



North Tyneside Council

Adult Social Care, Health and Wellbeing Sub-Committee

Tuesday, 17 January 2023

Wednesday, 25 January 2023 0.02 Chamber - Quadrant, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY **commencing at 6.00 pm.**

Agenda Item	Page
1. Apologies for Absence	
To receive apologies for absence from the meeting.	
2. Appointment of Substitute Members	
To be notified of the appointment of Substitute Members.	
3. Declarations of Interest	
You are invited to declare any registerable and/or non registerable interests in matters appearing on the agenda, and the nature of that interest.	
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.	
Please complete the Declarations of Interests card available at the meeting and return it to the Democratic Services Officer before leaving the meeting.	
4. Minutes	5 - 10
To Confirm the minutes of the meeting held on 7 November 2022.	
5. Progress Report from the Cabinet Member for Public Health and Wellbeing: Health Inequalities Plan	11 - 38
Cllr Karen Clark, Cabinet Member for Public Health and Wellbeing to attend the meeting to provide a progress report against the Health Inequalities Plan.	

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**

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6. **Safeguarding Adults Board Annual Report** **39 - 84**

To consider the Safeguarding Adults Board Annual Report.

7. **Feedback from the Joint OSC for the NE&NC ICS and North and Central ICPs'**

Members to provide feedback from the recent regional Health Scrutiny Committee (Joint OSC for the NE and NC ICS and North and Central ICPs) which was held on 21 November 2022.

Circulation overleaf ...

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

Councillor Joe Kirwin (Chair)
Councillor Mrs Linda Arkley OBE
Councillor Jim Montague
Councillor Tommy Mulvenna
Councillor Rebecca O'Keefe
Councillor Olly Scargill

Councillor Michelle Fox (Deputy Chair)
Councillor Tracy Hallway
Councillor Josephine Mudzingwa
Councillor Tricia Neira
Councillor Paul Richardson
Councillor Jane Shaw

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Adult Social Care, Health and Wellbeing Sub-Committee

Monday, 7 November 2022

Present: Councillor J Kirwin (Chair)
Councillors M Fox, L Arkley, T Hallway, T Mulvenna,
R O'Keefe, P Richardson, O Scargill and J Shaw

Apologies: Councillors J Montague

ASCH20/22 Appointment of Substitute Members

There were no substitute members.

ASCH21/22 Declarations of Interest

There were no declarations of interest.

ASCH22/22 Minutes

Resolved: That the minutes of the meeting held on 29 September 2022 be confirmed and signed by the Chair.

ASCH23/22 Availability and Access to NHS Dentistry Services in North Tyneside

Pauline Fletcher, Senior Primary Care Manager, NHS England, and Simon Taylor, Local Dental Network Chair for the Northumberland and Tyne and Wear, attended the meeting to provide a presentation on Provision of NHS General Dental Services in North Tyneside.

The presentation set out background information on the commissioning of NHS dental services which is activity and demand led. It was noted that pre-Covid, in 2019-20, around 91% of the total commissioned capacity in North Tyneside was utilised, demonstrating that at that time practices were meeting the expressed demand of the local population. The COVID-19 pandemic, and the requirement to follow strict infection prevention control guidance, has seen a significant impact on access to dental care over the last 2 years, with demand for dental care remaining high across all NHS dental practices.

The presentation set out the current pressures and challenges for the commissioning of dental services. These include the impact of COVID-19, NHS dental contract and dental system reform, and workforce recruitment and retention.

It was noted that Covid had caused a large backlog of unmet need and patients requiring more complex and lengthier treatment. This has made it more difficult for patients with low priority to get an appointment, such as those seeking check-up appointments. In addition, there were issues in relation to dental professionals choosing to retire early, move to private practice, or move away from dentistry all together. There have also been overseas recruitment difficulties and constraints in attracting trainees to rural and other areas that may

have a greater need, and this was impacting on the ability to deliver commissioned levels of service or additional access for patients.

It was noted that a package of initial reforms to the NHS dental contract had been published by NHS England in July 2022. These included:

- Prioritising care for patients with high needs by increasing the remuneration practices receive for more complex treatments.
- National minimum UDA value - £23 from 1 October 2022 (although rates in North Tyneside are above this).
- Greater flexibility in how dental funding can be used by enabling practices who can deliver more to do so and to release funding locked into practices who are unable to deliver the commissioned activity so that it can be moved to those who can deliver.
- Personalisation of recall intervals - move away from the default position of patients attending every 6 months to intervals that are clinically appropriate based on the oral health of the patient – create capacity for practices to take on new care.
- Making it easier for practices to introduce skill mix - utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practise thereby freeing up dentist time to focus on more complex treatments.
- Improving information for patients - requirement for dentists to update the NHS.

The Sub-committee was advised that all dental practices are able to safely provide a full range of treatments, however demand for care remains extremely high, with dental practices having to balance addressing the backlog of care with managing new patient demand. Practices are being incentivised to prioritise patients with the greatest clinical need, ie those requiring urgent dental care and delayed treatments including patients not known to the practice, as well as vulnerable/high risk groups such as children. Opportunities are being explored to increase the clinical capacity available and improve access for patients.

Members asked about the national minimum UDA value and why North Tyneside was above this level. It was noted that this was due to legacy arrangements and variations across contracts and this will be addressed through procurement going forward. The average UDA rate in North Tyneside was currently £27.

Members asked about any backlog prior to Covid. It was noted that pre-covid there were some waiting lists but the current backlog is a result of Covid and the need for additional treatment per patient which has led to non-priority patients having to wait.

There was some discussion about Foundation Dentists and the way that Health Education England appoints Foundation Trainers to mentor newly qualified dentists. It was noted that many Foundations Trainers are currently in more affluent areas and these areas attract more trainees but there is a need for more trainers in areas with higher need.

Members asked whether there had been a reduction in dentists in training. It was noted that access problems are not related to the number of dentists training and more dentists are currently on the register than in the past. However, there has been a change in the way dentists want to work, with a shift in expectations around work life balance, more dentists working part time and a shift towards private dentistry.

An issue was raised about difficulties for residents in knowing where to go for dental treatment, especially as the dental hospital walk in service is not available. It was noted that more information was needed to assist people in accessing services and for organisations such as 111 to play a greater role in signposting people to services.

The Chair thanked the officers from NHS England for the informative presentation.

ASCH24/22 Adult Social Care

1. Northumbria Health Care Trust Care Pilot

The Sub-committee considered a presentation which provided an update on the Health and Social Care Pilot.

The Sub-committee noted that the pilot had been initiated in the context of increased pressure on the home care market and a more complex health system and the need to consider new delivery models. The pilot was intended to increase communication between the social care and health sectors, to facilitate improved patient quality and continuity of care, and the development of new roles where one individual can deliver both health and social care tasks to patients in their home.

It was noted that, in order to be selected for the pilot, patients were required to have both health and social care needs and to be currently on the brokerage list. The team supporting the pilot included one matron and seven health care assistants and the main areas of support provided included: assistance with meal preparation, support with confidence and competence to maintain daily living skills, mobility, medication prompts and monitoring, low level wound care, personal care, phlebotomy, health checks, nutrition assessment and dietary advice, moving and handling assessments, provision of low-level aids and adaptations.

The Sub-committee was advised that 7 patients had taken part in the pilot altogether and the current caseload is four patients. An evaluation of the pilot against quality indicators had taken place in relation to non-elective hospital admissions, A&E attendances and long-term admissions to care, and the indicators were that the pilot had reduced attendance at hospital and hospital admissions but this was based on the very small numbers involved. An evaluation had also taken place with staff and patients and the responses had been positive.

It was noted that a number of challenges and opportunities had been identified as a result of the pilot, including:

- Difficulties of identifying patients on the brokerage list with low level health needs;
- The team was limited to 3 calls per day, therefore were not able to include those requiring 4 daily visits;
- Limited resource due to restricted time visits i.e. breakfast, lunch, teatime, influencing downtime

The following opportunities had been identified:

- Continuing to foster relationships across the two organisations sharing appropriate training and communication pathways;
- Using the skills and resources of the team to enhance current or new models of care delivery;
- Sharing the learning from the pilot to inform future service design.

It was noted that an evaluation report is currently being finalised for submission to respective chief executives. The formal report will provide opportunities for learning and will outline an options appraisal for the future function of the team. There is a continued commitment for health and social care to work together in this area.

Members expressed some disappointment at the small numbers involved in the pilot and the limits on the pilot due to staff resources and the need for patients to meet quite limited criteria in terms of their social care and health needs to be eligible to take part. The Sub-committee was advised that it had been more difficult than expected to find patients who met the criteria for health and social care need, as many either had health issues that were too complex for the pilot or did not have enough health need to require health support.

There was some discussion about staff recruitment. It was noted that the roles within the pilot were healthcare assistant roles with additional training provided in social care. The pilot had been coordinated by a Team manager with a district nurse background.

It was noted that the final report on the pilot has not yet been finalised but further consideration will be given to next steps. Members asked for the evaluation report to be submitted to the Sub-committee in future, once it is available.

2. Care Northumbria

Representatives of Northumbria NHS Foundation Trust attended the meeting to provide information on Care Northumbria, a new domiciliary care service established by the Trust.

It was noted that the service will offer support with personal care to people in their own homes and will be commissioned to provide services in both Northumberland and North Tyneside, with work allocated through the usual local authority pathways. The service will aim to support the local authorities and the care provider market with gaps within Northumberland and North Tyneside.

It was noted that there are substantial gaps in the availability of care provision and people are often in hospital awaiting care packages or placed in step-down facilities while they await a care home. This can increase the risk of dependence upon services and can reduce the opportunity for patients to return home. Care Northumbria is being established to address some of these issues and also aims to deliver high quality NHS care and give value back to the caring role in which moral has been severely damaged.

It was noted that progress has been made to establish the service. To date personal care had been added to Northumbria Healthcare Foundation Trust's Care Quality Commission (CQC) registration, a registered manager is in post, and the structure for the Care Northumbria service has been agreed. A phased recruitment is now in progress and an induction and training programme in place.

The Sub-committee was advised that this was a new area of work for the Trust and they are aiming to provide support in this area in a way that does not de-stabilise or threaten existing provision. However, it was recognised that there is likely to be some disruption. It was noted that staff will be employed on NHS terms and conditions and will be part of the broader organisation but will be paid at prevailing market rates. There will also be a need for greater understanding of personal care at an organisational which will be a change for the organisation.

There was some discussion about the planned rates of pay and how this compares with other care providers in the region. It was noted that rates may be slightly lower than some providers, but this would be balanced by the offer of NHS terms and conditions, enhancements for weekend and work after 8:00 pm and mileage payments. In addition, the Trust will be looking to put in place career pathways for care workers with increased training and pathways to nursing, and a greater recognition of care staff.

Members welcomed the initiative but cautioned about the impact on other providers. Members also highlighted the need to ensure communication with other providers as the service develops.

Members asked whether any other health trusts were also doing this. It was noted that it was believed that Northumbria were the first, but there had been a lot of interest nationally about what they are doing. It was suggested that the Trust be invited back to a meeting to provide an update to the Sub-committee once the service is established and has been operation for some time.

The Chair thanked officers for attending the meeting and for the informative presentations.

ASCH25/22 Joint OSC for the NE&NC ICS and North and Central ICPs'

The Sub-committee received an update from member's following the meeting of the regional health scrutiny meeting which was held on 17 October 2022.

It was noted that the presentations from the meeting had been circulated to the Sub-committee with the agenda and papers.

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

Date: **25 January 2023**

Title: **Progress report: Health and Wellbeing Board Strategy – ‘Equally Well’**

Lead Cabinet Member: Cllr Karen Clark

Lead Directors: Jackie Laughton, Assistant Chief Executive
Wendy Burke, Director of Public Health

Author: Rachel Nicholson,
Senior Public Health Manager

Partnership: Health & Wellbeing Board

Wards affected: All

1. Purpose of Report

To update the Adult Social Care, Health and Wellbeing Sub-committee on progress of the North Tyneside Health and Wellbeing Board’s Strategy ‘Equally Well’, which aims to reduce health inequalities across the borough.

2. Recommendations

It is recommended that the Sub-Committee note the contents of this report and endorse the approach taken to tackle health inequalities in North Tyneside and progress to date.

3. Details

North Tyneside Health and Wellbeing Board is a sub-committee of North Tyneside Council and is made up of a range of organisations and partners across health and social care in the borough and is chaired by the lead Cabinet Member for Public Health and Wellbeing.

The Joint Health and Wellbeing Strategy '**Equally Well**' aims to tackle health inequalities and is North Tyneside's high level strategic plan for improving the health and wellbeing of the population. The strategy was published in November 2021.

The overall vision for Equally Well: A Healthier, Fairer Future for North Tyneside (2021-2024) is to '**Reduce inequalities in North Tyneside by breaking the link between people's circumstances and their opportunities for a healthy, thriving and fulfilled life**'.

Health inequalities are the unfair and avoidable differences in health across the population and between different groups within society.

These unfair differences are:

- Not random, or by chance, but largely socially determined and
- Not inevitable

The Health and Wellbeing Board agreed to focus on the areas that have the biggest impact on people's health and wellbeing and on tackling inequalities:

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

The approach within this strategy and implementation plan is based on the up-to-date evidence of how best to effectively reduce inequalities and is informed by the considerable work led by Sir Michael Marmot and the Institute of Health Equity.

As outlined in the strategy, in the past, there has been a tendency to focus primarily on single drivers of health rather than considering the complex interdependencies of the wider socio-economic determinants.

Partners have committed to taking a population health approach which means fundamentally changing the way they work and coming together as a whole system to tackle the significant challenges.

Across the system the approach will consider critical stages, transitions, and settings where effective place-based action is required, using a combination of 'civic level', 'service based' and community interventions

Senior Leaders across a range of partner organisations in North Tyneside have worked together to develop an implementation plan (Appendix 1) for the first year of the strategy, including action for each of the strategy priority areas:

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all

5. The places and communities we live in and with
6. Our lifestyles and health behaviours
7. An integrated health and care system

North Tyneside Healthwatch worked on behalf of North Tyneside’s Health and Wellbeing Board to gather views from residents and organisations about the implementation plan during July and August 2022. Organisations who wanted to take part in the consultation exercise were able to apply to use small grants of up to £1,000 to support activity to gather feedback and views on the draft implementation plan through consultation events or engagement sessions.

30 organisations/groups participated in the consultation, directly involving over 100 staff, volunteers, and trustees. Over 900 people were consulted from a broad range of age groups and from all areas of the Borough.

The overall findings of the consultation were broadly positive, with consultees agreeing with the approach of the strategy, particularly the need to look at the wider determinants of health to reduce health inequalities. Consultation and engagement will continue throughout the life of the strategy.

3.1. Progress to date

The Health and Wellbeing Board meets 6 times a year and has agreed a timetable to monitor progress of the delivery of the strategy ambitions through an implementation plan.

The multi-agency implementation plan outlines actions and expected outcomes in Year 1, in addition to presenting the expected longer-term outcomes over the strategy’s four-year duration.

The Health and Wellbeing Board receives detailed progress reports and presentations from senior leaders at each meeting and the timetable for 2022/23 as outlined in Table 1.

Table 1: Forward Plan for Health and Wellbeing Board

Health and Wellbeing Board	Item 1 Progress Update	Item 2 Progress Update
10 November 2022	Best Start in Life	Ensuring a healthy standard of living for all
26 January 2023	Maximising Capabilities of Children, Young People and Adults	The places and communities we live in and with
23 March 2023	Fair Employment and good work for all	Our Lifestyles and Health Behaviours
June 2023	An integrated health and care system	Annual Progress Report and refreshing Implementation plan in Year 2

To date the board has received reports and presentations on the first two key themes outlining progress against the actions in the implementation plan :

- **Give every child the best start in life**

Even before a child's life starts, the choices parents make, the actions they take and the circumstances in which they live will affect outcomes for their child both at birth and later in life. The first two years of a child's life is inextricably linked with the lives and health of their parents and carers, communities, and the social determinants.

To ensure the best start in life and good physical and mental health of our future generations in North Tyneside we need to support all women before, during pregnancy and at birth; and support families during the first two years (1,001 days) of a child's life. Every child in North Tyneside will be given the best start in life supported by families, communities, and high-quality integrated services.

- **Ensure a healthy standard of living for all**

Poverty is the greatest preventable threat to health, and tackling it is fundamental to addressing health inequalities and boosting life chances.

We want an inclusive economy that works for and includes everyone, where the benefits of the economy are spread, so that all communities in North Tyneside flourish and grow equally.

Reports on both items are attached in appendix 2 and 3.

At the board meeting on 26 January 2023 reports and presentations will be received on:

- **Enable all children, young people, and adults to maximise their capabilities and have control over their lives**

Educational achievement plays a significant role in reducing health inequalities by shaping life opportunities. Making North Tyneside an even greater place for children and young people to thrive, where all can access a high-class education with a culture of inclusion and achievement is a key priority.

Our employment and skills service and many of our VCSE organisations aim to raise aspiration and release potential of all young people and adults. There are opportunities for life-long learning across the system

- **The Communities we live in and with**

The place and environment we live in plays a vital role in both improving and protecting the health and wellbeing of our communities.

Evidence shows that those living in the more socio-economically deprived areas are likely to have a lack of green space, poor air quality and poorer housing compared to the least socio-economically deprived areas.

Therefore, to reduce health inequalities we need to create environments for all our communities to flourish by improving infrastructure, services, connectivity and sustainability.

3.2. Shared priorities and future commissioning of health and social care

North Tyneside Council along with partners across the VCSE and NHS have a set of shared priorities which inform planning and investment. The priorities of the Health and Wellbeing Board partner organisations reflect the refreshed Joint Strategic Needs Assessment (JSNA) and the Health & Wellbeing Strategy.

On 1 July 2022, integrated care systems (ICSs) became legally established through the Health and Care Act 2022, and CCGs were closed down. North East and North Cumbria Integrated Care Board (NENC ICB) was established. Moving forward there is a clear priority to develop stronger joint commissioning across health and social care to improve health and wellbeing and tackle health inequalities with the newly formed ICB and the place-based arrangements, which will strengthen North Tyneside's approach to addressing inequalities in health.

A demonstration of the shared priorities is the provision of funding that has been made available through Integrated Care Boards to target groups with the greatest health inequalities. The North East and North Cumbria Integrated Care Board Executive has agreed £13,604,000 of recurrent revenue as a specific allocation to support targeted reductions in health inequalities across the area.

£3million of this funding has been allocated to supporting people with multiple and complex health and healthcare needs at place and North Tyneside will receive £190,437 for the period of 2022/23 to 2024/25. This funding will support people with multiple and complex health needs associated with drug, alcohol, and mental ill health to access healthcare locally. It will build on the additional funding that local authorities have received to support people with drug and alcohol issues with housing, employment, treatment, and enforcement as part of the national Drugs Strategy. A task and finish group has been established led by the ICB Place Based Director and the Local Authority Director of Public Health to develop a plan for supporting people with multiple and complex health and healthcare needs in North Tyneside.

3.3. Risks and Challenges

There is a risk that joint action by the Health and Wellbeing Board partners may not improve the inequalities in health seen in North Tyneside.

The health inequalities that existed prior to the COVID-19 pandemic have subsequently been amplified and more recently it is also widely acknowledged that the current rise in the cost of living is likely to have a disproportionate impact on some of our communities in North Tyneside.

A corporate risk has been identified for this scenario setting out the appropriate controls that are in place. A report was presented to the Authority's Audit Committee in November 2022 to provide assurance of the controls that are in place and actions that have been taken to mitigate this risk.

4. Background Information

The following documents have been used in the compilation of this report.

[Equally Well : A Healthier, Fairer Future for North Tyneside \(2021-2024\)](#)

Appendix 1: Implementation plan

Appendix 2: Health and Wellbeing Board progress report : Best Start in Life

Appendix 3: Health and Wellbeing Board progress report : A Healthy Standard of Living for All.

Equally Well:

A healthier, fairer future for North Tyneside

2021 - 2025

North Tyneside Health and Wellbeing Board



IMPLEMENTATION PLAN

Equally Well : Best Start In Life

Leads: Wendy Burke, Janet Arris, Jill Harland

Governance: Children and Young People’s Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Develop and deliver a model for Family Hubs</p> <p>Consult and publish the Start for life offer.</p> <p>New NHS LTP Tobacco Dependency model will be implemented by quarter 4.</p> <p>Reducing Parental Conflict training is rolled out to frontline staff</p> <p>Implement the new breastfeeding strategy</p> <p>Review supply of healthy start vitamins especially for families eligible for the free scheme</p> <p>Effective implementation of Revised EYFS</p> <p>2 Matters – promote the award for settings working with funded two-year-olds with more vulnerable children.</p>	<p>Best start in life (BSIL) steering group (multi-agency)</p> <p>Northumbria Healthcare NHS Foundation Trust</p> <p>Early Help (NTC)</p> <p>All partners (Breastfeeding Strategy Delivery Group)</p> <p>School Improvement Early Years (NTC)</p> <p>Early Help / Early Years (NTC)</p>	<p>Families have seamless access to information and support</p> <p>Reduction in smoking in pregnancy</p> <p>Increase uptake of healthy start vitamins especially for families eligible for the free scheme</p> <p>Practitioners’ confidence and ability to provide support for parents in conflict will be improved</p> <p>Increase in breastfeeding in our more deprived communities.</p> <p>More children achieving a good level of development at the 2-2.5 year health and development review.</p> <p>More children achieving a good level of development at the end of reception</p> <p>EYFSP – narrowed gaps between more disadvantaged groups</p>	<p>Prospective and new parents are supported as they make the transition to parenthood</p> <p>Mothers and babies have positive pregnancy outcomes</p> <p>Babies and parents/carers have good early relationships to promote attachment.</p> <p>Parents experiencing emotional, mental health and wellbeing challenges are identified early and supported</p> <p>Children and parents/ carers have good health outcomes</p> <p>Children and parents / carers are supported with early language, speech and communication</p> <p>Children have access to high quality early years provision and are ready to learn for nursery and ready for school and achieve a good level of overall development</p>	<p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> • Increase in the rates of breastfeeding • Reduction in smoking in pregnancy • More children achieving a good level of development at the 2-2.5 year health and development review. • Good level of development at age 5 with free school meal status (%) <p>Community Engagement and mobilising community assets</p> <p>Consultation on the Start for Life offer and Family Hubs.</p> <p>VCSE will be a critical conduit for disseminating the start for life offer</p> <p>Delivery of the Breastfeeding Strategy includes peer support</p> <p>Links to other priorities</p> <p>Needs a dotted line to ‘Ensuring a healthy standard of living for all’ workstream.</p> <p>Addressing family poverty</p> <p>Healthy Standard of Living for All: parents/ carers are in secure employment or in training</p>

Equally Well: Maximising capabilities of children, young people, and adults.

Leads: Lisa Cook, Mark Barratt, Janet Arris/Anne Foreman, Ruth Auten

Governance: Children and Young People's Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
<p>Achievement for all with a focus on the most vulnerable children – as part of the ambition for Education.</p> <p>Route 16 Pilot to smooth transitions for a specific cohort of young people.</p> <p>Roll out of Youth Mental Health First Aid (MHFA) across schools in second and third cohorts</p> <p>Pilot a model of 'sleep' support including a community sleep clinic.</p> <p>Implement and launch new framework for revised parenting offer including mental health and children with SEND and reducing parental conflict</p> <p>Improve early language and reading with a focus on SEND and improving outcomes for disadvantaged</p> <p>Pilot programme in two schools to embed careers into the school curriculum</p> <p>Review and develop programme of post 16 support</p> <p>Review lifelong learning opportunities – including older people accessing digital technology and retirement courses</p>	<p>Strategic Education and Inclusion Programme Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>CYP Mental health partnership</p> <p>Barnardo's Strategic Alliance.</p> <p>Strategic Education and Inclusion Programme Board</p> <p>SEND Strategic Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>Strategic Education and Inclusion Programme Board</p> <p>Ageing Well Board</p>	<p>Reducing inequalities in pupils' educational outcomes is a sustained priority.</p> <p>Increase in levels of school attendance in lowest attaining schools</p> <p>School staff trained in Youth Mental Health First Aid (MHFA) are able to identify children and young people at risk of developing mental health problems and to support them to get appropriate professional help</p> <p>Increase in uptake of training and development and apprenticeships for 16–25-year-olds</p> <p>Reduction in the proportion of pupils being referred for Social Emotional Mental Health.</p> <p>Easily accessible support and advice is available for 16–25-year-olds on life skills, training and employment opportunities</p> <p>Increase access to and uptake of adult learning with a specific focus on those living in the 25% most deprived areas in NT</p> <p>Increased availability of non-vocational lifelong learning across the life course, including retirement</p>	<p>Narrow the gap in attendance and attainment in our most vulnerable children.</p> <p>A child's progress, strengths and needs are identified at an early stage in order to promote positive outcomes</p> <p>Schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people</p> <p>Improved physical and mental wellbeing of young people</p> <p>Improved access and use of quality lifelong learning across all communities</p> <p>Increase proportion of 16–18-year-olds in post-16 education or training</p> <p>Reduced proportion of 18–24-year-olds claiming JSA.</p> <p>Reduced rates of first / repeat offences in 16–24-year-olds</p> <p>Reduced rates of teenage pregnancy.</p> <p>Reduce levels of anti-social behaviour, drug and alcohol misuse among young people.</p>	<p>Reduced gaps in educational attainment</p> <p>Attendance and exclusion data</p> <p>Percentage of 16–18-year-olds not in education, employment or training</p> <p>Apprenticeship & destination data</p> <p>Hospital admissions as a result of self-harm (10-24 years)</p> <p>Increase in adult learning completers in education / employment across the lifecourse</p> <p>Community Engagement and mobilising community assets</p> <p>Children in Care Council, SEND Youth Forum and the Youth Council</p> <p>Emotional Wellbeing Advisory Panels.</p> <p>CYP Peer Supporters for Mental Health and Wellbeing</p> <p>Engagement with the Wallsend Children's Community</p> <p>Links to other priorities</p> <p>Ensure a healthy standard of living for all</p> <p>An integrated health and care system</p> <p>The places and communities we live in</p>

Equally Well: Fair Employment and Good Work for All.

Leads: John Sparkes, Gary Charlton, Ruth Auten/Kate Thompson

Governance: North Tyneside Employability Partnership and Strategy Group

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
<p>Needs Assessment of population and insight data to understand employment and skills of different residents and communities</p> <p>Specific sector analysis to identify issues and solutions regarding recruitment and retention e.g., health and social care sector.</p> <p>Delivery of employability projects targeting support at disadvantaged groups.</p> <p>Pilot the North Shields Employability Hub – Working Well North Tyneside</p> <p>Rollout of Skills Bootcamps to support recruitment and progression</p> <p>Supporting over 50s back to work, upskilling people to work in the digital environment</p> <p>Digital Outreach Project (DOP) supporting informal digital skills development and digital champions training.</p> <p>Work with businesses involved in major developments to deliver corporate social responsibility commitments to increase the number of jobs opportunities, including apprenticeships, available to local residents.</p>	<p>Public Health / Performance and Intelligence team</p> <p>Adults and Children’s Social Care</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employment and Skills Team</p> <p>Employability Partnership and Strategy Group</p> <p>Employability Partnership and Strategy Group</p>	<p>In depth understanding of residents and communities needs for employment and skills support</p> <p>Targeted health and social care recruitment drive</p> <p>Increase in the skills levels of residents</p> <p>Increase in the number of people in Education and Training</p> <p>Increase the number of residents moving into work</p> <p>Increase the number of residents receiving enterprise support</p> <p>Increase the number of Apprenticeships available to local residents</p> <p>Supporting employers to provide healthy physical environments, promoting wellbeing and providing mental health support when required</p> <p>Numbers of people completing digital champion training</p>	<p>More residents from groups identified as being furthest away from the labour market will be supported into employment</p> <p>It will be easier for people who are disadvantaged in the labour market to obtain and keep work</p> <p>More good quality jobs will be created</p> <p>Improvement in young people’s transition from education to employment</p> <p>Increase in the number of new business start-ups.</p> <p>Improved local workforce skills across the social gradient</p> <p>Increased wage levels and reduction in wage gap</p> <p>More businesses will be supporting the health and wellbeing of their staff and reducing sickness absence rates</p> <p>Increase in numbers of organisations and business signed up to North of Tyne Good Work Pledge</p> <p>Improved wellbeing and job satisfaction among working population</p> <p>Digitally confident workforce</p>	<p>Across our most disadvantaged communities we will see:</p> <p>Fewer NEET aged 18-24</p> <p>A reduction in unemployment %</p> <p>Reduction in long-term claimants of Jobseeker’s Allowance</p> <p>Increase proportion of employed adults earning the living wage</p> <p>Reduction in the disability employment gap.</p> <p>Reduced rates of sickness absence across North Tyneside</p> <p>Community Engagement and mobilising community assets</p> <p>Community engagement to inform the development of the North Shields Employability Hub</p> <p>Digital Champions across communities</p> <p>Links to other priorities</p> <p>Enable all children, young people and adults to maximise their capabilities and have control over their lives – regarding lifelong learning</p> <p>Ensure healthy standard of living for all – re addressing in work poverty</p>

Equally Well: Ensure a healthy standard of living for all

Leads: Jacqueline Laughton, Gary Charlton, Jill Harland

Governance: Poverty Partnership

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Setting up a multi-agency partnership to coordinate efforts to support people re the cost-of-living crisis across the system</p> <p>Maximise residents' income by delivering benefits take up advice and campaign via CAB and Age UK.</p> <p>Support financial capacity and inclusion by delivering projects with essentials such as food, energy, and clothing, using the household support fund.</p> <p>Develop and publish the digital inclusion strategy to ensure all residents can benefit from digital technology</p> <p>Support every school in North Tyneside through the Poverty Proofing the School Day training, delivered by Children North East.</p> <p>Fund schools to set up their own school uniform schemes to reduce the cost of the school day for families.</p> <p>Continue to manage and extend the Holiday Activities and Food programme, to ensure that vulnerable children in low-income families access nutritious food and enriching activities during the school holidays.</p> <p>Provide supermarket vouchers to families on FSM for all school holidays up until the end of the academic year 2021/22 and potentially beyond, dependent on funding.</p> <p>Continue to provide Healthy Start Scheme vouchers for pregnant women and children under 4 in eligible low-income families.</p> <p>Deliver community-based projects which enable low-income households to access affordable healthy food. This includes launching The Bread-and-Butter Thing (TBBT) in five community hubs in 2022.</p> <p>Extend the Council Tax Support Scheme backdating rules to 20 weeks.</p> <p>Directly support residents in fuel poverty by delivering the Green Homes Grant Local Authority Delivery Scheme for residents on low incomes to improve home energy efficiency and through the Welfare assistance scheme or those in crisis.</p> <p>Raise awareness of how to save energy through targeted leaflet campaign, energy bingo events at community centres and the recruitment of community energy champions.</p>	<p>North Tyneside Council lead agency</p> <p>Citizens Advice</p> <p>Age UK</p> <p>North Tyneside Council</p> <p>North Tyneside Schools</p> <p>VCSE Sector</p> <p>North Tyneside Council (Social Inclusion Team, Public Health, Digital Inclusion Team)</p> <p>The Bread-and-Butter Thing</p> <p>North Tyneside Council</p> <p>North Tyneside Council</p> <p>North Tyneside Council / VCSE</p>	<p>Increased benefit uptake and income for residents</p> <p>Support for residents in work poverty</p> <p>Awareness raised and information given about managing energy bills and heating efficiently</p> <p>Schools receive training to implement reducing poverty impact for young people.</p> <p>Children have access to nutritious food and activities during school holidays.</p> <p>Support given to families during school holidays to support the expense of this period.</p> <p>Bread and Butter things established within 5 Communities.</p> <p>Increase uptake of healthy start vouchers</p> <p>Community Energy Champions recruited and trained</p> <p>Delivery of the DfE funded scheme delivering laptops and wifi devices</p>	<p>More people achieving a healthy standard living above the relative poverty threshold</p> <p>Early identification of people at risk of getting into crisis e.g. homelessness.</p> <p>Residents able to navigate the benefits system – smoothing the cliff edge between in and out of work poverty</p> <p>Young people have an equitable experience within school</p> <p>Residents improve their homes to be more energy efficient.</p> <p>All residents have physical access, economic ability & knowledge to access and consume healthy food</p> <p>Residents are digitally confident and connected both in terms of physical access to technology and digital connection</p>	<p>Across out most disadvantaged communities we will see:</p> <p>Reduction of number of children in poverty</p> <p>Reduction in number of households not reaching Minimum Income Standard (%)</p> <p>Fuel poverty for high fuel cost households (%)</p> <p>Reduction in the number of residents experiencing digital exclusion</p> <p>Community Engagement and mobilising community assets</p> <p>Ensuring that the skills, knowledge, resources, and networks of the VSCE are maximised to reach residents affected by cost-of-living crisis.</p> <p>Cross sector partnership to develop the digital inclusion strategy – considering barriers and access funding for future projects</p> <p>Increased Opportunities Committee</p> <p>Links to other priorities:</p> <p>Maximising the capabilities of Children, Young People and Adults</p> <p>Best Start in Life</p> <p>Our lifestyles and healthy behaviours</p> <p>The Places and Communities we live in</p>

Equally Well: The Places and Communities we live in and with

Leads: Sam Dand, Gary Charlton, Mike Blades / Paul Jones / VODA TBC

Governance: Safer North Tyneside Partnership, Climate Change Partnership, Culture Partnership and North Shields and Wallsend Master Plans

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs
<p>Deliver the Health inequalities VCSE small grants funding and monitor projects</p> <p>Living Well North Tyneside will be kept up to date and promote widely so residents who want to can be actively involved in their communities.</p> <p>Develop the Community Hub model to host and provide universally accessible services in all communities e.g. (Drug and Alcohol, Police, CAB, ASC, OT, Reablement and Care Call)</p> <p>Review the Social prescribing offer across the system</p> <p>Pilot Healthy, Happy Places in North Shields and Wallsend which aims to shape places to benefit mental health and wellbeing in our communities.</p> <p>Development of Strategic Cycling Route network to increase opportunity for active travel</p> <p>Review the community safety board and take a public health approach to community safety</p> <p>Expand the safe and healthy homes initiative to support more households in need</p> <p>Deliver more energy efficiency measures to reduce fuel poverty</p> <p>Establish a cultural compact that supports health and wellbeing and reduces inequalities</p>	<p>VODA / NTC</p> <p>NTC Corporate strategy</p> <p>NTC Corporate Strategy Team and Partners</p> <p>Commissioning / Public Health</p> <p>Academic Health Science Network for the North-East and North Cumbria/ Public Health and PCNs</p> <p>Regeneration</p> <p>Safer North Tyneside Partnership</p> <p>Regeneration</p> <p>Housing</p> <p>Culture and wellbeing partnership</p>	<p>Proposed solutions and interventions to reduce inequalities are co-produced and fully informed by the lived experience of North Tyneside residents.</p> <p>More socially connected communities with more opportunities for all residents to take part in community life</p> <p>Active travel infrastructure will enable more residents from disadvantaged communities to access education, employment and leisure opportunities.</p> <p>Increased levels of volunteering</p> <p>A supply of good quality affordable homes for those most in need</p> <p>Improved active travel across the social gradient</p> <p>Improve the accessibility, existing parks, green spaces and beaches to promote good mental health and physical activity</p>	<p>Building on communities' assets and strengthening our work with communities across the system</p> <p>Adequate resourcing of VCSE to support their work</p> <p>Clean, green and safe open spaces across the Borough</p> <p>Improved digital inclusion</p> <p>Integrated planning, housing, environmental and health systems in place</p> <p>Well-designed communities with decent homes and good transport links</p> <p>Access to arts and culture and outdoor spaces that provide opportunities to connect with others</p> <p>Support community regeneration schemes that remove barriers to community participation and reduce social isolation.</p> <p>Improved energy efficiency of housing across the social gradient.</p> <p>Improved the food environment in local areas</p> <p>Reduced social isolation</p> <p>More residents feeling safer in their local community</p> <p>Social prescribing becomes a routine part of community support</p>	<p>Across our most disadvantaged communities we will see:</p> <p>Improved results in resident survey - participation / safety, accessing services/ parks/ beaches etc.</p> <p>Fewer socially isolated residents</p> <p>Reduction in the number of residents who are digitally excluded</p> <p>More residents feeling safe in their communities</p> <p>Number of affordable housing units developed</p> <p>Number of energy efficient improvements made in private sector</p> <p>Community Engagement and mobilising community assets</p> <p>Supporting community engagement of the implementation plan</p> <p>Connecting diverse communities to local policy makers to ensure their voices are central to the commissioning, and decision-making process in North Tyneside.</p> <p>Links to other priorities</p> <p>Communities and Place are a golden thread across all priorities</p>

Equally Well: Our lifestyles and healthy behaviours across the life course

Leads: Wendy Burke, Jill Harland, Gary Charlton

Governance: Active North Tyneside, Tobacco Alliance, Healthy Weight Alliance, Strategic Alcohol Partnership, Living Well Locally Board, NHCT Inequalities Board

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Strengthen treatment pathways for people who smoke to support them to quit, including those admitted to hospital and other targeted groups</p> <p>Support businesses to identify, support and signpost employees drinking at increasing and higher risk levels</p> <p>Target schools, GP practices and other community services in areas with high rates of under-18s and adults being admitted to hospital due to alcohol to ensure appropriate support in place</p> <p>Targeted delivery of bespoke weight management programmes in communities with inequalities, including a Healthy4Life pilot in school, HENRY, Body Benefit and HowFit approaches</p> <p>Delivery of the Active North Tyneside Programme to improve access to free/affordable healthy behaviour change interventions and physical activity across the lifecourse</p> <p>Deliver a community offer for blood pressure, atrial fibrillation, and diabetes checks</p> <p>Embed and sustain learning from NHCT Active Hospitals pilot to continue to support people in hospital with physical activity</p> <p>Develop partnership approach with VCS to reach vulnerable groups with poorer cancer outcomes</p> <p>Support people affected by drug misuse including exploring opportunities to embed a substance misuse social worker into treatment services, developing the M-PACT programme to support the wellbeing of children and families affected by substance misuse and developing processes to learn from drug-related deaths</p> <p>Ensure those with lived experience of substance misuse can shape and influence services</p> <p>Develop a Health Equity in All Policies (HEiAP) approach including training materials and champions to improve understanding of health inequalities across all Health and Wellbeing Board partners</p> <p>Promote a Making Every Contact Count (MECC) approach across the borough, particularly in targeted areas, to impact on lifestyles and behaviours across the lifecourse</p>	<p>North Tyneside Council (Public Health, Early Help, Schools Improvement)</p> <p>Active North Tyneside Partnership</p> <p>Northumbria Healthcare NHS Foundation Trust (Public Health, Inequalities Board and Tobacco Dependency Steering Group)</p> <p>North Tyneside CCG</p> <p>North Tyneside Recovery Partnership</p>	<p>People who smoke are supported to quit</p> <p>Adults and under-18s who drink alcohol at harmful levels are identified and supported to reduce their drinking</p> <p>Adults and children are supported to achieve a healthy weight</p> <p>People have access to cancer services and interventions to support early diagnosis to promote the best possible outcomes</p> <p>Healthcare professionals have increased capability and opportunities to promote physical activity to people in hospital and are able to signpost patients appropriately</p> <p>People using drugs or affected by drugs are identified and supported, and so are their families</p>	<p>Children are exposed to less second-hand smoke and are less likely to start smoking due to a reduction in illicit tobacco</p> <p>People who require specialist alcohol support are identified and able to access appropriate services and all residents are less likely to be affected by all aspects of alcohol-related harm.</p> <p>Children are less likely to be affected by the broader effects of excess weight in childhood and less likely to become overweight as adults</p> <p>Inequalities in health outcomes driven by the food environment and wider environment are reduced, leading to lower levels of excess weight and cardiovascular disease</p> <p>Residents have improved awareness of cancer and are supported to receive earlier diagnoses to promote the best possible outcomes</p> <p>Harm from illicit drug use is reduced, in line with the findings of the Dame Carol Black review</p> <p>HWB Board partners promote HEiAP and MECC approaches to recognise and reduce the impact of inequalities</p>	<p>Across our most disadvantaged areas we will see:</p> <ul style="list-style-type: none"> • Reduction in smoking • Reduction in alcohol-related hospital admissions (adults and under 18s) • Reduction in children with excess weight (NCMP indicators) • Increased physical activity in hospital inpatients • Increased uptake of cancer screening programmes • Reduction in drug-related deaths and unmet need <p>Community mobilising community assets</p> <p>Consultation on approaches to reduce alcohol-related harm and improve healthy weight</p> <p>Co-production of cancer prevention work</p> <p>Co-production of MECC at scale work</p> <p>Needs a dotted line to 'Best Start in Life' workstream</p> <p>Reduction in smoking in pregnancy</p> <p><i>Needs a dotted line to 'The Places and Communities we live' – cycling, green space indicators</i></p>

Equally Well: An integrated health and care system

Leads: ASC TBC , Anya Paradis , Ross Wigham (TBC)

Governance: NENC Integrated Care Board Place Based Arrangements for North Tyneside (details are yet TBC)

Actions	Responsibility	Short-term outcomes	Long-term outcomes	Proposed KPIs outcomes
<p>Establish the Integrated Care Board Place Based arrangement for North Tyneside</p> <p>Four Primary Care Networks (PCNs) will build on collaborative work around extended hours access, access to clinical pharmacy and development of social prescribing initiatives.</p> <p>Implement the integrated North Tyneside Frailty Service with two pathways.</p> <p>Backworth Ageing Well Village development to continue and integrated services to be established to prevent unnecessary hospital admissions and premature admissions to long-term care</p> <p>Adult social care will increase the use of technology within the homes of residents with social care needs to enable people to live more independently.</p> <p>All partners continue to work together to support delivery of the COVID-19 booster vaccination programme to ensure good uptake overall and reduced inequalities</p> <p>Northumbria Healthcare Trust will continue to work with key partners to deliver their Community Promise</p> <p>Promoting the services of community pharmacy to support our local communities.</p> <p>Strengthening public, patient and carers 'voices at place to shape integration, working with a range of partners such as Healthwatch, the VCSE sector and experts by experience</p> <p>Addressing workforce challenges e.g., recruitment, retention, and retirement by working together to ensure a strong and sustainable workforce for the future</p>	<p>ICB</p> <p>PCNs</p> <p>Ageing Well Strategy</p> <p>Adult Social Care</p> <p>All Partners</p> <p>Northumbria Foundation Trust</p> <p>VCSE</p> <p>All partners</p>	<p>It will be easier for residents to 'navigate' the system</p> <p>Integrated working with Primary Care Networks, statutory partners and the VCSE working together to reduce inequalities</p> <p>Residents experiencing falls and frailty have support from a 'one stop shop' and an integrated care service</p> <p>Residents have improved access to technology and are more digitally included.</p> <p>Care home residents and other vulnerable groups are supported to receive COVID booster vaccinations in line with current JCVI recommendations</p> <p>BCF and iBCF continue to meet local and national priorities</p>	<p>Our most vulnerable residents to live healthier and fulfilling lives and maintain independence for longer</p> <p>Improved access to appropriate support and unnecessary variations and fragmentation in care.</p> <p>Fewer residents will be discharged from hospital directly into permanent residential/nursing care</p> <p>Demand in the acute sector is well managed and the gaps in care which have the most impact on health inequalities have reduced</p> <p>Health inequalities are considered in all policies across health and social care and the work of the Health and Wellbeing Board partners</p> <p>Organisations work together at scale to share planning and pool resources to work sustainably and address financial pressures that can be a barrier to providing health and social care</p>	<p>Across our most disadvantaged communities we will see:</p> <p>Increased referrals to the Community Frailty Team</p> <p>Reduction in delayed transfers of care</p> <p>Reduction in hospital admissions</p> <p>Reduction in hospital re-admission rates</p> <p>Increased referrals for social prescribing</p> <p>Reduction in patients breaching 18 week waits for hospital treatment</p> <p>Reduction in average length of stay in hospital and intermediate care settings</p> <p>Reduction in prescribing rate of medicines that can cause dependency, antimicrobial medication and medicines of low value</p> <p>Increased proportion of people who receive short term (enablement) service in year with an outcome of no further requests for support or increase in over 64s discharged to their usual place of residents (examples from Rotherham and elsewhere)</p> <p>Community mobilising community assets</p> <p>Participatory engagement methods where community members are actively involved in design, delivery and evaluation of integrated services 'Ageing Well Village'</p> <p>Link to all priorities and impact areas across the strategy</p>

Equally Well Implementation Plan: Our Indicators

The Equally Well Implementation Plan sets out how we will turn the vision and ambitions into real outcomes in the short and longer term for our residents. We need to know if our approach and strategic ambition is making a difference.

It is widely acknowledged that it is difficult to monitor effectiveness of interventions to reduce health inequalities because of the complex range of factors that contribute to change. All partners acknowledge that major change will not happen overnight, so we will be seeking gradual improvements in these indicators

The high-level measures a population level are the overarching indicators that will be monitored are set out in Table 1

It is proposed that progress on each of 7 key impact areas be provided to the Health and Wellbeing Board at regular intervals plus an overall annual progress report and a refresh of the implementation plan. A proposed forward plan is outlined in table 2 below. The partnership Chairs responsible for each impact area will coordinate the compilation of the report. This reporting will supplement the dashboard with localised knowledge, service data and case studies. This will help the Health and Wellbeing Board to understand in the short to medium time the impact of the interventions in the implementation plan.

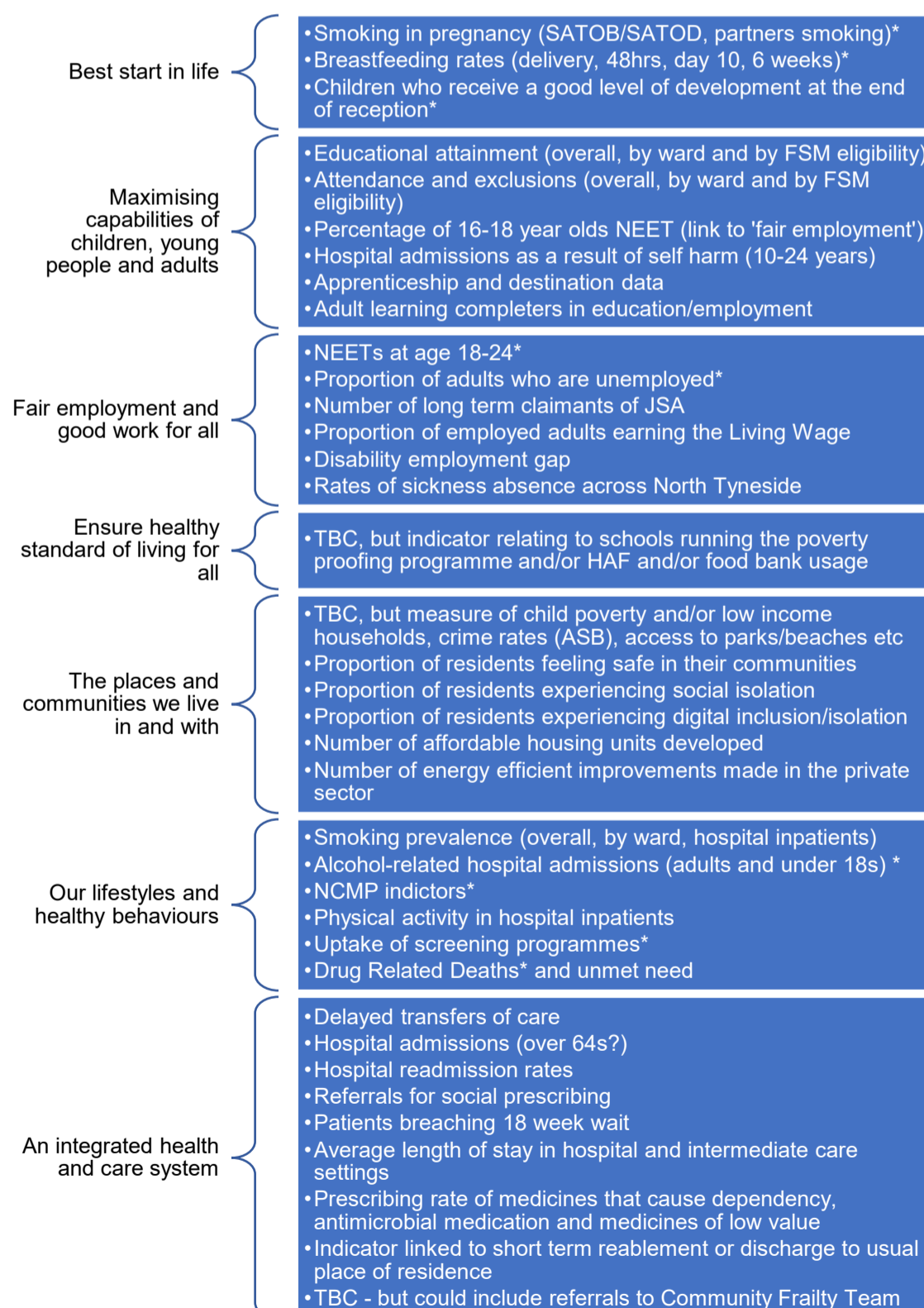
We will also measure our progress by focusing on the impact that the strategy will have on people's lives and case studies and residents' experience will supplement the quantitative data below.

Table 1: Overarching indicators: high level measures of health inequalities

Overarching indicators
Male life expectancy at birth
Female life expectancy at birth
Healthy life expectancy – male
Healthy life expectancy – female
Infant mortality
Life expectancy gap between most and least deprived areas - Male
Life expectancy gap between most and least deprived areas - female

Table 2: Indicators to monitor progress across each of the 7 impact areas:

*= overall figure for borough and also by ward/PCN/locality etc



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North Tyneside Health & Wellbeing Board Report

Date: 10 November 2022

Title: Equally Well
Progress update: Best
Start in Life

Report Author: Rachel Nicholson, Senior Public Health Manager, North Tyneside Council (Tel: 0191 643 8073)

Responsible Leads: Wendy Burke, Director of Public Health, North Tyneside Council
Janet Arris, Deputy Director of Commissioning, NHS North East and North Cumbria
Jill Harland, Public Health Consultant, Northumbria Healthcare NHS Foundation Trust

Report From: Relevant Partnership Board: North Tyneside Children and Young People Partnership

1. **Purpose: Progress Update, Equally Well: Best Start in Life**

This item relates to the Best Start in Life theme of the Joint Health and Wellbeing Strategy, “Equally Well: A healthier, fairer future for North Tyneside 2021- 2025”.

As outlined in Equally Well this means that every child in North Tyneside will be given the best start in life supported by families, communities, and high-quality integrated services.

2. **Recommendation(s):**

The Board is recommended to: -

- Note the progress in delivering the Best Start in Life by the Children and Young Person’s Partnership.
- Endorse the approach to develop and deliver Family Hubs in North Tyneside as set out in the separate briefing paper and presentation.

3. **Progress update: Best Start in Life**

The Children and Young People’s Partnership (CYPP) is responsible for the leadership and governance of this theme. The progress against actions in the implementation to achieve the Best Start in Life is set out in **Appendix 1**.

Highlights of progress against the implementation plan and achievements include:

- Northumbria Healthcare NHS Foundation Trust has a Best Start in Life Team and every pregnant smoker in North Tyneside is referred to an Advisor (opt out referral) who works with the woman for her entire pregnancy and into the postnatal period. The goal of the service is to enable a woman to achieve a successful smoking quit, however they provide holistic care for a wide variety of issues during pregnancy, including signposting and referring to wider services to promote a healthier pregnancy. The team offers home visits and clinic appointments from Cedarwood Trust and Howdon Children's Centre to target the areas of greatest need.
- Launched the Baby Breathe Pilot aimed at helping women who have quit smoking during pregnancy to stay smoke-free. Trained colleagues in the 0-19 Children's Public Health service will help to identify women interested in taking part in the research and when signed up, residents will receive BabyBreathe™ support through the antenatal period and beyond, to encourage them to stay smoke-free
- Implemented a new breastfeeding strategy to focus on increasing breastfeeding in our most deprived communities. One of the actions in the strategy included the recruitment of peer supporters and launch of Best Start peer support groups which were established with the support of VODA to enhance early relationships and increase initiation and sustainability of breastfeeding.
- Northumbria Healthcare NHS Foundation Trust developed a specialist breastfeeding clinic to support women with complex feeding issues. The Trust also run a monthly breastfeeding antenatal session, which is attended by circa 60 women, plus partners every month. The Infant Feeding Co-ordinator sees women and babies in the Tongue Tie Clinic to provide assessment and support pre and post procedure.
- Conducted a review of the uptake of the supply of Healthy Start vitamins and the national Healthy Start Scheme, which provides eligible families with food and milk. Access and uptake to vitamins and the healthy start scheme have improved significantly following concerted effort to raise awareness by the 0-19 Children's Public Health team. A notable success was support for a family experiencing severe financial hardship to claim a large back payment from the national Healthy Start scheme.
- The '2 Matters' award has been developed in North Tyneside and is being widely promoted across settings working with our most vulnerable children. The award aims to ensure that wherever 2-year-old children access their funded provision in North Tyneside, they receive the same high quality of care and education, and Practitioners consider the whole family and any identified needs. This approach supports children to be Ready for School.
- Reducing Parental Conflict training has been rolled out to 360 frontline practitioners across North Tyneside to help increase skills and confidence to work with, or refer, parents in conflict to appropriate support. The practitioners are from a variety of settings including schools, young carers, residential, Early Help, 0-19 Children's Public Health service, housing and

leisure teams. The training will in turn support children's early emotional and social development and improve their chances to lead fulfilling, happy lives.

- Delivery of an enhanced multi-agency Family Hub offer in North Tyneside is also a current focus to achieving a Best Start in Life. Family hubs should offer non-stigmatising support to families from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. For further detail on the work to develop Family Hubs see the attached separate briefing paper, **Appendix 2**.

4. Performance indicators

It is important to understand if our approach and strategic ambition is making a difference to reducing health inequalities.

Appendix 3 gives an overview of the direction of travel indicators for achieving a Best Start in Life. As noted in the strategy major change to reduce health inequalities will not happen overnight, so we will be seeking gradual improvements in these indicators and a reduction in inequalities between different localities across North Tyneside.

4.1. Smoking status at the time of delivery

The Smoking Status at Time of Delivery (SATOD) collection covers information on the number of women smoking and not smoking at time of delivery (child birth).

9.9% of pregnant women smoked at the time of delivery in North Tyneside which is the lowest rate in the North East. The trend data shows a positive reduction since 2010/11 when 17% of women were smoking at the time of child birth in North Tyneside, which also reflects national trends.

Unfortunately, we know that women from our most deprived communities are more likely to smoke at the time of child birth and we are seeking data from our local NHS Trusts to analyse and understand if there is more targeted work that could be carried out to support women to stop smoking.

4.2. Breastfeeding prevalence at 6-8 weeks after birth

North Tyneside's rate of breastfeeding 6-8 weeks after birth is 42.1%, compared with the regional rate of 35.4% and England rate of 47.6%. The trend data shows a small increase in the rates of breastfeeding at 6-8 weeks since 2015/16 when it was 38% in North Tyneside.

While North Tyneside's current overall rate is the second best in the region when the rates for different localities in North Tyneside are analysed there are stark inequalities. The South West locality has the lowest rate of breastfeeding at 6-8 weeks with 36%, compared with the Coast locality rate of 64%

4.3. Good level of development at 2 to 2 ½ years of age

The indicators for children achieving their milestones at 2 to 2 ½ years of age show that 91% of North Tyneside's children are meeting them. This is a higher percentage than the North East, 88% and England, 83%. However, when we consider the different localities in North Tyneside it is children from our most

deprived areas who are not achieving a good level of development; only 74% of children from the Central locality are meeting the milestones, compared with 95% of the children living in the Coastal locality.

4.4 School Readiness

The indicators for children being ready for school show that 72% of North Tyneside's children achieve the knowledge, skills and behaviours that enable children to participate and succeed in school by the end of reception, which is similar to the North East and England figures.

Again, when the data is analysed for those children who are eligible for free school meals and therefore living in more economically deprived families, it shows that only 54% of these children in North Tyneside are ready for school.

4.5 National Child Measurement Programme – end of reception

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme that provides high quality Body Mass Indicator (BMI) data on all children in state-supported schools in England in reception (age 4-5 years) and Year 6 (age 10-11 years) and is part of the government's approach to tackling child obesity.

The overall NCMP data across North Tyneside for children having excess weight at the end of reception (26%) is slightly higher than the England figures (24%). In addition, there are areas within North Tyneside that have significantly higher rates of excess weight including 40% of children in Riverside ward having excess weight at the end of reception.

The trend in NCMP data is also concerning as it shows an increase in North Tyneside children with excess weight since the COVID-19 pandemic, which is also reflected nationally. This is an issue that the North Tyneside Healthy Weight Alliance is aware of and is considering in their plans.

4.6. Cost of living considerations

All the indicators above demonstrate there are unacceptable inequalities across North Tyneside meaning some children do not experience the Best Start in Life.

It is also important to note that the current cost of living rises will impact on a large cohort of people across North Tyneside. The cumulative impact of rising costs is likely to push more families into poverty which will have lasting impacts for our younger generation. Growing up in poverty can affect every area of a child's development and future life chances.

These challenges reinforce the need for concerted effort to ensure every child no matter where they live in North Tyneside has the same opportunities for experiencing the Best Start in Life.

5. Community engagement

4.1 Response to Healthwatch findings

The Children and Young People's Partnership will be meeting on 19 December 2022 and will fully consider the Healthwatch findings that are pertinent to achieving the Best Start in Life.

4.2. Family Hub Consultation

Initial consultation with families has been carried out with local families to help shape the further development of the Family Hub model. It is essential our approach to Family Hubs focuses on how to identify, reach and support our most vulnerable families and communities, including those who do not usually engage.

Our VCSE will be a critical conduit for supporting further consultation, disseminating information and promoting the Family Hubs to our local families using their networks and associations.

Community consultation will be continual process and is essential to ensure that Family Hubs improve outcomes most effectively for babies, children and families in North Tyneside.

6. Appendices:

Appendix 1 – Implementation plan: Best Start in Life progress report

Appendix 2 – Family Hub Briefing

Appendix 3 – Performance indicators

7. Contact officers:

Jo Connolly, Head of Service, 0-19 Children's Public Health Service, 0191 643 4364

Lesley Davies, Senior Manager, Prevention Early Help, 0191 643 6462

Kirsty McLanders, Public Health Manager, 0191 643 4364

Rachel Nicholson, Senior Public Health Manager, 0191 643 8073

9. Background information:

The following background documents have been used in the compilation of this report to the Health and Wellbeing Board:

[A Family Hub and Start for Life Programme Guide](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

11 Legal

The Authority is required to prepare a joint Health and Wellbeing Strategy for the Borough through the Health and Wellbeing Board, under section 116A of the Local Government and Public Involvement in Health Act 2007.

Delivering the Joint Health and Wellbeing Strategy supports the Board’s duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

In undertaking the development of the Joint Health and Well Being Strategy and implementation plan, the aim has been to secure compliance with responsibilities under the Equality Act 2010 and the Public Sector Equality Duty under that Act.

An Equality Impact Assessment was carried out on the engagement approach. The aim was to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact was made with specific groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs

15 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority’s corporate, strategic risk registers, they are being reviewed and managed as part of the Authority’s normal risk management process.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

As relevant members, partners and senior officers clear the report this will be recorded by Democratic Services by placing an X in the corresponding boxes.

- Chair/Deputy Chair of the Board
- Director of Public Health
- Director of Children’s and Adult Services
- Director of Healthwatch North Tyneside
- CCG Chief Officer

Director of Resources

Director of Law & Governance



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North Tyneside Health & Wellbeing Board Report

Date: 10 November 2022

**Title: Update on the
Healthy Standard of
Living for All
Implementation Plan**

Report from : Assistant Chief Executive, North Tyneside Council

Report Author: Vicki Nixon, Senior Manager Participation, (Tel: 0191 643 8215)
Advocacy & Engagement

**Relevant
Partnership** Poverty Intervention Partnership Board

1. Equally Well: Ensure and Healthy Standard of Living for All Progress Update:

This item relates to Ensuring a Healthy Standard of Living for All theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021-2025".

As outlined in Equally Well this means that we want a fair economy that works for and includes everyone where the benefits of the economy are spread, so that all communities in North Tyneside flourish and grow equally.

2. Recommendation(s):

The Board is recommended to note the progress in delivering the Ensure a Healthy Standard of Living for All theme by the Poverty Intervention Partnership Board

3. Progress update

The Poverty Intervention Partnership Board is responsible for the leadership and governance of this theme. The progress against actions in the implementation to achieve Ensure a Healthy Standard of Living for All.

Highlights of achievement include:

The Poverty Intervention Partnership Board met and agreed Terms of Reference and membership. A Poverty Intervention Network has been introduced to support a wider discussion with organisations across North Tyneside.

The HAF program was successfully delivered over Easter and Summer school holiday periods with targets set by DfE exceeded.

- A Food North Tyneside event was delivered which brought together all organisations working across the food landscape in North Tyneside. The focus of the event was addressing food insecurity, food waste and access to nutritious food. It is intended that the event will be the first stages in the development of a food strategy for North Tyneside. The next step will be to facilitate a workshop alongside Food Britain at the State of the Area Conference.
- We are actively involved in supporting the North of Tyne Poverty Truth Commission. Poverty Truth Commissions, seek to discover the answer to the question, 'what if people who struggled against poverty were involved in making decisions about tackling poverty?' The commissioners for each Commission comprise two groups of people. Around half of the commissioners are people with a lived experience of the struggle against poverty. The other half are leaders within the city or region. Collectively they work to understand the nature of poverty, what are some of the underlying issues that create poverty and explore creative ways of addressing them.
- Poverty proofing the school day continues with 27 schools now underway. The aim of the project is to make sure costs associated with school do not make things worse for families already struggling to keep their head above water, and that children should not miss out on school activities and experiences because of money. Children can routinely face unintentional stigma and discrimination because of poverty and this project aims to address this.
- From 1st November we have 'warm welcome' hubs across the borough, which sees our Customer First Centres and libraries, as well as community and voluntary sector organisations, extending their support to residents by offering a comfortable space to relax. For those who wish to get involved, additional free activities and hot drinks are also offered. This is not means-tested and is available for all residents.
- The rising cost of living, through increasing energy, food, and fuel costs, is affecting many of us. The council is committed to supporting our residents, especially those most impacted, and our businesses. A new section has been created on the website where you will find the support available from the Council, advice, and signposting to other relevant organisations. This includes help for families and individuals, whether you're working or not. The rising cost of living, and the support to help to deal with it, is changing quickly. We will regularly review and update these pages to reflect this and to make sure help is always available to those who need it. The support is categorised into support for families, older people, all residents, including low-income households and businesses.
- Support for residents by delivering projects with essentials such as food, energy and clothing has been delivered using the Household Support Fund. Plans have been developed to use the HSF to support the priorities identified in the borough. These include:
 1. The commitment to fund Free School Meal families with vouchers for £15.00 per week of each school holiday, including the Easter break so a total of 6 weeks as Easter starts on 31.03.23
 2. An amount for welfare provision to operate an application-based offer based on estimated demand

3. Some targeted support for those on Council Tax Support that have fallen through the net of the other government pay-outs for example Rising Cost of Living Payments or Disability Cost of Living Payments. So, these are the people just on carers allowance, in receipt of contribution-based benefits or on very low wages or other low incomes.
4. Funding to CAB and the food bank.
5. The commitment to support warm school clothing for part of the £45.00 cost per child. And a small amount for non-Free School Meal families.
6. Funding for exceptional housing costs

Within these projects we have given special consideration to carers which has been raised as a specific group of residents who may be struggling financially at the current time

- Families with children who are living in poverty often struggle to be able to afford the regular costs for school uniform, shoes, or winter costs and this can contribute significantly to the key impacts of poverty. This can be a particular issue where schools require their own branded items of clothing to be worn as part of their uniform policy. We have worked with 16 schools in North Tyneside to develop their own preloved uniform scheme, addressing both the cost of buying school clothing as well as the environmental impact of buying new clothing. Part of this includes developing their uniform policy.

4. Performance indicators

The Poverty Intervention Partnership Board is currently working on a set of KPI's to ensure that work is monitored so that all communities in North Tyneside flourish and grow equally.

The Holiday Activity and Food program is delivered in North Tyneside targeting children from low-income families to access nutritious food and enriching activities during school holiday periods (Easter, Summer, and Christmas). During the Easter holidays, 1309 children attended the HAF program, and 2241 children attended the summer HAF program. These attendances exceeded targets set with the Department of Education, 82.2 % of children accessed HAF were FSM eligible and 16.6% of children attending were identified as SEND which is higher than the national average.

5. Community engagement

As Equally Well explains attempts to tackle inequalities must be done in collaboration with those affected, Healthwatch carried out a consultation on the Equally Well implementation plan. Using those findings, we are shaping the work of the Poverty Intervention Partnership Board ensuring that we are addressing residents' priorities in creating a healthy standard of living for all.

The creation of the Poverty Intervention Partnership Network means that we can continue conversations with those organisations supporting residents.

The State of the Area Conference 2022 will be delivering workshops on the cost-of-living crisis and how we support our residents. The findings from this event will further shape the work of the Poverty Intervention Partnership Board.

6 Appendices:

None

7 Contact officers:

Jaqueline Laughton, Assistant Chief Executive and Monitoring Officer
Vicki Nixon, Senior Manager Participation, Advocacy & Engagement
Kerry Nesbitt, Social Inclusion Manager

8 Background information:

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

9 Finance and other resources

The Healthy Standard of Living for all themes will be supported by delivery of projects funded through the Household Support Fund and the Poverty Intervention Fund.

10 Legal

The Board has a duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

11 Human rights

There are no human rights implications directly arising from this report.

12 Equalities and diversity

There are no equality and diversity implications arising directly from this report.

An EIA is being undertaken by the Poverty Intervention Partnership Board to ensure that all work delivered through this partnership advances equality of opportunity between people who have a protected characteristic and those who don't

13 Risk management

Any risks identified can be managed following the Council and partners' existing risk processes.

14 Crime and disorder

There are no crime and disorder implications directly arising from this report.

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

Date: 25 January 2023

Title: Safeguarding Adults Board (SAB) Annual Report 2021-2022

Author: Ellie Anderson, Assistant Director Business Assurance

Service: HECS

Wards affected: all

1. Purpose of Report

To present to the Sub-committee the annual report of the Joint Northumberland and North Tyneside Safeguarding Adults Board (SAB) for the period April 2020-March 2021.

2. Recommendation:

The Safeguarding Adults Board has ratified its Annual Report.

The Committee is asked to:

- note the contents of the report.
- note that the report will be published on the Safeguarding Adults page of North Tyneside Council website and can be accessed via <https://my.northtyneside.gov.uk/category/1033/safeguarding-adults>

3. Introduction

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. A Local Government Association peer review held in early 2021 identified that although the Board had been very successful in helping both Authorities manage emerging safeguarding themes; if the arrangements were to remain joint ones, work needed to happen to strengthen the identity of the Board itself.

Following this, and in line with upcoming changes in the NHS with the development of Integrated Care Systems and Integrated Care Boards, a decision was made to end the Joint Board arrangements and establish two place-based SAB's. This annual report is therefore the final report of the work of the Northumberland and North Tyneside joint SAB.

4. Details

1. 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.

2. Achievements

Despite the work that services have needed to do to manage the impact of Covid-19, the Board has delivered on a number of its promises:

- Worked to develop new place-based SAB arrangements
- Used a risk register to monitor and respond to risks posed by Covid
- Worked with the Domestic Abuse Boards to align priorities
- Supported the Vulnerable Dependent Drinkers project and briefed staff and partners on the issues this group of people face.
- Looked at closed cultures and sought and scrutinised assurance from partners
- Contributed to regional self-neglect campaign producing and animation and a series of 7-minute guides
- Developed the training offer
- Launched "Tricky Friends" animations – helping people understand about good and harmful friendships

3. Demand and Activity

All partners saw an increase in safeguarding activity.

North Tyneside saw an increase in safeguarding concerns reported with a total of 3462 concerns raised, an increase of 13% from the previous year. This resulted in the teams needing to open safeguarding investigations under section 42 of the Care Act 2014 in 1245 cases (an increase of 20% on the previous year). 60% of cases related to females. The majority of cases relate to the age groups 18-64 and 75-94.

The largest category of abuse was neglect, followed by physical abuse and financial abuse.

Where we have progressed to a safeguarding enquiry, just over half of people involved experienced abuse in their own home and just under a third occurred in a nursing or residential home. In 88% of cases the person causing the abuse was known to the person experiencing abuse.

78% of cases had risk identified and action taken.

77% of people undergoing the safeguarding process were asked what their desired outcomes was and of those expressed, 94% were either fully or partially met. The highest rates recorded across the region were attributed to the Northumberland and North Tyneside SAB.

4. Impact of Covid

Reports are published regionally and nationally in respect of the impact of the pandemic on local safeguarding activity which helped the SAB to plan and respond to emerging issues. An example of this was that all partners saw an increase in self neglect. Working with people who neglect themselves can be challenging due to differing value bases, perceptions of lifestyle choice versus impaired capacity and very difficult legal frameworks around this. A number of national safeguarding adult reviews highlighted that staff were not following guidance on managing self-neglect. To respond to this, we worked regionally to develop a series of 7-minute briefings and a self-neglect animation was developed.

5. Strategic Priorities

The report highlights the SAB's 5 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.

6. SAB Highlights

The annual report highlights the work of the Board across the year which shows the breadth and number of actions undertaken and completed.

One area of concern was this impact of the pandemic and the lack of oversight in closed environments and both the Association of Directors of Adult Social Services (ADASS) and CQC published guidance. The SAB sought assurances around monitoring of these environments. In North Tyneside there are a number of forums for information sharing and partners are clear about indicators and warning sign. Regional benchmarking did identify that there is variation in practice about practice and thresholds and this has allowed us to approach the national safeguarding network to request the development of national guidance.

A number of awareness campaigns were arranged throughout SAFE week and the SAB produced shared and promoted a partner resource pack concerning domestic abuse, self-neglect, financial abuse and scams, criminal exploitation and transitional safeguarding. We also promoted the Missing Adult Protocol and the Winnie and

Herbert protocols as well as launching the Tricky Friends animation to help people understand what good friendships look like.

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.

7. Lessons learned

There were no Safeguarding Adult Reviews in this period, but the Safeguarding Adults Review Committee considered 5 new case referrals. Two learning reviews were undertaken in Northumberland.

A number of 7-minute guides were developed around the themes of exploitation and language, professional curiosity, thinking about the whole family, child to parent violence and abuse, mate and hate crime, and caring about adversity resilience and empowerment.

The SAR in relation to Leigh was featured in the previous annual report. Following this we provided a briefing summary across partner agencies, developed the 7-minute guides referred to earlier delivered training and recorded a webinar for staff about the importance of considering the impact of long-term conditions.

We also developed, with regional partners a suite of tools to support the process of Safeguarding Adult Reviews, work that was nationally recognised. Benchmarking against national safeguarding adult reviews continue.

8. 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 within agencies enhances the safeguarding work more generally in the Borough.

5. Appendices

North Tyneside and Northumberland Safeguarding Adults Annual Report
2021-2022



North Tyneside and Northumberland Safeguarding Adults Annual Report 2021-2022



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Foreword

by the North Tyneside & Northumberland Safeguarding Adults Board Independent Chair

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


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

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

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

I want to extend my gratitude to our partners who have provided the information collated within this report. The service pressures experienced by agencies, and particularly front-line workers, are not underestimated. I would like to express my appreciation and sincere thanks for the

commitment and innovation all partners have shown over this last year.



Paula Mead, Independent Chair

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

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

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

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

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

1. About the Board

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

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



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



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

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

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



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



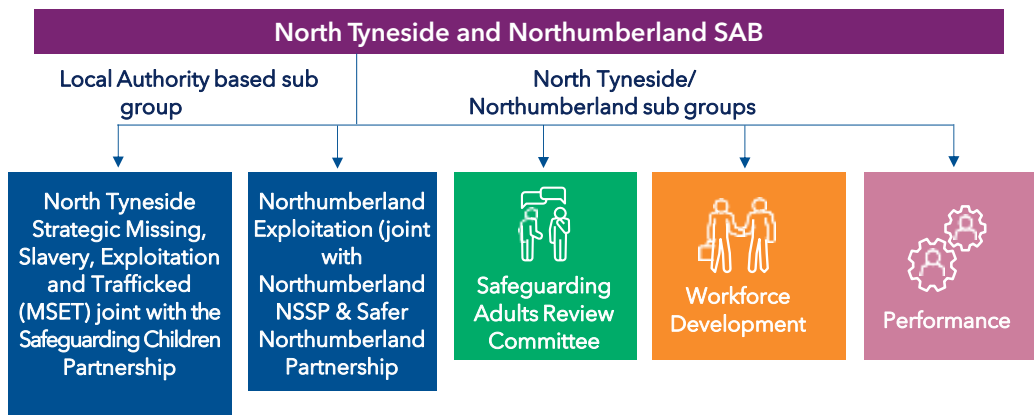
Publish an annual report detailing how effective their work has been.



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

SAB Structure

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



2. What the Board has achieved at a glance



3. What does our data tell us?

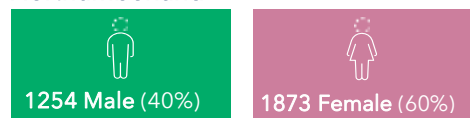
Throughout 2021-22 the SAB Performance subgroup have continued to monitor and analyse key trends and themes across partner agencies. This enables the SAB to understand any changes in demand, the impact of these changes, and the assurances required from partner agencies to ensure adults with care and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

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

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

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

Northumberland

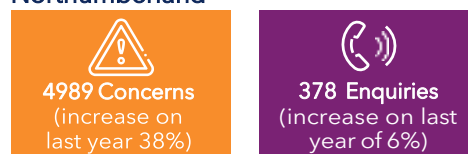


The purpose of these guidance documents was to support partner agencies to make appropriate safeguarding referrals; promote a consistent understanding of what constitutes a safeguarding concern; and ensure a consistent response is provided by Adult Social Care.

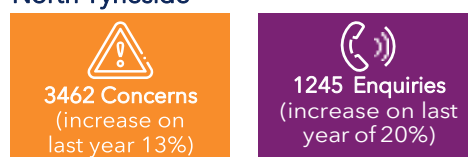
The SAB promoted awareness of these frameworks across partner agencies, and sought assurances about local guidelines defining and referring concerns against the core messages in the frameworks. The guidance has also prompted local analysis of safeguarding systems and recording.

Concerns/Enquiries:

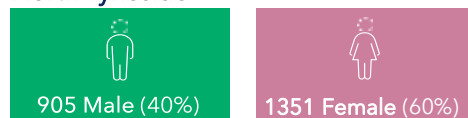
Northumberland



North Tyneside



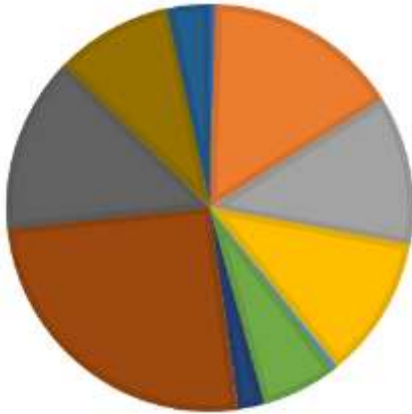
North Tyneside



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

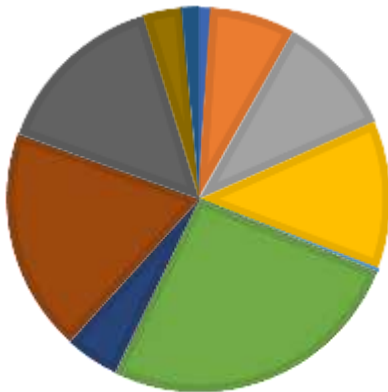
Types of Abuse:

Northumberland Percentage of total enquiries 2021/22



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

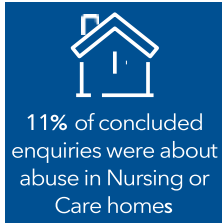
North Tyneside Percentage of total enquiries 2021/22



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

Location of abuse:

Northumberland



North Tyneside



Risk identified/ceased at individuals request:

Northumberland



North Tyneside



Source of risk:

Northumberland



North Tyneside



Covid Insights

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

Regional Self-Neglect Campaign

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

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



10

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



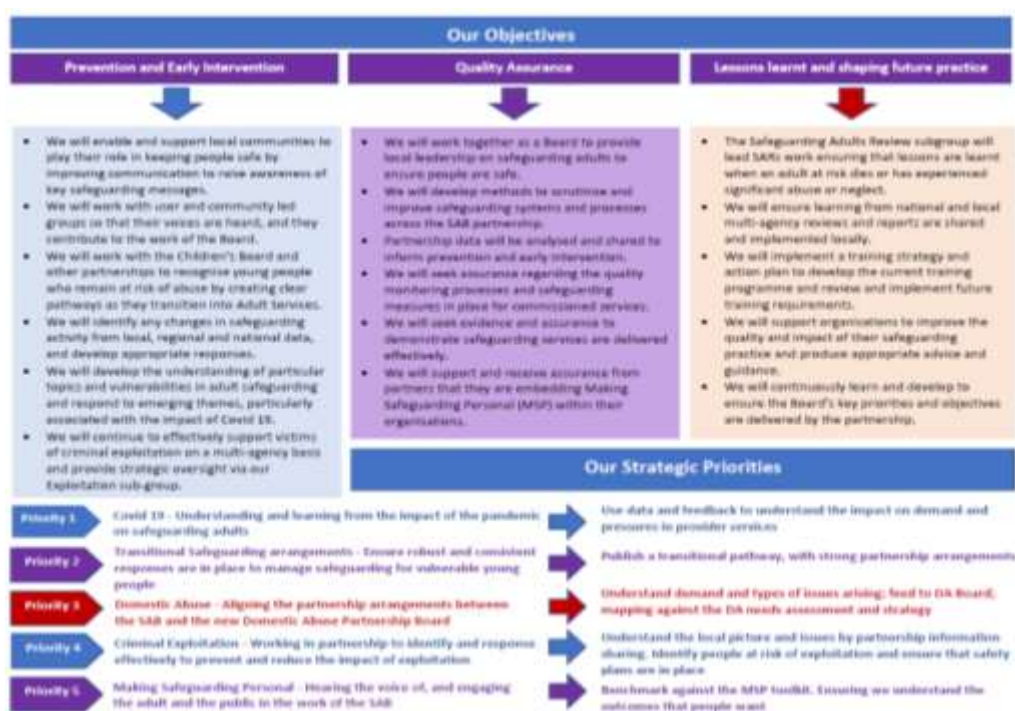
In December 2021, a highlight report was presented to the SAB providing a summary of the key messages gained from the National Covid Insight Project. Generally local safeguarding concerns have continued to show a long-term upward trend, tending to decrease during periods of Covid restrictions followed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

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



4. Strategic Priorities 2021-22

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



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

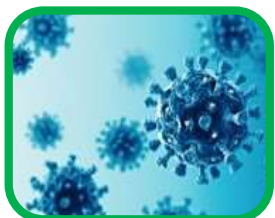
Northumberland Safeguarding Adults -

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

North Tyneside Safeguarding Adults -

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

The SAB agreed to focus on 5 key strategic priorities:



Covid-19

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



Transitional Safeguarding Arrangements

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



Domestic Abuse

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



Criminal Exploitation

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



Making Safeguarding Personal

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

Priority 1 Impact of Covid-19

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

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

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

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

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

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



Priority 2 Transitional Safeguarding arrangements

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

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

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

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



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

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North Tyneside:

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

Alongside the work of the TAG, a Transitional Safeguarding Pathway is in development with plans to establish a multiagency panel for complex and high-risk cases which do not have traditional care and support needs.

Children's and adult services have shared training opportunities throughout the year undertaking Caring about Adversity, Resilience & Empowerment training (CARE), CPVA Training, and communications and a 7-minute guide have been shared regarding the 'Think Family' Approach.



Northumberland:

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

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

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

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

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

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

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



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Priority 3 Domestic Abuse

Domestic Abuse Partnership Boards

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

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

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

Impact of Covid 19

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

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

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

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



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

White Ribbon Day

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

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

Child to Parent Violence and Abuse

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



Priority 4 Criminal Exploitation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

North Tyneside:

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

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

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

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



Northumberland:

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

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

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

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

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

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

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

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

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

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



Priority 5 Making Safeguarding Personal

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

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

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

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

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

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

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

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

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

In 2021/22:

Clients involved in safeguarding enquiries who lacked capacity:

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

Northumberland

North Tyneside

Northumberland

North Tyneside





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

Northumberland



North Tyneside



5. SAB Highlights 2021-2022

June 2021

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



October 2021

- Launch of 'Tricky Friends' animation

November 2021

- National Safeguarding Week promotions and activities



March 2022

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



April 2021 – SAB Development Session

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



September 2021

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



December 2021

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

Some Key Highlights 2021-2022

Organisational Safeguarding - Impact of Covid

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

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

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



Awareness Campaigns - National Safeguarding Week

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



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

SAB Safeguarding Adults week 2021 padlet



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

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



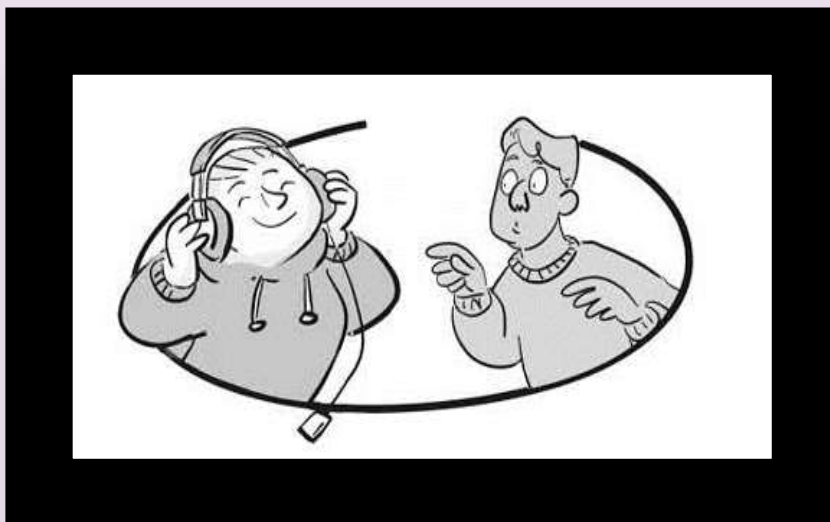
Northumbria Police also supported Safeguarding Adults week across the regional footprint, in particular promoting the Missing Adults Protocol and associated Winnie and Herbert protocols. A range of National County Lines Coordination Centre (NCLCC) resources were also circulation relating to Modern Slavery,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

Awareness Campaigns - Tricky Friends Animation

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

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

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



6. Safeguarding Adults Review Committee - Lessons Learnt

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

Learning and Reviews

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

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

will be reported in next year's report.

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

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





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

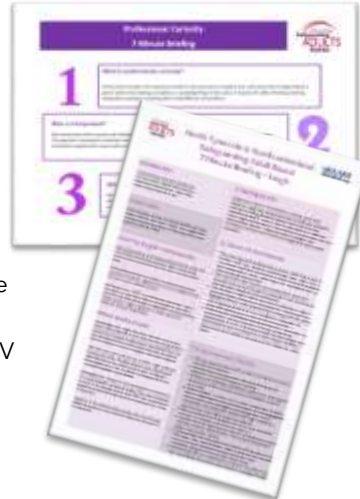


Learning from Leigh:

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

Since then, we have undertaken the following actions:

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



Safeguarding and Housing group:

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

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

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



North East SAR Champions:

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



National SAR Analysis benchmarking:

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

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

Learning from Regional and National Safeguarding Adult Reviews:

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



7. Looking ahead to next year

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

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

Working with our Partners

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

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

North Tyneside Lay member



Partner Spotlight

CHANGING LIVES

Liberty Project

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

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

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

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

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

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

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

Partner case studies – Multi-Agency Safeguarding

Northumbria Police

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

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





Northumbria Healthcare Foundation Trust

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

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

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

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

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National Probation Service

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

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

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



8. Some highlights from our Partners



Northumbria Police

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



North Tyneside CCG (NTCCG)



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

Northumberland CCG (NCCG)



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

Northumbria Healthcare NHS Foundation Trust



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



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



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

National Probation Service (NPS)

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



Appendix A

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

Core members:

Independent Chairperson

Northumbria Police

North Tyneside Local Authority:

Adult Social Care

Housing

Elected member

Northumberland Local Authority:

Adult Social Care

Housing

Elected member

North Tyneside Clinical Commissioning Group

Northumberland Clinical Commissioning Group

Northumbria Healthcare NHS Foundation Trust

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

National Probation Service

Children's Partnership Board Manager

Lay members

Co-opted members:

Tyne and Wear Fire & Rescue Service

Northumberland Fire & Rescue Service

Public Health

Community Safety

Northumberland

VCS Assembly

North Tyneside carers

Northumberland Self-Directed support, Prevention and Carers

HMP

Northumberland

Care Quality Commission (CQC)

Legal Services

Healthwatch

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