligible needs.

#### Northumberland

The Northumberland MASH was launched in February 2018, and since this time has extended its membership from Police, Adult Safeguarding and Children's Services, to include representatives from Education, Health and Early Help Services. Single Point of Contacts have been identified within other partner agencies including NTW, Fire and Rescue Service, Probation, Department of Working Pensions, Housing, Public Protection and Community Safety. The information provided by partner agencies not only improves decision making, but also supports in the planning and intervention required, resulting in appropriate responses to both adults and children

The MASH has progressed to joint Adult and Children's strategy meetings focussing on cases involving Adolescent to Parent Violence (APVA), Exploitation and County Lines. This has evidenced robust safety planning and intervention, and feedback within the MASH highlights the quality of these meetings. The implementation of daily Triage meetings to consider all Police concerns also ensures appropriate and timely interventions are provided to both adults and children.

Staffing within the MASH has remained consistent and working relationships have strengthened, resulting in one team as opposed to partner agencies located together. Multi-agency themed audits continue to identify good practice and areas for development and training. To date audits have considered key areas such as fire setting, neglect, exploitation, and missing children/adults.

Moving forwards Northumberland continues to review and develop the MASH, and has identified future areas of development which include; regular quality and performance workshops, continuing to develop the joint strategy model, and further improving partnership working.

## Strengthened our Response to Sexual Exploitation



Both North Tyneside and Northumberland have had joint sub groups with Children's Safeguarding Boards and Community Safety Partnerships, which have continued to drive the SAB's work in relation to sexual exploitation, and moving forward our understanding of and responses to criminal exploitation.

### North Tyneside

Following the publication of the Newcastle Joint Serious Case Review [JSCR] into sexual exploitation, the North Tyneside Sub group undertook briefings and an analysis of the locality's multi agency position against the recommendations. An all age multi agency audit was also undertaken against the key lines of enquiry in the sexual exploitation Joint Targeted Area Inspection framework.

North Tyneside has drafted operational guidelines in relation to Modern Day Slavery and has tested a pathway for managing vulnerable victims of County Lines operations successfully. Building on the work of the MSET (Missing, Sexually Exploited and Trafficked) panel in Children's services, North Tyneside have launched an Adult MSET which facilitates multi-agency working and risk management for some of our most vulnerable adults.

### Northumberland

In Northumberland the Sexual and Criminal Exploitation strategy (2019-2022) was launched this year, and the implementation of the multi-agency delivery plan to support



this commenced. The sub group has also undertaken a significant amount of work in response to the JSCR into sexual exploitation, which has included multi-agency benchmarking, circulating a 7 minute guide, and delivering Information events across the County. A number of Sexual Exploitation masterclasses have also been delivered, and further sessions are planned for 2019-20. The learning from this Review remains central to Northumberland's strategy and priorities moving forward.

MSET arrangements have been rolled out across Children's services in Northumberland, which include representation from Adult Social Care, to support the early identification of vulnerable young people who may require transitional support and planning. Adult Social Care are also exploring other regional models, and adapting the screening tool and guidance for use with adults at risk. Work is also underway in Northumberland to raise awareness of criminal exploitation across the partnership, and to develop local arrangements to respond to County Lines. A 7 minute guide has been circulated to all partner agencies, and briefing sessions are planned. Further development is required in this area moving forward.

Northumberland benefitted from a multi-agency Joint Targeted Area Inspection (JTAI) earlier in the year which was focused on Child Sexual Exploitation and Child Exploitation which has helped to further inform the strategy and action plan.

Looking ahead to next year, the sub group will continue to monitor the multi-agency strategy and delivery plan. The group will be focusing upon criminal exploitation, data analysis and mapping of hot spots, developing the Sexual Exploitation Champion role, and rolling out a Joint Sexual Exploitation training programme across Adults and Children's services. We will also be working with our Regional partners to develop a consistent approach to missing adults.

### **Communication**

The communication sub-group was disbanded in 2018/19 and in its place there is now a communication protocol, which outlines a range of community groups and organisations with whom the SAB regularly share information with. Links have also been established with a number of church and faith groups, and there is now SAB representation on the Diocesan Safeguarding Advisory Group. This was an action identified in a learning review held in 2017-18. In the next year we aim to extend our communication with faith groups by engaging with non-Christian groups.

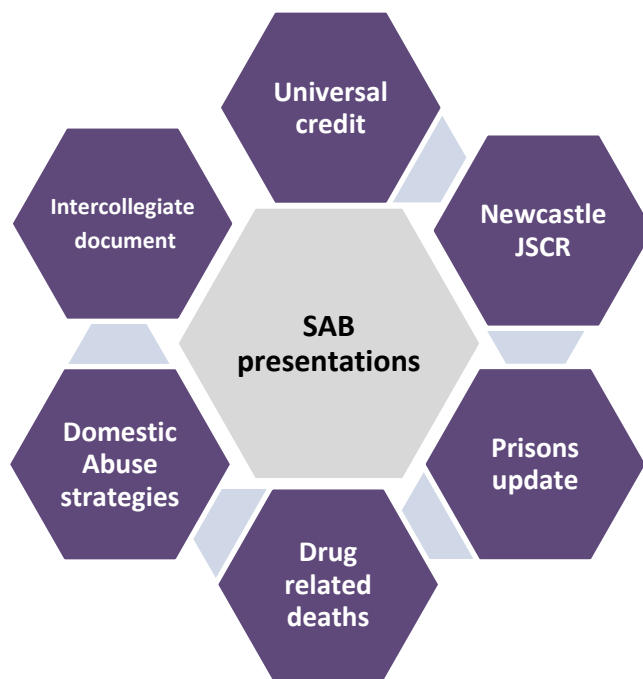
### **Quality Assurance**

The SAB, in collaboration with Newcastle SAB, has updated their Quality Assurance Framework which was circulated to all partner agencies in December 2018. A self-assessment and challenge session was then held in May to evaluate the work of the SAB partner agencies, and identify and inform the priorities set out in the Annual Plan for 2019-20.

Both local authorities have robust audit procedures in place to monitor the quality and effectiveness of operational safeguarding arrangements. These are reported to and scrutinised by the Board and the sub groups on a quarterly basis.

## Focus on specific topics

This year the Board has focused upon, and invited speakers in relation to a range of Specialist topics. These presentations have informed future areas of work, and are included in a number of sub-group work plans.



## Development sessions

### Exploring safeguarding through a poverty lens

Explored the prevalence of Poverty in the North East, and the impact upon health and wellbeing in our communities. Poverty increases risk to individuals with toxic multipliers such as addiction and mental health issues. There is a significant correlation between Poverty, Disability and Mental Health, which has implications for safeguarding children and adults at risk. The SAB were asked to consider universal messages, partnership working, prevention and service planning through a poverty lens.

### Self-Neglect and Hoarding

Explored the cumulative risks associated with self-neglect and hoarding, and the impact on services and more importantly vulnerable adults. The interface with Safeguarding Adults and the provisions of the Care Act were considered, alongside learning identified from Safeguarding Adult Reviews. The SAB were asked to consider the importance of balancing the law, early and effective interventions, and fundamentally adopting a trauma based approach to working with individuals.

Moving forward a multi-agency task group has been established to develop a Hoarding protocol and training resources.





## Modern Day Slavery

The Care Act (2014) defines Modern Day Slavery as a form of abuse, falling within the remit of the Safeguarding Adults procedures. The Modern Slavery Act (2015) consolidated and simplified existing offences into a single act.

Modern Day Slavery (MDS) continues to be an area for development for all agencies. Building upon the Regional North of Tyne guidance for staff produced in 2016, an operational response to the challenge of MDS has been developed and is awaiting endorsement from the Board. This will be implemented across both areas in 2019-20.

### Northumberland Housing Services case

A Police investigation commenced in October 2017 as a result of an incident highlighted by the Gypsy Roma Traveller Liaison Officer, regarding concerns at an unauthorised encampment. This resulted in the safeguarding of an Eastern European vulnerable male adult, who was being held in domestic servitude. A number of defendants have been charged with offences under the Modern Day Slavery Act.

This is an example of effective training and awareness raising across Housing services.

## Policies and Procedures

The SAB has a Multi-agency Safeguarding Policy in place which covers both Northumberland and North Tyneside.

This year we have updated and published the SAB information sharing agreement and the SAB terms of reference. The SAB also endorsed the publication of SAB meeting minutes. All these documents can be found on [North Tyneside](#) and [Northumberland](#) Safeguarding Adults websites. During this year, the Northumberland Safeguarding Adults website has been redesigned and relaunched.

## Raising Awareness of Safeguarding during 'SAFE week'

### SAFE (Safeguarding Awareness For Everyone) week

In September 2018 the fifth annual SAFE week took place across North Tyneside and Newcastle. The campaign seeks to raise awareness of protecting vulnerable adults and children.



The lighthouse was turned purple.....



So was Waves swimming pool.....



People also wore purple and there were purple cakes!





There was an awareness raising walk from Bamburgh to Seahouses, in partnership with Active Northumberland. This event was also supported by [Stop Loan Sharks](#)



Information stalls were held at various locations across both boroughs



North Tyneside held a conference entitled 'The Voice of the Adult'



## Contribution from Lay members

The SAB continues to be committed to engaging communities in safeguarding, and promoting the welfare and wellbeing of adults. In March 2018 we were delighted to recruit two lay members to the Board; one representing Northumberland and one for North Tyneside. One year on, and their role and contribution to the SAB has been invaluable, and continues to provide a community perspective to the work of the Board. Both lay members have contributed positively to meetings and development sessions, and have provided oversight and scrutiny of the decisions and policies endorsed by the Board.

We continue to welcome their contribution and perspective, which can only enhance safeguarding within our local communities.

*“ A year in and the real benefit I feel of being a lay member is having the independence of the role, giving me the freedom to ask questions that often other people may be thinking but not saying because of the constraints of their role. This has been my main contribution.*

*Also it is vital to call out on the use of organisational jargon in SAB meetings and publications.*

*Hopefully the involvement of lay members has helped to further promote greater awareness that every member of our society is entitled to feel safe and protected from abuse and neglect.*

**North Tyneside Lay Member**

*“ My first year as lay person has been a productive one in helping me in my community role improve the interface between the SAB and the community organisations I am involved with. Bringing key safeguarding information into communities is very important. I have been able to help spread key information such as SAFE week and the Herbert protocol across local community networks. Being part of the SAB has also given me easy access to senior officers in agencies which has fast tracked community action. An example of this was as a result of speaking to several colleagues on the SAB my local community then hosted an Ageing Well Fair which was highly successful. Lots of new links have since been made with key agencies at a local level which will only enhance the safeguarding message at community level. ”*

**Northumberland Lay Member**

## Support from the Central User Forum



The Central User Forum is a self-advocacy group for Adults with Learning disabilities in Northumberland. They work in partnership with Northumberland County Council's Learning disability Partnership board and other self-advocacy groups in the area.

Their main goal is to increase the involvement of people with Learning disabilities and autism, enabling them to have a voice in the development of social care.

This year the Forum are supporting the Safeguarding Adults Board to produce an easy-read version of their Annual Report, to ensure the information is accessible to a range of people, including those with Learning disabilities.



## 5. Lessons Learnt

### Safeguarding Adults Reviews (SARs)

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

In the year for this Annual report one Safeguarding Adults Review (SAR) has been completed in Northumberland, which commenced in 2017-18, and was published on behalf of the SAB in December 2018. Further details of the learning from this review can be found below. Looking ahead to next year a key priority for the Safeguarding Adults Review Committee (SARC) will be to oversee the action plan from this review, reporting progress to the SAB and ensuring that all recommendations have been completed in full.

In 2018-19 the SARC also recommended to the Board that one SAR be undertaken in Northumberland. This review has commenced, and will be concluded and reported in the 2019-20 Annual report. The themes within this review relate to domestic violence, homelessness, substance misuse, and difficulties sustaining engagement.

### Peer Review

The SAB would like to thank and acknowledge the contribution of the Sunderland Safeguarding Adults Board, who this year undertook a peer review of the decisions made by the SARC. The Chair of the Sunderland SAB and the Chair of the Learning and Improvement in Practice sub group reviewed referrals to the SARC dating back to 2014, and in particular the decisions reached. This independent review supported all the final decisions taken by the SARC, about whether the criteria to undertake a SAR had been met. The review did make some observations in relation to procedures and processes, all of these learning points have been taken on board by the Committee, and appropriate revisions have been made. This independent review has been valuable in scrutinising and developing our local arrangements, and providing assurances regarding the Committee's decision making and governance.

### Learning Reviews

In 2018-2019 the SARC considered 6 new case referrals. The SARC has continued to monitor the action plans from a number of previously completed learning reviews. These reviews had not met the statutory criteria for a SAR but partners had agreed that there were lessons to be learned about multi-agency collaboration. The SARC also continues to consider and benchmark learning from other reviews, both locally and nationally. Looking ahead to next year, SAR champions will be looking to develop and cascade this learning further.

Both the Northumberland SAB Manager and the Chair of the SARC have become two of seven regional SAR champions. Research in Practice for Adults (RiPFA) were commissioned in partnership with SCIE, to develop a national Safeguarding Adults Review Champions network. It is the role of SAR Champions to support SABs in their region by raising awareness of the SAR quality markers and national SAR library. Also, in response to a number of learning reviews which have been overseen by the Safeguarding Adults Review Committee, bespoke training has been developed for both SAB partners and staff

in Northumberland and North Tyneside. This training seeks to cascade the key learning from local reviews and SAR's, and is being rolled out in 2019-20.

### Safeguarding Adults Review – Adult W

In December 2018 the SAB published a SAR relating to Adult W. The full report can be found on [Northumberland's Safeguarding Adults website](#)

Adult W was 90 years old, with Type 1 diabetes and a number of other medical conditions. Adult W died in a nursing home after his condition deteriorated, and the severity of the situation was not recognised or escalated. Adult W's bespoke diabetes care plan had not been updated and communicated across all relevant agencies, which led to a poor level of understanding of Adult W's diabetic and holistic care needs in the week leading up to his death.

#### Key learning identified:

- There was poor management of Adult W's deteriorating condition by Nursing home staff. There was no clear care plan of sick day rules.
- There was a lack of review, communication and accountability in relation to Adult W's diabetes plan.
- Communication and Integration of the care pathway was not effective.
- Diabetes education and training is required for staff appropriate to their role.

#### What have we done as a result?

- Reviewed available diabetes/physical deterioration training, and staff compliance.
- Multi agency Diabetic Patient Pathway is being developed which reflects good practice and clear lines of accountability.
- Adult Social Care staff briefed on the need for good multi-disciplinary working, written assessment, robust carers' assessments, and ensuring appropriate information/equipment is transferred between care settings.

#### Ongoing work:

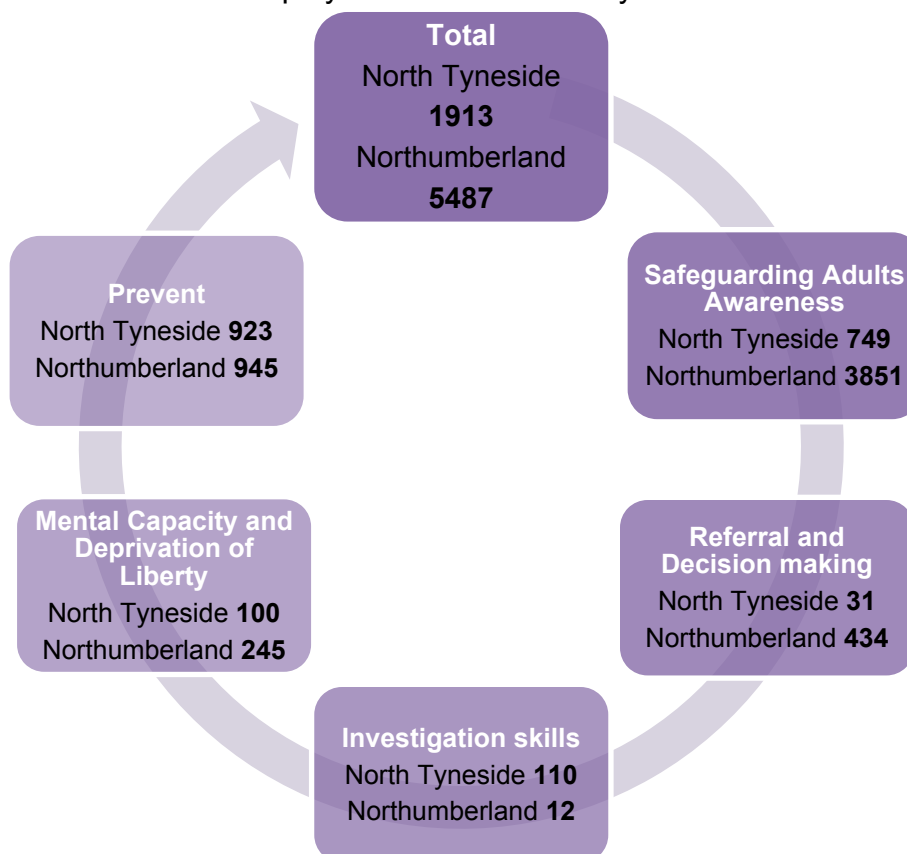
- Finalise and implement Multi agency Diabetic pathway.
- Multi-agency audit to review compliance to the revised pathway.
- Organisational policies to be reviewed and updated.

## 6. What training have we delivered

The Safeguarding Adults training programme offered across both local authority areas continues to provide high quality learning and development opportunities for a diverse workforce, and is regularly reviewed to ensure it remains ‘fit for purpose’.

Multi agency and interagency initiatives have continued to develop and the joint approach to learning events across both adult and children’s social care continues to expand. The diagram below shows the number of attendees at a number of the courses available.

There is a significant difference in the numbers trained across both areas. However this is reflected in the fact that Northumberland has a larger geographical area. In addition Northumberland data includes Northumbria Healthcare Trust training, which will include Health and Social care staff employed in the Community Services Business Unit.



### Training Highlights:

- **New ‘Social Care Training Team’ established in Northumberland**

Following a significant restructure of the previous LDU Community training team we have now established a dedicated Team for Adults and Children’s Social Care Training. The Team co-ordinates, commissions and delivers a wide range of training and other learning events across Northumberland and in partnership with a range of statutory and non-statutory agencies.





- **Learning Events to support SAB priorities**

Specialist learning events have included a Sexual Exploitation Masterclass: Trauma Based Approach, a self-neglect and Hoarding Masterclass, Domestic Abuse (L2) Ask and Act train the trainer and the Josephine and Jack Programme.

- **Quality Assurance Process – Provider SA Training Programmes**

During this year the Workforce Development Group undertook a Quality Assurance Audit of Independent provider Safeguarding Training, to ensure it met both local and national requirements in accordance with policy and legislation.

The audit has led to the addition of a contractual clause for commissioned providers in North Tyneside. This includes a requirement to access the Northumberland and North Tyneside SAB Safeguarding Adult training programme or to submit all in-house training programmes to the sub group for quality assurance. Any concerns identified will be raised directly with the relevant provider. Moving forward Northumberland are looking to adopt the same approach.

#### **Our Workforce Plan for 2019-20**

- Raising the profile of Domestic Abuse using the newly developed Level 2 training programme.
- Working with housing partners to achieve accreditation under the Domestic Abuse Housing Alliance.
- To develop a Level 3 Safeguarding Adult programme for Health services in response to the Intercollegiate document.
- To develop a multi-agency approach to learning lessons from SAR's and other reviews.
- To review existing CSE Training and develop an all age Sexual Exploitation training programme.
- To develop a multi-agency hoarding protocol and toolkit for practitioners.

## 7. Looking forward to next year

We have a strategic plan in place for 2019-20, which has been informed by local Safeguarding data, experiences and feedback; partner self-assessments; and regional priorities.

The plan can be found [here](#) or on the Safeguarding Adults pages at;  
[www.northtyneside.gov.uk](http://www.northtyneside.gov.uk)  
[www.northumberland.gov.uk/Care/Support/Safeguarding.aspx](http://www.northumberland.gov.uk/Care/Support/Safeguarding.aspx)

The key Strategic Priorities for the SAB for 2019-20 are;

- **Transitional Safeguarding arrangements** - ensure robust and consistent responses are in place to manage safeguarding for vulnerable young people.
- **Early identification and Prevention of Domestic Abuse.** To support the work of the Strategic forum.
- **Focus on forms of Criminal exploitation** - including County Lines, Sexual Exploitation, Cuckooing, Hate Crime and Criminal Gangs.
- **Making Safeguarding Personal** – further embedding and scrutiny of current arrangements.



## 8. Working with our partners

### Partner spotlight – Northumbria Healthcare Trust



#### The Domestic Abuse Health Advocate Role in Northumbria Healthcare Trust

In early 2017 a proposal for funding was made to the then Police Crime Commissioner (PCC) Vera Baird to pilot a Domestic Abuse Health Advocate (DAHA) for each health provider in the Northumbria Police area. This was in partnership with the local authorities and CCG’s within those areas. Northumbria Health Care Trust (NHCT) in conjunction with North Tyneside and Northumberland LA and CCG’s decided to look at the DAHA role from an acute perspective. Funding was granted for 3 years starting in April 2017- March 2020.

The DAHA pilot was specifically to support victims and upskill staff in three main areas; A&E, Gynaecology and Maternity. Pathways and training was set up to not only support high risk victims of domestic abuse, but to empower and enable staff to support those who attend NHCT and do not identify, via the Dash Risk Assessment, as high risk. Incorporating safety planning, the role has been evaluated by both victims and staff to be exceptionally beneficial. Resources have been developed to enable staff to support victims, in the form of a pocket slider that staff can carry to help them have quick access to pathways, plans and support services. Other resources have been provided from domestic abuse agencies for staff to give to victims.

#### Case Study from DAHA pilot

##### Background

- Patient A was brought to NSECH emergency department by police following an assault by her partner.
- Patient A was isolated from family and dependent upon her partner financially. Patient A disclosed controlling and coercive behaviours from her partner.



##### Actions

- A referral was made to the DAHA who saw Patient A in A&E.
- A DASH RIC (domestic violence screening tool) was completed and a MARAC referral submitted.
- Patient A was supplied with a Pay as you go mobile phone.
- The DAHA secured a space in the refuge and negotiated for patient A to be able to take her dog for the weekend.
- The dog was then fostered temporarily via the Dogs Trust Freedom Project.



##### Outcome

- Patient A was provided with specialist domestic abuse support through Harbour Support Services.
- Patient A has now been rehoused and is safe.

## Partner updates

Our partners have been invited to contribute to this report. Their individual reports have been compiled into a separate document which can be found [here](#).

Below are some brief highlights of what our partners have told us about Safeguarding in their organisations this year.

Following the learning identified in two local DHR's we have improved the Domestic Abuse Pathway and Coding – <b>North Tyneside CCG</b>
Procurement of a comprehensive single agency training package for primary care staff in relation to safeguarding adults, mental capacity act, deprivation of liberty, prevent and domestic abuse – <b>Northumberland CCG</b>
Referrals submitted for adults who are of concern to the police for reasons under the wider definition of Vulnerability as well as those meeting the Safeguarding threshold, are now all subject to multi-agency triage within the Multi agency safeguarding hub (MASH) arrangements for adults - <b>Northumbria Police</b>
A series of leaflets have been devised by the Learning Disability Liaison nurses along with people with learning disabilities for patients coming into hospital – <b>Northumbria Healthcare Trust</b>
We have had a particular focus on combatting domestic abuse, working with the perpetrators of sexual offending, modern day slavery and human trafficking and meeting the needs of service users with learning difficulties/disabilities – <b>National Probation Service</b>
We have recruited a dedicated Partner Link Worker resource and developed a relationship with Victims First – <b>Community Rehabilitation Company</b>
The Safeguarding and Public Protection (SAPP) Team aims to support all trust staff to keep children, young people and adults at risk safe, and to meet statutory obligations – <b>NTW</b>
We have delivered tailored safeguarding training to all supervisory and middle managers (delivered by Adult Safeguarding Team) – <b>Northumberland Fire and Rescue</b>
We have refreshed and streamlined the Safeguarding Adults procedure to make it as easy as possible for front line staff to report concerns – <b>Tyne and Wear Fire and Rescue</b>
We are progressing the action plan required to achieve Domestic Abuse Housing Alliance (DAHA) accreditation, working closely with colleagues in Strategic Housing to ensure that a consistent approach to support for vulnerable tenants is achieved – <b>Housing Services Northumberland</b>
We launched our SSKIN (pressure ulcer prevention) campaign in conjunction with/adapted from the National Patient Safety Agency – <b>Northumberland Age UK</b>

## Appendix 1

### Glossary of terms

APVA	<b>Adolescent to Parent Violence</b>
CCG	<b>Clinical Commissioning Group</b>
DHR	<b>Domestic Homicide Review</b>
DoLS	<b>Deprivation of Liberty Safeguards</b>
JSCR	<b>Joint Serious Case Review</b>
JTAI	<b>Joint Targeted Area Inspection</b>
LA	<b>Local Authority</b>
MARAC	<b>Multi-Agency Risk Assessment Conference</b>
MATAC	<b>Multi-agency Tasking and Coordination</b>
MASH	<b>Multi-Agency Safeguarding Hub</b>
MDS	<b>Modern Day Slavery</b>
MSP	<b>Making Safeguarding Personal</b>
MSET	<b>Missing, Sexually Exploited and Trafficked</b>
NHCFT	<b>Northumbria Healthcare Foundation Trust</b>
NTW	<b>Northumberland, Tyne and Wear NHS Foundation Trust</b>
NSCB	<b>Northumberland Safeguarding Children Board</b>
SAB	<b>Safeguarding Adults Board</b>
SAR	<b>Safeguarding Adults Review (under s.44 of the Care Act)</b> See full <a href="#">Care Act guidance</a> .
SARC	<b>Safeguarding Adults Review Committee</b>
SCIE	<b>Social Care Institute for Excellence</b>
SE/ CSE	<b>Sexual Exploitation/ Child Sexual Exploitation</b>
S.42 Enquiry	The Care Act 2014 ( <b>Section 42</b> ) requires that each local authority must make <b>enquiries</b> , or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. See full <a href="#">Care Act guidance</a> .

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# North Tyneside and Northumberland Safeguarding Adults Board

## Appendix to the Annual Report 2018 - 2019

### Partner Reports



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## Northumbria Police

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

### Safeguarding Department

The force has shown its intention to invest in an organisational posture which is more preventative in its focus, supplementing an effective reactive response capability with an ability to prevent crime from occurring in the first instance. The importance of the early identification of emerging vulnerability and the ability to respond effectively and efficiently with partners is a significant aspect of the Safeguarding Department.

The Safeguarding Department:

- Retains specialist safeguarding investigation teams under one department
- Ensures investigations are of a high standard within an area of policing which carries significant risk
- Maintains established pathways for multi-agency working
- Ensures that staff are accredited in line with specialisms
- Provides strategic direction in line with national best practice

### Management of Sexual Offenders and Violent Offenders (MOSOVO)

As part of a wider Safeguarding Project, Northumbria Police have increased the number of officers who work towards reducing the risk of Sexual Offenders and Violent Offenders under the Management of Sexual Offenders and Violent Offenders (MOSOVO) team. Neighbourhood officers will be provided with additional training and will work alongside MOSOVO specialists to ensure a more intrusive and effective management of registered sex offenders to reduce offending and increasing community based intelligence. The new model will be fully functional by 2019.

### Complex Abuse Investigation Unit

The complex abuse investigation unit is the dedicated response to investigating, disrupting and prosecuting offences of sexual exploitation (child and adult) and Modern Day Slavery. The multi-agency team includes statutory and voluntary sector workers.

### Tackling Exploitation

The victim team have a bespoke victim strategy, which ensures the most appropriate agency makes the first trusted approach to any potential complainant. The team have adopted a persistent and patient approach to build trust and confidence with the potential complainant so that they feel supported and ready to disclose any offences which they have been victim of. The recently published joint serious case review commissioned by

Newcastle Council in relation to sexual exploitation in Newcastle recognised the dedicated victim teams as national best practice. The multi-agency victim teams have also received endorsement from the victims spoken to during the review.

There are a number of ongoing sexual exploitation investigations currently being investigated by the Complex Abuse Investigation Team.

Sanctuary is now the Force's overarching response to prevention and protection of vulnerability including, under Sanctuary, Northumbria Police continue to work with agencies to disrupt and prevent perpetrators.

### **Tackling Modern Day Slavery (MDS)**

MDS is an overarching term encompassing slavery, servitude, forced or compulsory labour and human trafficking.

The Force is working with Local Authorities to establish a joint MDS protocol which will provide a consistent approach to the safeguarding of victims and the ability to respond to pre-planned and live incidents.

There have been several large scale complex investigations into MDS and Human Trafficking.

### **MASH**

On 16th April 2018, the new MASH operating model went live across all six local authority areas provide a holistic response to vulnerable children and adults based on their individual needs

and needs of the family. All six MASHs are at various stages of implementation. Line management and internal police governance will ensure that processes within the MASH develop in a consistent way. All MASHs now have a performance framework in place to highlight areas of best practice including areas for development. The 'onecall' approach in Northumberland, incorporating Northumberland MASH, has been nationally recognised by Sir Tom Windsor, HMICFRS as best practice and should be adopted nationally. The MASH model is evolving to align delivery of safeguarding and children's multi agency services. Additionally bring in a co-ordinated and cohesive approach to tackling domestic abuse.

### **APVA Training**

Adolescent to Parent Violence and Abuse (APVA) is increasingly recognised as a form of domestic abuse. It is defined as any behaviour used by a young person to control, dominate or coerce parents and is intended to threaten and intimidate, it is widely under reported. The training sessions are taking place in June and July 2018 and include delivery by 'RESPECT' to 60 front line officers as well as to key professionals in other agencies who will be delivering the Respect Young People's Programme. The training to police officers is the first of its kind being delivered by RESPECT in the UK, putting Northumbria Police at the front of this evolving area of risk and preparing the Force to better identify and respond to APVA.

### **Making Safeguarding Personal**

Northumbria Police pro-actively encourage officers to report any concern for vulnerable adults using the NPCC definition of

Vulnerable. These submissions are called Adult Concern notifications (ACN) and are made often after a conversation with the adult involved but not always with their consent. There is deliberately no threshold to this referral process and vulnerability is initially identified at point of contact via the THRIVE assessment process rather than at the threshold for adult services intervention for example. Where these adults are victims of crime or Anti-Social Behaviour (ASB), there is also a system of victim needs assessment (VNA) which is compliant with the Victims' Code Of Practice (VCOP). This referral includes views of adult or appropriate adult/carer where necessary and includes questions about desired outcomes. The victim's voice is always central to the VNA which can also result in a referral to Victim's First Northumbria (VFN) – an independent service.

Through compliance with the victim's charter and (VCOP), Officers in the case (OIC) of crime or ASB must identify the outcomes which are desirable to the victim while also managing expectations.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

### **MDS**

Operation Merlin was a 3 year investigation into Modern Day Slavery and was the first investigation of it's kind within Northumbria Police. It was also the first case of home grown slavery nationally and has been extensively reported upon within the local and national media.

<https://www.chroniclive.co.uk/news/north-east-news/hargit-bariana-blyth-slavery-takeaway-14667864>

<http://www.dailymail.co.uk/news/article-5856411/Chip-shop-slavery-boss-jailed-eight-half-years.html>

This case has served to change people's mind-sets and challenged thinking about victims and offenders.

The case involved the offender Harjit Bariana who owned a series of takeaways and low quality housing which included a multiple occupancy address. Bariana offered accommodation to vulnerable people who were homeless and were either drug or alcohol dependant. He took all of their money from them, subjected them to beatings and made them work in his premises for free. In some occasions for several years. He would often subject the victims to demeaning behaviour, verbal abuse and in one instance took a victims shoes from them and made them walk several miles in bare feet to work in his take-away

Partnership working and problem solving;

- The team worked with officers from the fire service and environmental officers from the council regarding rubbish build ups at the premises and hygiene issues at the takeaways which was closed several times.
- Officers worked with the homeless officer from Northumberland County Council who rehoused all victims and provided an outstanding service.
- Officers managed a joint prosecution agreement with DWP (Department of Work and pensions) following fraud, tax evasion and a linked conspiracy to supply drugs investigation

- Officers liaised with Salvation army, local volunteer groups and partners to support victims

#### Change of Mind-set:

- Officers highlighted best practise by dealing with people on a victim offender sliding scale to identify and define support around vulnerable people -Safeguarding the community.
- The operation marked a change in direction of Blyth NPT ensuring the team took the lead on helping those who couldn't help themselves.
- The operation redefined the measure of success. During this operation the success was safeguarding and relocating victims; shutting down the multi-occupancy premises. The additional success was the justice of a **8 ½ year custodial sentence** for the main offender.

#### Victim Care:

- The victims were supported by the professionalism, focus and drive of the neighbourhood officers who provided linked support from a variety of partners.
- The case highlighted the importance of maintaining an open mind and supporting victims who in the past have been regarded by many as offenders due to their drug and alcohol addictions
- The team built trust and confidence within local communities. One victim stated: "...you saved my life...I couldn't see any escape!"

#### 3. Please identify your agency's priorities for the coming year.

The Force priorities are set out in detail within the Police and Crime plan 2017 - 2021 that can be found at:

<http://www.northumbria-pcc.gov.uk/police-crime-plan/>

In April 2018 Chief Constable Winton Keenen provided an interview that was published by the Evening Chronicle and can be found at:

<https://www.chroniclive.co.uk/news/north-east-news/meet-winton-keenen-northumbria-polices-14524213>

Within the interview Chief Constable Keenen made clear that the key priority for Northumbria Police was a focus on vulnerability: "The priorities are, I'll put it in really simple terms, I want to get the force to be better than it already is," he said.

"The world has changed, policing has changed, and what we really should be doing as police officers in the police force, we need to be dealing with people who are vulnerable, we need to focus the majority of our efforts on to making sure the people who are vulnerable are protected, that we get ahead of them becoming victims if they do.

"We need to deal with them in a way that suites their needs and spend enough time with them, to take them out of that situation and find ways to making their lives better. So the key priority for Northumbria Police, has already become and will continue to be, making sure vulnerable victims are the focus of what we do and the heart of everything we do."



## North Tyneside CCG

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

- North Tyneside Clinical Commissioning Group (NTCCG), continues to have an integrated safeguarding team consisting of the following roles:
- Executive Director of Nursing: Chief Operating Officer
- Head of Safeguarding: Designated Nurse Safeguarding Children.
- Designated Nurse Looked after Children: Safeguarding Children and Adults officer.
- Safeguarding Adults Lead: Safeguarding Children and Adults officer.
- Named GP Safeguarding Children and Adults.
- Designated Doctor Looked After Children.
- Designated Doctor Safeguarding Children.

The CCG is represented on the SAB and the following sub-groups:

- Performance sub group.
- Safeguarding Adult Review Committee.
- Work Force development sub-group
- Sexual Exploitation sub-group

In addition to the above the Clinical Quality Lead Nurse provides advice and guidance to North Tyneside nursing homes with regard to ensuring safe and high quality care is provided to residents. The CCG has strong links and works jointly with the Local Authority Commissioning team in addition to the Local Authority Safeguarding Team.

## Training

The CCG continues to provide regular training to primary Care staff on a variety of safeguarding issues including general safeguarding, domestic abuse and Multi-Agency Risk Assessment Conferences (MARAC), neglect, MCA / DOLs and Peer review sessions for GP practice leads. Over the past year the team has started to deliver raising awareness sessions to Primary Care staff (both clinical and non-clinical) on Modern Day Slavery.

In addition, the CCG is a member of the multi-agency Modern slavery working group which is developing a strategy and a Pathway with regard to North Tyneside's multi-agency response should an incident occur.

With regard to WRAP training for Primary Care staff, the CCG Safeguarding Team has delivered training to 27 practices out of the 28 practices and training is planned for the final practice within the next month.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

The CCG does not provide services directly however the CCG

Safeguarding Team does provide advice and support to Primary Care staff with regard to individual safeguarding concerns and queries in relation to the safeguarding process including the following:

- Making Safeguarding Personal (person-led approaches to safeguarding adults)
- Modern Slavery
- Domestic Abuse
- Organisational Abuse Enquiries
- Financial Abuse
- Sexual Exploitation
- Self-neglect
- Mate/hate crime

*3. Please provide any images that highlight/celebrate contributions to safeguarding adults in the past year. (e.g. photos, screenshots, infographics).*

The CCG Safeguarding Team participated in 'Safe Week'. This involved a training session to raise awareness amongst CCG staff, in relation safeguarding adults and children. This included information in relation to the following:

- The Safeguarding Adults Board (SAB)
- CCG Safeguarding Team, the role of the team and what to do if you have concerns
- The role and responsibilities of Primary Care in safeguarding
- Vulnerable groups and individuals 'experiencing or at risk of abuse or neglect'

- Modern day slavery (including an NHS England (NHSE), video on awareness raising)
- Multi-Agency Public Protection Arrangements (MAPPA)
- Prevent
- Sexual exploitation
- Domestic Abuse
- Domestic Homicide Reviews
- Safeguarding Adults Review
- Individual Adult and Organisational Safeguarding
- A general safeguarding Quiz and safe week

The CCG participated in the planning, implementation and evaluation of the 'Health Advocate' pilots for Domestic Abuse. One of the advocates is based in the local Foundation Trust and another worked closely with five local GP practices. Both pilots evaluated well and lead to some improvements and changes to the process for risk assessment and referral and also support, guidance and training for staff.

The CCG safeguarding Team delivered an awareness raising session to staff (as part of the 'Better Health at Work Silver Award 2018), on domestic abuse and the impact; this was specifically for staff.

*4. Please identify your agency's priorities for the coming year.*

Modern Slavery – development of the health response (awaiting NHSE guidance) and continue to raise awareness amongst Primary Care staff via training.

Continue to work with nursing homes and other commissioned health providers with the aim of always striving to improve the quality of care provided.

Continue to obtain assurance from commissioned health organisations with regard to the quality of care provided to North Tyneside residents.

Continue to prioritise participation in the SAB, SAB sub-groups and other partnerships e.g. MAPPA.

Continue to disseminate the learning from local, regional and national Serious Adult Case Reviews, Domestic Homicide Reviews and lower level learning reviews.





## Northumberland CCG

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

Northumberland Clinical Commissioning Group is committed to ensuring Adults Safeguarding is embedded into its strategic and operational working. To meet their statutory requirements the CCG have a Director of Nursing, Quality and Patient Safety and a range of designated professionals in place; and a key focus of their roles is the close partnership working they undertake with both the statutory and voluntary sector organisations. There are robust mechanisms for reporting to the executive board of the CCG to ensure that the organisation fulfils its statutory responsibilities in relation to safeguarding adults.

Last year, the CCG had reviewed its governance structure. The safeguarding workstream has become the 'Safeguarding Group' and reports to the Clinical Management Group, a subcommittee of the CCG's Governing Body. This new development will further enhance the profile of safeguarding in CCG at both strategic and operational levels.

Other significant developments and contributions include:

- Procurement of a comprehensive single agency training package for primary care staff in relation to safeguarding adults, mental capacity act, deprivation of liberty, prevent and domestic abuse.
- Throughout the year the CCG have regularly attended and actively contributed to the multi-agency Safeguarding Adults, MARAC and MAPPA meetings. This has improved the communication with primary care services resulting in positive engagement with the sharing of relevant, complex and sensitive information and resulting action plans. It has also raised awareness of domestic abuse, "Think Family Approach" and the importance of coding of domestic abuse on patients care records.
- The CCG has in place an agreed process for disseminating learning from all case reviews and learning from reviews included in mandatory training (GP's).
- The CCG received substantial assurance for external audits undertaken in 2017; Risk based audit of Safeguarding-Lessons Learned and Deprivation of Liberty Safeguards.

- Northumberland CCG has membership representation, and participation with Northumberland Safeguarding Adults Board and Safer Northumberland Board. Director of Nursing, Quality and Patient Safety and Head of Quality and Patient Safety Adults both attend the Northumberland Safeguarding Adults Board.
- Head of Quality and Patient Safety Adults has actively engaged with the performance and governance and safeguarding adults review committee sub-groups of the NSAB and the domestic abuse and contest thematic groups; sub groups of the Safer Northumberland Board.
- Northumberland CCG has also worked as a partner organisation in the Safeguarding Adults and Domestic Homicide reviews and processes including the respective panels.
- The CCG's Head of Quality and Patient Safety Adults regularly attends and contributes to multi agency meetings including the Multi-Agency Information sharing Meetings chaired by CQC, Safeguarding Adults strategy and planning meetings, quality assurance visits and meetings, MAPPA, and MARAC
- Membership of the boards, sub groups and multi-agency meetings has developed close working relationships with partner agencies and also ensuring effective sharing of complex and sensitive information.

- Ongoing operational support and advice for Northumberland CCG and primary care staff is available via the CCG's quality and patient safety team.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

Northumberland CCG do not provide a frontline service, however the Quality and Safeguarding Team do provide support and advice to the CCG, Primary Care / GP Practices and providers with regards to:

- Making Safeguarding Personal (person-led approaches to safeguarding adults)
- Modern Slavery
- Domestic Abuse
- Organisational Abuse Enquiries
- Financial Abuse
- Sexual Exploitation
- Self-neglect
- Mate/hate crime

### *3. Please identify your agency's priorities for the coming year.*

The CCG's priorities for 17/18 is to focus on quality assurance and continuing to drive up quality in relation to safeguarding adults, and ensuring that all services commissioned by Northumberland CCG have safeguarding adult arrangements in place that meet the statutory care act requirements.

- Northumberland CCG will continue to enhance existing monitoring and audit processes to enable the CCG to assess the quality of safeguarding adult arrangements within provider services, The CCG will build on current working relationship with all providers and work with them to ensure that safeguarding adults, MCA, DOL's and prevent is embedded in practice.
- Continuity and expansion of the CCG's quality visits programme to monitor and audit the quality of care to ensure that adults receive high quality, services. The CCG has reviewed and further developed its quality visits programme and schedule of announced and unannounced visits to commissioned providers including care homes.
- Building on the experience on children safeguarding, the CCG will be considering how to further develop a GP safeguarding leads network for adults that will include training and learning events.
- Engagement with Primary Care remains to be a key focus. The CCG will continue joint working with the SAB and SNP and partner agencies to raise awareness of safeguarding, MCA, DOL's, prevent and domestic violence, and ensure they are embedded in practice. The CCG will be working with GP Practices on information sharing, risk assessment and action planning to ensure effective arrangement and practices are in place.



**Northumbria Healthcare**  
NHS Foundation Trust

### **Northumbria Healthcare Foundation Trust [NHFT]**

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

Funding has been secured from the Police and Crime Commissioner for a Domestic Abuse Health Advocate to support with Domestic Abuse within the acute trust across A&E, Gynaecology and Maternity. The aim of this post is to up-skill the workforce around how to respond to domestic abuse and to also support domestic abuse victims and sign post to appropriate support agencies. The post commenced in November 2017 and is funded full-time until 2020. The post is integrated and provides an additional support to the Safeguarding service.

A band 5 Learning Disability Acute Liaison Nurse has been appointed from June 2018 with funding from Northumberland CCG and will be line managed by Northumberland Community Learning Disability Service. This post will provide an additional support to the current band 7 Lead Learning Disability acute liaison nurse who is based in the trust Safeguarding Service.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

### **Making Safeguarding Personal (person-led approaches to safeguarding adults)**

The trust safeguarding alert (PROTECT) captures the outcomes and wishes of the adult at risk. The trust works in partnership with the two area local authorities to ensure a patient led approach and contributes to any safeguarding meetings from a Making Safeguarding Personal Perspective. The trust follows a clear duty of candour and will contribute to any learning reviews. The trust also has a Frequent Attenders Meeting which is attended by internal and external partners. The focus of this meeting is to review, monitor and implement safety plans for patients who are frequent attenders to A&E to look at better outcomes for the patient in the community. Mental Health patients are also discussed in this meeting and collaborative joint care plans are discussed.

### **Modern Slavery**

The trust safeguarding team will offer advice and support trust wide around any cases that involve Modern Day Slavery. This also involves providing supervision, training and sharing learning from cases to staff trust wide.

### **Domestic Abuse**

The trust has a Domestic Abuse Health Advocate who works predominantly within A&E, Gynaecology and Maternity. This is a proactive approach to domestic abuse and ensures immediate safety planning for the victim. This post provides support in addition to the safeguarding children and adults team in the trust who also provide bespoke training and case advice. There is an embedded domestic abuse policy. There are MARAC Single Points of Contact within the service and Domestic Abuse champions trust wide. There is also an embedded procedure for victims of domestic abuse who are staff members.

### Organisational Abuse Enquiries

The safeguarding team and wider trust are keen to share any learning from organisational abuse enquiries via training and supervision. This may include Serious Case Reviews or national cases where the learning can be implemented.

The trust has a bi-monthly Case Review Monitoring Group meeting which is attended by business unit representatives across the trust. The focus of these meetings is to review, monitor and implement action plans of on-going safeguarding cases and to provide assurance to the Trust Board via the Safeguarding Board that NHCFT is delivering on its statutory safeguarding duties and is fully compliant with CQC.

### Financial Abuse

Staff refer financial abuse on a case by case basis via the Safeguarding Policy and Procedures. This includes submitting a PROTECT/Safeguarding alert and ensuring the immediate safety of the patient.

### Sexual Exploitation

The safeguarding service have done a significant amount of input trust wide around sexual exploitation. This has included speaking at two nursing conferences to over 500 nurses and midwives. The Safeguarding Service also hosted its Annual Conference where the key theme was sexual exploitation and the feedback was extremely positive. This was published in the local paper. All community staff have received a specific supervision where sexual exploitation has been the key topic.

### Self-neglect

Self neglect guidance was cascaded to staff across the trust and via supervision. There has been a 62% rise across 17/18 of self neglect alerts. This has been correlated to safeguarding

supervision and raising awareness to the staff around the signs and indicators of self-neglect.

### Mate/hate crime

Learning from local cases have been shared via the trusts Safeguarding Board and via the internal website. The Safeguarding service are a member of the North Tyneside Hate Crime Meeting and contribute to the annual Hate Crime Week.

*3. Please provide any images that highlight/celebrate contributions to safeguarding adults in the past year. (e.g. photos, screenshots, infographics)*

### Safeguarding Adults For Everyone (SAFE) Week 5-9 June 2017

This was a week long event arranged by the SAB. NHCFT as partners actively promoted the importance of safeguarding across the week by arranging Information Stalls and Cake Stalls for public, staff and patients.





**Domestic Abuse Week 13-19 November 2017**

Another important week to raise the importance of safeguarding those from domestic abuse in our hospitals and communities.



**Safeguarding Annual Conference 21 March 2018**

Northumbria acute trust held a safeguarding conference to explore all aspects of sexual exploitation, abuse, trafficking and modern day slavery to encourage those who see it, to tackle it and stop it.



4. *Please identify your agency's priorities for the coming year.*

Northumbria Safeguarding Board Strategy 2018-2021 has five key themes which provide a framework for the on-going action plan:

1. A culture of safeguarding adults and children is embedded within the Trust.
2. Our workforce is skilled, competent, and able to deliver first class care.
3. Leadership is evident and champions safeguarding throughout the Trust.
4. High quality, safe and caring safeguarding practice is evident in all Trust services.
5. Trust effectiveness is demonstrated through robust performance management frameworks including KPI's.

**Priorities 2018/19:**

The priorities for the Safeguarding Teams have been considered against the LSCBs and SAB Business Plans. Future priorities for the period April 2018- March 2019 include:

Key Safeguarding Priorities 2018-2019		How will we measure this ?
1.	Continue to drive the importance of DoLS as a fundamental human right and part of a patient's pathway of care.	Audits Quarterly reports Feedback from partner agencies
2.	To focus on Mental Capacity Act recording trust wide and guides/resources for public and staff.	Audit of quality of MCA assessments and recording. Staff confidence in completion of MCA assessments Leaflets and resources being available for staff, public and patients to access.
3.	Progress the integration of Childrens Safeguarding Nurse advisor into the MASH team within Northumberland	Reduction of telephone strategy discussions MASH audit of volume and quality of health information provided

4.	Improve timeliness and quality of Review Health Assessments of Looked After Children in Northumberland	Improved compliance figures of RHA Improved quality of RHA
5.	Work with Children's social care manager to implement conference call facilities at child protection conferences for Paediatricians and GPs	Increased attendance at ICPC by Paediatricians
6.	Junior doctors learning disability training (with focus on capacity and consent to accept/ refuse treatment) Learning Disability Training for OSM/Matrons and LD Champions	Competent practitioners across all disciplines in the care and treatment of patients with a Learning Disability
7.	To Reach 95% target for Safeguarding Training	Action Plan in place





**Northumberland, Tyne and Wear NHS Foundation Trust  
[NTW]**

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

Key achievements -

- Domestic Abuse and Coercive Control workshop at trust Nursing Conference.
- Trust Board development sessions; Adolescent to Parent Violence/Domestic Homicide Reviews. Domestic Abuse and Coercive Control
- Attended Self-assessment assurance sessions is part of the SAB's annual cycle of audit, reflection and improvement.
- Development of 7 minute briefings to cascade learning trustwide
- Over the last year several Local Authorities have developed/are developing Multi Agency Safeguarding Hubs (MASH) for multi-agency safeguarding decision making at the point of referral, the SAPP team are providing virtual support/information to assist decision making/outcomes required to safeguard.
- Development of a mental health referral pathway into the trust for Channel Panels in response to NHS Guidance to Mental

Health services in exercising duties to safeguard people from the risk of radicalisation November 2017. This pathway enables multi-agency Channel Panels to request directly a timely mental health assessment for people who are not active to trust services.

- Local Safeguarding Children and Adult Performance group meeting attendance and reports provided by the Locality Care Group by the Heads of Commissioning and Quality Assurance.
- Continued support and leadership to Safeguarding Boards during a period of change and restructuring.
- Strengthened safeguarding dashboard reporting to CCG Designated Safeguarding Leads and where required present at Safeguarding Assurance Meetings.
- Submission of National Unify 2 Prevent data returns detailing training figures, referrals and policy compliance. Previously this was a requirement only for Trusts in high priority areas which did not include the North East. Progress continues to be monitored by CCG's and reported directly to NHSE.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

Making Safeguarding Personal (person-led approaches to safeguarding adults)

- Modern Slavery
- Domestic Abuse
- Organisational Abuse Enquiries
- Financial Abuse
- Sexual Exploitation
- Self-neglect
- Mate/hate crime

From January 2017 the new SAPP triage “front door” became operational. There has been a huge increase in reported safeguarding and public protection concerns over 17/18 which was anticipated following a review of the previous triage system which indicated the telephone calls into the SAPP team did not equate to the activity and concerns raised.

Safeguarding supervision is embedded in practice across Sunderland locality. Regular sessions are available to high risk areas and staff are aware advice, support and supervision can be accessed via the SAPP team.

The Safeguarding and Public Protection Group is a quarterly Trust forum that enables Safeguarding and Public Protection Professionals and senior Trust managers to support learning and practice development specifically to meet the safeguarding agenda. The Safeguarding Group is chaired by Anne Moore Nurse Director Safer Care Directorate who brings challenge and scrutiny into the work of the group. Internal Trust assurance is led by this group with a number of reviewing and reporting mechanisms including:

- BDG Safety weekly meetings for significant/complex safeguarding concerns.
- CDTQ Monthly Safer Care reports.
- Bi-monthly Trust Board reports for Case reviews and LA Safeguarding Boards updates.
- Quality and Performance Committee four monthly report.
- Locality Care Groups individual Quality and Performance SAPP activity report.

- CCG quarterly Safeguarding Dashboard reports
- Independent reviews and/or inspections of service
- Feedback from children and their families about the quality and impact of the service provided by that agency where appropriate

NTW is compliant with safeguarding training in North Tyneside and across the Trust, this is monitored through trust locality care groups and is reported on CCG dashboards quarterly.

Over the last 12 months the safeguarding and public protection team continually work with partner agencies on a day to day basis to ensure robust safety plans and risk management are in place to safeguarding and public protection.

The Trust has a duty to cooperate with the Local Authority in the operation of the 6 Local Safeguarding Children and Adult Boards as a statutory partner. It needs to share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children and adults by ensuring there is appropriate representation at the LSCB and LSAB meetings and sub groups. Currently, the Trust Medical Directors, Nursing Directors and the SAPP Team have played an integral part in relation to this crucial partnership working. This has been achieved by assisting in Ofsted and peer inspections, representation on Local Safeguarding Boards and sub-groups, as well as attendance at the Police and Probation statutory meetings for Public Protection. Trust Clinical staff and the Locality Care Groups, Heads of Commissioning and Quality Assurance are actively involved in sub groups that sit underneath the safeguarding Boards.

The Associate Director Safer Care and SAPP Team Manager attend statutory meetings as panel members and write Individual Management Reviews in respect of:

- Serious Case Reviews- Children
- Serious Adult Reviews – Adults
- Domestic Homicide Reviews (adults)
- Appreciative Inquiries (adults and children multi agency reviews)

3. *Please identify your agency's priorities for the coming year.*

### **Work Plan 2018/2019**

- Work with partners in exploring a revised process for MARAC meetings

- Work with partners in the development of Multi Agency Safeguarding Hubs (MASH). Offer daily support as a virtual partner.
- To undertake a thematic review of all Prevent cases to identify and share lessons learned across the organisation.
- The current Patient Safety trust Clinical Police Liaison nurse to be part of the SAPP team which will further enhance multi-agency working with police colleagues/partners. This will enable SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements both internally and externally.

- To develop an information sharing process for MATAAC meetings ( multi-agency tasking and coordination) across local authority areas to reduce domestic abuse offending and improve victim safety by focusing on offenders.

**Northumbria**  
Community Rehabilitation Company



**Northumbria Community Rehabilitation Company [NCRC]**

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

Domestic abuse as ever is an integral part of our work, both with victims and perpetrators. In June this year we launched a revised programme of individual work, Intimate Partner Violence, to run alongside our group work programme; Building Better Relationships. IPV uses the principles of the Desistance Theory to address abusive behaviour perpetrated by male service users and is offered to people who cannot access the group work programme for any reason. Many of our interventions use the Desistance Theory and thus are strength-based and focus on increasing the service users' self-reliance, becoming more pro-social and desisting from offending which benefits not only the perpetrators of abuse amongst our cohort but also the victims.

As always, staff members are expected to attend Safeguarding Adults training a minimum of every three years, and information and advice regarding issues such as modern slavery is cascaded as and when necessary. We delivered essential briefings to all staff on "Mate Crime" and Sexual Exploitation in May and June 2018. Examples of training sessions offered and delivered to staff in house this year include; Safeguarding Vulnerable Adults,

Domestic Abuse Awareness and Hate Crime Awareness. Staff in Northumberland and North Tyneside have also accessed a Modern Day Slavery conference in Morpeth.

Monthly monitoring of approximately 10% cases examines whether any safeguarding concerns have been appropriately identified, explored and followed up where necessary. Outcomes of these audits will be clearer in late summer when more data is available following the start of the current audit system earlier this year.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

Making Safeguarding Personal (person-led approaches to safeguarding adults)  
Modern Slavery  
Domestic Abuse  
Organisational Abuse Enquiries  
Financial Abuse  
Sexual Exploitation  
Self-neglect  
Mate/hate crime

*A Responsible Officer (RO) in North Tyneside was allocated a female service user (SU) who had been brought to the area by Harbour following a series of domestic abuse incidents. She was vulnerable, had no family support, was dependent on alcohol and recovering from drug misuse. The SU was terrified of attending any probation premises and had little trust of authority. She was reliant on emergency services out of hours to deal with her problems.*

*The RO knew that she needed to engage the SU and help her to build appropriate support networks but also, more importantly, keep her safe. The RO home visited the SU each week or met in public to keep her engaged. She could have dropped contact from weekly to monthly over 6 months ago but has not. The RO has worked closely with other agencies on an informal basis but has also participated in Blue Light meetings regarding this particular SU. The aim of these meetings was to reduce contact with emergency services. This saw a reduction in the SU's 999 calls.*

*Through weekly home visits the RO recognised the warning signs of sexual exploitation and took action to make the SU safe. The RO used her professional relationship with the relevant housing service to negotiated safer accommodation for the SU. Since then the SU has started a new relationship and lost that housing. She is assessed as being at a high risk of serious harm through domestic abuse from this person who is a known perpetrator. Although the SU has now disengaged from contact with all other services and been isolated as a result of this relationship her RO has managed to build enough trust to maintain weekly contact with her in the community.*

*The outcome of the RO's investigative approach, partnership working, knowledge of domestic abuse and flexibility has been that this SU has not been harmed so far and has had the opportunities to engage with services and stay in safe housing. Although she is choosing to remain in this relationship for now it is telling that she has also chosen to remain in contact with her RO. This contact means that she still has an opportunity to ask for help on a weekly basis should she choose to do so.*

*3. Please identify your agency's priorities for the coming year.*

Our NCRC Annual Service Plan 2017-2018 priorities include: Reducing Reoffending and Risk of Harm and Improving the Safety, Health and Wellbeing of our Service Users. Safeguarding issues lie naturally within that.

NCRC has a Safeguarding Adults Policy which applies to all staff and is due for review in May 2019.

National  
Probation  
Service



### National Probation Service [NPS]

The National Probation Service (NPS) works with some of the most vulnerable adults in our communities and we have a genuine commitment to ensuring that the vulnerable people that we come into contact with and who may be at risk are protected. Over the past year, within the North of Tyne LDU Cluster we have identified domestic abuse, modern day slavery and human trafficking, neglect, learning difficulties, poverty, homelessness and mate and hate crime as key priorities and these will be our priorities again in the coming year.

In relation to domestic abuse we have an aspirational organisational work plan that sets out our goals in terms of preventing and addressing domestic abuse. That plan includes work around awareness raising about domestic abuse in relation to older people as well as abuse on same sex relationships and “female on male” violence. Although we have already started to engage on a more constructive and visible basis in domestic abuse related activities within our communities, we intend to be even more visible and involved in the coming year. We also intend to better promote our organisational expertise around assessing, managing and intervening with perpetrators – an area where we feel we could offer some valuable and useful insights.

An immediate priority is to engage with MATAC in a more visible and prominent way and discussions have already taken place to begin to facilitate this.

MDS and Human Trafficking is an issue that we take extremely seriously and we have taken significant steps over the past year to raise awareness about the signs and symptoms and how to respond when cases involving MDS are identified in our client group. We have already seen some successes in terms of identifying adult victims, particularly at court, and we intend to consolidate and build on our learning in the coming year. We also intend to further identify opportunities for working in partnership with other organisations to address what has become for us an issue of significance and interest.

Self-neglect, homelessness and the impact of poverty are “ever presents” among our client group and in the coming year we are committed to doing what we can to mitigate the harm that these issues can and do cause to individuals, their families and the communities that they live in. We will continue to work with our partners to achieve this and we are committed to again taking a more prominent and visible role.

So-called mate crime and hate crime will also be priorities for us in the coming year with our principle aspirations being awareness raising and the identification of resources and interventions to address and alleviate the harm caused to others by those involved in the perpetration of these crimes.

Learning disabilities/difficulties are again “ever presents” among the complex individuals that we manage and our commitment is to better understand the impact in order that the service that we offer is improved.

Our priorities are ambitious but by no means unachievable and the best way that we can achieve our goals across the many areas of concern that we have in relation to vulnerable adults is to work in partnership with others and share knowledge, experience and expertise. As an organisation we are committed to working together to protect and improve the lives of those vulnerable people who we do come into contact with in whatever context in order that the communities that they and we all live in become better and safer places.





### Northumberland Fire and Rescue

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

Northumberland Fire and Rescue Service has been working closely to develop robust partnerships within Northumberland Multi Agency Safeguarding Hub (MASH) to ensure the organisation contributes fully to the sharing of information with regards to safeguarding adults. A member of MASH strategic and design groups, a full research request procedure has been developed and approved by Senior Leadership Team (SLT) and Service Management Group (SMG). This procedure will be implemented once systems refresh training has been undertaken by Fire Control personnel. Resilience has been considered, and control measures included within the document.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

Northumberland Fire and Rescue Service will be undertaking a full review of safeguarding within the organisation. If it is possible to ascertain further detail on outcomes following referral, it should then be possible to share case examples from front-line practice.

*3. Please identify your agency's priorities for the coming year.*

Fire and Rescue national Framework for England was implemented 1 April 2018. Included in requirements for all fire authorities are the following:

“Wherever appropriate, we expect fire and rescue services to develop partnerships to support risk reduction services to those identified as vulnerable, including from exploitation or abuse, and wherever possible to share intelligence and risk data,” and “They should also have appropriate safeguarding arrangements in place to provide the public with the reassurance and confidence that they have every right to expect.”

Fire and Rescue Services are now subject to Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) inspection programme, as of 1 April 2018. This inspection will be risk-based and will assess fire and rescue services against all requirements as set out in the Framework, including those detailed above.

Northumberland Fire and Rescue Service priorities relevant to safeguarding adults include the following:

1. Review risks to our communities, recommending, implementing and evaluating any identified changes in how we deliver our service.
2. Continue to embed the organisational strategy for evaluation and quality assurance.
3. Actively seek opportunities to work in partnership and collaboration, both internally and externally, to deliver added value to our communities.

More specifically the organisation will:

1. Undertake a full quality assurance review of safeguarding within the Service.
2. Consider recommendations and develop an action plan following the review of safeguarding.
3. Continue to plan for and implement requirements for HMICFRS programme of inspection



## Northumberland Council Housing

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

During 2017-18 work continued to develop a consistent approach across all Housing functions with regard to safeguarding ensuring the effective sharing of information with teams and ongoing training with regard to Neglect, Modern Slavery and Domestic Abuse

Service delivery has continued to progress well with Safeguarding refresher training delivered to all housing staff, supporting tenants and victims of coercion and abuse and those homeless or at risk of homelessness.

The team have continued to support the arrival of Syrian Refugee families, now working with 15 families across Blyth and Cramlington. It remains essential that the adults, children and young people arriving are safeguarded both in the local community and in schools. A multi agency group, chaired by Housing, continues to monitor the service and ensuring that these issues are addressed.

### Other achievements are:

- 

- Regular attendance at Safeguarding multi-agency meetings to help support some of our most vulnerable residents
- Regular attendance at Strategy meetings
- Regular attendance at MARAC, MATAC and MAPPA to support victims of domestic abuse, perpetrators and ex-offenders, supporting the work of the MASH to enable decisions to be made more quickly in cases of concern.
- Ongoing work with G4S to ensure that Asylum Seekers placed in the county are safeguarded
- Development of the service for Asylum Seekers in partnership with the Education team to ensure that children and young people are placed in schools

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

In October 2017 a report made to the Council off an unauthorised encampment in Blyth It was reported that three Eastern Europeans were present at this location within the car park. The Council's GRT Liaison Officer visited the site and noticed that the caravan was insecure and unattended with signs of someone sleeping within it recently. Next to the caravan was a small tent with a small cooking stove within the annex. An older man was sleeping within the tent and was roused by the Officer. He spoke little English and appeared of Eastern European origin. The man was also dishevelled and dirty in appearance.

He spoke little English and said he was a Hungarian National. He was evasive and appeared confused which raised the Officer's concern who then immediately contacted the Police. Unfortunately before the Police could visit the site the caravan moved and it was unclear where they had moved to.

A week later the same Officer was asked to attend a location regarding an anti social behaviour issue relating to 2 x caravans parked outside of a local property. The officer visited and was able to identify the same caravan from the previous encampment. The officer observed a man directing the same Hungarian man to carry out manual work, clearing tools from a van. Following an additional report from a neighbour further investigations determined that the family were making the Hungarian man live in the shed and using him to complete manual tasks. The man was arrested and charged with Modern Slavery Offences. The Hungarian man was given safe, secure accommodation and agencies will be working with him to ensure he is safeguarded and returns home should he wish to.

Through partnership working a vulnerable, exploited man was identified and safeguarded, removing him from modern slavery.

### *3. Please identify your agency's priorities for the coming year.*

- Housing Services was joined with Public Protection in April 2018 therefore work will be taking place to further align reporting, services and representation at various boards and sub groups
- The Housing Management team are investigating the opportunities offered by Domestic Abuse Housing Alliance (DAHA) accreditation and this will be progressed during 2018-19
- We continue to work with the North East Migration partnership to safeguard both people seeking asylum and refugee families

- The service will continue to support people who are homeless or at risk of homelessness. Through development of the Homelessness Service and the implementation of the Homeless Reduction Act requirements we will support our vulnerable residents to ensure they have somewhere safe to live.
- We are reviewing our Sheltered Housing Service and our aim is to provide high quality housing in self-contained accommodation where tenants may live independently or with support and managed care when needed. Through this approach we wish to enable older people aged over 60 to live independently longer in the community and to reduce their reliance on health services and delay admission into long term care.
- Through promotion of our Property and Tenant Accreditation schemes we will ensure that homes are safe and warm and suitable to live in whilst supporting tenants through accreditation to access properties in the private rented sector.
- We support our vulnerable tenants to access all available benefits and budgeting advice through joint funding of a money advice worker with CAB. This worker works directly with our tenants to help maximise income. We also work with new and existing tenants who were once, or still are, part of our Armed Forces, with two Armed Forces Veteran Workers based in Housing Services helping veterans and serving personnel access the help and support they need.
- The Housing teams actively support Safeguarding and contribute to both the Adult and Children Safeguarding

Boards and sub-committees, ensuring that the workforce are appropriately trained to identify and support those at risk.



North Tyneside Council

### North Tyneside Council Housing

*1. Please provide details of any significant agency developments in or contributions to safeguarding adults in the past year.*

The Housing Service continues to have an all-encompassing approach to safeguarding across the Service.

The Service is represented on the SAB by Roy Marston, who leads the Service's safeguarding managers to ensure a high quality approach to safeguarding residents and residents is provided. Meeting are held bi-monthly to align work, share information and monitor levels of referrals and safeguarding alerts.

#### **Safeguarding Managers**

The Service operated with four SM, however due to staff turnover, this reduced temporarily to two. Staff were canvassed and three further staff have volunteered for the role and are awaiting training, which is arranged.

There has been an increase in threats of self-harm, which has prompted the service to update all staff and ensure they are aware that in the case of serious threats, the police should be alerted immediately.

*2. Please provide any case examples which demonstrate front-line practice in specific areas.*

#### **Making Safeguarding Personal (person-led approaches to safeguarding adults) –**

There are no specific case examples, however I can confirm that the Housing Service has a robust procedure for making safeguarding referrals. All staff are aware of the 'See Something, Say Something' protocol which informs them of signs of safeguarding issues, and who to contact to discuss incidents and make referrals. All of the below are covered by our procedure:

- **Modern Slavery**
- **Domestic Abuse**
- **Organisational Abuse Enquiries**
- **Financial Abuse**
- **Sexual Exploitation**
- **Self-neglect**
- **Mate/hate crime**

Safeguarding is a regular agenda item on the Services managers meeting, where incidents are monitored and discussed.

*3. Please identify your agency's priorities for the coming year.*

Our priority for safeguarding is to continue to ensure staff and empowered to identify issues and make referrals simply and easily.

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Public Document Pack  
**JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS**



**Meeting on Monday, 20 January 2020 at 1.30 pm in the Civic Centre Gateshead**

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## Agenda

**1 Apologies**

**2 Declarations of Interest**

**3 Minutes (Pages 3 - 12)**

The minutes of the meeting of the Joint Committee held on 25 November 2019 are attached for approval.

**4 Matters Arising**

**5 Development of ICS / ICS Plan - Progress Update (Pages 13 - 236)**

NE and NC ICS Plan attached. Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCG will provide the Joint Committee with a short presentation on this matter.

**6 Workforce Progress Update (Pages 237 - 246)**

Report attached. Lisa Crichton- Jones, Director of Workforce Transformation, NE & NC ICS and Steph Downey, Service Director, Adult Social Care, Gateshead Council will provide the Joint Committee with a presentation on this matter.

**7 Digital Care**

Graham Evans, Chief Digital Officer, NE & NC ICS will provide the Joint Committee with a presentation on this matter.

**8 Urgent and Emergency Care - Interim Report (Pages 247 - 260)**

Report of NE & NC Urgent and Emergency Care Network attached.

**9 Work Programme**

Meeting Date	Issue
23 March 2020 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS / ICS Plan – Progress Update</li> <li>• Population Health Management</li> <li>• Primary Care Networks Update</li> <li>• Urgent and Emergency Care – Progress Update</li> </ul>

**Issues to slot in**  
Community Pharmacies

The proposed provisional work programme for the Joint Committee for 2019 -20 is set out above.

The views of the Joint Committee are sought.

**10 Date and Times of Future Meetings**

It is proposed that the next meeting of the Joint OSC for the NE & NC ICS & North & Central ICPs is held at Gateshead Civic Centre on the following date / time:-

- 23 March 2020 at 1.30pm

# Public Document Pack Agenda Item 3

## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS MEETING

Monday, 25 November 2019

**PRESENT:**

Councillor L Caffrey (Gateshead Council) (Chair)

Councillor(s): Hall and Wallace (substitute) (Gateshead Council), Taylor and Mendelson (Newcastle CC), Mulvenna (North Tyneside Council) Nisbet and Watson (Northumberland CC) Flynn and Kilgour (South Tyneside Council) Dixon (Sunderland CC) and Simmons and Stephenson (Durham CC)

**98 APOLOGIES**

Apologies were received from Councillors Beadle (Gateshead Council), Schofield (Newcastle CC), Armstrong and Dodds (Northumberland CC) Clark and Mole (North Tyneside Council) Hetherington (South Tyneside Council) Robinson (Durham CC), Macknight and Leadbitter (Sunderland CC)

**99 DECLARATIONS OF INTEREST**

Councillor Taylor of Newcastle City Council declared an interest as an employee of Newcastle Hospitals Foundation Trust.

Councillor Mendelson (Newcastle CC) and Councillor Hall (Gateshead) declared an interest as members of NTW NHS FT Council of Governors

**100 MINUTES**

The minutes of the meeting of the Joint Committee held on 23 September 2019 were approved as a correct record.

**101 MATTERS ARISING**

The Chair of the Joint Committee noted that following the last meeting of the OSC in September, a letter had been sent to relevant parties sharing the Committee's concerns around the potential risks / impact Brexit might have on the NHS workforce and seeking reassurances that appropriate action was being taken to protect the

sustainability of NHS services in our area.

The letter was sent to the Rt Honourable Matt Hancock MP, Secretary of State for Health and Social Care; Richard Barker, NHS England/Improvement; Alex Glover Health Education England; Mark Adams, Chief Officer, NHS Newcastle Gateshead, North Tyneside and Northumberland CCG and Alan Foster, Executive Lead, North East and North Cumbria ICS.

A copy of the letter and the response received from the Director of Workforce Transformation for the NE & NC ICS had been circulated to the Joint Committee.

The Chair considered that this was a disappointing response on behalf of the ICS system as it only referenced EU nationals and the letter from the Joint OSC had also referenced non - EU nationals.

The Chair advised that a further response had also been received from Matt Hancock's office. However, this had simply advised that they were unable to comment on this matter as it was an issue for the incoming government

Councillor Mulvenna requested that in future if MPs are being copied into correspondence then this should include all MPs covering the NE & NC ICS.

The Chair stated that this was a good point and agreed with Councillor Mulvenna that future correspondence from the Joint Committee should be either copied to all MPs or none at all.

## **102 DEVELOPMENT OF ICS - PROGRESS UPDATE**

Mark Adams, Chief Officer, NewcastleGateshead, North Tyneside and Northumberland CCGs noted that there had been an expectation from the Joint Committee that NE ICS plan (outlining the ICS proposals for implementing the NHS Long Term Plan) would have been brought to this Committee. However, as a result of the forthcoming general election this had to be delayed until January 2020.

Mark highlighted that other items on the agenda would be setting out progress in particular areas of work within the ICS.

Mark also indicated that as the ICS was moving into winter it was becoming very busy for both health and social care and the ICS was helping to co-ordinate activity and there were active conversations in relation to workforce and this was leading to benefits.

The Chair of the Joint Committee noted that Gateshead had been fortunate enough to have had sight of a draft of the ICS Plan and shared comments and highlighted the importance of having a focus on partnership work with local authorities and the role of the voluntary and third sector in the delivery of the ICS.

**NENC MENTAL HEALTH ICS PROGRAMME - PROGRESS UPDATE**

Gail Kay, Project Director/Mental Health Programme Lead, NE & NC ICS provided the Joint Committee with a presentation on the above.

Gail outlined the rationale for change; the work that had taken place to inform the ICS mental health programme; the key ambitions for the programme from 2020 until 2028 and the seven priority workstreams as follows:-

- Child health
- Zero suicide ambition
- Employment
- Optimising Health Services
- Long term conditions and persistent physical symptoms
- Older people
- Improving the physical health of people in receipt of treatment for a mental health or learning disability condition.

Gail stated that work in relation to the seven workstreams had been moving at pace, dependent on the level of investment, and as a result of four regional engagement events which had been well attended there had been a lot of co-production in relation to delivery.

Gail outlined the achievements so far for each of the workstreams as follows:-

**Child health**

- Work has progressed to implement a regional ICS governance structure for child health
- The Child Health Steering group is now in place and has a shared vision
- Plans are informed by active engagement with people who use services
- There has been a focus on multi-agency membership and this now better reflects local authorities and other key partners relating to the ICS from across the system
- Joint working arrangements have supported successful locality trailblazer bids and action is ongoing to share learning as the roles embed

**Zero suicide ambition**

- A multi-agency working group is in place to collaboratively implement North East and North Cumbria ICS region Zero Suicide Ambition reinforcing that;
  - Every Life Matters
  - Suicide Prevention is everyone's Business
- Successful transformation funding bids: bids have been co-ordinated through the joint working arrangements and informed by opportunities to share best practice
- Locally needs led work is occurring at a sub-regional level that will align to the Integrated Care Pathways as they evolve.

### **Employment**

- The work stream had prioritised activity to enable the expansion of IPS in line with evidence demonstrating a positive impact on health, wellbeing and society, this has been enabled through successful transformation bids
- Collaboration with relevant stakeholders ensures the local model builds on and integrates with existing employment resources
- Engagement with Chamber of Commerce has also been initiated to progress a shared learning culture with employers across the North East and North Cumbria in order to reduce stigma and promote healthy, inclusive working environments

### **Long term conditions and persistent physical symptoms**

- The development of a model for the management of people with persistent physical symptoms
- Development of an evidence base to inform local systems to develop the case for change based on good practice examples and evaluation of a range of services
- Inform an understanding of the education and training requirements to support staff to improve management of people with persistent physical symptoms
- Identified efficiency opportunity both in terms of finance costs and deployment of scarce workforce resources if an integrated approach to the management of persistent physical symptoms is embedded

### **Improving the physical health of people in receipt of treatment for a mental health or learning disability condition**

Key areas of action include:

- Weight off your mind work
- Medicines optimisation
- Improve information sharing between primary and secondary care and improve medication management and safe prescribing practice
- Health promotion and increasing the awareness of the need to improve physical health and progress a zero-mortality gap ambition

### **Older people**

- In order to respond to the identified issues the Clinical Network, with its ICS partners, have established an Older Person's Mental Health Work Group
- The group have agreed three focus areas –depression, crisis and dementia
- As well as the three work areas there is a clear synergy with the ICS frailty group and plans are underway to ensure that a person's physical and mental health do not remain separated

### **Optimising Health Services**

- The focus is on increasing access to mental health expertise to improve parity of esteem across care pathways through liaison and crisis provision, reducing the impact of, and improving outcomes for, high intensity service users in acute services and ambulance services
- The optimising acute services (OAS) Mental Health work stream also

- oversees the maternity and perinatal activity
- The ongoing development of Perinatal Services are streamlined with mental health as an embedded part of service provision
- Jointly prepared transformation funding bids have been successful

The Chair of the Joint Committee indicated that Healthwatch Northumberland had advised that they had directly raised a number of queries with Gail and considered that this OSC would be interested in receiving information on some of the areas raised. For example, it was considered the OSC would benefit from understanding the situation around the capital investment inherent in some of the proposals and receiving further information on resources related to workforce as well as further information around what is meant by co-production and design and clarity on how any proposed evaluation is going to be progressed.

Gail advised that currently she had not received the queries mentioned by the Chair of the Joint Committee. However, a first meeting had recently taken place to discuss staff resources and bespoke work was being taking place to look at providing flexible roles within the workforce to maximise opportunities.

Gail advised that at this stage she was unable to respond to the query in relation to capital investment as the position on this issue had not yet been confirmed.

Councillor Watson noted that Gail had highlighted that only 8% of people on Care Programme Approach are in employment and he queried whether that was 8% of the working population or 8% of the 13 to 19 age group. Gail clarified that it was 8% of working age adults who are on the Care Programme Approach with serious mental health issues.

Councillor Watson indicated that this seemed low and he queried whether there were a large proportion who were also physically sick. Gail advised that it is important that physical and mental health issues are addressed together. It is therefore important to look at employment opportunities and see what reasonable adjustments can be made to support these individuals and packages of support tailored to these individuals.

Councillor Watson advised that it was his experience that if employment can be provided for individuals then their mental health seems to improve.

Gail advised that the ICS programme looks at individual capabilities when providing support and is having some good successes and outcomes.

Councillor Taylor thanked Gail for the presentation and report and stated that there seemed to be a lot of good ideas coming forward. However, Councillor Taylor considered that it wasn't clear from the information provided what difference the work is making to patients on the ground and she considered that it would be helpful to have greater clarity on this in future reports as well as information on how patient's views are being taken into account.

Gail thanked Councillor Taylor for the feedback and advised that different priority areas are at different stages. However, in terms of outcomes there is some really



good work in the area of employment where individuals are being moved into employment, education and training. However, Gail advised that there are some areas where outcomes are more difficult to quantify. For example, in relation to the Zero Suicide work lots of local campaigns have been taking place but this is an area where only negative outcomes are measured so it is not possible to know if lives are being saved as a result.

Gail stated that positive work has taken place in relation to child health as a result of mental health workers in schools and considered that there is some evidence that work around de-stigmatisation in relation to mental health is starting to make progress. Long term conditions were also a key area of progress.

Councillor Dixon noted that when multi-speciality care works there can be some great outcomes. However, Councillor Dixon noted that where problems arise these are usually as a result of communication issues. Councillor Dixon sought clarification as to who manages the individual care plans and ensures appropriate communication and control is taking place in relation to financial aspects and evaluates whether the plan is working effectively.

Gail advised that they are moving towards a position where care plans are being owned by the individuals involved but indicated that it was too early to indicate the position in relation to finances.

Councillor Dixon expressed concern as to how this approach can work effectively in practice whilst at the same time protecting and supporting vulnerable individuals. Councillor Dixon stated that he looked forward to the Joint Committee receiving further detailed information going forwards.

Gail advised that this direction of travel is being progressed as patients are saying that they would like more management of their conditions and recent legislation has given more rights back to patients.

Councillor Kilgour expressed concern at the long waiting times for mental health services that some LAC children are experiencing and queried how it was possible to measure that the work taking place is starting to address this and make a difference.

Gail stated that this work would be able to be measured through compliance trajectories with the Long -Term Plan but also through more qualitative measures related to work with whole families and systems and how those working with the child / family are communicating. Gail also reported that one of the areas that they had achieved some success was in relation to gaining funding to tackle waiting lists for children waiting for services.

The Chair of the Joint Committee noted that Gateshead's Health and Wellbeing Board and Families OSC had recently received information setting out how well the new structures were working in Gateshead.

Councillor Kilgour acknowledged the good work taking place but considered that it had taken a long time to get to this position and progress seemed to be slow.

Councillor Hall queried the position as to what support mechanisms are in place for individuals with mental health issues when they have been moved into work. Councillor Hall queried whether a mapping exercise had been carried out to see if organisations such as CAB have the capacity to help such individuals.

Gail stated that when individuals are moving to employment appropriate support would be provided as part of their care package which is managed.

Councillor Hall queried whether anything was taking place in relation to assistive technology and was informed that within the Digital workstream there is a lot of work taking place in relation to developing Apps for self-care and self-help.

Councillor Mendelson noted that this is a huge area of work and queried how liaison was being progressed with the community and voluntary sector.

Gail advised that work is being progressed at locality level to make sure work is joined up. However, whilst there is a joined-up approach workstreams under the ICS have different structures so for example the Zero Suicide workstream operates on a north / south basis whilst the Child Health is more local authority led in terms of its locality structures and is working to align more with the ICS.

Councillor Mulvenna expressed concern that the figures provided suggest that within the region there appears to have been a deterioration in resident's mental health and wellbeing.

Councillor Dixon considered that this should provide even more impetus for listening to and responding to the needs of individuals and he queried whether this would be part of a new ethos for the ICS and whether this would be monitored.

Gail explained that the ICS focus is on supporting improvement across the region and that it was important to remember that the ICS is not an organisation but a way of working which is focused on achieving the best outcomes for its population and the only way that this can be achieved is by listening to patients.

Councillor Mulvenna queried whether this was feasible. Gail highlighted that significant engagement has already taken place through a range of engagement events and new work is now starting for year 2 of the programme.

Councillor Mulvenna considered that the amounts of funding bid for appeared small given the size of the programme. Gail advised that the amounts referred to related to bids for additional resources but overall £17 million had been allocated to tackle mental health and wellbeing within the ICS which was a significant investment to ensure that the ICS moves in the right direction.

Councillor Mulvenna queried how many years the funding covered and was advised that some pieces of funding were for two years and some were for three years. Some of this funding is already in the system for example funding workers in schools and is starting to make a difference.

Councillor Mulvenna asked for confirmation that this was not a rebranding of earlier pilot schemes and Gail confirmed that it was not.

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## **OPTIMISING HEALTH SERVICES AND CHILD HEALTH AND WELLBEING NENC ICS - UPDATE**

Ken Bremner, Chief Executive South Tyneside and Sunderland NHS Foundation Trust and Heather Corlett, Programme Manager, Optimising Health Services and Child Health and Wellbeing, NENC ICS provided the OSC with a presentation on the above.

Ken provided an overview of the background and benefits provided by the overarching Optimising Health Services Programme.

Ken noted that the previous update provided to the Joint Committee in June had highlighted some broad areas of work but now 9 formal transformation workstreams had been established covering child health and wellbeing; respiratory; maternity; neurosciences; radiology; breast cancer services; cardiology; pathology and neonatal services.

Ken advised that each of the areas has some complex and challenging issues to deal with and although the focus of the update to the Joint Committee today was on Child Health he was happy to provide updates on progress for other areas at future meetings.

Heather outlined the vision/ work being progressed via the ICS Child Health and Wellbeing Network and the key priority areas of focus which were Childhood Illness; Mental Health; Poverty; Additional Needs and Vulnerability; Inequalities and Access; Strong Start in Life and Health Promotion.

Heather explained that the highest priority was viewed as mental health and this had been identified by children and young people themselves along with professionals. Poverty was rated as the second highest priority overall and again this had been flagged as a key area by professionals (rated 2) and children and young people (rated 3).

Heather outlined the engagement work carried out so far with children and young people and professionals and indicated that the Network was now about to progress an initiative for each priority area and would be developing action plans. There would also be core work on engagement and co-production with children, young people and their families.

Ken noted that initially work had taken some time to get off the ground but now it was in the planning phase and they were starting to see some progress / outcomes as follows:-

- Sir Peter Carr Award – shortlisted– Regional Winners NE and Yorkshire
- £125k Joint perinatal bid– interactive film – School commissioning
- £30k Workforce bid for Youth MH first aid – successful

Ken noted that the other 8 workstreams were still in the engagement phase and some were further ahead than others.

The Chair of the Joint Committee noted that the co-production model progressed for the Child Health workstream was a very good model and was one other partners' strive to achieve.

Ken noted that the model had been very well received so far and the next phase would be involving other partners to help the NHS drive work forward.

Councillor Kilgour noted that the work outlined was excellent but queried where end of life and palliative care was being progressed as this was not highlighted in the overarching programme. Councillor Kilgour considered that end of life and palliative care was also a very important area and advised that in South Tyneside there had been a very successful co-produced event on this issue.

Ken acknowledged that end of life and palliative care was an important area but explained that this area is being dealt with at a local level, as this was considered the most appropriate level, rather than at the ICS level. This is due to the fact that the work being progressed in South Tyneside in relation to end of life and palliative care is looking at what is needed in local communities and so it is key that it has a local focus as it will be different to work progressed in Northumberland where the geography is different.

Councillor Taylor queried what the Network was doing to gather information on the work taking place in schools to support child health and wellbeing and Heather advised that this was an area they were working on through a range of connections such as two networks for teachers and via connections with Children NE but any other suggestions in relation to other connections would be welcome.

Councillor Hall queried what was happening in relation to patient experience as she noted that this did not appear to be highlighted within some workstreams. Councillor Hall indicated that she was particularly interested in understanding what was happening in relation to integrating individual health trust policies for the benefit of patients. Councillor Hall noted that currently there are situations where a patient in one trust area attends another and is offered a treatment that fits with that trust policy but not the policy of the trust where the patient is resident.

Ken indicated that, as a starting point, individual clinicians are able to make decisions in the best interests of their patients. Over time, it is likely that variations will be identified within the ICS and work will take place to achieve greater consistency. However, Ken indicated that there will always need to be some variability in the best interests of patients.

The Chair thanked Ken and Heather for the information provided and considered that it was clear that work was moving in the right direction and good progress had been made since the last update provided to the Joint Committee.

**105 WORK PROGRAMME**

The provisional work programme for the Joint Committee as set out below was agreed.

Meeting Date	Issue
20 Jan 2020 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS / ICS Plan – Progress Update</li> <li>• Workforce Progress Update</li> <li>• Digital Care</li> <li>• <b><i>Urgent and Emergency Care – Interim Written Update</i></b></li> </ul>
23 March 2020 – 1.30pm	<ul style="list-style-type: none"> <li>• Development of ICS – Progress Update</li> <li>• Population Health Management</li> <li>• Primary Care Networks Update</li> <li>• Urgent and Emergency Care Update</li> </ul>

**Issues to Slot In**  
Community Pharmacies

**106 DATES AND TIMES OF FUTURE MEETINGS**

Future meetings of the Joint OSC for the NE & NC ICS & North & Central ICPs will be held at Gateshead Civic Centre on the following dates and times:-

20 January 2020 – 1.30pm  
23 March 2020 – 1.30pm

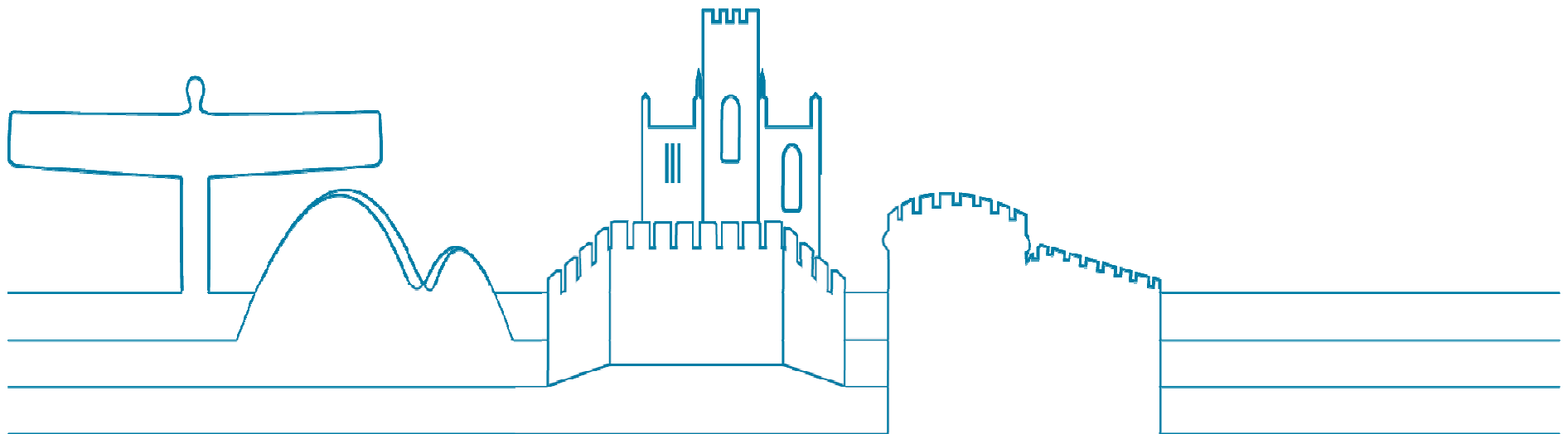
**Chair.....**



# North East & North Cumbria Integrated Care System

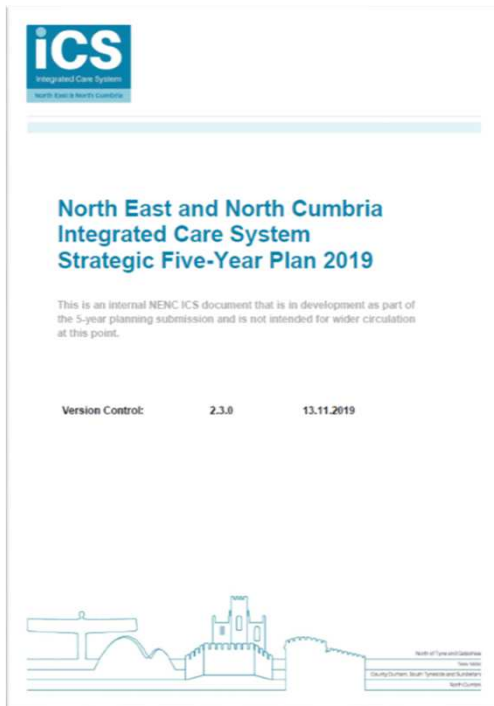
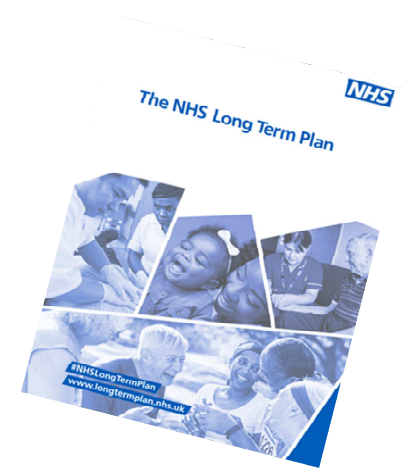
JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH &  
CENTRAL ICPS  
Mark Adams  
North ICP Lead

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In response to the Long Term Plan, Integrated Care Systems were asked to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24.



Following collaboration at place, across the ICP and ICS, the NCNE ICS plan was submitted, the plan recognises that Place is paramount.





# ICS Strategic 5 year plan

Building further on work from the last 2 years the plan outlines how we will;

- Bring together local organisations in a pragmatic and practical way
- Ensure patients get more options, better support, and properly joined-up care at the right time and place
- Relieve pressure on A&Es through more effective population health management and service coordination
- Strengthen our contribution to prevention and tackling health inequalities to help people stay healthy and moderate demand on the NHS
- Develop a new 'system architecture' that delivers strategic action on workforce transformation, digitally-enabled care, and the collaborative approaches to innovation and efficiency that will restore our whole ICS to financial balance



# One integrated care system, supporting our ‘places’ and integrated care partnerships.

## Places and neighbourhoods



- Partnership working between NHS and local authorities via **Health & Wellbeing Boards**
- Ensuring the quality, safety and accountability of local health services
- Primary Care Network development
- Health and Social Care Integration initiatives
- Joint-working with the local voluntary sector (eg social prescribing)
- Embedding population health management
- Public and political engagement and consultation

## Integrated Care Partnerships



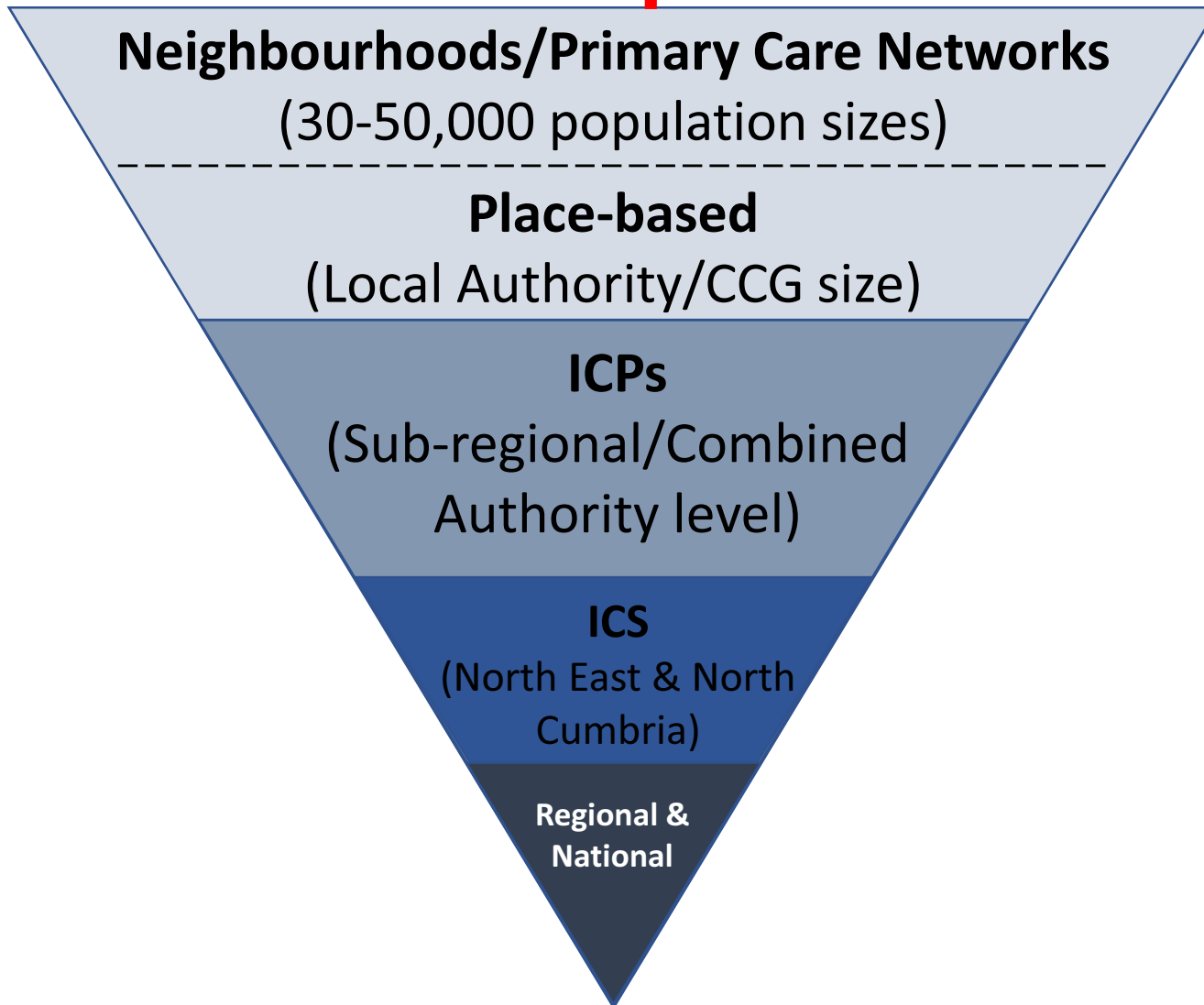
- Focus on acute services sustainability: clinical networking between neighbouring FTs and coordination of service development proposals
- One streamlined commissioning hub per ICP
- Working towards a single, shared approach to finances, and risk-sharing.
- Joint capital planning and sharing premises
- Identify and share best practice, reducing unwarranted variation in care and outcomes

## Integrated Care System



- Strategic Commissioning (e.g. ambulance)
- Overarching clinical strategy and clinical networks
- Shared policy development
- Emerging ICS-level priorities:
  - Population Health & Prevention
  - Optimising Health Services
  - Workforce Transformation
  - Digital Care
  - Mental Health
  - Learning Disabilities

# People





## North of Tyne and Gateshead Integrated Care Partnership (ICP) key messages

- Collective strength and commitment to deliver much more for the people that we serve, under the broad headers of health, wealth and wellbeing.
- Most important level of working ‘place’ based
- 2 strategic principles that guide our approach to the ICP

i) the relationship between Local Authority defined Places, the ICP and the ICS, based on principles of subsidiarity.

ii) recognition that the ICP is a collaboration of equal partners, i.e. the NHS and Local Authorities, building up from strong partnership arrangements in each of the four Local Authority areas.



# Health, Wealth and Wellbeing

- Improving health, wealth and wellbeing are key areas of focus across all organisations within the ICP.
- Tackling inequalities and unwarranted variation are common themes building up from local Health and Wellbeing / Wellbeing for Life Strategies.
- 3 ICP priority areas:
  1. Climate Change and Sustainability
  2. Workforce, Employment & Skills
  3. Prevention

Collectively our health and social care system is one of the largest employers in the area, and we have an opportunity to consider what we can do to influence and support a wider agenda over and above our current joint work in respect of social care and health issues



# Local integration at place

- The need to bring care closer to home is greater than it has ever been
- Patients want care to be tailored to their needs, involved in decisions about their care to enable them to live life to the full, and as independently as possible; they want and expect to be cared for at home or as locally as possible.

Place-Based approaches to integrating services are being developed, our aim is to increase the scale and integration of out of hospital services, based around communities and improve population health outcomes through:

- Northumberland System Transformation Board.
- North Tyneside Future Care Programme.
- Newcastle Joint Executive Group and Joint Delivery Group.
- Gateshead Health & Care System.



## Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP) key messages

We will

- **work collaboratively** and, where appropriate, **combine resources** and **maximise economies of scale**.
- develop a **culture that promotes alliance working** between organisations and our citizens across the ICP.
- continue to **engage with patients and service users and the public at place** and **ICP level** to help us **develop and realise our ambitions for the system**, while contributing to and collaborating with the wider ICS, including strategic enablers such as finance, workforce, digital and estates.

**Our ambition is to transform health and care outcomes building on the primacy of place-based working across health and social care, underpinned by a long history of partnership working.**





# Health, Wealth and Wellbeing

We are **committed to working ‘at scale’ on strategic issues**, where it makes sense and adds value, **shifting our focus from a system that treats ill health to one that keeps people well for longer.**

**Excellent work continues to be carried out at ‘place’**, led and supported by the Health and Wellbeing Boards, **delivered collaboratively by health, local authorities and voluntary and community partners** and supported by the Better Care Fund.

This positively impacts people’s lives and improves their **health, wellbeing and wealth, eg**

- **Partnership approach in County Durham** to addressing issues relating to health and housing.
- In **South Tyneside** the local plan includes **work on strategic housing developments and system wide recruitment** development under the **‘Love South Tyneside’ banner.**
- Focussing on the key elements of the **Healthy City Plan** as part of the overall Sunderland City Plan **including smoking, alcohol and a good early start in life.**



# Local integration at place

Whilst not diminishing what can be achieved by **working together ‘at scale’**, the health and care needs of the majority of people are best met **by integrated, place-based services**.

We are building on a **long history of effective partnership** working to deliver **quality, person centred, joined up care** that meets the needs of the local population and **improves health and wellbeing**.

We intend to achieve greater integration by:

- **Joining up** the planning and delivery of health and care services through **integrated strategic and operational commissioning**
- **Developing senior joint roles at place level** with each of the **three councils** to create a partnership culture, create and sustain system wide improvement, **strengthen integration across the ICP footprint**.
- Using **formalised collaboration agreements**, e.g. All Together Better and South Tyneside Alliance.



## Tees Valley Integrated Care Partnership (ICP) key messages

Working across **Hartlepool, Stockton, Darlington, South Tees, Hambleton, Richmondshire and Whitby** our ICP has been set up to **focus on “place”** and ensure the **sustainability of services for the local population** that meets **quality and clinical standards** as well as workforce challenges, core performance and financial standards.

We have a **clear ambition across our ICP** to improve **health and wellbeing**, support **delivery of the best possible outcomes** and to ensure our system is sustainable. We will do this through **building on the strong foundations** we have developed in terms of our collaborative approach to **place-based working across** health and social care.

**Transformation across our ICP footprint** will deliver a **positive shift towards improving “population health”**; – moving from **fragmentation to integration** in care delivery, but also **tackling the significant wider determinants of the health and wellbeing** for our population.



# Health wealth and wellbeing

A **population health management approach** will be used to tailor how we will **deliver, improve and commission** responsive and tailored local health and care services from a **Primary Care Network level and at scale**.

An ICP wide **joint programme of work**, with Local Authority Public Health Teams has been identified to address some of the **underlying causes of ill health**, aimed at the following key areas;

- Reducing; tobacco dependency, excess weight, and the impact of alcohol
- Air quality.
- Screening and immunisation.
- Making every contact count.
- Antimicrobial resistance
- Health inequalities.



## Local integration at place

- Our ICP will **build upon existing local place-based leadership**
- **This will involve all 18 of our local primary care networks** (GPs and other health and care professionals) and NHS foundation trusts, **working with local authority and voluntary sector partners**, in improving health and wellbeing through extending the reach and effectiveness of our services.
- Our **place-based approaches vary from place to place across the ICP** based on the needs of the local population, the configurations of services that have historically been available and the relationships in place between the various health and care organisations
- The **integration of primary care, social care and hospital care** will be vital to the delivery of **effective and high-quality services**.



# North Cumbria Integrated Care Partnership (ICP) key messages

Our **health and care providers and commissioners** are working in partnership with the **County Council, the Third Sector and our community** to develop an **integrated care partnership**.

## **North Cumbria ICP Strategic Aims:**

1. Improve the health and care outcomes of our local communities and support people of all ages to be in control of their own health.
2. Build health and care services around our local communities.
3. Provide safe and sustainable high-quality services across our sparsely populated area.

## **North Cumbria ICP Strategic Enablers:**

- A. Be a great place to work and develop.
- B. Integrate how health and care organisations work together.
- C. Live within our means and use our resources wisely.
- D. Deliver digitally enabled care.



## Health, wealth and wellbeing

### **Climate Change & Sustainability**

- Climate Change is now recognised as the biggest public health threat this century, we recognise that climate change has significant implications for our current and future health and wellbeing.

### **Workforce, Employment and Skills**

- We have difficulty in attracting people to work here and pursue their careers in the region, and we have an aging workforce, of which 3.15% could retire now and a further 15.73% within the next five years. Our People Plan identifies objectives to ensure that we have the optimum number of the workforce, with the best mix of skills, to support our communities in 2025

### **Prevention**

- We are building a population health system that focuses on prevention, supporting patients to make the right choices about their health and reducing variation in outcomes that exist across our communities.





## Local integration at place

Eight Integrated Care Communities of Health and social care professionals, GPs, voluntary sector and community are working together as one team to support the health and wellbeing of local people.

Their focus is to help people manage long term health conditions, improve access to information about healthier lifestyles and provide more care out of hospital

The specific changes outlined below will support local integration:

- include mental health, muscular treatment service and children's services.
- develop pathways of care for patients that join together primary, community & secondary care, improve quality and experience.
- involve communities in shaping future services, linked to developing thriving communities.
- utilise technology to monitor people's health at home and develop interventions and target disease areas across communities.
- increase in use of the Third Sector and social prescribing.
- Primary Care Networks (PCNs) delivering significant changes to how care is provided in communities.



# Aims and ambitions of the six priority workstreams

Programme	Ambitions
Population health and preventions	<ul style="list-style-type: none"> <li>• By 2023/24 - All people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services leading to a reduction in adult smoking prevalence to 5% or below by 2025</li> <li>• By 2028 - At least 90% of the NHS fleet will use low-emissions engines and primary heating from coal and oil fuel in NHS sites will be fully phased out</li> <li>• By 2029 - Halved the gap in average healthy life expectancy for both men and women between the NECN ICS and the England average and raised the average healthy life expectancy for men and women to a floor target of 60.0 years</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• By 2020 - We will have multi agency mental health priority area working groups in place to take forward system led objectives (aligned to the ICS structures and emerging primary care networks) to improve the mental health and wellbeing of our communities</li> <li>• By 2021 - As an integrated system we will demonstrate measurable progress in relation to achieving the NHS LTP ambitions and, through qualitative feedback, monitor the impact of service change on patient experience and work force provision</li> <li>• By 2028 - We will have needs led services in place to address the population health needs and wellbeing of our communities. This will be achieved through joint commissioning arrangements and a flexible, skilled work force</li> </ul>

# Aims and ambitions of the six priority workstreams

<p>Learning Disabilities and Autism</p>	<ul style="list-style-type: none"> <li>• By 2020 there will be reduction in reliance on inpatient care for people with a learning disability, autism or both to 37 inpatients per million adult population, with a further reduction to 30 inpatients per million adult population by 2023/24</li> <li>• By 2023/24 no more than 12 to 15 children or young people with a learning disability, autism or both per million, will be cared for in an inpatient facility</li> <li>• By 2023/24 - 75% of people on the learning disability register will have had an annual health check</li> <li>• By 2023/24 - Seven day, intensive, crisis and community services will be available for all children and adults with learning disability Autism or both</li> <li>• By 2023/24 - Health checks will be in place for children in residential schools</li> <li>• By 2023/24 – There will be a "digital flag" in patient records that will signify to staff that someone has a learning disability or autism</li> <li>• By 2023/24 - Children with a learning disability, autism or both with the most complex needs will each have a designated keyworker to ensure that they are being best supported</li> <li>• By 2023/24 - All care commissioned by the NHS will need to meet the Learning Disability Improvement Standard, with a particular focus upon seclusion, long-term segregation, and restraint</li> <li>• By 2023/24 – There will be a reduction in Out of area / 52 week residential placements</li> <li>• By 2023/24 at least half of supported internship opportunities, targeted at people with a learning disability, autism or both, will be converted to paid employment over the first five years of the Long Term Plan</li> </ul>
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# Aims and ambitions of the six priority workstreams

Workforce	<ul style="list-style-type: none"> <li>• Make the North East and North Cumbria to be the best place to work, with a focus on adaptability, wellbeing and population health</li> <li>• Recruiting, developing, appreciating and retaining the best people</li> <li>• Continue to be recognised locally, regionally and nationally as a leading respected region with regards to workforce practice and solutions</li> <li>• Becoming a great place to work</li> <li>• Getting, Workforce, Supply and Education Right</li> <li>• Supporting and valuing leadership at all levels</li> </ul>
Digital Care	<ul style="list-style-type: none"> <li>• By 2020 - The first NHS Trust(s), Mental Health Trust, Primary Care settings and Local Authority will be connected to, and sharing information via the Great North Care Record Health Information Exchange</li> <li>• By 2021 – Video/online consultations will be available in primary care</li> <li>• In 2020/21 – We will enable the personalisation of care with 100% of the population having the ability to access their care plan and communications from their care professionals via the <b>NHS App</b></li> <li>• By 2023/24 - 100% of women will have the ability to access their <b>online maternity record</b></li> <li>• From 2020 – under the Optimising Health Services work stream, we will improve a range of diagnostic services through the implementation of collaborative digital services</li> </ul>



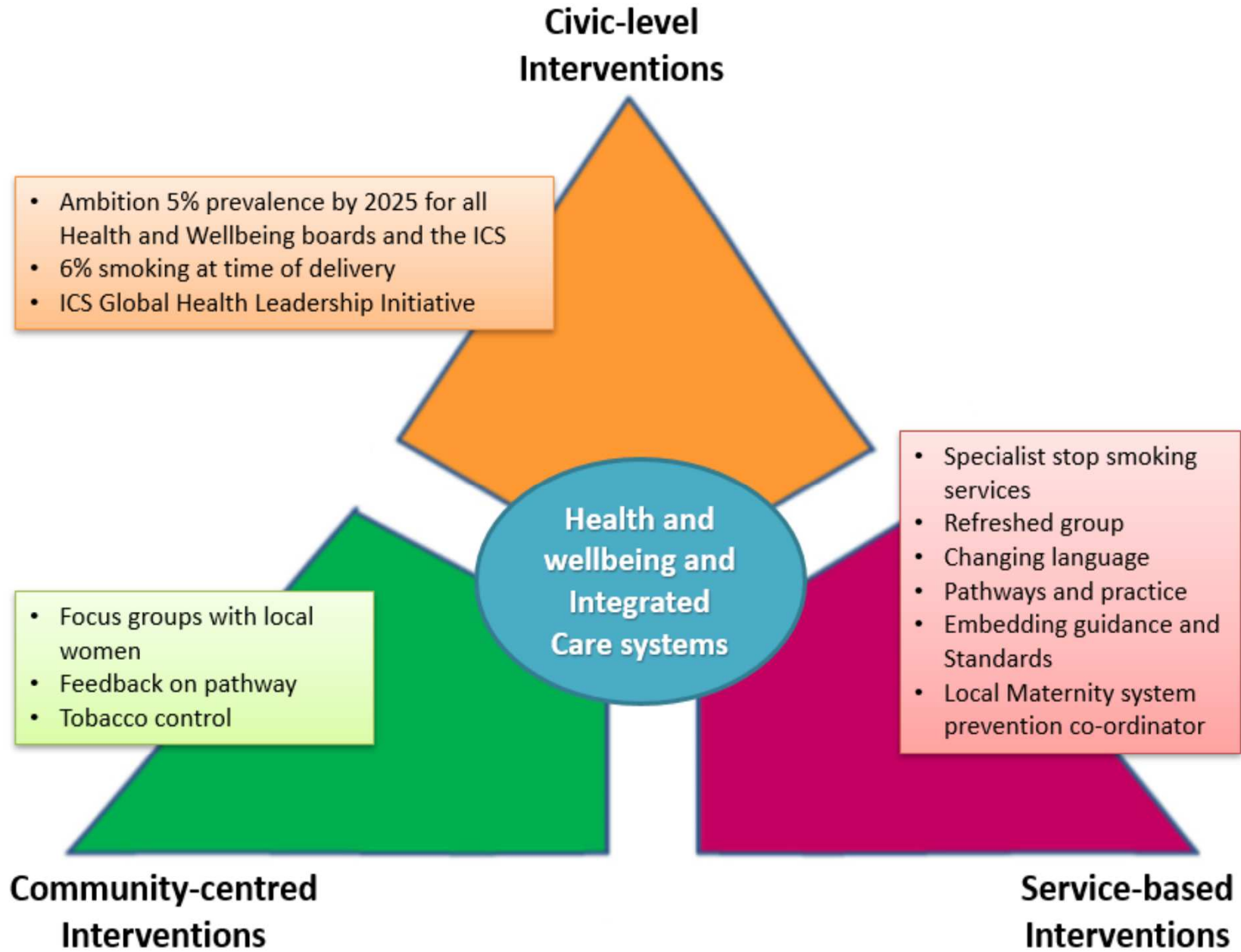
# Aims and ambitions of the six priority workstreams

<p>Optimising Health Services</p>	<ul style="list-style-type: none"> <li>• By 2020 - We will have comprehensive ICS Clinical engagement and influence addressing the priority areas of the Long-Term Plans</li> <li>• By 2021 - We will have started delivering across the ICS on key LTP metrics such as rapid community responses, increased detection of Familial Hypercholesterolemia and earlier cancer diagnosis rates</li> <li>• By 2028 - Our current clinical vulnerabilities across the ICS will have been addressed and sustained through place based, ICP and ICS level working</li> </ul>
<p>Cancer</p>	<ul style="list-style-type: none"> <li>• By 2020 - TBC% of patients will receive a diagnosis of cancer within 28 days</li> <li>• By 2021 - We will agree differential time to treatment pathways for each tumour site</li> <li>• By 2028 - Over 3,500 people will survive cancer for at least five years each year</li> </ul>
<p>Urgent and Emergency Care</p>	<ul style="list-style-type: none"> <li>• By 2020 - All hospitals with a major Emergency Department will:           <ul style="list-style-type: none"> <li>provide SDEC services at least 12 hours a day, 7 days p/w</li> <li>provide an acute frailty service for at least 70 hours per week</li> <li>record 100% of patient activity in ED, UTCs and SDEC via ECDS</li> <li>Implement the Clinical Standards Review</li> <li>Further reduce DToC, in partnership with LAs</li> </ul> </li> <li>• By 2021 - CAS will typically act as the single point of access for patients, carers and health professionals for IUC and discharge from hospital care</li> </ul>



# Ways of working to reduce Health Inequalities

- As an ICS we have a collective strength and commitment to deliver much more for the people that we serve.
- The most important level of working for us all is **'place' based work** for the people who live within the boundaries of each of the local authorities.
- **Partnership working at a place level** is key to the achievement of our ambition.
- Using **evidence-based tools and techniques** will support us to change our system approaches to deliver better health and wellbeing outcomes.
- This is illustrated in the interventions for health inequalities triangle which illustrates the contribution that **different parts of the whole system need** to make to systematically reduce harm from tobacco and hence health inequalities.







## Next steps

Communications and Engagement colleagues will work with the ICS core team to develop the shorter, public facing version of the strategic plan early 2020 for sharing with regional partners

## North Tyneside ASCHWB Sub Committee

**Date: 29 January 2020**

**Report from:** Healthwatch North Tyneside

**Report Author:** Paul Jones, Director

**Tel: 0191 2635321**

### 1. Purpose:

The purpose of this report is to give a progress update on the work of Healthwatch North Tyneside (HWNT). This update was previously presented to the November 2019 North Tyneside Health and wellbeing board meeting.

### 2. Introduction

Every six months, Healthwatch North Tyneside present an update to the Health and Wellbeing Board about the issues people are raising with Healthwatch and the work Healthwatch is doing. This report is the latest update from Healthwatch.

If helpful to the Committee, Healthwatch can present future updates to the committee promptly after the Health and Wellbeing Board meeting.

### 3. Details

The report focuses on Healthwatch's work in the first 6 months of 2019/20. Since then:

- We have visited all but one of the GP practices in North Tyneside to talk to service users about their experiences of care. We spoke to 755 people during these visits and a further 876 people told us their views via our public survey. We are currently analysing these results and will be providing feedback to each practice and the CCG to show what is working well and what could be improved in March 2020.
- We have heard from people in the waiting area of the Emergency Department of the RVI over 48 hours in late November. Work was delivered in partnership with Healthwatch Newcastle and funded by Newcastle CCG. The information we gathered will help us to better understand what people in North Tyneside do when they are feeling ill. We will use this information, alongside what we gathered in visits to the Emergency Department at NSECH, the Urgent Treatment Centre at North

Tyneside General and our GP work to identify gaps, trends and what is working well.

- We have heard from 70 people about their experiences of support with Dementia. This includes service users and carers/family members. This information is being used to support the work of the Mental Wellbeing in Later Life Board.
- Our Annual Survey is open for people to share their experiences about the services they use and tell us what they think our future priorities should be. We have extended the closing date to 3 February as we did not push the survey during the general election campaign. Please make sure you complete this if you haven't already.  
<https://healthwatchnorthtyneside.co.uk/whatmatters/>

#### **4. Attachments**

The report is attached.

# Updates and Insights

## November 2019



[www.healthwatchnorthtyneside.co.uk](http://www.healthwatchnorthtyneside.co.uk)

0191 263 5321

## Our year so far - April to Sept 2019

It's been a busy six months and we are on course to talk to more people in a year than ever before. We do our best to hear from all sections of the community in North Tyneside.

We are a small staff team currently at 3.2 FTE. We have a fantastic team of volunteers, who have dedicated approximately 1,650 hours of volunteering time between April and September. Our volunteers help us by supporting Engagement events, interviewing people about their experiences of services, administrative support in our office, running focus groups and being our Trustees. Without them we would not achieve what we do.

1236 people told us their experiences of health and social care



1148 people talked to us at 37 events across North Tyneside



We received 1322 pieces of feedback about local services



825 people have completed our first GP access survey so far



We signposted people to 48 organisations for advice and support



Our mental health work was recognised at national awards



## 2. Key areas of work

### 2.1 Mental health



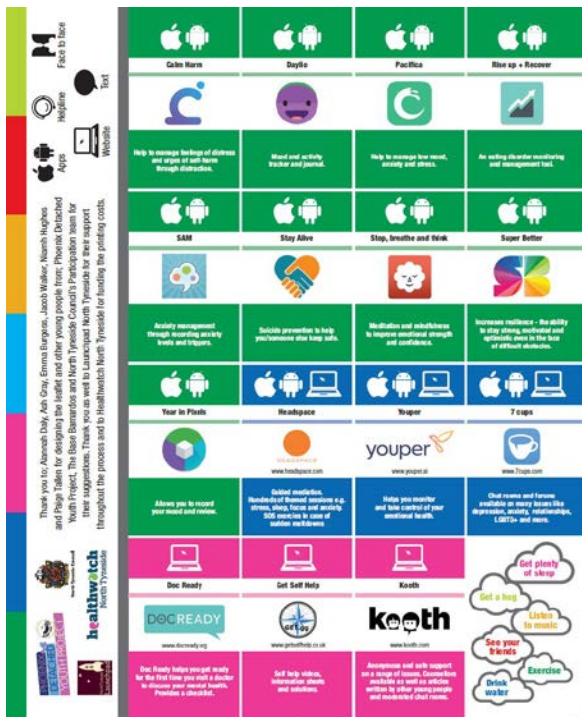
Our work on improving local mental health services was recognised with a highly commended award at the Healthwatch Network Awards in October 2019.

Thanks to local people for sharing their experiences, our voluntary sector partners, particularly Launchpad North Tyneside, and our system partners North Tyneside CCG, Cumbria, Northumberland, Tyne and Wear NHSFT, Northumbria Healthcare NHSFT and North Tyneside Council for their support and willingness to listen and respond to local people's views.

### New mental health resources

We have worked with others to produce two new mental health resources for the people of North Tyneside.

#### Helping young people to 'help yourself'



Young people came together to work on this new resource from Phoenix Detached Youth Project, Barnardos The Base, North Tyneside Council's Participation team, Launchpad North Tyneside, CAMHS and other organisations.

Young people identified the services that they used and they found helpful. The young people helped to design the leaflet so that it would be useful to their peers. The project was led by Phoenix.

Healthwatch North Tyneside funded the printing of 10,000 of these and we are helping to distribute to schools, GP practices, young people's organisations and services.

Please let us know if you would like copies to share.

## Updated Mental Health in North Tyneside leaflet

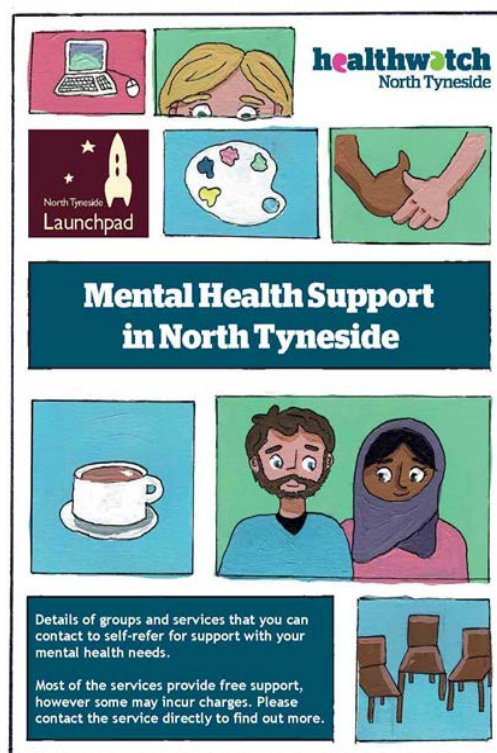
Working with the Service User and Survivors Forum and Launchpad North Tyneside, we have produced a resource for people needing mental health support.

The leaflet provides details of the services that people can self-refer to get the support they need. Most of the sources of support included are free to use but some may charge for some services.

People with lived experiences have been involved in deciding what services are included and choosing the new cover illustration following a competition for North Tyneside residents.

This is the third printed version of this leaflet. So far over 5,000 have been distributed to local services and community venues across the Borough. They have been very well received by professionals and users alike.

Whilst the costs for printing these are small they are still a challenge for our charity. We will be looking for funding to cover the costs of printing the next version - please let us know if you can help with this.



### Mental Health in later life

We are working closely with the Mental Wellbeing in Later Life Board to better understand older people's experience of memory and mental health services. We are currently gathering views of service users and their families and carers. We will identify what's working well and what could be improved. By working with the Mental Wellbeing in Later Life Board we hope that people's experiences will contribute to the planned pathway review and help shape future commissioning activity. We expect this work to be concluded early in the new year.

### Mental health crisis support



Following the publication of our Supporting People in Crisis report in November 2018, there has been some real progress towards the recommended actions we suggested. These actions are overseen by the Working Age Adults Mental Health Board.

In addition to the 'Together in a Crisis' service being commissioned in January 2019, the different service providers have been working towards better coordination and information sharing between services and hope to have a unified referral system in place in the next 12 months. Further updates will come via the Board's reporting.



## 2.2 What people in North Tyneside do when they feel ill

A priority piece of work for us is to get a better understanding of what local people do when they feel ill. We chose this as we heard that people were confused about where to go to get the care they need and some people found getting access to GP services difficult resulting in them needing to go elsewhere for support.

This research project is expected to take a total of 18 months to complete, we expect to finish this in April 2020. It involves:

- Engaging with people in the waiting area in the **Emergency Department at NSECH** - completed November 2018 and report below.
- Engaging with people at the **Urgent Treatment Centre at North Tyneside General Hospital** - completed in February and report being reviewed by Northumbria Healthcare NHSFT and North Tyneside CCG.
- Engaging with people at the **Emergency Department at the Royal Victoria Infirmary** - planned before Christmas in partnership with the RVI, Newcastle CCG and Healthwatch Newcastle.
- Surveying local residents about their experiences of accessing **GP practices** and use of **NHS111**- ongoing. In addition, interviewing services users in GP practices waiting areas - ongoing. We expect to begin reporting back to practices before Christmas and produce an overarching report in March 2020.

We will produce separate reports about each phase of this work and then an overarching report pulling together the key themes, issues and recommendations.

## 2.3 Experiences of the Emergency Department at NSECH



Annex 1 includes the recently published report. Working in partnership with Healthwatch Northumberland and Northumbria NHSFT, we heard from 309 people over 14 three-hour sessions in the waiting area in the Emergency Department and Paediatrics Emergency Department in November 2018. People told us why they were attending the Emergency Department, what other services they had/tried to access and what they thought could make their experiences of accessing care better.

Healthwatch North Tyneside, November 2019



Based on what we heard from people who were attending the Emergency Department independently, we produced a number of recommendations that focus on the following:

Key issues	Next steps
System wide opportunities to better support people to get the care they need through communications and helping people to navigate themselves through the system.	We suggest that a system wide approach is needed to review the information and advice for local people. We would recommend that this review is undertaken once Healthwatch have complete their engagement work around the other urgent and emergency care and GP services North Tyneside residents use - likely to be in April 2020.
Transport issues - particularly public transport access to The Northumbria Hospital, Cramlington.	We suggest that a system wide approach is needed to review the transport issues people have highlighted. This should be led by Northumbria Healthcare NHSFT but will require the input of North Tyneside Council and others.
Changes to the waiting room environment to improve experience and accessibility	Mainly for Northumbria Healthcare NHSFT to review and address.

The key issues identified have been reviewed and considered by Northumbria Healthcare NHSFT, North Tyneside and Northumberland CCGs and NEAS. Northumbria Healthcare NHSFT are working through these actions and have developed an action plan as indicated in their formal response.

## 2.4 People’s experiences of stroke support

We are beginning to produce focused issues papers based on local people’s experiences of particular themes, issues or services. The first of these focuses on the experiences of people who have had a stroke and their carers and is attached in Annex 2.

The paper makes six key recommendations and makes reference to NICE guidelines, identifying apparent gaps between the guidelines and what people have told us about their experiences. The recommendations focus on:

- Communications and the need for all service providers to be aware of communications needs.
- The provision of person centered follow up support.
- Mental health and emotional support for the individual experiencing stroke and their family/carers.
- Access to social activities - better information about what’s available and transport provision to activities.

This report was circulated to North Tyneside CCG, North Tyneside Council and Northumbria Healthcare NHSFT at the end of October 2019 for consideration. We look forward to hearing their reflections and responses.

## 2.5 NHS Long Term Plan

NHS England and NHS Improvement funded the Healthwatch network to work with communities across the country to establish how the NHS Long Term Plan should be implemented locally. More than 30,000 people from across England shared their views about how the NHS can better support their overall health and how it can improve care for specific conditions too.

Staff and volunteers from all 151 Healthwatch also ran more than 500 focus groups across England, bringing together people from all sections of the community to share how they would improve local NHS services.

Healthwatch North Tyneside's engagement fed into the combined **Northumberland, Tyne and Wear and Durham report**. **Read the full report at <https://healthwatchnorthtyneside.co.uk/nhs-long-term-plan/>**

In North Tyneside, we heard from over 150 people through our surveys and focus groups. They told us about:

- Access to services when needed being a key area of concern, particularly in relation to access to GP appointments.
- The importance of joint decision making processes when receiving health treatment and care.
- Positive experiences of quality of care when using cancer health and care services.
- Difficulties in accessing appropriate services when using NHS mental health services.

We are shared a more detailed version of this report which focused on the views of North Tyneside residents with the CCG.

## 3. Emerging issues

### 3.1 Transport

We are increasingly hearing about issues with transport to health and social care services. This is a wide ranging issue and we have heard people having difficulties in:

- Getting to their medical appointments or having multiple medical appointments that require transport.
- People needing care getting to the support services that have been identified as beneficial to them.
- Families and carers struggling to get transport to accompany someone receiving care.
- Families, friends and carers experiencing transport issues when visiting people. There are particularly issues with both public transport and hospitals.
- Older people, many of whom have limited budgets, relying heavily on private taxis to attend multiple appointments resulting in potential financial hardship.
- NHS commissioned patient transport services.
- The lack of community transport solutions and volunteer schemes in North Tyneside.

Transport issues have been highlighted in both our NSECH and Stroke papers attached. Healthwatch England have recently highlighted this issue at a national level. We plan to

continue to investigate and report transport issues relating to different services and would welcome a discussion at a strategic level about improving public transport access in particular.

### 3.2 Prescriptions

We are beginning to hear more about people's experiences of getting prescriptions. Whilst people are generally very pleased with the support and range of services provided by pharmacists, we are hearing that some people are having issues with the electronic prescription system, particularly:

- delays in prescriptions being sent from the GP practice to pharmacy
- not knowing when prescriptions have been sent/are ready resulting in multiple visits to collect.
- In a very small number of cases we hear of the wrong medicines being given - either the GP prescription being incorrect (identified by pharmacy or individual) or the Pharmacy giving the wrong medicine.
- a sense from some that the individual has to resolve issues themselves.

We are gathering more information about this issue in our GP practice interviews and will analyse people's views once all data has been collected and have a better idea of the scale of the issue.

### 3.3 Hearing loss

Through our work when talking to older people, we have picked up some dissatisfaction with the support available for hearing loss. People have told us how they feel increasingly isolated as they lose their hearing and this has a wider impact on the people they live with and their families. This is particularly an issue for people with other health conditions such as cognitive impairments or dementia. We continue to gather evidence on this issue through our current work.

### 3.4 Working together on engagement

There is a need and opportunity for members of the Health and Wellbeing Board to better coordinate the different engagement activities around Health and Social Care issues they are doing. This will enable all partners to understand: what other partners are doing; the impact that is intended; and will prevent duplication and maximise the opportunities for local people to have their voices heard.

This opportunity has emerged through discussions with the CCG and Northumbria Healthcare NHSFT and would welcome the Health and Wellbeing Board's support in better coordinating involvement and engagement activities.

## **4. What else is coming up**

### **4.1 New Healthwatch North Tyneside information**

We are distributing our new publicity information, posters and feedback forms across services and community facilities in the Borough. We encourage all members of the Health and Wellbeing Board to support our work by displaying these and encouraging their services to do so. At the same time we will be delivering the new mental health resources.

### **4.2 Healthwatch North Tyneside Annual Survey**

We launched our 2<sup>nd</sup> Annual Survey at the end of October. Our aim is to gather the views and experiences of as many people from across North Tyneside as possible. We use this information to shape our priorities for the coming year and as a key source of feedback for services. Please encourage as many people as possible to complete this survey and they will be entered into our prize draw. The survey will close in December.

### **4.3 Young voices fund**

In May 2019, we awarded a total of £5,420 in small grants to local voluntary sector organisations to gather and/or respond to the health and wellbeing needs of young people in North Tyneside. The following projects are currently being delivered and we will update the board on the outcome of this work.

- Phoenix Detached Youth Project to: 1) work with others to create a young people's mental health resource similar to Support Groups leaflet (complete, see above) 2) Work with young people to produce a film for GPs and other healthcare professionals about talking to young people about their mental health.
- North Tyneside Carer's Centre to complete an action research project with young carers about their experiences of health and social care.
- DePaul to deliver a mental health event with young homeless people to understand their health issues and support services.
- Barnardo's The Base to work with LGBTQ+ young people to create resources and a campaign about mental health and self-acceptance.

These projects will be delivered over the next 12 months.

### **4.4 Customer experience in Adult Social Care**

North Tyneside Council have commissioned us to help better understand people's experiences of adult social care service, focusing particularly on customer service. This is in addition to our Healthwatch contract. Our work on this will begin shortly and we have recruited a new member of the team, Helen Bedford, to deliver this work.

### **4.5 Residential and nursing care**

Our volunteers will be visiting care homes to provide a lay person's view of having a meaningful daily life within each care home. This is part of a separately contracted piece of work for North Tyneside Council.

## Understanding people's experiences of attending the Emergency Department at the Northumbria Specialist Emergency Care Hospital

### What we did

During November 2018 the Healthwatch teams from Northumberland and North Tyneside heard from 309 people attending the Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington. We asked people to complete a questionnaire with us about their experience whilst in the waiting area of The Northumbria. 75% of the people we spoke to were attending the Adult Emergency Department and 25% were parents or carers visiting the Paediatric Emergency Department with their child. The people we spoke to were those who independently visited the emergency department and therefore views from those who arrived by ambulance are not included within this report.

We talked to people over 14 three-hour sessions between 9am to 9pm, covering both weekdays and weekends, over various times of the day to understand any common themes in experience.

We wanted to know about people's treatment journey not just their experiences of using NSECH, therefore, findings and actions often relate to system-wide issues which need to be addressed through a multi-agency approach. Considering the responses, we recommended actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

### Key issues identified

#### Access to, and understanding of other services

A key reason people gave for their use of The Northumbria was the availability of other services.

Access to GP services were heightened as an issue, particularly at weekends and evenings. 35% of people told us they had contact with their GP practice and been advice to attend, only 3% told us they had tried to contact their practice but were unable to access. People told us that they did not try to contact their GP because they either thought the practice was closed when they needed it or felt they 'wouldn't have got a GP appointment'.

NHS 111 was used by 20% of the respondents from North Tyneside and 18% in Northumberland. Most considered their experience to be positive.

People told us they were often **uncertain about where to go for treatment**. This included:

- What services are available at different sites e.g. **'I'm not sure if Rake Lane has an x-ray so came here for my sprained ankle'** or
- Unsure what services are where - e.g. **'maybe a walk-in centre if I knew where there were'** and **'I thought this was a walk-in centre'**
- Thought they would be referred here anyway - e.g. **'I could have been treated at Wansbeck (General Hospital), but I thought they would send me here anyway so coming here 'cuts out the middle man'**.
- Some people told us that they had been to other UTC or Walk -In services but they were given the option to come to the Emergency department due to waiting times or felt it likely they would be referred here anyway.

When people talked to us, they also indicated that they didn't understand language used for different services including **'Urgent Treatment Centre'**.

We also identified that it was common for people to make their decision on the choice of going to their GP or going to hospital rather than seeing a range of different services based on levels of need.

### **Paediatric care**

We spoke to 76 parents and families attending Paediatric Emergency Department at the Northumbria with a child. People discussed positive experiences of using the services including, friendly staff approach and past experiences of quality care. There was a consensus that The Northumbria was the appropriate place for care for children. It appeared that other services often referred children to The Northumbria by default, this seems to include NHS 111, primary and urgent care services. Services sometimes signposted people directly or following being seen by their service initially, which meant people had to wait for both services.

### **Use by the local community**

We identified that some patients using The Northumbria were visiting due to it being the closest hospital and not necessarily the one most suited to their health needs. Local people indicated that they have **'a great hospital on their doorstep'** and they would **'be draft to drive past this place to go somewhere else'**.

### **Alternative place of treatment**

50% of respondents told us they would have preferred to be treated elsewhere. This including 19% say they thought they could have been treated at their GPs.

If they were advised by GP, NHS111 or other, to go to the Emergency Department, some people felt they should have been able to be treated more locally or given a choice of where to attend.

## Getting to The Northumbria Hospital

80% of the people we spoke to had arrived at The Northumbria by car, the second highest mode of transport used was taxis (7%). People spoke to us about significant issues relating to getting to and from the hospital. The key concerns identified related to:

- The lack of public transport available, particularly overnight and issues around connectivity from certain areas (especially from Northumberland and the southern parts of North Tyneside)
- Poor signage for both public transport services and the hospital often meant people were unsure of when and where to get off buses
- The lack of public transport meant that often people relied on a friend or family member to drive, if people were unable to do so they often had to get a taxi which was costly
- Car parking at The Northumbria was commented on both positively and negatively, this often depended on busyness of the car park when people attended. People were happy with the low costs (at the time it was fixed at £1) but also discussed issues around capacity

## Our reflections on access and the waiting environment

We also made the observations below about opportunities to improve the service user experience of the Emergency Department waiting area. We have shared this information with Northumbria FHT, and they have begun to address several of the recommended actions.

Overall, our team found the area very clean, well maintained, pleasant and calm, and identified the following issues:

- Potential accessibility issues for people with physical impairments
- Accessibility issues for people with hearing impairments.
- Limited access to refreshments after 7pm
- Lack of facilities for people needing to charge phones to keep in contact
- Regular updating of triage times to keep patients informed
- Transaction charges for the charge machine being a barrier for those who need to travel by taxi/public transport, or those people who have long waits and need to purchase refreshments
- Regular updating of the bus timetable and availability of bus info when the reception has closed
- Lack of signage and directions to and from the bus stops
- Lack of car parking capacity at busy times

## Overview of recommended actions

We have recommended a number of actions for consideration by Northumbria Healthcare NHS Foundation Trust (NHFT), North East Ambulance Service (NEAS) and Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) either separately or jointly according to each organisation's responsibilities.

## **1. Communications and navigating services**

- a) CCGs and Northumbria FHT to work with NHS111, GPs and service providers to ensure messages about pathways and what services are available where are clearly communicated based to the public. This should also involve increasing awareness about GP appointment availability and out-of-hours support. Healthwatch and Patient Participation Groups/Patient Forums should be involved in this.
- b) Review messages from staff to patients across the system to ensure people are receiving the best advice for them.
- c) Talk to local people to better understand the language they use about services so that future communications can be tailored to be accessible and make sense to those who use services.
- d) Review communications about paediatrics services so that staff, other services (GPs & NHS 111) and the public better understand what services are available where.
- e) Northumbria FHT and Northumberland CCG review how best to manage patients who live locally rather than trying to stop them from coming.

## **2. Transport**

- a) Further explore what public transport is currently available from different local areas to The Northumbria Hospital and consider working with bus companies to increase the number of services from across the catchment.
- b) Work with bus companies to pull into the hospital grounds (rather than passing by) and review messages on buses and bus stop signage so people know when they are close to The Northumbria Hospital.
- c) Review current provision of public transport information within hospital. This should include ensuring bus timetables and information is available 24 hours a day in entrance lobby.
- d) Review car parking strategy at peak times and explore the potential to extend to make additional spaces available.

## **3. Facilities and environment**

- a) Conduct a full access audit of the Emergency Department conducted by experienced team and follow up actions implemented.
- b) Provide a water fountain in the waiting area or similar so that people can access drink when shop/café is closed.



- c) Provide vending machines or similar so that people waiting in the evening can access food. Alternatively, identify a way that people will not miss their appointment when using the facilities downstairs.
- d) Consider providing a charging station or similar for mobile phones.
- e) Update waiting times regularly to keep users informed.
- f) Investigate a free or lower charging cash machine.

## Next Steps

Healthwatch North Tyneside is using this, along with similar research at the Urgent Treatment Centre, GP practices and the RVI to understand what people in North Tyneside do when they feel ill.

Healthwatch Northumberland is continuing to gather experiences of people using primary and urgent care services in the county as these services continue to develop.

## Stakeholder responses

### Northumbria Healthcare NHS Foundation Trust

We would like to thank both Healthwatch Northumberland and North Tyneside for undertaking this important piece of research - in the waiting areas of the emergency department at The Northumbria hospital, Cramlington - where they spoke to those people who had attended independently.

At Northumbria, we value the views of our patients and their experience and this, alongside providing high quality, safe and caring services, is integral to our values and vision and helps us to continually improve.

We have welcomed this feedback by Healthwatch and their suggested actions, which have been discussed at executive level and with our partners across the health system. Some of which have already been actioned such as ensuring the bus timetable screen is always on 24/7, regularly updating waiting time information and implementing changes to the car park.

We are in the process of commissioning an independent charity to conduct a full access audit of the emergency department and looking at access and signage of our facilities. Our staff are fully supportive if anyone attends the department that has carer needs or requires any extra support or assistance and will always provide that extra help.

We have looked to see how we can further improve the environment of the waiting area and whilst we can't provide a free cash machine or install food and drink vending machines, we are looking at installing a water cooler, a charging station for phones and iPad and introducing a vibrating alert if people need to get food from the restaurant downstairs, which is open 24/7.

We will continue to work with our partners to improve communication and to ensure there are clear messages about the services available at The Northumbria especially about when you should attend the emergency department or where contacting another service is more appropriate.

#### **North East Ambulance Service NHS Foundation Trust**

We use the same system, and in many cases the same people, to assess 111 and 999 calls. NHS 111 will only direct a patient to a service which is clinically appropriate for their symptoms. When the outcome is to send an ambulance or advise the patient to attend an emergency department, this is because we cannot rule out a clinical need without them being seen by an ambulance or hospital clinician.

Where it is appropriate, patients calling 111 are offered appointments in their own GP practice or appointments in a nearby extended hours GP practice. All these health services are listed on a directory which is kept up-to-date by the clinicians and operational management working in the service itself. So, if a patient is asked to attend a service further away than they expected, it may be that their nearer healthcare centre is unable to provide the care they need at that time.

#### **North Tyneside Clinical Commissioning Group**

The paper has been discussed and reviewed by North Tyneside CCG and its formal response will be published in due course

#### **Northumberland Clinical Commissioning Group**

The paper has been discussed and reviewed by Northumberland CCG and its formal response will be published in due course.

# Issues Paper: Stroke survivors' experiences of using health and social care services in North Tyneside

## Summary

We spoke to 19 people who had experienced stroke or supported someone who had. People told us about their experiences of using health and social care services during and following stroke.

People shared positive experiences of the equipment service and some good examples of care received by hospital staff, their GP and social care staff. People highlighted areas for improvement in relation to the follow-up support post hospital discharge, the consideration of mental wellbeing as well as physical and the use of accessible communication by healthcare staff. People also noted the importance of support groups and social activities but noted several barriers to accessing such support.

We have also highlighted gaps between what people told us about their experience and the National Institute for Health and Care Excellence (NICE) guidelines.

## Background

Healthwatch North Tyneside is the independent champion for local people using health and social care services. We gather feedback about services from the general public and through targeted engagement with specific groups of people.

We understand that people who experience long-term health conditions will have unique experiences of using health and social care services. We are talking to groups of people who have different long-term conditions and common experiences to understand the issues they face.

There are more than 1.2 million stroke survivors in the UK and stroke is one of the leading causes for disability for those leaving hospital (Stroke Association, 2017). As part of the NHS Long Term Plan stroke has been identified as a key clinical priority. In North Tyneside, we have higher prevalence of stroke on average in comparison to the national average.

### 1. What we did

In August 2019, we spoke to 14 people who had experienced stroke and 5 carers or family members. 11 of the people we spoke to were male and 8 were female. Of those we spoke to some people had experienced stroke within the last year and for some it was several years prior.

### 2. Key issues

People talked to us about a range of good experiences of using services and several areas where their experiences could be improved. The key issues we heard about are outlined below.

## What worked well?

- a. The timeliness of **aids and adaptations** being put in their home to support them to live independently following their stroke. A number of people told us that the appropriate equipment, such as stair banisters and bath seats, were arranged quickly and put in place before they came home from hospital which they found very useful.
- b. Care given when they were first in **hospital**. They were often initially treated at Northumbria Specialist Emergency Care Hospital (NSECH) before being transferred to North Tyneside General Hospital (NTGH). People felt they were happy with the care received at NTGH commenting positively about staff and the food.
- c. Quality of care received from **care staff** once they had left hospital. A person described having had 3 visits a day for 10 weeks after their first stroke, another said they were given a care worker for 6 weeks and they were "brilliant". One person described their GP organising Care Plus who they found "pretty good". Generally they described the care support being gradually reduced over a period of time which helped to ease the process of discharge from services.
- d. Positive experience of some of the services they had encountered for their **other health needs**. One person told us about having easy access to GP appointments and that their GP would often come to do house visits which was very useful. Another noted an experience whereby their GP referred them to NTGH and on arrival were seen straight away - "didn't have time to sit down" - they felt the treatment and staff approach was very good. However, people's experiences were varied, and people felt that some services were challenging to access because of poor information and transport issues.
- e. Overall, the people we spoke to who had more recent experiences of stroke tended to have more positive experiences of using health and social care services, which highlights improvements in the way services support people who experience stroke.

## What could be improved?

### Stroke services:

- a. **Follow up care** - A key issue people discussed was the inconsistency and limited nature of follow-up support provided when they left hospital. People felt suddenly on their own with no contact from different services such as their physio and their district nurse team. One person discussed only having two visits by their speech therapist. Another person said that their contact was infrequent and unpredictable and has now ended. Of those we spoke to, no one mentioned being offered or receiving either a mental wellbeing or carer's assessment following discharge. Experiences post-discharge were often variable, and many people felt isolated and abandoned - "It was like falling off the edge of a cliff".

People who had experience of other long term conditions, including diabetes and heart conditions, described the follow up support for these conditions as much better than what they had received following their stroke. The lack of follow-up support was particularly notable in relation to the support offered through their GPs. The majority of people we spoke to reported limited experiences of support from their GP practice (even annually) unless they had another health condition.

- b. **Psychological and emotional support** - When considering the support offered for people's recovery, most people discussed receiving some level of support for their physical recovery such as their speech and mobility, however no support was offered for their mental wellbeing following stroke. One person discussed experiencing poor mental health when coming to terms with the impact on their mobility: they were given the number for talking therapies to ring but no further information.
- c. **Access to social activities** and sessions to support both people's physical and emotional wellbeing was deemed as important, but often challenging. This was due to both limited information being given about what activities are available and issues relating to transport to activities. Transport difficulties meant that sometimes activities and support was missed out on. For example, one person told us that they were offered access to a hydro-pool for a year but were unable to find a way that they could get transport there. Another person relied on their family to transport them to exercise classes or experienced long waits to get transport to supported activities.
- d. **Communication** - The majority of those we spoke to had communication difficulties following stroke. One carer told us about having to repeatedly advocate on their family member's behalf in order to ensure they were showered and cared for when they went into hospital following a fall. Another person described being verbally asked what they wanted for lunch when they were an in-patient at hospital. The staff then complained that they couldn't understand what the person had requested. To ensure people can meaningfully engage in decisions about their care and preferences other communication methods need to be available. In this case, a visual menu would have enabled the person to independently communicate their preference.
- e. **Need for support when accessing services** - A key concern for a family member we spoke to was the lack of basic care received in hospital and the constant struggle to advocate for their family member's care to be addressed, often due to a person not being able to express or communicate their needs. A support worker echoed these concerns when stating that they felt the people they supported were treated better when the support worker was present. Family members felt that due to their family member's communication difficulties, their needs were not adequately addressed without the input of the family member.

## Other services

When people were engaged with their GP, they discussed experiencing long waiting times, such as waiting a month for an appointment.

Podiatry services were highlighted as an area for improvement. One person had a District Nurse visit to cut toenails, which was later discontinued. Another person experienced delays due to it being really busy and this meant that toenails had been catching on bed sheets.

People's experiences of using dentists were mixed. One person who had recently been to dentist said they were "in and out" quickly. Although they also noted that the practice had removed the magazines and TV screen which was not helpful as they got anxious whilst awaiting an appointment.

Although people told us about some positive experiences of treatment at hospital, there were also concerns raised about the care they received when going to hospital for other health issues.

### 3. Suggestions for providers and commissioners

This issues paper presented an overview of experiences from 19 stroke survivors and carers. Although the number of people we spoke to was limited there were a number of common issues that service providers and commissioners should consider to best support people recovering from stroke.

NICE Stroke rehabilitation in adults guidelines have been included to reflect how such suggestions relate to national good practice.

#### A. Communication

NICE Guideline 1.8.12 states "Help and enable people with communication difficulties after stroke to communicate their everyday needs and wishes, and support them to understand and participate in both everyday and major life decisions".

**Suggested action 1:** All health and social care services should work to ensure all staff are trained in accessible methods of communicating for those who need to communicate non-verbally. Particularly in emergency settings or services which people don't have regular contact with. Staff should also be aware that they need to be more proactive in establishing communication as often the person may be unable request support when they need it.

#### B. Follow-up support

NICE Guideline 1.11.5 states "Review the health and social care needs of people after stroke and the needs of their carers at 6 months and annually thereafter. These reviews should cover participation and community roles to ensure that people's goals are addressed".

**Suggested action 2:** Follow-up support for people experiencing stroke is a key issue as often people experience it as limited and inconsistent. Providers and commissioners should look at ways to holistically improve follow up support across the system. GPs play a key role in this and should ensure that NICE guidelines are followed as a minimum.

**Suggested action 3:** Patients and carers should be offered both a mental health assessment and a carer's assessment prior to leaving hospital, as part of their discharge plan.

### C. Mental and emotional support

NICE Guidelines 1.5.2 and 1.5.3 state "Support and educate people after stroke and their families and carers, in relation to emotional adjustment to stroke, recognising that psychological needs may change over time and in different settings.

When new or persisting emotional difficulties are identified at the person's 6-month or annual stroke reviews, refer them to appropriate services for detailed assessment and treatment".

**Suggested action 4:** Follow-up support often only focuses on a person's physical recovery; however people's mental health and wellbeing can also be significantly impacted. Services and pathways should be reviewed to ensure psychological support needs are identified and met.

### D. Access to social activities

NICE Guideline 1.11.3 states "Encourage people to focus on life after stroke and help them to achieve their goals. This may include:

- facilitating their participation in community activities, such as shopping, civic engagement, sports and leisure pursuits, visiting their place of worship and stroke support groups
- supporting their social roles, for example, work, education, volunteering, leisure, family and sexual relationships
- providing information about transport and driving"

**Suggested action 5:** Work with local support groups and the statutory services to identify what support services and activities are available and improve how people are informed about the support that is available. People told us that access to both information about what activities are available and access to such activities was very important in supporting their wellbeing.

**Suggested action 6:** Ensure travel and access issues are discussed when a referral to a support service is made. Support individuals to understand what transport support there is to access other services and action is taken so that users can access the services they need.