

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL HEALTH AND WELLBEING BOARD

30 January 2023, 2pm

Conference Room f01e, Church Square House
30-40 High Street, Scunthorpe

1. Welcome and Introductions
2. Substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests
4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 18 November 2022 (Pages 1 - 6)
5. Forward Plan and Actions from previous meetings
6. Questions from members of the public

PLEASE NOTE, ALL PAPERS WILL BE TAKEN 'AS READ' TO ENCOURAGE DISCUSSION

Integrated Working - Adults.

7. North Lincolnshire Place Health and Care Integration Plan - Report by the Director: Adults and Health and the North Lincolnshire NHS Place Director (Pages 7 - 12)
8. Integrated Care Partnership Health and Care Strategy - Report by the North Lincolnshire NHS Place Director (Pages 13 - 52)

Integrated Working - Children

9. Update on Children's Commissioning Strategy - Report by the Director: Children & Families (Pages 53 - 82)
10. Outcome of the Local Authority Children's Services Inspection - Report by the Director: Children & Families (Pages 83 - 98)

Any statutory documents, strategies etc. required to be considered or signed off by the Board

11. North Lincolnshire Safeguarding Adults Board Strategic Plan and Annual Report 2021-2022 - Report by the Director: Adults and Health (Pages 99 - 144)

12. Joint Health and Wellbeing Strategy - Update by the Director of Public Health

Any non-statutory business from any partner

13. Ongo update - Presentation by the Director of Customer Services, Ongo

14. Adult Social Care Discharge Fund 2022/23 - Report by the Director: Adults and Health and the North Lincolnshire NHS Place Director (Pages 145 - 148)

15. Date and time of next meeting - 6 March 2023, 2pm

16. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

NORTH LINCOLNSHIRE COUNCIL HEALTH AND WELLBEING BOARD

18 November 2022

Cllr R Waltham MBE (Chairman), D Chaplin, G Gough, S Green, K Pavey, A Seale, D Ward, J Allen and Cllr D Rose

The Council met at Conference Room, Church Square House, 30-40 High Street, Scunthorpe.

470 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting, and introductions were given.

471 **SUBSTITUTIONS**

Cllr Rose substituted for Cllr Reed, and Darren Chaplin substituted for Ann-Marie Matson.

472 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

473 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 26 SEPTEMBER 2022**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 26 September 2022, be approved as a correct record.

474 **FORWARD PLAN AND ACTIONS FROM PREVIOUS MEETINGS**

The Director: Governance and Communities confirmed that the Forward Plan was up to date, and that all forthcoming actions were timetabled. Board members were asked to feed through any additional business for inclusion on the Forward Plan.

475 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

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**476 UPDATE ON ICS AND NORTH LINCOLNSHIRE PLACE PARTNERSHIP -
REPORT BY THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

The North Lincolnshire NHS Place Director provided an update to the Health and Wellbeing Board on the current progress on the development of the Integrated Care System (ICS) and Place based partnership arrangements. It was confirmed that this update built upon previous briefings to the Board, and that the Integrated Care Board of the ICS had now considered plans to develop and mature the current operating arrangements over the course of 2022/23. Places would also be undertaking further work to develop their operating arrangements and ambition for delegation readiness for the 2023/24 operating year.

The Board discussed the issue in some depth, highlighting the need to plan and deliver professional and quality workforce at the Place level. The Board also emphasised its long-standing belief that the Integrated Care Board needed to ensure that robust arrangements were put in place, at the Place level, to ensure that services, planning, and workforce were retained in North Lincolnshire as far as possible.

The Board also highlighted the need for funding to also follow the above Place-based arrangements, ensuring that there can be local delivery of the priorities agreed by the Integrated Care Board, as influenced by the Places.

The Board also discussed the need to utilise the new arrangements to promote integration, where that made sense, and to ensure that services were embedded in communities and neighbourhoods.

Resolved – That the Health and Wellbeing Board note the progress on the Place Partnership and the update on the development of the Humber & North Yorkshire Integrated Care System.

**477 HEALTH AND CARE WORKFORCE - REPORT BY THE DIRECTOR:
ADULTS AND HEALTH**

The Director: Adults and Health submitted a report seeking to facilitate a discussion with the Health and Well Being Board partners on workforce, and to consider a future framework to enable the workforce to be highly skilled, compassionate and caring, a workforce who feel engaged, understood, and valued for their work and the vital impact that they have on people's lives. The report also sought to ensure workforce planning is inclusive of all future care and health needs.

The report set out how improving the integration of health and social care systems was of particular emphasis within the Health and Care Act and Integration White Papers, and how a collective challenge across health and social care was making the best use of resources to ensure there is enough workforce with the right skills and values in the right place to meet people's health and care needs. A range of 'drivers for change' were set out and

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described, and a potential approach to purposefully shape and transform the future workforce was proposed.

The Board discussed the report, highlighting how intelligence on the likely future required workforce was utilised, and how more flexible approaches to learning could facilitate a trained workforce. Options for liaising closer with the University of Lincoln and other educational establishments were also discussed.

Resolved – (a) That the Health and Wellbeing Board support the recommended framework through the Care and Health Workforce Partnership to provide a better integrated workforce offer for those working with vulnerable people; and (b) that the Director of Public Health explore options to formalise and build upon existing relationships with educational establishments in the area in order to facilitate the desired outcomes.

478 **SEASONAL VACCINATION PROGRAMME - REPORT BY THE DIRECTOR OF PUBLIC HEALTH AND THE NHS PLACE DIRECTOR**

The Director of Public Health and the North Lincolnshire NHS Place Director tabled a joint report on the Seasonal Vaccination Programme, which aimed to update Health and Wellbeing Board (HWB) members on measures which are being undertaken to help maintain residents' health and wellbeing over the winter season. In particular, the report covered (i) COVID-19 seasonal booster (autumn booster) programme, (ii) winter influenza (flu) programme and update on Respiratory Syncytial Virus, and (iii) measures which are being undertaken to support residents keeping warm over winter.

The paper set out detailed explanations of ongoing work on each of these three areas, in order to protect local people, and to comply with guidance from NHS England. The Director of Public Health set out timescales for various workstreams and described how efforts to boost communication with the public were underway.

Resolved – That the Health and Wellbeing Board note the work being which is being undertaken to help maintain residents' health and wellbeing over the winter season.

479 **WINTER PREPARATIONS - REPORT BY THE NHS PLACE DIRECTOR**

The North Lincolnshire NHS Place Director submitted a report updating the Board on the actions taken by the North Lincolnshire system ahead of Winter 2022.

The report described a number of expectations that had been set by NHS England (NHSE) to ensure system resilience and quality of service, but which also recognised the improvements in elective activity whilst highlighting the urgent and emergency care pressures over the summer and the need to

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ensure resilience going into the winter period. All Integrated Care Boards were required to meet various objectives alongside the elective recovery plan.

The Place Director's report confirmed that the local system, and particularly the acute sector, was under significant pressure. The report set out the steps that had been taken to reduce this pressure and to reduce risk.

Resolved – That the Health and Wellbeing Board note (i) the plans in place to address winter pressures, (ii) the positive work that had been done across the partnership to support this, and (iii) how we collectively work together to support our local system through winter.

480 **INTEGRATED CHILDREN'S TRUST - REPORT BY THE DIRECTOR: CHILDREN & FAMILIES.**

The Director: Children and Families submitted a report on the Integrated Children's Trust (ICT), which sought to (i) reiterate the role and remit of the ICT, (ii) articulate the progress made against the Children's Commissioning Strategy 2020/24 'Shine a Light' areas of focus, and (iii) clarify the progress to date to refresh the Children's Commissioning Strategy in the context of the Place Partnership and the underpinning Health and Care Integration Plan.

The Director's report explained how the ICT had been established in January 2020, as the singular vehicle for developing an integrated approach and commissioning intent in relation to health, social care and education for children, young people and families. The report also stated that the ICT has a key role in the oversight, line of sight and development of all services for children, young people and families including those commissioned and or directly provided. Further details, including the One Family Approach, were set out in the report.

The Board discussed the update, highlighting opportunities to tie the ICT's work into the wider development and integration agenda.

Resolved - That the Health and Wellbeing Board note the ICT progress and developments to date, and acknowledge the direction of travel regarding the refresh of the Children's Commissioning Strategy in the context of the Health and Care Integration Plan.

481 **CMARS ANNUAL REPORT 2021 - 22 - REPORT BY THE DIRECTOR: CHILDREN & FAMILIES**

The Director: Children and Families submitted the annual Children's Multi-Agency Resilience and Safeguarding (CMARS) Board's report 2021/22. The report asked the Board to note publication, which included details of local arrangements to safeguard and promote the welfare of children and young people 2021/22, and to consider the review in relation to planning,

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commissioning and budget setting.

The Annual Report demonstrated that the CMARS Board (i) effectively met its statutory obligations, (ii) benefitted from strong and consistent leadership, (iii) had made good progress against its 'Shine a Light' areas of focus, and (iv) listened to and took account of the voices of children, young people and families.

Resolved – That the Health and Wellbeing Board receive the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2021/22 and consider this where relevant in relation to planning, commissioning and budgets setting processes.

482 **JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE - REPORT BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health submitted a report which sought to update the Health and Wellbeing Board on recently-completed Joint Strategic Needs Assessment products and to recommend a forward plan for new products.

The Director's report explained how a Joint Strategic Needs Assessment (JSNA) was a statutory, systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities. Local authorities and clinical commissioning groups (now health and care partnerships) had equal and joint duties to prepare JSNAs, through the Health and Wellbeing Board.

An update on the various workstreams, products and forward plan was provided by the Director.

Resolved – (a) That the Health and Wellbeing Board note the progress within the forward plan and (b) that delegated authority be given to the relevant Consultant for Public Health to make operational decisions about the scheduling of the forward plan, which may include re-prioritisation based on emerging needs.

483 **UK COVID-19 INQUIRY - VERBAL UPDATE BY THE DEPUTY CHIEF EXECUTIVE**

The Deputy Chief Executive provided a verbal update on the ongoing UK Covid-19 Inquiry, stating that the local authority's responsibilities and participation were being co-ordinated via the Local Government Association. Other details were submitted.

Resolved – That the update be noted.

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484 DATE AND TIME OF NEXT MEETING

The Director of Governance and Communities confirmed that the date and time of the next meeting of the Board would be confirmed in due course.

485 ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED – BETTER CARE FUND SUBMISSION.

It was confirmed that the deadline for submission to the Better Care Fund Adult Social Care Discharge Fund 2022/23 may fall prior to the next meeting of the Board. It was requested that necessary governance arrangements be put in place to allow for this.

Resolved – That the Director: Governance and Communities take appropriate steps to ensure that the relevant documents can be submitted within required timescales, if required.

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

North Lincolnshire Place Health and Care Integration Plan

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The Health and Wellbeing Board has approved a Strategic Intent for North Lincolnshire which outlines our ambition for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected, experiencing better health and wellbeing. The North Lincolnshire Place Partnership has commenced work on a Plan for Integration to enable the delivery of this. Within this work it has identified three priority areas of focus to develop and implement:
- integrated neighbourhood teams,
 - integrated commissioning and safeguarding and
 - integrated urgent care.

This paper provides an overview of progress so far and plans for the next stage of the plan development and asks for endorsement of the approach.

2. BACKGROUND INFORMATION

- 2.1 The Health and Wellbeing Board has previously agreed a Strategic Intent which outlines our ambition for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected, experiencing better health and wellbeing. This has been developed by the North Lincolnshire Place Partnership and has been incorporated into the development of the Integrated Care System Integrated Health and Care Strategy. The delivery of the North Lincolnshire Strategic Intent will be through our Community First Transformation approach and is underpinned by an set of behaviours and principles for operation that have been developed and supported by Place Partners.
- 2.2 The North Lincolnshire Place Partnership has agreed that the next steps to delivery of the Strategic Intent will be through the development of our North

Lincolnshire Plan for Integration, which will describe the areas where we will come together in partnership and through collaboration between the NHS and local government and wider delivery partners to deliver improved outcomes to health and wellbeing for local people.

- 2.3 The Place Partnership has identified three priority areas on which to focus in the Plan for Integration these are:
- Integrated Neighbourhood Teams,
 - Integrated Urgent Care,
 - Integrated Strategic Commissioning and Safeguarding.

The aspirations of the Plan for Integration are that we would ensure that:

- People are enabled to keep well,
 - People have urgent needs met quickly,
 - People are safe and have good quality provision.
- 2.4 To ensure that this approach is fully embedded in the Place, the Partnership have determined that an organisational development focus should be adopted to ensure the delivery of the transformational change required to deliver these outcomes.
- 2.5 For each of the three priority areas senior representation has been identified from each of the Place partners to “build the coalition” to our plans for integration. Lead officers are now working with partners to develop the scope and outline plans using an organisational development framework focusing on strategy, culture, structure, process and people.
- 2.6 There are several identified key enablers to support delivery of these focus areas:
- Single workforce strategy
 - Digital enablement and innovation
 - Collective use of resources
 - Strong organisational change and transformational change management approaches.

3.0 **PROGRESS ON DEVELOPMENT OF THE PLAN**

3.1 Integrated Neighbourhood Teams

This plan aims to enable and empower individuals by building on our local communities and our local offer, to make them stronger, better and more connected. This workstream will focus on meeting need at the lowest level, prioritising the vulnerable and targeting interventions to neighbourhood need. To achieve this, we will ensure that the offer is relevant, informed, accessible and co-produced based on local community voice and intelligence. This work

will see the development of integrated multidisciplinary neighbourhood teams across primary, community, mental health & social care using population health management approaches to inform and underpin the workstream.

The next steps in this workstream will be to define the geographical basis of neighbourhoods for this approach and the development of the population health model to ensure we can target the approach based on intelligence. We will also develop our approaches to communication and engagement and effective information sharing.

3.2 Integrated Urgent Care

This workstream will support people experiencing episodes of physical or mental ill health to remain or return to their own home, families, jobs & communities. The delivery of this workstream will utilise a 'one team' approach, to provide solution focused, person centred support and care, based on mutual respect and supporting carers and families to take an active role. This builds on the recent success of the accelerated Home First event, which is underpinned by full engagement from partners and teams. The next steps in this workstream will be to:

- Establish a steering and working group to oversee progress on the plan
- Workforce development plan to be developed
- Single home first transformation post to be appointed
- Understand demand to inform demand management approaches
- Information, advice and support to support to the public
- Integrated pathways and approach to trusted assessment
- Integrated Single Point of Access

3.3 Integrated Strategic Commissioning and Safeguarding

Building on existing integrated commissioning approaches, we will maximise opportunities for integrating commissioning where it is mutually beneficial, to ensure the provision of joined-up services for service users, protection of finances and resources by the reduction of waste and/or duplication. An Integrated Commissioning and Safeguarding Group has already been established, focused on assurance of outcomes and progress. In addition, we will take a shared strategic approach to safeguarding across the Place

- The next steps in this workstream are to scope the potential to extend and look at new areas for integrated commissioning approach to develop plans for an integrated commissioning approach
- Explore the potential for teams to work in a more integrated way

4.0 **RECOMMENDATION**

The Health and Wellbeing Board are asked to note the overview of progress so far on the development of the Plan for Integration and to provide endorsement of the approach.

5.0 OPTIONS FOR CONSIDERATION

5.1 No specific options are presented at this stage

6.0 ANALYSIS OF OPTIONS

N/A

7.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

7.1 The approaches set out in this paper aim to make the best use of North Lincolnshire Health and Care financial and workforce resources through integrated working and commissioning to deliver the best outcomes for service users and reduce duplication of provision.

8.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

8.1 None identified at this stage

9.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

9.1 Integrated impact assessments will be undertaken within each workstream

10.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

10.1 The plans outlined in this paper have been informed through engagement with all stakeholders within the Place Partnership. In order to progress these plans to the next stage, we will deliver a North Lincolnshire wide workforce event to engage staff in the proposed plans and enlist them in the delivery.

11.0 RECOMMENDATIONS

11.1 The Health and Wellbeing Board is recommended to accept this report on progress with the development of the Place Plan for Integration and to endorse the approach to development of the Plan, and to receive future update reports as required to provide assurance of delivery.

Director of Adults and Health and North Lincolnshire NHS Place Director

Civic Centre
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SCUNTHORPE
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Author: Jane Ellerton, Head of Strategic Commissioning, North Lincolnshire Health
and Care Partnership, Humber and North Yorkshire Integrated Care Board
Date: 20/01/23

Background Papers used in the preparation of this report N/A

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NORTH LINCOLNSHIRE COUNCIL

HEATH AND WELLBEING BOARD

INTEGRATED HEALTH & CARE STRATEGY

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Health and Wellbeing Board that, in accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire have been undertaking a process to develop an Integrated Health and Care Strategy.
- 1.2 This paper sets out the approach taken to develop the strategy which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.
- 1.3 A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.

2. BACKGROUND INFORMATION

- 2.1 The Humber and North Yorkshire Health and Care Partnership (formally Humber, Coast and Vale) was established in 2016 as a collaboration of 28 organisations from the NHS, local councils, other health, and care providers including the voluntary and community sector. The Partnership covers a geographical area of more than 1,500 square miles and serves a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.

- 2.2 The Health and Care Act 2022 that received Royal Assent on 28 April 2022 put Integrated Care Systems (ICSs) on a statutory footing, empowering partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity, and value for money, and help support broader social and economic development. The Humber and North Yorkshire Health and Care Partnership is one of 42 ICSs which cover England.
- 2.3 The Health and Care Act sets out the four core elements of an ICS these are Place, Provider/Sector Collaboratives, Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
- 2.4 The ICP is a separate statutory committee, which brings together local authorities and the NHS Integrated Care Board as partners to focus more widely on health, public health, and social care. The development of the Humber and North Yorkshire ICP commenced over the spring and summer of 2022 with membership being built from Place and with Place leaders at the very heart. The Humber and North Yorkshire ICP met for the first time in September 2022.
- 2.5 One of the key responsibilities of the ICP is to co-produce with partners an Integrated Health and Care Strategy for Humber and North Yorkshire and guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/integrated-health-and-care-strategies)..
- 2.6 The expectation was that Integrated Health and Care Strategies must be built bottom-up from local assessments of needs and assets identified at place level, developed for the whole population using best available evidence and data, covering health and care and addressing the wider determinants of health and wellbeing. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and partners and over what timescale. The expectation was that the strategy would be produced by December 2022.
- 2.7 The Health and Care Act 2022, also places a duty on the NHS Integrated Care Board to have regard to Integrated Health and Care Strategy, the Joint Strategic Needs Assessments (JSNAs), and Joint Local Health and Wellbeing Strategies when exercising its functions and developing its Joint Forward Plan and Operational Plans with NHS Trusts and Foundation Trusts.

Process architecture for developing our strategy

- 2.8 Recognising the requirement for a strategy to be developed, early in 2022 and to support the ICP whilst it was developing, a strategy design group was established in early 2022 to provide a core function of designing, co-ordinating, developing and overseeing the development of the strategy based on an inclusive approach.
- 2.9 The strategy design group included broad representation from Local Authorities, ICB and Place. It played a key role in analysing data and

intelligence and providing the information through which to make sense of where we are and where we want to be.

- 2.10 A number of principles were agreed by the strategy design group which underpinned its development. These were, that the strategy would:
- Be a living and breathing dynamic approach
 - Be co-produced and created with the system and its partners, including closely with local government and based on lived experience of our citizens/communities
 - Add value and not replicate what is happening in Place
 - Enable other emerging strategies to sense check against a set of ambitions and ensure there is a golden thread
 - Make use of technology to support the continuing development and engagement so that progress can be seen, feedback given as emerging themes to develop.
- 2.11 The development process has been population health data and intelligence driven, supported by strong clinical and care professional leadership. The work has been a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.
- 2.12 There have been and continues to be the opportunity for all members of the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to continue to provide the opportunity for effective challenge and enable diversity of thought and for the ICP to be prepared to listen to suggested change and keep open minds to evolving the strategy even after approval.
- 2.13 In tandem with this, engagement has taken place with a variety of stakeholders and a number of open sessions have been held. A desktop review of data, evidence and existing policies and strategies and engagement with our communities has also been undertaken. The reviews have considered existing strategies and plans both within the architecture of our system, but also from across our wider system and areas of work through which we come together in partnership.
- 2.14 In addition, the ICP Committee heard the immediate feedback at their meeting on the 26 October 2022 from the workshop that had taken place on the same day, which had focussed on the vision of 'start well, live well, age well and die well' and the following questions:
- Where are we now?
 - Where do we want to get to?
 - How will we get there?
 - How will we know when we have got there?
- 2.15 There have been numerous engagement sessions with Place with each Place developing their strategy intent and the

Where are we now

- 2.16 The information we have gathered from the engagement and document reviews has now been taken to support the development of a strategy document. As previously mentioned, we have set the aim to develop a living and breathing strategy, not a weighty tome document to sit on a shelf. Therefore, the document has been prepared with the view of establishing a strategic intent that is clear and creates the framework for the plans at Place.
- 2.17 As mentioned earlier the requirement of the strategy is that it is developed based on the needs of our population and to do this, we have taken the approach of 'if Humber and North Yorkshire was a community of 1,000 people' what would it look like in terms of its demographics, people's economic, health and wellbeing circumstances. We have also recognised that our communities are also as unique as the people that live in them and provide us with some of our greatest assets whilst acknowledging that they also have very different experiences in their lives.
- 2.18 The ambition set out in the strategy builds on the one we have held for many years as a Partnership which is **for everyone in our population to live longer, healthier lives**. However, we have made it more specific with the addition of by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.
- 2.19 To reach this ambition our vision is through a life course approach to ensure that all our people **start well, live well, age well and die well**. And to deliver on both the ambition and vision our intention is to
- **create the conditions** for change, making it easier for our people, communities and organisations to come up with the solutions they think will work best in improving the lives of our people, their neighbours and communities
 - **think person** by listening and paying attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.
 - **think family** not in the traditional sense but by considering the different way people consider a family, the people who are closest to them, who can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations for all but particularly enable every child to grow, learn and thrive.
 - **think community** by recognising the assets in our communities, harnessing the strength and uniqueness, we will plan, design and implement health and care services for people living across Humber and

North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

- 2.20 The strategy is for everyone to understand our ambition, vision and intentions. To enable us to make this meaningful to a key audience of the strategy our people and communities we have used 'I' and 'we' statements that will resonate with them and have come from different engagement across our system. We will use this as a mechanism for helping to support the evaluation of the progress we are making.
- 2.21 Appendix A to this paper includes a copy of the final draft of the strategy content which the ICP Committee considered and approved on the 14th December 2022.

Next Steps

- 2.22 Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.
- 2.23 The most important part of any strategy is turning it into action and we have identified a number of next steps and these are as follows:
- The final content version of the strategy is shared with each Health and Wellbeing Board as the statutory committee for Local Government and the Integrated Care Board for the NHS for approval.
 - The strategy is used to prioritise our time, energy and resources through:
 - Place engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
 - Providing the guiding framework for the development of other specific strategies and plans such as the 5-year Joint Forward Plan that the ICB with Providers is required to produce.
- 2.24 We also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.
- A task and finish group has been established to develop the population health outcome framework to provide the assurance and evidence that we are making the difference we intended
 - Continued engagement particularly with our communities as we develop and implement the actions to deliver the strategy – Healthwatch have kindly offered to support this as well as development of communication messages.

- 2.25 Finally the Communications Plan will be finalised and implemented. This includes for example:
- the production of a professionally designed document,
 - the development of an online space which will create the platform to ensure we have a living and breathing strategy, will connect with other strategies, and be a space where we share promising practice
 - production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.
 - A full launch of the strategy will take place over the spring of 2023.

3. OPTIONS FOR CONSIDERATION

- 3.1 The Health and Wellbeing Board is asked to approve the Humber and North Yorkshire Integrated Health and Care Strategy

4. ANALYSIS OF OPTIONS

- 4.1 See supporting background information above

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 The Integrated Health and Care Strategy provides a framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.
- 5.2 A Communications Plan will be finalised and implemented which includes the production of a professionally designed document, the development of an online space which will create the platform to ensure we have a living and breathing strategy, production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning. A full launch of the strategy will take place over the spring of 2023.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

- 6.1 The Integrated Health and Care Strategy provides a framework to support the development of specific strategies and plans including the North Lincolnshire Strategic Intent and North Lincolnshire Plan for Integration.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 7.1 In progress.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 The report above outlines that there has been significant engagement with stakeholders across the Partnership including at Place throughout the process of development of the Strategy.

9. RECOMMENDATIONS

- 9.1 The Members of the Health and Wellbeing Board are asked to:
- Note the update in the paper
 - Consider and approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (appendix A)
 - Note the next steps.

NORTH LINCOLNSHIRE NHS PLACE DIRECTOR

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Date: January 2023

Background Papers used in the preparation of this report

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Reimagining Health and Care – An Integrated Strategy

Final Draft



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Introduction from the Chair and Vice Chair



Humber and North Yorkshire Integrated Care System has big ambitions for health and care!

This strategy captures the aspirations of many partners, including Local Government, Voluntary, Community and Social Enterprise organisations and the NHS, with a practical plan for achieving those big ambitions. Our ambitions are easily understood. We want every single person in our population of 1.7 million people to start life well, to live well, to age well and die well. There are actions that we can take across our whole geography to achieve this, and there are actions which we can take more locally to achieve this: this strategy sets the framework for both.

All Integrated Care Systems have a very clear purpose: to bring together all elements of health and social care in a unique geography, by thinking and working as partners, in order to improve the overall health of the population, by focusing on inequalities in the health of the population and by contributing to the prosperity of our geography. By doing these things together, we believe we can also improve the quality and effectiveness of the services we collectively provide.

Collectively we have resources, a budget of £3.5 billion and more than 50,000 people, to achieve our ambitions, but the most important resources of all, partners who share a deep commitment to making changes that can deliver an improved, joined-up, quality health and social care system for our population.

Our integrated Care Partnership understands that achieving these ambitions will be challenging: many of us will need to change our ways of working, we will all need to become expert partners across organisations, we must forge new innovative partnerships, we must all embrace technology as an important tool for delivering improvement, we will all need to work at greater pace and we may need to make difficult decisions along the way.

But all of this will be for our vital, shared purpose of investing in the prevention of ill health, enhancing the quality of life of individuals and the health of our Humber and North Yorkshire population at large..

We encourage you to read on to understand what this strategy means for you....



**Sue Symington
Chair**



**Cllr Jonathan Owen
Vice-Chair**

Our starting point

Of the 1.7 million people who live in Humber and North Yorkshire, more than 200,000 are living in poverty, with more than 60,000 children living in low income families. More than 2400 people each year die from causes considered preventable.

The **healthy life expectancy** – the number of years a person can expect to live in good health – is just 53.8 years for men in Hull, compared with 67.3 years for men in North Yorkshire. Within North Yorkshire there is a gap of 9.5 years between those from the most and least deprived communities.

For women in Humber and North Yorkshire, the number of years they can expect to live in good health is slightly higher than men but is just 56.4 years in North Lincolnshire, compared with 67.9 years in East Riding of Yorkshire. Within East Riding there is a gap between the most and least deprived of 11.2 years.

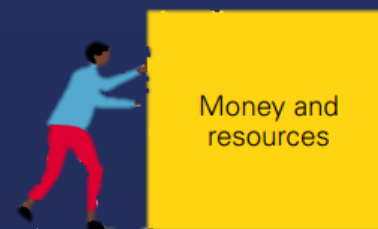
The reasons behind these disparities are complex and multi-layered and are as individual as each of the 1.7 million people who live in our communities.

The ways to tackle these disparities are similarly complex and require organisations and communities to work together, to get creative and to have a really clear goal to strive for.

The purpose of this strategy is to set the ambition for our people and communities. To be clear on where we are trying to get to and what will be different if we get it right. It is not a plan or a series of actions but rather a statement of intent. It provides the framework within which strategies and plans will be developed and informs the allocation of our collective resources. The way we prioritise our time, energy and money should be formed by the ambitions in this strategy.

As organisations we share the responsibility for health and care services across the Humber and North Yorkshire. And it is with the people of Humber and North Yorkshire that we share the responsibility for improving health. As we implement this strategy, we will continue to build partnerships with our communities to deliver their aims and aspirations for better health and improved lives.

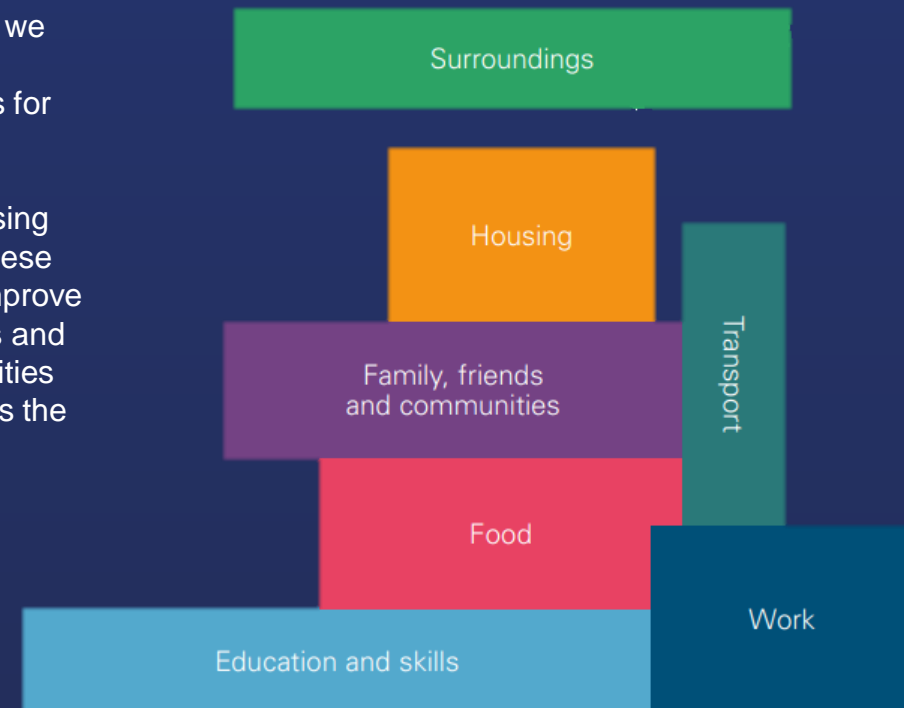
We have extensive assets at our disposal and using our collective power and influence we can use these to put in place **building blocks for health**; to improve the underlying circumstances that affect the lives and life chances of our people; and provide opportunities for our populations to thrive by helping to address the underlying causes of differences in health.



We each look after a small part of a wider puzzle. By working together with a clear ambition in mind, we are greater than the sum of our parts.

This strategy is not just about making health and care services more efficient or effective – though this is an important priority for our partnership and its constituent parts. Instead it takes a wider and longer view, focusing on what we can change to help people live healthier, happier lives – now and in the future.

Together we can make real change and deliver our vision for the people of Humber and North Yorkshire.



Our strategy on a page

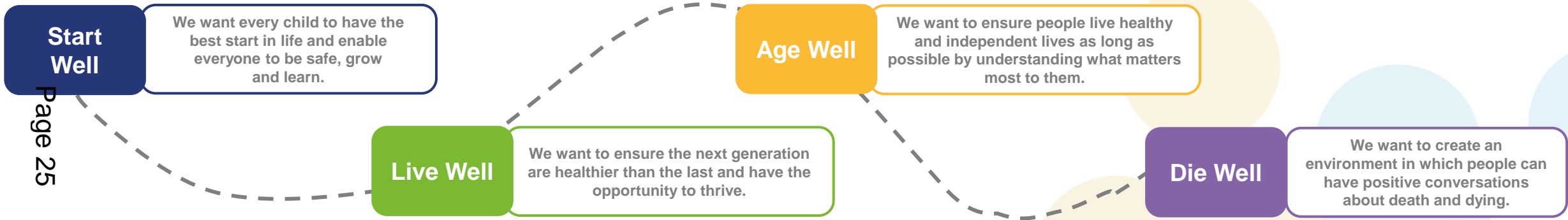
Our ambition is:

for everyone in our population to live longer, healthier lives

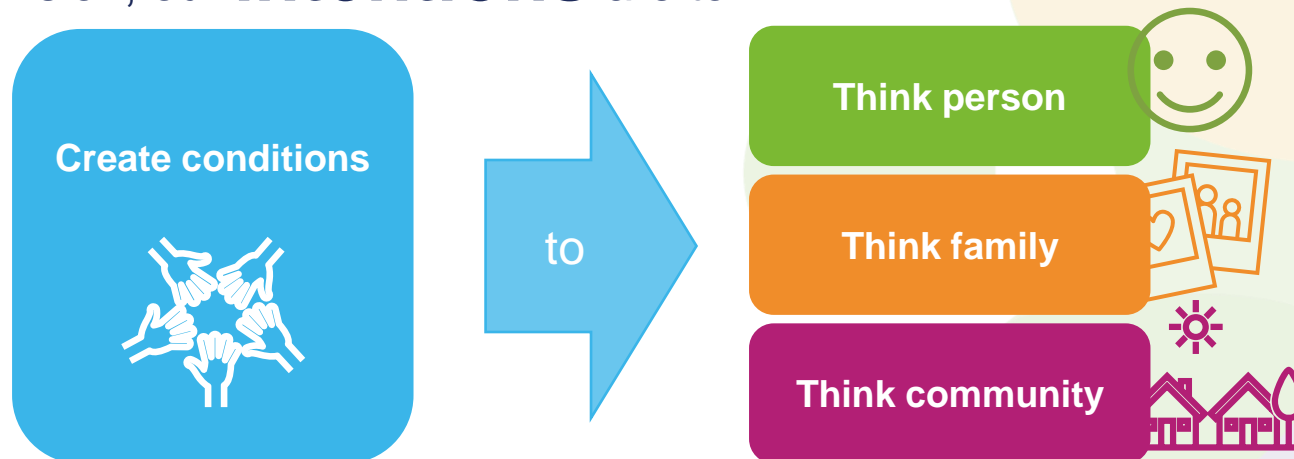
by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.



To reach that ambition our **vision** is to ensure that all our people:



To deliver the ambition and vision, our **intentions** are to:

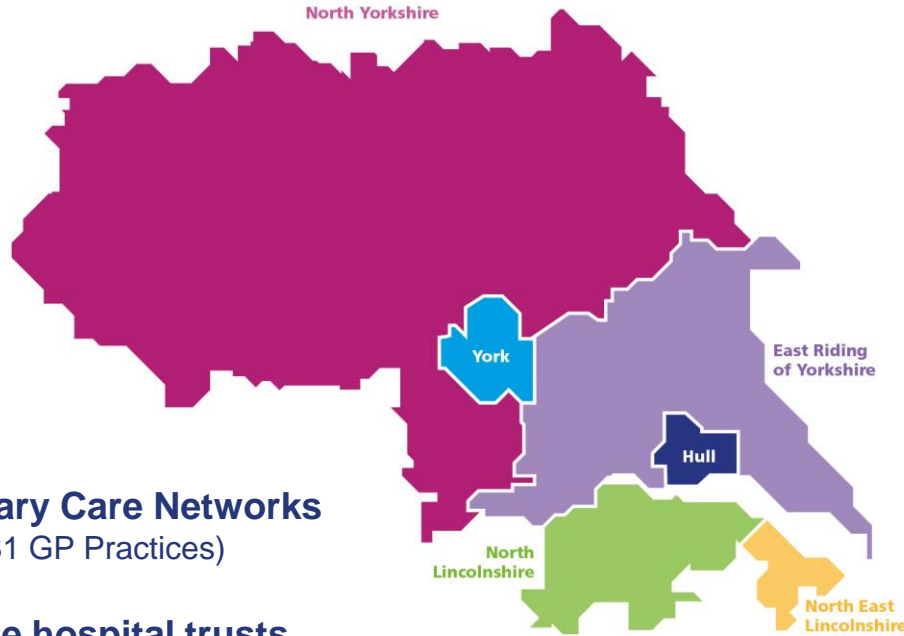


Our partnership

We are the **Humber and North Yorkshire Integrated Care Partnership** part of one of 42 **Integrated Care Systems (ICSs)** established across England.

The **Integrated Care Partnership (ICP)** is a standalone statutory committee between Local Government and the NHS Integrated Care Board (ICB). We are responsible for developing the **integrated health and care strategy** to address the health, social care and public health needs of our population.

Our focus is on improving outcomes for our population, tackling health inequalities and making the **connections between health and wider issues including socio-economic development, housing, employment and environment**. We take a **collective approach to decision-making and support mutual accountability** across the Integrated Care System.



1.7 million people

6 Local Authorities
(upper tier and unitary authorities)

550 care homes

180 home care companies

10 hospices

1000s of voluntary and community sector organisations

42 Primary Care Networks
(181 GP Practices)

4 acute hospital trusts
(operating across 9 sites)

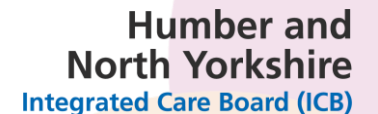
3 mental health trusts

4 community / not for profit providers

2 ambulance trusts

c.50,000 staff
across health and adult social care

Total budget of approx. £3.5bn

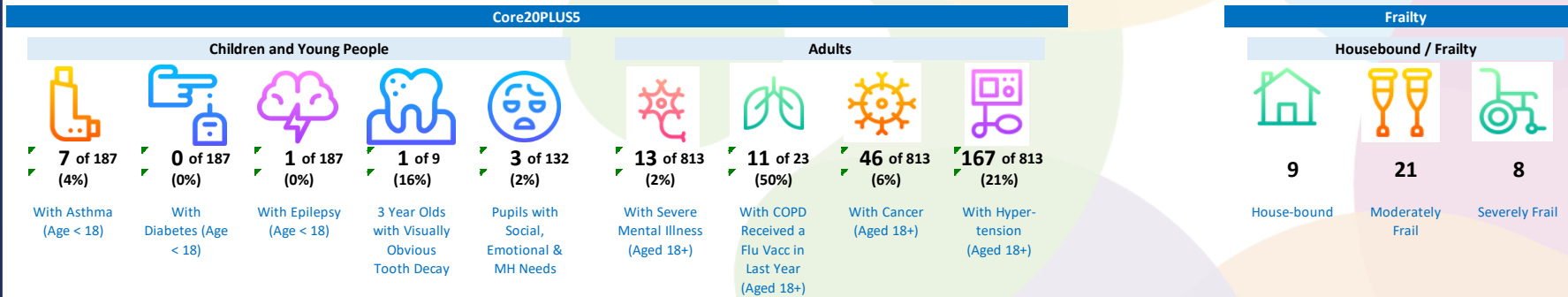
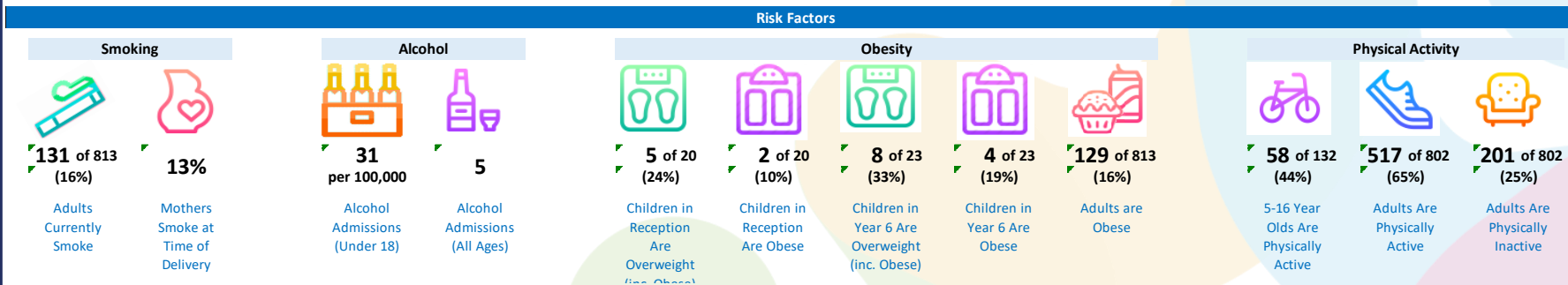
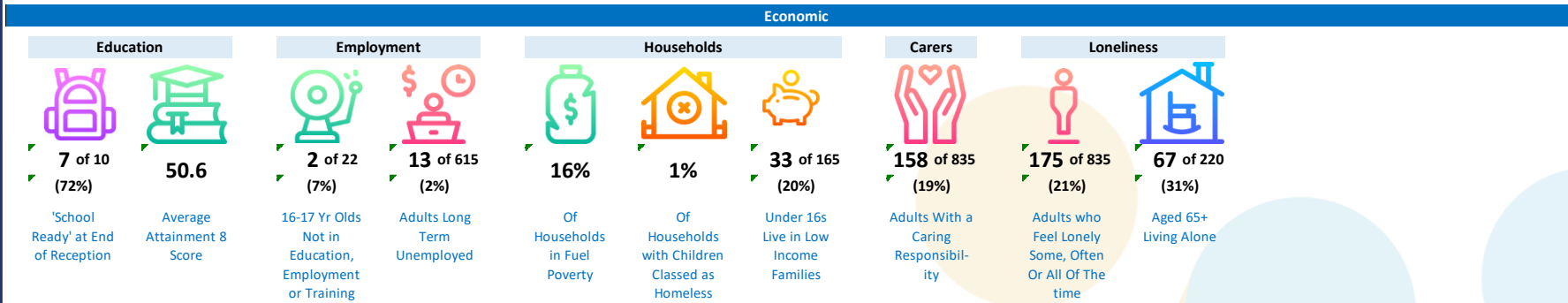
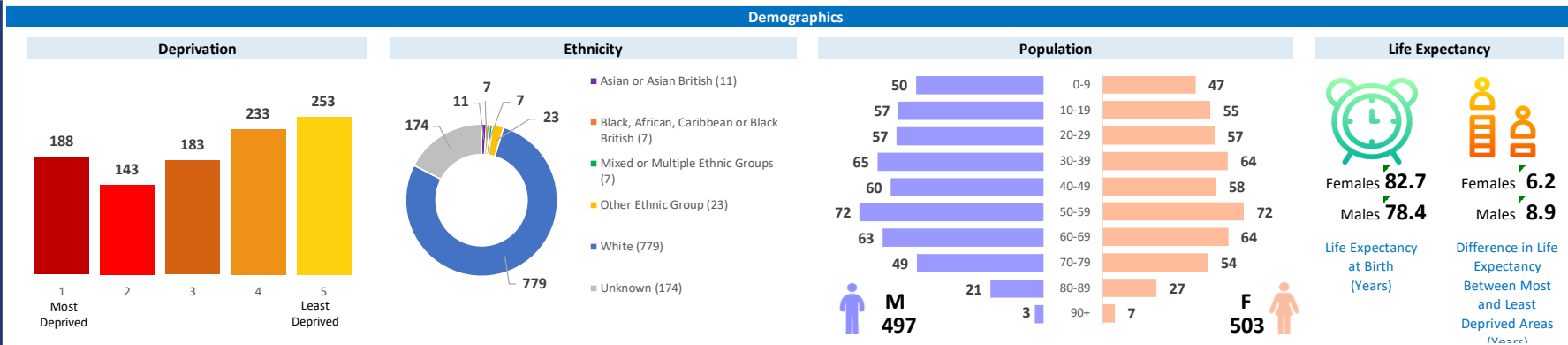


Our population in numbers

If Humber and North Yorkshire was a Community of 1000 people.....

How to read

If the population of Humber & North Yorkshire was just 1,000 people then 220 would be aged 65 or over. Of these, 67 would live on their own. That means that 31% of those aged 65 and over live on their own.



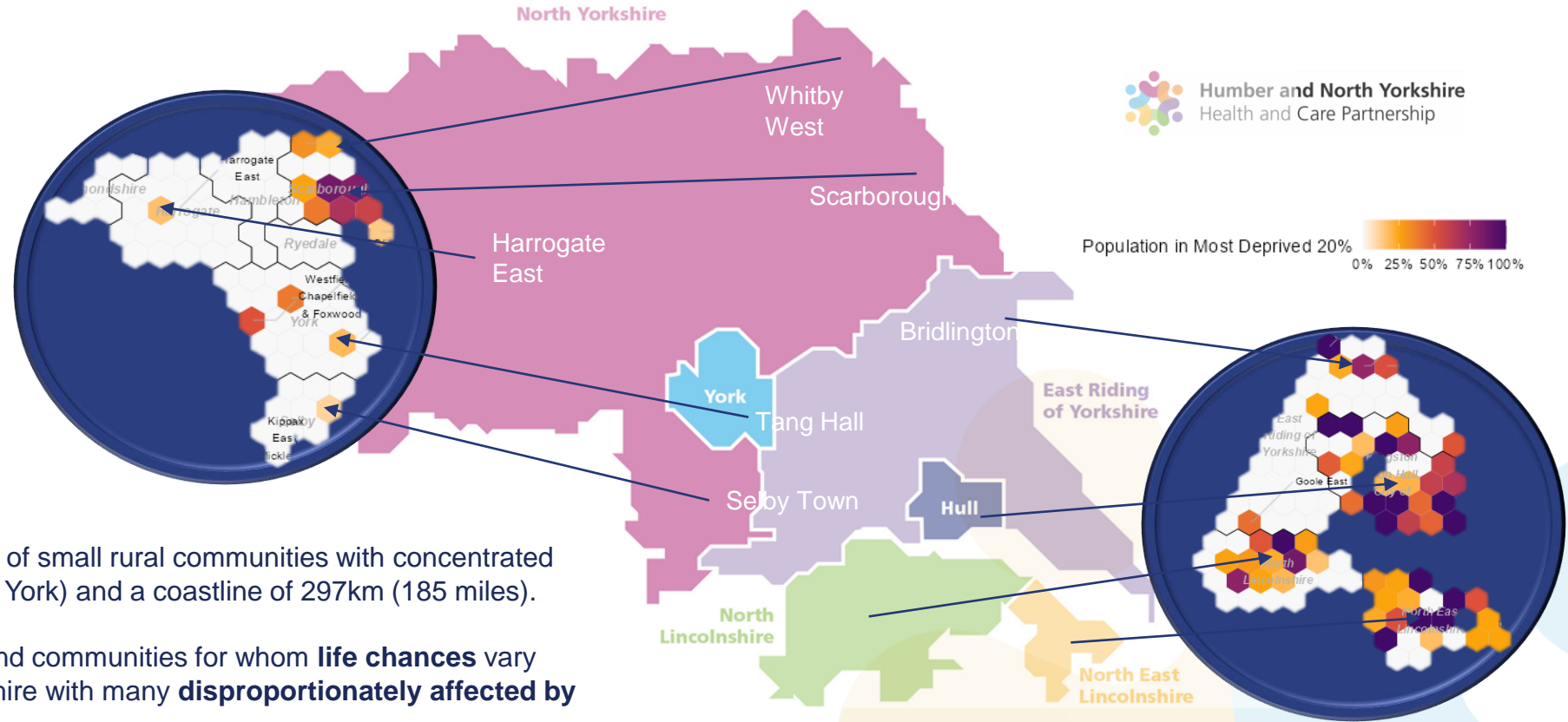
Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**.



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Digital

14% of our population have unequal access to services where they are provided using digital technology (within Hull this figure is 61%).

Coast

People living in our coastal communities face some of the greatest health and wellbeing challenges as well as poorer access to health care, employment, housing etc. resulting in poorer outcomes.

Justice

Our people within the justice system face poorer health outcomes and face barriers to accessing health and wellbeing services and have often experienced trauma and adversity.

Armed Forces

Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met.

Homelessness

People without permanent, secure homes are at higher risk of poor health outcomes and face significant barriers to accessing care.

Ethnicity

6% of our population is from an ethnic group, however we do not know for approx. 17% their ethnicity. We do know that that ethnic groups face poorer health outcomes.

Our intentions

To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will focus on...



Create conditions

We will focus on creating the conditions to enable and empower our people, communities and organisations to achieve change

Change

Empower

Enable

In focusing on creating the conditions for change we will make it easier for our people, communities and organisations to come up with the solutions they think will work best in improving their lives and those of their neighbours and communities.

We will **work together** - with communities and individuals in our Places and across Humber and North Yorkshire – in an inclusive and co-ordinated way, and we will use what they tell us to inform how we re-think and **integrate health, care and wellbeing** services.

We will work with local business, the academic world, the voluntary sector and local and national organisations to encourage the development and implementation of **innovative evidence based solutions** that support delivery of our ambition and vision.

As the organisations that are one of, if not the biggest employers, in each of our six Places, we are committed to **positively contributing** to making a difference for local people by:

- Seeking to enable local economic growth by buying local and supporting the creation of a strong infrastructure that attracts and builds businesses in our area
- Creating greater access to work by growing the workforce of the future and providing opportunities for people to develop their skills and giving our people a purpose
- Reducing our environmental impact and making our contribution to the Net Zero Climate targets.

We will develop an approach that enables us to **target and use our resources** (money, people, technology and buildings) where they are needed, to address issues and challenges that are impacting on the lives of our communities earlier.

We have conversations with people to discover what they want from life and provide the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.



We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.



We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.



We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making



We work in partnership with others to create opportunities for people to work both paid and voluntary and to learn



Think person

We will focus on enabling our people to live healthy, independent and safe lives as long as possible by understanding what matters to them

Independent

Secure

Choice

By focussing on the person we will listen and pay attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.

We will maximise the potential for a person to live a longer healthier life by addressing the root causes of health harming behaviour, and making training, education and information available to all; having the **right conversation at the right time**; and enabling people to make **informed choices**. As 1 in 8 people over the age of 18 smoke in Humber and North Yorkshire, tobacco is our most significant challenge to people living healthier and longer lives, this will be an area of focus.

We will aim for **early identification** of risk factors and long-term conditions and act early to prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular disease and cancer.

Through understanding the needs and wants of a person, we will build **proactive, integrated and personalised plans**, that support them to have and maintain greater independence and autonomy over their own lives. Focusing on those with the greatest need first. We will also continue to work together to improve access to health and care services by **reducing the barriers** experienced by people when needing multiple services with the aspiration for this to be seamless for a person.

Whilst the focus is on a person living their healthiest life for as long as possible, we recognise there is a need for people to have positive conversation when they are healthy about death and dying. We will do this by **creating an environment** in which people of all ages feel comfortable talking about death and dying, and developing plans that will help them to have greater control and be provided with the co-ordinated, compassionate care when they need it during a significant change in their life. This will include ensuring there is support to those nearest to them, with their grief and loss.

I can live the life I want and do the things that are important to me as independently as possible

I am supported by people who see me as a unique person with strengths, abilities and aspirations

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future

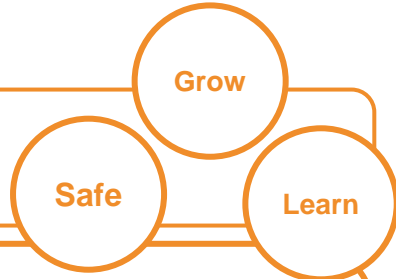
We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want



Think family

We will focus on supporting families to enable everyone to be safe, grow and learn and ensure every child has the best start in life



Family are those people who are closest to an individual, they can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations and enables every child to grow, learn and thrive.

We will work together with our partners to ensure everyone but particularly our **most vulnerable people are kept safe**, with a specific focus on our children and young people.

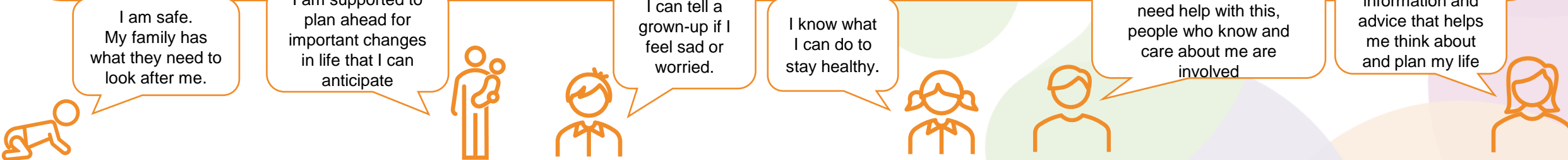
We recognise the importance of **clear and early health messages** to allow individuals to understand and prepare to become a family and we will provide practical and appropriate support for those considering becoming parents and families to ensure the best start in life for the child.

Through supporting the development of a child and by **building closer working relationship between health and education**, we will focus on key milestones of development in child's life, ensuring they are ready for school, have an ambition to learn and are prepared for employment.

Mental health and wellbeing will be a thread through all that we do, as we aim to reduce the difference in healthy life expectancy between those with mental health and learning disabilities and those without with a specific focus on improving access to children and adolescent mental health support.

We will ensure that support is put in place for **carers** who can often over look their own needs, and in many cases can be young people who experience multiple issues not just health, if not supported well.

We are committed to **mitigating the effects of poverty and the cost-of-living crisis** for families in Humber and North Yorkshire by undertaking actions that will have a positive impact on the quality of life, prevention of ill health and timely access to health and care services.



Think community

We will focus on an all-inclusive community approach to ensure the next generation are healthier than the last and have the opportunity to thrive

Healthy

Play

Work

Our communities are as unique and as individual as the people that live in them. We want to harness this strength to help inform the way we plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

We will create opportunities that give people **purpose in all stages of their life** through access to good quality play and work (including volunteering) providing the chance to reduce social isolation and support people to thrive.

Proactive prevention will be at the heart of everything we do. We will **connect our communities** to the resources that are available to them in their neighbourhood or Place, to enable them to reduce their reliance on professional help and prevent ill-health through services that provide them with opportunities to keep their mind, body and spirit healthy.

We value and recognise the **diversity** of our communities and we are focused on making all groups feel included and valued within their communities to improve their health and wellbeing and ensure it is not negatively effected.

We will continue to grow the role of the **voluntary and community sector** which will see greater involvement of the nearly 14,000 organisations across Humber and North Yorkshire in supporting improving health and wellbeing outcomes for our communities and our people.

We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.



I feel welcome and safe in my local community and can join in community life and activities that are important to me.

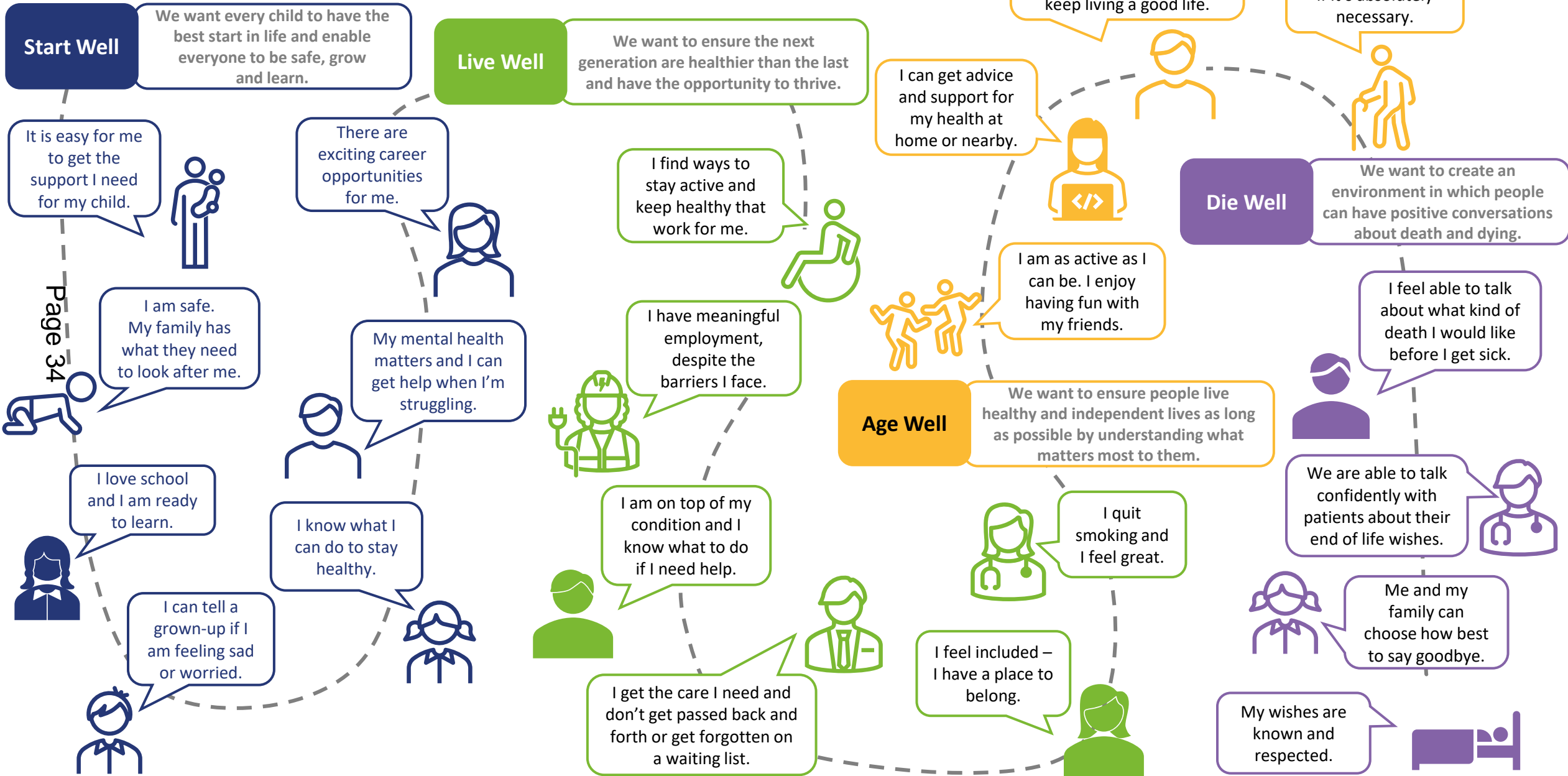


I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services

I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities



How we will know we have succeeded



What happens next

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

In addition, we also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

Turning strategy into action

The way we prioritise our time, energy and resources will be informed by the ambitions in this strategy and actions will be developed through:

- **Place** engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
- **Integrated Care Board** engaging with partners to develop a 5 year Joint Forward Plan which will use the strategy as a framework and an annual operational delivery plan
- **Other Strategies, Plans and Programmes** e.g. People Strategy, Digital Strategy, Children and Young People Alliance

Evidencing we are making a difference

- We will develop a population health outcome framework to provide the assurance and evidence that we are making the difference we intended.
- Ensure we have continued engagement with our communities and receive their feedback on the delivery, working closely with Healthwatch.
- Share case studies of our promising practice to promote learning and enable others to adopt and implement new ways of working.

Appendices





Place Strategic Intent



Introduction

This strategy has been developed by working with and building up from each of our six Places in Humber and North Yorkshire.

During the development of the strategy, each of our six Places has been engaging with their communities and partners to describe their initial intent of how they will deliver the ambition and vision set out in the strategy.

The following pages are the initial plans on a page for our six Places of:

- East Riding of Yorkshire
- Kingston Upon Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- York



Aspirations

In support of the vision of the ICS to 'Start well, Live well, Age well and End life well' our strategy at East Riding Place is grounded in the aspirations of the Health and Wellbeing Board, its strategy and improving population health in its widest sense, which includes the wider determinants of health (income, crime, education, work/labour market, built and natural environment, vulnerability). Our current Health & Wellbeing Board Strategy is located at: <https://www.eastriding.gov.uk/council/committees/health-and-wellbeing-board/>

Our aspiration is to equalise the opportunity for people to live happy, healthy and fulfilling lives through:

- Joining up things in communities
- Avoiding dependency and reducing escalation
- Raising aspirations
- Creating inter-generational wealth

Across 2022-23, we will be refreshing our Health & Wellbeing Strategy to capture the direct and indirect impacts on our population from events including: the pandemic, cost of living crisis, war in the Ukraine and Brexit. We aspire to develop a focussed response to these in terms of supporting residents of the East Riding of Yorkshire.

Concerns / challenges

Our concerns and challenges include:

- The immediacy of the pandemic and cost of living impact and if we can respond quickly enough.
- A significant cultural shift is required which will take time.
- Managing change when there is already pressure on our collective workforce who are dealing with day-to-day operational challenges. Our workforce may have their own personal challenges that we need to support them with (for example impact of the pandemic / cost of living).
- Ensuring a greater emphasis on the conditions of living / wider determinants of health and engagement of partners outside of Health & Social Care.

Plans

The first steps to achieving our aspirations will be to focus on structural priorities including, but not limited to, the following:

- Support the development of 'a movement' underpinned by loose networks and communities of practise to better meet population health needs
- Engage with and hear the voice of local communities
- Use this insight to inform a live intelligence network (Joint Strategic Needs Analysis - JSNA)
- Develop structural responses to meet short and longer term needs - for example Children & Young People
- Empower communities and people at all levels in our system to affect change.

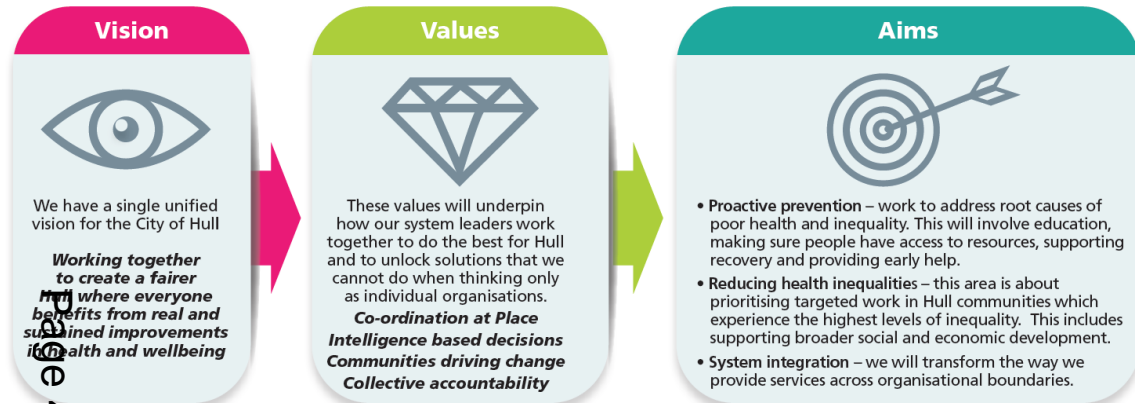
Structural enablers that we have identified as our priorities include:

System Thinking	<ul style="list-style-type: none">• Embedding a population health approach across all partners and all staff groups• Enhancing the voice of people and communities and building their intelligence and insight in-to our refreshed strategies
Operational Practices	<ul style="list-style-type: none">• Developing the quality of relationships• Empowering operational practitioners to affect service and person-level change
Sector and Partner Development	<ul style="list-style-type: none">• Creating 'headspace' / infrastructure for sectors such as Primary Care and the Voluntary, Community and Social Enterprise (VCSE) to be able to equally contribute to system development.• Commitment to a nurturing environment
Enabling Priorities	<ul style="list-style-type: none">• Workforce – take an integrated approach to resolving workforce challenges and move to more integrated ways of working• Communications and engagement – develop an effective approach to resident engagement and gathering of insight

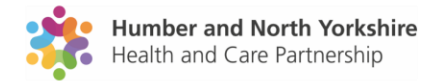
While going through considerable change this will also determine how we organise ourselves locally to understand need, co-design and deliver in an integrated model.

Our ambitions and plans are subject to change as we consult and gain insight into our populations needs through the refresh of the East Riding Health and Wellbeing Strategy.

Kingston Upon Hull Place



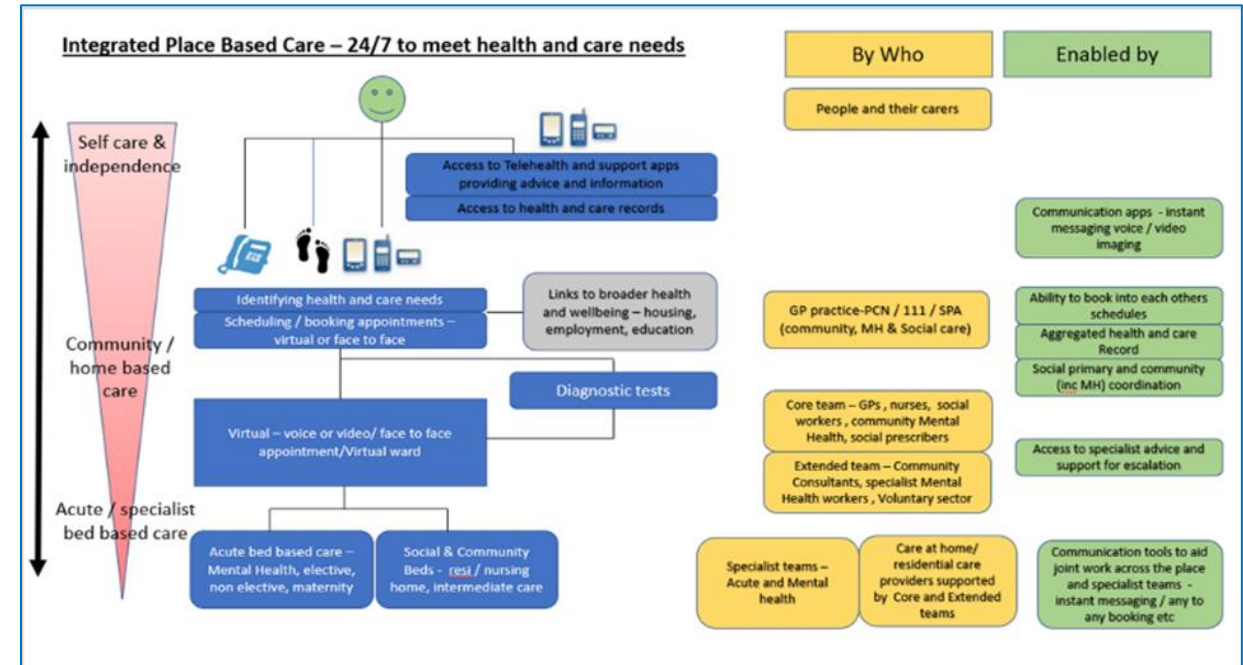
North East Lincolnshire Place



Overall Approach

- North East Lincolnshire – erasing lines in the system
- Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove which has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery
- Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together, for both children and adults. We are redesigning prevention and care locally, including reflecting the outcomes of the Acute Services Review and Out of Hospital services. Its ‘all age’ mandate will mirror the ‘start well, live well and age well’ vision of Humber and North Yorkshire ICS.
- We recognise that there is still work to be done to take full advantage of the opportunities presented by the new structures emerging as part of the integrated care system, however we are starting from a place of mature and effective working relationships which have already delivered a range of innovative and integrated solutions which will be scaled to further benefit

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Approach to Integrated Care

- Our core model of care will be the Accountable Teams model, embodying teams working together to meet the health and care needs of people, their carers and families. Rolling this model out erases the ‘lines in the system’ created by organisational needs and boundaries, and will be founded upon:
 - One referral to the right person at the right time
 - “Accountable Care Teams’ – avoiding often complicated and time-consuming transfers between services, professionals and organisations
 - Shared data; digitally enabled; capable and empowered staff; and tailored care
 - Delivering home first and virtual wards
 - We have already successfully delivered the Connected Health model in Cardiology, breaking down barriers between primary and secondary care to eliminate waiting lists for this specialty – we will roll this out for other pathways of care and other specialties.

Our Priorities

- **Smoking** – reducing our smoking in pregnancy rates to ensure children get a better start to life
- **Children** - Improving experience and outcomes for Children and Young People
- **Mental Health** – reducing our life expectancy rate differential between those with MH and those without
- **Skills** – support life long learning / supporting people into H&C roles for the future – increase in no of people with level 3 qualifications

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

People will;

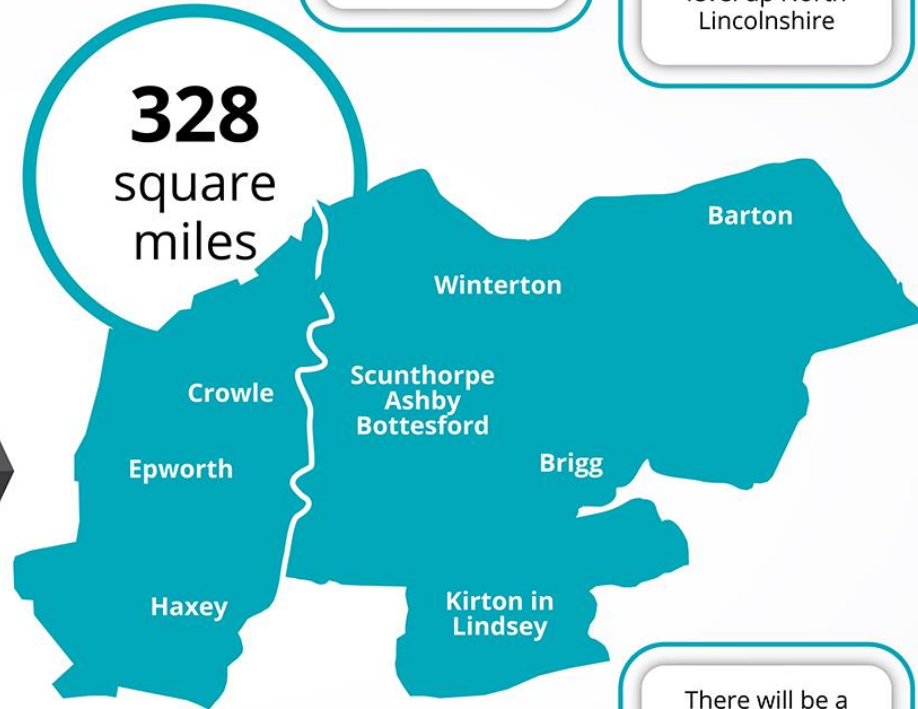
- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



Mental health and wellbeing will thread through all that we do across all age

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

The integrated practise model will be person centred

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

North Yorkshire Place – Our Strategic Priorities

A comprehensive and integrated health and social care model

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently or managing safely at home/care setting.
- Increased care provided closer to home, with a sufficiency of supply of community health and social care services.
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Acute delivery operating much more in the community, coexisting with primary and social care.
- Partnerships that understand and respond jointly to the needs of their communities.
- People are supported to live in a broad range of housing that meets their circumstances.

KEY ACTIONS

- Ensure a greater emphasis on self-help, prevention and population health management (PHM).
- Develop a model for community health and social care which addresses sufficiency, comprehensiveness and skill mix, as well as integration.
- Develop a consistent model for intermediate care.
- NHS, local authority and other partners to develop integrated models of care, e.g. strong multi-disciplinary teams and consistent 'any door' access.
- Develop alternative services in or near Emergency Depts – urgent community response, virtual wards
- Strengthened role for the VCSE.
- Supporting Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality.

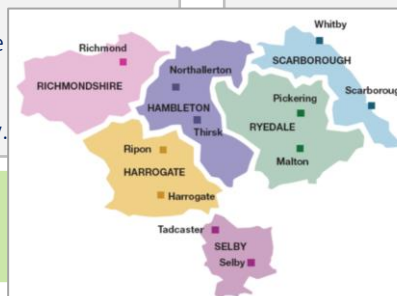
A high quality care sector, with sufficient capacity to meet demand

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

KEY ACTIONS

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.



A strong workforce

WHAT DOES GOOD LOOK LIKE

- Sufficient trained and motivated staff to meet demand through:
 - Positive narratives about the various different roles and professions.
 - Increasing numbers of people being recruited.
 - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
- High recruitment and retention levels of all care staff.

KEY ACTIONS

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

Prevention and public health: adding life to years and years to life

WHAT DOES GOOD LOOK LIKE

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

KEY ACTIONS

- Commission and provide high quality, accessible prevention and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.

York Place

Our place intention

...is to collaborate better and integrate further, to redesign and deliver services that meet population need. Working with our citizens and stakeholders we have developed a York 'Prospectus' which describes the state of our system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

Strengths for health and care in York

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Improved links between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care staff , and commitment shown in e.g. the vaccination rollout	An abundance of health assets – green space, access to culture and heritage, community venues
An emerging aligned set of prevention services / practitioner networks	Research and innovation – the potential from clinical trials and operational insight	Use of technology to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the voluntary sector	The power of involvement – seen in several 'coproduced' initiatives	Geography, in terms of our aligned providers , VCSE and council

Challenges for health and care in York



An overstretched, tired and burdened workforce where morale is low	Demand for healthcare seems to only ever head in one direction (upwards)	People often report ending up in the wrong place for too long, be it a hospital bed or the wrong service	A challenging financial situation for all providers of care in York
Limited resilience in a number of smaller voluntary sector organisations	The long shadow and collective trauma of COVID	A reversal of inequality gains - people in poorer parts of York are dying earlier than they should	Access issues to several services, including urgent care, primary care and dentistry
Huge backlogs in care and long waits, across hospital care but also GP, community and social care.	A young people's mental health crisis , apparent even before the pandemic made it worse	A ' crisis management ', system, not a 'preventative' system	Labyrinth systems – people feel they bounce from one gatekeeper to another

Our health needs (JSNA)

Preventable ill-health 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	Widening inequality gaps Healthy Life Expectancy Health of those with a learning disability School readiness	York's 'red flags' Alcohol consumption/admissions, multiple complex needs, drug related death, student health
Economic factors Lower than average income 10% of children living in poverty Housing affordability gap	Changing Demographics Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	Mental Health u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

Our priorities

Overarching goal: Delivery of the [York Health and Wellbeing Strategy](#)

- **Quality of services:** quality, safety, experience of care
- **Population health:** health generation, prevention, early intervention
- **Access to services:** general practice, dentistry, planned care
- **Resilient community care:** preventing admissions, in-and-out-of-hospital care, effective discharge
- **Urgent and emergency care:** capacity, resilience, responsiveness

How will we achieve our ambitions?

- Strengthen **foundations**, governance and joint decision making in our place partnership, to demonstrate the behaviours agreed in our 'Charter'.
- **Coproduce** plans with communities, staff groups and partners.
- Develop and embed a **population health** approach using the CORE20PLUS5 framework.
- Lead the health and care sector response to the three [City Strategies](#).
- Join up health and care **research and innovation** potential in York.
- Produce a realistic future **workforce** strategy based on the concept of an integrated York 'health and care team'.

Our framework for a health generating city



GROW

the things which keep us healthy



ACT

early and prevent ill health



CARE

with compassion and quality



CONNECT

things into one York team



Summary of our Patient and Public Involvement and Intelligence



Introduction

This summary has been drawn from engagement activities from across the Humber and North Yorkshire Integrated Care Board, using a broad range of methodologies. Patient and Public involvement is a dynamic process that continually gathers intelligence, and so this summary will continue to be updated.

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The engagement exercises have largely focused on service areas and service specific commissioning projects. The findings from these exercises have been align to the following areas:

- All services
- Start Well
- Live Well
- Age Well
- Die Well

Additional engagement with patients, carers and the public, aligned with the life course areas above, will take place to inform the ICP Strategy



Involving people

- More co-production and working together with health professionals to develop personalised care plans.
- Being listened to and involved in decisions about my care (or the person I care for) is important.
- People need easy access to accurate information and support in order for them: To engage in lifestyle change, Access treatment early (prevention, screening and early diagnosis). Effectively manage their condition.
- Better advocacy and support for people going through the continuing healthcare assessment
- Listening to patient feedback on an ongoing basis and using this to improve services provided in the future.

Choice and control

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Being able to choose who visits postnatal wards is improving peoples' experiences of care.
- Where people have long-term conditions, understanding their condition and being confident enough to manage it improves their overall health and wellbeing.
- Being able to self-refer into services without having to go through a GP has been identified as a positive change to current services (e.g. to see a physiotherapist for muscle problems, or go directly to talking therapies for depression and other mental health problems).
- Including families and carers in a person's treatment, offering extended visiting times to give people more opportunities to choose who supports them, is important.

Caring and compassionate staff

- Having a person-centred approach to care, where staff separate the person from the illness, supports recovery.
- The diversification of roles, within GP surgeries, is having a positive impact according to local people
- Feeling listened to and cared for by non-judgemental, professional staff at all levels.

Community and family support

- Support from voluntary and community sector organisations and/or projects in the local area is important.
- Involving families and carers and considering their needs as well as the needs of those they care for is important.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Responsive and accessible services

- Care closer to home. Availability of specialist support so that people can recover at home rather than in a hospital bed.
- Easy access to services, using online (preferred about half of people) i.e. being able to access services online at a time and place that suits the individual, and single point of access
- Extended opening hours and reduced waiting times
- Fast referral for life changing diagnosis/treatment.
- The importance of the physical environment where care is provided being appropriate and pleasant has an impact on peoples' experience of the services they access.

In addition to the general insights already outlined, the following slides highlight elements that are specific to the key areas:

Start Well ***Live Well*** ***Age Well*** ***Die Well***

Start Well

- Children and young people want:
 - Positive experiences, positive relationships with family and friends.
 - To feel cared for and safe
- Mainly associate living well with healthy eating and exercise.
- Biggest concern is transition between schools.
- Prefer a variety of ways of accessing services that improve convenience and anonymity
- Experience issues with dual diagnosis of SEND and Mental Health, one can preclude the other

Live Well

- People need easy access to accurate information and support in order for them to engage in lifestyle change. They would like more information about how to lead a healthy lifestyle.
- Increase information about prevention, screening and early signs and symptoms so that people can access treatment early.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Age Well

- Information leaflets could be provided to patients about how to effectively manage their condition.
- A range of condition-specific support groups were also highlighted in our engagement as having a positive impact on peoples' lives and helping to support them to manage their condition and live fulfilling lives (e.g. Macmillan, MS Society, Alzheimer's Society).
- Care home liaison teams are having a positive impact by helping people to stay in their own home and avoid going into hospital unnecessarily.

Die Well

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Support carers in all aspects of their life, not just health.
- Carer-friendly education and employment is vital. Access higher-level training about the conditions of those they are caring for so they can support them more effectively. Resilience training for carers to help them to cope with difficult situations.



Humber and North Yorkshire
Health and Care Partnership

Thank You



NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

NORTH LINCOLNSHIRE CHILDREN'S COMMISSIONING STRATEGY 2020/24 (2022 REFRESH)

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To note and endorse the North Lincolnshire Children's Commissioning Strategy 2020/24 (2022 refresh).
- 1.2 The 2022 refresh rearticulates One Family Approach and the local ambition for children to be in their families, in their schools and in their communities; and it resets our integration priorities and commissioning intent across education, health and care for our children and families.

2. BACKGROUND INFORMATION

- 2.1 The North Lincolnshire Health and Care Integration Plan sets the strategic vision and principles for integrated working within North Lincolnshire. The integrated care partnership and governance arrangements established for the place of North Lincolnshire includes the Integrated Children's Trust (ICT) (among others), which report to the Place Partnership. The ICT is the singular vehicle for developing our integrated approach and commissioning intent across the children and families offer, for our children and families.
- 2.2 Set in the context of the Health and Care Integration Plan 2021/24, and through the ICT, we developed and launched the inaugural Children's Commissioning Strategy 2020/24 in September 2020. The inaugural strategy articulated our One Family Approach to create a system that works for all children and families to contribute to our ambition for children to remain in their families, in their schools and in their communities. The strategy also identified five initial 'shine a light' areas of focus for partnership action in relation to the One Family Approach, Emotional Wellbeing and Mental Health, Early Years, SEND Support and the Children's Challenge.
- 2.3 Through identified leads and partnership delivery groups, the ICT has had oversight of activity, impact and outcomes pertaining the 'shine a light' areas of focus. As part of our commitment for a mid-term review, a composite progress review was presented to the ICT in April 2022, which demonstrated the breadth of partnership working and the positive impact on children and families.
- 2.4 Moving forward, we continue to be ambitious for the future and for our children and young people, and we have high expectations of ourselves as partners, working with children, families and communities, to improve outcomes across the place and neighbourhoods of North Lincolnshire.
- 2.5 The 2022 refresh rearticulates our ambition for children to be in their families, in their schools and in their communities. It also clarifies our amplified focus on developing an integrated children and families offer in order to create a system

that works for all children and families. Key to this will be the focus on integrating with schools as the primary partners, wider partners and the community to meet need at the earliest point, enabling sustainable change within families. The 2022 refresh also refines the 'shine a light' areas of focus, which are now focussed around:

- Emotional wellbeing and mental health
- Best start in life
- Adolescents and youth offer
- Outcomes for children and young people with vulnerabilities

2.6 There is also an amplified focus on aligning the 2022 refresh with the Place Partnership strategic intent and the associated Health and Care Integration Plan, which is in development. Conversations are ongoing to ensure the children's agenda is best represented in the integration plan; that it is reported into the Place Partnership; and that underpinning reporting through the ICT is aligned.

3 OPTIONS FOR CONSIDERATION

3.1 The Health and Wellbeing Board is asked to note and endorse the 2022 refresh of the North Lincolnshire Children's Commissioning Strategy.

4. ANALYSIS OF OPTIONS

4.1 There is evidence of the strength of partnership working to respond to the inaugural Children's Commissioning Strategy which is having a positive impact on the experiences of our children and families.

4.2 There is an ongoing commitment to listen, learn, review and adapt and the 2022 refresh takes account of the views and experiences of children and families, local needs and populations, national and local policy drivers and our transformation agenda. This places us in a strong position to further build on the collective strengths of our people and place to innovate and change through integration and system redesign.

4.3 The 2022 refresh has been developed in line with the rearticulation of the Health and Care Integration Plan and takes account of the agreed strategic intents.

4.4 The 2022 refresh includes how we respond to the challenges offered by our children and families, through the Children's Challenge, and how we safeguard and protect the most vulnerable through the 'Helping Children and Families in North Lincolnshire' document.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 There are no specific resource implications associated with this report, though it is acknowledged that there will be likely resource implications associated with the delivery of the strategy which will be considered in due course.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 The strategy sets out the high level ambition and intent for future development and shaping of the offer to children and families in the context of the relevant legal and regulatory requirements.

6.2 The strategy contributes to the priorities and outcomes articulated within the council plan.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 An Integrated Impact Assessment was completed for the original iteration of the Children's Commissioning Strategy 2020/24 and has been reviewed and refreshed to reflect the 2022 refresh. No adverse impacts were identified.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 The 2022 refresh has been developed in consultation with key stakeholders across the scope of the membership of the ICT and across the wider partnership.

8.2 The outcomes of consultation and engagement with children and families have helped to shape and influence the 2022 refresh.

8.3 There are no conflicts of interests to declare.

9. RECOMMENDATIONS

9.1 That the Health and Wellbeing Board notes and endorses the 2022 refresh of the North Lincolnshire Children's Commissioning Strategy 2020/24.

DIRECTOR OF CHILDREN AND FAMILIES

Church Square House
Scunthorpe
DN15 6NL
Author: Julie Poole
Date: 4 January 2023

Background Papers:

North Lincolnshire Children's Commissioning Strategy 2020/24 (2022 refresh)

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North Lincolnshire
One Family Approach

Children's Commissioning Strategy

One Family Approach: An integrated system that works for all children, young people and families

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2020/24: refresh 2022

**North
Lincolnshire**

Council

in partnership with Schools and Colleges



North Lincolnshire Health and Care Partnership

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8	Practice Model
9	North Lincolnshire Place Partnership Strategic Intent
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11	Children's Commissioning Strategy refresh and interface with Place Partnership Strategic Intents
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18	Enablers

Slide	
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We want North Lincolnshire to be the #bestplace to live, work, visit and invest and we want the people of North Lincolnshire to be safe, well, prosperous and connected.

We are proud to acknowledge and celebrate the strength of partnership working and to continue to build on success. Set in the context of the Health and Care Integration Plan 2021/24, we launched our inaugural Children's Commissioning Strategy 2020/24 in September 2020, which clarified our integrated **One Family Approach** and our shine a light and line of sight areas of focus in relation to health, social care and education for children, young people and families. Two years on, children, young people, families and communities remain at the heart of what we do and mid point in our strategy, we have taken stock against our shine a light areas of focus to ascertain our progress in improving outcomes. A summary of progress, impact and outcomes is contained on slide 5.

We continue to move forward and to be ambitious for the future and for our children and young people. We have high expectations of ourselves as partners, working with children, families and communities, to improve outcomes across the place and neighbourhoods of North Lincolnshire.

This refresh further articulates our ambition **for children to be in their family, in their school and in their community** and as we build on and continue to develop our partnership actions, we will take account of local needs and populations, national and local policy drivers and our transformation agenda. We are in a strong position to further build on the collective strengths of our people and place to innovate and change through integration and system redesign. Led through our Integrated Children's Trust (ICT), we are continuing our focus on working together with schools as the primary partner, wider partners and the community through an integrated system that works for all children, young people and families, that meets need at the lowest level and enables sustainable change within families via the fewest best interventions.

As partners continue to take a One Family Approach across North Lincolnshire, we want children, young people and families to build upon their strengths and their resilience to find or be enabled to find solutions when things are not going so well through an integrated children and families offer. We enable them to access available information, advice, guidance to maximise their potential and enhance their life chances. We want all children and families to have a sense of belonging, equality of opportunity and equality of outcomes and through our integrated working, we will continue to address inequalities and enable those more in need to achieve positive outcomes. Where there are significant concerns, we want children, young people and families to be able to access swift, creative and flexible family help so they can remain independent. We will continue to protect children and young people with an aim to build resilience and help them live within their family, attend their school and be a part of their community.

We want children, young people and families to be supported by a workforce that has an agile mindset to best contribute to our children and families offer. We will continue to develop a children and families workforce that is resilient, confident, competent and with authorisation to do what they think is the right thing to do without escalating children and families unnecessarily through a range of organisational systems and referral processes when the day to day contact with trusted professionals can make the difference. We listen to families, work to build upon the child and family's strengths, help them find solutions and only when necessary consult with others to seek assurance, check they're doing the right thing and continue to support the child and family. We will continue to create equality of opportunities by acknowledging inequalities and removing barriers and we will prioritise help and support to our most vulnerable children and young people so they have fair and equitable opportunities to be the best they can be, irrespective of their background and circumstances. We will enhance, build and further develop an integrated workforce, one that works with the whole family and where we reduce unnecessary duplication of professionals involved with a child and family.

Underpinned by our values of equality of opportunity, excellence, self-responsibility and integrity, this strategy signals a continuing intent to work together and integrate our children and families offer and our commissioning functions where these improve outcomes for children and families; to prioritise those who have additional need; and to reduce inequalities and improve outcomes for all children and families, taking account of ethnicity, race and religion and those with certain specific additional vulnerabilities.

The refreshed scope of this strategy:

- enables agencies and organisations across the partnership to build on a shared understanding of our local ambition for our children, young people and families, and how this can be delivered through an integrated offer for children and families
- clarifies our key enablers and shine a light areas of focus for partnership action, which are based upon national and local guidance, data and intelligence and the views of children, young people and their families, through our **Children's Challenge 2020/24**, as well as from practice wisdom and best practice; and it adds value and supports individual agencies statutory functions
- is set in the context of the **Helping Children and Families in North Lincolnshire 2020/24** document, which sets out how local provision helps and supports children, young people and families to participate, find help online and in their neighbourhoods and communities, to be resilient and stay independent; and that they are safeguarded and protected when necessary

As an executive function of the North Lincolnshire Place Partnership (Sub Committee of the Humber Coast and Vale Integrated Care Board), the ICT will oversee the development and implementation of this strategy, and will provide a conduit between the Integrated Adults Partnership, the North Lincolnshire Population Health Management and Prevention Collaborative and other key boards and partnerships, to represent the interests of children, young people and families, including the transition between children and adults for 16 to 24 year olds including those impacted by recent circumstances



Ann-Marie Matson

Director of Children and Families
North Lincolnshire Council
Chair of Integrated Children's Trust



Alex Seale

Place Director
North Lincolnshire
Humber and North Yorkshire
Integrated Care Board
Vice Chair of Integrated Children's Trust

In the original Children's Commissioning Strategy 2020/24, five **"SHINE A LIGHT"** areas of focus were identified for partnership action. It is acknowledged that there has been significant progress, impact and outcomes pertaining the areas of focus, a summary is included below:

One Family Approach

- Embedded the One Family Approach (OFA) and OFA practice model across the partnership
- Progress towards achieving the ambitions of the Supporting Families Programme,
- Specific examples of OFA in action include the Partnership Integrated Triage (PIT STOP); and the 0-2 pathway and Multi Agency Pre-birth Liaison and Consultation (MAPLAC) forum
- Early help forms and associated guidance have been refreshed and improvements in the functionality and reporting capacity of the early help assessment system

Emotional Wellbeing and Mental Health

- Digital offer to access emotional wellbeing and mental health support has been further developed
- Commissioned With Me In Mind Mental Health Support Teams in schools and working with young people to raise awareness
- Focus on upskilling the workforce in relation to trauma informed practice
- Enhanced support regarding specialist eating disorders in place to respond to demand

Early Years

- Revised Communication Counts offer
- Early intervention groups 'family play' have been added to the menu of targeted groups
- Early years cluster groups established
- Agreed a definition of 'school readiness'
- Ready for school partnership event(s) held with 'top tips' developed for families to support children's transition to school
- Ongoing focus on continuous professional development across early years professionals

SEND Support

- Supported additional resourced provision in school settings, which is positively impacting on suspension figures
- Worked collaboratively with head teachers and principals to review delivery approaches in relation to alternative learning provision for young people at key stages 3 and 4 to support quality inclusion
- Expanded the number of post 16/19 supported internships so that more young people with SEND can access learning and training opportunities in the workplace
- Targeted support for young people with SEND from year 9 onwards with a focus on preparation for adulthood

Children's Challenge

- Progress made against the challenges identified in the Children's Challenge
- Ongoing commitment to engagement with children, young people and families at all levels
- Developed part time, casual Supported Families in Partnership Assistant posts for people with lived experiences of interventions to work with others to help listen, learn, review and adapt systems, process, support and interventions
- Held bespoke consultation activity with children, young people and families to shape and influence the children and families offer

Ambition	Through our One Family Approach, we will work together with schools as the primary partner, wider partners and the community to build on and further strengthen an integrated system that works for all children, young people and families, where children can be in their families, in their schools and in their communities
We do this by	<ul style="list-style-type: none"> Meeting need at the lowest level Prioritising the vulnerable Addressing inequalities to enable equality of opportunity and equality of outcomes Promoting independence, maximising opportunities and enabling self responsibility Managing and mitigating risk Ensuring the best children and families offer in the best place
Policy intents	<ul style="list-style-type: none"> Focus on place based and neighbourhoods model Enabling sustainable change Whole family working Fewest best interventions One Council One Family One Place
Shared values	Equality of opportunity, excellence, integrity and self responsibility
Drivers	<ul style="list-style-type: none"> National and local policy drivers Organisational model Practice model Helping Children and Families in North Lincolnshire document
Outcomes	Safe, Well, Prosperous and Connected

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Universal (Self Help and Enablement)

Within the right conditions, via the integrated children and families offer, and through taking self responsibility, children, young people and families;

- actively participate in and are supported by their schools and communities;
- access available information, amenities, settings and support that are accessible to all to help themselves to raise awareness, develop skills and resilience and enable behaviour changes that will contribute to them being safe, well, prosperous and connected, without the need for interventions;
- actively engage with proactive, preventative, health promotion activity and receive the benefits of early intervention and support to maximise their health, wellbeing and resilience, as well as improving health outcomes and reducing inequalities.

Within specific populations, schools, neighbourhoods, communities, family and community hubs and area wide

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Targeted (Focused and Preventative)

Children, young people and families are entitled to equality of opportunity and equality of outcome and through the integrated children and families offer, children, young people and families are helped, supported and empowered to enable behaviour changes that will build resilience, enable self help and contribute to them being safe, well, prosperous and connected, preventing the need for more specialist help.

Within specific populations, schools, neighbourhoods, communities, family and community hubs and area wide for those who seek out and/or are identified as requiring additional help via consultation / formulation

Within specific populations through targeted, intensive home visiting and evidence based interventions

Specialist (Protection)

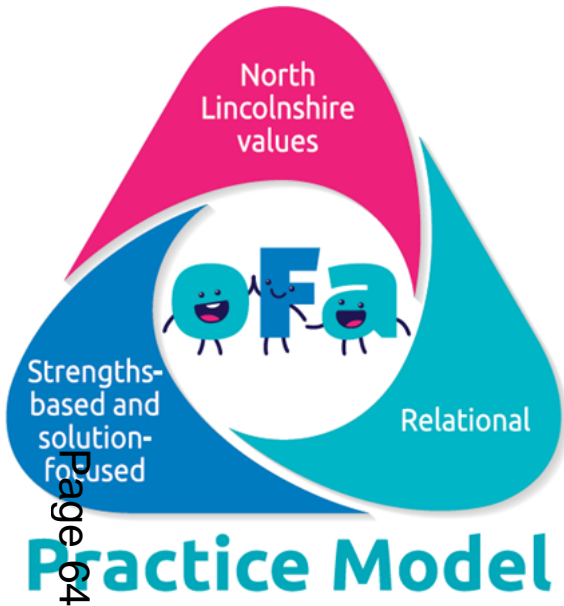
Where there are serious concerns, through early, swift, creative, flexible and responsive integrated children and families offer, children, young people and families are helped, supported and empowered to protect themselves and enable behaviour changes around the whole family that will contribute to reducing harm, enabling the family to remain together and independent in their community, leading to them being safe, well, prosperous and connected.

Within specific populations, schools, neighbourhoods, communities, family and community hubs and area wide for those who are identified as requiring help to protect themselves and/or others from harm

Within specific populations through targeted, intensive home visiting and evidence based interventions

**Children, Young People,
Families, Schools,
Neighbourhoods, Communities**

Enablers: Workforce development, stakeholder voice and engagement, outcomes framework and data maturity



The **One Family Approach Practice Model** provides the framework for how every professional in North Lincolnshire should work with children, young people, and families.

It is based upon our North Lincolnshire culture, values and beliefs, aiming to help us achieve our ambition – to keep children **in their families, their schools and their communities**.

We do so by building upon strengths, finding solutions in families and communities, building resilience and confidence, and enabling independence.

North Lincolnshire values	<p>Our One Family Approach is underpinned by four values which drive and unite our practice, behaviour, and decisions:</p> <ul style="list-style-type: none"> • Equality of opportunity - where all children, young people and families, regardless of need, community, or diversity, have equal access to the same opportunities to achieve their potential and positive outcomes. To achieve this involves working anti-oppressively to challenge disadvantage and adversity • Excellence - where we have high aspirations for children, young people and families and high expectations of each other across the workforce, and support and challenge together as we strive for best practice and best outcomes • Integrity - where we are respectful, honest and accountable in our actions, where behaviours build trust and effective relationships, and we uphold the highest standards including the creative use of resources across the partnership to achieve shared outcomes for children, young people and families • Self responsibility – where confident and autonomous professionals enable and empower others to have choice and control over their lives, to make decisions, have a voice, and to live independently from interventions, in their families and communities
Strengths based/solution focussed	<p>Being strengths-based and solution-focused is how we seek to achieve enabling sustainable change that improves the wellbeing of children and young people.</p> <p>A strengths-based and solution-focused approach encourages positive worker-family relationships, and positive restorative conversations that helps people build confidence for the future based upon ‘what is working well’.</p> <p>Taking a solution-focused mind-set into our work with children, young people and families reflects our beliefs in North Lincolnshire that the answers to challenges and problems are found within families, neighbourhoods and communities. Effective help and protection is founded upon people being inspired and enabled to resolve and overcome their difficulties, and be more resilient into the future.</p> <p>Being strengths-based and solution-focused does not mean discounting or minimising risk, it calls for risk to be assessed and responded to in a proportionate and sensible way, so that action aims to increase safety rather than reduce professional anxiety.</p>
Relational	<p>Being relational reflects the value we give to family and to community, to identity and to attachment, to teamwork and to love. Building, maintaining, and strengthening relationships improves the wellbeing of children and young people.</p> <p>A relational approach to our work means we take the time to listen, take the time to build rapport, and provide help through trusted relationships. We seek to understand children’s and adult’s needs and behaviours in the context of their system and experiences (their relationships with family, friends, and their community), adopting a trauma informed mindset.</p> <p>Working relationally means that we recognise help is often best delivered through the trusted professional. We try to reduce unnecessary referrals to other agencies, and when other skill-sets are needed, these agencies may take a more consultative role, supporting the lead professional and network. We use formulation to help get our analysis right and make sure that help improves outcomes.</p> <p>Being relational and restorative sees a high priority given to partnership and co-production, allowing families to lead their own plans. When needed, the professional response must be swift and effective, with families supported to change in the child’s timescales.</p>

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

People will;

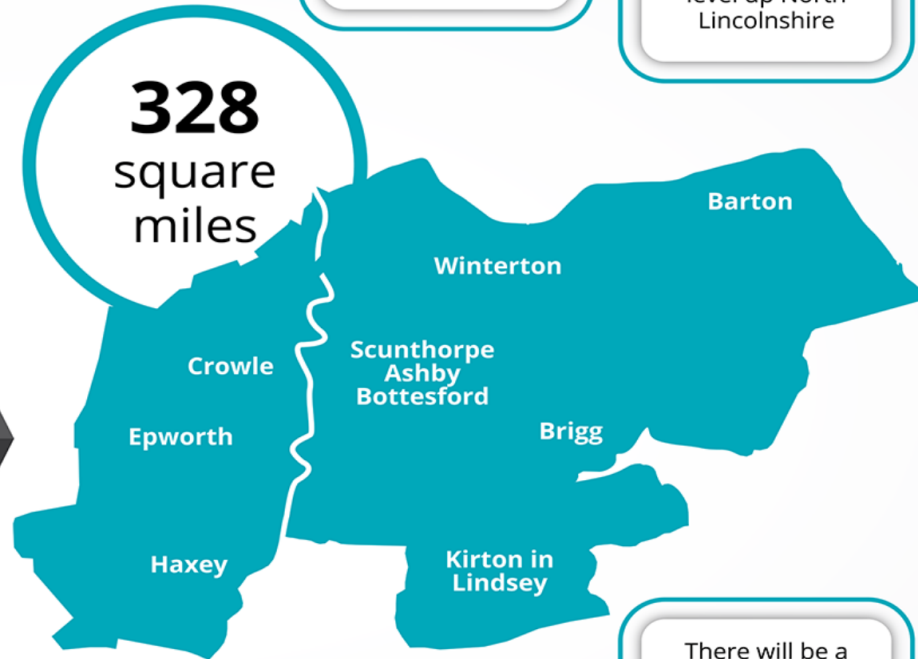
- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.

Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



Mental health and wellbeing will thread through all that we do across all age

Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development

The integrated practise model will be person centred

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

The Integrated Children's Trust have identified four **shine a light** areas of focus for partnership action and system change to contribute to children, young people and families being **SAFE, WELL, PROSPEROUS** and **CONNECTED** and so that **children live within their family, attend their school and be a part of their community.**

These new areas of focus have emerged from the mid strategy review of the original **shine a light** areas of focus, emerging themes from the ICT development discussions and the refresh of the Children's Challenge.

Aspects of partnership action associated with these **shine a light** areas of focus contribute to the Place Partnership Strategic Intents implemented through the Place Partnership Integration Plan

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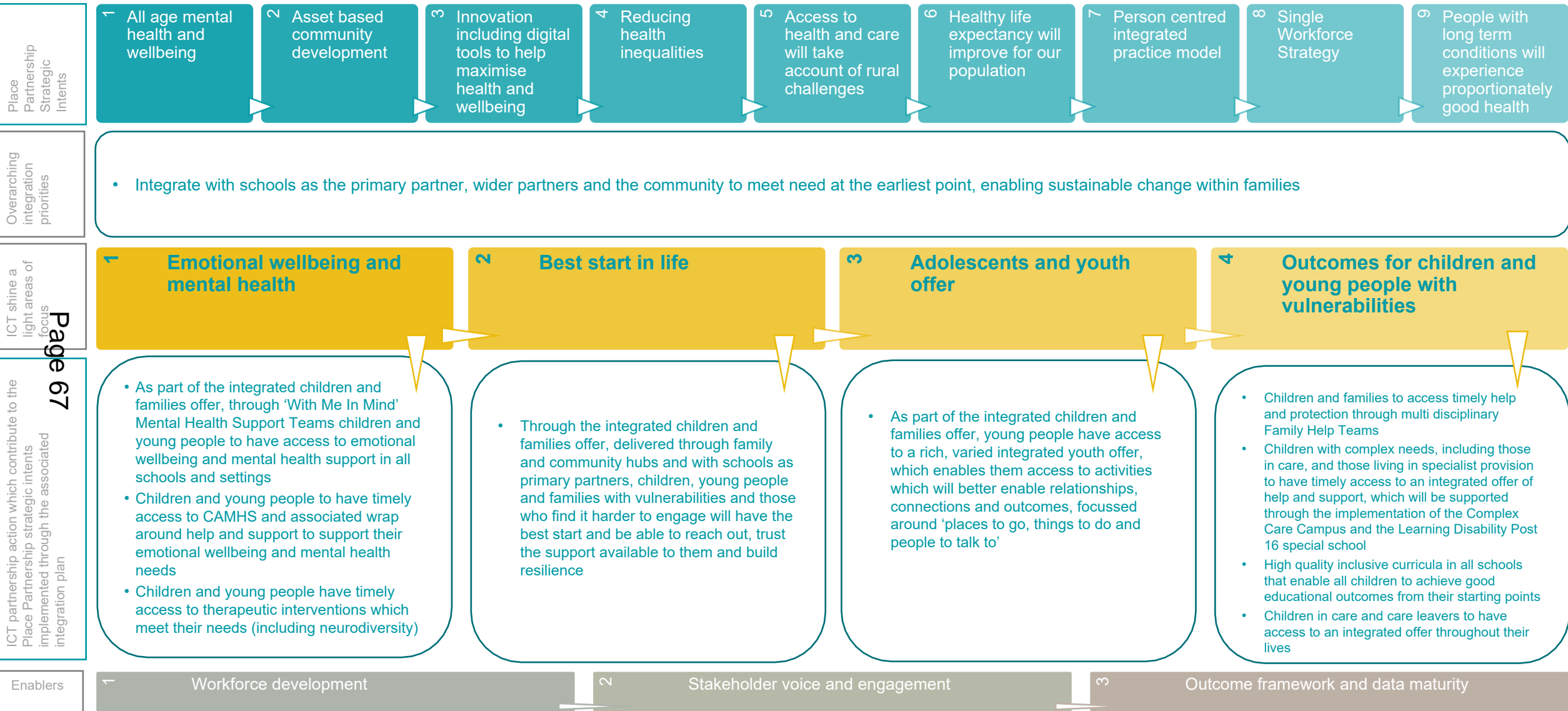
↙ Emotional wellbeing and mental health

↻ Best start in life

↻ Adolescents and youth offer

↘ Outcomes for children and young people with vulnerabilities

Children's Commissioning Strategy refresh (and interface with Place Partnership Strategic Intents)



Under the auspices of the ICT, in order to move forward our main integration priorities, there are established partnership arrangements and identified lead officers to drive forward partnership action and system change. As part of this, through the identified lead officers and lead partnerships (**in bold**) will be responsible for identifying, monitoring and progress reporting to the ICT, underpinned by relevant **performance data and analysis, practice wisdom, voice and engagement** and **reviews/reports**.

INTEGRATION PRIORITY	PARTNERSHIP ACTION		LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
	What will we do (priorities)	How will we do it (partnership action)		
1: Integrate with schools as the primary partner, wider partners and the community to meet need at the earliest point, enabling sustainable change within families	<ul style="list-style-type: none"> ➤ Ensure children, young people and families have timely, equal access to an integrated offer across the continuum of need 	<ul style="list-style-type: none"> ➤ Undertake mapping exercise to understand the scope of the children and families offer and the associated resources / assets ➤ Consider and understand the additionality of the partnerships across schools and our wider neighbourhoods and communities, that will contribute to our local children and families offer 	<ul style="list-style-type: none"> ➤ Integrated Children and Families Offer Strategic Steering Group 	<ul style="list-style-type: none"> ➤ Assistant Director Children's Help and Protection, NLC

For areas in which we want to **shine a light** there are established partnership arrangements and identified lead officers to drive forward partnership action and system change. As part of this, through the identified lead officers and lead partnerships (**in bold**) will be responsible for identifying, monitoring and progress reporting to the ICT, underpinned by relevant **performance data and analysis, practice wisdom, voice and engagement** and **reviews/reports**.

ICT partnership action which contribute to the Place Partnership strategic intents implemented through the associated integration plan are also captured below to be included in the composite of the ICT partnership actions against our identified **shine a light** areas of focus

SHINE A LIGHT AREA OF FOCUS	PARTNERSHIP ACTION		LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
	What will we do (priorities)	How will we do it (partnership action)		
<p>1: A culture and system that leads to positive emotional wellbeing and mental health for children, young people and their families</p>	<ul style="list-style-type: none"> ➤ As part of the integrated children and families offer, through 'With Me In Mind' Mental Health Support Teams children and young people to have access to emotional wellbeing and mental health support in all schools and settings ➤ Children and young people to have timely access to CAMHS and associated wrap around help and support to support their emotional wellbeing and mental health needs ➤ Children and young people have timely access to therapeutic interventions which meet their needs (including neurodiversity) 	<ul style="list-style-type: none"> ➤ Further embed the 'With Me In Mind' Mental Health Support Teams model in schools and settings, understand the interfaces with other part of the system, and the impact and outcomes (including for specific vulnerable groups) ➤ Consider how the 'With Me In Mind' offer is available to children and young people not in schools and settings i.e. electively home educated ➤ Ongoing review of systems, processes and resources to enable children and young people to have timely access to: <ul style="list-style-type: none"> ➤ CAMHS and wrap around support ➤ Neurodiversity pathways which meet their needs ➤ Explore the benefits of adopting a single approach / model in relation to emotional well being and mental health i.e. the Thrive model and roll out as appropriate ➤ Further scope and develop a multi agency dashboard to report on key performance / activity information in relation to children and young people's emotional wellbeing and mental health 	<ul style="list-style-type: none"> ➤ Emotional Health and Mental Health Partnership 	<ul style="list-style-type: none"> ➤ Interim Director of Nursing and Quality, NLHCP ➤ Senior Commissioning Manager, NLHCP ➤ Assistant Director Education, NLC

SHINE A LIGHT AREA OF FOCUS	PARTNERSHIP ACTION		LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
	What will we do (priorities)	How will we do it (partnership action)		
<p>2: Enable babies, children and young people to get the best start in life by building on and developing existing partnership work and transforming our approach</p>	<ul style="list-style-type: none"> ➤ Through the integrated children and families offer, delivered through family and community hubs, and with schools as primary partners, children, young people and families with vulnerabilities and those who find it harder to engage will have the best start and be able to reach out, trust the support available to them and build resilience ➤ Babies, infants and young people to have the best start in life, taking account of the wider determinants of health 	<ul style="list-style-type: none"> ➤ Building on work to date, establish what the family and community hubs offer needs to look like in the future, as a key delivery mechanism for the children and families offer ➤ Ensure family and community hubs are fully integrated and consider how we collectively use our resources across the partnership, including schools, settings and the VCSE ➤ Embrace and utilise the strengths of our neighbourhoods and communities, and build community leaders and champions to 'model behaviours' and contribute to the children and families offer ➤ Embed health and wellbeing into the One Family Approach by focusing on healthy parenting, healthy weight in children; reducing teenage pregnancy; and improving equity in maternity and child screening and immunisations ➤ Work collaboratively to enhance children's communication and language skills (including with parents as partners) ➤ Improve children's readiness to start school and enable successful transitions ➤ Commission and launch an approach to build resilience to help children and young people to develop the knowledge skills and confidence to improve their outcomes 	<ul style="list-style-type: none"> ➤ Integrated Children and Families Offer Strategic Steering Group ➤ Start for Life Family Hubs Steering Group ➤ Best Start Lead Officers Group ➤ Primary Heads Consortium ➤ Secondary Heads and Principals ➤ Health and Wellbeing Board 	<ul style="list-style-type: none"> ➤ Assistant Director Children's Help and Protection, NLC ➤ Head of Education Standards and Early Years, NLC ➤ Head of Family Help and Intervention, NLC ➤ Public Health Consultant NLC

SHINE A LIGHT AREA OF FOCUS	PARTNERSHIP ACTION		LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
	What will we do (priorities)	How will we do it (partnership action)		
<p>3: Focus on developing our Adolescents and Youth Offer to best meet their needs and further improve outcomes, focussed around 'places to go, things to do and people to talk to'</p> <p>Page 71</p>	<ul style="list-style-type: none"> ➤ As part of the integrated children and families offer, young people have access to a rich, varied integrated youth offer, which enables them access to activities which will better enable relationships, connections and outcomes 	<ul style="list-style-type: none"> ➤ Agree the scope of what we want to achieve and establish what the youth offer needs to look like in the future focussing on 'places to go, things to do and people to talk to' ➤ Ensure the youth offer is fully integrated and consider how we collectively use our resources across the partnership, including schools, VCSE and businesses ➤ Ensure preparedness for independent scrutiny activity through the National Youth Agency ➤ Undertake self assessment to inform the development of a Youth Strategy and delivery plan (to include a youth workforce component) ➤ Ensure ongoing engagement, leading to co-production, to ensure the youth offer meets the needs of our young people 	<ul style="list-style-type: none"> ➤ Integrated Youth Offer Steering Group ➤ Youth Activity Partnership ➤ Primary Heads Consortium ➤ Secondary Heads and Principals 	<ul style="list-style-type: none"> ➤ Assistant Director Children's Standards and Regulation, NLC ➤ Assistant Director Community Enablement, NLC ➤ Assistant Director Education, NLC ➤ Head of Education Standards and Early Years, NLC ➤ Head of Community Wellbeing, NLC

SHINE A LIGHT AREA OF FOCUS	PARTNERSHIP ACTION		LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
	What will we do (priorities)	How will we do it (partnership action)		
<p>4: Amplified focus on our local offer for children and young people with vulnerabilities to further improve outcomes (including for those who are most able to enable them to reach potential)</p> <p>Page 72</p>	<ul style="list-style-type: none"> ➤ Children and families to access timely help and protection through multi disciplinary Family Help Teams leading to reduced numbers of children in need ➤ Children with complex needs, including those in care, and those living in specialist provision to have timely access to an integrated offer of help and support, which will be supported through the implementation of the Complex Care Campus and the Learning Disability Post 16 special school ➤ High quality inclusive curricula in all schools that enable all children to achieve good educational outcomes from their starting points, and ensuring more children in mainstream education and fewer in alternative provision ➤ Care leavers to have access to a timely integrated offer throughout their lives 	<ul style="list-style-type: none"> ➤ Take account of (pending) national policy direction and further explore our local response to the development and implementation of multi disciplinary Family Helps Teams ➤ Finalise the implementation of the Complex Care Campus ➤ Finalise the implementation of the Learning Disability Post 16 School ➤ Schools continue to develop high quality inclusive curricula supported through ongoing sector led improvement, assurance and oversight ➤ Develop performance and profiles pertaining identified vulnerabilities (including but not exhaustive, those who have experienced trauma, SEND support, EHCP, CIC/CL, children in receipt of FSM, young carers, children who speak English as an additional language, children who are electively home educated) ➤ Ensure equity of access and further strengthen the children and families offer, including the all age care leaver offer, to improve the experiences and outcomes for children and young people with identified vulnerabilities (e.g. in relation to emotional wellbeing and mental health, neurodiversity pathway assessment waiting times, attendance, attainment, suspensions, exclusions, preparation for adulthood, transitions, post 16 progression, public health indicators etc) 	<ul style="list-style-type: none"> ➤ SEND Standards Board ➤ Education Standards Board ➤ Youth Justice Strategic Partnership Board ➤ Corporate Parenting Board ➤ Primary Heads Consortium ➤ Secondary Heads and Principals 	<ul style="list-style-type: none"> ➤ Assistant Director Education, NLC ➤ Assistant Director Children's Help and Protection, NLC ➤ Assistant Director Children's Standards and Regulation, NLC ➤ Head of Education Standards and Early Years, NLC

SHINE A LIGHT AREAS OF FOCUS	LEAD PARTNERSHIP	Implementation Timeline		
		2022/23	2023/24	
1 Integration	<ul style="list-style-type: none"> Integrated Children and Families Offer Strategic Steering Group 	<ul style="list-style-type: none"> Confirmation of support and commitment through the ICT to build on and further develop our integrated children and families offer 	<ul style="list-style-type: none"> Mapping exercise to understand the scope of the children and families offer and the associated resources / assets Clarity regarding the additionality of the partnerships across schools and our wider neighbourhoods and communities, that will contribute to our local children and families offer Next steps identified and underway Formally evaluate plan and develop 2024/28 plan 	Evidence of impact and outcomes
1 Emotional Wellbeing and Mental Health	<ul style="list-style-type: none"> Emotional Health and Mental Health Partnership 	<ul style="list-style-type: none"> Clarity regarding impact and outcomes of 'With Me In Mind' Mental Health Support Teams Waiting times for CAMHS and Neurodiversity pathway improved Monitor and review ongoing plan 	<ul style="list-style-type: none"> Multi agency dashboard scoped and reporting arrangements in place Formally evaluate plan and develop 2024/28 plan 	
2: Best Start in Life	<ul style="list-style-type: none"> ➤ Integrated Children and Families Offer Strategic Steering Group 	<ul style="list-style-type: none"> Clarity of offer Family and Community Hubs Monitor and review ongoing plan 	<ul style="list-style-type: none"> Family and Community Hubs offer in place Commissioning of the approach to build resilience complete Formally evaluate plan and develop 2024/28 plan 	
3: Adolescents and Youth Offer	<ul style="list-style-type: none"> ➤ Integrated Youth Offer Steering Group 	<ul style="list-style-type: none"> Clarity of scope of Youth Offer Self Assessment undertaken Monitor and review ongoing plan 	<ul style="list-style-type: none"> Enhanced Youth Offer place Strategy in place Preparedness for independent scrutiny (i.e. via peer review) Formally evaluate plan and develop 2024/28 plan 	
4: Outcomes for children and young people with vulnerabilities	<ul style="list-style-type: none"> SEND Standards Board Education Standards Board Youth Justice Partnership Corporate Parenting Board 	<ul style="list-style-type: none"> Initial exploration of Family Help Teams undertaken Scope of performance and profiles in place Monitor and review ongoing plan 	<ul style="list-style-type: none"> Complex Care Campus in use Learning Disability Post 16 School opened Reporting on performance and profiles Clarity regarding role of Family Help Teams in place and pending further scoping Formally evaluate plan and develop 2024/28 plan 	

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Under the auspices of the Integrated Children's Trust, we are committed to ensuring the best systems and enablers to effect change. These **ENABLERS** are key to the conditions across the partnership that contribute to an integrated system that works for all children and families.

Workforce development

Stakeholder voice and engagement

Outcome framework and data maturity

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Enabler: Workforce Development - a One Family Approach Workforce that supports ‘an integrated system that works for all children, young people and families’

Page 75	Our shared goal	<ul style="list-style-type: none"> •A workforce who are enabled to help children and young people to live in their families, in their schools and in their communities
	Our values	<ul style="list-style-type: none"> •Equality of opportunity •Excellence •Integrity •Self responsibility
	Outcomes	<ul style="list-style-type: none"> •Resilient, well and highly motivated •Enabled and innovative •Connected and high performing •Safe to be ourselves

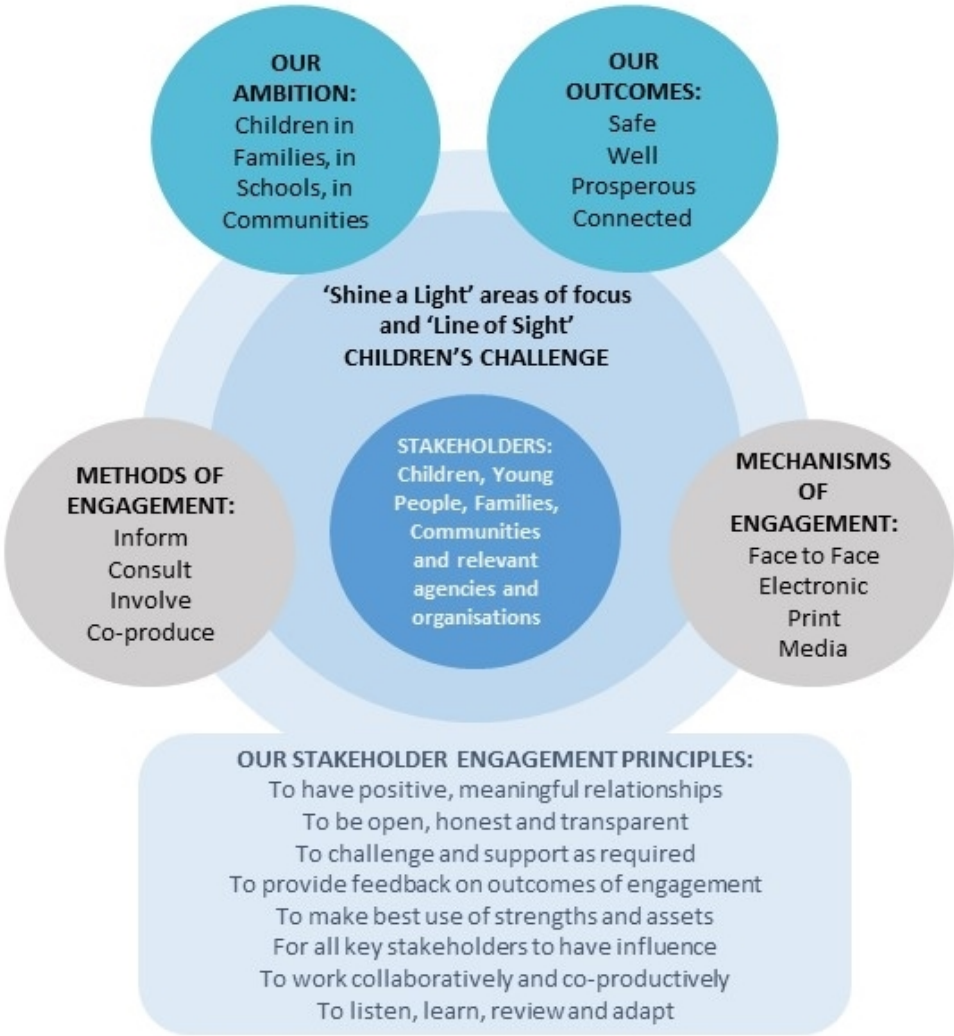
A One Family Approach Workforce who:

- Work together to provide and commission an integrated children and families offer
- Are diverse and can recognise and work with the diverse population of North Lincolnshire
- Are strengths based and solution focused
- Do the right thing at the earliest point to meet need
- Streamline processes, reduce and overcome barriers and avoid duplication
- Address issues in inequality and demonstrates anti oppressive and anti racist practice
- Are resilient and confident
- Are skilled and competent
- Are supported and receive appropriate supervision
- Work to ‘level up’ children’s life chances and prioritise our offer to our most vulnerable children and young people

WORKFORCE ENGAGEMENT STRATEGY					
Will be achieved by...	Being agile in thinking and working practices	Enabling flexible, agile leadership at all levels	Involving the workforce at all levels in decision making	Valuing and recognising achievement	Behaving true to our values - valuing each other

Enabler: Stakeholder Voice and Engagement – where the views and experiences of stakeholders contribute to ‘an integrated system that works for all children, young people and families’

- Children, young people, families and communities are at the heart of all we do and by making use of their strengths, assets, views and experiences and by engaging with and working together as partners and with other key stakeholders across the partnership, including the voluntary and community sector, we will co-produce our local offer which meets needs and helps to achieve positive outcomes
- This is underpinned in our engagement framework which clarifies our commitment and mechanisms for engagement with children, young people and families, for those working with children, young people and families and for those making strategic decisions
- Along with children, young people, families and communities themselves, key partners and stakeholders include the Council, the NHS Humber and North Yorkshire Integrated Care Board, education providers, health providers, police and the voluntary and community sector



What is the vision we want to achieve?	The One Family Approach is how we respond to the needs of children and families in North Lincolnshire in the context of integrated services for children. It provides a vision for a new system that places children and families at the centre – a One Family Approach to strategy, commissioning, planning and practice.							
What is the outcome we want to achieve?	We want children, families, adults and communities to be:							
	Safe		Well		Prosperous		Connected	
What is our ambition?	We achieve this taking a One Family Approach where children are in their families, in their schools and in their communities.							
Population profile	North Lincolnshire demographic profile		CYP and families needing targeted early help		CYP needing specialist services		CIC and those living away from family	
System health measures	Front door activity (SPOC, contacts, referrals, repeat front door activity)		No. of families achieving successful family outcomes (Supporting Families payments by results)		Access to learning (Attendance, NEET, adult learning)		Community capacity (Connected voluntary/community sector – early help system)	
Families will experience:	I trust the professionals working with me and my family, they understand us better	I tell my story once	I get offered help much earlier now and everyone works together	I have someone in my life listening to and caring for me and my family, appreciating our strengths	I set the outcomes in my family plan with my lead worker	I know how to improve our lives, navigate the system and get support if there are problems	I feel my outcomes are improved	I know the relationships I have with my friends and community will help me
Impact	The impact of OFA will be seen via sustained improved outcomes for families experiencing multiple challenges, wherever they are in the system, in the following areas:							
	Safe		Well		Prosperous		Connected	
	Safe in my family Safe in my community Safe in relationships Safe online		Free from the harm of substance misuse Experiencing good physical health Experiencing good emotional health and wellbeing		Achieve financial stability Secure and stable housing Accessing education / learning In employment / volunteering		Receives and provides family support Positive relationships outside the home Takes part in the community Can get help online Access to transport	

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For our key **ENABLERS**, we have identified specific partnership action to continue to drive forward system change and create the conditions for success leading to better outcomes. As part of this, lead partnerships will be responsible for overseeing progress and lead officers have been identified to be responsible for reporting to the ICT.

ENABLER	PARTNERSHIP ACTION	LEAD PARTNERSHIP(S)	LEAD OFFICER(S)
1: Workforce Development Page 33	<ul style="list-style-type: none"> • Scope and refresh our partnership workforce offer (education, training, language, culture) so that staff across the integrated children and families workforce have the skills and knowledge to be able to provide help and support at the earliest point • Develop opportunity for 'nudge theory' across the partnership workforce to change behaviours and develop an integrated mindset • Establish peer group supervision forums to provide opportunities for reflective learning • Specifically, roll out workforce development programme across the partnership workforce including, but not exhaustive, the Re:Frame formulation approach and trauma informed practice • Refresh the practice model to align with the workforce development programme and roll out 	<ul style="list-style-type: none"> ➤ Integrated Children and Families Offer Strategic Steering Group 	<ul style="list-style-type: none"> ➤ Assistant Director Children's Help and Protection, NLC ➤ Assistant Director Children's Standards and Regulation, NLC
2: Stakeholder voice and engagement	<ul style="list-style-type: none"> • Utilise the Children's Challenge as a means of seeking assurance regarding partnership action pertaining the identified challenges • Understand and mitigate barriers to engagement and make use of creative mechanisms for engagement to best meet needs and circumstances and further build engagement opportunities for specific cohorts • Focus on co-production with those with lived experiences • Build on and utilise established mechanisms to engage with schools as primary partners to lead change across the integrated children and families offer • Build on and utilise established mechanisms to engage with the VCSE to contribute to change across the integrated children and families offer • Share feedback and intelligence with all key stakeholders (close the participation loop) 	<ul style="list-style-type: none"> ➤ Children and Young People's Partnership ➤ Primary Heads Consortium ➤ Secondary Heads and Principals ➤ Volunteer Alliance 	<ul style="list-style-type: none"> ➤ Head of Partnerships, Assurance and Outcomes, NLC ➤ Head of Education Standards and Early Years, NLC
3: Outcome framework and data maturity	<ul style="list-style-type: none"> • Utilise and build on the outcome framework (ensuring interface and read through with outcomes framework(s) associated with key national drivers i.e. Supporting Families Programme and Start for Life Family Hubs • Consider how we can best utilise data intelligence and insight to identify the right target cohort and insights and evidence to identify the right interventions • Further develop data / needs assessment at community level to understand root causes • Understand and articulate what difference we are making (impact and outcomes) 	<ul style="list-style-type: none"> ➤ Data Governance and Maturity Group ➤ Population Health and Prevention Partnership 	<ul style="list-style-type: none"> ➤ Head of Partnerships, Assurance and Outcomes, NLC ➤ Public Health Consultant, NLC

In order to have a full understanding of the breadth and scope of the system, which is underpinned by statutory responsibilities, the Integrated Children's Trust will have a **LINE OF SIGHT** on key functions which impact on, shape and influence partnership action and system change (but which are the responsibility of other partnership and planning frameworks)

SAFE

- Local arrangements to **help and protect** children and young people from harm across the **early help and safeguarding** system including emerging harm i.e. **risk outside the family home, parental conflict and domestic abuse**
- **Sufficiency offer and housing** accommodation and support to children and families with additional needs
- Help and support for children involved in the **youth justice** system
- **Community safety** for the people and place of North Lincolnshire
- **Public Health response** to address key issues (including the outcomes of children's lives surveys)

WELL

- **Healthy lifestyles/healthy environments** to enable children's health and wellbeing
- Preventative approach relating to **health and wellbeing priorities** in line with known population needs i.e. reducing tobacco harm, built environment design for health etc
- **Out of hospital community therapies and associated equipment**
- **Children's Home Care**
- Approach to meeting the needs of children with **palliative and end of life care need**
- **Sexual Health** provision
- **0 to 19** health and wellbeing offer
- **Maternity** provision
- **Substance Misuse** provision
- **Bereavement** support for children and families

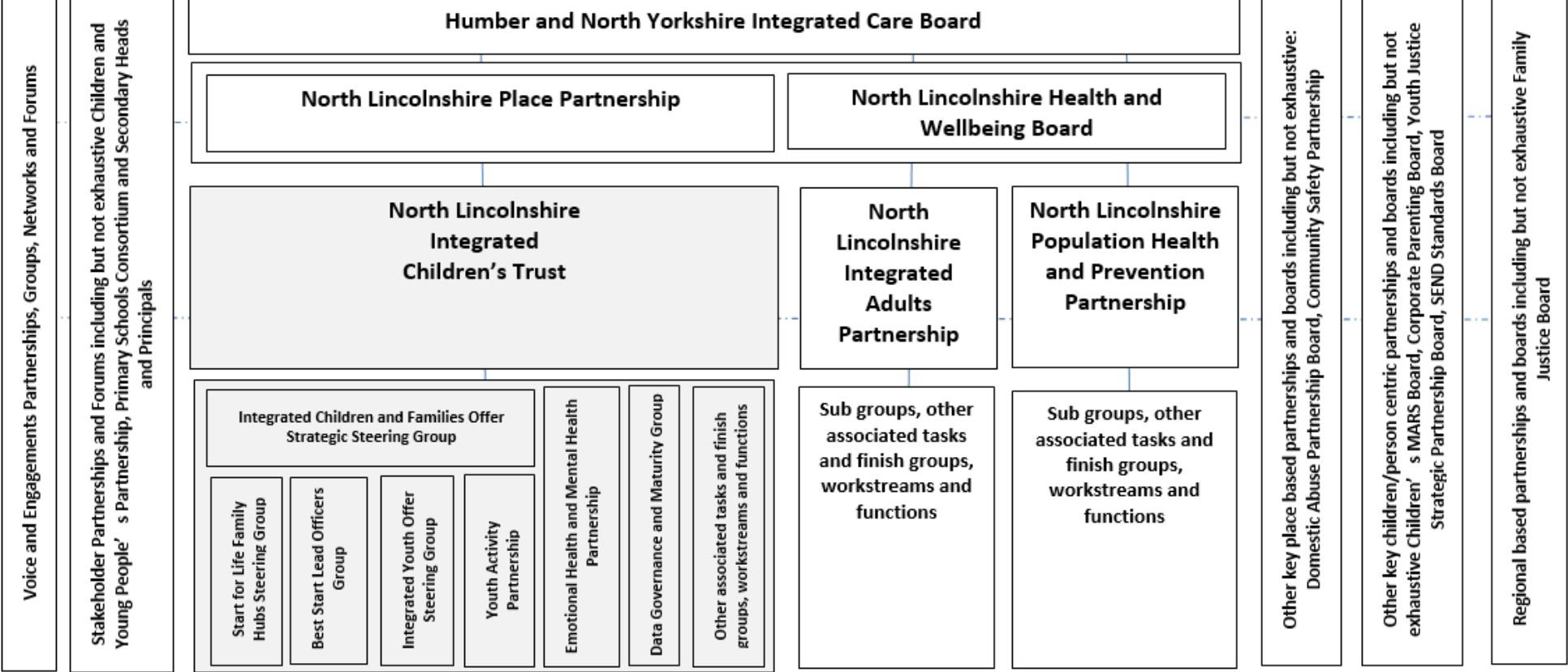
PROSPEROUS

- Local arrangements to encourage and support **family prosperity** through understanding local need, addressing disadvantage and reducing the impact of living in poverty i.e. fuel poverty, holiday hunger, skills and employability, debt/welfare rights support
- **Sufficiency programmes** for children in care and care leavers including those at the edge of care
- **Sufficiency of housing/accommodation/short breaks** for children and young people with more complex needs
- **High quality, inclusive education provision** which enable all children, with a particular focus on the most vulnerable, achieve their potential with positive progression to adulthood by accessing an enabling, inclusive curriculum offer and reducing disproportionate exclusions
- **Education Plan** and associated outcomes

CONNECTED

- **Information, guidance and advice** available for children and families (including digital solutions)
- Corporate parenting responsibilities for **children in care and care leavers**
- A rich and robust **voluntary and community sector** to enable and support children and families through planning, commissioning and delivery (including wider stakeholders like charities, social enterprises, the private sector and children and young people themselves)
- **Total transport solutions** to meet all needs, including school transport, and promote active travel

Without evidence, we don’t know what is working well and what could work better. Through monitoring, oversight, line of sight, challenge and resolution, led through established partnership arrangements, we are in the best position to respond proactively so that our local offer of help and support is the best it can be. Our ICT partnership and governance framework is depicted here:



We have a commitment to listen, learn, review and adapt and we will demonstrate our success in improving outcomes for children, young people and families through **performance data and analysis**, **practice wisdom**, **voice and engagement** and **reviews/reports**.

Progress relating to our **integration priorities**, **shine a light areas of focus** and actions associated with **key enablers** will be presented to the Integrated Children's Trust by the relevant leads.

For areas where there is a '**line of sight**', progress reports will be presented to the Integrated Children's Trust on an exceptions basis at the request of or agreement from the Integrated Children's Trust itself.

An end of term progress review of this strategy will be developed and presented to the Integrated Children's Trust to consider the effectiveness of partnership action and to shape and influence future iterations of the strategy.

Partnership action associated which contribute to the Place Partnership's strategic intents and which are routed through the Integration Plan, will be presented to the Place Partnership as appropriate.

CONTACT US:

For further information, please go to:

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Email: julie.poole@northlincs.gov.uk

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

OUTCOMES OF OFSTED INSPECTION OF CHILDREN'S SERVICES

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 For the Health and Wellbeing Board to note the outcomes of the Inspection of Local Authority Children's Services, in which Ofsted judged North Lincolnshire to be outstanding across all areas, and with no identified areas for improvement.

2. BACKGROUND INFORMATION

- 2.1 The new Ofsted framework for inspecting local authority services for children in need of help and protection, children in care and care leavers, was enacted in January 2018. In line with previous inspections, the framework focuses on the effectiveness of local authority children's services and arrangements for:

- the help and protection of children
- the experiences and progress of children in care wherever they live, including those children who return home
- the arrangements for permanence for children who are looked after, including adoption
- the experiences and progress of care leavers

There is also a focussed attention on assessing the effectiveness of leadership and management and the impact this has on the lives of children and the quality of practice.

- 2.2 The Inspection of North Lincolnshire's Local Authority Children's Services took place between 3 and 14 October 2022. Following a period of quality assurance, the final inspection report was published on 25 November, in which the formal judgement grades were confirmed. This is the first judgement for North Lincolnshire's local authority children's services since 2017.

3. OPTIONS FOR CONSIDERATION

- 3.1 It is proposed that the Health and Wellbeing Board notes the outcomes of the Inspection of Local Authority Children's Services in which Ofsted judged North Lincolnshire to be outstanding in all areas, as follows:

- the impact of leaders on social work practice with children and families
- the experiences and progress of children who need help and protection

- the experiences and progress of children in care and care leavers; and
- overall effectiveness

3.2 The report highlights that:

- Social workers work hard to listen to children and their families when they need extra help. They work well with children, parents and carers to help families find their own solutions and only step in when it is really needed
- There is a lot of work done by social workers and other professionals to help and support children to stay at home and be cared for by their parents. Sometimes this is not always possible and social workers act quickly, and take care to ask children where they would like to live. This means that most children in care live with foster families or with a member of their family
- When children live in foster families, many children said that they felt safe and well cared for and quickly felt like part of a family
- Children and young people are supported to do their very best at school and achieve whatever they want to after they leave school
- Leaders have made sure that when young people leave care they can still be supported as adults by children's services and for as long as they need to, which really showed how the council care for children and young people throughout their lives
- Leaders and politicians work well together to make North Lincolnshire a great place to live. They talk to parents, young people and children and listen to their views about how to make things better. Often it is children's views that are used to make positive changes
- The council are working hard to make North Lincolnshire a place where social workers want to stay and work so that children can keep the same social worker

3.3 To read the inspection report in full, please [click here](#).

4. ANALYSIS OF OPTIONS

- 4.1 Overall, this means that children who need help and protection, children in care and care leavers receive the right help and support when they need it, and they benefit from a consistently high standard of practice that is based on the importance of relationships. Ultimately, North Lincolnshire is making a real difference to children's experiences and they are loved and cared for.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 There are no specific resource implications associated with this report.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 The outcomes of the inspection demonstrate how Local Authority Children's Services are contributing to the outcomes and priorities articulated in the Council Plan and wider partnership strategies and plans, including the Health and Wellbeing Strategy.

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 N/A

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 Children, young people, parents, carers, foster carers, adopters and representatives from agencies and organisations, including schools and settings, along with Adoption and Fostering Panel chairs, were directly engaged in the inspection process. Their views and experiences contributed to the outcome and are featured in the report.

8.2 A child and young person friendly version of inspection report was made available and has been distributed to children, young people, parents and carers directly involved in the inspection process.

9. **RECOMMENDATIONS**

9.1 For the Health and Wellbeing Board to note the outcomes of the Inspection of Children's Services undertaken in October 2022.

DIRECTOR OF CHILDREN AND FAMILIES

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Author: Julie Poole, Service Manager Children's Strategy Assurance and Evaluation
Date: November 2022

Background Papers used in the preparation of this report: Ofsted Inspection of Children's Services North Lincolnshire report

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Inspection of North Lincolnshire local authority children's services

Inspection dates: 10 to 14 October 2022

Lead inspector: Jan Edwards, His Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Outstanding
The experiences and progress of children who need help and protection	Outstanding
The experiences and progress of children in care and care leavers	Outstanding
Overall effectiveness	Outstanding

Since the last inspection of North Lincolnshire Council in 2017, services for children in care and care leavers, and leadership, have remained outstanding. The experience of children in need of help and protection has improved so that this is now outstanding. This has been achieved by the uncompromising and visionary political and executive leadership and from the leadership of the director of children's services (DCS), who have an unwavering ambition for children and families. This united political and service leadership has successfully fostered a compassionate and caring culture which has become the bedrock of the council and the service.

Children benefit from a consistently high standard of social work practice. The commitment to children as a priority for the council and across the partnership is exemplary. Senior leaders have created a culture in which social work has flourished. It is based on the importance of relationships, and of promoting children's sense of being loved and cared for.

The leadership team demonstrated significant agility during the COVID-19 pandemic. Leaders adapted to and implemented their response to the pandemic while also giving continued focus to service development and innovation. They also ensured, in collaboration with the safeguarding partnership, a focus on the emotional well-being of children and care leavers, their foster carers, families and the whole workforce.

What needs to improve?

There are an extremely small number of areas of variability in what is otherwise an exceptional practice. Senior leaders have an accurate understanding of the service and continuously drive for innovation and improvement. The routine scrutiny and challenge, in conjunction with the established quality assurance framework, informs the relevant plans for addressing the issue of variability in practice across the service.

The experiences and progress of children who need help and protection: outstanding

1. Children in need of help and protection are provided the right help when they need it. There is a determined focus, embodied in the local authority's 'One Family Approach', on empowering families to find their own solutions. When this is not always possible and families need additional help and support, the 'fewest and best' interventions are delivered by the most appropriate professional who knows the family.
2. Children and families are supported effectively in order to build resilience through a wide-ranging early help offer, which is making a real difference for children. Early help assessments identify the range of the child's needs well, which then results in a clear and detailed plan. This means that children receive meaningful interventions from the right services, including community and voluntary organisations. Thresholds for services are understood by all. Targeted services or those agencies who best know the child are identified to support families and appropriately manage a more complex level of need. As a result, partners, notably schools and health professionals, are confident to lead in delivering interventions and the early help plan.
3. Decision-making by the single point of contact team is timely for children. Workers are skilled at recognising safeguarding concerns and promptly escalate to the integrated multi-agency partnership (IMAP) for screening for statutory intervention. This is underpinned by proactive and thorough management support and oversight. When contacts are received in the IMAP, they are responded to swiftly, supported through a live dashboard which makes oversight of timeliness easily visible to managers and practitioners alike. There is a very considered and child-centred response to the triage of contacts, in keeping with the 'fewest and best' approach. Diligent care is taken to identify who has the most significant relationship with a child to ascertain their views. In almost all cases seen, children benefit from timely, proportionate and effective decision-making. This is informed by high-quality information-sharing by a wide range of partner agencies, and a clear understanding of consent and threshold for services. When families and professionals make contact out of hours, the extended hours team ensures that there is a detailed immediate response, with a robust handover to daytime colleagues.

4. When risks to children increase, strategy meetings are swiftly convened. There is excellent partner agency participation, enabling effective information-sharing. This informs appropriate decision-making, safety planning and clear accountability for actions agreed, leading to appropriately focused section 47 child protection enquiries. These enquiries are child-focused, and include direct work with the child to explore the issues, the clear views of the relevant adults, and good-quality agency information.
5. Social workers take a whole-family approach when undertaking children's assessments. This means that social workers have a thorough understanding of children's support networks and what life is like for them. The focus on a relational strength-based approach is a powerful element of social work practice in North Lincolnshire. This is ensuring that children and families develop meaningful relationships with their social worker, even when intervention is time-limited. Parents who are benefiting from children in need services or child protection planning told inspectors that support had come at the right time for them. They said that social workers are reliable, that they are helpful, that they went 'above and beyond' and that they did not feel judged.
6. Sensitive work undertaken with children and family members aids the social worker in their understanding of family relationships and of the child's world. Assessments, including those for disabled children, are comprehensive, informing detailed plans. Creative direct work takes place to develop plans that will transition disabled children into adult services, avoiding services stopping and starting.
7. Social workers are strong proponents of 'One Family' and the culture in the service which have a deep-rooted respect for children. Consequently, they are committed to, and tenacious in, building relationships with children, and in undertaking creative and sensitive direct work with them. This limits the numbers of professionals with whom children need to have contact and ensures that they do not have to repeatedly tell their story.
8. When more specialist help is needed, there are a range of services which support children and families with issues such as substance misuse, for their emotional well-being and mental health, and when they live with domestic abuse. These agencies form strong multi-agency networks around the child and family, contributing to comprehensive child in need or child protection plans, which help reduce the risks for children.
9. Children who are identified to be at risk of harm are supported through child protection planning. Child protection conferences are well attended by partner agencies, family members and at times, when appropriate, children. These lead to the development of meaningful plans, enabling children and their families to have clear expectations about what needs to change and how this can be achieved. Child protection plans are overseen and shaped effectively through regular multi-agency meetings with parents and partner agencies, ensuring that

the right support is in place. Often, this leads to children's situations improving and intervention being stepped down to a lower level.

10. Neglect and its impact on children are recognised, resulting in escalation to child protection planning and, when necessary, to the public law outline. Effective work is undertaken in the pre-proceedings stage of the public law outline, including specialist assessments, thus avoiding unnecessary delay for children. The 'court and permanence team' are determined advocates for children, pursuing children's options for permanence with a relentless focus. This means that parents are given opportunities to demonstrate change, but when this is not in the timescale for the child, decisions are made in children's best interests.
11. Private fostering arrangements are robustly managed. Assessments are completed within timescales and all relevant checks undertaken. Visits take place in line with the individually assessed needs of the child and the carers and, in most cases, above the statutory requirements.
12. Where children are at risk of exploitation, there is a strong and swift multi-agency approach to identifying and managing the risk to the child. This includes risks from organised crime gangs, in response to which, effective disruption activities are deployed in the community, including creative, positive activities being offered to children. A range of operations proactively identify and map potential exploitation activity. When children are missing from home or from care, they receive timely return home interviews. Workers sensitively gain the voice of the child and develop an improved understanding of the child's lived experiences. This supports workers to provide effective responses for children, leading to a reduction in the number of episodes of children going missing from home and care taking place.
13. There is a robust process for overseeing children who are electively home educated. Leaders demonstrate their vision of 'One Family' by being ambitious for, and caring about, the children who are electively home educated well beyond the required annual visit. This includes an impressive outreach and inclusion programme aimed at supporting families to provide aspects of the personal development curriculum. Similarly, a robust system for overseeing children missing education, combined with leaders' understanding of the community, ensures that these children remain 'in sight'.
14. The management of allegations against professionals is strong. The local authority designated officer is diligent in pursuing information, and there is effective multi-agency working to promote understanding of the role.

The experiences and progress of children in care and care leavers: outstanding

15. Children in the care of North Lincolnshire children's services receive an exceptional service from workers who demonstrate that they care for them. Consequently, children told inspectors that they felt loved and that they felt listened to.
16. Social workers, managers and leaders are ambitious for the children they care for. The decisions to place children into care are appropriate and timely. Timely assessments and decision-making lead to most children, who have more recently come into care, being found homes with their family members, who are well supported to look after children in their care.
17. Social workers create dynamic and responsive assessments and plans for children which are informed directly by what children say. These plans are regularly reviewed and children are encouraged to attend their meetings and to share their views. Children are routinely offered, and take up, the opportunity for an advocate and an independent visitor to ensure that their voice is heard and safeguards are in place for them.
18. When the plan is for children to return home, there is detailed and coordinated work to assess and support the family using a well-evidenced restorative and risk-based approach. The skilled edge of care team offers support to families for children returning home and also for those who may be at risk of coming into care. The service's 'family solutions' approach, which is similar to family group conferencing, supports families to find their own solutions and develop their own network of support. This is supporting children to successfully live at home.
19. Social workers and senior managers are relentless in the pursuit of permanence for children. Independent reviewing officers advocate and challenge effectively on behalf of children. Accordingly, most children are quickly found permanent placements in families. There is timely consideration of adoption for all children. The focus is on knowing children well and seeking the right plans for them. As a result, there has been some success, with a number of older children securing adoptive placements.
20. The local authority is part of a regional adoption agency (RAA), (Family Adoption Links), although leaders have maintained an oversight of all aspects of adoption. This has enabled the service to increase the pool of adopters for children, to improve sufficiency, and has brought the advantages of collaborative working, combining services and the sharing of good practice. Positively, the RAA provides equal support and training for special guardians as it does for its adopters.

21. Most children in care are settled and well looked after in excellent-quality foster homes. Children told inspectors that their foster carers are amazing and that they loved being in foster care. It is tangible that children feel cared for by their carers and quickly feel part of a loving family. This is helping them to make good progress and also have their physical and emotional health needs well met. Foster carers told inspectors that they build strong and trusting relationships with social workers, enabling them to be open and honest during matching or if they need additional support. This is contributing to strong placement stability.
22. The 'One Family' and 'You Say Who' approach is embodied throughout the fostering service and by foster carers so that there is high aspiration for children to have a choice in deciding which family they can live with. As a result, leaders have ensured that children in care live locally and with local authority foster families. This has enabled children to retain important links with family and friends, and care leavers to stay put in their foster homes. There is an equal commitment to ensuring that brothers and sisters stay together in their new homes. Exploration of relationships in 'You Say Who' sessions means that family time is promoted that considers children's attachments and their safety, so that they are benefiting from continuity of these important lifelong relationships.
23. Social workers are highly attuned to children's stories and traumatic experiences, which helps them to create culturally sensitive, detailed life journey work. These are updated as children grow up, which ensures that their stories are accessible and meaningful for them.
24. Educational achievement for children in care is a top priority across the local authority. Leaders set ambitious targets and have a firm grasp of the educational performance of children in care. This high ambition is well supported by the virtual school and underpinned by a high standard of personal education plans.
25. Social workers and leaders listen carefully to children and young people in the development of services, but also in getting it right for them as individuals. This leads to a responsive service, at all levels, and ensures that children are heard and their needs are well met. There are also a wide range of activities and groups that children in care and care leavers highly value as their own peer support. The council, leaders and social workers are exceptionally proud of the children of North Lincolnshire. They celebrate their achievements individually and at a special annual event known as the Awesome Kidz awards.
26. When children leave care, they benefit from an extensive array of support for their practical, physical and emotional health and financial needs. Personal advisers (PAs) are sensitive and professionally curious in their approach to supporting care leavers. They build warm and trusting relationships and they speak openly of their pride in their young people. The work of the PAs, in

conjunction with the breadth of the offer to care leavers, is highly creative in meeting the full range of potential needs of these children and young people.

27. The local authority is an aspirational and ambitious corporate parent that is guided by the principle that 'our children never stop being our children'. This is exemplified in the recent and impressive corporate promise to care leavers, that they can access lifelong all-age support and advice from the council, should they need it. While the all-age promise to care leavers has only recently been formalised, there are a number of older care leavers who have consistently benefited from accessing informal support. One such care leaver spoke very positively and movingly about the difference children's social care had made to her life chances. She told inspectors, 'In times of need, social care saved me,' and said she feels that she had been 'given a second chance to become the person I am today.'
28. Children and young people are actively involved in planning for their future and in reviewing this with their PAs. More recently, pathway planning has been improved to include the direct voice of the child and young person, which ensures greater collaboration and ownership of their plans.
29. Care leavers benefit from the unwavering support of the service and the whole council. Acting as parents would, they use their personal and professional links to secure opportunities for children and care leavers. Leaders have acted with creativity and responsiveness to further support post-16 care leavers. As a result of the actions of the education team in engaging local employers, there has been a reduction in the number of care leavers not in education, employment or training. Leaders from the local authority's special educational needs and/or disabilities team work collaboratively with the post-16 team, as well as social workers and personal advisers, so that support for care leavers is joined up.
30. There is a wide range of council-leased accommodation available to care leavers that meets their needs and provides graduated opportunities for them to learn how to be a responsible tenant, before taking on an independent tenancy. Care leavers are provided with effective safety nets that enable them to move back a step when they need to.

The impact of leaders on social work practice with children and families: outstanding

31. North Lincolnshire Council and the senior leadership team keep children and their families at the heart of everything they do. Transformational systems leadership has ensured that the whole council, and the partnership, prioritises children. The 'One Family Approach' of the 'fewest and best' intervention is exemplified in the early help and preventative approach and is embedded across the whole service. It is also at the heart of the whole council as effective corporate parents, and most impressively has been embraced by partners.

32. The highly impressive alliance forged between the leader of the council, the lead member for children's services, the chief executive and the DCS has ensured that this high-performing authority has not rested on its laurels. Their single-minded focus has enabled a culture in which children matter and benefit from the corporate care afforded to them by the council.
33. The senior leadership team has been grown from within the service, resulting in highly committed leaders and managers with a deep understanding of the community they serve. The members of the mature and stable team are outward facing, seeking tests of assurance through external review and independent scrutiny. The DCS is an inspiring role model, putting children and her workforce first. She is ambitious for children and for the service and is leading on innovative service development from an authentic value base of care and compassion.
34. The local authority is an outward-looking learning organisation. It has contributed to the work of the independent review of children's social care as one of the 10 local design areas and in the 'call for ideas'. As a result, leaders have established a transformation board, chaired by the DCS, to address reforms and continuous improvement, putting them ahead of the curve. Leaders are also influential across the region, contributing, for example, to the local integrated care system reforms, ensuring that children are central to new models of service delivery, and modelling to other local authorities good practice within the local family justice board.
35. There is a genuine commitment to seeking continuous feedback from children and families, which is consolidated into service development. Children have a clear voice in decisions that affect their lives, ensuring that services are shaped around their needs. Furthermore, leaders are strengthening their approach to listening to the voice and experience of adults who have received services, through dedicated paid roles to provide continuing challenge around co-production.
36. The commitment to listening to children is embodied in 'You Say Who', an approach which ensures that children are asked about those people who are most important to them. This means that children have been able to return home to their family successfully and to reconnect with family members. Consequently, children are helped to feel heard, valued and supported.
37. The local authority's sufficiency duty is firmly rooted in the principles of 'One Council, One family, and One place'. At the core of this approach is the aspiration for children to remain with their families. This is ensuring that children safely stay at home with family or connected people, in their schools and communities, and that children are in the right homes when they have to come into care. The commitment to local 'place'-based homes has translated into the development and expansion of the fostering provision. Impressively,

the council has not used any external fostering placements for children in the last two years.

38. Leaders are determined champions for children, with high aspirations to ensure children's best outcomes. They put children at the heart of decision-making. Political oversight provides high challenge and high support to children's services through effective scrutiny arrangements. Mature corporate parenting ensures that leaders at all levels listen directly to children and learn from them. There is an extensive and generous care leaver offer, including the open-door, all-age offer. This is indicative of the aspiration and value base that corporate parent responsibility does not stop when children and care leavers reach a certain age.
39. Strategic partnerships are robust and well-embedded. As a result, they have withstood challenge, as exemplified in the partnership oversight of children's emotional well-being and mental health. All children and young people awaiting a child and adolescent mental health service (CAMHS) or from alternative providers are known and monitored. This includes the development of mental health support teams in schools, an increase in staffing to support new ways of working and to reduce waiting times, and the multi-agency approach to children's strengths and difficulties, which has improved timely access to CAMHS. Furthermore, corporate parenting champions have been identified across partner agencies, ensuring that the corporate parenting promise is acted on.
40. The service benefits from impressive, accurate live performance information, which provides the golden thread for governance and accountability through all levels of the organisation. Trends are identified early and lead to assurance activity by the independent scrutiny officers from the children's multi-agency resilience and safeguarding board. This enables a strong focus on performance and has contributed to consistently strong outcomes against a range of comprehensive indicators.
41. The quality assurance framework is far-reaching, ensuring a robust and clear line of sight to practice from the executive and senior leadership team down to frontline practice. Listening to feedback from the inspection, the DCS has taken swift action to ensure that the auditing and moderation feedback is further strengthened to clearly evidence a collaborative process which enriches the understanding of social work practice.
42. Senior leaders and managers are visible and approachable to all, including children and care leavers. Management oversight is regular and reflective and has a positive impact across the service. Social workers told inspectors that they valued supervision as a space to think and test out ideas.
43. Workloads are manageable, enabling workers to practise relationally, spending more time with children and families. Workloads are monitored closely, with

attention given to workers' emotional well-being, with the impact of the work explored through personal supervision.

44. The 'grow your own' approach is contributing to the service's succession planning and a carefully considered approach to retention and recruitment. Although there is movement of workers, there is a longevity in the workforce, with the vast majority of social workers being permanent employees.
45. Social workers say that they are listened to, and are well supported in their preferred continuous professional development pathway. The culture of compassionate leadership and the strength-based approach has fostered a highly motivated, enthusiastic and loyal workforce.

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NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Local Safeguarding Adults Board - Annual Report for the year 2021-22 and its Strategic Plan for 2023- 25

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The board members note the publication of the Local safeguarding adults board (LSAB) Annual Report for 2021-22, this report covers how the last set of priorities for the board have been met. The second report attached is the Strategic Plan for the next three years, the plan sets out what the board aims to do to, and how it will work with partners to help protect adults who are at risk of abuse and neglect.
- 1.2 Both documents should be considered in relation to planning, commissioning and budget setting.

2. BACKGROUND INFORMATION

- 2.1 The LSAB is committed to ensuring that local safeguarding arrangements and partners act to help and protect adults who have care and support needs from abuse and neglect.
- 2.2 The board has a statutory duty to publish a strategic plan which sets out how the board plans to work with partners, and people in the community so that adults can be safe from abuse and neglect.
- 2.3 The LSAB must also publish an annual report which tells people how they have worked with partners and the community to deliver the strategic plan.

Annual Report 2021 – 2022

- 2.4 The annual report highlights the progress made during this period in delivering the last strategic plan, and evidences that positive outcomes for adults with care and support needs and their families have been achieved.
- 2.5 Some of the key achievements and positive impacts are –
- There is a strong focus on engaging with and listening to adults, and their families to understand their views and experiences. Several policies and key documents have been co-produced with adults who have a lived experience of safeguarding.
 - Adults and their families are empowered to keep themselves and others safe - several easy read documents in relation to recognising the signs of abuse have been co-produced and are now available on the website.
 - There are strong relationships with the other key partnerships such as the Children’s Multi-agency and Resilience Safeguarding, Experts Together Partnership, and the Community Safety Partnership.
 - To help partners make continued improvements in keeping adults safe, key messages and learning from reviews have been shared.
 - In partnership with adults who have a lived experience, communications on the board’s website have been enhanced as a means of sharing information and publicising key documents, tools, and resources with adults and their families, as well as partner agencies.
 - The safeguarding data shows the voices of the adult, and their families are being listened to, the data dashboard is regularly scrutinised by the board.

Strategic Plan 2023 – 2025

- 2.6 The board have agreed a new strategic plan for the next three years (2023-2025), in developing the plan they have -
- Worked with adults with a lived experience, with carers and with the workforce to hear what is important to them.
 - Reviewed the commitments made in the previous three year strategic plan, looking at what has worked well, and ensuring policies and procedures are effective at keeping people safe.
 - Considered what the data and information about adult safeguarding and outcomes for people tells us, and –
 - Thought about learning locally and nationally in relation to best practice and areas for development.
- 2.7 The plan is intended to ensure that adults with care and support needs in North Lincolnshire can live the lives they want, free from abuse and neglect. Listening to

the voice of people with a lived experience continues to remain at the heart of the plan.

- 2.8 The plan will follow the six safeguarding principles - **partnership, empowerment, protection, accountability, prevention, and proportionality**.
- 2.9 The board partners will measure our progress and achievements through a delivery plan, which will be regularly reviewed and shared within the next Annual Report.
- 2.10 Both the 2023-2025 Strategic Plan and the Annual Report have been approved by the board and have been published on its website.
- 2.11 LSAB partner organisations are required to share the key documents through relevant governance routes, and consider how they can improve their contributions to both safeguarding throughout their own organisation, and to the joint work of the LSAB.

3. OPTIONS FOR CONSIDERATION

- 3.1 Members note the publication of the Annual Report 2021-2022 which details how the last set of priorities for the board have been met, and to note the publication of the new Strategic Plan, which sets out how the board will work with partners to help and protect adults at risk of abuse and neglect over the next three years (2023 -2025).
- 3.2 Receive both documents and consider where relevant in relation to planning, commissioning and budget setting processes

4. ANALYSIS OF OPTIONS

- 4.1 None, for information only

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 5.1 None, for information only

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

- 6.1 None, for information only

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 7.1 Not applicable

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 There has been wide ranging consultation and collaboration with adults who have care and support needs, adults with lived experience, as well as safeguarding partners and relevant agencies.

- 8.2 There will be further engagement opportunities as we continue to ask, listen, and act.

9. RECOMMENDATIONS

- 9.1 Members note the publication of both the LSAB Annual Report for 21-22 which covers how the last set of priorities for the board have been met, and the Strategic Plan for 2023 – 2025 which sets out what the board aims to do to, and how it will work with partners to help protect adults who are at risk of abuse and neglect.
- 9.2 The board members agree to use both documents in considering their respective planning, commissioning, and budget setting.

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Author: Helen Rose – Safeguarding Adults Board Manager
Date: 16 January 2023

Appendix –
LSAB Strategic Plan 2023 – 2025
LSAB Annual Report 2021 - 2022

North Lincolnshire
Safeguarding Adults Board

Annual Report

2021 - 2022

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Foreword

It is now one year since I took over from Moira Wilson as the Independent Chair of the North Lincolnshire Safeguarding Adults Board and it is my pleasure to introduce the 2021 -22 annual report. I would like firstly to thank Moira for all her work with the Board.

She is a hard act to follow! I would also like to thank all the board members, and the Executive for the commitment and hard work throughout the year, particularly for their support in planning and developing a new three year strategic plan, which will be launched in January 2023, as well as the progress that has been made in meeting the Board's strategic priorities.

Finally, I would like to thank our Experts Together group, and the people who have given up their time to share their experience and knowledge to help develop our safeguarding responses and who have shown how important it is for us all to listen. The Board continues to monitor safeguarding activity in North Lincolnshire, looking at how we compare regionally and with the national picture.

This includes looking at numbers of enquiries and outcomes, the extent to which people feel involved in decision making throughout the enquiry, the involvement of advocates and the quality of local care provision. Analysing this information helps us to identify themes and trends in safeguarding, informing areas for future development, innovation, and improvement. Board members are fully committed to the principle that safeguarding adults is everyone's responsibility.

We want to ensure that all the communities in North Lincolnshire are equipped to play their part in preventing, detecting, and reporting neglect and abuse. As part of its statutory duties, the board completed an independent Safeguarding Adults Review (SAR) in relation to Adult B.

This identified good practice as well as areas for improvement in working with autistic people. The SAR has been published on our website and has provided us with important learning to take forward in the future. I look forward to building on our progress and meeting the objectives identified within our strategic plan. We continue to work positively with the children's safeguarding partnership arrangements and the overarching North Lincolnshire community safety partnership to streamline our priorities and address areas of common concern.

As partners we will continue to learn and reflect on how we can work together to improve safeguarding practice within North Lincolnshire, raising awareness on how we all play a part in keeping people safe and making sure that the voices of people with lived experience are heard in everything we do.

Kamy Clark - **Independent Chair**

Introduction

This Annual Report details the work carried out by the North Lincolnshire Safeguarding Adults Board (NLSAB), to fulfil its statutory responsibilities for strategic development and oversight of adult safeguarding across the North Lincolnshire area. The report covers the one-year period (1 April 2021 – 31 March 2022) highlighting the board's progress and achievements.

The report includes how partners have contributed to the work of the board to promote effective adult safeguarding during the last year.

As reported within the last annual report, Covid-19 has brought significant challenges and changes to people in our communities and to the way in which services are delivered. Safeguarding adults however, has not changed and has remained a statutory function and a priority.

The NLSAB have made good progress in delivering the priorities and objectives laid out within our Strategic Plan for 2019 – 2022.

Partnership Key achievements

- The board have made good progress delivering against the priorities and objectives identified within the strategic plan.
- There is a clear commitment to safeguard adults across the area, through representation by senior managers of all partner agencies at board meetings.
- In line with the government change in legislation and the formal establishment of Integrated Care Systems (ICS), the board has ensured that safeguarding arrangements continued to remain a priority locally and strengthening working arrangements with colleagues across the regional Humber Partnership and the Humber and North Yorkshire Integrated Care System.
- The council have developed and implemented an enhanced audit framework to assure that safeguarding practice is strengths-based and outcome focused.
- Following the publication of Adult A SAR in 2020, in the absence of a forensic service nationally and locally, North Lincolnshire Clinical Commissioning Group, in collaboration with East Riding of Yorkshire Clinical Commissioning Group commenced a pilot, supported by NHS England and the Faculty of Forensic and Legal Medicine, to develop a Forensic Medical Examination service. The planning, preparation, governance and training has taken place throughout the year and commencement of the pilot will go live in 2022.
- RDASH have created a joint safeguarding child and adult's supervisor training package.
- Humberside Fire and Rescue Services have rolled out Professional Curiosity training to all prevention staff – this training will become mandatory in 2022.
- Ongo have reviewed and streamlined their safeguarding reporting mechanisms making it easier for staff to report concerns.
- Humberside Police have implemented a PITSTOP meeting to identify and signpost to the correct pathway for support where safeguarding or wellbeing concerns do not meet the statutory thresholds. The focus is on taking a multi-agency and targeted approach to prevention, diversion, and intervention.
- NLAG have developed an electronic referral via WebV across all sites, enabling staff to refer directly from electronic records and allowing data to be accurately monitored and analysed.
- Healthwatch North Lincolnshire continued to facilitate the 'Telephone Buddy Scheme' to help people who may be feeling isolated or lonely.
- EMAS have reviewed their safeguarding policy, triangulating best practice guidance and learning identified locally and nationally.

About the North Lincolnshire Safeguarding Adults Board

The NLSAB brings together partner agencies to work together to on priorities to reduce the risks for adults with care and support needs in respect of abuse and neglect.

The board is a statutory partnership with specific duties and functions as set out within the Care Act 2014.

The overarching purpose of the board is to ensure effective coordination of response and services to safeguard and promote the welfare of local adults who may be at risk of abuse and harm.

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It does this by:

Assuring itself that local safeguarding arrangements are in place as defined within the Care Act 2014.

Assuring itself that practice is person-centred and outcome focussed.

- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring that agencies and practitioners give timely and proportionate responses when abuse or neglect have occurred.
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The duties of the board as set out within the Care Act 2014 include:

- The publication of a strategic plan, outlining how the board will meet its objectives and how partner agencies will support the delivery of the plan.
- The publication of an annual report, providing details of the work of the partnership to implement the strategy and achieve its objectives during the previous year.
- The commissioning of Safeguarding Adult Reviews (SARs) under section 44 of the Care Act 2014.

The NLSAB is made up of senior officers nominated by each member agency. Members have sufficient delegated authority to effectively represent their agency and make decisions on their agency's behalf, and, if they are unable to attend board meetings for any reason, they send a nominated representative of sufficient seniority.

The board is funded by the core statutory partners - North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and Humberside Police. This funding enables the board to commission an Independent Chair and a board Business Unit to help carry out its duties and functions.

Board membership

Core statutory members:

- North Lincolnshire Council
- North Lincolnshire Clinical Commissioning Group
- Humberside Police

Additional members:

- Regulated health and social care provider representative
- Humberside Fire and Rescue Service
- Northern Lincolnshire and Goole NHS Foundation Trust
- Rotherham, Doncaster and South Humber Mental Health Trust
- Primary care
- National Probation Service
- East Midlands Ambulance Service
- Ongo (housing provider)

Advisory members:

- Cabinet Member for Adults and Health
- North Lincolnshire Council Principal Social Worker
- Care Quality Commission
- Healthwatch North Lincolnshire
- NHS England

Strategic Plan 2019 - 2022

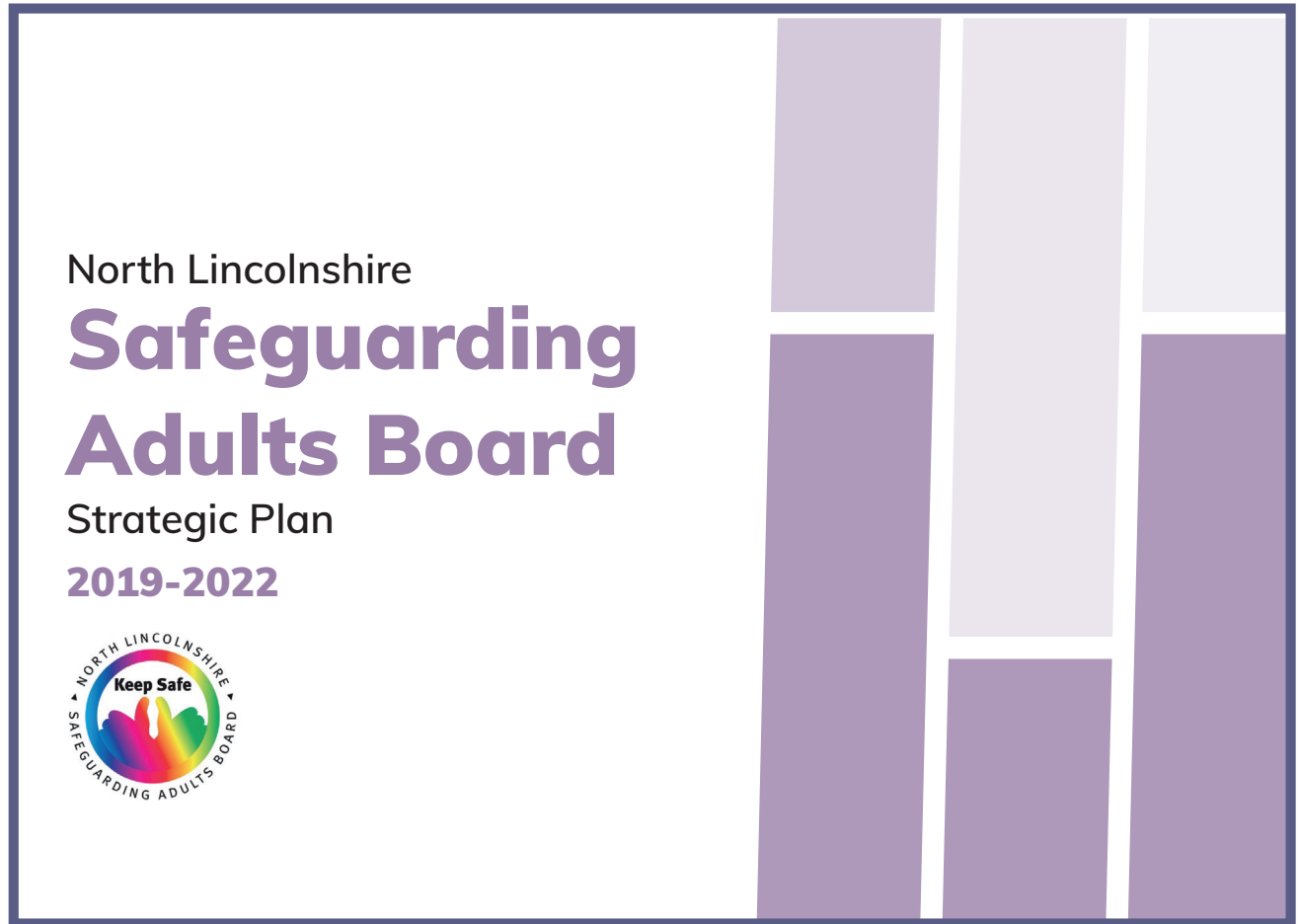
The NLSAB Executive Group (North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and Humberside police) and the full Safeguarding Adults Board monitors, and continually reviews progress made against the strategic plan.

As this plan is in its last year, a new Strategic Plan is being developed, which will be published and will be formally launched at our NLSAB Conference in February 2023.

North Lincolnshire **Safeguarding Adults Board** Strategic Plan **2019-2022**



www.northlincssab.co.uk/wp-content/uploads/2019/11/SAB-Strategic-Plan-2019-22-D.pdf



Strategic Plan 2019 - 2022

The NLSAB Strategic Plan covers a three-year period as recommended by the Care Act Statutory Guidance 2015. The plan lays out the shared outcomes, goals and objectives for the board partnership.

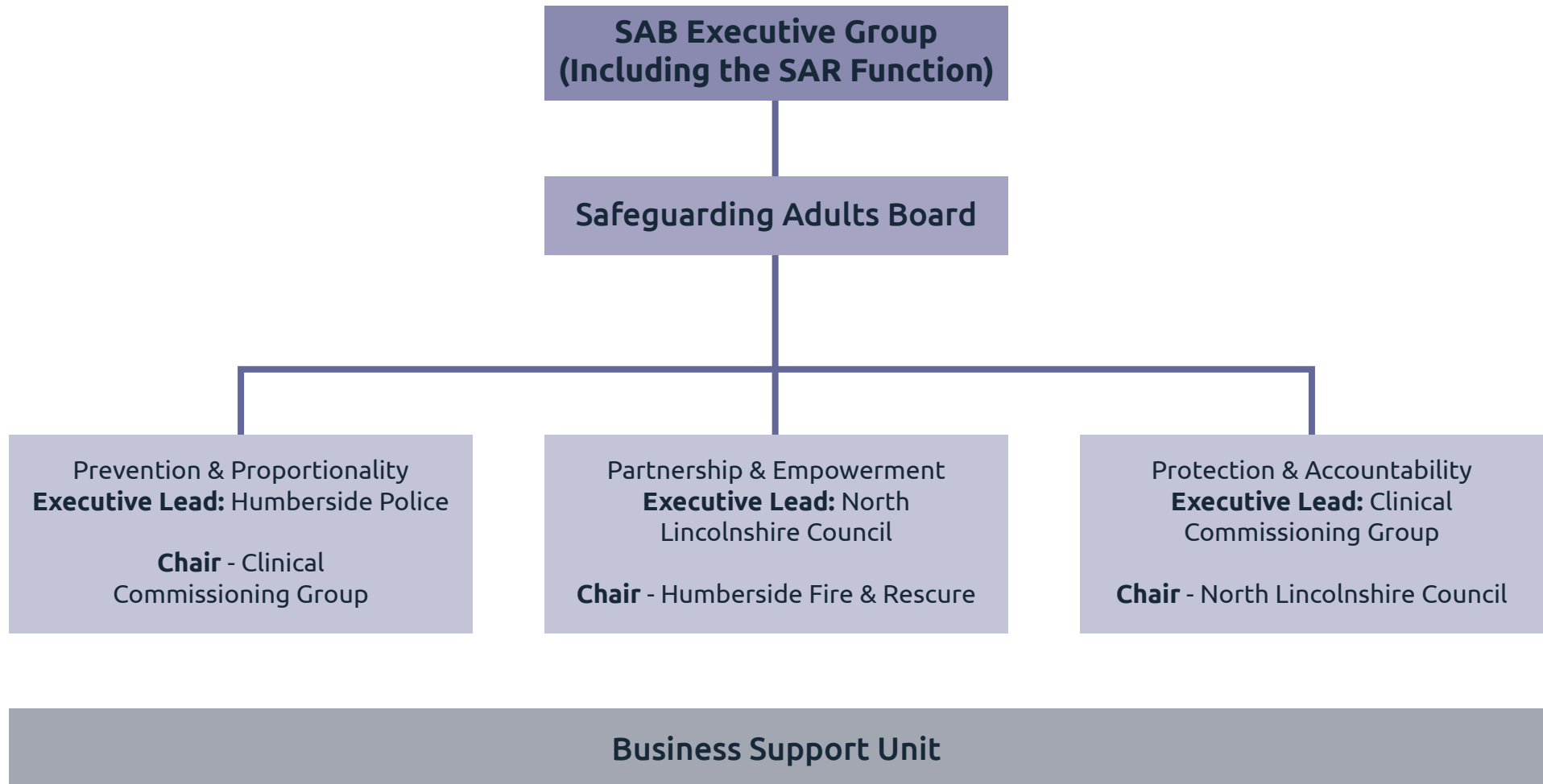
The plan was developed in collaboration with adults who have a lived experience, their carers and board members. The plan covers how the board will focus on the prevention of abuse and neglect as well as making sure that partner agencies work together to keep people safe when abuse has occurred, giving people choice, control and involvement.

The **board's overarching strategic priorities** are aligned to the **six principles of safeguarding**, which are underpinned by the following strategic objectives -

- Ensuring our focus remains on the issues that are going to make the greatest difference to safeguarding people in North Lincolnshire.
- Seeking assurance that our partners are securing improvement with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Working with community services.

- Learning from case studies and reviews and using this to develop preventative measures.
- Strengthening existing processes which support the transitions arrangements between childhood and adulthood.
- Ensuring that people who are receiving health and social care services in North Lincolnshire are protected from abuse and harm.
- Ensuring the needs and aspirations of adults at risk are fundamental to the safeguarding journey.
- Engaging with adults with a lived experience and local communities to contribute towards policy, practice and awareness raising.
- Ensuring there is a joint and consistent approach to Safeguarding across all Boards and partnership arrangements
- Supporting the community to have an understanding of safeguarding, what support is available and how to access it.
- Ensuring that our partners are clear as to their roles, responsibilities and expectations.

Delivery Framework

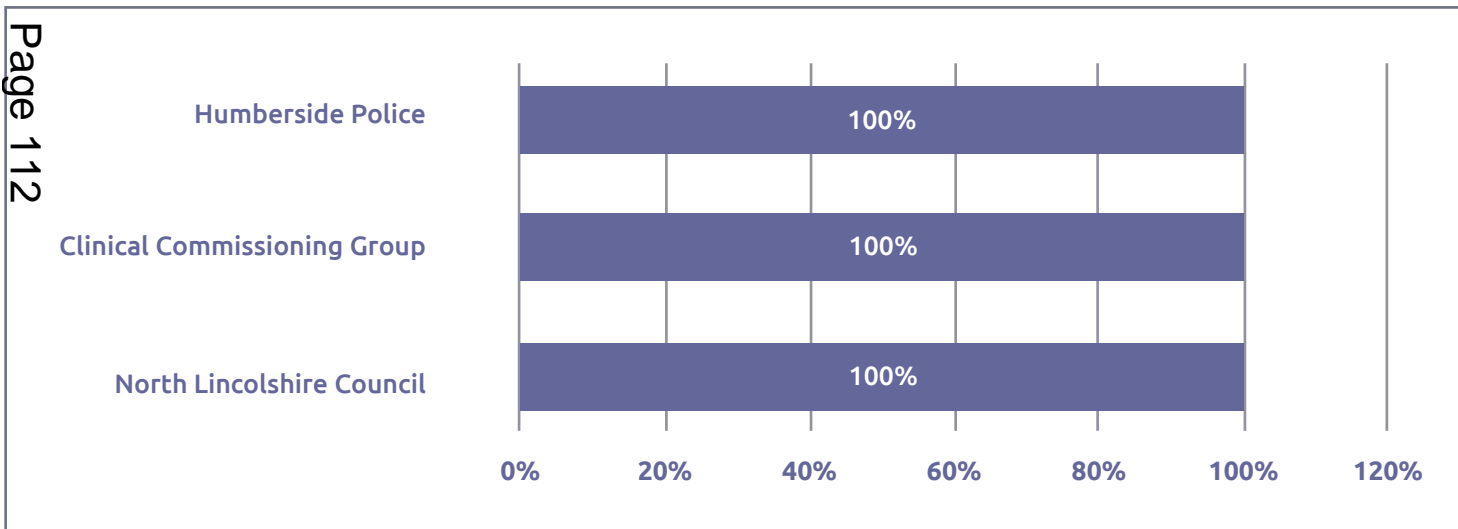


Board attendance

Throughout 2021 / 22 the Executive group and the full board met quarterly. In the intervening periods the subgroups (Protection & Accountability, Prevention & Proportionality, and the Partnership &

Empowerment) regularly met and carried out safeguarding activity as outlined within the strategic plan, reporting progress and outcomes directly to both the Executive group and the board.

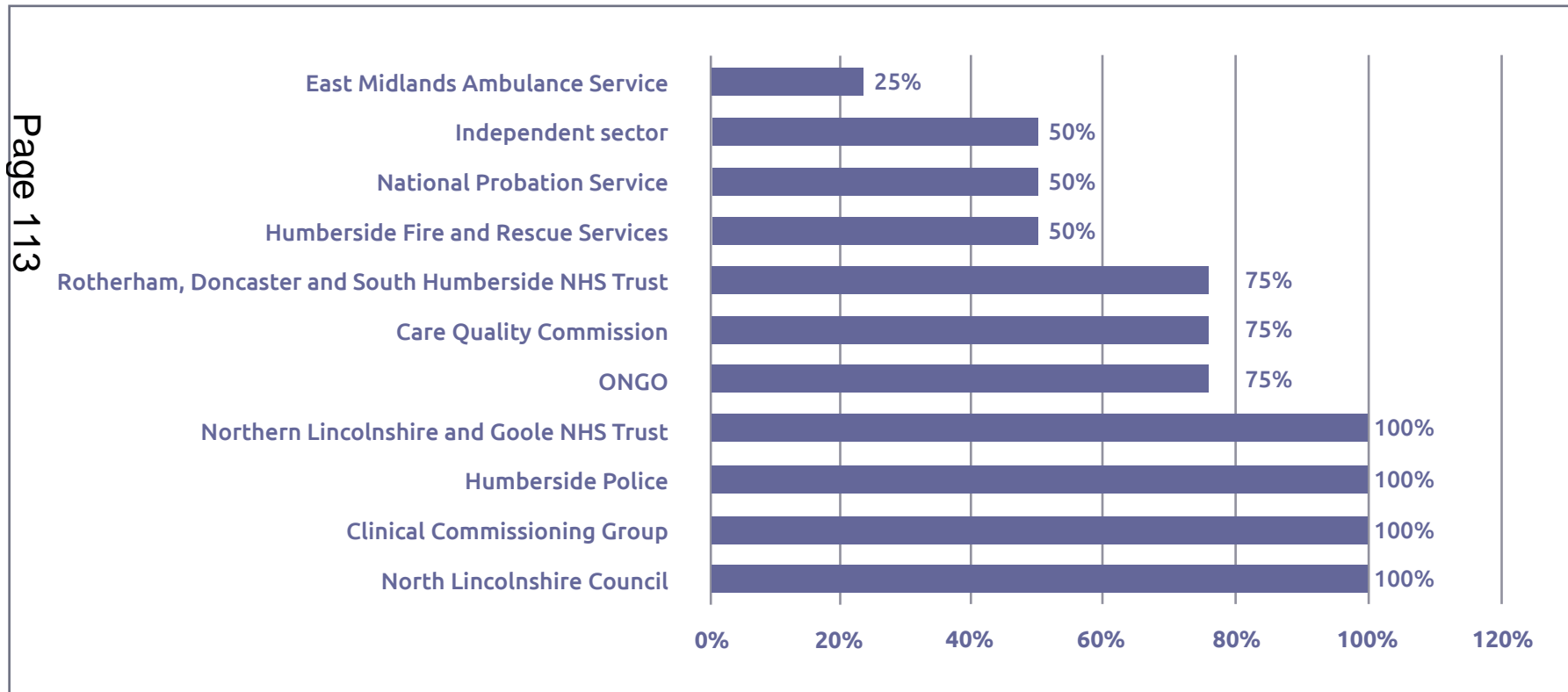
Executive Group



North Lincolnshire Safeguarding Adults Board

The NLSAB continues to demonstrate a sustained level of attendance and participation from members. There is a clear commitment to safeguard adults across the area, through representation by senior managers of all partner agencies that have an investment in good safeguarding practice.

Mechanisms are in place to ensure partners unable to attend meetings due to operational and logistical reasons can - and do contribute to delivering the board's objectives. Partnership contributions to the work of the board are also monitored via the agency self-assessments and one-to-one meetings with the Independent Chair.



Actions completed by the subgroups to meet board objectives - Partnership & Empowerment subgroup

The Partnership and Empowerment subgroup consists of adults with a lived experience, partners from Humberside Police, Humberside Fire and Rescue, Healthwatch, North Lincolnshire Clinical Commissioning Group, North Lincolnshire Council, Ongo, and Cloverleaf Advocacy Services. The group is chaired by Jason Frary, Humberside Fire and Rescue Services. Because of the pandemic many of the planned meetings took place virtually - despite the challenges, engagement and commitment remained strong throughout.

The group understand the value of working together with partner agencies and other professionals to get the best result for adults with care and support needs who are at risk of abuse and neglect. The group also recognise the importance of ensuring that the voice of adults who have a lived experience is heard, listened to, and that this directly informs the work of the partnership.

The group meet quarterly, its aims are –

- To continue to promote awareness and understanding of safeguarding adults within the local community and with partner agencies.
- To make sure that safeguarding information is available to adults in an easily accessible format, jargon free and easy to understand.
- To support adults and their families / carers to be empowered and feel involved in their safeguarding journey, making sure their views and wishes directly inform what happens.
- To co-produce key strategies, information and leaflets with adults who have a lived experience, carers and other partner agencies.



Partnership & Empowerment subgroup

During the last year the group have worked with adults who have a lived experience, and their families to help them recognise the signs of abuse, know how to report concerns and seek help to keep themselves and others safe.

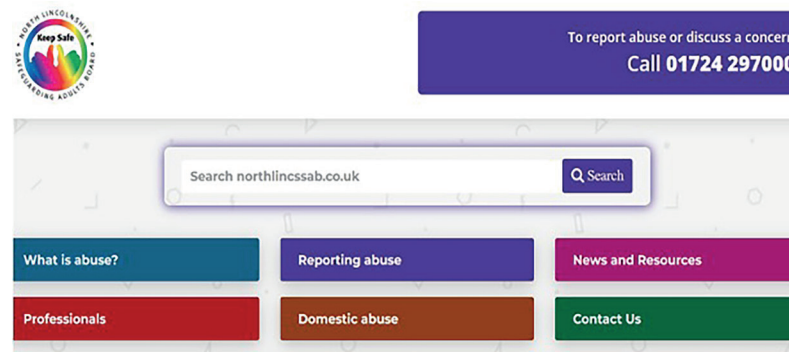
Following feedback from adults who have experienced the safeguarding journey, a number of easy read documents detailing categories of abuse have been developed. The documents have been designed by people with a lived experience, they combine short, jargon free sentences with simple and clear images to help explain the content.

The group recognise the importance of adults with care and support needs being provided with clear information to help them understand what safeguarding is, and what happens after abuse and neglect is reported – and as a result the group have developed the ‘your safeguarding leaflet’. The leaflet explains what abuse and neglect is, how safeguarding works and what a safeguarding enquiry is. The documents have been disseminated widely amongst partner agencies and have been published on the NLSAB website.

The group have worked in partnership with adults who have a lived experience and experts by experience to review and update the NLSAB website. Accessibility has been strengthened and a number of key areas have been added and enhanced such as –

- Information and guidance in relation to suicide prevention services.
- Additional information relating to the mental health support.
- Guidance on keeping safe online and information relating to e-safety.
- Information on Lasting Power of Attorney.
- Information on appropriate advocacy and links to local and national services.
- Information, advice and guidance in relation to domestic abuse has been added, and following feedback a ‘fast exit’ feature which allows the user to exit the website quickly if needed has been added.

The group will continue to ensure relevant information is shared, and the NLSAB website is regularly updated and continues to be a valuable source of information and guidance for partner agencies and people within the community.



Prevention & Proportionality subgroup

The subgroup understands it is important that a proportionate response is given to any safeguarding situation, and that partner agencies work in the best interests of adults who have care and support needs within North Lincolnshire.

The subgroup consists of representatives from North Lincolnshire Council, Ongo, Cloverleaf Advocacy Services, Humberside Police, independent provider sector, Northern Lincolnshire & Goole Hospitals NHS Trust, North Lincolnshire Council and is chaired by Charlotte Morton, North Lincolnshire Clinical Commissioning Group.

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Mental Capacity Act 2005 – 5 principles

1. **A presumption of capacity**
 - Start by thinking I can make a decision
2. **Individuals supported to make their own decisions**
 - Do all you can to help me make a decision
3. **Unwise decisions**
 - You must not say I lack capacity just because my decision seems unwise
4. **Best interests**
 - Use a best interest checklist for me if I can't make a decision
5. **Less restrictive option**
 - Check the decision made does not stop my freedom more than needed



The subgroup have been working with partner agencies to promote and enhance the understanding of the Mental Capacity Act 2005 and ensure the five key principles underpin all actions and decisions.

A mental capacity prompt been developed by the group, aimed at practitioners and provides a quick guide to undertaking capacity assessments.

Following the completion of a number of safeguarding audits, the group have also developed a short prompt in relation to Mental Capacity Act 2005 and Mental Health Act 1983, to highlight the differences in the two pieces of legislation.

Prevention & Proportionality subgroup

The subgroup seeks to support partner agencies in keeping up to date with their safeguarding knowledge and skills, the information published on the NLSAB website is regularly reviewed and refreshed and includes a range of training and education tools such as –

- Safeguarding Adults Awareness Raising
- People in a Position of Trust (PiPoT)
- Honour Based Abuse
- Forced Marriage
- PREVENT Counter Terrorism Awareness
- Fraud Awareness
- Homelessness and Trauma Informed Approaches

The board has been assured by its partners that their workforce in North Lincolnshire have sufficient training at the right level to discharge its safeguarding responsibilities.

The following training courses were available to the workforce through partner agencies during the year:

- Safeguarding Adults Tier 1 (eLearning) – providing an overview of what is meant by abuse and neglect, the duty to safeguard adults with care and support needs, ensuring immediate safety, and how to report concerns.

- Safeguarding Children Tier 1 (eLearning) – providing an overview of what is meant by safeguarding children, the duty to protect children and how to report concerns.
- Safeguarding Adults Tier 2 – aimed at frontline practitioners. Providing an overview of safeguarding concerns and enquiries, making safeguarding personal, decision making in relation to safeguarding concerns and ensuring that staff can apply their own organisational procedures and processes for reporting and documenting safeguarding adult concerns.
- Safeguarding Adults Tier 3 – aimed at frontline practitioners and managers. Staff are trained in how to undertake effective safeguarding enquiries, ensuring that enquiries are person centred, and outcome focussed, in line with the Care Act 2014 and best practice.
- Mental Capacity Act & DOLs in Practice - Levels 1 and 2 – Staff are trained in the application of the Mental Capacity 2005 and have an understanding of the Deprivation of Liberty Safeguards.

Prevention & Proportionality subgroup

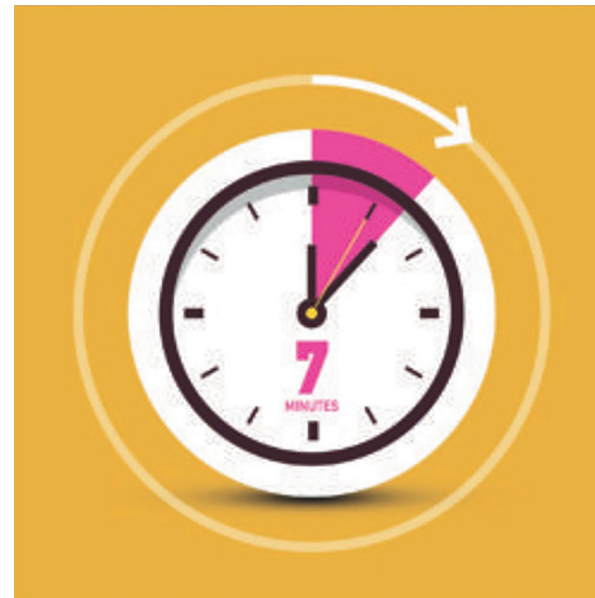
The group regularly review key messages from published regional and national reviews and investigations such as - Safeguarding Adult Reviews (SARs), Serious Case Reviews (SCRs) and Domestic Homicide Reviews (DHRs) ensuring that any learning relevant to North Lincolnshire is appropriately shared and implemented.

Focussed development sessions have taken place with board partners to share learning resulting from the Safeguarding Adult Review 'Danna, Jon and Ben', information from 'local LeDeR reviews' and learning identified within Professor Michael Preston-Shoot's research - 'embedding knowledge and learning into practice'.

The group have created several seven-minute briefings – these briefings are based on research, which suggests that seven minutes is an ideal time span to concentrate and learn. The briefings have been designed as learning aids which can be used within team meetings, supervisions or as simple reminders of the key issues around key safeguarding themes and current issues including –

- Tackling domestic abuse
- Professional curiosity
- Safeguarding enquiries
- Advocacy

There continues to be close links across all the NLSAB subgroups, and other partnership boards (Community Safety Partnership, Children's Multi-agency Resilience and Safeguarding) ensuring that any relevant information and cross-cutting learning from practice is shared with all partners, enabling them to make changes or improvements that will keep adults with care and support needs in North Lincolnshire safer in the future.



Protection & Accountability subgroup

The board is committed to ensuring that safeguarding arrangements, and partner agencies of the board act to help and protect adults who may be at risk in North Lincolnshire.

The Protection & Accountability subgroup consists of representatives from Humberside Police, North Lincolnshire Clinical Commissioning Group, Northern Lincolnshire & Goole NHS Trust, Humberside Fire & Rescue, independent provider sector, Rotherham, Doncaster and South Humber Mental Health Trust, Healthwatch, Ongo and is chaired by Victoria Lawrence, Head of Social Work and Assurance for North Lincolnshire Council.

The subgroup have developed, and are implementing a new Framework to enhance and strengthen safeguarding scrutiny and assurance. The framework has been approved by the Executive Group on behalf of the NLSAB.

Within the framework a number of mechanisms have been introduced which give opportunities to work in partnership to learn and to improve practice across the multi-agency safeguarding system.

The Scrutiny & Assurance Framework enables partners to –

- Talk with, and receive direct feedback from adults at risk, adults with lived experience and their families.
- Have assurance of whether partner agencies are fulfilling their responsibilities to safeguarding adults who are at risk of abuse or neglect.
- Have assurance of whether partner agencies are joined up and working together to safeguard and promote the wellbeing of adults at risk across the safeguarding system.
- Have a direct line of sight to frontline practice.
- Have live conversations with frontline practitioners.

Protection & Accountability subgroup

The subgroup have undertaken two Line of Sight to Practice panel events in relation to the theme of self-neglect. The event was led and chaired by a nominated member of the subgroup who was independent. Panel members included representatives from SAB partner agencies as well as frontline practitioners and managers from agencies who worked with the people. The event enabled panel members to discuss how we supported two people in depth, engage in active challenge and identify a number of learning points from areas which worked well, and those which could be further developed. The experiences and views of the people involved were central to the event.

Good practice –

- Person-centered practice was evident and the views and wishes of the people were taken into consideration throughout the safeguarding enquiry.
- Strengths-based practice was evident, the positive aspects of the people's circumstances and networks were recognised, and these were used in the development of care and support plans.
- Collaborative working was evident which led to the reduction of risk and positive outcomes for the people.

- Timely and appropriate information sharing took place between agencies.
- Decisions, where appropriate were made in Best Interests and recording / rationale was robust.
- Complexities of the situations were recognised, and periods of transition were put in place between agencies and teams.

Top actions -

- Continuing to ensure the voice of the person with a lived experience is embedded in the design of policies & procedures, training and in the delivery of future services.
- Developing multi-agency guidance, and tools and raise awareness to support partner agencies and frontline practitioners in relation to self-neglect.
- Continuing to develop the tools and guidance available to partner agencies and practitioners in relation to safeguarding adults' legal literacy.

The group have developed a seven-minute briefing outlining the identified learning points and to sharing effective approaches to working with adults who self-neglect.

Protection & Accountability subgroup

The Protection and Accountability Group act as a reference group and utilises the specialist knowledge of all partners to support with the updating of policies, procedures and guidance.

The group have developed and implemented a Vulnerable Adult Risk Management (VARM) Policy. The VARM process provides a framework for professionals to facilitate effective multi-agency working with adults at risk (adults with care and support needs, whether these are being met or not) 18 years or over, who are deemed to have mental capacity to make decisions and who are at risk of serious harm or risk of death through self-neglect, refusal of services and/or high levels of risk-taking activity.

The process and guidance can be used to discuss, identify, assess, plan, and review the management of risks, with a range of partner agencies and wherever possible in partnership with the adult at risk. The guidance is used flexibly and in a way that achieves best outcomes for adults at risk promoting a person-centred approach.

The NLSAB have received an initial evaluation report which gave assurance on the implementation of the VARM policy.

The group have refreshed and updated the NLSAB Organisational Abuse Policy.

The policy and procedures detail the response required to safeguarding concerns across health and social care whole services or provider organisations.

A whole service enquiry is a formal Care Act 2014 Section 42 enquiry, which forms part of the continuum of the multi-agency responses to allegations of abuse and/or neglect. It is intended to be used in the most serious of circumstances where there is a high level of risk of or actual harm to a number of individuals.

Partner agencies were requested to review their own internal safeguarding policies and practice guidance documents and were able to provide assurance that they were consistent with those of the NLSAB.

Protection & Accountability subgroup

The NLSAB and its partners have continued to work together to prevent and reduce the risk of harm to people with care and support needs.

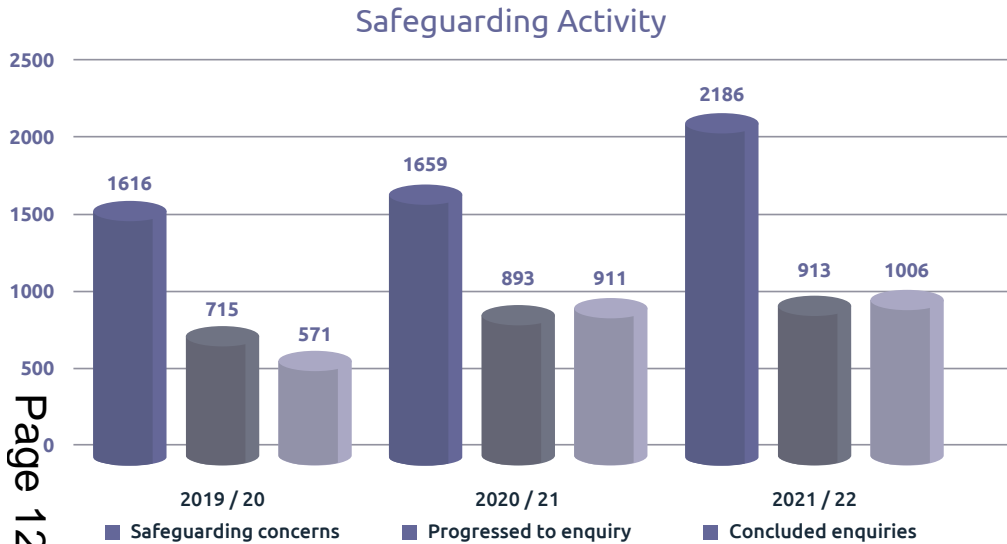
The subgroup continue to analyse and monitor the effectiveness of safeguarding activity, at each meeting they review and scrutinise available data and intelligence to identify themes and trends, informing areas for development, innovation and improvement.

The available intelligence includes:

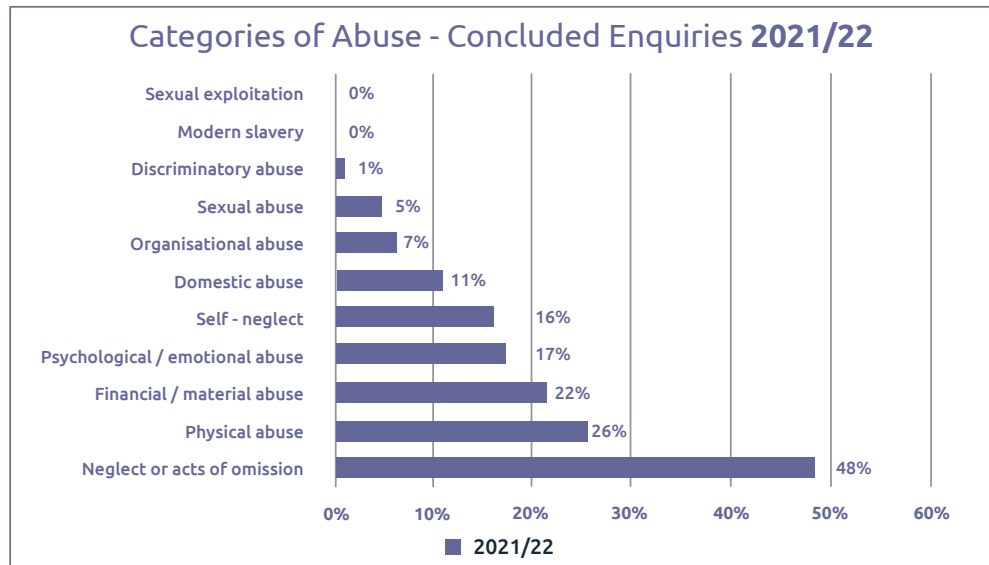
- NLSAB data dashboard
- CQC report information including analysis of the four domain levels.
- Information from reviews such as Safeguarding Adult Reviews (SARs), Learning Disability (LeDeR) Reviews, Domestic Homicide Reviews (DHRs)
- Relevant datasets from other agencies / organisations.
- Learning from mechanisms within the Scrutiny & Assurance Framework.



Safeguarding adults data in 2021 / 22



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Consistent with both regional and national trends over the last four years North Lincolnshire has continued to see an increase in both the number of safeguarding concerns and safeguarding enquiries. Further analysis of the data shows that increases for this period are partly due to lockdown restrictions easing, meaning more opportunities to interact with people, as well as an increase in knowledge and understanding of what constitutes a safeguarding concern, and greater awareness of how to report safeguarding issues to the council.

During 2021/22 a total 2,186 safeguarding concerns were received, which is an increase of 31% in comparison to the previous year.

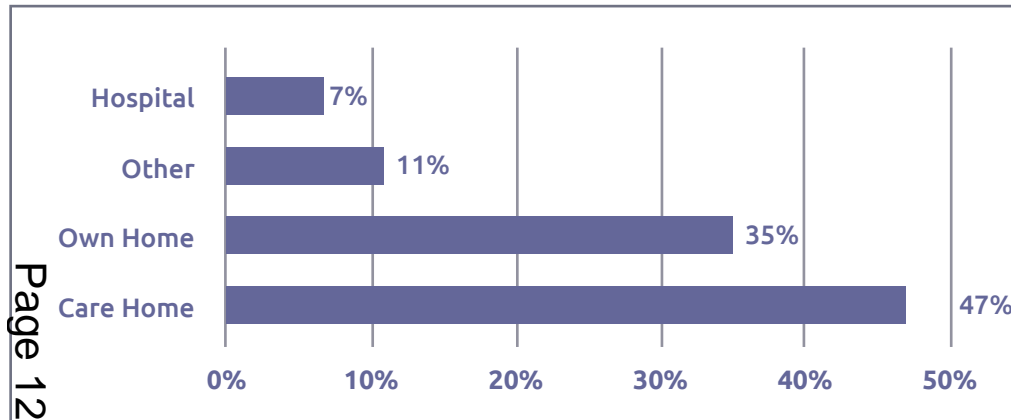
Of those 2,186 safeguarding concerns, 913 became safeguarding enquiries and a total of 1006 safeguarding enquiries were completed during the year.

On occasions when a safeguarding enquiry was not required, other forms of support, advice and guidance, or other services will have been provided, dependent on the adults views, wishes and needs.

Neglect & acts of omission, financial and physical abuse continue to be the highest categories of abuse. It is important to note, however that a person may experience more than one type of abuse.

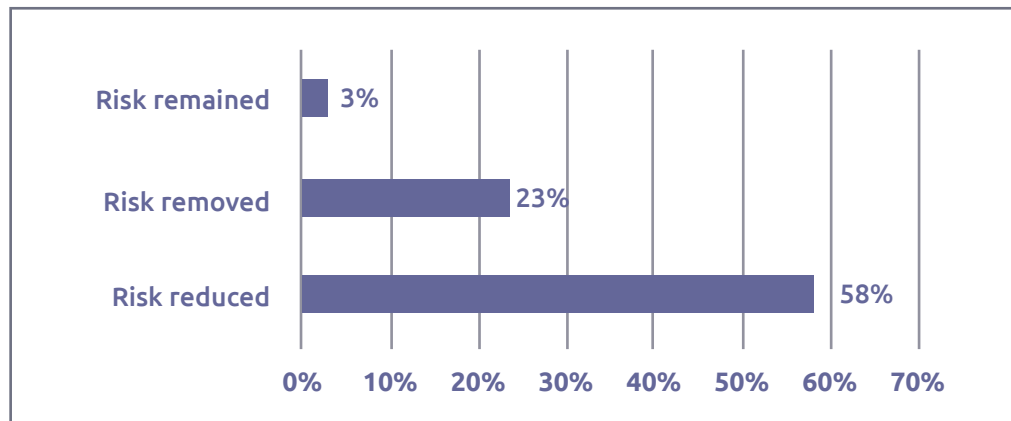
Safeguarding adults data in 2021 / 22

Location - concluded enquiries



Many of the safeguarding concerns received are from care homes, which is consistent with previous years dashboards, and also the data in relation to the location of concluded enquires. This is seen as a positive indicator of the high quality care sector within North Lincolnshire, and of providers' understanding of their safeguarding responsibilities.

Concluded enquiries - risk outcome



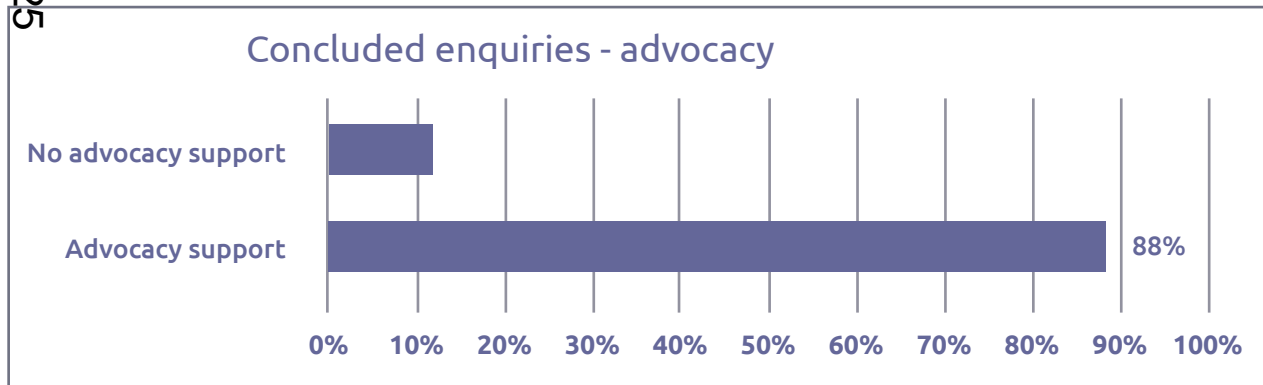
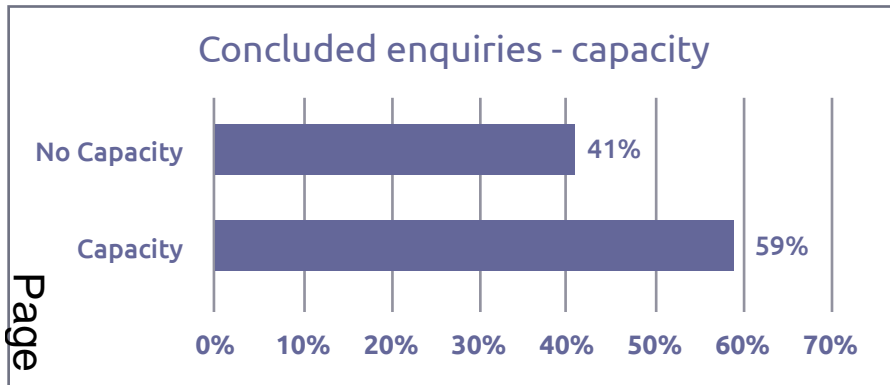
At 81% risk identified and action taken remains the highest outcome of concluded S42 enquiries, indicating that a correct threshold for S42 enquiries is in place.

In 97% of enquiries identified risks were either removed or reduced.

It is important to recognise, that sometimes people may choose to live with risk, or it may remain with safeguarding plans and strategies in place.

Safeguarding adults data in 2021 / 22

Mental capacity and advocacy - concluded enquiries



The number of individuals who lacked capacity in relation to the safeguarding concern was 41%.

88% of adults were supported by an advocate.

Safeguarding adults data in 2021 / 22

Making Safeguarding Personal (MSP)

MSP is about having conversations with people about how to respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, well-being, and safety.

The Care Act 2014 advocates a person-centred, rather than a process driven approach. MSP questions comply with the standards set by NHS digital, ensuring they are comparable with other authorities across England.

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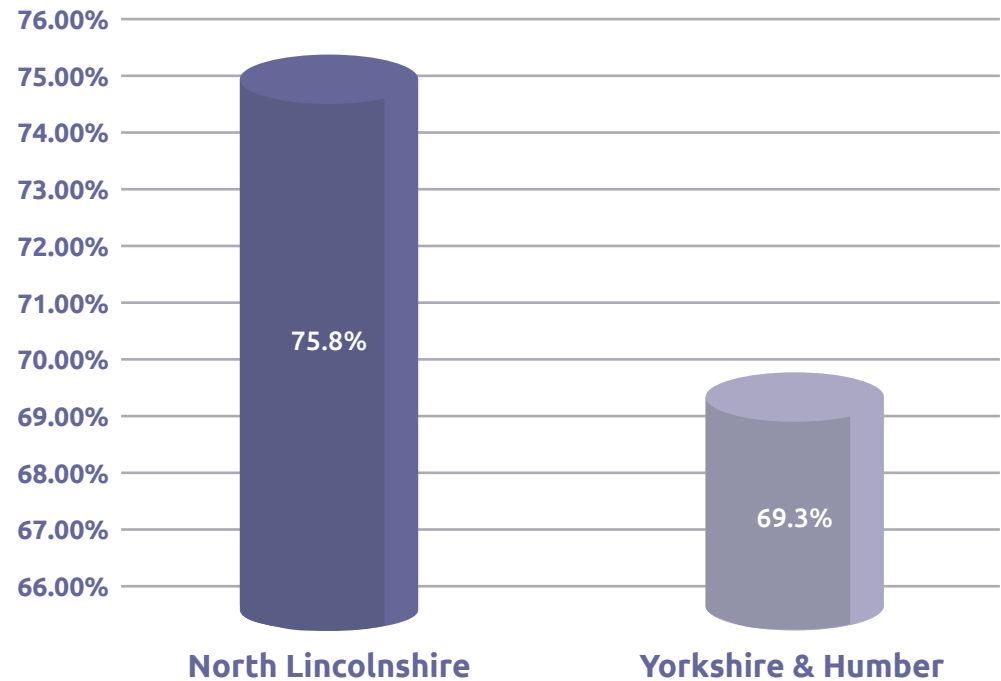
80%

of individuals and / or their representatives were asked their views and wishes in relation to the S42 enquiry

95%

of individuals and / or their representatives felt their views and wishes had either been partially or fully met.

People Who Use Services Feeling Safe

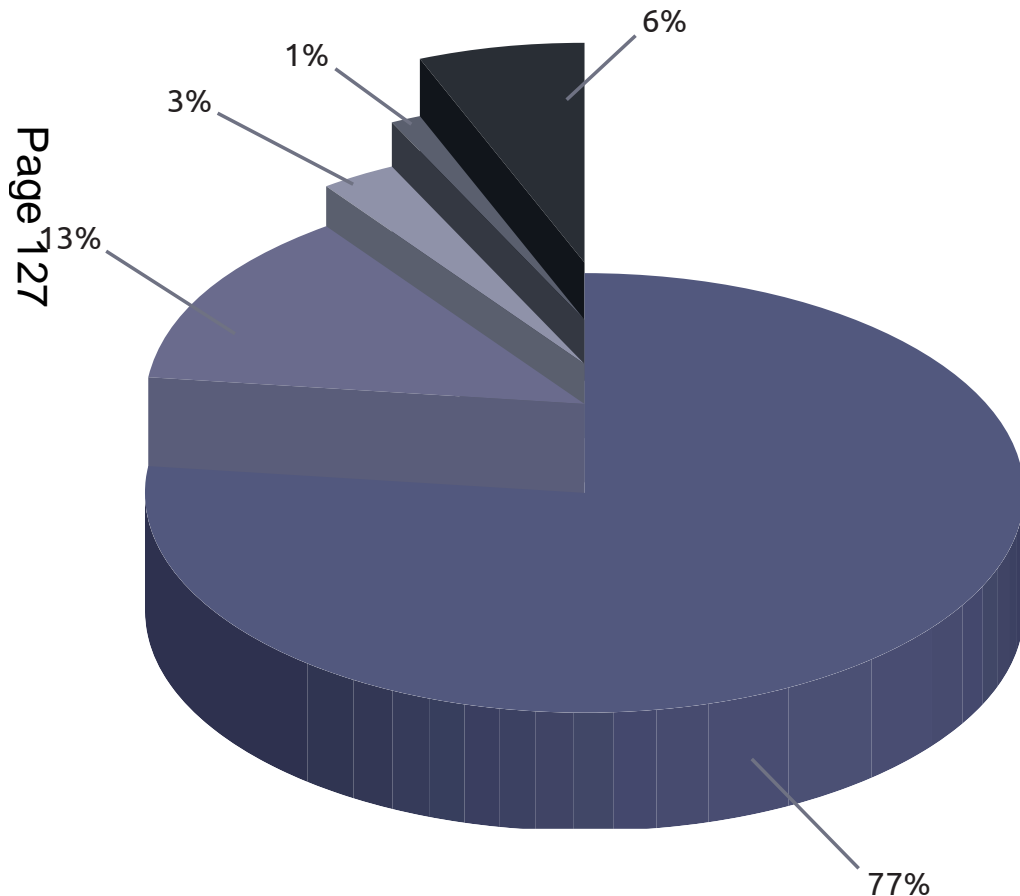


In North Lincolnshire 75.8% of people, using services reported they felt safe, this is 6.5% more than the regional average and a 0.4% increase on the previous year. This data was drawn from section 4A of the Adult Social Care Outcomes Framework (ASCOF) in England for the period 1 April 2021 to 31 March 2022. The data measures how well care and support services achieve the outcomes that matter most to people.

Safeguarding adults data in 2021 / 22

Care Quality Commission ratings North Lincolnshire Care Homes and Home Care

■ Outstanding ■ Good ■ Requires Improvement ■ Inadequate ■ Not Yet Inspected



This information relates to the quality assurance of providers quality assurance of registered care providers following Care Quality Commission following Care Quality Commission (CQC) inspections, indicating a high-quality care sector with 83% of providers being inspected as either good or outstanding.

Where a provider has been rated as inadequate, or requires improvement board partners work closely together with the provider to offer support and guidance and to seek assurances that people are safe.

Safeguarding Adult Reviews

What is a Safeguarding Adult Review (SAR)?

A SAR takes place when agencies who worked with an adult who suffered abuse or neglect, come together to find out and think about how they could have done things differently.

The aim of a SAR is to promote effective learning and improvement. SARs should be used to explore examples of good practice, as well as those not so good, and should identify learning which can be applied to future cases.

The law says Safeguarding Adults Boards must arrange a SAR when:

There is reasonable cause for concern about how NLSAB, its partners or others worked together to safeguard the adult

AND

The adult died and NLSAB suspects the death resulted from abuse or neglect

OR

The adult is alive and NLSAB suspects the adult has experienced abuse or neglect.

SARs are overseen by NLSAB Executive SAR Group, consisting of representatives from the board's statutory partners (North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and Humberside Police).

The group has been chaired by Chief Superintendent Darren Wildbore of Humberside Police.

During the year the group received no new SAR referrals, and one review was completed (Adult B).

The subgroup continues to track recommendations identified in previous SARs to ensure learning is embedded.

The subgroups have continued to share good practice and learning identified in regional and national SARS with practitioners and partner agencies.

Seven-minute briefings have been developed to help disseminate key messages from SARs amongst partner agencies.

The NLSAB has maintained links and reporting relationships with the Community Safety Partnership (CSP) who manage Domestic Homicide Reviews (where they involve adults with care and support needs).

Safeguarding Adult Reviews

Adult B SAR

Adult B is a 54-year adult who has a diagnosis of Autism Spectrum Disorder and Asperger's Syndrome. Adult B's needs were complex and there were multiple agencies involved with care and support.

Adult B raised concerns to multiple agencies that they had been neglected by services, feeling that no single organisation had taken a lead in providing care and had been passed between teams and agencies. Adult B felt that there was no consistency, and that practitioners supporting them did not have the required knowledge or skills in supporting adults who had autism.

Although Adult B had not died, and there was no suspicion or knowledge that Adult B had experienced abuse or neglect - there were suggestions that partner organisations could have worked more effectively together, and it was felt potential lessons could be learnt and applied to future cases.

The review was conducted in the form of a Multi-agency Reflective Workshop. The purpose of this type of review is for agencies involved to meet and share their perspectives as a self-assessment of the multi-agency safeguarding arrangements and practice to identify improvements.

The aim of the review was to make a positive impact on frontline practice. The focus of the workshop was to reflect on Adult B's journey and identify any opportunities for improved interface between the agencies.

Safeguarding Adult Reviews

Adult B SAR - Good Practice

- There was evidence of collaborative working between the advocate, practitioners within all agencies, Adult B and family members.
- There was evidence on many occasions as Adult B went into crisis situations, agencies came together and worked collaboratively around personalised care.

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There was evidence that Adult B was supported and encouraged to make their own choices regarding how they wanted their care to be delivered.

Practitioners recognised the risks associated with Adult B's environment and timely referrals to the safeguarding team were made.

- Safeguarding Strategy Meetings were held, and robust Safeguarding Plans were implemented, there is evidence that Adult B was involved, and their views and wishes were listened to.
- There is evidence that practitioners understood the escalating complexities around the case, they articulated their concerns and were supported by senior managers within their organisations.

Multi-agency Recommendations

- When working with adults who have autistic spectrum disorder, practitioners should be provided with training and education to ensure they have the relevant skills and knowledge required to effectively support those individual and their families.
- One identified professional should be the 'lead' in order to coordinate care and support when working with people presenting with complex needs, ensuring consistency and a joined up approach between multi-agencies.
- When a person with complex needs does not meet the threshold for services a multi-disciplinary meeting should be convened to establish which service or services would be the most appropriate service or services to provide support to the person.
- Organisations should ensure that there are processes in place for mechanisms to engage with adults who have Autism and their families in the production of policies and procedures.

Areas of future focus

As evidenced within this Annual Report, the board have made considerable progress this year in relation to delivering the priorities and strategic objectives outlined within the Strategic Plan.

We recognise the importance of ensuring that our focus remains on the issues which are going to make the greatest difference to safeguarding people in North Lincolnshire. The following key themes have been identified by board partners as areas of future focus -

In 2022 the board will review it's Strategic Plan - the plan will be developed in partnership with adults who have a lived experience, their carers and our partners.

The board will continue to work with partners to prepare for the implementation of the Liberty Protection Safeguards (LPS) and will support partners to keep up to date with the evolving situation regarding the timeline and publication of the statutory guidance.

- The board will enhance engagement with local community groups and the voluntary sector to raise awareness and understanding of safeguarding adults, with a focus on diverse, isolated and under-represented communities.
- The board will continue to promote a positive learning culture where partners continually reflect on practice and learn from local, regional and national reviews and identify ways to prevent and reduce harm.
- The board will continue to analyse all available data and intelligence to help recognise emerging safeguarding themes and trends, including considering hidden harm and ensure action is taken when needed.
- The board will develop training and education particularly around professional curiosity, legal literacy and trauma informed responses.
- The board will continue to ensure that policies, procedures and guidance are effective, flexible and adapt in response to learning.

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North Lincolnshire
Safeguarding Adults Board

Strategic Plan

2023 - 2025

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Foreword

It is a duty of the Board to have a strategic plan. We want this plan to be clear about our intentions and priorities, so that we have the best chance to work well together. In developing our strategic plan for the next three years we have:

- Worked with people with a lived experience, with carers and with our workforce to hear what is important to them, including a development event and surveys.
- Reviewed how we have been able to meet the commitments made in the previous three year strategic plan, looking at what has worked well and what could be better.
- We have taken account of the data and information about performance and outcomes in North Lincolnshire, and -
- We have thought about the learning locally and nationally about best practice and areas for improvement.

“Our strategy is intended to ensure the safeguarding principles and making safeguarding personal outcomes can be delivered in North Lincolnshire. Our objectives for the next three years are aligned to the six safeguarding principles. Listening to the voice of people with a lived experience will continue to remain at the heart of our plan - embracing the ethos of **‘Experts Together’.**”

Kamy Clark - **Independent Chair**

What we've achieved so far

The board have made considerable progress in relation to delivering the priorities and strategic objectives outlined within previous Strategic Plans. Below are highlights of some of the key achievements –

- There has been, and continues to be a strong focus on engaging with and listening to adults with a lived experience, and their families to understand their views and experiences - the board have co-produced a number of guidance and easy read documents.

Adults with a lived experience were empowered to share their knowledge and expertise with the local community, partner organisations and frontline practitioners through the 'Listen to me and hear my voice' Safeguarding Conference.

Communications through the board website have been enhanced.

- To ensure that young people and their families feel supported when transitioning from childhood to adulthood, a joint plan with children's services has been developed.
- Following the publication of Adult A SAR in 2020, in the absence of a forensic service nationally and locally, a pilot scheme has commenced to develop a programme to train health professionals to undertake forensic examinations.

- The board have strengthened the Scrutiny & Assurance Framework and have completed a number of Line of Sight to Practice Reviews.
- A joint self-assessment framework has been developed in partnership with the Children's Multi-agency and Resilience Safeguarding (CMARS) Board.
- The board have completed joint assurance focussed visits with the Children's MARS Board to partner agencies.
- The board continues to demonstrate a sustained level of attendance and participation from members.

Who we are

The Safeguarding Adults Board (SAB) is a multi-agency partnership which has statutory functions under the Care Act 2014. Our main focus is to ensure that safeguarding arrangements in North Lincolnshire work effectively so that adults at risk are able to live their lives free from harm and exploitation.

The partnership is made up of the three statutory agencies - the Local Authority, Integrated Care Board and the Police who work together with other key partners including – Healthwatch, ambulance service, housing, fire service, probation, providers and voluntary groups who represent adults with care and support needs and carers.

Our role

Our main role is to help and protect adults with care and support needs from the risk of, and experience of abuse and neglect by –

- Seeking assurance that local safeguarding arrangements as defined within the Care Act 2014 are in place.
- Working collaboratively with partner agencies to prevent abuse and neglect wherever possible.
- Assuring that safeguarding practice is person-centred, outcome focussed and proportionate to the risk presented.

Safeguarding principles that support and guide our approach

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent
- **Prevention** - It is better to take action before harm occurs
- **Protection** - Support and representation for those in greatest need
- **Proportionality** - The least intrusive response appropriate to the risk presented
- **Partnership** - Local solutions through services working with communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect
- **Accountability** - High challenge, high support and transparency in delivering safeguarding

Making it personal

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I am asked what outcomes I want from the safeguarding process, these directly inform what happens -
Empowerment

I get help and support to report abuse and neglect. I get help so I can take part in the safeguarding process -
Protection

I am confident professionals will work together to get the best result for me -
Partnership

I am sure professionals will work in my best interest, only getting involved as much as needed - **Proportionality**

I receive clear and simple information about what abuse is, how to recognise it and seek help -
Prevention

I understand the role of everyone in my life and so do they - **Accountability**

Our strategy is intended to ensure the safeguarding principles and making safeguarding personal outcomes can be delivered in North Lincolnshire. Our objectives for the next three years are aligned to the six safeguarding principles. Listening to the voice of people with a lived experience will continue to remain at the heart of our plan - embracing the ethos of 'Experts Together'

Empowerment

Our plans will focus on –

Working directly with adults with care and support needs to enhance our communications, policies and procedures so that people are empowered to make their own decisions to live free from harm and abuse.

Strengthening the voice of carers, recognising the importance of their own personal wellbeing and resilience alongside those of the person they care for.

Partnership

Our plans will focus on –

Engaging with local community groups and voluntary sector to raise awareness and understanding of safeguarding adults, with a focus on diverse, isolated and under-represented communities.

Working with other partnership boards in North Lincolnshire and in the region to ensure a collaborative approach is taken to safeguarding.

Prevention

Our plans will focus on -

Continuing to raise awareness of safeguarding adults in a variety of formats to help people understand what abuse is, recognise the signs and know how to seek help.

Continuing to promote a positive learning and improvement culture where we continually reflect on our practice and learn from local, regional and national reviews and identify ways to prevent and reduce harm.

Proportionality

Our plans will focus on -

Delivering multi-agency and bespoke training and education where awareness and understanding needs to be enhanced.

Ensuring people are signposted to independent support, advice and advocacy to reduce risk and build future resilience.

Protection

Our plans will focus on -

Ensuring our policy, procedures and guidance are effective, flexible and adapt in response to learning.

Strengthening practice particularly around professional curiosity, carer awareness, legal literacy and trauma informed responses.

Using all available data and intelligence to help recognise emerging safeguarding themes and trends, including considering hidden harm and ensure action is taken when needed.

Accountability

Our plans will focus on -

Holding partners to account and ensuring effective system oversight of safeguarding adult arrangements, functions and performance.

Ensuring there are effective mechanisms in place to ensure information sharing is not a barrier.

Delivering our Strategic Plan

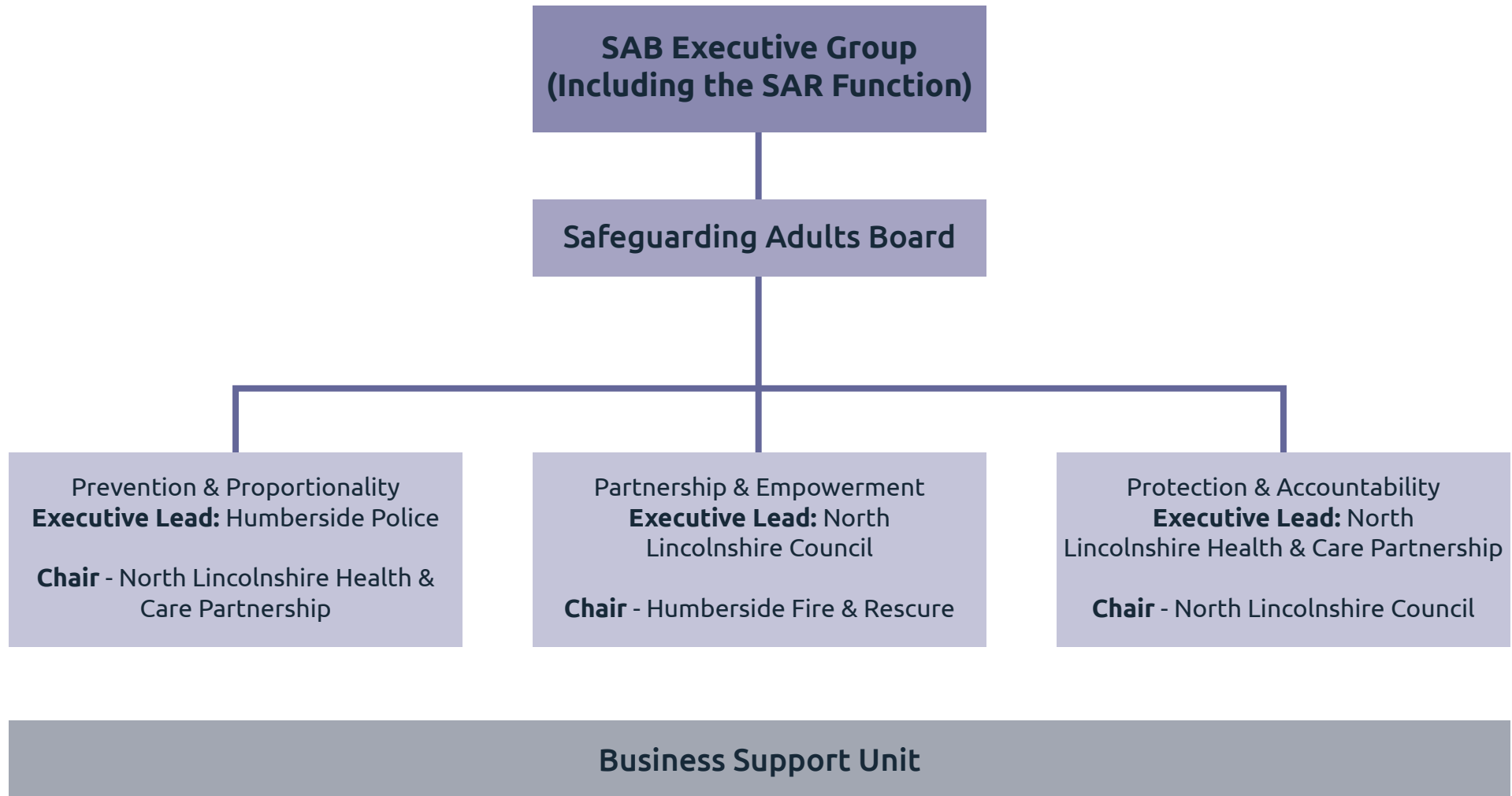
The board has identified six strategic priorities which are underpinned by thirteen strategic objectives. Our annual business plans will describe the activities and outcomes we will achieve to deliver our objectives.

The business plan is designed to enable implementation and monitoring of actions in a clear and concise way, including clear timescales, measures of success and progress.

The business plan is monitored and progress will be reviewed by the Executive Group and Board on a regular basis.

The annual report which is published will reflect this and makes the board accountable to the residents of North Lincolnshire. This will support partners to understand the impact their work is having.

Delivering our Strategic Plan



Moving forward...

As we move forward we will continue to consult with, and engage our local community as well as other local strategic groups, including - Community Safety Partnership, Children's Multi Agency and Resilience Safeguarding Board, Health and Wellbeing Board.

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Report of the Director Adults and Health
NHS Director of Place

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

ADULT SOCIAL CARE DISCHARGE FUND 2022/23

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To request that the Health and Wellbeing Board note the submission of the North Lincolnshire Adult Social Care Discharge Fund 2022-23.
- 1.2 The request that the Health and Wellbeing Board continue to support and oversee the Adult Social Care Discharge Fund.

2. BACKGROUND INFORMATION

- 2.1 On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.
- 2.2 The focus for the additional funding was a 'home first' approach and discharge to assess (D2A). The addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework and planning requirements sets out further detail for how this fund will be distributed, as well as conditions governing its use.
- 2.3 The funding must be pooled into the Better Care Fund (BCF). The funding will be provided in 2 tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023 subject to providing a planned spending report and fortnightly activity data and have met the other funding conditions.
- 2.4 The funding conditions are:
 - To prioritise those approaches that are most effective in freeing up the maximum number of hospital beds, and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings.
 - To plan for spending the funding, which will be an addition to existing BCF plans, due 4 weeks after funding conditions are published.
 - To submit fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan.
 - To provide a final spending report to the department alongside the wider end of year BCF reports by 2 May 2023

- That all local authorities, ICBs and trusts engage with a review of their spending plans in January 2023.

2.5 The discharge fund will be monitored using the following metrics:

- the number of care packages purchased for care homes, domiciliary care and intermediate care
- the number of people discharged to their usual place of residence
- the absolute number of people 'not meeting criteria to reside' in an acute hospital
- the number of 'bed days lost' to delayed discharge by trust
- the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

2.6 The 2022-23 Adult Social Care Discharge Fund Plan is included as appendix 1 and was required to be submitted by 16th December 2022. The Director: Governance and Communities approved the Fund Plan on 15 December 2022 and it was subsequently submitted to the Government in accordance with the agreed timescales. The Fund Plan and the operation of the Better Care Fund will continue to be overseen by the Health and Wellbeing Board.

3 OPTIONS FOR CONSIDERATION

3.1 The Discharge Fund has been approved and submitted to Government. This report is intended solely to inform the Board.

4 ANALYSIS OF OPTIONS

4.1 Formally agreeing and signing off the Adult Social Care Discharge Fund Plan 2022-23 means that delivery of the plan can continue in line with national requirements.

5 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 The Adult Social Care Discharge Fund allocation as follows:

North Lincolnshire Council	£634,099
Integrated Care Board	£1,162,000
Total	£1,796,099

6 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 There are no implications associated with this report.

7 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable at this stage. Integrated Impact Assessments are undertaken as appropriate in line with commissioning intentions.

8 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Local and regional health and care organisations collaborated on the development of the plan as per the conditions of the funding. A related report was submitted to the Health and Wellbeing Board on 18 November 2022.

8.2 There are no perceived conflicts of interest associated with this report.

9 RECOMMENDATIONS

9.1 It is requested that the Health and Wellbeing Board note the submission of the Adult Social Care Discharge fund Plan 2022/23, and continue to provide support and oversight.

Director of Adults & Health
and NHS Director of Place

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Gillon
Date: 19/1/23

Background Papers used in the preparation of this report:

Guidance - Addendum to the 2022/23 Better Care Fund policy framework and planning requirements

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