



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Wednesday, 27 October 2021

Thursday, 4 November 2021 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item	Page
<p>1. Apologies for Absence</p> <p>To receive apologies for absence from the meeting.</p>	
<p>2. Appointment of Substitute Members</p> <p>To be notified of the appointment of Substitute Members.</p>	
<p>3. Declarations of Interest</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>	
<p>4. Minutes</p> <p>To Confirm the minutes of the meeting held on 30 September 2021.</p>	5 - 8
<p>5. Covid-19 Update: Public Health and Adult Social Care</p> <p>To receive an update covering Public Health and Adult Social Care.</p>	

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
<p>6. Specialist Drug and Alcohol Services</p> <p>To receive a report on Specialist Drug and Alcohol Services in the Borough.</p>	9 - 30
<p>7. Safeguarding Adults Board Annual Report</p> <p>To consider the joint North Tyneside and Northumberland Safeguarding Adults Board Annual Report.</p>	31 - 80
<p>8. Update from the recent meeting of the Joint Regional Health Scrutiny Committee</p> <p>To receive an update from the last meeting of the Joint OSC for the NE&NC ICS and North and Central ICPs' which was held on 25 October 2021.</p>	

Circulation overleaf ...

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

Councillor Joe Kirwin (Chair)
Councillor Jim Allan
Councillor Trish Brady
Councillor Margaret Hall
Councillor Pam McIntyre
Councillor Paul Richardson

Councillor Jim Montague (Deputy Chair)
Councillor Mrs Linda Arkley OBE
Councillor Joanne Cassidy
Councillor Maureen Madden
Councillor Tommy Mulvenna
Councillor Jane Shaw

This page is intentionally left blank

Adult Social Care, Health and Wellbeing Sub-Committee

Thursday, 30 September 2021

Present: Councillor J Kirwin (Chair)
Councillors J Montague, L Arkley, T Brady, J Cassidy,
M Hall, M Madden, T Mulvenna, P Richardson and
J Shaw

In attendance:
Councillor A McMullen

Apologies: Councillor J Allan

ASCH20/21 Appointment of Substitute Members

There were no substitute members.

ASCH21/21 Declarations of Interest

Cllr J Kirwin declared an interest in relation to Item 5 as he is employed by a national cancer charity.

ASCH22/21 Minutes

Resolved: That the minutes of the meeting held on 2 September 2021 be confirmed and signed by the Chair.

ASCH23/21 Cancer Services in North Tyneside

The Sub-committee was presented with a report on Cancer Services in North Tyneside provided by Anya Paradis, Director of Commissioning and Planning, and Dr Shaun Lackey, CCG.

The report outlined the challenges for cancer services provision throughout the North East during the pandemic, and the impact of the pandemic on the ability to diagnose and treat cancer patients within the national standards. It was noted that cancer delivery has been a priority for primary and secondary care providers throughout the pandemic and services were adapted and continued to be delivered throughout this time. It was also noted that cancer services in the area never stopped during the pandemic, which was not the case in all areas.

The report outlined the measures that were taken to allow cancer services to continue through the pandemic and some of the of the actions to allow services to catch up following the first lockdown. In addition, independent sector provision was nationally commissioned to provide additional support to the statutory sector, and both Trusts in the area also provided national mutual aid during the pandemic to other areas across the north east and nationally.

It was noted that the biggest challenge during the pandemic has been to encourage patients to contact their GP, especially for suspected cancer, and to attend hospital for cancer appointments. Despite regular communications to encourage people to attend, attendance at cancer appointments did drop.

The Sub-committee was provided with information about screening and referral rates and the measures that have been put in place to address backlogs.

The report also noted some new initiatives that are being taken forward as a result of new ways of working developed during the pandemic and also aimed at achieving the long-term plan requirements and delivering improved services and outcomes for patients.

Members asked about the NHS long term plan targets in relation to cancer and the target of 75% of cancers diagnosed at stage 1 and 2 by 2028 and whether this was achievable. It was noted that this is a long timescale and should be long enough to get back on track following Covid, so there was reasonable confidence around these targets. Although it was also noted that Covid continued to have an impact with 2-3 wards in local hospitals currently allocated for Covid patients, and this represents a significant resource in terms of beds and staffing.

There was some discussion about emerging technologies and initiatives that have great potential to have a positive impact on cancer diagnosis and treatment. In particular there was discussion about the GRAIL blood test cancer screening pilot, with the North East one of the areas involved in the pilot. It was noted that this is an exciting development. However, there also has to be consideration given to follow up resources that may be needed if these technologies are successful and are to be rolled out on a national basis.

Cllr Mulvenna highlighted that members of the Regional Health Scrutiny Committee had been provided with information and a video link about the GRAIL pilot and he requested that this be circulated to all members of the sub-committee for information.

Members raised the issue about the ongoing reorganisation of the NHS with the move to the ICS and how this will impact on local knowledge within the CCG. It was noted that the emphasis remained focussed on place-based systems, and guidance was starting to come out to explain how this will work in practice. The Sub-committee was informed that current CCG staff will be transferring to the new organisation and the new arrangements will build on and adapt current arrangements.

Members asked about the impact of the pandemic on staff welfare and mental health. It was noted that NHS organisations were starting to see more staff feeling the impact of the pandemic and this was evident in increased fatigue and mental health issues among staff leading to staff absences. This was something that organisations are aware of and a regional workforce group is at the forefront of discussions about these issues. It was also highlighted that there had been an impact on recruitment and retention of lower paid staff where there are other opportunities for jobs in other sectors.

Members thanked the CCG representatives for attending the meeting and for the informative report and discussion.

Agreed:

To circulate the information and video link about the GRAIL pilot to all members of the Sub-

committee.

ASCH24/21 Adult Safeguarding Board - Outcome of Peer Review

The Sub-committee received a verbal update on the outcome of the recent peer review of the Adult Safeguarding Board.

It was noted that the Adult Safeguarding Board has operated since 2016 as a joint Board with Northumberland and this has been beneficial in reducing duplication for partners attending the Board.

An independent external consultant had been engaged to undertake the review of the Board which included a survey of all partners and semi-structured follow-up interviews. The final report has been shared with the Board.

The review was positive and identified that partners found the Board to be useful and partners engaged well, with meetings well attended and respected. However, it was also suggested that the Board was focussed on information sharing, rather than setting strategy for safeguarding.

The review did not identify a strong view on whether the Board should stay as a joint Board or separate into two area Boards. However, following further consultation with partners it has been agreed that the Board should split to create a separate Board for each area, but, where appropriate, sub-groups of the Board will continue to operate on a joint basis.

The new arrangements are due to come into effect from April 2022 and plans are in place to progress this. In the longer term it is planned for the North Tyneside Board could align with other strategic boards that are in place covering Domestic Abuse, Children's Safeguarding and Crime. The new arrangements will not be reflected in the Board Annual Reports until the end of 2022-23.

The Chair thanked officers for the update and looked forward to receiving the Annual Report at the next meeting in November.

This page is intentionally left blank

Meeting: Adult Social Care Health and Wellbeing Sub Committee

Date: 4 November 2021

Title of report: Specialist Drug and Alcohol Treatment Services

Lead officer: Wendy Burke, Director of Public Health

Authors: Oonagh Mallon, Commissioning Manager

Louise Gray, Public Health Registrar

1. Introduction

The purpose of this report is to provide an overview of the specialist drug and alcohol treatment services in North Tyneside.

Both substance abuse/misuse and harmful alcohol consumption are considered public health issues due to the preventable nature of some of the harms, the effects on the health of the individuals involved and the impacts on their family and society as a whole. Concerns linked to both issues are increasing and there are high levels of unmet need and socio-economic and geographic inequalities, meaning that some populations are more likely to be impacted than others, and many of these are groups who are also facing other disadvantages.

Drug misuse is estimated to cost society around £20 billion a year (Black Review of Drugs Part 1 2020). Only a small proportion of this is spent on treatment and prevention, the majority of the costs are associated with the wider costs to society such as lost productivity and drug-related crime (including crime associated with the drugs market itself and acquisitive crime in order to fund users' habits). Drug related crime is becoming increasingly violent and the scale of the issue ranges from international activity to organised crime groups to local dealers.

The most commonly used substance in England is cannabis, followed by cocaine and ecstasy. Opioids such as heroin are used less commonly but present the most significant health problems (National Institute for Health and Care Excellence (NICE) 2012). There are a range of health issues associated with drug misuse, including the risk of death from overdose and an increased risk of harm from blood-borne viruses and other physical and mental health conditions.

The cost to society from harmful drinking is estimated to be in excess of £20 billion a year due to the costs of alcohol related crime, lost productivity and costs to the NHS (Public Health England (PHE) 2016). Harmful drinking is defined as a pattern of alcohol consumption causing health problems directly related to alcohol, including psychological problems, alcohol-related accidents or physical illnesses (NICE 2011). Alcohol dependence is characterised by craving, tolerance and continued drinking in spite of the harmful consequences, and can also be associated with increased criminal activity, domestic violence and an increased rate of mental and physical disorders. Dependence exists on a continuum of severity, ranging from mild dependence where assisted withdrawal is not usually required to moderate dependence where assisted withdrawal can typically be managed in a community setting, to people who are severely alcohol dependent and will need assisted withdrawal in an inpatient or residential setting.

Whilst there is a requirement for local authorities to commission specialist drug and alcohol treatment services, there is also a broader public health approach to reducing the harms from drugs and alcohol. Services and organisations that adopt a primary prevention approach try to stop people from using drugs before they have started using them and services with a secondary prevention approach work to reduce the harm where people are already using drugs or alcohol. Tertiary prevention usually refers to providing support to people who are dependent on drugs or alcohol and already experiencing harm as a result of this (i.e. the specialist drug and alcohol treatment services).

There are a wide range of services in place across the borough to reduce the harms from drugs and alcohol, ranging from awareness raising in schools and early intervention support via GP practices and secondary care settings to acute medical care for the physical and mental health consequences of the issues. The specialist services commissioned by North Tyneside Council provide support and evidence-based treatments to people who are dependent or experiencing other problems with drugs and/or alcohol, and other services are in place to support family members/carers (PROPS). There are also a range of other voluntary and community services, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Well Together and others who work with people who self-refer or are signposted by professionals.

In addition to commissioning high quality specialist drug and alcohol services, Local Authorities are also required to have effective quality governance arrangements in place for services that are commissioned using the public health grant. Drug and alcohol service providers are ultimately accountable for the quality of care delivered in their services (i.e. that it is safe and delivered in line with the evidence base etc), but local authority commissioners are responsible for meeting the drug and alcohol treatment needs of the population and ensuring that high quality services are commissioned. Systems are in place to enable us to seek assurances around the safety and quality of services and whether the needs of some of our most vulnerable residents are being met through regular contract-monitoring meetings and other processes.

Providing treatment for drug and alcohol dependency reduces the burden on other local authority services. Dame Carol Black's independent review of drugs in 2020 estimates the costs of drug use to social care at £630 million a year noting that treatment for dependent drug users can reduce the cost of drug related social care by 31%. Being in treatment also reduces offending behaviour, drug and alcohol related deaths and the spread of blood borne diseases such as Hepatitis C.

2. Key facts about drugs and alcohol

- The harms from drug misuse cost society £19.3 billion per year, 85% of which is attributable to the health and crime related costs of the heroin and crack cocaine markets (*Dame Carol Black Review 2020*)
- In 2019/20 approximately 3 million adults in England and Wales used illegal drugs. Of these, over half a million (588,000) reported drug use at least once a week (*ONS 2020*)
- Drug use by children aged 11-15 has increased by over 40% since 2014, following a long-term downward trend. Two in five (38%) of 15 year olds report having taken drugs at least once in their lives. 22% of 15 year olds reported having been drunk at least once in the last four weeks, and of these a quarter (23%) had vomited (*NHS Digital - Smoking, Drinking and Drug Misuse among Young People in England 2018*)
- There were 160,000 adults receiving treatment for drug problems in local authority commissioned services between April 2019 and March 2020. Of these 141,000 were

being treated for opiate problems. 105,000 people with alcohol problems were receiving treatment in local authority commissioned services last year, of whom 30,000 had non-opiate drug problems alongside their alcohol issues (*PHE - Substance misuse treatment for adults: statistics 2019 to 2020*)

- Half of adults starting drug treatment are parents – while many don't currently live with their children there were 19,000 children living with adults who started drug treatment last year. Half of those starting alcohol treatment last year were parents, while many don't currently live with their children, there were 31,000 children living with an adult who started alcohol treatment last year (*PHE - Substance misuse treatment for adults: statistics 2019 to 2020*)
- There were over 14,000 young people under the age of 18 years in contact with alcohol and drug services between April 2019 and March 2020. This is a 3% reduction on the number the previous year and a 42% reduction on the number in treatment since 2008 to 2009 (*PHE - Young People's substance misuse treatment statistics 2019 to 2020*)
- There are around 10 million adults in England who drink above the UK Chief Medical Officers' low risk guidelines, including more than 2 million who drink at higher risk and an estimated 587,000 who are dependent on alcohol
- The 4% of the population who drink the most heavily are estimated to drink a third of all alcohol consumed in England. Their drinking is estimated to contribute to 23% of all the alcohol industry's revenue (*Bhattacharya A, et al - How dependent is the alcohol industry on heavy drinking in England? Addiction. 2018 Dec*)
- There were 358,000 hospital admissions in 2018/19 where the primary diagnosis was a condition related to alcohol consumption, including 22,000 for alcohol liver disease and 41,000 for mental and behavioural disorders (*NHS Digital – Statistics on Alcohol, England 2020*)
- The median drinker in treatment was consuming 400 – 599 units in the four weeks prior to starting treatment – this is the equivalent of between 10 and 15 litres of vodka. One in 10 drank over 1,000 units in the four weeks before they started treatment

3. Policy Context

3.1 National

The responsibility for the drug misuse agenda at national level currently spans multiple government departments primarily the Home Office and Ministry for Justice and the Department of Health and Social Care but also includes the Department for Local Government and Housing and the Department for Work and Pensions. This arrangement is currently undergoing a period of transformation following the publication of Dame Carol Black's comprehensive two-part independent review of drugs and the Government's initial response published in July 2021 . (GOV.UK July 2021)

The Black review contained 32 recommendations one of which was the reform of central government leadership and in July this year a new Joint Combating Drugs Unit was launched to link up all programmes aimed at driving down drug misuse across Government.

In addition, the current Drug Strategy published in 2017 will be replaced with a new long-term strategy outlining a whole-of-government response. The new strategy is expected at the end of 2021 and will focus on three priorities, supply, treatment and reducing demand/shifting behaviour

and attitudes that fuel illegal drug markets. There is also a commitment to lay an annual report before Parliament commencing in 2022, a year after publication of the new drug strategy. This will be able to report upon progress against a national outcomes framework which is currently in draft and will outline a clear set of measurable goals for the combating drugs programme across government.

The current national Alcohol Strategy was published in March 2012 and whilst the Chief Medical Officer provided new guidelines in 2016 and resources to help tackle harmful drinking are available, many in the field are calling for a similar new cross-government national Alcohol Strategy.

3.2 Local

Local accountability for taking forward the drug agenda has been strengthened following the public health reform programme. Responsibilities have been transferred from Public Health England to the newly created Office for Health Improvement and Disparities (OHID) (GOV.UK March 2021). At a regional level OHID works closely with Directors of Public Health in Local Authorities.

Local Authorities have a duty to reduce health inequalities and improve the health of their local population. Drug and alcohol treatment services make a significant contribution to this duty by increasing life expectancy, improving the health and wellbeing of families and reducing crime and disorder in local communities.

Drug and Alcohol services are not a mandated service under the provisions of the Health and Social Care Act 2012 but it is a condition of the Public Health Grant, which the Authority receives from the Department of Health and Social Care to deliver its public health functions, that local authorities improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

In North Tyneside the Director of Public Health and her team with support from the Commissioning and Asset Management Team commission and contract manage the specialist drug and alcohol treatment service. This work directly links to the Our North Tyneside Plan 'People' Theme and to the priorities of 'Our people will be cared for, protected and supported if they become vulnerable including if they become homeless'.

4. Assessing the need for treatment

4.1 Prevalence and unmet need

It is estimated that 3 million people in England and Wales took drugs last year.

OHID estimates that there are over 310,000 adults who are dependent on opiates (mainly heroin) and crack cocaine, and about 600,000 who are dependent on alcohol. Most are not being treated for their addiction with about half of opiate and crack users (OCUs) and only one in five dependent drinkers receiving treatment.

The North East and North West have the highest rates of illicit drug use in the country and the North East has seen a sustained increase in illicit opiate and/or crack use over the past 15 years.

The prevalence and unmet need in North Tyneside compared to England is set out below. About one-third of opiate and crack users and almost one in every 3 dependent drinkers are not being treated for their addiction.

	North Tyneside		National	
	Prevalence	Rate – Unmet Need	Prevalence	Rate – Unmet Need
Opiates and/or crack cocaine	1,030	38.4%	313,971	53.3%
• Opiates only	886	33.6%	261,294	46.6%
• Crack only	368	62.5%	108,748	57.4%
Alcohol	2,685	71.8%	602,391	80.8%

There are high levels of unmet need in the North East, with only around 1 in 5 people who in need of treatment actually accessing it.

Nationally, over 10 million adults are drinking at levels that pose some risk to their health and over 1.5 million have some level of alcohol dependence, although not all need specialist treatment. We know that the North East has one of the highest rates of alcohol consumption and rates of alcohol-specific deaths, and we saw an increase in the level of harm from alcohol during the COVID-19 pandemic.

It is estimated that in 2018/19 there were between 835-913 children in North Tyneside living with at least one adult with alcohol dependence. This is a rate of 20-22 per 1,000 population - a higher rate than for England (16-17 per 1,000 population)

Figures for the number of children in North Tyneside living with an opiate dependent adult are not available but it was estimated that there were 272 opiate dependant adults living with children in 2014/15. The rate for North Tyneside and England is 2 per 1,000 population.

4.2 Drug Related Hospital Admissions

The most recent data (2019/20) suggests that nationally there were over 7,000 hospital admissions for drug-related mental and behavioural disorders in the year before the COVID-19 pandemic, which is a slight decrease from the previous year but considerably higher than a decade earlier. (NHS Digital 2021). In North Tyneside the rate of admissions for drug related mental and behavioural disorders per 100,000 population is higher than the North East and England but the trend has been decreasing since 2017/18 in all areas.

In the same period there were almost 17,000 admissions for poisoning due to drug misuse and almost 100,000 with a primary or secondary diagnosis of drug-related mental and behavioural disorders (NHS Digital 2021). North Tyneside has a higher rate of admissions for drug poisoning due to drug misuse per 100,000 population than both the North East and England and the trend since 2017/18 is increasing in contrast to the reducing trends in the North East and England.

For all indicators, admissions were much more likely in more deprived areas compared to the least deprived areas.

4.3 Alcohol-Related Hospital Admissions

Two measures for alcohol-related hospital admissions are used in the statistics:

1. Narrow measure – where the main reason for admission to hospital was attributable to alcohol.
2. Broad measure – where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol.

The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions. These are admissions where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field.

The broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

In 2018/19 there were 358,000 thousand estimated admissions where the main reason for admission to hospital was attributable to alcohol (narrow measure). This is 6% higher than 2017/18 and 19% higher than 2008/09. In North Tyneside the rate of admissions for the narrow measure per 100,000 population is higher than the North East and England and since 2016/17 there has been an increasing trend in all areas with North Tyneside's upward trend noticeably steeper.

In the same period there were almost 1.3 million estimated admissions where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol, which is 8% higher than 2017/18 (broad measure). This represents 7.4% of all hospital admissions. In North Tyneside the rate of admissions for the broad measure per 100,000 population is higher than the North East and England and since 2016/17 there has been an increasing trend in all areas.

4.4 Drug and Alcohol-Related Deaths – Population

Nationally, drug deaths have reached an all-time high. Deaths relating to drug poisoning were higher in 2020 than any year since records began in 1993 and the rate has increased every year since 2012.

The North East continues to have the highest rate of deaths relating to drug misuse and is around twice the England average and three times the value for London.

Due to the small numbers, Local Authority-level data is grouped into 3 year periods. In 2018-2020 in the North East there were 9.9 per 100,000 and 6.4 per 100,000 in North Tyneside. This is the lowest rate in the region and a decrease from 2017-2019 where there were 7.4 deaths per 100,000 and 2016-2018 when there were 7.9. deaths per 100,000

Nationally, alcohol-specific deaths increased by 20% in 2020 and were considerably higher in the North East than other areas. In the period 2017/2019 the rate per 100,000 in North Tyneside is lower than the North East rate but higher than the England rate.

Like many indicators, alcohol-related harm is patterned by deprivation and people from more deprived areas typically experience higher rates of hospital admissions due to alcohol and alcohol-specific deaths, even when compared to less deprived areas with similar rates of consumption.

4.5 Deaths – Clients in Treatment

Between 1 April 2020 and 31 March 2021, 22 clients died whilst in treatment. 13 opiate clients, 8 alcohol clients and 1 alcohol & non-opiate client.

4.6 Consumption

Despite pubs and restaurants being closed during national lockdowns, the amount of alcohol released for sale during the pandemic was similar to pre-pandemic years, which suggests that

people were drinking more at home and studies suggest almost 25% more alcohol was sold by shops and supermarkets in 2020/2021. Those who typically bought the most alcohol pre-pandemic bought a lot more in lockdown and this is confirmed by several data sources and a confirmation that there was an increase in increasing and higher risk drinking following the first lockdown – this was maintained over much of 2020 but is showing some signs of returning towards previous levels.

5. Drug and Alcohol Treatment Services in North Tyneside

The current provider of drug and alcohol treatment in North Tyneside is the North Tyneside Recovery Partnership (NTRP). The service is an all-age service delivered through a formal partnership between Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW), Turning Point and Changing Lives, two Voluntary, Community and Social Enterprises.

Located in the Wallsend Customer Services Centre NTRP provides a welcoming, easy to access, flexible and holistic service working to reduce the risk of harms, raise recovery orientated ambitions and facilitating service users progress towards their recovery goals.

The client group served by NTRP is particularly challenging and complex and require substantial support to achieve recovery. They are often individuals with entrenched dependencies and complex needs, including a history of trauma and long standing experiences of wider health and social inequalities. They are also often heavily stigmatised.

Many are ageing whilst in treatment and experiencing cumulative physical and mental health conditions. Relapse is common and more likely without support from partners across general healthcare services, social care providers in housing, education and employment as well as from criminal justice partners. NTRP has strong links and works collaboratively with a wide spectrum of local health and social care providers, criminal justice agencies, the third sector and other organisations who are involved in the promotion of recovery and rehabilitation.

NTRP provides the full range of services incorporating interventions in line with NICE Guidance and the Drug Treatment Clinical Guidelines and supports a variety of treatment goals to meet the needs of a highly complex client group. It offers full assessment and care planning across the four domains of drug and alcohol misuse, co-existing physical and mental health, social functioning and criminal involvement, evidence based psychosocial interventions, prescribing, supervision consumption alongside community pharmacists, opioid substitution maintenance programmes, detoxification, recovery support interventions for harm reduction and relapse prevention.

A needle exchange programme is also offered from a number of community pharmacies across the Borough.

In addition a 'Recovery Centre' based in Bedford Street North Shields offers a range of structured and un-structured interventions for people at all stages of their recovery journey providing an opportunity for clients to 'step up' or 'step down' in their treatment phase. There is visible recovery in the Centre through the employment of Peer Support Workers and Peer Mentors and 12 Step Facilitation. Experience shows that this presence is a powerful inspiration for substance users to 'step up' to structured interventions to achieve abstinence. Conversely the centre offers a 'step down' into Recovery Support from structured interventions by providing a menu of un-structured interventions including relapse prevention, peer led support groups, gender specific groups and community based activities. The Centre also enables substance users to build recovery capital through volunteering opportunities, employment skills and housing support. The centre is also available for use by mutual aid groups such as AA, NA and SMART.

Oaktrees a 12 Step non-residential rehabilitation service provides interventions for substance users at all stages of their recovery journey. People are supported into abstinence and prepared for the programme through a pre-treatment element of the programme. On achieving abstinence the programme provides a 12 week structured day programme incorporating psychosocial interventions and mutual aid to develop skills to manage recovery and reduce risk of relapse. Graduates from the programme leave abstinent with a clear aftercare plan and are supported for up to one year through Continuing Care. (This is also available for those who have completed residential rehabilitation programmes and return to the community).

The current contract is valued at approx. £2m and is funded by the Ring Fenced Public Health Grant.

6. COVID-19 – Impact on Service Delivery and Performance

6.1 Service Delivery

People who misuse or are dependent on drugs and alcohol are at increased risk of becoming infected, and infecting others, with COVID-19. They are more vulnerable to poor health outcomes due to underlying physical and mental health conditions, which would have been exacerbated due to the pandemic. It was important therefore that drug and alcohol services remained open and operating during the pandemic to protect vulnerable people who are at greater risk from COVID-19 and to help reduce the burden on other healthcare services.

This was the case in North Tyneside where NTRP continued to provide a full service during the pandemic with some staff members rotating between office based and working from home in line with guidance to reduce the risk of spread of the virus. There was case by case discussion in relation to the suitability of face to face / telephone contact. Where face to face contact was necessary for any appointments staff were instructed to use well ventilated rooms, use PPE appropriately - gloves, aprons, masks, stay at least 3 steps (2m) away for a reduced amount of time 15-20mins and to wipe down all surfaces following each appointment and staff to wash hands.

New clients were accepted into treatment with a telephone assessment only unless the client was deemed to be high risk or if titration (as part of the detoxification process) was necessary. In these cases titration was carried out at Plummer Court in Newcastle as the base at Atkinson Terrace in Wallsend was not available due to the fire in January 2020 which had rendered the building unusable and a search for a suitable property within North Tyneside unsuccessful. However, the move to new permanent accommodation in Wallsend Customer First Centre in early 2021 facilitated more face to face appointments.

New assessments for Opioid Substitution Therapy (OST)/titration were considered for buprenorphine as first choice wherever possible and where methadone induction was required there was daily collection at a community pharmacy for the first week and then reviewed.

All service users who were prescribed OST were reviewed alongside risk with a view to removing the need for supervised consumption and/or to reduce the dispensing frequency of collections from pharmacies, where possible. The expectation was that most service users would be changed to weekly dispense unless deemed too high a risk in which case if the availability of provision allowed these service users continued with either their observed consumption instruction and/or their daily dispensing regime. If not the option of taking home daily dose of OST was considered. There was a daily meeting of an Escalation Group for advice if required. Changing dispensing instructions from observed consumption to OST take home was able to be carried out over the telephone (via the substance misuse service to the pharmacy) and new a prescription was not required.

Pharmacies were not permitted to relax the supervision request; the instruction must come from the treatment service. If it became known that a pharmacy was no longer supporting supervision or had removed the service user from supervision, an escalation process was in place to Associate Director (Addictions Governance) level within the Trust.

Service users were informed that if they were changed to unsupervised and/or multiple pick up of OST, that if they lose, drop, overuse/run out, or have medication taken from them even if reported stolen, this would not be replaced under any circumstances. All prescription changes were accompanied by an increase in contact with the service user via telephone, i.e. regular planned support calls and review of prescription.

The provision of a locked/safe storage box was also considered to reduce risk and Naloxone was increased where appropriate

The Service maintained the needle exchange giving out larger quantities to reduce footfall and had ready made up packs to minimise contact time, reducing the hours of operation, increasing telephone support with regular check in calls, postal service was considered but avoided where possible to decrease pressure on other services.

Alcohol service users were offered telephone follow up only. This included brief interventions, harm minimisation, gradual reduction, recovery support and signposting to digital, online and telephone support. Those with harmful use of alcohol or alcohol dependence were able to have a 3 month supply of Thiamine on first presentation with advice on controlled drinking and slow reduction, two guidance documents for these clients were produced.

The pandemic had a significant impact on how Changing Lives delivered community recovery groups as well as on the delivery of Oaktrees, the 12 week non-residential abstinence based rehab programme. The sudden closure of community buildings caused all group activity to cease impacting on the support clients were able to access. New ways of working were quickly adopted and interventions delivered digitally via alternative platforms such as Microsoft Teams and Zoom. Although not ideal, clients were supported to gain the skills and confidence required to access support online ensuring that their mental wellbeing and recovery was not too detrimentally affected. Those who had been reluctant to access groups in the community began to access groups online, and this appears to have led to growing confidence in accessing groups when restrictions started to lift. Within 1 week of the first pandemic restrictions, a full Oaktrees programme including counselling was being delivered online and a full timetable of community groups was also being delivered.

Some clients have struggled with the pandemic and its restrictions and reported a negative impact on their recovery and mental wellbeing. This is particularly true of those clients with data and equipment poverty. Those who did not have a phone, smart device or access to internet and data were supported through the provision of equipment, data packages and with information on where Wi-Fi could be accessed. However, as they were not able to identify everyone who needed support in this area they acknowledge that some clients did miss out on valuable support. On the other hand it was noticeable that other clients embraced digital support and services in a positive way and achieved recovery, despite all the difficulties.

6.2 Performance

Whilst usual expectations for local monitoring and reporting, contract and performance management were scaled back NTRP continued to submit 100% data to the National Drug Treatment Monitoring Service (NDTMS) Core Data set. However the England and North East

average is not 100% making any comparisons or contrasts at a national or local level unviable therefore the following data is purely a local snapshot.

Using data submitted by services to the national Core Data Set OHID have created '***The Impact of COVID-19 on Treatment Activity Monitoring Report***'. This has enabled OHID and local areas to monitor monthly substance misuse treatment activity at a more granular level during the COVID-19 pandemic. This report is produced outside of the routine reports produced on a monthly and quarterly basis and uses different methodologies. Given its temporary status it is recommended that it is not used to monitor performance or set targets over a longer term period. It compares data from the period February 2020 to June 2021 with the average of the same period for the last two years i.e. the average of February 2018 to June 2019 and February 2019 to June 2020.

Whilst many people experience difficulties with, and receive treatment for, both drug and alcohol and they often share many similarities they also have clear differences so data is presented by four separate drug categories:

- **opiate** – people who are dependent on or have problems with opiates, mainly heroin
- **alcohol only** – people who are dependent on or have problems with alcohol but don't have problems with any other substances
- **non-opiate and alcohol** – people who are dependent on or have problems with both non-opiate drugs and alcohol
- **non-opiate** – people who are dependent on or have problems with non-opiate drugs, such as cannabis, cocaine, crack and ecstasy

A comparison of data from the period February 2020 to June 2021 with the average of the same period for the last two years i.e. the average of February 2018 to June 2019 and February 2019 to June 2020 show:

- 13% overall increase in numbers attending for treatment, particularly for non-opiate clients but the increase is seen across all drug categories. This could be viewed as a negative sign in terms of higher numbers of people requiring treatment, but it could be viewed as positive in terms of more people accessing support
- Referrals to treatment are up by two-thirds with the largest increase coming from the 'Other' category
 - A closer look at referral agencies reveals that referrals for opiate clients from Criminal Justice Agencies and Self, Friends, Family have reduced
 - Referrals for alcohol only, alcohol and non-opiate and non-opiate clients increased from all referral agencies
- New presentations for treatment increased by 67% across all drug categories but the largest proportion has been seen in non-opiate clients
 - New clients to treatment presenting with any housing need increased overall by 44% but fell for opiate users. The largest increase was in alcohol only clients
 - New clients with an urgent housing need increased by nearly one-fifth. Urgent housing need in opiate clients fell but increased in alcohol and non-opiate users
 - There has been little change in the parental status of newly presenting opiate clients
 - In all other drug types there is a change in the parental status of newly presenting clients in that there has been an increase in the Other Child Contact category i.e. living with a child but not the child's parent.
 - Newly presenting alcohol only clients who are parents but not living with their children has also increased significantly
- The number of overall exits from treatment increased by one-fifth (up to 1019 from 846) and 52% were classed as successful completions, a 7% increase in the rate of successful completions

- Interestingly the only drug category where there was an increase in the rate of successful completions was in the alcohol only group suggesting perhaps that the pandemic forced individuals to address their drinking. The rate of successful completions fell in other drug categories suggesting that opiate and non-opiate users may have felt 'safer' in treatment during the pandemic
- Deaths of clients in treatment have risen from an average of 17 in the two previous years to 22 in the period February 2020 to June 2021. There was no change in the number of alcohol only deaths and an increase of 5 in opiate client deaths

More detailed information is available at Appendix A

7. Funding and Additional New Investment in Drug and Alcohol Treatment

The spend from the Public Health Grant for drug and alcohol treatment alone in North Tyneside is approx. £2m. Despite decreases in the value of the Grant in recent years a recognition of increasing harms and widening inequalities associated with the complex client group has seen the spend in North Tyneside remain consistent.

In February 2021, the Government provided an additional £80m to fund drug treatment in 2021/22, as part of a £148m national funding package for reducing crime. The £80m is new funding for 1 year only and is in addition to the money Local Authorities (LAs) already spend on substance misuse from the Public Health grant: It has been allocated to Local Authorities in three strands:

1. **Universal** (2021/22) – allocated to all LAs (except Accelerator areas). Total funding for the North East £4.7m over 1 year
2. **Inpatient detox** (2021/22) – allocated to all LAs/commissioning consortiums for medically managed inpatient detox beds for drugs and alcohol. Total funding for the North East £727K over 1 year
3. **Accelerator** (2021/23) - allocated to Middlesbrough £3.2m over 3 years and Newcastle £2.2m over 2 years

Universal Grant - North Tyneside Council has been awarded £322,000 (revenue) to support work on drug related crime reduction and drug related deaths. The funding is granted for specific interventions prescribed by OHID. (Please see Appendix B)

Inpatient Detox Grant - Funding of £195,000 (revenue and capital) has also been awarded to increase medically managed inpatient detoxification placements. Medically managed detox provision for individuals with the most complex and acute substance misuse, physical, mental health and behavioural issues who require 24-hour nursing care is delivered by the NHS and there are now only five NHS inpatient units (IPUs) operating in England, and none in London. NHS inpatient units are fundamentally different to all other detox and rehabilitation services in England. While there are other, non-NHS medically managed inpatient detox units, it is only the NHS inpatient units that are Consultant Psychiatrist-led, enabling them to manage the most complex patients that other lower-level detoxification service providers feel unable to support.

The funding is awarded for regional or sub-regional joint commissioning of medically managed inpatient detoxification with the aim of increasing capacity and stabilising this component of provision in the treatment system for drugs and alcohol. To increase capacity in the North East 3 commissioning consortia have been formed across the region. The 3 local authorities North of the Tyne have joined together in one consortium to jointly commission medically managed inpatient detox from CNTW as the shared provider of drug and alcohol treatment across all three areas. North Tyneside Council is the lead authority. (Please see Appendix C)

Whilst this is a challenging funding stream to implement due to issues with the North East infrastructure, COVID-19 bed pressures in Trusts and the short timeframes there is a strong commitment to support a regional approach if this funding becomes long term.

8. What's Next for the Drug and Alcohol Treatment Service

The current contract expires at the end of March 2023. A procurement exercise will commence in November with the development of a needs assessment and conclude by the end of March 2023.

9. Background Information

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

[Health matters: harmful drinking and alcohol dependence - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/health-matters-harmful-drinking-and-alcohol-dependence)
[Introduction | Alcohol-use disorders: diagnosis, assessment and management of harmful drinking \(high-risk drinking\) and alcohol dependence | Guidance | NICE](#)
[Black Review of Drugs Part 1 Summary](#)
[Introduction and overview | Drug use disorders in adults | Quality standards | NICE](#)
[Government Initial Response to the Independent Review of Drugs by Dame Carol Black](#)
[Transforming the public-health system: Reforming the public health system for the challenges of our times](#)
ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/drugmisuseinenglandandwalesappendixtable
[Smoking, drinking and drug use among young people in England 2018](#)
[Substance misuse treatment for adults statistics 2019 to 2020](#)
[Substance misuse treatment for young people statistics 2019 to 2020](#)
[How dependent is the Alcohol Industry on heavy drinking in the UK?](#)
[Statistics on Alcohol, England 2020](#)
[Drug misuse | Topic | NICE](#)
[NICE guidance – drug misuse](#)
[Drug Misuse and Dependence UK Guidelines on Clinical Management](#)
[NHS Digital - Hospital Admissions related to drug misuse](#)

10. Appendices

- Appendix A Impact of COVID-19 - data charts
- Appendix B Universal Grant Interventions
- Appendix C Inpatient Detox Grant – Update

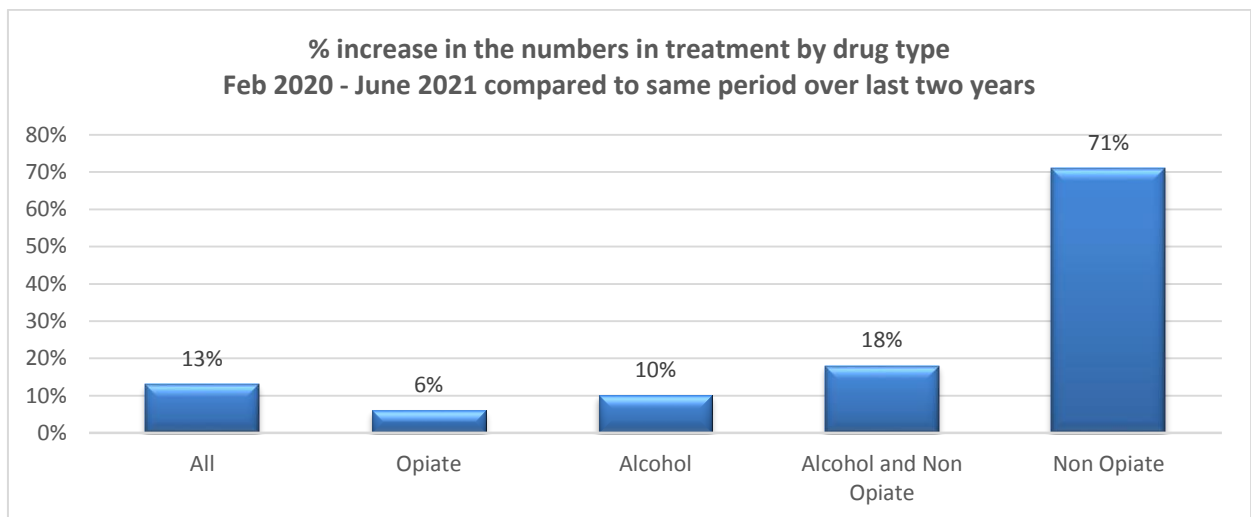
Impact of COVID-19 - Appendix A

Number of people in Treatment

There has been a 13% overall increase in the number of people in treatment - up to 778 in the period February 2020 to June 2021 from an average of 686 in the two previous years.

The increase is noted across all drug categories but is particularly noticeable in the non-opiate drug category with an increase of 71% (up from 52 to 90)

Drug Type	Increase in numbers	Percentage Increase
Opiate	26	7%
Alcohol Only	17	10%
Non Opiate and Alcohol	11	18%
Non Opiate	38	71%
All	92	13%

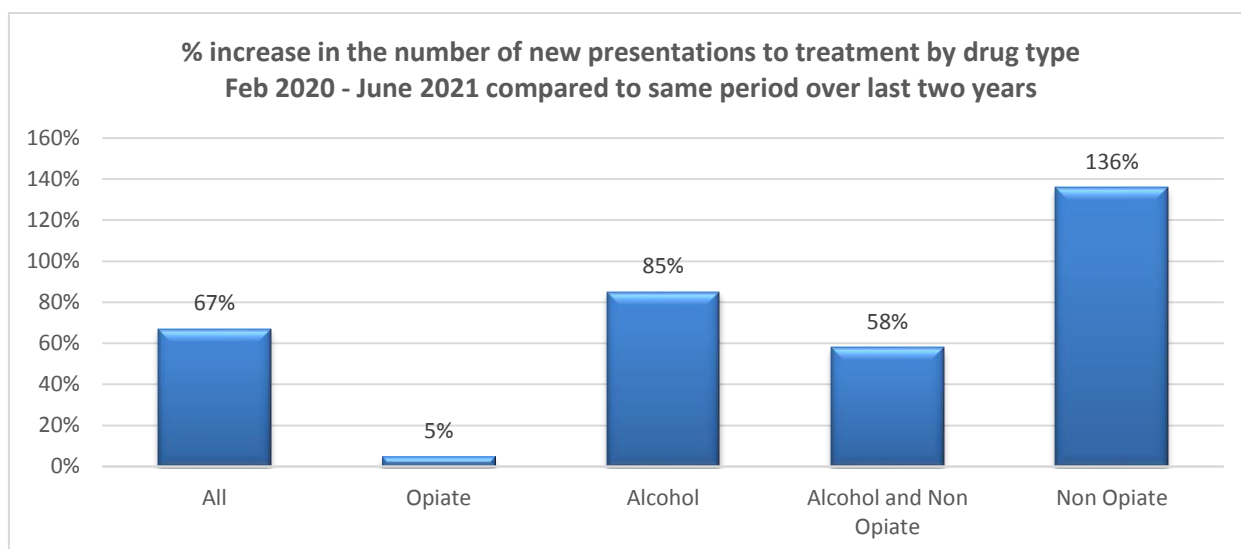


New Presentations to Treatment

The number of new presentations to treatment in the period February 2020 to June 2021 was 1,112 up from 667 from the average of the two previous years (67% increase).

The increase is seen across all drug categories with the largest increase in numbers in the alcohol only category (up to 501 from an average of 271). The biggest proportional increase is seen in the non-opiate category – up to 240 from an average of 102 (135% increase)

Drug Type	Increase in numbers	Percentage Increase
Opiate	9	5%
Alcohol Only	230	85%
Alcohol and Non Opiate	68	58%
Non Opiate	138	135%
All	667	13%



Referrals to Treatment

The number of referrals to NTRP during the period February 2020 to June 2021 was 1,110 up 443 from the average of 667 from the same period over the previous two years, a 66% increase.

The increase was noted across all referring agencies but particularly noticeable is the increase from the 'Other' category and the small, in comparison, increase from Criminal Justice agencies.

All				
	Referrals Feb 2020 to June 2021	Average referrals in same period over the last two years	Number Increase	% Change
Criminal justice	106	97	9	9%
Health and social care	217	77	140	182%
Self, family and friends	676	469	207	44%
Other	111	24	87	363%
	1110	667	443	66%

Referrals by Agency and Drug Category

The tables below show referrals from individual agencies by drug category and the % change from the average of the same period over the last two years.

All referral agencies have seen an increase in the number of referrals they have made.

- Criminal Justice Agencies have seen the largest increase in alcohol only clients
- Health and Social Care Agencies have seen the largest increase in non-opiate clients
- Self, Family and Friends have seen the largest increase in non-opiate clients
- Other has seen the largest increase in non-opiate clients

In all cases the largest number of referrals are for alcohol only clients

Criminal justice				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	55	64	-9	-14%
Alcohol Only	27	12	15	125%
Alcohol and Non Opiate	15	14	1	7%
Non Opiate	9	8	1	13%
Total	106	97	9	9%

Health and Social Care				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	19	8	11	138%
Alcohol Only	115	42	73	174%
Alcohol and Non Opiate	30	15	15	100%
Non Opiate	53	13	40	308%
Total	217	77	140	182%

Self, Family and Friends				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	88	102	-14	-14%
Alcohol Only	327	209	118	56%
Alcohol and Non Opiate	115	83	32	39%
Non Opiate	146	76	70	92%
Total	676	469	207	44%

Other				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	22	4	18	450%
Alcohol Only	32	9	23	256%
Alcohol and Non Opiate	26	7	19	271%
Non Opiate	31	6	25	417%
Total	111	24	87	363%

Data on housing need is presented by those whose need is considered urgent and those who have reported a housing need. Overall there was a 44% change between February 2020 to June 2021 and the average of the two previous years. 121 new clients reported any housing need up from 84 from the previous two years.

The average number of opiate clients presenting with a housing need fell but there is an increase across all other drug types with a 121% increase in the number of alcohol only clients presenting with a housing need

Any Housing Need				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	40	41	-1	-2%
Alcohol Only	42	19	23	121%
Alcohol and Non Opiate	26	16	10	63%
Non Opiate	13	10	3	30%
Total	121	84	37	44%

42 presented with an **urgent housing need** (4% of all new presentations). This is 17% higher than the two previous years when on average 36 new clients presented with an urgent housing need. (5% of total new presentations). The increase is evident across all drug types particularly alcohol and non-opiate clients which had the highest increase (up to 13 from 6), a 117% increase when compared with the average of the two previous years with the exception of opiate clients where numbers have dropped from 19 to 12 (-37%).

Urgent Housing Need				
	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	Change +/-
Opiate	12	19	-7	-37%
Alcohol Only	12	9	3	33%
Alcohol and Non Opiate	13	6	7	117%
Non Opiate	5	3	2	67%
Total	42	36	6	17%

79 new clients presented with a **housing need** in the period February 2020 to June 2021 (7% of all new presentations). This is 65% higher than the two previous years when on average 48 new clients presented with a housing need. (7% of total new presentations).

The increase is evident across all drug types compared with the average of the two previous years and particularly evident with alcohol only clients which had the highest increase up to 30 from an average of 10 in the previous two years (216% increase)

	Average Referrals Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Opiate	28	22	6	27%
Alcohol Only	30	10	20	200%
Alcohol and Non Opiate	13	10	3	30%
Non Opiate	8	7	1	14%
Total	79	48	31	65%

New Presentations by Parental Status

169 newly presenting clients in the period February 2020 to June 2021 were parents living with children (15% of all new presentations). This is 97% higher than the two previous years when on average 86 newly presenting clients presented as parents living with children. (13% of total new presentations). However, although smaller numbers, the largest percentage increase is noticed where the client has Other Child Contact i.e. living with a child but not the child's parent.

Other parental status categories are set out in the table below.

Parental status – All Drug Types				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	169	86	83	97%
Other child contact – living with children	33	8	25	313%
Other child contact – parent not living with children	567	322	245	76%
Not a parent OR no child contact	339	252	87	35%
Total	1108	668	440	66%

When looking at parental status by drug type:

Opiate clients newly presenting to treatment - the largest percentage increase is noticed where the client has Other Child Contact i.e. living with a child but not the child's parent (numbers are small) but there is also an increase in the numbers who are living with their own children but overall there is little change in the parental status of newly presenting clients.

This is not true for all other drug types where there is a large percentage change in the parental status of newly presenting users – this is again predominately seen in the Other Child Contact i.e. living with a child but not the child's parent but alcohol only users who are parents but not living with their children has also increased significantly

Parental status – Opiate				
	New Presentations	Average of the same	Number +/-	% +/-

	Feb 2020 to June 2021	period over the last two years		
Parent living with children	15	7	8	114%
Other child contact – living with children	5	1	4	400%
Other child contact – parent not living with children	96	101	-5	-5%
Not a parent OR no child contact	68	68	0	0%
Total	184	177	7	4%

Parental Status - Alcohol Only				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	83	52	31	60%
Other child contact – living with children	4	2	2	100%
Other child contact – parent not living with children	248	115	133	116%
Not a parent OR no child contact	165	103	62	60%
Total	500	272	228	84%

Parental Status – Alcohol and Non-Opiate				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	29	11	18	164%
Other child contact – living with children	7	2	5	250%
Other child contact – parent not living with children	101	62	39	63%
Not a parent OR no child contact	47	43	4	9%
Total	184	118	66	56%

Parental Status – Non-Opiate				
	New Presentations Feb 2020 to June 2021	Average of the same period over the last two years	Number +/-	% +/-
Parent living with children	42	16	26	163%
Other child contact – living with children	17	3	14	467%
Other child contact – parent not living with children	122	45	77	171%
Not a parent OR no child contact	59	39	20	51%
Total	240	103	137	133%

Exits from Treatment and Successful Completions

Of the 1019 exits from treatment in the period February 2020 to June 2021 52% had a successful outcome and this is a 7% increase when compared with the average of the same period over the

last two years. When looking at drug type alcohol only clients were the only group where the proportion of successful outcomes rose from the average of the same period over the last two years.

	Exits	Successful Outcome	% Successful Outcome	% change From average of two previous periods
Opiate	181	26	14%	-9%
Alcohol	432	264	61%	9%
Alcohol and Non Opiate	185	86	46%	-2%
Non Opiate	221	152	69%	-34%
All	1019	528	52%	7%

Deaths in Treatment

There was a 29% increase in deaths in treatment during the period February 2020 to June 2021 when compared with the average of the same period over the last two years. The biggest percentage increase by drug type is noted in the opiate client group where deaths increased to 14 from 9 (56%). Deaths in the alcohol only client groups remained static at 7 for each period.

Deaths in Treatment				
	Deaths in Treatment Feb 2020 to June 2021	Average deaths in treatment for the same period over the last two years	Number +/-	% +/-
Opiate	22	17	5	56%
Alcohol Only	7	7	-	-
Alcohol and Non-Opiate	1	2	-1	-50%
Non-Opiate	0	0	0	0

Universal Grant - Appendix B

Area	Action	Additional spend in 2021-22 from universal grant
Enhance harm reduction provision	Expand the current Needle exchange Service to offer a more robust physical health care offer, alongside the ability to provide a brief intervention case holding role to divert from triage in NTRP for quick throughput.	£49,000
	Increase the workforce by 1.5 WTE additional staff - 0.5 WTE qualified Band 6 Nurse and 1 WTE harm reduction worker	
	Introduce 100 Nasal Naloxone kits into the current offer to prevent drug related death	£3,600
Increase treatment options	Pilot 10 people on Buprenorphine (novel long-acting OST) for 12 months @ £239 per month	£28,680
	Increase access to residential rehab places (5 @ £8400 per stay)	£42,000
Increase integration and improved care pathways between criminal justice, wider partners and drug treatment	Recruit an additional 4.5 full time criminal justice/outreach/physical health workers. This will increase treatment service capacity to ensure improved engagement with criminal justice agencies through: <ul style="list-style-type: none"> • Single Point of Contact • A dedicated pathway for referrals, enquiries and support • Court/Custody and NPS liaison • Structured PSI recovery focused interventions for those on DRRs • Prison in-reach and Through the Gate Support • work assertively in the community targeting those most at risk of harm when they are identified as being at risk of disengaging from NTRP, recently been arrested or released from prison • Comprehensive assessment in the community • fast track clients into treatment with support during initial engagement with NTRP • Train workers in HMOs and the police in Harm reduction and overdose management • provide naloxone to pharmacies in the area that deliver the needle exchange provision 	£165,360
Enhance recovery support	Recruit an additional 0.6 WTE counsellor	£33,360
	Purchase licence for access to 'Breaking Free Online' – a digital treatment and recovery platform to enhance the recovery offer in North Tyneside.	
Totals		£322,000

Description of Medically Managed Inpatient Detox Grant Funding Proposal

The geographical coverage for the LA3 proposal is the North of Tyne (NoT) i.e., the Local Authorities of Newcastle, North Tyneside and Northumberland.

The vision was for the shared clinical provider - Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW) to provide a bed for detoxification within one of its existing units with a clinical specialist to co-ordinate the provision. This has been achieved with a bed (suitable for both male and female clients) available in St. Nicholas Hospital and the appointment of a clinical specialist and prescriber to co-ordinate provision and to work alongside clinical leads and specialist staff within the local authorities' commissioned services.

The post is case holding role and is based on the ward to support the ward manager. It is governed under the existing treatment system arrangements including supervision, reflective practice and clinical support

The postholder is responsible for:

- developing care pathways for assisted withdrawal for both alcohol and drugs and for a combination of alcohol and drugs (including comorbidity of mental illness, physical illness and other high-risk presentations)
- protocols, policies and procedures as well as proposals for service development across the NoT and
- Securing additional capacity via spot purchase at the Chapman Barker Unit in Manchester (one of the five remaining specialist centres in the UK)

27 placements across NoT based on £5k average per detox are estimated. The length of placement will be variable but is expected to be between 5 and 10 days/nights.

	Annual Budget	
Income	£	195,000.00
Total Income	£	195,000.00
CNTW		
Co-ordinator	£	55,900.00
Capital Costs	£	5,833.00
Sub total	£	60,000.00
Spot Purchase		
Detox Places	£	32,000.00
	£	32,000.00
North Tyneside Council		
Detox Places	£	18,383.00
Sub Total	£	18,383.00
Northumberland		
Detox Places	£	31,587.00
Sub Total	£	31,587.00
Newcastle		
Detox Places	£	51,297.00
Sub Total	£	51,297.00
	£	195,000.00

This page is intentionally left blank



North Tyneside Council

Quadrant, The Silverlink North, Cobalt Business Park,
North Tyneside, NE27 0BY
Tel: 0345 2000 101

Briefing note

To: Adult Social
Care Health
and Wellbeing
Sub-Committee

Author: Ellie Anderson Assistant
Director Business Assurance,
HECS

Date: 27/10/21

Title of Briefing: Safeguarding Adults Board (SAB) Annual Report 2020-2021

1. Introduction and Background

I have pleasure in presenting the annual report of the joint Northumberland and North Tyneside Safeguarding Adults Board (SAB) for the period April 2020 – March 2021.

The Board has been a joint arrangement with Northumberland since 2016.

The period covered by this report has probably been the most challenging for Local Government and the partner agencies that make up the Board as everyone adapted to the pressures posed by the Covid-19 pandemic.

The pandemic has had a significant impact on safeguarding activity and the report rightly focusses on the work that the Board oversaw with partners to ensure that people were being safeguarded and protected through lockdowns and re-introduction of freedoms. The impact of the pandemic became a new and dynamic priority area for the SAB.

The pandemic also required partners to work at speed to develop safe systems of work to both share information and to ensure that the important work of the Board continued, and progress was made on the Board's priorities. The work of the Board was conducted virtually throughout the period of the report

2. Board Information

The SAB is a statutory multi-agency partnership mandated by the Care Act 2014 that leads the strategic development of safeguarding across Northumberland and North Tyneside Local Authority areas.

Its purpose is to ensure that people with care and support needs are safeguarded and to develop a culture of continuous improvement in local safeguarding arrangements to ensure that partners act to help and protect adults experiencing or at risk of abuse and neglect.

The report identifies the Board's membership which is wider than the 3 statutory partners of LA, CCG and Police.

The 3 core duties are to develop and publish an annual report, develop and publish a strategic plan and commission safeguarding adult reviews for any cases that meet the criteria.

3. Achievements

Despite the impact of Covid-19, the Board has delivered on a number of its promises:

- Contribution to a national project about how to safeguard vulnerable drinkers with the development and delivery of multi-agency workshops
- Developed and monitored a comprehensive and robust SAB Risk Register to identify and monitor Covid related risks and themes.
- Completed and published a Safeguarding Adults Review – Leigh
- Launched virtual multi agency training across the partnership including criminal and sexual exploitation
- Shared information with the public to promote awareness about safeguarding and domestic abuse
- Worked in conjunction with the police on Operation Momentum
- Reviewed independently the joint SAB arrangements

4. Covid- 19

Partners acted quickly and put new arrangements in place to manage new risks and demands. Whilst providers became reluctant to allow professionals to visit, a clear message has been maintained, that face to face contact will be required if there are safeguarding concerns.

As previously mentioned, a robust multi agency risk register was established and monitored, and each LA held fortnightly meetings with statutory partners to understand themes, trends and activity and to ensure a joined-up approach. We therefore understood from a multi-agency perspective that for some people risks were increased, through reduced contact with the outside world and being “locked down” with their abuser. There was also evidence of increased self-neglect, financial abuse, scams and domestic abuse. For domestic abuse, there was an increase in both volume and the severity of injury experienced by survivors.

High levels of support were put in place for care homes as this area experienced a huge impact in terms of infection rates, death rates, staff sickness, access to PPE, rapidly changing guidance and difficulty recruiting.

In North Tyneside we established a way of translating guidance for managers in care homes, provided visual aids for use of PPE, provided support accessing PPE and established the Prevent and Protect Team. A multi- agency team comprising commissioning officers, Public Health, safeguarding staff, 0-19 service nurses, CCG nurses and Northumbria Health Care Foundation Trust's Infection Prevention and Control team establishments were visited to provide support and assistance about practically implementing the guidance and helping to manage outbreaks.

5. Demand and Activity

All partners saw an increase in safeguarding activity.

There was a 42% increase in statutory enquiries undertaken by safeguarding in relation to Domestic Abuse. In response information about domestic abuse, how to stay safe and how to access support was made publicly available on a regular basis including via social media. Specialist services offered telephone support and virtual programmes of support including Live Chat. However, where risk was deemed to be high, face to face support was offered by the specialist service.

Social Care staff also took a risk-based approach to work, with face-to-face assessments and visits conducted where necessary. Where staff were aware of DA risks, they made more regular virtual contact with people, agreeing safe words to reduce the sense of isolation. We worked with Police and Housing to ensure that emergency accommodation was available, and the police contacted previous medium risk victims by phone to ensure they were OK.

The number of concerns related to Safeguarding overall increased by 11.7% and we experienced a 32% increase in the number of referrals that needed a safeguarding enquiry of some type. Those being safeguarded were 40% male and 60% female with 43% aged 18-64 and 56% aged 65 and over

The most frequent types of abuse are neglect which accounts for 19% of all enquiries and has increased by 34%, physical abuse which accounts for 18.5% of all enquiries and has increased by 6% and financial abuse which accounts for 17% of enquiries and has increased by 9%.

In 65% of cases the source of risk was known to the individual, but this increased to 87% if service providers are included.

59% of abuse that was investigated occurred in the person's own home and 21% in a nursing or care home

Overall an increase in activity and demand

6. Strategic Priorities

The report highlights the SAB's strategic priorities and the progress made against them. Progress has been made in all areas although there is work to do to ensure that improvement is continuous. The safeguarding team is currently working on audits and analysing performance in all areas to identify that learning has been embedded into practice.

7. Safeguarding Adult Review Leigh

In March 2021, the SAB published the report of the safeguarding adult review into the death of Leigh (Name chosen by family). The full report can be accessed at:

https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/NTSAB%20SAR-%20Leigh_0.pdf and the annual report provides a brief overview about the lessons learned.

8. Review of SAB arrangements

Committee has been previously briefed about the outcome of the SAB Peer review that occurred in January -March 2021. The annual report gives an overview of the outcome.

9. Partner Spotlights

The SAB is a real partnership with very close working links, and this was evidenced through the pandemic. The Annual Report provides a highlight of work undertaken

by our partners to demonstrate how work undertaken in one agency enhances the safeguarding work more generally in the Borough. Northumbria Police's missing adult protocol is highlighted as are some case studies to evidence areas of strong practice in the area.

10. Recommendation

The SAB has ratified its Annual Report. Committee is asked to note the content of the report.

The report will be published on the Safeguarding Adults page of North Tyneside Council website

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

North Tyneside and Northumberland

Safeguarding Adults Annual Report

2020-2021



Contents

Foreword	3
1. About the Board	4
2. What the Board has achieved at a glance	6
3. Impact of COVID-19 Pandemic	7
4. What does our local data tell us	11
5. Strategic Priorities 2020-21	16
6. SAB Highlights 2020-21	25
7. Safeguarding Adults Review Committee – Lessons Learnt	30
8. Looking ahead to next year	34
9. Working with our Partners	35
Appendix A	43
Appendix B	44



Foreword

by the North Tyneside & Northumberland Safeguarding Adults Board Independent Chair

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

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

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

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



Paula Mead
Independent Chair

1. About the Board

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

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



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

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

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

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

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



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



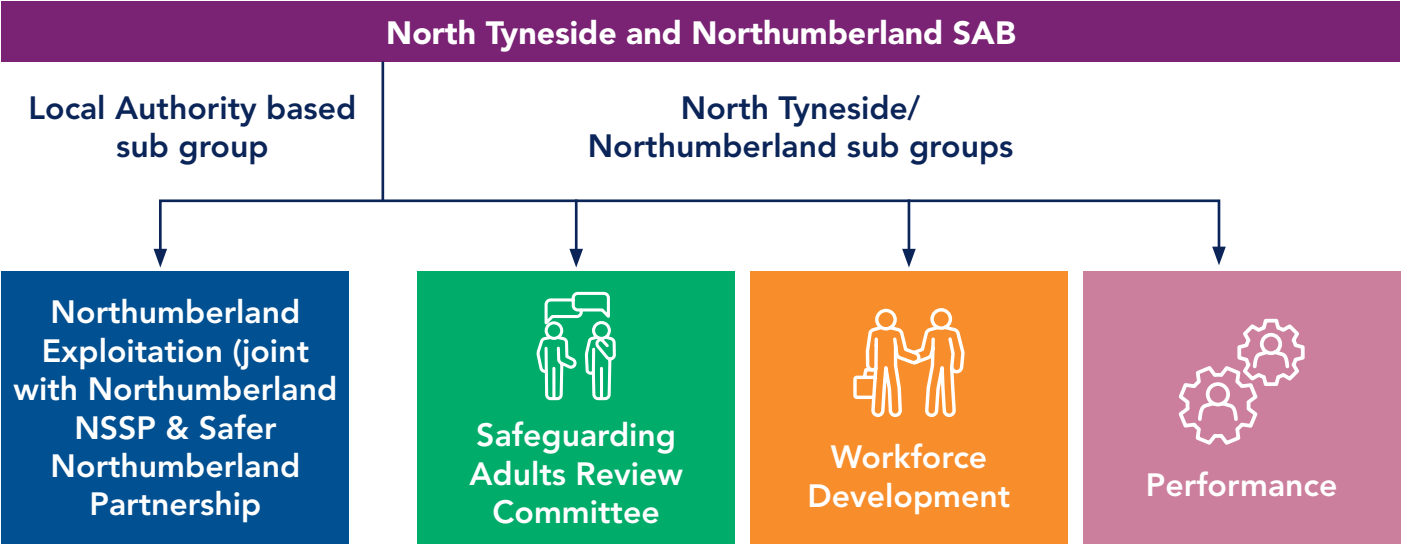
Publish an annual report detailing how effective their work has been.



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

SAB Structure

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



2. What the Board has achieved at a glance



3. Impact of COVID-19 Pandemic

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

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

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

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

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

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

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

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

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



Emerging themes:

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

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

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

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

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

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

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

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

Domestic abuse:

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

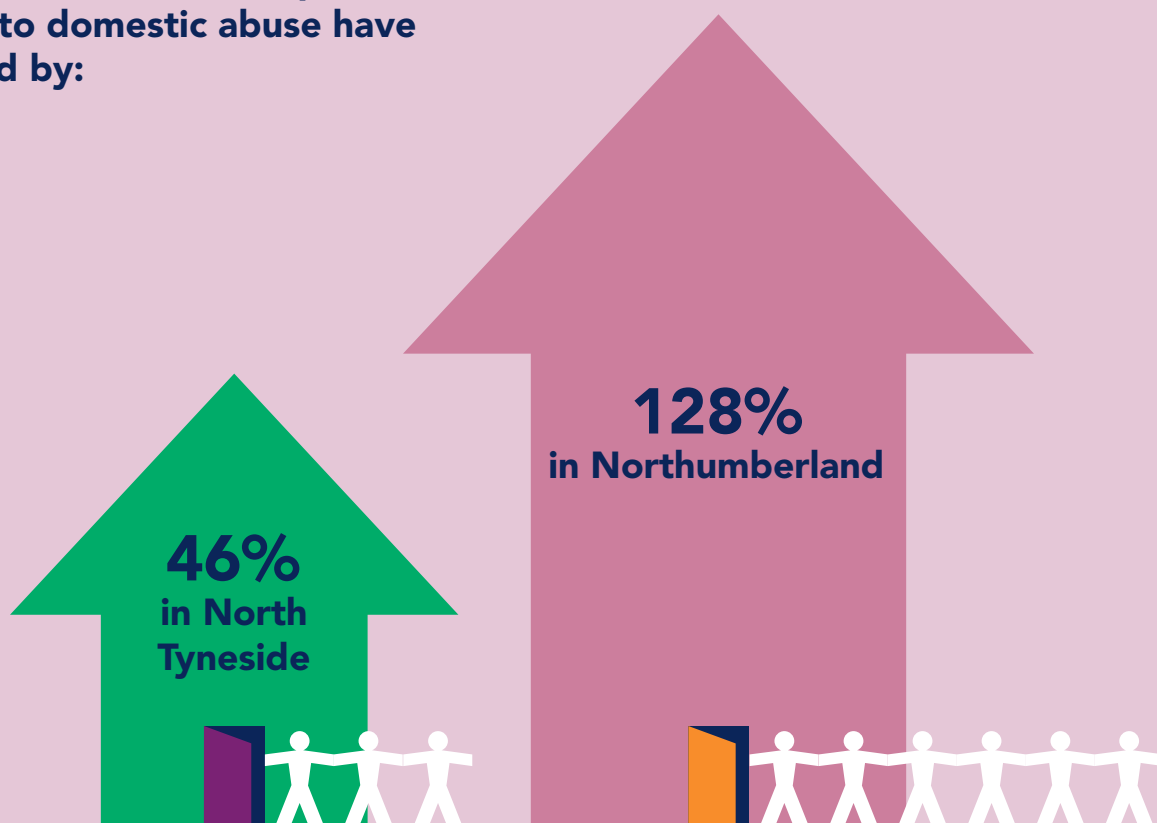
Nationally organisations have noted that the conditions of lock downs and other Covid restrictions exacerbate triggers that increase risk and restrict a victim's access to support or escape. The Domestic Abuse and Sexual Violence specialist support services across both Local Authorities continued to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

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

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

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

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



These increases are in line with national figures and trends.

Northumbria Police:

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

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

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



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



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



4. What does our local data tell us

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

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

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

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



Concerns/Enquiries:

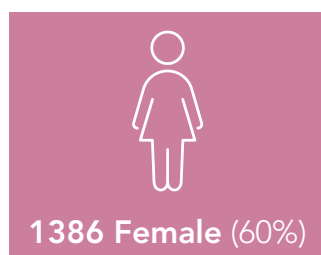
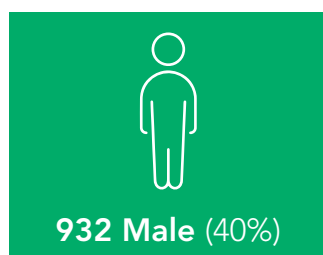
Northumberland



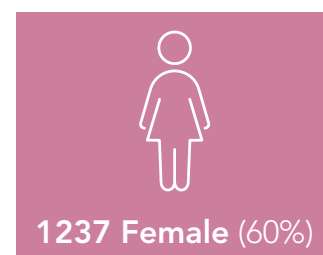
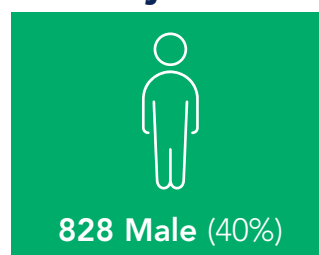
North Tyneside



Northumberland

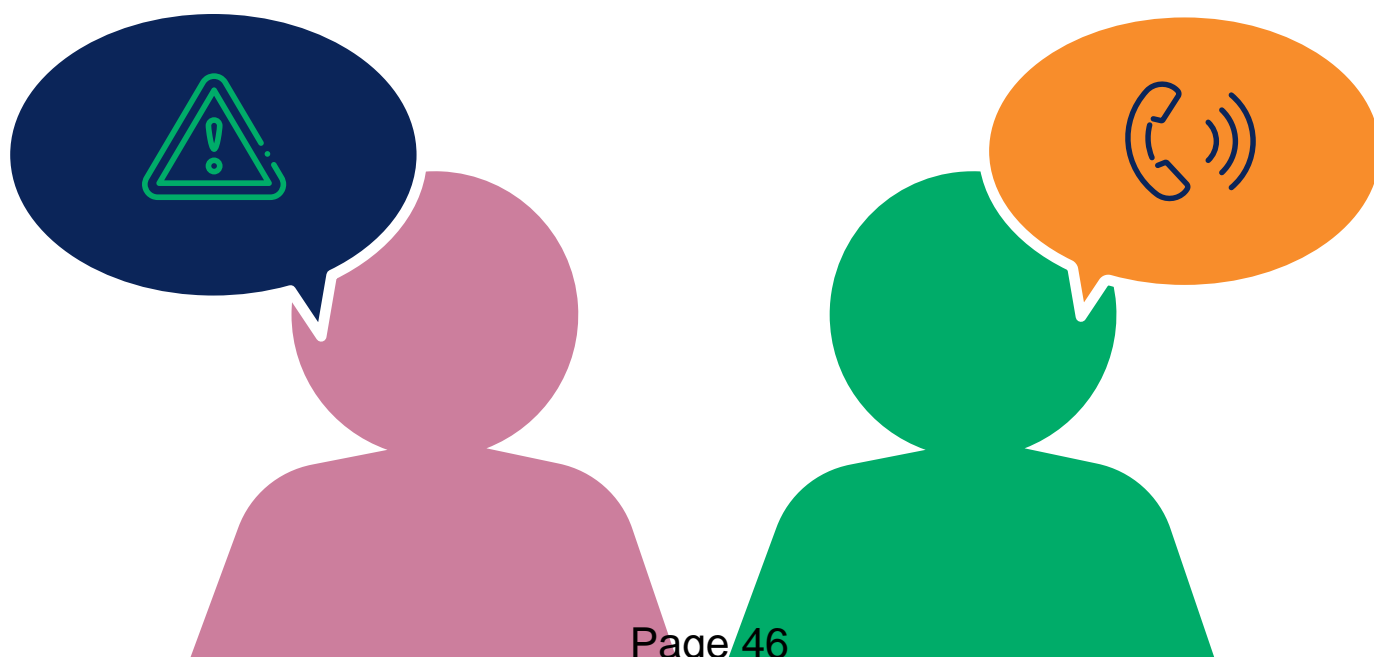


North Tyneside



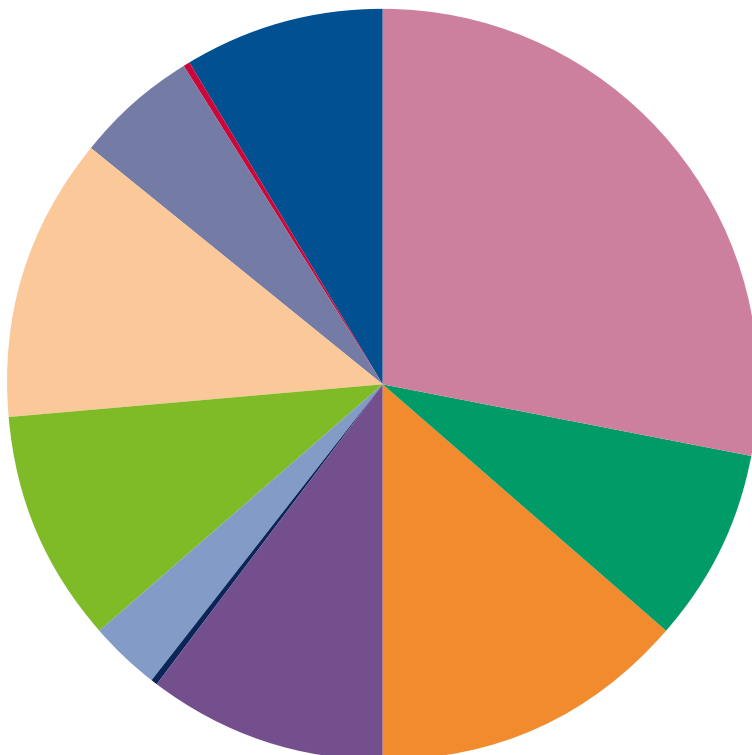
Age

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



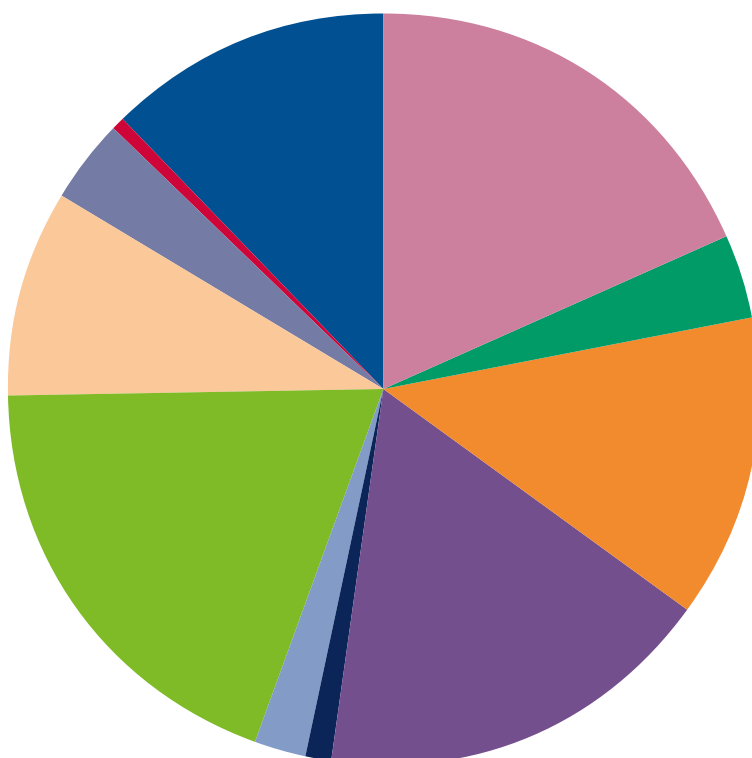
Types of Abuse:

Northumberland Percentage of total enquiries 2020/21



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

North Tyneside Percentage of total enquiries 2020/21



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

Location of abuse:

Northumberland



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



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

North Tyneside



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



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

Risk identified/ceased at individuals request:

Northumberland



83% of enquiries had risk identified and action taken



4% of enquiries ceased at individual's request

North Tyneside



80% of enquiries had risk identified and action taken



7% of enquiries ceased at individual's request

Source of risk:

Northumberland



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

North Tyneside



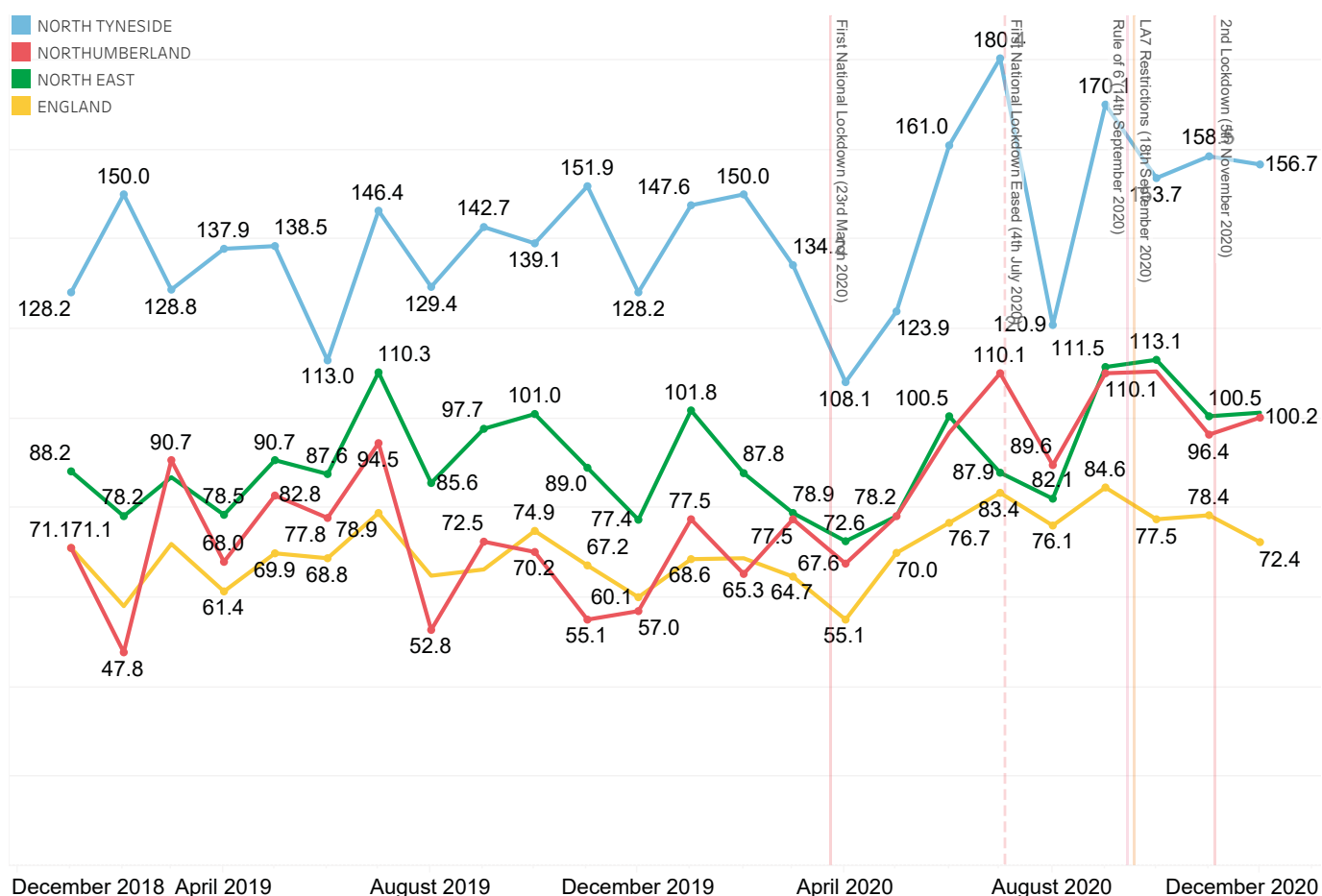
65% of enquiries involved a source of risk known to the individual (**87%** including service providers)



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

COVID-19 Adult Safeguarding Insight Project

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



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

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

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

5. Strategic Priorities 2020-21

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

Priority 1 Covid 19 Recovery

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





Priority 2 Transitional Safeguarding arrangements

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

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

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

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

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

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

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

North Tyneside:

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

Northumberland:

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

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



Priority 3 Early Identification and Prevention of Domestic Abuse

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

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

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

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

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

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

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

Child to Parent Violence and Abuse (CPVA):

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

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

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

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



Priority 4 Focus on forms of Criminal Exploitation

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

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

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

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

adult's programmes to highlight exploitation more widely.

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

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

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

Operation Momentum

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

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

Northumbria Police

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

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

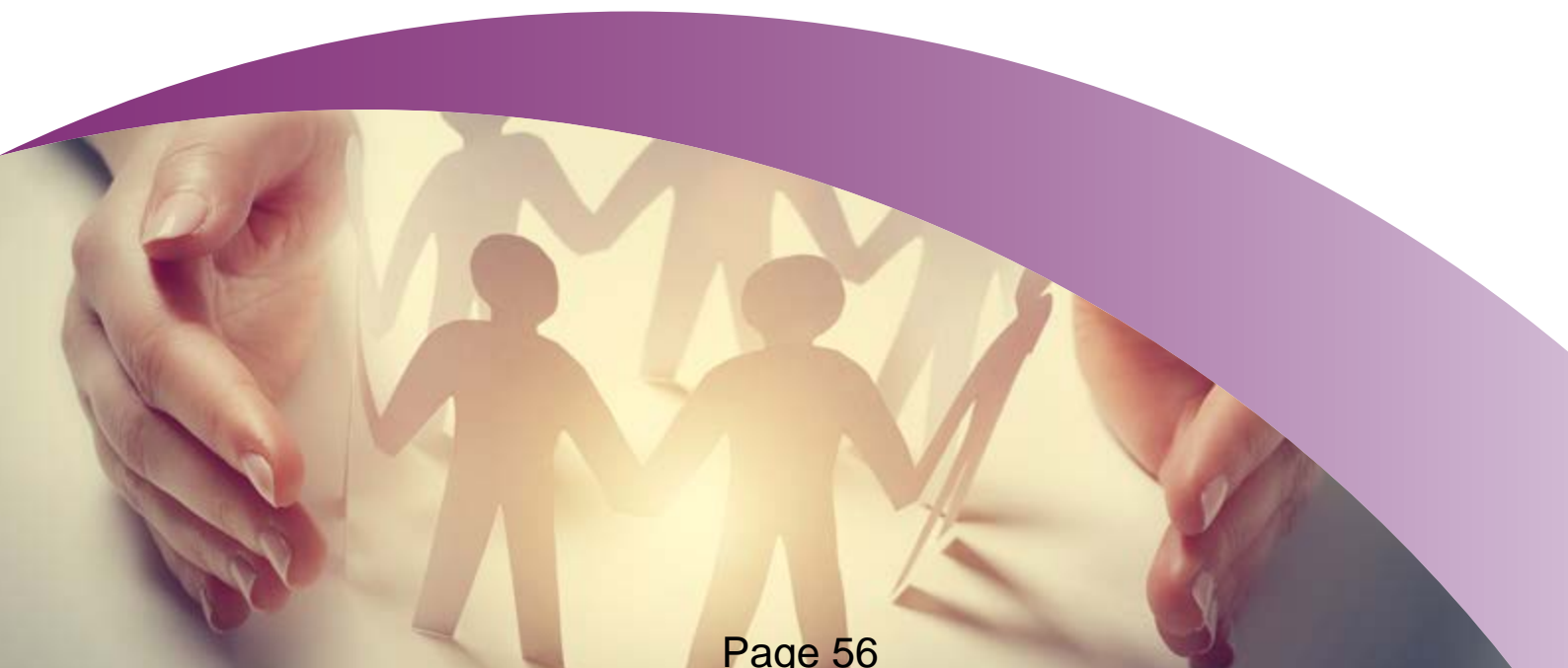
Links have also been developed between Northumberland LA and the Regional Modern Day Slavery (MDS) Coordinator with resources shared to improve front line practitioners' knowledge and awareness of NRM referrals.

What does our local data tell us?

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

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

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



Priority 5 Making Safeguarding Personal

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

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

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

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

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

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

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

In 2020/21:

Clients involved in safeguarding enquiries who lacked capacity:

Northumberland



North Tyneside



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

Northumberland



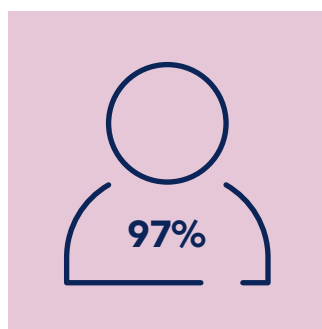
North Tyneside





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

Northumberland

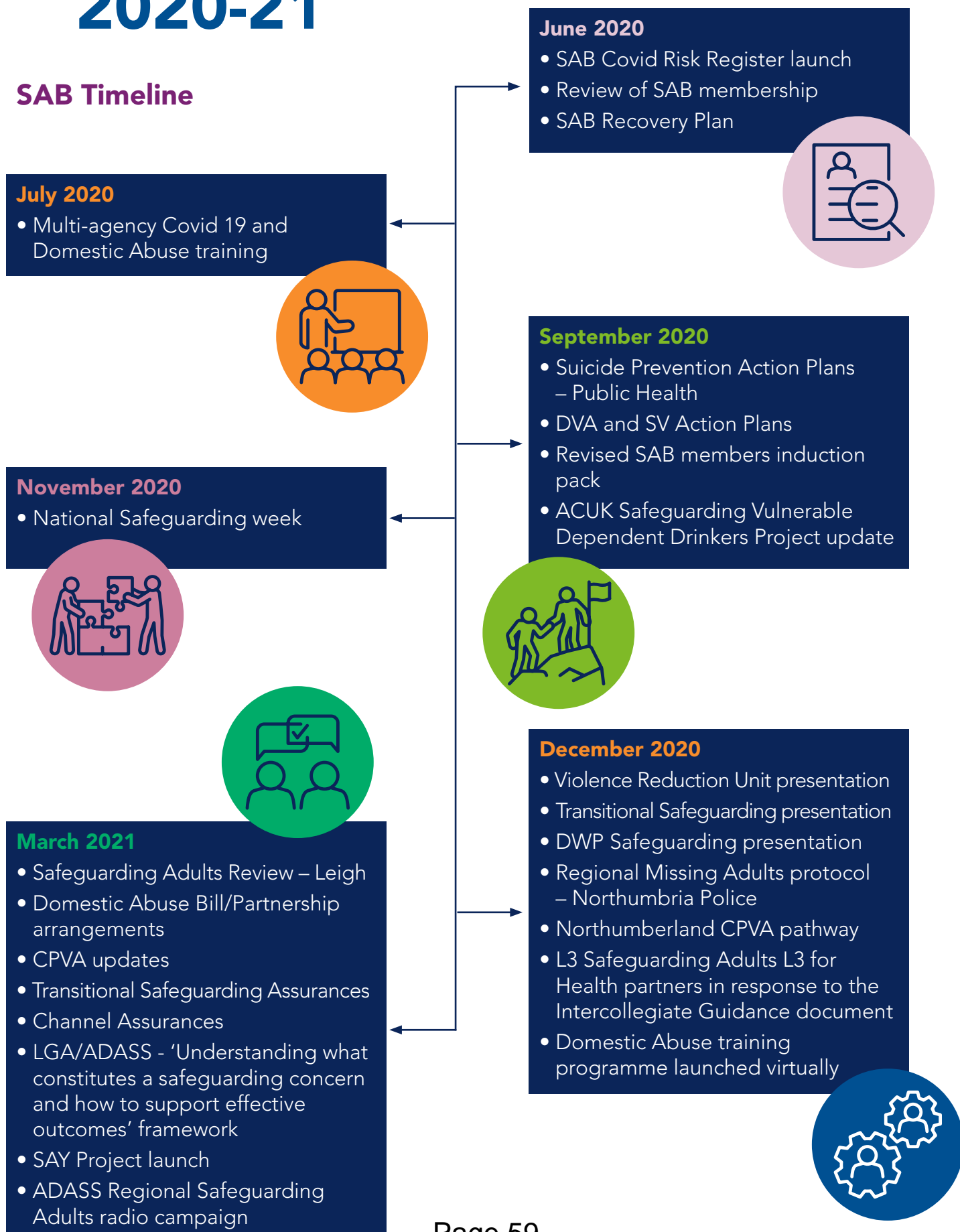


North Tyneside



6. SAB Highlights 2020-21

SAB Timeline



Key highlights from 2020-2021:

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

Safeguarding Vulnerable Dependent Drinkers Project

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

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



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

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

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



Just Say App Launch

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



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

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



National Safeguarding week

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

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

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

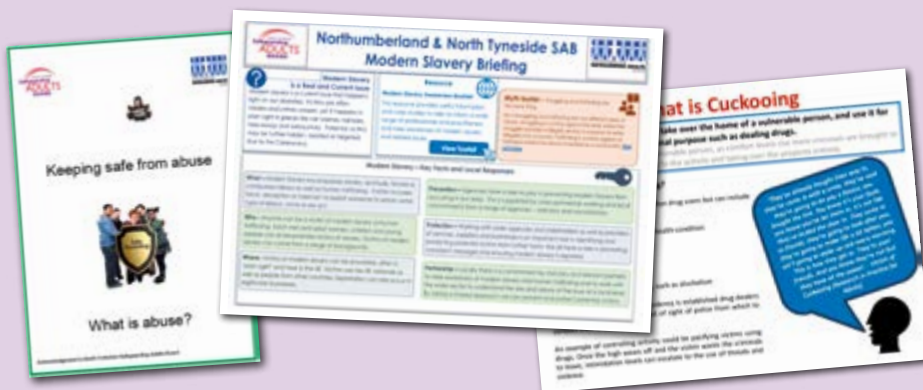
During this week, the SAB launched and published a number of resources including 'Keeping safe from abuse' easy read guides, and a series of briefings in relation to self-neglect, modern day slavery and cuckooing.

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

Paula Mead, Chair of the Safeguarding Adults Board said:

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

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



Channel updates

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

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

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

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

North Tyneside

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

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

Northumberland

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

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

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

7. Safeguarding Adults Review Committee – Lessons Learnt

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

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



Safeguarding Adults Review – Leigh

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

What did we learn?

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

What are we doing as a result?

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

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



Learning Reviews

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

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

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

Multi-agency Diabetes pathway

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

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

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

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



North East SAR Champions

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

8. Looking ahead to next year

SAB Priorities and Plan:

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



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

Review of SAB arrangements

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

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

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

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

9. Working with our Partners

Contribution from our Lay Members:

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

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

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

North Tyneside Lay Member

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

Northumberland Lay Member

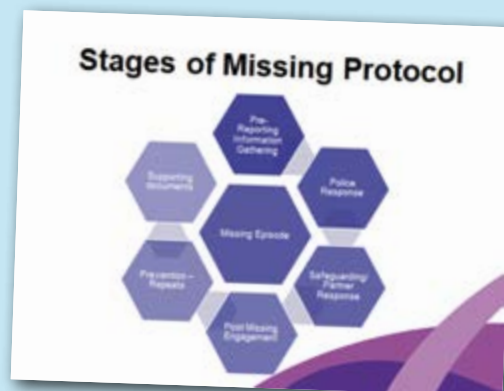


Partner spotlight:

Regional Missing Adults Protocol – Northumbria Police

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

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



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

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



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

News • North East News • Northumbria Police

Scheme to help find and support missing adults launched in Northumbria Police area

The Winnie Protocol will help officers find out more about the missing person and give them details to hand that could prove crucial during a search

By [Katie Dickinson](#) Reporter
08:00, 19 NOV 2020

SHARE 1 COMMENT

NEWS

Partner cases studies – Multi-Agency Safeguarding

Community Rehabilitation Company

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

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

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

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





Local Authority

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

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

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

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

Northumbria Healthcare NHC Foundation Trust

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

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

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

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

Some highlights from our Partners:

Northumbria Police



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

North Tyneside CCG (NTCCG)



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

Northumberland CCG (NCCG)

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

Northumbria Healthcare NHS Foundation Trust

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

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



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



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

National
Probation
Service



Northumbria
Community Rehabilitation Company



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

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

Appendix A

SAB members

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

Core members:

Independent Chairperson

Northumbria Police

North Tyneside Local Authority:

Adult Social Care

Housing

Elected member

Northumberland Local Authority:

Adult Social Care

Housing

Elected member

North Tyneside Clinical
Commissioning Group

Northumberland Clinical
Commissioning Group

Northumbria Healthcare
NHS Foundation Trust

Cumbria, Northumberland,
Tyne and Wear NHS Foundation Trust

National Probation Service

Community Rehabilitation Company

Children's Partnership Board Manager

Lay members

Co-opted members:

Tyne and Wear Fire & Rescue Service

Northumberland Fire & Rescue Service

Public Health

Community Safety

Northumberland VCS Assembly

North Tyneside carers

Northumberland Self-Directed support,
Prevention and Carers

HMP Northumberland

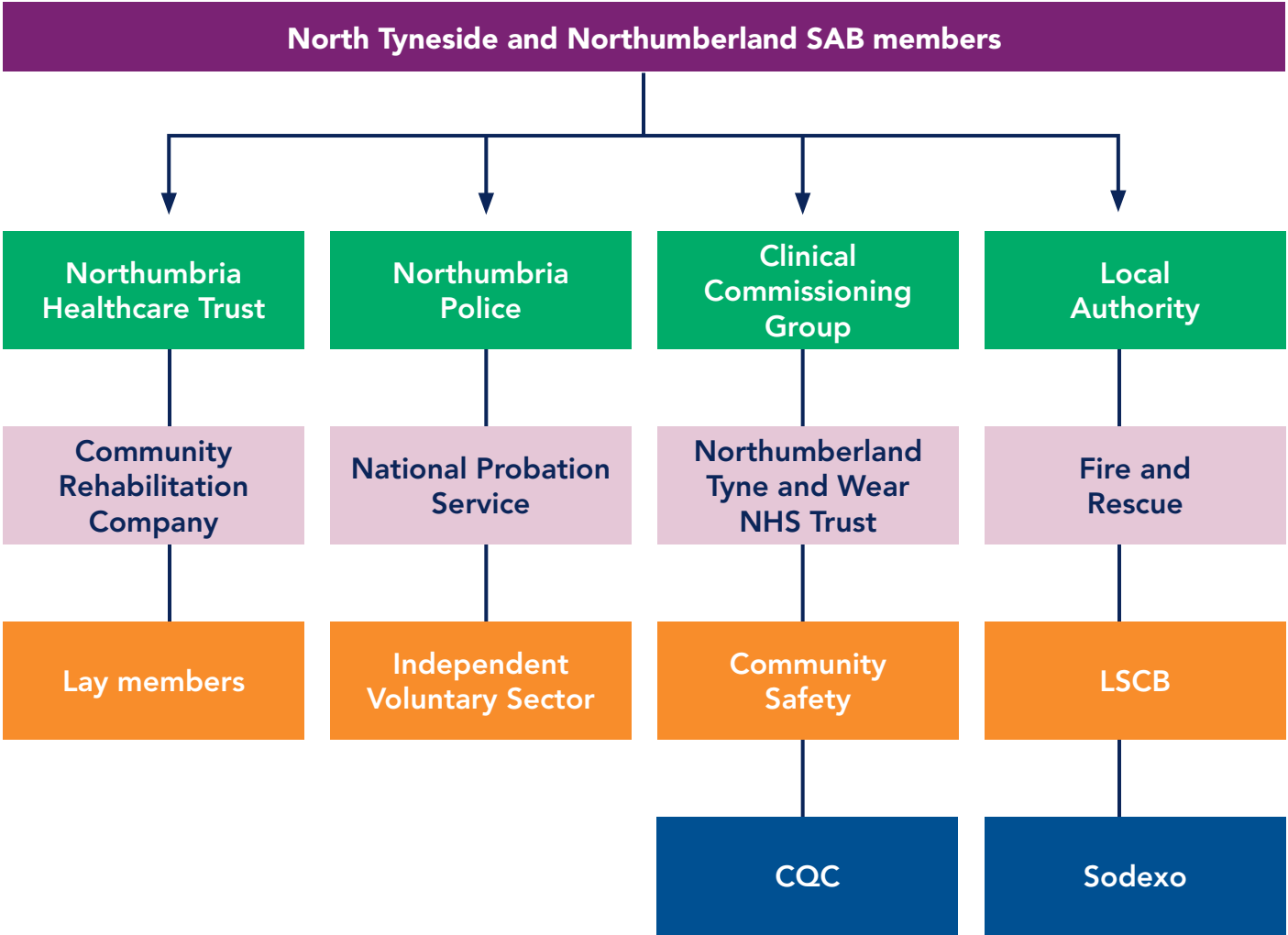
CQC

Legal Services

Healthwatch

Appendix B

SAB members



Contact Us

Northumberland County Council
County Hall
Morpeth
NE61 2EF

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

www.northumberland.gov.uk

www.northtyneside.gov.uk

This page is intentionally left blank