Live Well South Tees Board

Please note that this meeting will be held at The Board Room, North East and North Cumbria Integrated Care Board, First Floor, 14 Trinity Mews, North Ormesby Health Village, Middlesbrough, TS3 6AL

at 3.00 pm on
Tuesday 10th January, 2023

	Agenda Item	Time
1.	**Welcome and introductions** *Cllr Mary Lanigan, Leader of Redcar & Cleveland Council* *Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council*	3pm
2.	**Apologies for Absence** *Cllr Mary Lanigan, Leader Redcar & Cleveland Council* *Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council*	
3.	**Declarations of Interest** *Cllr Mary Lanigan, Leader Redcar & Cleveland Council* *Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council*	
4.	**Minutes- Live Well South Tees Board - 26 September 2022** (Pages 3 - 8) *Cllr Mary Lanigan, Leader of Redcar & Cleveland Council* *Cllr David Coupe, Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council*	

5.	**Whole System Approach to Adult Mental Health in South Tees - Presentation** *Dominic Gardner, Care Group Director MHSOP / AMH, Durham Tees Valley Care Group, Tees, Esk and Wear Valleys NHS FT* *Mark Adams, Director of Public Health for South Tees and colleagues*	3.15pm
6.	**South Tees Safeguarding Children Partnership Annual Report** (Pages 9 - 56) *Kathryn Boulton, Executive Director for Children and Families, Redcar & Cleveland Borough Council*	4.15pm
7.	**Cost of Living Crisis - Health and Wellbeing Board Response - Presentation** *Rebecca Scott, Public Health South Tees*	4.30pm
8.	**Health and Wellbeing Executive Assurance Report** (Pages 57 - 134) *Kathryn Warnock, South Tees Integration Programme Manager*	4.50pm

Date and time of next meeting
Thursday 23 March 2023 – 3pm

LIVE WELL SOUTH TEES BOARD

A meeting of the Live Well South Tees Board was held on Monday 26 September 2022.

PRESENT: D Coupe (Co-Chair), M Lanigan (Co-Chair), M Adams, D Gardner, S Kay, M Ovens, P Rice, L Westbury, A Barnes, B Cooper, A Hellaoui, K Warnock, C Blair, and Lucy Tulloch

OFFICERS: J McNally

APOLOGIES FOR ABSENCE: K Boulton, S Butcher, D Gallagher, B Kilmurray, J Sampson, E Scollay, C Smith, J Walker, L Bosomworth, M Graham, R Harrison, S Rawson, K McGarrity and P Bond

22/8 **WELCOME AND INTRODUCTIONS**

Councillor Coupe welcomed everyone to the meeting of the Live Well South Tees Board.

22/9 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

22/10 **MINUTES- LIVE WELL SOUTH TEES BOARD - 7 JULY 2022**

The minutes of the Live Well South Tees Board meeting held on 7 July 2023 were submitted and approved as a correct record.

22/11 **BETTER CARE FUND PLANS 2022/23 FOR MIDDLESBROUGH AND REDCAR & CLEVELAND**

The South Tees Integrated Programme Manager sought formal approval from the Live Well South Tees Board of the 2022/23 Better Care Fund (BCF) Plans for Middlesbrough and Redcar & Cleveland.

The Board were advised that the Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) had published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2022-23. The framework forms part of the NHS mandate for 2022-23.

The two objectives for 2022-23 BCF are:

i. Enable people to stay well, safe and independent at home for longer.
ii. ii. Provide the right care in the right place at the right time.

National condition four of the BCF has been amended to reflect these two objectives and now requires HWB to agree an approach within the BCF Plan to make progress against these objectives in 2022-23.

The Board were advised that the South Tees BCF Implementation and Monitoring Group worked together to draft the narrative and planning templates. They were submitted to the local Better Care Manager for initial review and feedback on 29th August, as recommended nationally. These draft templates were also reviewed by the Health and Wellbeing Executive on 6th September.

The Board heard that the feedback was positive with only a few minor points

highlighted. The templates had now been updated in response and the plans were endorsed by the South Tees Executive Governance Board – 20th September.

As part of the BCF update a number of representatives from the following BCF schemes attended the meeting to update the Board on the type of work that had been funded through the BCF and how their work contributed to admission avoidance and discharge home and improve outcomes for our residents:

- Middlesbrough Independent Living Service
- Care Home Enhanced Rapid Response (CHERRS)
- Single Point of Access (SPA)
- Frailty Team
- Transfer of Care Hub
- Home First Service
- Meadowgate Intermediate Care Centre – Redcar and Cleveland

The Chair asked that the representatives be thanked for attending the meeting and for the invaluable work that each of the services provided to residents.

ORDERED: The Live Well South Tees Board approved the 2022/23 Better Care Fund (BCF) Plans for Middlesbrough and Redcar & Cleveland.

22/12 **LIVE WELL SOUTH TEES BOARD VISION AND PRIORITIES**

The Director of Public Health South Tees presented a report to the Live Well South Tees Board outlining proposed missions and goals for the Live Well South Tees Board.

The Live Well South Tees Board had previously agreed to a “mission-led” approach.

The Board heard that each mission is a response to a significant local challenge, one where innovation, working together and aligning resources had a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The Board were advised of the draft principles behind the selection of the Live Well Mission(s):

- Important and improving it will contribute to the citizens of South Tees living longer and healthier lives;
- Broad enough to include many areas that would need to feed in to shift the outcome(s);
- Tackles complicated problems which cannot be solved by any single agency;
- Long term solution of many parts required;
- Understandable, particularly by partners;

The Joint Strategic Needs Assessment would provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind the Mission(s) and broad contributing factors to the current outcomes experienced.

The Board were advised that the process of establishing the intelligence may also result in amending and sharpening the missions or goals, particularly where the current articulation is a potentially too broad.

The Director of Public Health outlined the draft missions:

Start Well: Children and Young People have the Best Start in Life

- We will narrow the outcome gap between children growing up in disadvantage and the national average by 2030
- We want to improve education, training and work prospects for young people
- We will prioritise and improve mental health and outcomes for young people

Live Well: People live healthier and longer lives

- We will reduce the proportion of our families who are living in poverty
- We will create places and systems that promote wellbeing
- We will support people and communities to build better health
- We will build an inclusive model of care for people suffering from multiple disadvantage across all partners

Age Well: More people lead safe, independent lives

- We will promote independence for older people
- We will narrow the gap in Healthy Life Expectancy

The Board were advised that the final Joint Strategic Needs Assessment would be presented to the Board in March 2023 and approval of the Health and Wellbeing Strategy would be sought in June 2023.

ORDERED:

- The Live Well South Tees Board agreed to the proposed Missions and Goals
- Noted the process to develop the JSNA and Health and Wellbeing Strategy against those Missions
- Noted that the process of establishing the intelligence behind each Mission may also result in amending and sharpening the missions or goals.

22/13 **COST OF LIVING CRISIS - HEALTH AND WELLBEING BOARD RESPONSE**

The Director of Public Health South Tees delivered a presentation to the Live Well South Tees Board around the current cost of living crisis.

The Board were advised that:

- Cost of living has increased both nationally and locally
- Everyone will be affected, however the impact will be the greatest for those who are already under financial pressures
- In addition to the household expenditure increases, inflation exceeds increases in wages – many individuals will face the equivalent of a real-term pay cut
- Unknown the extent of the impact on individuals and businesses

The Director of Public Health stated that several high risk groups including the following would be impacted upon by the cost of living crisis as well as people who are not normally known to services:

- Housebound or otherwise low mobility
- People on low income
- Fuel poor
- Older people living along
- Homeless people
- People with ill health

- People with disabilities
- Pregnant women

The Live Well South Tees Board were asked to consider:

- How are agencies planning to respond to the cost of living crisis?
- What is the support offer across the system?
- How is this coordinated and communicated?
- Should we have standard communication?
- What is the Governance to ensure a coordinated response?

Following discussions it was agreed that a partnership approach would be needed to provide a local response to the cost of living crisis and that schools would play an important part in this response. It was felt that a task and finish group should be established as a matter of urgency and that the actions be picked up at the next Health and Wellbeing Board Executive meeting.

ORDERED: That a task and finish group be established to provide a local response to the cost of living crisis.

22/14 **HEALTH AND WELLBEING EXECUTIVE ASSURANCE REPORT**

The South Tees Integrated Programme Manager presented a report and provided assurance that the Health and Wellbeing Executive was fulfilling its statutory obligations.

South Tees Health and Wellbeing Board had a statutory responsibility for producing and publishing 2022-25 Pharmaceutical Needs Assessments (PNAs) for Middlesbrough and Redcar & Cleveland Councils by 1st October 2022. Members were asked to note and endorse these PNAs.

A multiagency Public Health South Tees PNA Steering Group, with representatives from across the local health and social care system, including public and patient champions and local community pharmacy, had overseen the development of 2022-25 PNAs for the two councils.

This had included a formal 60-day consultation. The two councils' 2022-25 PNAs have been produced in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and 2021 Department of Health and Social Care Information Pack.

Summary recommendations:

a) There is adequate provision of pharmaceutical services across the two boroughs to serve the needs of our population, with no current gaps identified

b) There is a reasonable choice of both providers and services available

c) Community pharmacies play a critical role in delivering locally commissioned services on behalf of both Public Health South Tees and North East and North Cumbria Integrated Care Board (formerly Tees Valley Clinical Commissioning Group).

d) Public Health South Tees should work with local system stakeholders to facilitate improved signposting to language access services Page 26

e) Community pharmacy is an important asset for promoting public health and health protection preparedness, which Public Health South Tees should encompass in its ongoing place-based approach

f) Public Health South Tees should work with the wider council to continue to ensure that access to community pharmacy (and other healthcare services) continues to be considered in public transport planning. The PNAs will be used to provide NHS England and NHS Improvement with the relevant information needed to make commissioning decisions, specifically regarding market entry, but also provides information that will be useful to Public Health South Tees commissioning and strategy development.

ORDERED: That the Live Well South Tees Board noted the report and endorsed the Pharmaceutical Needs Assessment for Middlesbrough and Redcar and Cleveland.

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South Tees
Safeguarding
Children Partnership

SOUTH TEES SAFEGUARDING
CHILDREN PARTNERSHIP (STSCP)

2021/2022
ANNUAL REPORT

CONTENTS

Foreword by the STSCP Chair Kathryn Boulton

Another year on and as the South Tees Safeguarding Children Partnership Executive, we are pleased to share the progress made across our Partnership, despite the ongoing impact and challenges of the Covid-19 pandemic.

This Annual Report covering the year 2021-2022 is published by the four statutory partners (Middlesbrough Council, Redcar & Cleveland Council, Cleveland Police and North East and North Cumbria Integrated Care Board) who are responsible for putting in place effective arrangements to support the co-ordination, quality assurance and continuous improvement of activity to safeguard the children and young people who need our support. The pandemic has tested and continues to test local services. However, the strength of relationships between practitioners and leaders at all levels has been built upon, allowing multi-agency working to adapt through a dynamic response to the rapidly shifting requirements of the world we find ourselves in.

Effective joint working has continued and been further strengthened, and we look forward to fully understanding the full impact of the new models of working. In this report, the statutory partners set out critical areas of development to further improve the effectiveness of the statutory partnership arrangements. This includes the need to review the multi- agency quality assurance framework and demonstrate that the learning from serious safeguarding incidents is making a positive difference to practice and service provision.

This report also sets out the achievements and the work that has progressed at time of unprecedented pressures on services. These achievements are a reflection of the committed individuals who either work directly with children, young people and their families or those with a specialist role in safeguarding in partner agencies.

On behalf of the four statutory safeguarding partners, I would like to thank everyone involved across our Partnership for their work, dedication, care and passion over the last year and their continued commitment to ongoing learning and improvement. Our success is through the strengths of our partners, working together to create a place where all children and young people across Middlesbrough and Redcar & Cleveland are safe, free from abuse, neglect and supported to live happy and healthy lives.

Kathryn Boulton
Chair of the STSCP
Corporate Director for Children and Families
Redcar & Cleveland Borough Council

Our vision and values - this is what we are working towards

A partnership committed to keeping children safe and working together to achieve the best possible outcomes for children and families.

1. Introduction

Working Together 2018 describes the features of effective multi-agency safeguarding partnerships:

This local arrangement supports and enables local organisations and agencies to work together in a system which places the child at the heart of the process and aims to ensure that:

- Children are safeguarded and their welfare promoted
- Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- Organisations and agencies challenge appropriately and hold one another to account effectively
- There is early identification and analysis of new safeguarding issues and emerging threats
- Learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice, which informs our local approach to prevention
- Information is shared effectively to facilitate more accurate and timely decision making for children and families

What is the South Tees Safeguarding Children Partnership?

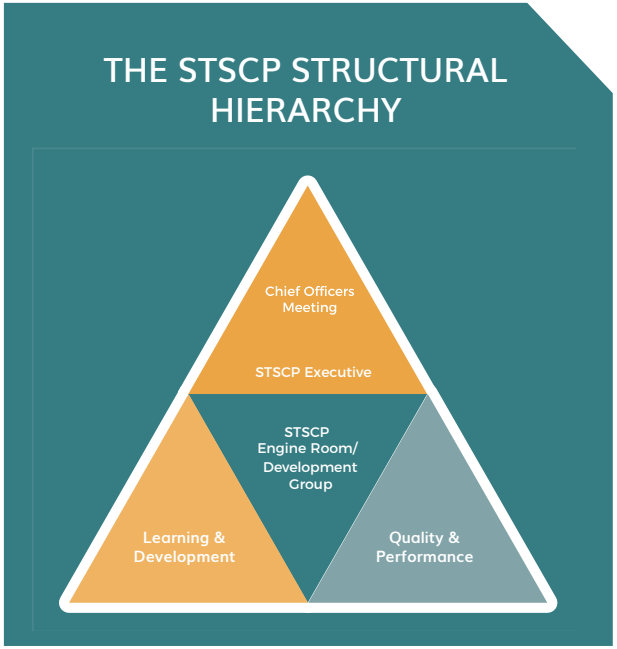
Throughout the period covered by this report the arrangements included:

- Meetings with Key Partners Chief Officers, chaired by the Chief Executive Middlesbrough Council
- Meetings at Executive level to set the strategic direction for the partnership
- Partnership meetings attended by the executive leads of the four statutory partners and the broader partnership and chaired by an Independent Chair
- Sub groups and task and finish groups

Middlesbrough Council is the host for the STSCP, as outlined in the legal agreement which established the partnership. The STSCP Executive is the key decision-making body and consists of the executive leads of the four statutory partners.

The published arrangements, which were reviewed in 2021, can be found through the website link below:

Key documents | South Tees Safeguarding Children Partnership (stscp.co.uk)



STSCP GOVERNANCE STRUCTURE

KEY PARTNERS CHIEF OFFICERS MEETING

STSCP EXECUTIVE

STSCP ENGINE ROOM/DEVELOPMENT GROUP

- Learning & Development Group
- Tees Procedures
- Tees CDOP
- Tees Strategic VEMT
- Quality & Performance Group

STSCP RELEVANT PARTNERS (PARTNERS WHO MAKE A SIGNIFICANT CONTRIBUTION TO THE MULTI ARRANGEMENTS)

LINKS TO RELEVANT STRATEGIC PARTNERSHIPS

R&C Children & Young Peoples Partnership (R & C)	Middlesbrough Children's Trust
Middlesbrough Corporate Parenting Boards	R&C Corporate Parenting Boards
Tees Strategic MARAC	Tees Strategic MAPPA
South Tees Youth Justice Board	South Tees Health &Well Being Board
Middlesbrough Community Safety Partnerships	R&C Community Safety Partnerships
Tees Safeguarding Adults Board	Middlesbrough Strategic Improvement Board
Middlesbrough Scrutiny Panel	R&C Scrutiny Panel
Middlesbrough DASP	R&C DASP

2. Executive Summary

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This report summarises and reflects on the work of the South Tees Safeguarding Children Partnership (STSCP) between 01 April 2021 and 31 March 2022. This covers the second full financial year of operation by the STSCP, which succeeded the Middlesbrough Local Safeguarding Children board and the Redcar & Cleveland Safeguarding Children Board (LSCBs) from September 2019. All details about the work of the Partnership and the materials it presents to professionals, children and young people, their parents carers and communities, and the comprehensive and complex network of services that work with them, are available on the STSCP website: https://stscp.co.uk

The Partnership is a statutory body, led by an Executive. The Executive is made up of representatives from Redcar & Cleveland Council, Middlesbrough Council, North East, North Cumbria Integrated Care Board formerly Tees Valley Clinical Commissioning Group and Cleveland Police, each represented by staff sufficiently senior as to be able speak with authority for and approve decisions on behalf of their organisations.

The STSCP carries coordination and accountability responsibilities which were previously covered by both the LSCB'. The STSCP is the accountable and report-receiving and approving body for work under all 4 Priorities of the STSCP.

VEMT (Vulnerable, Exploited, Missing, Trafficked)

The aim is for children/young people to be free from the risk and harm of exploitation, going missing or being trafficked

Neglect

The aim is to reduce neglect, reduce the impact of neglect and ensure help & support is provided at the earliest opportunity

Empowering Young People

The aim is to create a clear focus on the needs and experience of young people

Working Together

The aim is to achieve excellent partnership working across all areas

2. Executive Summary Continued

The South Tees Safeguarding Children Partnership covers both Middlesbrough and Redcar & Cleveland and oversees some of the most deprived areas in the country. The latest population estimate for South Tees is **278,513,** the population of children and young people aged 0-18 is approximately **60,736**.

The South Tees is a very diverse area, with a large number of nationalities included in a minority ethnic population of **20%**. The largest minority ethnic groups in the area are the Indian and Pakistani communities, but more recently there has also been a significant increase in economic migration, mainly from Eastern Europe.

The area includes some rural communities as well as densely populated areas where people can face multiple challenges. In 2021, the End Child Poverty data classified areas of South Tees as being within the top **5%** of the most deprived areas in the country. The proportion of children living in poverty being **38%** (2020) compared to **37%** across Teesside and **31%** nationally. Living in an area of high deprivation, the children and young people of South Tees, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that children who live in poverty are more likely to face additional traumatic experiences or be exposed to a range of risks that can have a serious impact on their mental health and life chances.

The changing child population seen across the South Tees has implications for the demand for services, whether that is for school places, early year's provision, complex needs services, or an increase in the number of vulnerable families requiring support.

The number of children requiring statutory intervention has increased which is in line with increases seen across the country. New early help assessment and planning documents and practice guidance have been developed and are available on the respective local authority webpage. The area's Early Help Partnership are developing stronger governance and multi-agency strategic oversight and challenge to support their ambitious early help strategies.

Child protection systems remain strong with continued support and commitment from agencies across the South Tees. Effective Front Door arrangements known as MACH's ensure that children's and families needs are responded to appropriately. Data evidences that the timeliness of statutory safeguarding functions is improving. Qualitative assurance is also explored through a range of multi-agency audits which brings together joint learning experiences.

The STSCP Learning and Improvement Framework aims to ensure that learning from practice, audits, local and national research is embedded through improvements to safeguarding systems and training and development opportunities for practitioners across the South Tees.

There is a consistency of approach in responding to safeguarding or child protection concerns by partners across the South Tees and the Tees Valley. The Tees Multi-agency policy and procedures provide professionals with clear guidance on how to protect children and when to report any concerns about their welfare to the appropriate authorities. These policies and procedures are developed and agreed at the Tees Procedures Group by a range of multi-agency professionals which are then integrated into practice.

The safeguarding partnership across South Tees is improving and this in turn ensures practice and leadership is committed to continuous improvement across the area and is based on a culture of 'high support, high challenge' with independent scrutiny though the employment of the Independent STSCP Chair/ scrutineer.

2. Executive Summary Continued

This STSCP Annual Report highlights key areas that will require focus during the year. We acknowledge how improvements to the safeguarding system are continually evolving. The following are key areas being addressed with the intention of taking them forward this year:

This year has seen a refocus on Criminal Exploitation, including a number of multi-agency development sessions supported by the Office of the Police & Crime Commissioner. The Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) Strategic Group sponsored a workshop to review processes and understanding of VEMT issues across the Tees region. This has led to a review of the Tees VEMT Strategy and action plan.

The understanding of neglect and the importance of prevention and early help has been increased, with training available to professionals and staff working across South Tees. The Tees Safeguarding Procedures website is recognised by the inspectorate as a reliable and useful source of information and is well accessed by a diverse variety of people. The Tees Procedures group has reviewed and updated the Neglect section on the website as a result of the recent work undertaken.

Recently published serious case reviews have identified that "the risk of drug using parents actively giving drugs to their children" should be covered in all relevant multi-agency training. Public Health have co-ordinated and delivered multi-agency training which includes the signs and symptoms in children of drug ingestion, and clarity about what professionals should do if they suspect this is happening.

As a result of the multi-agency VEMT audit, the voice of the child/young person is collected via the VEMT Practitioner Group referral process. The Voice of the child is now part of all STSCP multi-agency audits and is reported directly back to partner agencies. Services are actively collecting the Voice of the Child.

The STSCP training programme reflects the safeguarding priorities. This includes training around child sexual abuse, domestic abuse, neglect including adolescent neglect. ELearning is now accessible to professionals working in both adults and children's services as well as the voluntary and community sector. Learning from audits and reviews is impacting on planning and service delivery by changing procedure and practice.

3. STSCP - Scrutineer view of Last Year

Summary of 2021-2022

South Tees Safeguarding Children Partnership (STSCP) appointed an Independent Chair on a temporary basis in March 2021 to assist with the process of transition from the LSCB to the new arrangements. This was a more challenging task than in most partnerships because STSCP covers the two geographical areas of Middlesbrough and Redcar/ Cleveland. Of the 137 Local Safeguarding Children arrangements nationally the overwhelming majority continue to refer to only one area.

It is a measure of the increasing confidence of the Executive that since March 2022 the role of Chair has now been assumed by the Corporate Director of Children and Families, Redcar and Cleveland. This creates the opportunity for the appointment of Independent Scrutineer/s who will be able to undertake focussed work as identified by the Executive.

South Tees is an area which presents many complex challenges in keeping children safe. Throughout my year in post as Independent Chair I have encountered nothing but a positive attitude to that task and an honest determination to make the changes which are needed.

Statutory Partners-strategic level arrangements

Working Together 2018 (ref) outlines the importance of the oversight of the most senior representatives of the three statutory safeguarding partners on the local arrangements.

During the past year two meetings have been held which were chaired by the Chief Executives of the two Local Authorities and attended by the Chief Operating Officer of the CCG, Senior representatives of Cleveland Police and the two Directors of Children Services. The meetings have considered the reports which I have provided and received updates from the Exec members on relevant matters. These reports have outlined both the progress made and the challenges of the new arrangements. The meetings have also updated and reaffirmed the written commitment to the partnership across the two geographical areas, including the financial arrangements which underpin the work.

They have also discussed the implications of the introduction of the transition of the CCG to the Integrated Care System (ICS) These meetings contribute to ensuring that that the arrangements are compliant with legislation and guidance. Also, that safeguarding issues are heard at the highest level. One comment in the meeting which I noted was “I have had several meetings at which that issue was discussed but I have looked at it quite differently through the lens of safeguarding in this meeting”

3. STSCP - Scrutineer view of Last Year

The contribution of schools

In March 2021 the membership of the STSCP Executive was extended to include the two Directors of Education. The impact of this change has been that the significant role of schools in safeguarding children is recognised in the arrangements. It was timely that this change took place just prior to the DfE Review of sexual abuse in schools and colleges. Each LSCP subsequently received a Tri ministerial letter (29.07.2021) which said that multi-agency partners should:

- work to improve engagement with schools of all types in their local area, tailoring their approach to what their analysis (produced in partnership with schools/colleges and wider safeguarding partners) indicates are the risks to children and young people in their local area

In response to this recommendation the Section 175 (Safeguarding in Schools survey) was amended to include a question on peer on peer abuse. The result of the survey (which had a 100% response) was reported to the Executive and it was agreed that there would be a termly report to the meeting on current safeguarding issues in schools. An event with schools which will address a range of issues is being held in July 2022. It is intended that the Section 175 will be repeated annually.

Section 11

Section 11 of the Children Act 2004 established the statutory duty of partners to safeguard children. A comprehensive self-assessment framework has been established within South Tees which has previously been a paper based exercise. In 2021 the representatives of the three statutory partners on the STSCP executive agreed that they would be challenged in person to provide evidence of the compliance of their agency with the requirements of Section 11.

This provided an important opportunity for the Exec members, along with their senior teams, to present their evidence to colleagues, the Lead Members for Children and to me. The sessions were very successful in obtaining confirmation of the level of awareness from the leadership to the front line practitioners. The process will be repeated in autumn 2022 and in the meantime it is expected that any gaps which were identified will be addressed.

Learning from serious cases

One of the most challenging aspects of the work of any safeguarding partnership is the decision making about serious cases. STSCP has a clear process in place which involves the statutory partners and during the year decisions have been made within the required (and challenging) timescales. The constructive relationship with the national Child Safeguarding Practice Review Panel which had been established previously has continued with regular dialogue throughout the year.

At the start of 2021 there were a number of ongoing serious cases (Historic Serious Case Reviews and (Child Safeguarding Practice Reviews/CSPRs) which involved complex and sensitive work. This included working alongside families and the Coroner as well as other key agencies to reach a conclusion and, where possible to publish the reports. These cases have all now concluded and during the year under review there have not been any new CSPRs.

3. STSCP - Scrutineer view of Last Year

The CSPR process is intended to capture learning which could help to prevent a reoccurrence in future. This learning is encapsulated in a series of recommendations and an action plan at the completion of every report. Recognising the importance of implementing the recommendations, a new process has been established which is intended to make sure that the learning is embedded in practice. The process involves all the agencies who were involved in the case presenting the changes which have been made since the report, explaining what impact this has had on children and families and any learning which can be shared.

The model has been tested twice and will be used in future at the conclusion of an action plan. The positive response from the agencies and the quality of the information which they provided was impressive. The sessions were chaired by the chair of the L&D sub group, and observed by me, and we agreed that the sessions had been robust and had provided the required assurance.

Effective infrastructure

Multi-agency safeguarding partnerships require effective infrastructure in order to undertake the work which is required. In STSCP this has been an area which has taken some time to resolve but I am pleased to report that progress has been made in the past few months with new appointments in place or underway.

The north of the Tees (Hartlepool and Stockton), like the south of the area has a joint safeguarding partnership. Discussions are underway about aligning some aspects of the work, specifically around performance and learning/ development. The discussions have proceeded at pace to date and if the proposals are successful they will enable the two partnerships areas to create a synergy between them whilst maintaining the local focus.

Learning and development

In this report you will read about the partnership events which have taken place as part of the STSCP commitment to Learning and Development. The themes of these events reflect the priorities of STSCP as well as local and national reports, including the impact of neglect

Priorities for 2022-2023

The Executive recognises that although there is evidence of agencies involving children the voice of children is not yet making an impact on the priorities of the partnership.

It is also recognised that the performance framework requires review to reflect the changing nature of vulnerability and risk. This is one of the drivers for the discussions with HSSCP and should be resolved if the proposed arrangements go ahead. In the event that these discussions are not successful it will remain a priority to be resolved.

Assurance statement

I have read the contents of this report and can provide assurance that it accurately reflects the work of the South Tees Safeguarding Children Partnership during the period under review.

Edwina Harrison

INDEPENDENT CHAIR/SCRUTINEER - MARCH 2021 - MARCH 2022

4. IMPACT ON STRATEGIC PRIORITIES

PRIORITY 1: Vulnerable, Exploited, Missing, Trafficked (VEMT)

The aim is for children/young people to be free from the risk and harm of exploitation, from going missing and/or being trafficked

The STSCP will promote the safety and wellbeing of children and young people with a particular focus on those suspected of being at risk.

What has been done?

- The Tees VEMT Annual Report was presented to the STSCP in January 2022 highlighting the progress with the multi-agency action plan and redeveloping VEMT processes
- The STSCP is effectively represented on key partnerships, including the South Tees Health & Well Being Board, the Middlesbrough Children's Trust and the Redcar & Cleveland Children Partnership
- The STSCP continues to improve communication with the general public regarding key aspects of the work of the partnership through the stand-alone STSCP website: https://stscp.co.uk which is monitored by the STSCP business unit, the Tees VEMT Communications task and finish group are overseeing this
- There is increased intelligence around Missing From Education/ Permanent Exclusions / Elective Home Educated
- Tees-wide Child Exploitation toolkit has been developed and can be downloaded from Tees Child Protection Procedures - http://www.teescpp.org.uk/
- The Tees Missing Protocol has been reviewed and updated and can be found on the Tees Child Protection Procedures - http://www.teescpp.org.uk/
- There has been campaigns around National Child Sexual Exploitation Awareness Day
- Awareness sessions have continued on County Lines; exploitation involved sex working; and how CSE affects boys and men
- Philomena Protocol has been launched. Its aim is to protect children who go missing from care homes
- Tees VEMT Transitions task and finish group have developed a proposed pathway for transition to adult services
- Tees VEMT Training task and finish group have completed a training analysis and developed a VEMT training framework
- Tees VEMT Contextual Safeguarding task and finish group have completed a survey around the knowledge of Contextual Safeguarding and the report presented to the Tees VEMT
- Barnardo's Tees Valley video about how they will support children and young people who have been subject to exploitation continues to be supported. A copy of the video can be seen at https://vimeo.com/user140651615

Impact

This year has seen a refocus on Criminal Exploitation, including a number of multi-agency development sessions supported by the Office of the Police & Crime Commissioner. The Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) Strategic Group sponsored a workshop to review processes and understanding of VEMT issues across the Tees region. This has led to a review of the Tees VEMT Strategy and action plan. Refer to recent event and multiagency engagement.

Next Steps

- Embed and strengthen the understanding and impact of VEMT across Tees;
- Continue to promote the Tees VEMT Strategy;
- Continue to raise the profile of and promote the understanding of child exploitation.

PRIORITY 2: Neglect

The aim is to reduce neglect, reduce the impact of neglect and ensure help and support is provided at the earliest opportunity.

The STSCP will work with partner agencies to promote early help and recognise and respond to the neglect of children and young people.

What has been done?

- The Tees Neglect Framework has been developed and there are plans to launch and be rolled out across the Tees footprint in summer of 2022
- Multi-agency task and finish groups are making progress around child exploitation and Adolescent Neglect, for example a transitions to adult services model has been developed and an Adolescent Neglect Framework has been produced
- Multi-agency Neglect Audit completed across both Middlesbrough and Redcar & Cleveland, using JTAI (Joint Thematic Area Inspection) format in audit forms
- The STSCP have helped to embed and strengthen the understanding of Neglect including Adolescent Neglect by launching the Adolescent Neglect Framework in June 2021
- Fully support the review of how key partners are dealing with Neglect
- Reviewed the existing Neglect Strategies for Middlesbrough and Redcar & Cleveland and developed a Tees Strategy approach with Stockton and Hartlepool

In **Redcar**:

- We have supported the workforce to use skills and tools to develop relationships with families
- All front line practitioners in Redcar & Cleveland have access to Community Care inform
- All Practitioners have access to the Signs of Safety knowledge bank
- Signs of Safety continues to be our model of practice and training is delivered throughout the year- this is now in its 4th year
- In Summer of 2022 Trauma Informed training is being rolled out to the workforce on a 2 year programme
- Strengthening Family Relationships is a programme of training this year- additionally to the 2 previous years
- A programme of training on Strengthening Family Relationships is being delivered this year

In **Middlesbrough**:

- We have a dedicated practice champion for Neglect, who has produced a Neglect Toolkit, this has been promoted and is available on both the Council intranet and the Tees Procedures;
- We have a Graded Care Profile train the trainer model and have over 100 staff trained;
- The Audit to Excellence based in Middlesbrough's Centre for Practice Excellence are auditing the impact of Graded Care Profile training to ensure it is used effectively in practice to strengthen practice around neglect;
- Our Practice Model is Children & Relationships First, we have a Core Offer of training which has been designed to support relational and strengths based practice, supported the practice standards;
- Strengthening Practice projects have delivered 3 workshops over the past 18 months focusing on quality of Assessments, Plans and Parenting. There is a suite of tools available for staff in Early Help and Social Workers when working with neglect;
- All staff in Children's Services have access to Community Care Inform;
- We have refreshed our Threshold Document, which is available on the STSCP website.

Impact

The understanding of neglect and the importance of prevention and early help has been increased, with training available to professionals and staff working in Middlesbrough and Redcar & Cleveland. The Tees Safeguarding Procedures website is recognised by the inspectorate as a reliable and useful source of information and is well accessed by a diverse variety of people. The Tees Procedures group has reviewed and updated the Neglect section on the website as a result of the recent work undertaken.

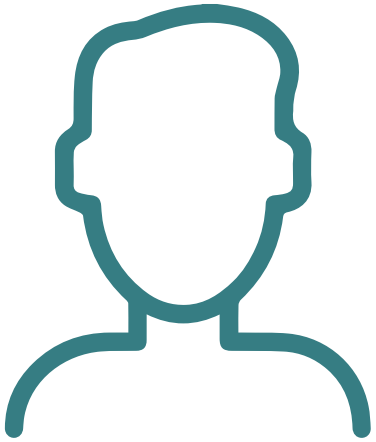
Recently published serious case reviews have identified that "the risk of drug using parents actively giving drugs to their children" should be covered in all relevant multi-agency training. Public Health have co-ordinated and delivered multi-agency training which includes the signs and symptoms in children of drug ingestion, and clarity about what professionals should do if they suspect this is happening.

Next Steps

- Continue to Embed and strengthen the understanding of Neglect including Adolescent Neglect by promoting the Adolescent Neglect Framework which was launched in June 2021;
- Fully support the development of how key partners are dealing with Neglect;
- Launch the Tees Neglect Framework in the autumn of 2022.

The thematic review identified the following regarding Neglect:

- Professionals need to use specific neglect tools and ensure that they understand the root causes of neglect and the impact on a child over time
- The use of a specialist neglect assessment, like the Graded Care Profile, should be undertaken after neglect concerns emerge, and certainly after a child is made the subject of a child protection plan in this category
- There were missed opportunities in identifying indicators of neglect, dealing with incidents in isolation and not recognising the cumulative picture or contextual risk factors
- In neglect cases, professionals may become reactive to incidents rather than considering the child's lived experience over time. Neglect is damaging to children as its impact is cumulative. This should also be clearly explained to parents;
- Children's voices must be clearly sought and stated. Professionals both individually and in multiagency meetings should consider and analyse the child's lived experience
- Emotional abuse and neglect of adolescents tends to be less readily recognised by practitioners than for younger children
- There is a need for professionals to robustly challenge themselves, each other and parents/carers when it comes to managing cases of neglect
- Good quality plans and reflective supervision is key to effectively recognising and challenging neglect



PRIORITY 3: The Voice of the Child/Young Person

The aim is to create a clear focus on the needs and experience of young people.

The STSCP will develop and implement effective communication strategies with a focus on the participation of children and young people.

What has been done?

- Return home interviews collect and collate the views of the child/young person which is fed back via the quarterly reports to managers and professionals
- The recently updated Tees VEMT referral forms now collect the views of the child/young person
- A Voice of the Child section is now included in all multi-agency audits and findings fed back to the STSCP and partner agencies
- Operation Encompass – relaunched internally and renamed Cherish
- Philomena Protocol has been implemented, which includes collecting the views of young people in care.

Early indications from the young peoples' survey shows:

- 100% are accessing the internet
- 93% access 1 or more social media account as their main activity
- 60% of the young people surveyed are going online for more than 8 hours per week
- 87% are using their smartphone as the main device to access the internet, but choosing their own data plans over the residential home internet connection, this is because they have unlimited access data plans (this potentially poses a risk if there are no filters or controls enabled)
- 60% of young people surveyed reported that they had seen the sale of drugs on their social media
- 33% had requests to send youth produced sexual imagery (Indecent images)
- 73% had seen fake news reports

Impact

As a result of the multi-agency VEMT audit, the voice of the child/young person is collected via the VEMT Practitioner Group referral process. The Voice of the Child is now part of all STSCP multi-agency audits and is reported directly back to partner agencies. Services are actively collecting the Voice of the Child.

Next Steps

- Embed and strengthen the collection of children and young people views to inform planning and practice
- Fully use the views already collected by agencies to fully inform the partnership about what it is like to be a child growing up in South Tees
- The STSCP will increase engagement with children and young people via events both virtual and in person

PRIORITY 4: Working Together

The aim is to achieve excellent partnership working across all areas.

The STSCP will work with partner agencies to improve the link with other services in particular those services working with domestic abuse, parental mental health and substance misuse.

What has been done?

- The Tees Thresholds Document was reviewed in late 2019 to reflect the new Partnership arrangements for both South Tees Safeguarding Partnership and the Hartlepool, Stockton-on-Tees Safeguarding Partnership. The Thresholds document was reviewed in 2021 and due to the findings in the Middlesbrough inspection in 2020 and the improvement journey Middlesbrough agreed an addendum document
- The eLearning training programme has seen a substantial uptake from professionals working within children's and adult safeguarding
- The STSCP has overseen the development of the Multi-agency Children's Hub (MACH) arrangements for both the Middlesbrough MACH and the Redcar & Cleveland MACH
- The domestic abuse project SafeLives supports the development of the response to domestic abuse across Tees
- Philomena Protocol has been implemented with all residential homes
- The review of CDOP arrangements has been completed
- A number of multi-agency audits have been completed and learning shared with the partnership
- A number of rapid reviews and CSPR have been completed, confirming the growing strength in partnership working across the South Tees

Impact

The STSCP training programme reflects the safeguarding priorities. This includes training around child sexual abuse, domestic abuse, neglect including adolescent neglect. ELearning is now accessible to professionals working in both adults and children's services as well as the voluntary and community sector. Learning from audits and reviews is impacting on planning and service delivery by changing procedure and practice (see Section 7 below).

It should be noted that, since the COVID restrictions from March 2020, the range of courses offered has reduced and face to face training has been replaced with remote learning.

Next Steps

Embed and strengthen the application of the revised thresholds across the partnership, to provide assurance that children receiving support as a child in need, receive focused intervention in a time appropriate to the child.

Further improve Information Sharing, understanding the barriers to local information sharing and mitigating issues.

5. LOCAL CONTEXT

MIDDLESBROUGH

- **Total Population of the town is 141,285 – Mid Year Population Estimates 2020**
- **Number of Households is 40,300 – Annual Population Survey**
- **Size of the town in square miles is 21 Square miles**
- **The Number of Children under 18 – 33,129 – Mid Year population estimates 2020**
- **39.4% of children are living in poverty 2019/20 (End Child Poverty Coalition)**
- **78% of schools were judged to be good – (in addition 7% were judged as outstanding)**

Contextual characteristics of Middlesbrough:

There are **57** schools in Middlesbrough, **8** secondary schools, **44** primary schools, **1** AP academy and **4** special schools. With **78%** of Middlesbrough schools judged to be good and an additional **7%** outstanding by Ofsted, the potential for children achieving positive outcomes is high. The number of children who are home educated is **116** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people.

Based on the 2021 January School census **17.5%** of the school population were SEND (Special Educational Needs and Disabilities), this includes both EHCP & SEN Support. The number of children with Education, Health and Care (EHC) Plans or Statements of SEN in Middlesbrough is **926** (**460** primary age children, **400** secondary, **66** post-16. The figure that had an Education Health Care Plan (EHCP) was **3.7%** and **13.8%** have SEN support.

In 2021, the End Child Poverty data classified Middlesbrough as being **within the top 5% of the most deprived areas in the country**. The proportion of **children living in poverty being 38%** (2020) compared to **37%** across Teesside and **31%** nationally. Living in an area of high deprivation, the children and young people of Middlesbrough, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. The University College London (UCL, July 2020) found that poverty was strongly associated with an increased odds of a child reporting ACEs (Adverse Childhood Experiences) such as being sexually abused, coping with parental separation, or their parents experiencing issues with mental health, drug or alcohol abuse. With Middlesbrough's deprivation being higher than the national average for children already living in poverty and many families experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families.

It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.

5.1 If Middlesbrough were a village of 100 children

REDCAR & CLEVELAND

- **The total Population of the town is 137,228**
- **The number of Households is 63,000**
- **The size of the town in square miles – 94.5 square miles**
- **The number of Children under 18 is 27,607**
- **26.2% of children are living in poverty 2019/20**
- **79% of schools were judged to be good or better**

Contextual characteristics of Redcar & Cleveland:

There are **58** schools in Redcar & Cleveland, **10** secondary schools, **44** primary schools, **1** AP academy and **3** special schools. With **65%** of Redcar & Cleveland schools judged to be good and an additional **17%** outstanding by Ofsted, the potential for children achieving positive outcomes is high. The number of children who are home educated is **221** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people.

Based on the 2022 January School census **17%** of the school population were SEND (Special Educational Needs and Disabilities). The number of children with Education, Health and Care (EHC) Plans or Statements of SEN in Redcar & Cleveland is **1,340** (**429** primary age children, **549** secondary, **362** post-16. The figure that had an Education Health Care Plan (EHCP) was **4%** and **13%** have SEN support.

In 2021, the End Child Poverty data classified Redcar & Cleveland as being **within the top 5% of the most deprived areas in the country**. The proportion of **children living in poverty being 26.2%** (2020) com-pared to 37% across Teesside and 31% nationally. Living in an area of high deprivation, the children and young people of Redcar & Cleveland, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. The University College London (UCL, July 2020) found that poverty was strongly associated with an increased odds of a child reporting ACEs (Adverse Childhood Experiences) such as being sexually abused, coping with parental separation, or their parents experiencing issues with mental health, drug or alcohol abuse. With Redcar & Cleveland's deprivation being higher than the national average for children already living in poverty and many families experiencing uncertain employment prospects as a result of COVID-19, the research suggests that the impact is only likely to increase; putting further pressure on families.

It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.

5.2 If Redcar & Cleveland were a village of 100 children

6. LOCAL SAFEGUARDING CONTEXT ACROSS SOUTH TEES

Although Middlesbrough Local Authority and Cleveland Police have had challenging outcomes from inspections, there is a strong commitment to improve and make progress. Both Middlesbrough and Redcar & Cleveland local authorities have high aspirations for their children and young people. Equally, both areas have significant challenges to address, as can be seen from the following information.

The Income Deprivation Affecting Children Index (IDACI)

The Middlesbrough IDACI score for 2019 was 32.7% of children living in income deprived households, **highest in England**

The Redcar & Cleveland IDACI score for 2019 was 29% of children living in income deprived households, **13th (highest) in England**

Demand on Social Care

Demand for Children's Social Care is closely associated with key drivers which include deprivation, poor housing, high levels of unemployment, which are prevalent in the North East, and particularly Teesside.

- The North East has the highest rate of social care demand in the country, for instance the Child Protection rate for the North East is 67.20 per 10,000 compared to an England rate of 41.40 per 10,000
- Within the North East, Teesside has the highest rate of demand, and within Teesside, Both Middlesbrough and Redcar & Cleveland have a high rate of demand for social care. For instance, taking the example of child protection, Middlesbrough has the highest rate per 10,000 in the country at **171.10**, with Redcar & Cleveland at **92.4**
- **The DfE Children In Need census shows Middlesbrough has the highest level of need for social care in the country and Redcar & Cleveland are ranked 5th**
- Within the most deprived parts of South Tees, for instance North Ormesby, 1 in every 18 children living in that ward are brought into care. Locality working teams are in place however significant work is required to target support to this area
- Incidents of children being taken into care in the North East have doubled over the past 8 years according to the Nuffield Family Justice Study, Born into Care (2021). The rates are higher in Teesside and particularly South Tees

Poor practice and a challenging partnership environment also results in increased levels of demand for social care, as Middlesbrough's Children's Service was judged as Inadequate December 2019 and Cleveland Police were judged Inadequate in September 2019. However both have embarked on strong improvement journeys as evidenced by HMI inspection reports and Children's Services demand is being driven down by effective management of through-put (ensuring interventions do not drift and work is purposeful) and the continued development and investment of the Early Help offer which is support more families receiving interventions instead of escalating to social care. However demand remains disproportionately high.

The Safeguarding Partnerships across Teesside are required to understand better the 'steady state' in Middlesbrough and in Redcar & Cleveland, i.e. what should demand be given the Town's and Regions demography and forecasted population trends. This will support a better narrative to understand demand and provide an additional sophisticated layer to forecasting demand, strategy development and financial management.

Local Safeguarding Data April 2021 – March 2022

MIDDLESBROUGH	2021	2022	% CHANGE
Referral's for the year	4,436	4,612	Up 3.9%
Re-referrals within the previous 12 months	32.4%	37.9%	Up by 5.5%
Children in Need in Middlesbrough	1,700	1,369	Down 19.5%
Children subject to a Child Protection Plan	570	416	Down 27%
% subject of a Child Protection Plan due to neglect	46%	50%	Up by 4%
Children in the care of the Local Authority	571	507	Down 11.2%
Children in Private Fostering arrangements	6	8	Up 33.3%
Reported missing from home more than once	65	74	Up 13.8%
Young people discussed at Vulnerable, Exploited, Missing, Trafficked practitioner group	106	159	Up 50%
Rapid Reviews were completed in this period	4	1	Down 75%
Referrals to the Local Authority Designated Officer	128	141	Up 10.2%

REDCAR & CLEVELAND	2021	2022	% CHANGE
Referral's for the year	1878	1802	Down 4%
% were re-referrals within the previous 12 months	20.1%	18.5%	Down by 1.6%
Children in Need in Redcar & Cleveland.	1,691	1,694	Up 0.17%
Children subject to a Child Protection Plan	261	252	Down 3.4%
% subject of a Child Protection Plan due to neglect	86%	69%	Down by 17%
Children in the care of the Local Authority	316	337	Up 6.7%
children in Private Fostering arrangements	9	12	Up 33.3%
Reported missing from home more than once.	68	103	Up 52%
Young people discussed at Vulnerable, Exploited, Missing, Trafficked practitioner group	159	243	Up 53%
Rapid Reviews were completed in this period	2	3	Up 50%
Referrals to the Local Authority Designated Officer	88	58	Down 34%

South Tees Key Health/Police facts – as at 2021-2022

MIDDLESBROUGH	Last Year's Figures		This Year's Figures		
Indicator	**Rate**	**Rank**	**Rate**	**Rank**	
Teenage conception rate	39.4/ 100,000.	152/152	37.1/ 100,000	152/152	Highest but Rate down
Children deemed not to be school ready	63.1%	152/152	63.1%	152/152	Remains Highest
Children living in low income families	30%	148/152	33.4%	152/152	Increased
Breastfeeding 6-8 weeks	32.6%	142/152	34.4%	139/152	Improving
Childhood obesity year 6	25.2%	123/125	25.2%	122/152	Remains on par
Rate of children in care	189/10,000	150/152	172/10,000	148/152	Reducing
MMR vaccination coverage for two doses 5 years old	86.7%	97/152	84.7%	107/152	Worsen

REDCAR & CLEVELAND	Last Year's Figures		This Year's Figures		
Indicator	**Rate**	**Rank**	**Rate**	**Rank**	
Teenage conception rate	34.6/100,000.	146/152	37.1/100,000	148/152	Rate worsening
Children deemed not to be school ready	71.1%	61/152	71.1%	91/152	Rate remains the same
Children living in low income families	18.1%	110/152	22.2%	125/152	Rate worsening
Breastfeeding 6-8 weeks	27.6%	148/152	31%	145/152	Rate Improving
Childhood obesity year 6	24%	111/125	24%	110/152	Rate remains the same
Rate of children in care	126/10,000	130/152	115/10,000	138/152	Reducing
MMR vaccination coverage for two doses 5 years old	91.8%	113/152	92.2%	31/152	Rate Improving

CLEVELAND POLICE DATA	Last Year's Figures	This Year's Figures	
	Rate	**Rate**	
Child Sexual Abuse offences recorded	N/K*	2,002	N/K
% child sexual exploitation crimes that had a cyber-element	59%	56%	Reducing rate, Improving
The number of children who have been present during a Domestic Abuse incident	5,534	5,534	Remains static
incidents recorded as alcohol related	9,562	12,978	Increasing
The National homicide rate (12 months ending January 2022)	9th	4th	Increasing
knife crime rate in the country (12 months ending September 2021)	4th	2nd	Increasing

NB: * donates figures not known as data is collected differently now

7. WORK OF THE STSCP SUB GROUPS

The work of the STSCP is supported by a number of sub groups.

Learning & Development Group (L&D)

The L&D group oversees the quality assurance of all Serious Case Reviews/Child Safeguarding Practice Reviews and other Learning Reviews to monitor and evaluate SCR/CSPR/Learning Review action plans and to advise the STSCP Key Partners if the criteria for commissioning a CSPR, as outlined in Working Together to Safeguard Children, may have been met.

WORK TO DATE:

- The STSCP has not commissioned any reviews over this reporting period, but has finalised and published four CSPR and one historic Serious Case Review and the L&D group has had an overview of the process from initial decision making to implementation of the media/communication plans
- L&D group is monitoring the multi-agency action plans pursuant to the reviews and reviewing single agency action plans progress
- The L&D group have carried out 4 Rapid reviews over the period three for Redcar & Cleveland and one for Middlesbrough
- Monitored the outcomes of national reviews of relevance to Middlesbrough and Redcar & Cleveland
- Challenge events relating to two historic serious case reviews were carried out with resulting report presented to the STSCP

Quality & Performance Group (Q&P)

The group monitors child protection and safeguarding activity on an inter-agency basis on behalf of the STSCP in order to identify areas of concern to the Board and promote continuous improvement.

WORK TO DATE:

The group has reviewed and responded to the Tees Performance Framework and reported to the STSCP.

- Q1, Q2, Q3 and Q4 data reviewed
- Q1, Q2, Q3 and Q4 summary reports reported to the board

The Q&P group has coordinated the list of audits below and has provided oversight of the associated action plans developed in response to the audit findings:

- JTAI Themed Neglect Audit Oct 2021
- Section 11 audit moderation process completed in Sept 2021
- JTAI themed Domestic Abuse in Child Protection cases Jan/Feb 2022

The STSCP have completed three on line surveys:

- Safeguarding the Unborn Baby Survey
- The Hidden Male/Fathers Survey
- The Contextual Safeguarding Survey

Tees-wide Groups

TEES-WIDE POLICY & PROCEDURES GROUP

This group is responsible for reviewing and amending existing policies and procedures and for developing new ones based on experience, research findings, government and professional guidance and the recommendations of case reviews. There is a clear and effective structure and process in place which has resulted in a productive year.

Procedures agreed or reviewed/updated/added during 2021/22 were as follows:

• Child Sexual Exploitation	Jun-21
• Safer Referral Form (familiar harm section added)	Jul-21
• VEMT - Tees-wide Child Exploitation Screening Tool	Jun-21
• Threshold Document: Framework for Assessment	Sep-21
• Online Abuse	Sep-21
• Underage Sexual Activity	Mar-22
• Transfer In / Out ICPC	Mar-22
• Young Carers	Mar-22
• Tees Protocol for Running Missing from Home and Care	Mar-22

The following safeguarding children procedures have recently been added or reviewed/updated on the Tees Safeguarding Children Procedures website.

- **Tees Protocol for Running Missing from Home / Care:** https://www.teescpp.org.uk/media/1364/tees-protocol-for-children-missing-from-home-and-care-v2.pdf
- **Transfer In / Out (Child Protection):** https://www.teescpp.org.uk/procedures-for-the-safeguarding-process/13-transfer-in-out-child-protection/
- **Underage Sexual Activity:** https://www.teescpp.org.uk/procedures-and-guidance-on-specific-issues-that-affect-children/underage-sexual-activity/
- **Young Carers:** https://www.teescpp.org.uk/procedures-and-guidance-on-specific-issues-that-affect-children/young-carers/

The Tees Safeguarding Procedures website continues to be monitored and updated as appropriate.

Tees Vulnerable, Exploited, Missing and Trafficked (VEMT) Group

This is a STSCP priority area and takes a strategic overview of this key area of work and directs the implementation of complementary strategies across the local operational groups.

WORK THIS YEAR:

- Membership and terms of reference reviewed and refreshed
- Four task and finish groups have been set up in line with the four key areas in the strategy these are:
  - Contextual Safeguarding
  - Communication Group
  - Training Group
  - Transitions Group
- The VEMT Strategy and Action Plan has been reviewed and updated
- The VPG Screening Tool has been updated
- The Tees Missing from Home and Care Protocol has been refreshed
- Tees Performance Management Framework data in relation to VEMT has been reviewed to ensure consistency across Tees and enable improved analysis
- Voice of the Child increased focus with Barnardo's "Tees Youth Take action project" and the Blossom Project questionnaires, changes to the audit tool to include voice of the child, obtaining the views of those exiting the VEMT process
- An audit regime of VEMT cases in place to inform best practice and learning
- CSE virtual training were held with attendance of 62 people from a wide range of agencies, whilst 504 professionals completed e-learning courses across the Tees

Tees Performance Management Framework

In 2016 the Tees Performance Management Framework (Tees PMF) was introduced across the Tees to enable the review a much broader range of data on a quarterly basis.

The Tees PMF dataset contains a number of key indicators covering a wide range of subjects including:

- Child Protection Activity
- Children In Care
- VEMT (Vulnerable, Exploited, Missing, Trafficked)
- CAMHS (Children and Adolescent Mental Health)
- Accident and Emergency
- Domestic Violence

The data is divided into the following sub sections:

- Enable children/young people to live healthy lives
- Providing the right support for children/young people
- Ensuring children/young people are safe

The dataset and summaries are shared with STSCP via updates at the partnership via the Quality & Performance report and updates by the TPMF team to the Quality & Performance group meetings and is used to:

- Identify any changes, patterns or trends that require either a single or multi-agency response
- Identify what actions agencies may need to take in relation to changes in data
- Identifying priorities for the STSCP multi-agency audit schedule

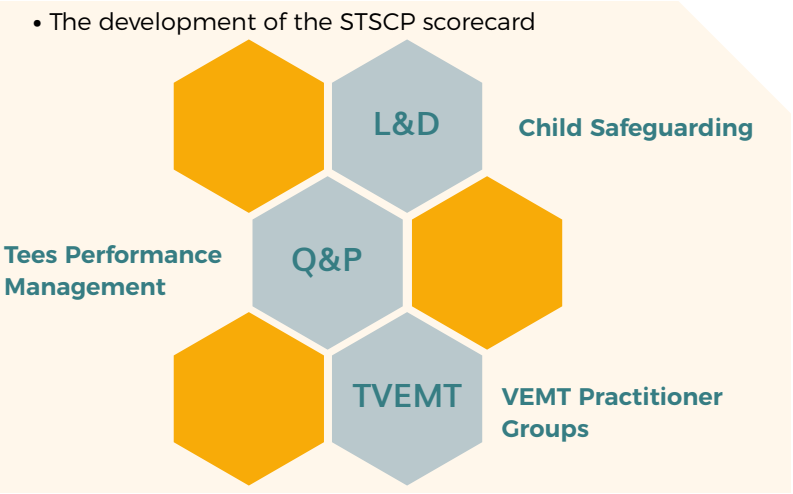
Tees Child Death Overview Panel

The purpose of the Child Death Overview Panel (CDOP) is to review and/or analyse in order to identify any matters relating to the death, or deaths, that are relevant to the welfare of children/ young people in Tees Valley or to public health and safety, and to consider whether action should be taken in relation to any matters identified. The CDOP Annual Report is available on the STSCP website and add the link STSCP website: https://stscp.co.uk.

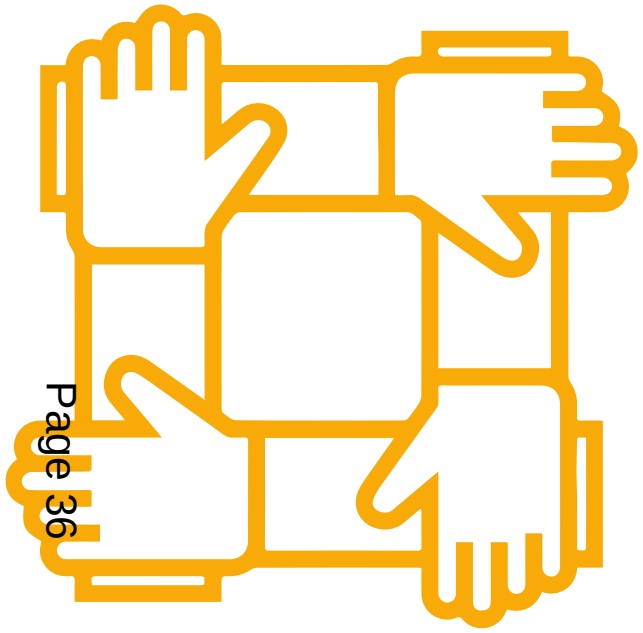
Other Task-Limited Working Groups

The STSCP appointed task and finish groups in this period for specific tasks such as:

- Review of the Tees Threshold Document in line with the Middlesbrough threshold addendum
- Review the Governance and membership of the STSCP
- The development of the STSCP scorecard



8. WORKING WITH OTHER PARTNERSHIPS - Impact of leaders



The South Tees Partnerships

The Partnership links strongly with other key bodies and the Relevant Agencies are listed in the new arrangements to be found at https://stscp.co.uk.

The arrangements include connections with the following:

- The Tees Adult Safeguarding Board, with active discussion of inter-generational themes
- Decision-making bodies and governance mechanisms working in both commissioning and provider organisations across
- Education across all ages and in all settings, whether publicly funded or not, and including Further Education provision
- Youth organisations in the public, private or voluntary sectors, including sporting and other citizenship organisations
- Both commissioner and provider bodies in health, in both physical and mental health settings. (The Clinical Commissioning Group are a Statutory Partner, providers being Relevant Agencies)
- All levels of social care provision, including early help and multi-agency safeguarding teams, those working with children in need, on child protection plans, involved in care proceedings or already in care, care experienced and care leaving
- Faith and other community bodies

The Governance framework captures the business of the new partnership, how audit and data analysis captures progress and areas for development or renewed focus, and how the partnership relates to Middlesbrough and Redcar & Cleveland's other governance structures. This means that the partnership is clear about how and with whom it communicates agendas, decisions, priorities, successes, warning signs and lessons to be learned. Its reach covers a wide landscape across South Tees, the wider North East region, and then to national bodies.

The STSCP arrangements include the Elected Members for Children's Services and Education for both Middlesbrough Council and Redcar & Cleveland Council. Partners are called on to assist the STSCP in ensuring the voice of the community is heard in the partnership.

The importance of relating to children and young people and their representative and advocacy bodies is also considered in the way the partnership operates. Children and Young People are considered integral to the work of the STSCP and as such they will feature in the STSCP business plans and annual reports. The STSCP aims to actively engage and involve children and young people in all aspects of the partnership.

The STSCP aims to engage with peer review processes to enhance practice and procedures. The STSCP will continue to undertake routine multi-agency audits, reviewed by the partnership.

8. WORKING WITH OTHER PARTNERSHIPS - Impact of leaders CONTINUED

The following partnerships have a specific focus:

The Children and Young Peoples Partnership for Redcar & Cleveland and the Children's Trust for Middlesbrough - Both work to ensure effective services are delivered in the most efficient way to improve the lives of children, young people and families.

The Health and Wellbeing Board – Promotes integrated working between commissioners of health services, public health and social care services, to improve health and wellbeing.

The Community Safety Partnerships for both Middlesbrough and the Redcar & Cleveland - Tackles crime, disorder, substance misuse, anti-social behaviour and to reduce re-offending.

We have strengthened our joint working with a range of partnerships on shared or similar priorities. Examples include:

- Greater integration of the mental health and wellbeing agenda with the Health and Wellbeing Board and the development of a range of support aimed to reduce self-harm and suicide and to recognise the signs of adolescent neglect
- Joint working with the Children and Young Peoples Partnership/Children's Trust to increase the voice of the child through work that includes supporting and helping to capture the voice of the child/young person
- Working with the Community Safety Partnerships in respect of domestic abuse, alcohol misuse, substance misuse and counter terrorism (PREVENT duty). Aligning and improving work within sexual violence, sexual exploitation and female genital mutilation

9. LEARNING & DEVELOPMENT

Learning from Reviews

In compiling this report we have used the National Child Safeguarding Practice Review Panel Annual Report 2019 -2020 which says:

"Safeguarding partnerships may wish to examine their use of written agreements and assure themselves that they function in the way in which they are intended. Also, continue to focus on key themes e.g. risk assessment and decision making, information sharing, late or no escalation of concerns, over optimistic thinking, parental mental health or substance misuse."

In this year, STSCP has held four Rapid Reviews, we have not commissioned any CSPR or Learning Reviews (LR).

From the recent completed reviews we have published the following 7 Minute briefings/Learning: (Click on below)

CSPR STORK	7 minute briefing - CSPR - Stork - 2021 (stscp.co.uk)
CSPR DANIEL	7 minute briefing - CSPR - Daniel - 2021 (stscp.co.uk)
CSPR FRED	7 minute briefing - CSPR - Fred - 2021 (stscp.co.uk)
CSPR LIAM	CSPR - Liam - 7 minute briefing (stscp.co.uk)
CSPR KINGFISHER	CSPR - Kingfisher - 7 minute briefing (stscp.co.uk)

Thematic Analysis Of Serious Case Reviews & Child Safeguarding Practice Reviews In South Tees - 2017-2021

This report reviewed the learning from 5 Serious Case Reviews, 4 Child Safeguarding Practice Reviews and 1 Learning Review undertaken between 2017 and 2021. The aim of the report was to identify any cross cutting themes, to maximise learning and measure the impact of any action plans that have been implemented.

- Billy Published 27th August 2018
- Alex Published 31 March 2022
- Daisy Published 1st August 2019
- Pippa Published 13th May 2022
- OT/ET - Learning Review not published
- Stork Published 31st March 2022
- Liam Published 10th September 2021
- Fred Published 4th June 2021
- Daniel Published 28th May 2021
- Kingfisher 10th September 2021

The themes identified were:

1. Understanding the child's world
2. Engaging the whole family
3. Multi-agency working
4. Safeguarding vulnerable babies
5. Substance misuse
6. Neglect
7. Risks outside of the home
8. Domestic Abuse
9. Parental Mental Health

Additional Themes not identified as formal learning points

Recommendations from the Review:

1. The quality of Child Safeguarding Practice Reviews must be consistently good so that it supports learning and developments across the partnership. All identified learning must lead to SMART recommendations so that action plans can be tracked and monitored in terms of impact and the difference they make for children and families in South Tees.

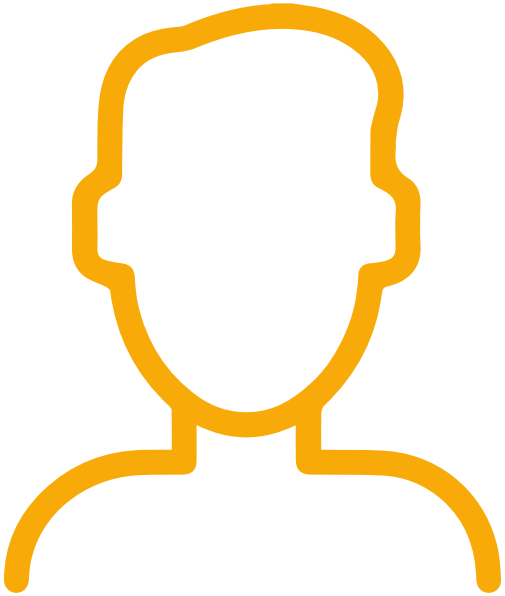
2. Child Safeguarding Practice Reviews should give more consideration to the child's lived experience, their identity, as this is not evident in all reviews.

3. South Tees Safeguarding Partnership Training offer needs to be reviewed to ensure it sufficiently considers learning from all Serious Case Reviews/Child Safeguarding Practice reviews, in particular each of the 9 themes within this report.

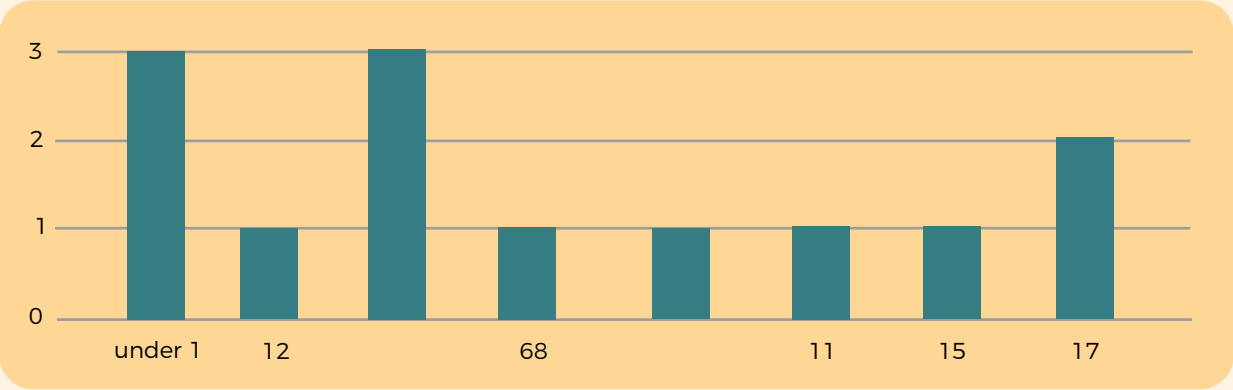
4. Consideration should be given to developing tool kits (supported by training for practitioners) to strengthen evidence based practice in South Tees.

5. Consideration needs to be given to how multi-agency working and information sharing can be strengthened.

The full report can be found on the STSCP website **https://stscp.co.uk**



ABOUT OUR CHILDREN



3 children died

7 suffered significant harm

3 were not recorded

54% male

38% Female

15% not recorded

54% were under 2 years

Ethnicity is not well represented in reviews

54% were living with both parents

23% were living with Mother

15% were living with Mother & Partner

15% were in our care

36% had a CP Plan in place

21% had a CP Plan and Pre- Proceedings

21% were not known to children's social care

14% were in our care

7% were children in Need

TIMELINE OF SIGNIFICANT EVENTS 2017-21

TRAINING & COMMUNICATION

TRAINING

Under the new arrangements, the training function of the partnership is coordinated by the L&D group.

The L&D group must therefore ensure that appropriate high quality multi-agency training is provided for statutory agencies that reflect STSCP policy and procedure, enhances knowledge and skills and promotes joint understanding of child protection work.

In light of the restrictions caused by the COVID19 lockdown, all taught courses were cancelled from March and resumed via a virtual model in October 2020. This is proving successful.

The new eLearning product MeLearning was launched in May 2020 and is also proving popular.

WORK TO DATE:

In total from April 2021 to March 2022, **847** candidates attended virtual training sessions. The new Melearning product has enhanced the online training experience for professionals and to date over **15,000** online courses have been completed.

Child Criminal Exploitation training has been delivered to **44** candidates; Child Sexual Exploitation training was delivered to **11** applicants; and **792** individuals undertook Core 3 training in this period.

The STSCP delivered 10 Core 3 safeguarding courses and 12 Core 3 update courses and 2 CSE courses in 2021/22 as part of the multi-agency training program before COVID19 lockdown. The training courses received very positive feedback, with 93% of attendees marking the training as good or excellent.

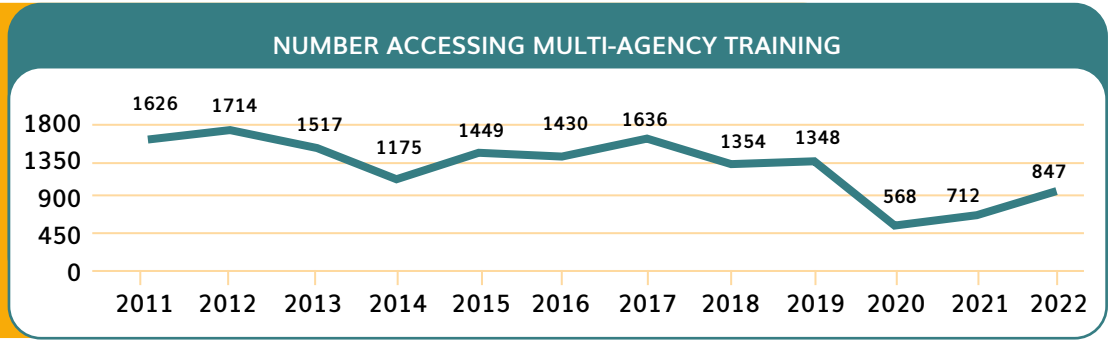
E-LEARNING COURSES

The STSCP provided access to a full range of e-learning courses this allows partners the ability to offer up-to-date safeguarding training to all staff through the unlimited licenses available for each course.

Courses include:

- Safeguarding Children and Young People from Abuse by Sexual Exploitation
- Domestic Abuse
- Awareness of Child Abuse and Neglect
- Collaborative Working: A Whole Family Approach

CHART 1: TRAINING ACCESS 2011-2022



Note: Due to the impact of Covid no face to face training was delivered in this period.

TRAINING IMPACT

Candidates were asked to list three ways that this training will influence your future practice?

Candidate 1

1. I know how to challenge now when I don't agree with something.
2. I know I am able to report a person in trust and where to go to do so.
3. To get the full picture when making referrals and involve as much information as possible not just simple descriptions i.e smelly, dirty include the scent and how the clothes are dirty and how long it has been happening for.

CANDIDATE 2

1. A reminder on the importance/ benefit/ significance of the Tees CP website for referrals and Toolkits.
2. Information around Annie in pharmacy; domestic abuse.
3. A reminder that bruises on a non-mobile baby is a pathway to CP.

CANDIDATE 3

1. Make me more confident discussing any concerns with other professionals.
2. Allow me to change my writing style so it doesn't "blame" the child.
3. Allow me to feel more professionally comfortable /knowledgeable on the subject.

CANDIDATE 4

1. Able to see signs of any harm within families more.
2. More aware of in-depth information sharing and why.
3. Able to understand when I need to step a case up or close a case more clearly now and the goal posts around this.

CANDIDATE 5

1. The web site that was given looks very useful.
2. The work that was sent out will help.
3. In general this training has given additional ideas when looking at the families I work with.

COMMUNICATION - STSCP Events

EXPLOITATION OF CHILDREN/YOUNG PEOPLE EVENT – 11 JUNE 2021

On Friday 11th June 2021, the STSCP held a virtual event in order to share the Cleveland Police Report entitled 'The Exploitation of Children in Cleveland' with our practitioners who work under the safeguarding agenda. The event was co-hosted by Detective Chief Inspector Shaun Page, chair of the Tees Strategic VEMT Group and Sarah Pritchard from Barnardo's.

The guest speaker for the event was:

Kendra Houseman, Founder / Director of Out of the Shadows is a specialist in Child Criminal Exploitation and Child Sexual Exploitation and will use a real life case study to bring to life the impact of The Exploitation of Children in Cleveland Report.

The STSCP had interest from **163** delegates. On the day, the session on Microsoft Teams recorded **127** attendees, plus facilitators which totalled **139** people, which was a great response.

- I admire you taking your experience to inspire other
- Totally inspiring Thank you for sharing your story. It will impact on my practice and I won't forget this!
- Thank you for using your journey in such a powerful and inspiring way. Your honesty and realness is so refreshing unafraid to say how it is!!!!!!!
- Thank you for sharing your story Kendra. I'm a nurse for children in care and have seen so many vulnerabilities in the young people that I see that could be targeted. I'm trying to work in building up relationships with these young people but want to know what more i can do in the early stages or before this exploitation
- So powerful, thank you for sharing your story
- Wow, amazing so strong
- Thank you for using your journey in such a powerful and inspiring way. Your honest and realness is so refreshing and you are unafraid to say how it is!

ADOLESCENT NEGLECT EVENT – 15TH JUNE 2021

On Tuesday 15th June 2021, the STSCP are hosting a virtual event by Microsoft Teams in order to launch the new Adolescent Neglect Guidance for Practitioners document.

The event will be hosted by Edwina Harrison, the STSCP Independent Chair and guest speakers included:

- Jenny Molloy
- Dr Rosemary Thwaites
- Emma Cowley & Victoria Banks
- Siobhan Davies

The event was attended by **145** delegates.

Comments from delegates:

Humbling, emotional, inspirational, devastating, everything. I remember hearing you for the first time at the Frontline Summer Institute in 2019 after I'd reach your books and feeling a big weight of how to be a good Social Worker. Now I've been qualified with Middlesbrough for 9 months and I think about your messages every day when I'm with children and teenagers, especially those who are living through similar circumstances like chronic neglect. Your words really guide my practice every day.

The term "professional love" that you said today really resonated with me - there are just some children who you have a lot of involvement with who you absolutely love in that way. Thank you a million times and much love! And good luck with your Masters.

Thank you for sharing your experiences, a very powerful way to help us keep focussed on the lived experience of children, so emotional but a great reminder that what we do does matter.
Inspirational!

So powerful and emotional .Thank you for sharing your story. Have read your books and wonderful to hear some of your story for real. So inspirational and thought provoking.

STSCP Development Session with a focus on Early Help – 20th September 2021

The South Tees Safeguarding Children's Partnership (STSCP) held the virtual event in order to engage with the partnership and share new work that was being developed by partnership with a main focus of Early Help. The event was hosted by the STSCP's Independent Chair and the following colleagues and partners:

The schedule of the day was as follows:

- STSCP Revised Arrangements 7 responses to the survey 1,2,3 – future plans Independent Chair
- Brief intro to Early Help and the Assessment of Needs and Risk – Demand across the South Tees - Director of Children's Care Middlesbrough; Assistant Director Children's Social Care and Early Help Redcar & Cleveland
- Early Help Services South Tees- Head of Prevention Middlesbrough Borough Council; Partnerships and Prevention Service Manager (Early Help) Redcar & Cleveland Borough Council
- The Junction - Chief Executive The Junction
- South Tees YOS - Head of Partnerships and South Tees YOS
- SAFER Communities - Director of Operations Safer Communities

A question and answer Session was set up chaired the STSCP Executive:

- Middlesbrough Borough Council - Executive Director of Children's Services
- Redcar & Cleveland Borough Council - Corporate Director of Children's Services
- Cleveland Police - Detective Superintendent, Head of Safeguarding Department

This virtual event was promoted by the STSCP newsletter and other STSCP communication outlets. The STSCP session had 68 delegates attending plus 15 speakers/ facilitators which totalled 83 people.

Following this event the STSCP team sent out an online survey using the platform 1,2,3 asking for feedback from this event. Overall of the responses were very positive about the event.

SAFEGUARDING THE UNBORN BABY EVENT - 28TH FEBRUARY 2022

The South Tees Safeguarding Children's Partnership (STSCP) held the Safeguarding Vulnerable Babies virtual event in order to help colleagues and partners understand the various perspectives to consider when dealing with families.

The event was hosted by the STSCP's Independent Chair and Principal Social Worker from Middlesbrough Council and a representative from the MACH from Redcar & Cleveland Children's Services.

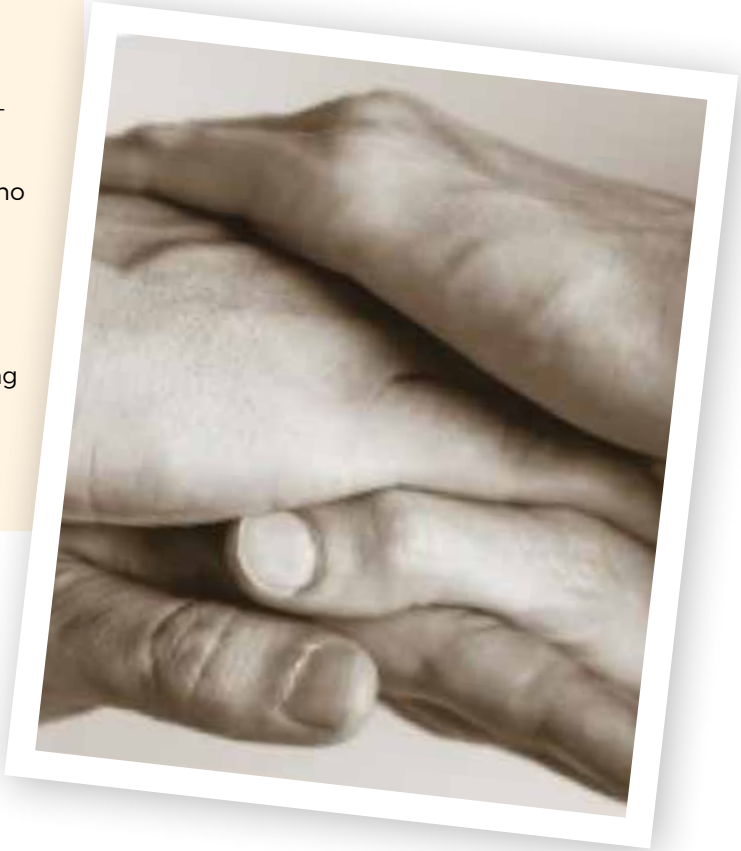
The schedule for the day was as follows:

- Concealed pregnancies
- Making a referral
- The role of Early Help before referral
- Adult issues affecting vulnerable babies
- Injuries to non-mobile babies
- 0-19 best start pathways and access to support for parents of vulnerable babies
- Hidden partners
- Working together, information sharing and being clear about the role of each agency
- Voice of the child
- Covid
- Learning from local safeguarding practice reviews

This virtual event on Microsoft Teams recorded 74 attendees, plus 12 facilitators which totalled **85** people.

Feedback from the session was as follows:

- So very informative
- Thanks great presentation
- Really great session. Thanks to everyone!
- Really useful, Thank you
- Thank you so much, this has been amazing - look forward to the information
- Really informative session thank you to all who facillitated
- Excellent presentations
- Really informative
- Thank you, Great. Looking forward to receiving the slides
- Very informative



Section 11 Challenge Event

A face to face event was held with key partners to review their progress on the section 11 audit action plans. Report produced and presented to the STSCP.

SCR Pippa Challenge Event

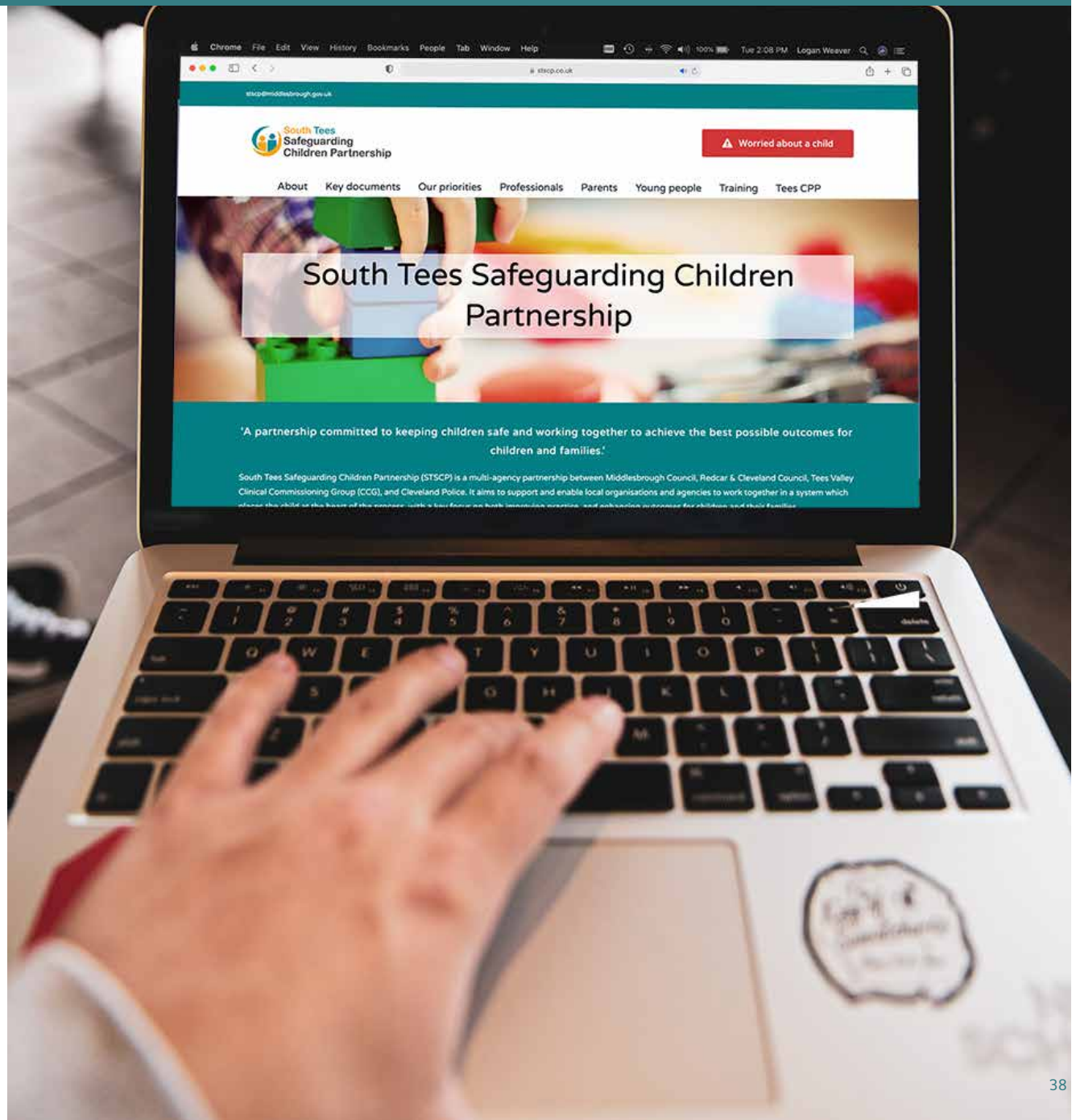
Virtual challenge event held with key organisations involved in the case on their progress with single agency action plans and how key changes have been progressed. Report produced and shared with key partners.

STSCP Website Analytics

In that time period, there have been **7,025** recorded hits on the website.

The top 10 pages during that time period were:

- Homepage
- STSCP eLearning
- Information for professionals
- Training (landing page)
- Key documents (landing page)
- CSPRs
- Report safeguarding concern
- About STSCP
- STSCP key documents
- Core level 3 training



10. PERFORMANCE MONITORING & QUALITY ASSURANCE

The STSCP continually monitors the quality, timeliness and effectiveness of multi-agency practice through the Tees Performance Management Framework.

Where gaps are identified, implications for the STSCP are considered and any agreed actions are monitored through the STSCP.

The STSCP Quality and Performance group (Q&P) have an agreed work program and are developing a performance scorecard. Performance and progress is reported at the Q&P group level and collated through the Q&P up to the STSCP to monitor and challenge.

ONGOING QUALITY ASSURANCE

- Monitor **partner compliance** with the statutory requirement to have effective safeguarding arrangements in place (Section 11)
- Carry out **multi-agency audits** and identify lessons to be learned and make recommendations for future improvement and feeding into STSCP training
- Multi-agency audit reports to inform the STSCP of the **quality of work** being undertaken and its impact on outcomes for individual children and young people
- Overview of findings and action plans from **multi-agency audits** to monitor and review practice
- The use of the STSCP **performance scorecard**

Serious Case Reviews/Child Safeguarding Practice Reviews are published on the STSCP website for a period of 12 months. At the time of writing there was two published Serious Case Reviews and three Child Safeguarding Practice Reviews on the website.

Outcomes and findings feed into our performance structures to promote a culture of continuous learning and improvement across the partner agencies of the STSCP.

The Tees Child Death Overview Panel share their key learning from child deaths. They monitor and challenge agencies for the completion of recommended identified actions and publish a separate CDOP annual report.

MULTI-AGENCY AUDITS

The Section 11* audit conducted in May 2020 took the form of a self-assessment format.

To free up resources to support the JTAI audits, the STSCP agreed to conduct Section 11 audits on a two-yearly cycle with the next Section 11 audit to be completed in 2022/23.

Other multi-agency audits undertaken in 2021/2022

- JTAI Exploitation Audit
- CP Meeting Audit
- Child in Care Meeting Audit
- VPG Meeting Audit

*Section 11 Audit is an audit of key partners safeguarding compliance in line with Working Together

11. KEY PRACTICE THEMES AND MESSAGES

THE 'STUBBORN CHALLENGES' AND WHAT WE ARE DOING ABOUT THEM

Recognising and Building on Good Practice

The STSCP have identified some key actions and themes for development through the CSPRs undertaken this year. For instance:

- The introduction of a quality assurance framework; although impact of COVID and capacity on audits has been an issue
- The development of a new framework/guidance to address adolescent neglect, we plan to revise the Neglect strategy with a view to a Tees approach, providing further training and guidance
- Agreed the adolescent neglect guidance
- The professional challenge and escalation guidance has been updated in response to learning from Case Reviews
- The Head Trauma in Infants procedural guidance has been reviewed and updated in response to learning from Stork Child Safeguarding Practice Review
- The Tees VEMT Strategy has been updated, bringing it in line with the latest agendas such as criminal exploitation and modern day slavery
- The STSCP has increased learning opportunities e.g. using virtual events and online briefings
- As a result of the CSPR learning the guidance on how to complete chronologies and ecograms for all agencies has been updated and provided
- The Learning & Development group led by the Principal Social Worker for Middlesbrough have reviewed the learning across all the recent Child Safeguarding Practice Reviews and have presented the findings to the STSCP
- As a result of recurring themes in some reviews a challenge process is being developed to review historic reviews and how well the learning was embedded, this work will commence summer 2021
- We are also planning the establishment of a challenge process at the point at which CSPR action plans are signed off as being achieved. This will be a supportive process and will look at the impact on children and families and ensure that STSCP is compliant with Working Together 2018
- The use of the electronic Survey 123 to allow feedback and evaluation of training is planned for roll out in July 2021
- Barnardo's Tees Valley have created a video about how they will support children and young people who have been subject to exploitation
- Both MBC and RCBC LAs were challenged by Ofsted on the implementation of their shared threshold document (ILACS 2019) therefore in response we have reviewed the Threshold of Need "Providing the Right Support to Meet a Child's Needs" across Tees. Middlesbrough has now adopted an addendum to the Tees Threshold document in order to strengthen its improvement journey. Redcar & Cleveland are remaining with the Tees model as it meets their practice needs

12. RESPONDING TO THE NATIONAL AGENDA

VULNERABILITY KNOWLEDGE & PRACTICE PROGRAMME'S SURVEY ON INDEPENDENT SCRUTINY

The project is a review regarding Independent Scrutiny. The work is led by Policing's Vulnerability Knowledge and Practice Programme.

What have we Done?

- We have circulated the documentation to the key partners
- Placed on the STSCP Exec agenda and
- Responded to the survey advised by the Independent Chair and are awaiting further instruction

REFORM SAFEGUARDING: KANTAR PARTNERSHIPS REPORT

What have we Done?

- We have circulated the documentation to the key partners
- Placed on the STSCP Exec agenda
- Once agreed the STSCP should/to consider report as part of a partnership development session

KEEPING CHILDREN SAFE THIS WINTER: LETTER FROM INDRA MORRIS

What have we Done?

- We have circulated the documentation to the key partners
- Placed on the STSCP Exec agenda and discussed by key partners
- The following was discussed by the STSCP

Replace all the text in that first bullet with the following:
The STSCP ensured that the subject of 'Keeping Children Safe In Winter' is high on the STSCP agenda and noted this as a challenge for the partnership. The STSCP confirmed that it is being recognised, however was concerned that not all professionals / agencies are aware of this issue. The STSCP agreed that a termly report is presented to the STSCP.

Peer on Peer Abuse – the Peer on Peer Sub Group has been introduced on the back of the work identified. There has been good quality SARC training on how to disclose with Police presenting scenarios. There has been the advocacy of the Brook tool but this is dependent upon schools / Trusts buying into it. If they do, it will provide consistency in decision-making.

The section 175 audit has been updated with a Peer on Peer abuse question.

TRI MINISTERIAL LETTER TO SAFEGUARDING PARTNERS

What have we Done?

- We have circulated the documentation,
- Placed on the STSCP Exec agenda for information
- DCS to nominate lead from R&C
- The review commenced January 2022, the terms of reference are published here: Child Safeguarding Practice Review Panel - GOV.UK (www.gov.uk)

For Information

Contact with Mark Gurrey DfE, Local authority safeguarding facilitator appointment to the role of local authority safeguarding reform national facilitator. Mark will work alongside Lorraine Parker (police facilitator) and Helen Adams (health facilitator) to support the implementation of the safeguarding reforms in local areas.

What have we Done?

- We have circulated the above information to the key partners as part of the STSCP agenda
- Placed on the STSCP Exec agenda

LETTER: RE CHILD SAFEGUARDING PRACTICE REVIEW PANEL: REVIEW OF CASES AT FULLERTON HOUSE, WILSIC HALL AND WHEATLEY HOUSE SPECIALIST, INDEPENDENT RESIDENTIAL SCHOOLS

What have we Done?

- We have circulated the documentation to KB
- Placed on the STSCP Exec agenda for information
- KB to nominate lead from R&C
- The review commenced January 2022, the terms of reference are published here: Child Safeguarding Practice Review Panel - GOV.UK (www.gov.uk)

November 2022- Ofsted review into sexual abuse in schools and colleges by 26 November 2021.

All Safeguarding Partnerships were requested to complete the survey Ofsted review into sexual abuse in schools and colleges by 26 November 2021. Ofsted published its review into sexual abuse in schools and colleges on 10 June 2021. This was followed by a letter from Ministers at the Department for Education, Home Office and Department of Health and Social Care, that asked safeguarding partners to review their work to improve engagement with schools of all types in their local area, tailoring their approach to what their analysis indicates are the risks to children and young people in their local area. This survey aims to collect brief information on the progress of that request and invites safeguarding partners to one of three virtual events focusing on identifying and sharing promising or emerging practice and barriers you may have encountered.

OUTCOME

The survey was completed jointly by the Middlesbrough education lead and the Redcar & Cleveland education lead on behalf of the STSCP and submitted by the partnership manager.

Q1 Have you now completed the review of your arrangements for working with all schools and colleges in your local area, as per the tri-ministerial letter of 29 July 2021? Y or N

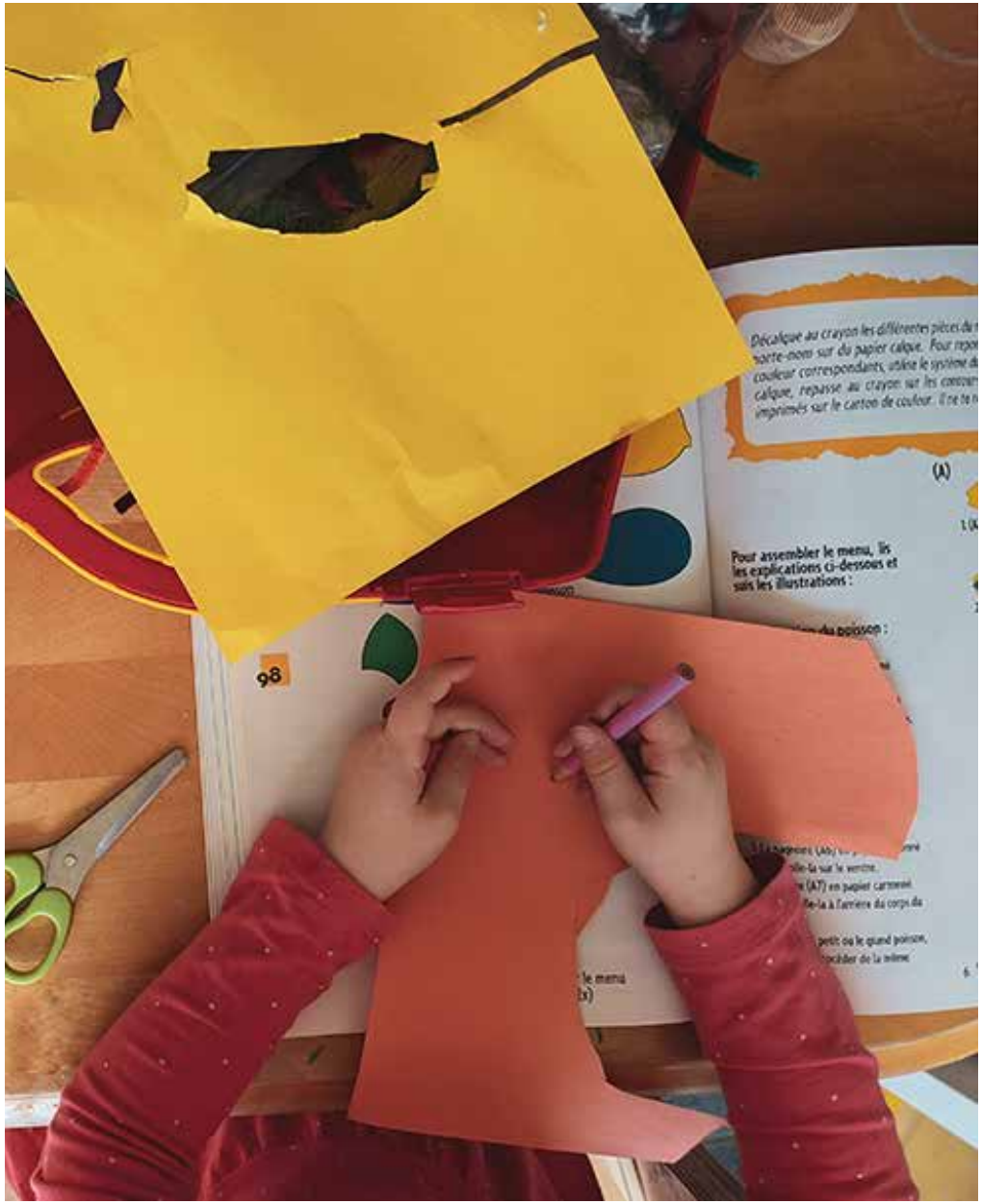
Overall answer is **Yes**

Q2 How have you communicated/will communicate your plans with your relevant agencies or educational providers – (please list your top three items)

- A working party has been created through the Safeguarding in Education Networks which consists of DSL/DDSLs and other stakeholders who meet on a regular basis
- Training for this group and other school staff is being offered
- Updates from this group and the sharing of good practice will be disseminated to senior leaders via the Strategic Governance Structure
- The thematic review has been shared with all schools

Q3 What barriers have you identified?

- Initially safety planning in isolation can be challenging for schools until outcomes from social services or police are received and a core group meeting takes place - KCSiE - Schools and colleges should not wait for the outcome (or even the start) of a children's social care investigation before protecting the victim and other children in the school or college
- When staff record Incidents on CPOMS not just to record it under 'behaviour', however, to use the three categories that are highlighted in documentations which are, sexual violence, sexual harassment and harmful sexual behaviour, which will also mean if Ofsted were to visit they would have a better break down of figures of what behaviours are taking place within the school



APPENDIX 1: STSCP EXECUTIVE MEMBERSHIP AND RELEVANT PARTNERS

APPENDIX 2: STSCP PLAN 2020 - 2023

STSCP VISION: 'A partnership committed to working together to achieve the best possible outcomes for Children and Families.'

WHAT ARE OUR PRIORITIES? (OBJECTIVES)

VEMT
The aim is for children/young people to be free from the risk and harm of exploitation, going missing or being trafficked

Neglect
The aim is to reduce neglect, reduce the impact of neglect and ensure help & support is provided at the earliest opportunity

The Voice of the Child/Young Person
The aim is to create a clear focus on the needs and experience of young people

Working Together
The aim is to achieve excellent partnership working across all areas

WHAT ARE WE TRYING TO ACHIEVE? (KEY MEASURES)

1. *Track the number of children/young people subject to exploitation.*
2. *Reduce the number of children/young people who go missing more than once.*
3. *Increase the % of return interviews completed within agreed timescales.*

1. *Reduce the number of children who are the subject of a child protection plan for Neglect.*
2. *Increase the % of outcomes achieved in a family plan.*
3. *Reduce the % of Neglect cases which involve Domestic Abuse.*

1. *Children/Young People feel confident to make contact with an appropriate adult if they have safeguarding concerns.*
2. *Improved opportunities for Children/Young People 'Engagement' with Safeguarding issues.*
3. *Increase the influence of the Voice of the Child in child protection processes.*

1. *Partners provide quality referrals that are referred appropriately for timely focused intervention.*
2. *Increase the number of initial Health Assessments submitted for LAC within timescales.*
3. *Effective information sharing across the partnership.*

WHAT ARE WE GOING TO DO? (PLANNED INTERVENTIONS)

Prepare - Strengthen the identification and assessment of those at risk of all types of exploitation, missing, trafficking.

Prevent exploitation - Making it more difficult to exploit children and young people.

Protect children/young people from exploitation

Pursue perpetrators of exploitation – identifying, disrupting and prosecuting offenders

Understand Neglect - Understanding the local picture of neglect, to raise awareness of neglect and the thresholds for intervention.

Early Identification - improve the recognition and assessment of neglect.

Effective Provision - Refine effective and successful interventions that reduce neglect before statutory intervention.

Domestic Abuse - Improve the recognition of the impact of domestic abuse leading to the Neglect of children and young people.

Voice of the Child - That every child has a voice within the child protection process.

Empower Young People - That every young person can recognise abuse and feel confident to report concerns.

Appropriate Support - Ensure that services are child focused.

Visibility - Ensure that all staff obtain the child's story and that every child is seen.

Peer Support Develop skills for young people to support other young people.

Thresholds - Strengthen agreed shared thresholds across the partnership.

Focused Intervention - Be assured that children receiving support as a 'child in need' receive focused intervention in a time appropriate manner.

Remove Barriers - Understanding the lessons learned and improving outcomes. Improve Information sharing - Understanding the barriers in order to mitigate issues.

Management Grip - Be assured that there is robust management accountability in cases across the partnership.

KNOWLEDGE MANAGEMENT
Understand the local issues in both Middlesbrough and Redcar & Cleveland.

PRACTICE STANDARDS
Identify and promote key guidance and toolkits while continuing to upskill practitioners.

YOUNG PEOPLE
Young People's experience and voice are at the heart of services keeping young people safe.

PRACTITIONERS
The voice and experience of practitioners is heard and barriers removed to assist with practice.

APPENDIX 3: STSCP Budget

BUDGET 2021/2022

The financial contributions from partner agencies are as follows:

Funding Agency	2021-2022
Middlesbrough Council	65,000
Redcar & Cleveland Borough Council	65,000
Cleveland Police	65,000
ST CCG	65,000
National Probation Service	1,158
ST YOT	6,300
	267,458

The STSCP acknowledges, in addition to financial contributions, there is a significant amount of 'in kind' contributions that partners provide through the support they give to the work of the standing groups and leading on task and finish groups, other pieces of priority work and the delivery of training.

South Tees
Safeguarding
Children Partnership

3rd Floor, Middlesbrough House, Elm Street, Middlesbrough TS1 2DA

T: 01642 728704 **E:** stscp@middlesbrough.gov.uk www.stscp.co.uk

South Tees Health and Wellbeing Executive Assurance Report

To:	Live Well South Tees Health and Wellbeing Board	**Date:**	20th December 2022
From:	Kathryn Warnock, South Tees Integration Programme Manager	**Agenda:**	Item 6
Purpose of the Item	To provide Live Well South Tees Health and Wellbeing Board with assurance that the Board is fulfilling its statutory obligations, and a summary of progress in implementing the Board's Vision and Priorities.		
Summary of Recommendations	That Live Well South Tees Health and Wellbeing Board: • Are assured that the Board is fulfilling its statutory obligations • Note the progress made in implementing the Board's Vision and Priorities		

1 PURPOSE OF THE REPORT

1.1. To provide Live Well South Tees Health and Wellbeing Board (HWB) with updates on progress with the delivery of the Board's Vision and Priorities and assurance that the Board is fulfilling its statutory obligations.

2 BACKGROUND

2.1 To support the Board in the delivery of its priorities a South Tees Health and Wellbeing Executive has been established. The South Tees Health and Wellbeing Executive oversees and ensures the progress and implementation of the Board's work programme and creates opportunities for the single Health and Wellbeing Board to focus on the priorities.

3 PROGRESSING STATUTORY HEALTH AND WELLBEING BOARD FUNCTIONS

3.1 The next section of this report sets out details of progress the Health and Wellbeing Executive has made against the Board's statutory functions.

3.2 **Better Care Fund (BCF) Update**

The 2022/23 Better Care Fund plans for Middlesbrough and Redcar & Cleveland were submitted on 26th September.

The 2 main outcomes of all BCF funded schemes should be to 'enable people to stay well, safe and independent at home for longer' and to 'provide the right care in the right place at the right time'. We are reviewing our BCF schemes to be assured that they contribute to these aims and to determine on-going funding for 2023/24.

The Government has announced additional funding this winter to support with discharges from hospital to the most appropriate location for their ongoing care. Full details are available on this link

Adult Social Care Discharge Fund - GOV.UK (www.gov.uk)

Middlesbrough and Redcar & Cleveland have been allocated over £2.4m through this Adult Social Care Discharge Fund. The funding must be used for new or additional initiatives to support with discharges. It is non-recurrent and should be spent by 31st March 2023.

Working together with system partners, and with governance arrangements in place for the Better Care Fund, we have completed our plans to spend this additional funding. These are detailed in the templates attached as Appendices a) and b).

Members are asked to note and endorse the templates which had to be submitted to the Better Care Fund national team on 16th December 2022 with delegated authority.

3.3 **Update on the JSNA and Development of the Health and Wellbeing Strategy**

We have been working with colleagues across the Tees Valley and have agreed to pursue the development of a mission-led approach to the JSNA. This is to share expertise and capacity across Public Health, NHS and social care to identify the key issues for each mission and provide the focus to refine the associated goals. This is to share the expertise and develop understanding, NOT to develop a Tees Valley level JSNA – these will be developed at place level.

Due to the forthcoming CQC inspection of Adult Social Care commencing nationally from April 2023 at the earliest, work has begun exploring the missions under the Age Well life course section of the mission-led approach first. We are also at the early stages of investigating the process of data sharing between Local Authorities and NECS to match social care data and NHS data. This data linkage will help us better understand the population level patterns and drivers of need locally.

South Tees Public Health Team are exploring the potential goal of reducing frailty as a test approach, meeting and exchanging data and insight around the key issues and drivers with local authority departments, South Tees Trust, TEWV, VCS etc. We are also working with Teesside University, who are supporting the development of the evidence base sections of the JSNAs.

An agreed cross-cutting approach for Live Well South Tees is the involvement of residents, patients and service users and we are developing a creative approach to engagement, working through our two culture teams and our local VCS. The aims of this work are principally to build our approach to engagement as a pre-cursor to developing greater co-production approaches (and increasing our understanding of what that means in practice). This work will develop a programme of creative engagement with key communities across South Tees and build our understanding of what's important to people and communities, including assets and strengths in communities. In addition, the intention is that the connections developed between the creative sector and the broader VCS will generate and support future collaborations, including sourcing external funding to support the development of this approach.

4 PROGRESS AGAINST SOUTH TEES HEALTH AND WELLBEING BOARD PRIORITIES

4.1 Set out below is a summary of the progress the Executive has made towards achieving the Board's priorities since the last Board meeting.

4.1.1 Cost of Living Crisis

There will be a full update at the Board meeting on 10th January 2023.

For information, initiatives managed through the BCF pooled funding arrangements which support the cost-of-living crisis include:

Middlesbrough Schemes	Fund
Contribution to Welfare Advice services	BCF
Hoarders Scheme	BCF
Befriending	BCF
Carers Support	BCF/ LA additional
Winter Warmth	DFG
Small Grants	DFG
Connect Falls Service	BCF
Staying Included Service	BCF
Handyperson service	DFG

Redcar & Cleveland Schemes	Fund
Contribution to Welfare Advice services	BCF
Befriending inc Linking Lives	BCF
Carers Support inc We Care You Care	BCF
Handyperson service	DFG/IBCF

4.1.2 Integrated Care Partnership Strategy

The North East and North Cumbria Integrated Care Partnership (ICP) is a statutory committee, established by the NHS and local government as equal partners, which includes partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).

Each Integrated Care Partnership is required to develop an integrated care strategy covering the whole ICP population by December 2022. ICBs and local authorities must 'have regard to' the strategy when making decisions, and commissioning or delivering services. The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.

Over recent months work has continued with all ICP partners to develop and engage on the content of the Strategy including the Vision, Goals and Enablers, alongside considering how we collectively progress:

- Building on our Assets and the Case for Change
- Supporting Longer, Healthier Life Expectancy and Fairer Outcomes
- Health and Care Services and Enablers
- Involvement and Delivering the Strategy

The strategy also identifies and proposes a number of key commitments for progression.

The South Tees 'Live Well' Health and Wellbeing Board provided formal feedback on the proposed draft strategy as part of the engagement process, a copy of this is attached as appendix c). Key themes of the feedback included:

- Positive affirmation of the inclusion of Healthy Life Expectancy with a recognition that some local circumstances may need to be considered in the setting of target reduction levels
- Acknowledgement of the inclusion of Fairer Health Outcomes and its alignment with other existing programmes of work
- The need to provide greater focus on understanding and addressing healthcare inequalities across physical and mental health
- A specific lack of focus in relation to children, young people and their families with regards to the key strategic commitments detailed within the draft

Feedback from all partners was considered and a revised final version (attached as Appendix d)) of the strategy was shared at the formal North East and North Cumbria Integrated Care Partnership on the 15th December 2022. This version of the Strategy was approved for publication.

5 RECOMMENDATIONS

5.1 That Live Well South Tees Health and Wellbeing Board:

- Are assured that the Board is fulfilling its statutory obligations
- Note the progress made in implementing the Board's Vision and Priorities

6 BACKGROUND PAPERS

6.1 No background papers other than published works were used in writing this report.

Contact Officer
Kathryn Warnock – South Tees Integration Programme Manager

0782505430
kathryn.warnock@nhs.net

Discharge fund 2022-23 Funding Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Middlesbrough
Completed by:	Kathryn Warnock
E-mail:	kathryn.warnock@nhs.net
Contact number:	07766554805

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Director of Adult Social Care and Health Integration
Name:	Erik Scollay

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	David	Coupe	david_coupe@middlesbrough.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		David	Gallagher	dgallagher@nhs.net
	Local Authority Chief Executive		Tony	Parkinson	tony_parkinson@middlesbrough.gov.uk
	LA Section 151 Officer		Helen	Seechurn	helen_seechurn@middlesbrough.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process --->					

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Middlesbrough

Source of funding		Amount pooled	Planned spend
LA allocation		*£631,614*	£631,614
ICB allocation	NHS North East and North Cumbria ICB	*663415*	
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Telecare & Connect	Free Service for 6 weeks for client discharged from hospital or referred to	Assistive Technologies and Equipment	Telecare		50		Social Care	Middlesbrough	Local authority grant	£50,000
2	Tees Community Equipment Service (TCES)	Additional resources to support increased capacity for same-day discharge	Assistive Technologies and Equipment	Community based equipment		additional 13 same day discharges per		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£20,628
3	Single Point of Access clinical Triage HUB ICT upgrade	IT Investment at SPA to manage real time capacity & demand to support discharges	Assistive Technologies and Equipment	Other		Approx 20 discharges per day		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£29,896
4	Overnight Planned Care	Delivery of care & support packages to people in their own homes who have overnight needs and provides an alternative care option for people not wishing to enter residential care	Home Care or Domiciliary Care	Domiciliary care packages		additional 63 hrs per week		Social Care	Middlesbrough	Local authority grant	£34,886
5	Post Reablement Domiciliary Care Pressures Round	Support the post-reablement function & have workers ready and mobilised to	Home Care or Domiciliary Care	Domiciliary care packages		additional 105 hrs per week		Social Care	Middlesbrough	Local authority grant	£58,154
6	Hospital Discharge Domiciliary Care Round	Recruit additional capacity to support discharge from hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		additional 141 hrs per week		Social Care	Middlesbrough	ICB allocation	£82,227

7	Single Handed Care Training	Training for Therapy Staff covering a range of services across health & Social Care	Home Care or Domiciliary Care	Domiciliary care workforce development		Approx 5 people per day		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£5,250
8	Fast-track Domiciliary Care Provision	Block Contract of Dom Care hours for delivery of CHC	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		70 hours per week		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£17,035
9	Reablement Expansion	Purchase additional capacity from care market to support the reablement function	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Social Care	Middlesbrough	ICB allocation	£60,410
10	Discharge to Assess - Residential Care	Additional 12 beds above current funding levels to support winter pressures	Residential Placements	Discharge from hospital (with reablement) to long		additional 88 nights per week		Social Care	Middlesbrough	ICB allocation	£130,017
11	Pennyman Extra Care Scheme	Block purchase 2 vacant flats within an extra care housing scheme to accommodate	Residential Placements	Other	Extra Care Housing	provision of 206 bed nights Dec-Mar		Social Care	Middlesbrough	Local authority grant	£22,700
12	Block Book LD/MH Complex Needs Beds	Block book 2 beds - Secure capacity in the marked to ensure fast discharge of	Residential Placements	Care home		14 bed nigts per week		Mental Health	Middlesbrough	ICB allocation	£56,463
13	Block Book Fast-track/end of life beds	Block book 8 beds to facilitate dicharge from hospital of fast-track / EOL	Residential Placements	Care home		56 bed nights per week		Social Care	Middlesbrough	Local authority grant	£103,622
14	D2A temporary accommodation for individuals with	Block book 2 temporary accommodation properties (one male / one female) to	Residential Placements	Other		8 bed nights per week		Social Care	Middlesbrough	Local authority grant	£9,600
15	Improve retention of existing workforce	Bring forward planned pay increase of dom care staff	Improve retention of existing workforce	Bringing forward planned pay increases			Home care	Social Care	Middlesbrough	Local authority grant	£230,520
16	Incentive payments to Dom Care Staff	Incentive payments for Dom Care staff to work over christmas/school holidays	Improve retention of existing workforce	Incentive payments			Home care	Social Care	Middlesbrough	ICB allocation	£43,655
17	Reablement Discharge Co-ordinator	Appointment of Discharge Co-ordinator post to support the flow of discharge from	Additional or redeployed capacity from current care workers	Redeploy other local authority staff			Home care	Social Care	Middlesbrough	Local authority grant	£11,300
18	Carers - Incentive payments for unpaid carers	Flexible funding to provide financial support to unpaid carers to enable faster	Improve retention of existing workforce	Incentive payments			Home care	Social Care	Middlesbrough	Local authority grant	£20,000
19	Housing & Hosptial Navigator	Work alongside Hospital Discharge co-ordinators/Ward	Local recruitment initiatives				Both	Social Care	Middlesbrough	Local authority grant	£20,000
20	Winter Warmth Support	Emergency support for patients discharged during winter/cost of living crisis	Other		Emergency Support		Home care	Social Care	Middlesbrough	Local authority grant	£50,000
21	Extension of Discharge Lounge at James Cook	Increase capacity by 9 and extend opening hours to increase the number of	Other		Facilitate more discharges from hospital		Both	Primary Care	NHS North East and North Cumbria ICB	ICB allocation	£53,843
22	Support to Implement Enhanced	Pilot to gather information/develop & implement the Enhance	Reablement in a Person's Own Home	Other	Second member of staff			Community Health	NHS North East and North Cumbria ICB	ICB allocation	£5,000
23	Mental Health Hospital Discharge expansion	Expansion of Teesside Mental Health Hospital Discharge Service to add 2	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£9,518

24	Complex Discharges Co-ordination	Complex Hospital Discharge Facilitator (band 7) to attend Hospital wards within North	Other		New discharge coordination role to support with		Both	Community Health	NHS North East and North Cumbria ICB	ICB allocation	£8,100
25	In-Reach Assessment & Support for	Band 7 to increase assessment & planning capacity improve flow of	Additional or redeployed capacity from current care workers				Both	Primary Care	NHS North East and North Cumbria ICB	ICB allocation	£6,209
26	Mental Health Discharge - Transport	Transport provision to faciliate discharge for MH patients which are	Other		Dedicated transport will facilitate		Both	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£10,000
27	Admin Support		Administration						Middlesbrough	Local authority grant	£6,316
28	Admin Support		Administration						NHS North East and North Cumbria ICB	ICB allocation	£6,634
29	Residential Reablment	Purchase additional residential reablement capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		additional 10 bed nights per week		Community Health	Middlesbrough	Local authority grant	£14,516
30	Residential Reablment	Purchase additional residential reablement capacity	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		additional 14 bed nights per week		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£20,910
31	Pool Cars for Community Services Staff	Pool cars and one wheelchair accessible van will support staff to provide care to	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Community Health	NHS North East and North Cumbria ICB	ICB allocation	£10,680
32	ALD specialist clinical in reach support for	provide additional specialist in reach resource for people with Learning Disabilities and	Increase hours worked by existing workforce	Overtime for existing staff.			Residential care	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£86,940

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	**Sub type**	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

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Discharge fund 2022-23 Funding Template

2. Cover

HM Government

NHS

Version 1.0.0

Please Note:

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- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Redcar and Cleveland
Completed by:	Kathryn Warnock
E-mail:	kathryn.warnock@nhs.net
Contact number:	07766554805

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Corporate Director Adults and Communities
Name:	Patrick Rice

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Mary	Lanigan	mary.lanigan@redcar-cleveland.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		David	Gallagher	dgallagher@nhs.net
	Local Authority Chief Executive		John	Sampson	john.sampson@redcar-cleveland.gov.uk
	LA Section 151 Officer		Phil	Winstanley	phil.winstanley@redcar-cleveland.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Redcar and Cleveland

Source of funding		Amount pooled	Planned spend
LA allocation		*£600,188*	£600,188
ICB allocation	NHS North East and North Cumbria ICB	*630407.11*	
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	Community Care Support and Resilience	Enhanced hourly rate for staff and additional incentive for staff in rural locality to be able to offer packages of care to support discharges	Improve retention of existing workforce	Bringing forward planned pay increases			Home care	Social Care	Redcar and Cleveland	Local authority grant	£482,000
2	Tees Community Equipment Service (TCES)	Additional resources to support increased capacity for same-day discharge	Assistive Technologies and Equipment	Community based equipment		additional 13 same day discharges per		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£19,100
3	Single Point of Access clinical Triage HUB ICT upgrade	IT Investment at SPA to manage real time capacity & demand to support discharges	Assistive Technologies and Equipment	Other				Community Health	NHS North East and North Cumbria ICB	ICB allocation	£29,896
4	Overnight Planned Care	Delivery of care & support packages to people in their own homes who have overnight needs and provides an alternative care option for people not wishing to enter residential care and supports discharges	Home Care or Domiciliary Care	Domiciliary care packages	Additional capacity	4 additional staff to provide care 10pn - 8am		Social Care	Redcar and Cleveland	Local authority grant	£92,035

5	Social Care Flow Lead	The role will ensure Social Care Flow is proactively coordinated and will free up	Other		Improve flow to support discharge from		Residential care	Social Care	NHS North East and North Cumbria ICB	ICB allocation	£19,950
6	Back to baseline lead	Additional capacity to hospital-based support services and tol reduce the	Other		New role to support discharge to		Both	Social Care	NHS North East and North Cumbria ICB	ICB allocation	£16,500
7	Single Handed Care Training	Training for Therapy Staff covering a range of services across health & Social Care	Home Care or Domiciliary Care	Domiciliary care workforce development		.		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£5,250
8	Fast-track Domiciliary Care Provision	Block Contract of Dom Care hours for delivery of CHC	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		70 hours per week		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£17,126
9	Capacity Response Piilot	To provide support to 6 specialist, experienced and flexible workers providing	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	Additional capacity	5 additional staff 8am - 10pm		Social Care	NHS North East and North Cumbria ICB	ICB allocation	£144,301
10	Interim travel payments to care staff	Increase travel payments to alleviate pressures on staff and support increased	Improve retention of existing workforce	Incentive payments			Home care	Social Care	NHS North East and North Cumbria ICB	ICB allocation	£42,567
11	Delirium Discharge Pilot	Additional support to providers of residential care to support discharges of	Residential Placements	Care home		224 hours of care		Community Health	NHS North East and North Cumbria ICB	ICB allocation	£56,000
12	Discharge to Assess Additional Costs	Funding of additional discharge to assess costs over 4 weeks budgeted for	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)				Social Care	NHS North East and North Cumbria ICB	ICB allocation	£73,650
13	Reablement Team Overtime	Increased capacity will allow more discharges to the reablement service	Reablement in a Person's Own Home	Reablement service accepting community and discharge	Additional 360 hours of support per month			Social Care	NHS North East and North Cumbria ICB	ICB allocation	£14,700
14	Carers - Incentive payments for unpaid carers	Flexible funding to provide financial support to unpaid carers to enable faster discharge from hospital of the person they care for	Other		Incentive payments		Home care	Social Care	Redcar and Cleveland	Local authority grant	£20,000
15	Extension of Discharge Lounge at James Cook	Increase capacity by 9 and extend opening hours to increase the number of	Other		Facilitate more discharges from hospital		Both	Primary Care	NHS North East and North Cumbria ICB	ICB allocation	£53,843
16	Support to Implement Enhanced	Pilot to gather information/develop & implement the Enhance	Reablement in a Person's Own Home	Other	Second member of staff			Community Health	NHS North East and North Cumbria ICB	ICB allocation	£5,000
17	Mental Health Hospital Discharge expansion	Expansion of Teesside Mental Health Hospital Discharge Service to add 2	Increase hours worked by existing workforce	Overtime for existing staff.			Both	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£8,813
18	Complex Discharges Co-ordination	Complex Hospital Discharge Facilitator (band 7) to attend Hospital wards within North	Other		New discharge coordination role to support with		Both	Community Health	NHS North East and North Cumbria ICB	ICB allocation	£7,500
19	In-Reach Assessment & Support for	Band 7 to increase assessment & planning capacity improve flow of	Additional or redeployed capacity from current care workers				Both	Primary Care	NHS North East and North Cumbria ICB	ICB allocation	£6,209
20	Mental Health Discharge - Transport	Transport provision to faciliate discharge for MH patients which are	Other		Dedicated transport will facilitate		Both	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£10,000

21	Pool Cars for Community Services Staff	Pool cars and one wheelchair accessible van will support staff to provide	Reablement in a Person's Own Home	Reablement service accepting community and discharge				Community Health	NHS North East and North Cumbria ICB	ICB allocation	£10,690
22	ALD specialist clinical in reach support for	provide additional specialist in reach resource for people with Learning Disabilities and	Increase hours worked by existing workforce	Overtime for existing staff.			Residential care	Mental Health	NHS North East and North Cumbria ICB	ICB allocation	£83,160
23	Admin Support	Support to monitor use of the fund and BI support around discharges	Administration						NHS North East and North Cumbria ICB	ICB allocation	£6,152

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	**Sub type**	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting
Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

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Peter Rooney
Director of Strategy and Planning
Parkhouse
Baron Way
Kingmoor Park
Carlisle
Cumbria
CA6 4SJ

Dear Peter,

Thank you for providing an opportunity to comment on Integrated Care Partnership Care Strategy. These comments are on behalf of the Live Well South Tees Health and Wellbeing Board and represent the view of Board Members.

The draft Strategy has been developed very quickly, however we welcome the inclusive approach taken and the attempt to involve a broad coalition of voices.

There are clear areas of synergy with the developing Health and Wellbeing Strategy in South Tees, and it will be important to understand the role of "place" in the delivery of the ICP Strategy – and the role of the ICB in the delivery of the Health and Wellbeing Strategy. The relationship between "place" and the ICB is not referred to in section 10 ("Delivering the Strategy"), but is critical to delivering the aims of both strategies. The intended interaction between "place" and the ICB should be considered and articulated in section 10.

The reflection of discussions on the relationship between the NHS and Local Authorities and consideration of where partners should "lead, collaborate and advocate" is welcomed as a simple framework to consider each partner's role in the delivery of areas of work.

Vision, Goals and Enabling Programmes

The "vision" is not compelling; although there are some targets and commitments, these don't tell a clear and understandable story about what "better" health and wellbeing would look like, or what could be different in 5 years' time compared to now for ordinary people in the region.

The diagram includes four enablers – these should be expanded to reflect the importance of **prevention and early intervention** in increasing life expectancy or to free up capacity for health and care services to become excellent and a commitment to **involving patients and communities** in the design and delivery of care.

The inclusion of **Healthy Life Expectancy** is welcomed, although some revision of the associated targets may be required to reflect the increasingly difficult financial context. The continued commitment to reducing the impact of smoking is welcomed, however obesity and alcohol should also be considered in the headline commitments as key drivers of poor health and inequalities (they are reflected elsewhere in the Strategy, but not in the headline goals).

"Healthy life expectancy" is a physical health concept, and so the strategy would be strengthened by considering the differences in the prevalence of mental illness, learning disabilities and autism between NENC and England a whole and any research into what is driving those higher levels of prevalence.

The inclusion of **Fairer Health Outcomes** is positive, and algins with other work programmes. The high rates of suicide and drug-related deaths in the north east are clear drivers of health inequalities and lower life expectancy, however consideration in the context of "deaths of despair" and their underlying social and economic issues should be articulated in the Strategy. Reducing substance misuse and the deaths resulting from this should be a strategic commitment.

Excellent Health and Care Services - there needs to be a greater focus on understanding and addressing healthcare inequalities, specifically focusing on areas including access and an acknowledgement that current structures may contribute to widening the inequality gap; health literacy needs to be more prominent throughout the Strategy.

We welcome the inclusion of parity of esteem between physical and mental health NHS services, but there is no mention of parity of esteem between NHS services and social care despite this being a joint Strategy. This should be reflected in future drafts of the Strategy.

The key commitments relating to Mental Health within the strategy would be strengthened with specific key commitments to children and young people. In particular, issues relating to early intervention and prevention alongside strategies to support how young people with complex mental health needs can be best supported within local communities.

Children and Young People

There is no specific mention of children, young people and their families in the vision and the key strategic commitments within the draft strategy. The majority of the detail is focused on the needs of adults, or specific groups of children and young people with complex needs. The strategy would be strengthened by focusing on the role of health services in providing prevention and early intervention services to all children in our communities and the importance of intervening early to prevent need from escalating, including Best Start in Life, for example.

A stronger emphasis on the role of health services in supporting the safeguarding of children and of corporate parenting responsibilities for children in care and care experienced would strengthen the strategic aims.

The issues associated with issues of transition from children's services to adults services across a wide range of needs associated with their health is one of the issues regularly raised by young people themselves when discussing what is important to them. There is no mention of this currently in the strategy.

I hope you find these comments helpful, and look forward to working together to build better health and wellbeing for all our people and communities.

Yours sincerely,

Cllr Mary Lanigan - Leader, Redcar & Cleveland Council - Co -Chair Live Well South Tees Health and Wellbeing Board

Cllr David Coupe – Executive Member for Adult Social Care, Public Health, Public Protection and Digital Inclusion – Middlesbrough Council - Co -Chair Live Well South Tees Health and Wellbeing Board

Better health and wellbeing for all

a strategy for the
North East and North Cumbria

Final Draft
7 December 2022

Contents

Foreword by Professor Sir Liam Donaldson

Over the past year I've seen first-hand the passion and commitment of people across our health and care organisations who are all focused on doing the very best for our communities.

We have much to be proud of thanks to the strong partnerships and collaborative working which have been built on over many years.

In recent years, we have made some improvements to health with the number of people dying from cancer or heart disease decreasing and fewer people smoking.

The quality of our health and care services are rated amongst some of the best in England. But despite all of this we still have some of the poorest health outcomes in the country. Something which our communities have endured for far too long.

Facts and figures about the health of people in the region, and their lived experience, make for uncomfortable reading.

For instance, we know men living in our region spend almost a quarter of their lives in ill health.

We have the second highest rates of heart disease and liver disease in the country and our rates of respiratory disease are 42% higher than the national average.

In nine of our 13 local authority areas there is a healthy life expectancy of less than 60 years. In the south of England there are only four areas out of 67 that are this low.

I am always conscious of the fact that behind these statistics are individuals and communities. People who could be enjoying a longer and healthier life. A child who could be thriving - not just surviving, and getting the very best start in life, which we know is so important for our future generations.

So, if you were to ask me what this document is about - it is about building a new momentum which sets out our shared ambition and desire to change this and make a real difference for the people in our region.

This Integrated Care Strategy is a joint plan between our local authorities, the NHS and our partners including the community, voluntary and social enterprise sector. It starts to set out our goals to address the many challenges we have been grappling with for some time.

It describes out how we will reduce the gap between how long people live in the North East and North Cumbria compared to the rest of England, so that our communities live longer, healthier and happier lives.

Our plans describe how will ensure fairer health outcomes for people as we know not everyone has the same opportunities to be healthy because of the environments where they are born, grow up, live, work, and their age too.

Alongside this, we want to ensure our health and care services are not only high-quality but the same quality - no-matter where you live and who you are. That they are also joined-up and that people have the same access to the right care.

We know that our ambitions cannot be achieved without supporting our committed workforce who are crucial to our success – this includes looking after their physical and mental wellbeing and building a health and care workforce for the future.

This strategy document has been developed in partnership with many people and organisations. I would like to thank everyone who has contributed to and shared their views which have helped us to shape and develop this document.

We have more to do to discuss, involve and engage with our communities about their lived experiences and how we improve their health and experience of health and care services. But the discussions we have had, and the comments we have received, have all been invaluable and we have reflected this within this document.

We recognise we are publishing this plan at a challenging time for everyone including the NHS and social care. We know that we are yet to understand the full impact of the pandemic, services are still in recovery, and rising energy costs and the cost-of-living crisis is of grave concern for all and impacting significantly on the quality of life for our citizens.

As a result, it is fair to say there have been some debates as to whether we are we being too ambitious, given these challenges.

I would argue this is exactly why we need to be ambitious and clear about what it is we want to change, together. Because we can't keep doing the same thing if we want different results.

So, this really is just the start – we will continue to engage and involve our communities in the months and years ahead. I have no doubt that this plan will continue to evolve.

We have set a vision and ambitions which we hope will mean that, in time, all our communities can live healthier and happier lives.

Bringing this plan to life, making it happen - is what we all want to see. I have no doubt we can do that, together.

Professor Sir Liam Donaldson

Chair of the North East and North Cumbria Integrated Care Board

1 Introduction

1.1 Our Integrated Care Partnership

The North East and North Cumbria Integrated Care Partnership (ICP) is a statutory committee of the thirteen local authorities (fourteen from April 2023 as two new unitary authorities begin in Cumbria) and the NHS Integrated Care Board (ICB).

The ICP is responsible for setting and developing our strategy for health and care in the region. It is an equal partnership between local government and the NHS, with a key purpose to align the ambition and strategies of partners across the area to improve the health of our communities.

The ICP is made up of our four partnerships based around our main centres of population.

These are:

• North Cumbria
• Central (County Durham, Darlington, Sunderland and South Tyneside)
• North (Gateshead, Newcastle, North Tyneside, Northumberland)
• Tees Valley (Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees)

We have committed to working together through a single overarching ICP alongside four local ICP arrangements. These local ICPs will develop a strategic picture of health and care needs from their constituent local authority places working with partners including existing health and wellbeing boards.

We will continue to focus on the importance of working at local authority place and will:

- Build on our existing arrangements
- Ensure co-production between partners at local authority place
- Ensure a principle of subsidiarity, and that form to follows function, respecting the responsibilities of individual partner organisations
- Remain focussed on making improvements for the population.

Our ICP covers the largest resident population in England at just under three million people (2021 census) and covers a large and diverse geography - from cities and towns to rural and coastal communities.

1.2 Our partnership working

The ICP is part of what we call our **Integrated Care System (ICS) -** a new way of working across the North East and North Cumbria which aims to bring organisations together to combine their collective resources and expertise to plan, deliver and join-up health and care so our communities can live happier and healthier lives.

The Integrated Care Board for the North East and North Cumbria (ICB) is also part of this system. It is a new statutory NHS organisation which formed on 1 July 2022 and took over the responsibilities of the eight clinical commissioning groups (CCGs) in our region. The ICB will receive further responsibilities, over the coming years ahead, for the specialised commissioning of dentistry, optometry and pharmacy.

The ICB is responsible for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services. As well as its strategic functions, the ICB works locally with health and wellbeing boards in each of our 13 local authority areas. The ICB's place-based teams also work alongside our 64 primary care networks (PCNs) which are groups of local GP practices, social care teams and other community-based care providers.

1.3 Our Integrated Care Strategy

The purpose of the Integrated Care Strategy is to provide a strategic direction and agreed key commitments to improve the health and care of people in the North East and North Cumbria. This is based on the understanding of health and care needs across the region and at the 13 local authority places.

The strategy is focussed much more on what we want to achieve, rather than how we will meet our ambitions. Over time we will develop more detailed delivery plans to achieve the ambitions outlined in the Integrated Care Strategy. In this way it sets out an overarching framework which leaves room for local flexibility and delivery.

The strategy is written to support the broader work of partnership arrangements, especially at local level. Local authorities and the NHS are required to give full attention to the strategy in how they plan, commission and deliver services.

1.4 Developing our strategy

In late July 2022, the Department for Health and Social Care published guidance for the development of integrated care strategies. We have worked to develop the strategy in line with that guidance. During the summer of 2022 we established a steering group to oversee the development the strategy, jointly chaired by a local

authority and ICB representative. The steering group was supported by task and finish groups, including a data and intelligence group.

In late July, the steering group issued a 'call for evidence' requesting key documents including joint strategic needs assessments (JSNAs) from a wide range of partners.

In total more than 300 documents were received. The call for evidence has strongly informed the content of the draft strategy, alongside the population health data, which can be viewed through the link: Picture of Health - ICS edition 2022.

In October 2022, we began to draft the strategy. On 26 October we published the first draft of the strategy and a survey to enable members of the public and stakeholders to give feedback. Nearly 400 survey responses were received and analysed, as well as further detailed responses from individuals, partnerships including health and wellbeing boards, and organisations. We also took the opportunity, wherever practically possible, to speak with key stakeholders for example through health and wellbeing board meetings.

The feedback to the first draft has been invaluable in developing the final version of the strategy.

Information in the draft strategy has been calculated taking data published at local authority geographies and applying a population weighted method to generate estimates as actual data is not available for the ICP geographic area. The estimates have been provided by Office for Health Improvement and Disparities (OHID).

Source data at local authority level is taken from Office for Health Improvement and Disparities (OHID) Fingertips platform and Life Expectancy Segment tool.

2 Our case for change

2.1 The current position

It is important to be realistic about the current position. Across the North East and North Cumbria many people are struggling in their daily lives and are having to make difficult choices about how they spend their money. This can have a very real detrimental impact on health and wellbeing, especially in communities that already have higher levels of deprivation and poorer health outcomes.

Across the North East and North Cumbria many people have sadly experienced a bereavement, or a long-lasting worsening of their own physical or mental health, either directly or indirectly due to the Covid-19 pandemic.

During the heights of the pandemic people and communities showed incredible resilience, support and solidarity. But we know that the pandemic led to higher levels of anxiety and social isolation, and caused a major disruption to education, employment and home life. For example, there is clear evidence that domestic violence and broader adult and children safeguarding issues increased during the pandemic.

Health and care organisations have struggled to sustain vital services. Demand is at a very high level, with some services still working to recover and to address increased levels of unmet demand. The impact on the whole social care sector, for adults and children, has been enormous, and the NHS is now working to reduce its highest ever backlog of care, as measured by waiting lists and waiting times.

The health and care workforce has worked incredibly hard, with great ingenuity and flexibility during the heights of the pandemic. Many staff members are tired and are living with the emotional impact of the pandemic, having been through an extremely challenging time.

This sets a very difficult context for the Integrated Care Strategy. Most measures of health and wellbeing, population health, health inequalities and performance measures for health and care services, have worsened over the last three years.

We would not choose to start from here.

Despite this being a challenging starting point we have a once in a generation opportunity through our partnership to convene the widest, deepest and strongest coalition of public and community bodies ever seen in the region. With a shared ambition to deliver a programme of health and care improvement for the people of the North East and North Cumbria that reverses these negative trends and delivers the healthier and fairer lives they deserve.

2.2 Health and wellbeing outcomes

2.2.1 Measuring health and wellbeing

The World Health Organisation (WHO) defines health as '*a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.* This definition moves beyond bio-medical models of health, but the definition can feel unrealistic as very few of us will ever feel truly healthy against this definition. There are a wide number of definitions of wellbeing. Some are subjective, for example feeling well, being able to function successfully and having positive thoughts and relationships. Others are objective measures such as having access to good housing, education, food and safety.

It is difficult to give a single definition of health and wellbeing, and even more difficult to properly measure health and wellbeing. We have selected two key measures for population level health outcomes as a source of focus for this strategy. We recognise the short comings in this, and over time will seek to build more inclusive and satisfactory measures.

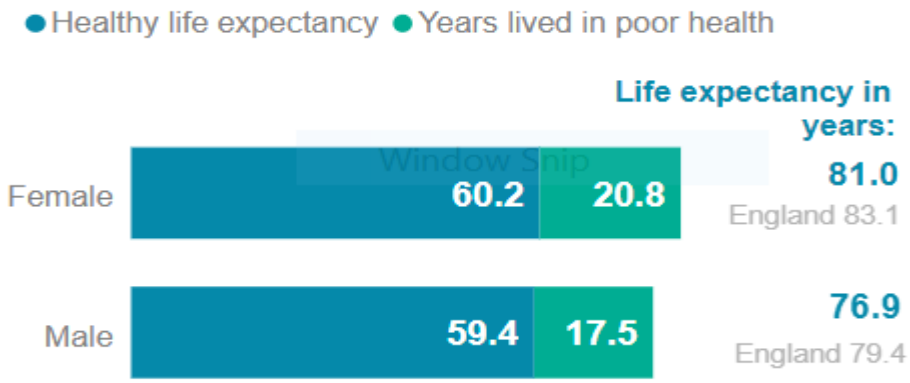
Our key measures are:

- Life expectancy at birth: this is the average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant.
- Healthy life expectancy at birth: this is an estimate of the average number of years babies born this year would live in a state of 'good' general health if mortality levels at each age, and the level of good health at each age, remain constant in the future. The healthy life expectancy measure adds a 'quality of life' dimension to estimates of life expectancy by dividing it into time spent in different states of health.

We recognise that these are not the only measures of health outcomes, and that they have the potential to focus on physical health, or to miss the very real issues for people living with a long-term condition or disability (across physical and mental health). They have been chosen as good overall indicators, which are widely and routinely measured, meaning we can track progress and make comparisons.

2.2.2 Life expectancy and healthy life expectancy at birth

Life expectancy at birth in our ICP has been persistently lower than the England average for a long time. The most recent measurement is for 2018-20 as shown below.



Source: Population weighted estimates (experimental) for NENC via Picture of Health - ICS edition 2022 based on data available from OHID Public Health Profiles 2022.

Population weighted estimates for healthy life expectancy at birth are also lower than the England average for 2018-20:

- For women this was 60.2 years in our ICP compared to 63.5 for England
- For men this was 59.4 years in our ICP compared to 63.1 for England.

Using these measures, our ICP has some of the worse health outcomes in England.

On average, people in the North East and North Cumbria are expected to die at a younger age than people in most other parts of England and have a longer period of ill health before they die. This needs to change.

2.3 Health inequalities

2.3.1 Inequality in health outcomes

Health inequalities are socially produced, unjust and avoidable systematic differences in health between groups of people. Health inequalities arise because of variations in the conditions in which we are born, grow, live, work and age. We do not all have the same opportunities to be healthy. Inequalities are driven by structural factors beyond individual control.

One key measure of health inequalities are inequalities in life expectancy, the difference in how long groups of people in they live average. The graphic below shows the difference in life expectancy at birth between the most deprived 20% and least deprived 20% areas within our ICP in 2020/21.

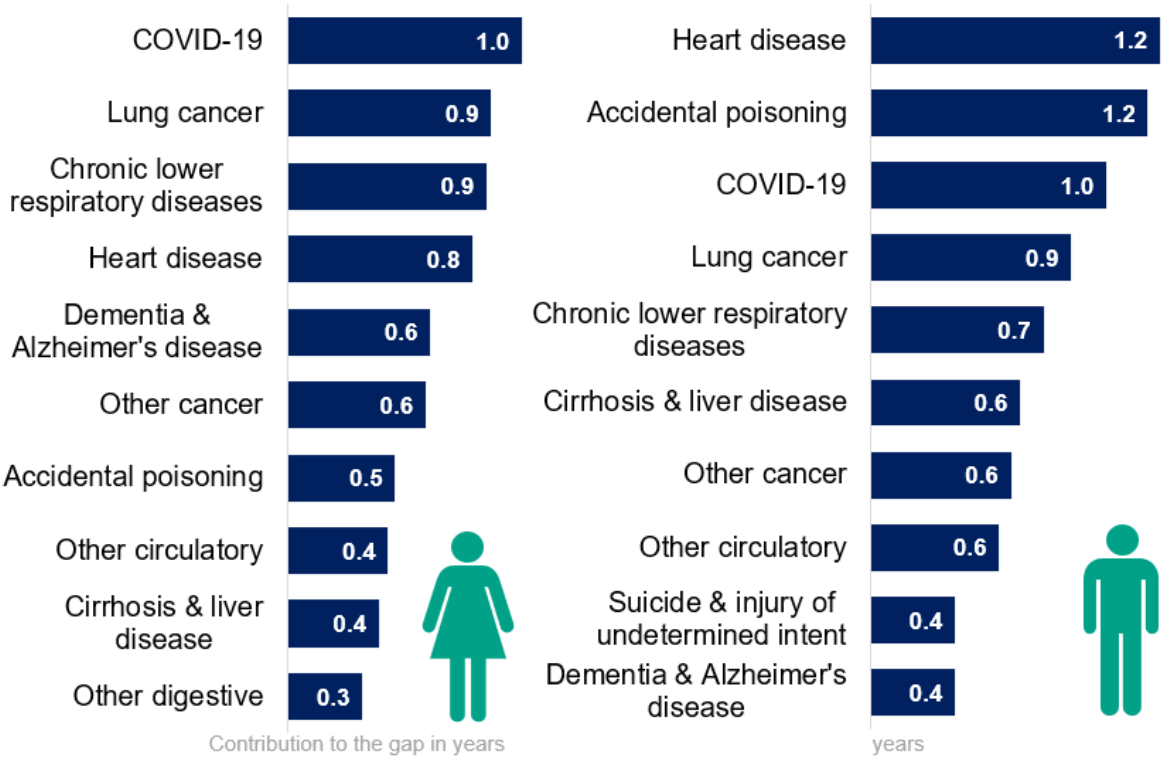
The difference was approximately 8.1 years for women and 10.4 years for men. This difference is much larger than the comparable inequality gap for England.

Source: Population weighted experimental estimates based on [OHID Segment tool]

Mortality rates from Covid-19 have been considerably higher in the more deprived areas, deepening health inequalities. By April 2022, the cumulative death rates since the start of the pandemic in people aged under 75 were 3.5 times higher in the most deprived areas compared to the least deprived across the North East and North Cumbria.

2.3.2 Main causes of in inequality by disease groups

The graphic below shows the main causes of inequality in health outcomes between our ICP and England by disease groups for 2020 – 21.

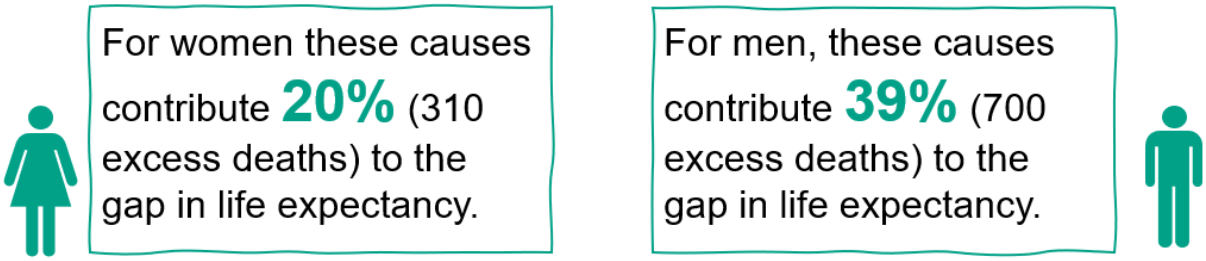


Source: Population weighted experimental estimates based on [OHID Segment tool]

Most of the gap in outcomes is attributable to avoidable mortality. For our region, inequalities in life expectancy are heavily associated with:

- Covid-19: As there is much higher Covid-19 mortality in more deprived communities
- Smoking: This causes respiratory disease and lung cancer
- Alcohol: This can cause cirrhosis and liver disease
- Smoking, alcohol, and healthy weight: Which causes heart disease, circulatory disease and cancers
- Substance misuse: Accidental poisonings are most frequently drug related deaths. The North East (not including North Cumbria) had the highest rate of drug related deaths in England in each of the past nine years.
- Emotional and mental wellbeing: which is a significant factor in all causes of mortality, including suicide.

Accidental poisoning, suicide and injury of undetermined intent, and cirrhosis and liver disease contribute considerably to the gap in life expectancy between our ICP and England, as highlighted below:



Source: Population weighted experimental estimates based on OHID Segment tool

2.4 Social determinants of health and wellbeing

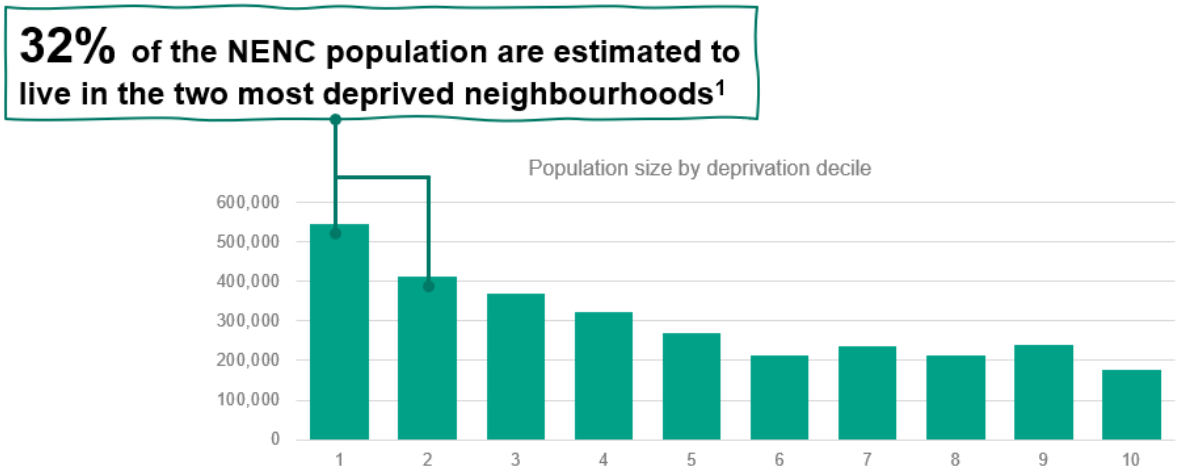
2.4.1 Socio-economic deprivation

Poor social and economic circumstances affect health throughout life. People living in poverty and multiple dis-advantage have greater risks of serious illness and premature death. They face increasing health inequalities and spend a greater proportion of their shorter lives living with long term conditions and disabilities.

People living with this disadvantage also begin to use health services at an earlier age, increasing the demand for health and social care for a longer period. Although the root causes of health inequalities are driven by factors outside of the NHS and social care, these services deal with the often-preventable consequences and should therefore play an active role in supporting local communities.

In the North East and North Cumbria this is a major challenge. Our population overall has much lower levels of wealth, and a much higher percentage of our population

live in the twenty percent (two deciles) most deprived neighbourhoods for England as shown below.



Source: ONS mid 2020 population estimates and index of multiple deprivation

In total 32% of people in the North East and North Cumbria live in neighbourhoods which are in the 20% most deprived in England. This is even starker for children and young people, where the figure rises to 40% of infants aged 0 – 4, much higher than the England average of 25%.

This is set to worsen in the context of the current cost of living crisis. Average pay growth is well below the current rate of inflation and in 2022/23 and 2023/24 we are anticipating the largest fall in real incomes since records began. This will have a disproportionate impact on people living in more deprived neighbourhoods.

2.5 Health and care services

Across a range of metrics the quality of health and care services in the North East and North Cumbria is consistently rated amongst some of the best in England. However, people do not always experience services as excellent. There are real challenges in:

- The unwarranted variation in the quality of services, and inequalities in access, experience and outcomes
- The experience of using services, including access, navigating different systems, waiting times, geographical distance and culturally appropriate services
- The safety of services, including for some people experiencing harm from their contact with services
- The outcomes delivered.

There are now more services across all sectors with a 'Requires Improvement' or 'Inadequate' Care Quality Commission (CQC) rating and worsened indicators of performance than pre-pandemic. In the short term at least, without very concerted action, this is only likely to continue to worsen. We also know that the way health and care services are delivered and experienced can be very inequitable. This also needs to change.

3 Strengths to build on

In the North East and North Cumbria we have much to be proud of. We have outstanding strengths that provide a credible source of hope and collectively we can make real improvements with confidence and realistic optimism.

We have strong communities, with hundreds of thousands of people providing unpaid care to support their loved ones, or freely giving their time and skills through volunteering. Our voluntary, community and social enterprise (VCSE) sector makes a huge contribution to the health and wellbeing of our region and our communities.

We are home to areas of outstanding natural beauty and habitats of international importance. Millions of people visit our area every year to enjoy our environment and cultural assets. We have vibrant industries in all sectors, providing employment and infrastructure of national value.

We also have some of the best research and development programmes of any health system, developing the next generation of treatments, and procedures and cures (including world leading genetic research programmes) alongside dedicated research capacity through our Academic Health Science Network (ASHN) and Applied Research Collaborative (ARC).

Our medical training is rated as among the best in the UK. We are home to one of the UK's top ten medical schools at Newcastle, and an innovative new medical school in Sunderland, dedicated to widening access to ensure the profession reflects the communities it serves. By taking the lead in apprenticeships and training we have offered a way into highly skilled and rewarding professions for thousands of young people and our future generations.

We have a very strong foundation of partnership and collaborative working, across the ICP and at local authority place level. These and our many other strengths and assets provide a fantastic foundation for us to make a real and lasting difference to the health and wellbeing of or population.

4 Our vision, goals and ambition

4.1 Introduction and overview

From our case for change, and feedback on our initial draft strategy, we have developed a basic framework to show our vision, goals and enabling actions.

Our vision is better, fairer, health and wellbeing for everyone. This is intended to be an inclusive vision, capturing the need to improve health and broader wellbeing for everyone across the North East and North Cumbria.

The pandemic has further reduced the life expectancy at birth of our population and there is need for focused work to ensure we recover from this position

Our goals are overarching commitments, supported by measurable improvements. Our enablers are cross cutting themes that will enable the delivery of our goals.

This framework provides the structure for the remaining sections of the strategy.

4.2 Longer and heathier lives for all

Our first goal is to achieve to longer, healthier lives for everyone. Our key measurable commitment is to:

Goal 1: Reduce the gap between our ICP and the England average in life expectancy and healthy life expectancy at birth, by at least 10% by 2030.

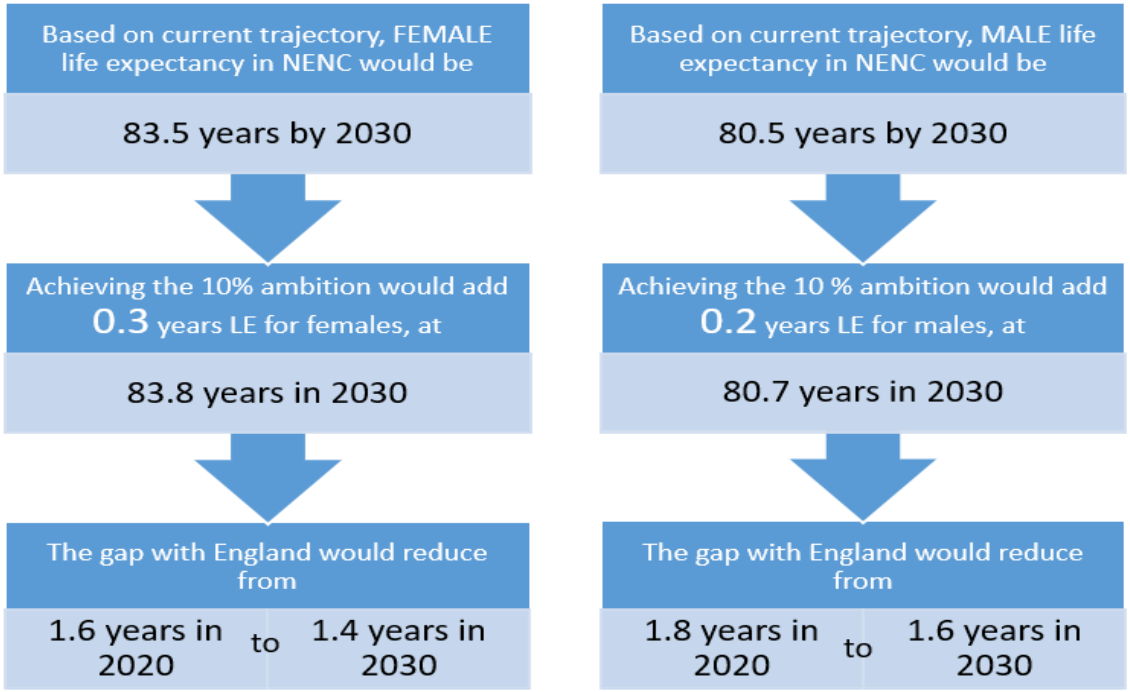
As set out in our case for change, we have lower life expectancy and healthy life expectancy at birth than the England average. In the longer term our ambition is to eliminate this inequality. The people of the North East and North Cumbria deserve at least the same level of health outcomes as people in the rest of the country. But this will take time, this inequality is longstanding and worsened during the Covid-19 pandemic.

Our first collective task is to reverse the current trajectory, to recover our pre-pandemic position, and to begin to set a real momentum towards a longer-term transformation in health outcomes.

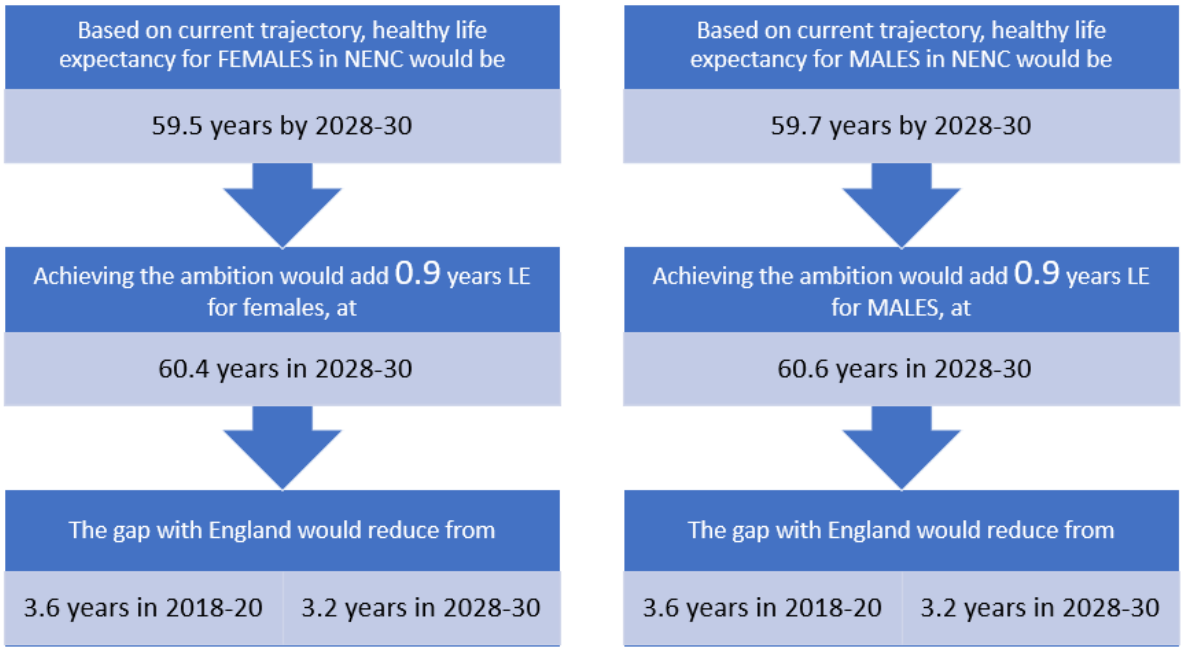
The wording of this goal can be confusing. We cannot know in advance what the England average for life expectancy and healthy life expectancy at birth will be in 2030. We can model the current position, and the current trajectory – meaning the 'if we did nothing different' scenario.

The charts below show the modelling.

Life expectancy at birth



Healthy life expectancy at birth



4.3 Fairer health outcomes for all

Our second goal relates to delivering fairer outcomes. Our key measurable commitment is to:

Goal 2: Reduce the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived 20% of neighbourhoods and the least deprived 20% - by at least 10% by 2030.

This is a measure of reducing health inequalities in the quality of life at population level. This means preventing ill health, delaying the onset of long-term conditions and reducing the gap in health outcomes all along the social gradient. We are committed to improving health outcomes for everyone, but to make the biggest difference for the people and communities who currently experience the poorest health outcomes.

As described in our case for change, the current level of inequalities in health outcomes is large and deeply entrenched. Over time we will work to deliver a much bigger change, but in recognition of the current position we are seeking to set a challenging yet realistic ambition.

4.4 Best start in life for our children and young people

Our third goal is a specific focus on children and young people. Our experiences during infancy, childhood and as young people deeply shape our long term, and often lifelong ability to reach full potential as well as enjoy good health and wellbeing. Children and young people in our region often experience significant inequalities. We want to enable children and young people to have the best possible start in life, as a commitment which is worthwhile in its own right, but also because this will have a lasting positive effect on health outcomes and fairer outcomes.

Early in 2023, we will work with children and young people, and across partner organisations, to agree the most appropriate overall measurable commitment in relation to this goal. Provisionally, we have set a goal to:

Goal 3: Increase the percentage of children with good school readiness at reception, especially for children from disadvantaged groups.

This recognises the multiple issues that impact on to a young child's life as they enter school, including family support, good nutrition, healthy lifestyle – activity, play, sleep, socialisation, language development, physical development and growing in a truly healthy environment.

4.5 Improving health and care services

Our fourth goal relates to improving health and care services. Our key measurable commitment is:

Goal 4: To ensure that our Integrated Care System is rated as good or excellent by the Care Quality Commission (CQC).

We accept that there are limitations to how we can measure the quality of our health and care services. This measure has been selected as the CQC will in the future, and for the first time, undertake inspections of whole system from a broader partnership perspective.

4.6 Supporting goals

Alongside our measurable goal, we have also set some supporting goals which are critical in our ambition to achieve the overall goals described in the above section. These are important in their own right and in combination also contribute to the achievement of our measurable goals. The combination of goals will form our performance framework for assessing how well we are meeting our strategy commitments.

By 2030, we aim to:

1. Reduce smoking prevalence from 13% of people aged over 18 in 2020 to 5% or below.

2. Reduce alcohol related admissions to hospital by 20%.

3. Halve the difference in the suicide rate between our ICP and England in 2019/2021 (three year rolling average) by 2029/31.

4. Reduce drug related deaths by at least 15% by 2030.

5. Increase the percentage of people diagnosed at the early stages of cancer (stage 1 and 2) to the national target of 85% by 2028.

6. Increase the percentage of regulated services, across each of social care, primary care, and secondary care, that are rated as good or excellent by the Care Quality Commission.

We would like to set further supporting commitments, but as yet have not developed effective baselines or defined a reasonable ambition. During 2023 we will additionally seek to set stretching yet realistic supporting commitments in relation to:

7. Increase the number of people children, young people and adults with a healthy weight.

8. Reduce social isolation, especially for older and vulnerable people.

9. Reduce the gap in life expectancy for people in the most excluded groups (see section 6.3, inclusion health).

5 Longer and healthier life expectancy

5.1 Supporting economic and social development

We recognise that health and care services only play a small but important part in determining overall health and wellbeing outcomes. Health and care services cannot resolve the broader social and economic structures that give rise to poorer health outcomes and health inequalities. However, there are active steps that we can take to make improvement.

We will ensure there is clarity in our leadership, collaborative and advocacy actions to address the underlying causes of poor population health outcomes and inequalities.

We will be an active partner in advocating for economic and social development in the North East and North Cumbria and support and develop strong links with leading organisations and partnerships - for example Local Economic Partnerships.

5.2 Health and wellbeing related services

A broad range of services can have a positive impact on health and wellbeing. We will work with partners across a broad range of sectors to integrate approaches to health and wellbeing.

Housing plays a very important role. Living in a house with poor energy insulation, damp or living in overcrowded housing can all have a major detrimental impact on wellbeing. We will work in partnership with local authorities, and through them partner with registered social landlords and the independent/private sector to find support approaches to improve housing.

Services which support people to access benefits, legal advice and other advice services are also deeply important. For example, there is clear evidence that people supported by the Citizens Advice Bureau and community led advice and support services feel a health and wellbeing gain.

Leisure services have an obvious health and wellbeing positive impact, as do other approaches to encouraging or enabling physically active lives.

Education and employment services have a major impact on health and wellbeing. Educational attainment is the strongest correlative factor in health outcomes, and employment, particularly in better paid roles, is a protective factor for health and wellbeing.

Particularly working at local authority place level, we will seek to work in partnership with a broad coalition of services that have a positive impact on health, not just

health and care services. Such services need to be included in our approach to integrated neighbourhood teams to support broader wellbeing.

5.3 Community centred and asset-based approaches

Asset-based approaches emphasise the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities. We will use asset-based approaches to address health inequalities in access, experience and outcomes building on the knowledge, skills, experience, resilience, and expertise that lie within the communities we serve. We will build on the learning from the Covid-19 pandemic in which community centred approaches across the region played a key role in a number of the key strands for the pandemic response.

5.4 Community wealth and anchor institutions

Local authorities, working with place partners, have a leading role in building community wealth.

Large partner organisations, rooted in their local communities, can make a big difference to social determinants by acting as 'anchor institutions'. The term anchor institutions refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and can help improve the health and wellbeing of communities by:

- Purchasing more locally for social benefit
- Using buildings and spaces to support communities
- Widening access to quality employment
- Working with local partners, spreading good ideas for civic responsibility
- Reducing environmental impact

5.5 Prevention and health promotion

5.5.1 Healthier and Fairer Committee of our ICP

We will continue to implement evidence-based programmes of preventive interventions, recognising the key leadership role of local authorities in public health, but including all partner organisations.

Health and wellbeing boards and local authority place-based partnerships are already actively delivering a wide range of prevention and health promotion approaches.

To support their work we have established a Healthier and Fairer Committee of our ICP, jointly led by the ICB medical director and the chair of the North East Directors of Public Health network. The healthier and fairer committee will provide leadership across the ICP, and give support to local authority places, focussed on:

Prevention, including:

- Reducing the harms from alcohol, substance misuse and smoking
- Promoting healthy weight and active lives
- Supporting people to prepare well when waiting for planned operations.

Core20Plus5 (this is explained in sections 6.2 and 7.4)

- For both children and young people and adults
- Deep End Network (a network of general practices based in deprived communities)

Broader economic and social benefits, including:

- Acting as anchor institutions
- Digital inclusion
- Promoting health literacy
- Responding to the cost of living
- Poverty proofing services – working with people on low incomes to identify and overcome the barriers that might prevent access to services.

5.5.2 Improving nutrition and supporting active lives

Health weight is a key factor in health outcomes. We do not want to stigmatise anyone but we want to find improved ways to support children, young people and adults to have good nutrition and to live active lives. This is a complex issue and national support will be needed to make healthier food more accessible to everyone in addition to health promoting interventions. We will work to include programmes promoting healthy weight, good nutrition and active lifestyles in our partnerships at neighbourhood, local authority place and regional level. This will include social prescribing programmes.

5.5.2 Smoking and alcohol programmes

Fresh and Balance are the ICP tobacco and alcohol programmes. Their purpose is to work with partners and the public to help drive a societal shift around two of our biggest preventable causes of ill health in our region.

The programme works at population level and is a valuable resource to assist both NHS and local authority partners as they support people to stop smoking or reduce drinking. Equally important is a focus on shifting the norms around both tobacco and alcohol use, coupled with enforcement of legislation and a call for action to prioritise both issues at national level.

The Fresh Balance programme supports local action to highlight the impact of alcohol and tobacco on families, communities, public services and the wider economy. It encourages healthier behaviours through award winning media campaigns and advocates on behalf of the region for evidence-based policy through collaboration with the Smokefree Action Coalition and Alcohol Health Alliance.

The Fresh and Balance approach recognises the role of all partners across the system partners including the Association of Directors of Public Health North East, the Office of Health Improvement and the ICP Healthier and Fairer Committee

The North East has made significant progress in reducing overall adult smoking rates through a multi-strand approach led by Fresh. Tobacco remains a key driver of health inequalities and smoking rates are significantly higher in some groups. There is a commitment to achieve less than 5% smoking rates across all groups. This will be achieved through action from national to local level.

The region has made some progress around alcohol with the ground-breaking campaigns led by Balance resulting in significantly more people knowing the fact that alcohol causes cancer compared to the national average. Evaluation has shown that almost half of the people who saw the most recent campaign took steps to cut down their alcohol consumption as a result. However, nearly one million adults are still drinking above the Chief Medical Officer's low risk guidelines and putting their health at risk. The 20 year high in alcohol related deaths in England signifies that there is an urgent need for national attention and action on this to support work within the region.

5.5.3 Social isolation

High-quality social connections are essential to our mental and physical health and our well-being. Social isolation and loneliness are important, yet neglected, social determinants of the health of older people. A large body of research shows that social isolation and loneliness have a serious impact on older people’s physical and mental health, quality of life, and their longevity. The effect of social isolation and loneliness on mortality is comparable to that of other well-established risk factors such as smoking, obesity, and physical inactivity.

Health and care organisations need to work in support of local organisations, particularly voluntary, community social enterprise and faith-based organisations at neighbourhood level.

5.5.4 Health literacy

Health literacy is about people’s ability to understand and act upon information relating to their health. The World Health Organisation (WHO) recognises that improving health literacy provides a foundation for people to be active in their own care and improve their health. It also highlights that improving health literacy has the potential to reduce health inequalities. We will support the skills of people to be active in their own health, and of how services communicate with people.

6 Fairer health outcomes

6.1 Health inequalities

We are committed to delivering fairer health outcomes by reducing health inequalities across our entire population. Health and wellbeing inequalities are unfair, unjust, systemic and avoidable differences in the health and well-being of our communities. The conditions in which people are born, grow, develop and age are the underlying causes of health inequalities – the key drivers are social, economic and environmental conditions.

Inequalities:

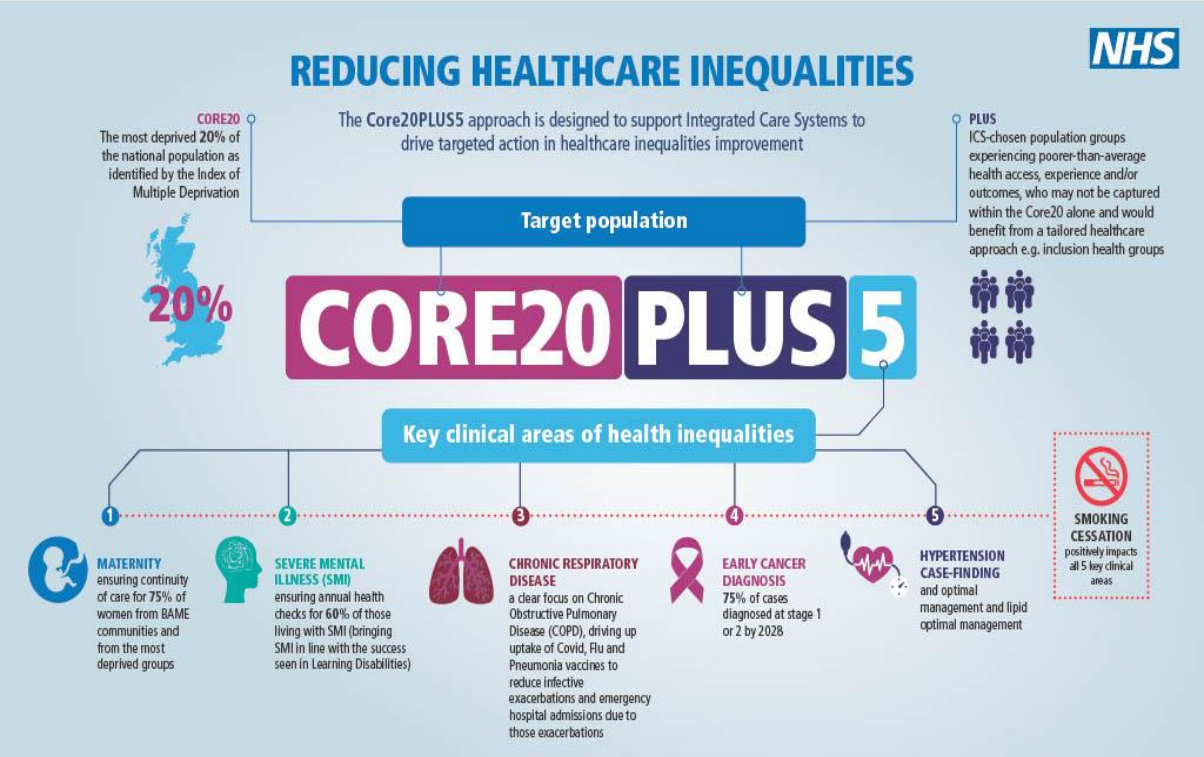
- Are a result of complex interaction between factors to produce differences across population groups
- Occur by socio-economic status, geography, protected characteristics or social exclusion, vulnerability and deprivation
- Are not inevitable and addressing them requires cross sector action by organisations, communities, business and government
- Require understanding, approaches to tackle health inequalities need to reflect the complexity of how inequalities are created, made worse and perpetuated.

These are complex issues and reducing health and wellbeing inequalities will be challenging. In this section, we outline some of the key approaches that will begin to turn around the current position and move us towards fairer outcomes.

6.2 Core20Plus5 for adults

Core 20 PLUS 5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The equivalent children and young people's framework is described in section 7.

The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement, as summarised in the graphic below.



The most deprived 20 per cent of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

Across the North East and North Cumbria, a third of our population lives in the 20% most deprived areas of the country. This is not uniformly distributed with some of our local authority areas having much higher proportions of their populations living in the most deprived 20% of neighbourhoods nationally.

The PLUS population groups within the Core20Plus5 include a number of groups where the outcomes are poorer compared to the rest of the population. These include people from Black Asian and Minority Ethnic groups, people living with a learning disability and/or autism, coastal communities with pockets of deprivation; people with multi-morbidities; and protected characteristic groups; people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in the justice system, victims of modern slavery and other socially excluded groups.

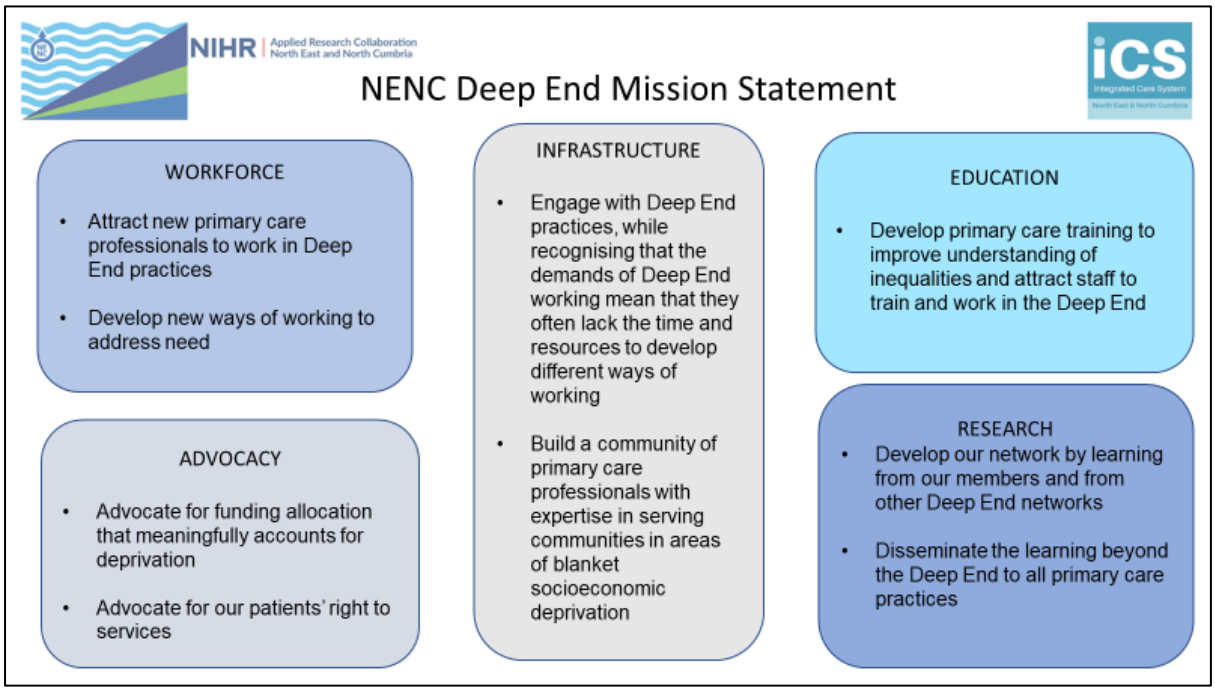
The final part of Core20plus5 sets out five clinical areas of focus:

1. Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
2. Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).
3. Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of Covid-19, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

4. Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028.
5. Hypertension case-finding and optimal management and lipid optimal management: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.

The partners within the ICP will work together to deliver these priorities across the North East and North Cumbria, although noting the impact of Covid-19 and the current position, we are working towards 2030 for the early cancer diagnosis aim.

A key intervention we will continue to develop is a work programme supporting general practice and partners at neighbourhood level through our Deep End Network, summarised below. Deep End General Practices are those working in our most disadvantaged communities.



More generally, the ICP will develop a process to ensure all significant decision and investments consider the impact on the fairness of health and wellbeing outcomes.

6.3 Inclusion health

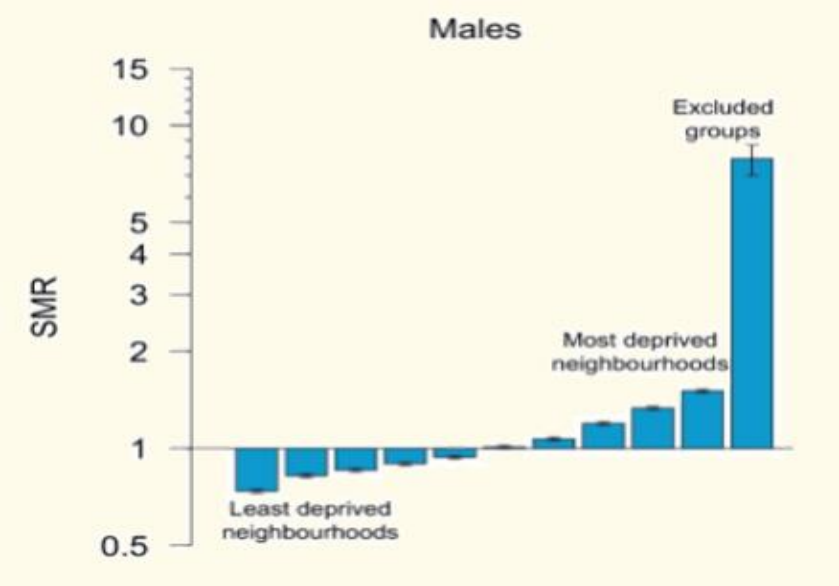
We know that some groups of people are especially disadvantaged and vulnerable. People who are socially excluded, experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), stigma and discrimination and are not consistently accounted for in databases. This includes for example:

- People experiencing homelessness

- Vulnerable migrants, including asylum seekers
- Gypsy, Roma, traveller communities
- Sex workers
- People involved in the criminal justice system

People from these and other socially excluded groups often have higher use of crisis and acute services, and for example emergency admissions, longer inpatient stays, delayed transfers of care and more frequent re-admittance. This is in part because they also experience significant barriers in access to health and social care.

They also have significantly worse health outcomes. The chart below shows the Standardised Mortality Rate (SMR) for men in excluded groups compared to men across the least and most deprived neighbourhoods.



Our approach to inclusion health will seek to properly recognised and respond to the needs of the most excluded groups of people. This will include:

- Using evidence and taking opportunities for research where there are gaps in evidence of health and care need, or needs might be effectively met
- involving people, including seldom heard voices
- developing approaches to health and care which are responsive to multiple dis-advantage.

6.4 Inequalities in health and care

The way health and care services are delivered can contribute to health inequalities. Some groups of the population have lower participation in routine screening programmes or present at a later stage of disease progression, due to the barriers people need to overcome in order to engage with services. These barriers include the cost of travel to health services, convenience, health literacy, unconscious bias,

diagnostic overshadowing and lack of agency and advocacy support. A key part of our work is to ensure that we eradicate, and at least minimise, those inequalities.

We will work with a focus on inequalities in access, experience and outcomes from how people interact (or have a lack of interaction) with health and care services. Some of the key issues we will seek to address are:

- Inequitable access can result in patient groups receiving less care or sub-optimal care than others leading to poor experience and poor outcomes
- The relationship, or intersection, between medical and social vulnerability
- The inverse care law is an example of healthcare inequalities – those with the greatest need having the least access
- Reduce unwarranted variation in access, experience and outcomes
- Access to services that prevent ill-health as well as primary, secondary and community services for people with ongoing health conditions.

6.5 Challenges for rural and coastal areas

Rural poverty and economic challenges

Rural areas in the North East and North Cumbria tend to be less deprived compared to the system's urban areas, and some of the most affluent areas in the region are found in rural areas. However, even in affluent areas there are pockets of deprivation, especially amongst older people. Furthermore, the low population density in rural areas creates some specific challenges for health and wellbeing in rural areas. There are dispersed market towns, coastal, ex-coal mining, commuter villages that experience some poorer health outcomes. Those areas of rural deprivation face many of the poorer health outcomes to deprived urban areas. Some of the highest levels of deprivation are in our former coal mining villages. In fact, an overlay of the collieries in the second part of the twentieth century corresponds to rural indices of deprivation.

People with less income in rural areas are prone to fuel poverty because homes in rural areas are typically less energy efficient and can be more reliant on potentially more expensive heating fuels.

Many young people leave to pursue higher education as most universities are situated in cities. The drain of skilled workers inhibits the opportunities for economic growth in rural areas.

Geographical isolation

Transport to healthcare is more difficult in rural areas owing to less public transport and less efficient roads. This is particularly a problem for people on low income who can't afford to run and maintain a car. These longer distances mean that rural residents can experience 'distance decay' where there is decreasing rate of service

use with increasing distance from the source of health care. Research by Age UK found that cuts to bus services had made it more difficult for older people to access their doctor's surgery and to get to hospital appointments.

7 Best start in life for our children and young people

7.1 Introduction

A strong theme in the feedback to our initial draft strategy was the need to focus on children and young people. All of the sections in this strategy apply implicitly to children and young people, but we have now included as a key goal the need to ensure we give our children and young people the best start in life.

Our ambition is for all children and young people to be given the opportunity to flourish and reach their potential, and to improve outcomes for children who face the most disadvantage. Partners within the ICP will work together and through co-production with children, young people and their families and carers, to provide a better start in life and enable all children to reach their potential.

Children and young people represent nearly 25% of our population, but more importantly hold 100% of the future outcomes. Evidence shows that adversity in childhood can lead to long term, and even life long, adverse health outcomes.

Children and young people in our region have multiple challenges to overcome:

- The voice of the child is not being heard strongly and consistently in an adult focused system
- The significant but unheard impact of Covid-19 pandemic on our young people followed by the unprecedented cost of living crisis in already high levels of poverty which impacts future health outcomes
- The complexity of the child system - diverse professional, organisational and child perspective as well as the family
- Children and young people are more likely to be living in neighbourhoods with higher levels of socio-economic deprivation than any other age group in the population. We have some of the highest levels of childhood poverty in England
- Half of all mental health problems are established by the age of 14 and 75% by the age of 24.

7.2 Maternity services

Our aim is for maternity and neonatal services across the North East and North Cumbria to become safer, more personalised, kinder, professional and more family friendly.

Our ambition is to be the safest place to be pregnant, give birth and transition into parenthood – with all women who use or maternity and neonatal services receiving

the best care possible. Our commitment to reducing health inequalities and unwarranted variation will be crucial to this.

Planning and preparing for good health in pregnancy significantly influences a baby's development in the womb which, influences long-term health and educational outcomes. By giving every baby the best start in life, we will help them fulfil their potential.

Our maternity and neonatal services need to respond to each person's unique health and social situation, with increasing support as health inequalities increase, so that care is safe and personal for all.

This includes ensuring every woman has access to information to enable her to make decisions about her care and that every woman and her baby can access support that is centred around their individual needs and circumstances.

In the North East and North Cumbria, we know that most mothers and babies have a healthy pregnancy and birth. However, national and local research tells us that mothers and babies from a Black, Asian or mixed ethnicity background and those living in our more deprived communities are more likely to be unwell and although rare, to experience serious complications during pregnancy and birth.

Such serious health implications are made more likely by a range of factors linked to genetics, where and how they live, these are often referred to as risk factors.

People who live in more deprived areas also experience higher levels of other 'risk factors' like smoking, being overweight, not using folic acid, having limited access to services, being younger or older when pregnant.

Our areas of focus will include:

- Setting clear priorities to continue to deliver our maternity and neonatal safety ambitions and provide more personalised care
- Bringing together actions from the recently published national maternity reports into one delivery plan for maternity and neonatal services. For example final Ockenden report, the report into maternity services in East Kent, the NHS Long-Term Plan and our maternity Transformation Programme deliverables.
- Reducing health inequalities and address any unwarranted variation across maternity and neonatal services
- Co-produce our work with service users, frontline colleagues, system leaders and wide range of stakeholders from across the integrated care system.

7.3 Health and care services for children

We will work in partnership to strengthen health and care services for children and young people - recognising the need to work together but also reflecting the key roles of organisations. For example, the NHS plays a leading role in universal

services for pre-school children, and local authorities have a key leadership role in relation to education and support to families.

Since 2020 there has been a sustained increase in demand for a wide range of children's services including:

- Emotional wellbeing and mental health services
- Referrals for autism, attention deficit and hyperactivity disorder (ADHD) and other developmental disorder assessments
- Services to effectively support children and young people (and their families and carers) with Special Educational Needs and Disabilities (SEND)
- Complex packages of care across education, social care and health care
- Safeguarding

Working in partnership, we will seek to:

- Improve access to social care, physical and mental health services

- Improve pathways for children with long term conditions and life limiting illness, including access to effective psychological support

- Ensure measures to tackle the wider determinants of health include a focus on children and young people, and in particular those from our poorest communities

- Support mental wellbeing through 'Mental Health First Aid' and increase early intervention and prevention for mental and emotional wellbeing

- Ensure a focussed improvement in all tiers of child and adolescent mental health services (CAMHS), delivering and learning from the CAMHS whole pathway commissioning 'pilot'. This is one of only four successful pilot sites across the country.

- A focussed improvement in transitions from child, young people and adult services

- Work across sectors to more effectively commission jointly funded packages of care for children and young people with complex support needs across education, social care and health care

- Address the challenges and opportunities highlighted in Special Educational Needs and Disabilities (SEND) inspections across local authorities and the NHS. We recognise that SEND goes up to the age of 25 and therefore transitions into adult services.

- Ensure specific support when children and young people experience adverse life events such as a bereavement, abuse, neglect, or experiencing a parent being involved in the criminal justice system. Childhood trauma can have a life-long impact, including in physiological as well as psychological changes.

7.4 Core20Plus5 for children and young people

In Autumn 2022, NHS England published the Core20Plus5 framework for children and young people. This is summarised in the graphic below.

In the North East and North Cumbria we will adapt and adopt the Core20Plus5 programmes as one of our key areas of work with children and young people.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level.

This approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.

Core20 is the most deprived 20% of the national population as identified by the national Index of multiple deprivation (IMD).

Target populations

PLUS population groups include ethnic minority communities; inclusion health groups; people with a learning disability and autistic people; coastal communities with pockets of deprivation hidden amongst relative affluence; people with multi-morbidities; and protected characteristic groups; amongst others.

Specific consideration should be taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

Clinical areas of focus

The final part sets out five clinical areas of focus:

- Asthma: Addressing over reliance on reliever medications and decreasing the number of asthma attacks.
- Diabetes: Increasing access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; as well as increasing the proportion of those with Type 2 diabetes receiving recommended NICE care processes.
- Epilepsy: Increasing access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism.
- Oral health: Tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.
- Mental health: Improving access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

7.5 The voice of children and young people

We will work to ensure the voice of children and young people is strongly represented so that high quality engagement is in place in the development and delivery of strategies and work plans and ensure supporting systems are in place to in achieve high quality engagement through the sharing of good practice.

The vital involvement of children, young people and families must take place in earnest to give validity to this strategy. This will include the development of media that is accessible and engaging to young people.

8 Improving health and care services

8.1 Core principles and cross cutting services

8.1.1 Improving quality and safety

Improving the quality of health and care services including experience, access, safety and outcomes is a key area of focus of our plans. The ICP and its partners will deliver the improvements needed as highlighted by people using services, people working in our services, and regulators.

We will do this by

- Improving safety culture within our provider organisations so that incidences are reduced.
- Identifying the causes of adverse events and learn from them, ensuring improved practice is implemented and sustained.
- Reducing the unwarranted variability of the service offer and increase the consistency of the care

We will deliver fairer access to our services by adapting and personalising services so they reach vulnerable people, of all ages. We will target those groups of people that our data show are not currently accessing services at a level we would expect for their needs. For example, people from our poorest neighbourhoods, those from BAME communities and people with a learning disability.

The ICP recognises the critical role of the Care Quality Commission (CQC) and other regulators, such as the Office of Standards for Education, Children's Services and Skills (OFSTED), play in assuring quality and safety and in supporting improvement where needed. We will work closely with our regulatory bodies to maximise the impact of our collective efforts to oversee the quality of care provided.

We acknowledge that there have been some serious failings in relation to safety. As an ICP we begin from a clear position that all serious harm is avoidable. We will work to ensure that all serious incidents or other safety failures are properly recorded, reported and most importantly shared with a focus on learning and improvement.

We will develop an open, transparent and supportive learning environment. An environment where staff members feel confident to report adverse incidents and risks to safety, and are actively supported to address them by making changes to the way in which services are delivered. We will promote the effective use of qualitative and quantitive data to identify themes for improvement and act upon them.

8.1.2 Sustainable services

Health and care organisations are facing major challenges in sustainability. Many are long standing and have been compounded by the impact of the Covid-19 pandemic. In some parts of our system, there are intractable difficulties in providing stable and

high-quality services. The ICP partners will work together to improve sustainability in the most fragile services including:

- Intensive support and improvement, including drawing in learning
- Supporting local teams to implement new models of care
- Implementing networked and collaborative models of care from the wider North East and North Cumbia system where local solutions cannot deliver sustainability on their own
- Joint planning and aligned commissioning, particularly to support the management of the Social Care market and providers of services funded through Continuing Health Care and joint section 117 arrangements.

To deliver sustainable service provision form should follow function. As care models evolve, some organisational change may need to follow, for example in GP practices or groups of hospitals. There will also need be active management of the social care market, with all partners in the ICP working together to ensure sustainable social care. We will be mindful of avoiding adverse unintended consequences in our future service design work and will consider sustainability alongside reducing inequalities.

Partly our work to improve sustainability will be delivered through organisations working together in closer partnership, including:

- Work to establish stronger partnerships between Social Care providers
- Networks of Primary Care Networks and General Practice Federations working together at scale, supported by the Primary Care Collaborative
- The Mental Health Collaborative responsible for some specialist services under delegation from NHS England. We will seek to further develop the potential for a wider focus to mental Health collaboratives
- The NHS Foundation Trust (FT) Provider Collaborative.

Over time, our provider collaboratives will play an increasingly important role within the ICP, taking on leadership of clinical networks and strategic programmes and brokerage of key deliverables with their members. Each provider collaborative will be supported with programme resource from both the ICB and their members.

Some parts of the North East and North Cumbria geography have sustainability challenges across multiple parts of their health and care system. Partners will give an appropriate level of focus and resource to these geographies and ensure an holistic response for them to achieve all of the goals set out in this strategy.

8.1.3 Equal value of mental and physical health services

We will deliver services with a key principle of parity of esteem – giving as great a focus to emotional and mental wellbeing, mental health, and learning disability and/or autism as we do for physical health. Mental wellbeing and mental illness needs to be focussed on in its own right, but there is a major interplay between mental health and physical health, as summarised by the Centre for Mental Health:

- Mental illness reduces life expectancy - it has a similar effect on life-expectancy as smoking, and a greater effect than obesity
- Mental ill health is also associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type 2 diabetes or respiratory disease.
- Poor physical health increases the risk of mental illness - the risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease
- Children experiencing a serious or chronic illness are also twice as likely to develop emotional disorders. Prevention, early detection and early intervention can all have a positive impact.

We will be purposeful in ensuring parity of esteem. In particular we will pay attention to access to mental health servies, applying the NHS consitutional waiting times and achieving parity with physical health waiting tiimes.

8.1.4 Personalising health and care

Personalised Care is the practice of enabling people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences. We will deliver a Personalised Care Programme across the ICP, which invests in meeting health and wellbeing needs, using the Universal Personalised Care model. Our key guiding principle will be ‘what matters to me’, enabling service users to have greater control.

We will embed personalised care approaches including shared decision making, personalised care and support planning, supported self-management, personal health budgets, choice and community-based support in all programmes.

8.1.5 Supporting unpaid carers

Unpaid carers are a very diverse group. It includes Young Carers - children and young people who support family members, usually one or both of their parents or their siblings, who have additional caring needs. This might result from a long-term disability, long term condition or an acute illness. It also often relates to social circumstance, for example children of drug or alcohol dependent parents. Young carers often experience multiple disadvantage, through reduced time available to focus on their education, or to build peer social groups, and often also experience other features of socio-economic deprivation.

Adult Carers include parents providing support to their children and adult children, including those with physical care needs, learning disabilities or severe and enduring mental illness. It also includes carers providing support for older adults, particularly elderly family members who need support for the normal functions of daily living, for example due to a significant cognitive impairment or dementia. Carers themselves often experience poorer health outcomes, and consistently report that the experience of care for their loved one, and indeed for themselves, could be improved.

We will become better at identifying carers and provide more support to them in terms of their own health and wellbeing, and to the people for whom they care.

8.1.6 Better integration and co-ordination of care

Too often, service users and their families and carers experience care which is disjointed; they have interactions with multiple health and care teams which are not co-ordinated, and certainly not around working together to meet the service user needs holistically. To do this we will ensure a key work programme to deliver integration between:

- Health and Social Care
- Primary Care and Secondary Care
- Mental and Physical Health, including the delivery of the Mental Health Community Transformation programme

We will be highly focussed on delivering the recommendations of the Next Steps for Integrating Primary Care: Fuller Report Stocktake May 2022. We already have strong programmes of integration at neighbourhood and locality level, which provide a foundation to build on. In taking this work forward we will be recognise the work that already been done and build on the existing strengths rather than imposing a new model.

A key element of the report is to join up servies through integrated neighbourhood teams, building on the development of primary care networks (PCNs) and local partnerships.

8.1.7 Ageing well

All areas in our ICP have an increase in the 65 and older population, but this is more marked in rural areas, for example Northumberland and North Cumbria have hyper-ageing populations. The hyper ageing population has more complex health needs. As the number of people over 65 continue to increase and particularly those aged over 85, the need to understand how to live well with not only the main long-term condition but also the impact of other related conditions greatens, for example:

- More older people are affected by depression in later life than any other age group, with higher rates of physical disability or illness, loneliness and isolation.
- The prevalence of social isolation increases with age, often due to the loss of friends or family, decreased mobility or reduced income. Loneliness impacts adversely on quality of life and on health. Those who frequently suffer from loneliness are much more likely to report a lower level of satisfaction with their lives overall. Research has shown that social interaction can be key to enjoying later life.
- Increased long term conditions, including diabetes, dementia, depression, heart disease and chronic obstructive pulmonary disease.
- Dementia is characterised by progressive deterioration of mental faculties ending in severe incapacity. As people grow older, their health needs become more complex with physical and mental health needs impacting on each other.

- Unintentional injuries, particularly falls, are the most frequent type of injury suffered among older people in the UK.
- Acute Frailty Syndrome, some older people live with acute frailty and multiple long-term conditions.

We will work with partners across the system to develop specific plans to support people to age well, promote independence, and to take asset-based approaches.

8.1.8 Better end of life care

We will all die. Death is a natural part of the life cycle which will affect everyone. We will enable a dedicated overarching plan to improve palliative and end of life across the health and social care system that goes beyond the need for advanced care planning. This will include working closely with the providers of hospice services, the NHS, social care and the voluntary, community and social enterprise Sector. It will also include the approach for children and young people with life limiting illness.

There is currently significant unmet need for palliative and end of life care. High quality and end of life care in community settings can also help to reduce wider system pressures, including the reliance on residential and nursing home care and hospital admissions. The latest figures on emergency admissions at the end of life show that across England 7% of deaths are preceded by at least three emergency admissions in the last three months of life. We will enable people to live well in their own homes, with the right support, for as long as possible, recognising that most people wish to stay at home, and ultimately to die well at home.

8.2 Protecting health and wellbeing

8.2.1 Safeguarding

Safeguarding is an integral part of providing high-quality health and care. Safeguarding children, young people and adults is a collective responsibility. It's crucial that as an Integrated Care Partnership we ensure the safe and effective delivery of our statutory safeguarding functions as they align to all the integrated care strategic goals. We will continue to build on the foundations of the integrated working that support our local safeguarding arrangements.

We will ensure effective safeguarding arrangements are in place including safeguarding oversight, support, supervision and training, delivered in partnership to prevent harm and safeguard our people, their families and communities. We will use our collective resources in the most effective way possible to support local partnerships and organisations.

We will give due regard to the need to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and to the need to reduce inequalities between people in their access to and the experience of and outcomes from healthcare services and to all Articles of the Human Rights Act.

We will ensure a well-supported, sustainable and skilled safeguarding leadership across all health services including primary care to enable staff at all levels to be confident and competent in delivering person centred safeguarding practice

We will use data, intelligence and consistent narrative to drive practice improvements that will connect national, regional and local intelligence to routinely describe the safeguarding "landscape" and enable more responsive planning and inform service developments at local authority place and across the ICB

We will promote a strong culture of learning that directly supports lessons learnt and drives safeguarding practice improvements, reduces risk and promotes prevention and early intervention.

8.2.2 Health protection

The UK Health Security Agency (UKHSA) Health Protection Team are responsible for providing specialist public health advice to support the NHS, local authorities, and other agencies in preventing and reducing the impact of infectious diseases and environmental hazards. The experience of the COVID-19 Pandemic brought to the fore the vital importance of effective Health Protection Programmes. We will work with partners, including the UK Health Security Agency (UKHSA) to ensure:

- High uptake of all relevant vaccinations across our population, including occupational vaccination across the health and social care workforce.
- The health of the population is protected from new emerging and re-emerging infectious diseases
- Harms are mitigated when incidents involving chemicals, poisons or radiation threaten the health of the population.
- That people are kept safe from unintended harm when engaging with health and care services
- That services, protocols, and pathways are in place to respond to cases or incidents of infectious disease.

8.2.3 Emergency preparedness, resilience and response (EPRR)

The COVID-19 pandemic emphasised the importance of effective emergency preparedness, resilience and response in delivering a co-ordinated whole system response. We will deliver our statutory duties and work with partners to deliver their statutory duties under the Civil Contingencies Act 2004 including:

- Fully engaging with Local Resilience Forums (LFR) and the Local Health Resilience Partnership (LHRP)
- Ensuring robust response plans are in place across organisations
- Co-ordinating joint system training and exercising opportunities
- Facilitating the sharing of lessons and notable practice
- Embedding cross system learning from COVID-19

8.3 Long term conditions and cancer

8.3.1 Cancer

Evidence shows that up 4 out of 10 cancers are preventable, so the biggest difference we can make in the long term is through effective prevention programmes as referenced in section 5.

Public Health analysis highlights the inequalities in the cancer mortality by area of deprivation. It is estimated for every 1, 000 people aged 65+ with cancer, 142 within the most deprived areas will die compared with 88 in the least deprived. We will use population data to deliver targeted case finding and surveillance to enable people to access diagnostics, assessment and treatment earlier.

The National Cancer Plan sets the ambition that by 2028, 80% of cancers diagnosed will be stage 1 or 2 cancers; early-stage cancers that are more amenable to curative treatment, leading to improvement in the 5-year survival rates for cancers.

Further improvements in cancer diagnosis and treatment will increase the population living with and beyond cancer. We will increase the personalisation and accessibility of support for people following their diagnosis and treatment so people know the signs and symptoms of recurrence and have access to support services and personalised follow up care.

To deliver our ambitious programme for cancer care, we will deliver a transformation plan for the specialist cancer workforce. This will include extending the roles of the members of multidisciplinary teams such as therapy radiographers and pharmacists and developing new innovative and emerging roles for future medical and clinical staff. Specific improvements we will work to deliver include:

- Delivering the early diagnosis and faster diagnosis national targets
- Exceeding the national standards for screening uptake for all population segments
- To reduce avoidable new cases of cancer
- Improve the experience, care and quality of life for people living with and beyond cancer as measured by the National Cancer Patient Survey

8.3.2 Long term conditions

Nearly all of us will live with one or more long term condition during our life, and particularly in later life we are likely to live with multiple long-term conditions. Common long-term conditions, including diabetes, heart failure, hypertension asthma and chronic obstructive pulmonary disease are major causes of poorer health outcomes and inequalities in our ICP. Some long terms conditions begin in childhood, while others become more common the longer we live. Some are deeply associated with age, for example dementia.

We need to improve how we respond to long term conditions across all services and throughout the life course, including:

- Pathways, from prevention to end of life care
- Prevention, reducing the occurrence of preventable long-term conditions
- Case finding, improving our detection of long-term conditions
- Support for self-management, we need to equip people with the knowledge, skills and strategies to successfully manage their own condition, for example through structured education programmes
- Providing effective interventions that reduce the progression of long-term conditions and reduce exacerbations
- Physical health psychology, people living with a long-term condition often require bespoke psychological support
- Social care and voluntary, community and social enterprise sector services play a huge role in supporting people to live more successfully and independently without unnecessary health interventions.

8.4 Mental health, learning disability and/or autism and substance misuse

8.4.1 Mental health

The COVID-19 pandemic significantly impacted the mental wellbeing of the whole population, including for example direct effects such as experiencing bereavement and illness, social isolation, anxiety about personal finances and employment, and an increase in domestic violence. This has exacerbated already high levels of poor mental wellbeing and mental illness. The demand for both children's and adult mental health services has risen significantly, and many services are currently operating with long waiting lists and operational pressures.

Mental illnesses have a major impact on overall health outcomes and health inequalities. People with a severe and enduring mental illness have much poorer physical health outcomes and are likely to die as much as twenty years younger than the general population. In our ICP area we have some of the highest rates of suicide in England. Suicide is the leading cause of death for men aged 15-49 and women aged 20-34.

The ICP will develop a comprehensive plan for improving the mental health of its population, building up from the services provided at neighbourhood and local authority place, with close working with the VCSE sector as a full partner, including:

- Strengthening core community, in-patient and crisis services, including peri-natal mental health services and psychiatric liaison services
- Delivering the Mental Health Community Transformation programmes, which focus on enabling patients in long term hospital care to move into a community setting with a package of support

- Moving towards trauma informed, and psychologically informed services across all of health and car services, recognising the often life-long impact of trauma (for example Adverse Childhood Experiences)
- A concerted and universal suicide prevention programme
- Improving the physical health of people with severe and enduring mental illness, including targeted prevention and health programmes and participation in screening programmes
- An improved service offer for people with substance misuse issue and poor mental wellbeing or mental ill health.

8.4.2 Learning disability and/or autism

Compared to the whole population, people with a learning disability, and autistic people, on average die at a much younger age. We will focus on tackling long waits for people to have assessments for suspected autism spectrum conditions and for people assessed as having a learning disability making sure that their health and social care needs are properly assessed and met in both health and social care.

We will work to ensure that health and care services make reasonable adjustments, provide holistic care, and do not miss other health and care needs by over focussing on a person's learning disability.

In July, the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake. It is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. It is the only training with permission to include Paula McGowan OBE, telling Oliver's story and explaining why the training is taking place. Training across health and social care services will include the Oliver McGowan Mandatory Training.

We will implement the new learning from death reviews (LeDeR) policy to review the deaths of people with a learning disability and identify learning, opportunities to improve, and good practice. We will redesign pathways to reduce waiting times for autism assessment. We will reduce the number of people in specialist in-patient services and reducing the number of emergency admissions to hospital.

A key focus will be to develop stronger joint commissioning frameworks across health and social care to improve community provision.

8.4.3 Substance misuse

As described in our case for change, illnesses associated with alcohol, and alcohol and drug related deaths, are a major cause of health inequalities in the North east and North Cumbria. For the last nine years we have had the highest rate of drug related deaths in England, and we have high rates of alcohol related hospital

admissions. This is population health challenge, requiring multi-agency working, to address the complex nature of drug and alcohol related harms. This will include:

- Increasing the delivery of brief interventions in all settings
- Increasing the participation in treatment services for dependent drinkers and drug users, including both harm reduction and abstinence based programmes
- Improved support for children of alcohol or drug dependent parents, and for carers of people with substance misuse
- Population focussed interventions as outlined in section 5.

8.5 Adult social care

8.5.1 Demand for services

Adult social care experienced extremely difficult challenges through the peaks of the COVID-19 pandemic, which exposed the longstanding and underlying fragility in many services. Additionally, adult social care is experiencing significant pressure from:

- Increased referrals because of mental health issues, domestic abuse, safeguarding concerns and the breakdown of unpaid carer arrangements
- Supporting an increasing number of people to access the right care in the right place, at the right time.
- Increased complexity of need – people who need social care support are needing a much higher level of care, for a longer period of time.
- Challenges in sustaining the independent sector care market in both the residential and nursing home sector and for home care provision
- Supporting people being discharged from hospital to access the support they need in a timely manner
- The implementation of social care reforms
- Workforce challenges, partly as a result of staff pay rates falling below the rates in other competing sectors such as retail and hospitality.

The majority of adult social care is provided to older adults, as the number of older people increases it will drive demand for services, which is compounded by a much lower growth in the number of working age adults to provide these services.

8.5.2 Economic contribution

Adult social care is often viewed as a burden on public finances. It is important to note the enormous contribution to the local economy and social infrastructure from adult social care.

Across our ICP, social care is well over £1 billion annually, with over £200 million of self-funded care, and a much higher value-added contribution (at least in excess of £2.5 billion and probably over £3 billion per year) to local economies.

Across the ICP, local authorities support more than 55,000 people with long term care and support needs, with a further 4,000 people in receipt of NHS-funded continuing health care (CHC).

Councils fund 9.3 million hours of home care provision each year. The level of demand rises when the numbers of people funding their own care are taken into account.

There are an estimated 5,800 care home residents in the North East who pay for their own care home accommodation, whilst self-funders also buy an additional 4 million home care hours pa. Local Authorities also support 13,000 people through direct payments and personal budgets meaning an estimated 3,900 individual employers in the region. It is also estimated that there are 286,000 unpaid carers in the region, of whom around 120,000 people were providing 20 or more hours of unpaid care each week.

Across our ICP partners are committed to working together to support adult social care, and to develop new ways of supporting people to live well within their communities. This has never been more important as the escalating cost of living in the UK is causing ever more people to struggle to afford the basic needs to sustain their health and wellbeing.

8.5.3 Sustainability

The ICP recognises that in order make this possibility a reality, a significant and sustained investment in required into social care. A particular challenge is the pay rates for staff in home care and care home roles. In recent years this has changed from being slightly higher than alternative jobs within the retail and hospitality sector than slightly lower. The ICP will develop and deliver a plan to expand and sustain the care workforce across our region. We will work with partners to deliver a comprehensive workforce strategy, where social care is valued, rewarded, and allows people to learn use skills within a carer progression structure.

8.5.4 Prevention and promoting independence

We will work in partnership with the VCSE sector and NHS partners to deliver a much stronger prevention offer to the population. This will support people to live independently and ensure that vital capacity in the regulated care sector is reserved for the people who most need it.

8.5.5 Areas of focus

Some of the key programmes we will deliver include:

- Strengthening the provision on Home Care and Extra Care Housing, and reduce the reliance on residential and nursing homes
- Working with the care market to increase capacity and sustainability
- Reducing the time people spend in hospital whose needs could be better met by access to social care

- Expanding the adult social care workforce
- Developing shared solutions alongside housing, and maximise the opportunities of digital and technology
- Working to identify and support more people who are providing unpaid care within the region

These programmes will be supported through the adult director of social services' networks.

8.6 NHS services

8.6.1 Primary care and community services

The majority of NHS patient interactions are delivered in primary care, through general practice, dentistry, optometry and community pharmacy. Some parts of our geography are struggling to maintain their primary care services due to severe workforce shortages, particularly of general practitioners (GPs) and dentists.

Primary care does not work in isolation. Community services, including mental health services, play a vital role in meeting patient needs in the community, often working in partnership with social care and the VCSE sector.

The Fuller Report, published by NHS England earlier this year, makes a range of recommendations for the improvement of primary care. The ICB will make implementing the Fuller Report recommendations a priority, working closely with the primary care networks (PCNs) that have been set up to support primary care development. The ICB will further develop primary care collaboration, in partnership with the PCNs to develop models of care to support sustainability and resilience in the places where staffing levels are lowest in relation to population served.

8.6.2 Urgent and emergency care

Urgent and emergency care (UEC) services across our ICP are facing significant pressure. We will work together to deliver an ambitious redesign of the provision of urgent and emergency care to:

- Increase the proportion of urgent care which is delivered in community settings including in the home
- Increase the proportion of 111 and 999 calls that are clinically assessed and maximise hear and treat and see and treat pathways
- Eradicate 12 hour waits in emergency departments, and ambulance handover delays in excess of 30 minutes, and improve ambulance response times
- Expand the range and uptake of 2 hour community response services, to enable people to receive timely care in the right place

- Enable people to return to their permanent place of residence with the right support once they no longer need medical treatment in hospital.

8.6.3 Elective care

The COVID-19 pandemic has created pressure within elective services across the North East and North Cumbria geography. Reducing elective waiting times will be a significant challenge for the NHS given the array of pressures in the system. It will demand a mix of increasing capacity to diagnose and treat patients and a redesign of patient pathways and service delivery models to ensure clinical capacity is optimally utilised.

The ICB Elective Recovery Programme, which is led by the Foundation Trust Provider Collaborative, will incorporate the following elements:

- Additional elective diagnostic and treatment capacity
- System-wide joint working to ensure the longest waiters are treated in line with national targets
- Outpatient Transformation Programme
- Implementation of the best practice pathways identified by Getting It Right First Time Programme (a clinically led national evidenced based improvement programme)
- Implementation of a Waiting Well Service to support patients experiencing long waiting times patients to be a fit as possible for their treatment, especially those in our most deprived communities
- Eliminating waiting times over 1 year by April 2025.

8.6.4 NHS England delegation

From April 2023, the ICB will take on the commissioning of pharmacy, optometry and dentistry. The ICP recognises there are significant challenges with timely access to dentistry in parts of the region and that this is a matter of significant public concern.

The ICB will work with the dentistry sector to improve access, through a combination of new models of care and a concerted effort on recruitment. The ICP will also work with NHS England to press for improvement to the national dentistry contract.

The Specialised Commissioning and Health and Justice Team are responsible for commissioning services across a diverse portfolio of care that is provided at specialist tertiary centres, within prison settings as well as in specialised inpatient mental health units across the region. These services are planned at a regional level due to low volume, complexity of the services, and the potential financial risk associated with provision. The responsibility for commissioning some of these services will transfer to the ICB in April 2024, with joint working during 2023/24 as a transition year.

Working in partnership with the ICB, the NHSE specialised commissioning will explore ways to deliver new service models for advanced place-based arrangements to integrate specialised services into care pathways, focussing on population health for the ICB. We will do this through joint collaborative commissioning approaches as set out in the roadmap for integrating specialised services within Integrated Care Boards, published in May 2022. We will explore opportunities for more advanced integrated arrangements where these will support the delivery of outcomes for our population.

To optimise equity of access we will build on our current clinical engagement to expand new models of service delivery through network approaches.

9 Enabling strategies

9.1 A skilled, compassionate and sufficient workforce

People are at the heart of our health and care services and are our biggest strength. We are fortunate to have a highly skilled, dedicated and committed. People working in health and care services showed exceptional resilience throughout the COVID-19 pandemic, but our workforce is stretched:

- Nationally as of September 2021 the NHS was advertising nearly 100, 000 vacant posts, and Social Care a further 105, 000
- Nationally an estimated extra 475,000 jobs are needed in health and 490,000 in social care by the early part of the next decade
- Workforce wellbeing remains a key priority in August 2021 alone the NHS lost 560,000 days to sickness and absence due to anxiety, stress and depression.

Our ICP area is not exempt from those challenges. Some organisations are experiencing severe challenge in the recruitment and retention of staff, but we want the North East and North Cumbria will be the best place to work in health and care, becoming the employer of choice.

We will aim to reduce the vacancy rate across health and social care services by 50% by 2030.

To achieve this we will ensure safe staffing levels across all of our services and sectors, in every local authority place, and we will enable our workforce to enjoy satisfying careers, feeling valued and able to make their best contribution. Our collective leadership to deliver these commitments will be organised through the North East and North Cumbria People Board. It will act as the system convenor, supported by a Stakeholder Engagement Forum, and will be structured around 6 priority areas:

- Workforce supply, including enabling local people to be able to access employment and career structures in our local services
- Workforce health and wellbeing
- System Leadership and Talent
- Equity, Inclusion and Belonging
- The development of the learning and improvement community
- Build on existing workforce plans, for example the North East ADASS Workforce Strategy.

A key focus will be on developing improved career structures across and between health and social care. This will include better ways to enable people living in in our communities to enter the health and social care workforce, with good training and support, recognising that many talented and committed people currently face barriers to joining our workforce.

We will also work to maximise the terms and conditions of staff across sectors and services, wherever possible ensuring that people are appropriately rewarded for their work.

To achieve our aim of 'being the best at getting better' we have created the Learning and Improvement Collaborative to mobilise people from across the region. This work is very much at an early stage. We will work with people and partner organisations across the ICP to build the learning and improvement collaborative.

9.1.1 Becoming a learning system

There is an excellent record of research, innovation and quality and service improvement in the North East and North Cumbria. The ICB has signalled its intent to build on this with the launch of the Learning System, with a stated aim of supporting staff and partner members, teams, organisations and the system to become 'The best at getting better'. This work is very much at an early stage. We will work with people and partner organisations across the ICP to build the Learning System as a culture, a community and a collection of assets that support learning at every opportunity.

The ICB will build a learning approach into its operating model, for example into its governance arrangements and its oversight framework.

The ICP will also ensure it develops and maintains an open learning culture, that whilst being 'tough on problems' is kind and supportive to people. Achievement of this aim will be measured through the NHS staff survey and other bespoke staff engagement measurement tools across our partners.

9.2 Working together to strengthen our neighbourhoods and places

Our collective services, including the work of unpaid carers and the VCSE sector, rely on strong joint working at local neighbourhood and local authority place level. We have strong partnership based foundations particularly through the leadership of our Health and Wellbeing Boards, and over time across the four local ICPs.

The government's Integration White Paper 'Joining-Up Care for People, Places and Populations' set out further expectations for place-based working by 2023. This includes strengthening governance arrangements between Integrated Care Boards and local authorities, with joint accountability for delivering of local shared plans.

To further support local partnership working we will agree formal of local governance arrangements at local authority place level by March 2023, and encourage local networks and collaboratives across sectors in each local authority area. A key focus will be to implement integrated neighbourhood teams, in line with the Fuller report, bringing together all partners, including the primary care, voluntary sector, social

care and Ambulance services. This will build on existing partnership working, strengthening how teams already work together at locality level.

9.3 Innovating with improved technology, data, equipment and research

9.3.1 Research and innovation

The ICP is home to a number of research and innovation organisations, institutes and infrastructure, that collectively result in a vibrant ecosystem that is unique across England. Some of our opportunities for improvement include:

- Develop inclusive approaches for involving service users and staff in identifying unmet needs.
- Making the use of data, research evidence and insights more accessible.
- Continuing to support both frontline NHS and industry innovators.
- Support for potentially impactful solutions to gain traction across the system, and through strong evaluation drive adoption of new solutions.
- Increasing investment in innovation across health and care services.
- Expanding socially focussed research on challenges experienced across our communities, clinical practice and the wider determinants of health.
- The creation of a 'Health and Life Sciences Pledge' involving all organisations across the research and innovation ecosystem, that results in recognition for the region, on both a national and international stage.
- Building on the work of the AHSN in further establishing and embedding the NENC Innovation Pathway as a recognised regional brand.

9.3.2 Digital technology and data

Digital technology has changed our lives beyond recognition in the last twenty years. We have yet to fully exploit the benefits digital technology can bring to the health and care system, and to enable people to manage their own health and wellbeing. We have been laying down solid foundations for improvement, for example to help meet the technical challenge of linking complex systems together, putting in the right infrastructure, standards and security measures. With the emergence of new digital systems and services we will support and equip our workforce to be ready to embrace these digital opportunities.

We will continue to deliver the commitments within our existing digital strategy, and where necessary, will review and revise the strategy to align and support the delivery of the ICP Integrated Care Strategy.

The health and care system collects a significant amount of data from patients, carers and service users. The majority of this data is not used beyond care delivery, performance management and contract management. Through the advances in computing powers, abilities to link datasets and use this data to develop insights and

deep understanding of the communities we serve. We will develop and implement a complimentary, data, intelligence and insights strategy placing information at the centre of our collective decision making.

We will accelerate the use of technology to support people to live as independently as possible, for example older people living with frailty and/or a cognitive impairment. We will also invest in technology that supports people to make healthy choices and prevent ill health or slow the progression of their long-term conditions.

9.3.3 Estates

Our health and care services are delivered across a huge number and range of buildings, with over 490 primary care sites alone. We will develop a collective estates plan, focussed on providing contemporary, sustainable, fit for purpose estate that is accessible and capable of reacting to changes in population size and demand. Where beneficial, this will include:

- Consolidating services onto fewer sites to maximise the use of existing infrastructure and to promote joint working
- Adopt ‘one public estate’ principles at local authority place level, including the potential to use shared estates to deliver jointed up clinical and care services
- Prioritising capital investment to effectively meet need
- Support to health and social care provider organisations to ensure well planned and prioritised capital investments.

9.4 Making the best use of our resources

Nationally and across our ICP, local authorities are facing financial pressures in adult and children’s social services, public health and the broader services that impact health and wellbeing outcomes. All NHS organisations are experiencing severe financial pressure. Key to our financial planning will be:

- Using the strength of our collective voice to advocate for more resources to be provided to the North East and North Cumbria across all sectors – bringing our health outcomes into line with the rest of England requires funding
- Over time we will target resources to where they are most needed to improve health outcomes and to reduce health inequalities. Our commitment to fairer outcomes must be supported by investment
- Removing the barriers to using resources flexibly between organisations, so that we can achieve best value from a whole system perspective
- Living within our means, with good financial stewardship across and within organisations
- Work with partners to tackle areas of inefficiency and inequity, recognising touch points between services and collective ambition and challenges
- Improve the productivity of our services, utilising the Model Hospital Data and learning from others

- Redesign service delivery models where there is evidence that better or comparable outcomes can be achieved in less resource intensive ways
- Commit to improving funding arrangements for VCSE, creating innovative solutions that enable the sector to deliver shared outcomes
- Harness the strength of integrated working at local authority place to drive transformation and efficiency across health and care.

9.5 Protecting the Environment

The North East and North Cumbria Health and Care system is committed to playing its part in tackling climate change. To this end it launched its Green Plan in July 2022. This set out targets and actions for the NHS members of the partnership to meet the sustainability challenge through an agreed programme of activity and by exploiting synergies between the member organisations. Many of our local authorities and NHS foundation trusts have already declared a climate emergency recognising the scale and urgency of the challenge.

Many local authorities already have clear plans to achieve a carbon net zero ambition. The Health and Care Act 2022 placed new duties on NHS to contribute to statutory emissions and environmental targets. We will meet the following for carbon emissions:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045.

As an ICP we will publicly declare a climate emergency and commit to fast-track the decarbonisation of our regional health and care services, as part of a broader strategy to become the greenest region in England by 2030.

9.6 Involving people

In the development of this strategy we heavily relied on engaging with partnerships and organisations. We fell short of our intention to really focus on good co-production with citizens and experts by experience, due to the infancy of our new organisation and the timeframes set nationally for development of the strategy. We are deeply committed to ensuring an active and real commitment to involving people and will ensure future strategy and plan developments are properly co-produced.

Community participation in decision making at all levels will be given greater significance. We acknowledge that too often there remains a tendency for decisions to be made ‘within’ institutions whereas community engagement and involvement can provide invaluable knowledge from ‘without’.

We will work to ensure that people are actively involved in how we take forward the delivery of the strategy. This will include tapping into the extensive community assets

people are already involved in, and sometimes represented by. For example, the voluntary, community and social enterprise sector, pre-existing and potential networks, and trusted institutions such as community centres. We will also recognise and respect the role of elected members in local authorities as community leaders, and we will work closely with the Health Watch organisations and network.

The approach to involving people will be inclusive all ages, specifically including children and young people.

The ICP is committed to involving people in the design and delivery of care, which is essential if health and care services are to become more responsive, personalised, valued and efficient.

10 Delivering the strategy

10.1 Partnership working at all levels

Neighbourhoods

Delivering this strategy will require focussed work at community and neighbourhood level. A key foundation will be strengthening the approach to integrated neighbourhood teams everywhere, and really engaging with local people to understand their assets and needs. Each local authority place based local system, with support, will find ways to enable and support neighbourhood approaches, including devolving decision making to as near to people as possible.

Place and local authority areas

Our Integrated Care Strategy aims to be complementary to existing plans in each local authority area and is not about 'imposing' requirements.

Partnerships in each local authority area will be supported to consider the strategy and seek to align local work to the key areas of the strategy.

Delivering the strategy will require:

- The leadership of our health and wellbeing boards and health and wellbeing plans
- The leadership of local authority place-based structures, including broad 'collaboratives' across sectors for each local authority place

Local ICPs

The four local ICPs will provide:

- A forum to support groups of local authority places to work together where beneficial across a broader geography
- A bridge between the work in local authority areas and the whole North East and North Cumbria ICP.

ICP level

The ICP will provide an overarching strategic leadership role across the whole region. This formal governance will be enhanced by partnership arrangements across the whole ICP, including for example:

- Association of Directors of Adult Social Services (ADASS) network
- Directors of children's services network
- Directors of public health network
- The directors of finance and ADASS group
- Emerging shared fora for housing
- Provider collaboratives covering the whole of the ICP area

- Emerging networks for general practice, including a strong collaboration between primary care networks
- Using the networks across Health Watch and voluntary, community and social enterprise sector to ensure strong partnerships with communities, experts by experience and third sector organisations
- Clinical networks focussed on particular disease groups, for example the Northern Cancer Alliance
- Networks focussed on population groups, for example the Child Health and Wellbeing Network

Each of these whole ICP arrangements will be responsible for supporting local authority places, and for whole ICP working.

10.2 Delivering the strategy

Delivery plans and measuring progress

To support the delivery of this strategy we will develop delivery plans for:

- Local areas covered by each Integrated Neighbourhood Team
- Local authority places
- Each of our key work programmes (for example each enabler in section 9) across the ICP, including frameworks to support delivery at local authority place level. We will review our strategic programmes to align them to the key deliverables within the strategy.

We will also develop a clear dashboard to measure and report progress in our delivery of our strategy on a quarterly and annual basis. This will be publicly available to ensure transparency and promote accountability. This will be based on our goals and supporting commitments outlined in section 4.

Communicating the strategy

Once agreed for publication, the ICB will on behalf of the ICP develop a range of materials to support the communication of the strategy and make these available to all partners and interest groups. This includes commissioning easy read versions of this document.

Reviewing the strategy

The ICP will undertake an annual review of the strategy and as part of this will agree whether to recommit to it for a further year, refresh elements of it or fully review it.