NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

2pm, Monday 15 January 2024

Conference Room f01e, Church Square House,
30-40 High Street, Scunthorpe, DN15 6NL

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 11 December 2023 (Pages 1 - 4)

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. LA Urgent & Emergency Care Grant - Winter Plan - report by the Director: Adults and Health (Pages 5 - 8)

8. Joint Strategic Needs Assessment - Insights - Report by the Director of Public Health. (Pages 9 - 114)
    - 8a Life Expectancy
    - 8b Lung Cancer
    - 8c Suicide Prevention

Integrated Working - Children.

9. Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23 - Report by the Director: Children and Families. (Pages 115 - 180)

10. Mental Health Services for Children and Young People - Discussion with ICB commissioners and representatives from Rotherham, Doncaster and South Humber NHS Foundation Trust. (Pages 181 - 188)

11. Humber Acute Services Review - consideration of a draft response from the Health and Wellbeing Board - Joint Report by the Director of Public Health and the Director: Adults and Health. (Pages 189 - 210)

Any non-statutory business from any partner

12. Housing and Support for Older People in North Lincolnshire - presentation by the Director of Customer Services, Ongo.

13. Capital expenditure at NLaG - Verbal update by the NHS Place Director.

14. Date and time of next meeting - 11 March 2024, 2pm

15. 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

11 December 2023

Present –

Councillor Waltham MBE (Chairman), J Allen, Cllr R Hannigan, V Lawrence, A Lee, D Lee, A Mushtaq, K Pavey, Cllr J Reed, A Seale, R Smith, D Wildbore

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

538 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting, inviting them to introduce themselves.

539 **SUBSTITUTIONS**

There were no substitutions.

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

Alex Seale declared a personal interest as Chair of the Humber Acute Services Executive Oversight Group.

541 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 2 OCTOBER 2023**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 2 October 2023, be approved as a correct record.

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

The Director – Operations confirmed that the Forward Plan was up to date, with all relevant future business scheduled for discussion.

Resolved – That the situation be noted.

543 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

544 **HUMBER ACUTE SERVICES PROGRAMME CONSULTATION - PRESENTATION AND CONTINUED DISCUSSION WITH REPRESENTATIVES OF THE INTEGRATED CARE BOARD.**

The Chairman welcomed Ivan McConnell, Alastair Smith, Dr Linsay Cunningham, and Dr Andy Lee to the meeting. The Chairman reminded the Board that the Integrated Care Board (ICB) had been asked to provide further information on nine key areas, as part of the ongoing consultation on the Humber Acute Services Review. These were:

- Proposals for an elective clinical hub in North Lincolnshire,
- The potential for a joint, integrated workforce plan,
- Community Investment Proposals,
- Seeking the views of primary care professionals on the proposals,
- Scunthorpe General Hospital - Capital Spend Requirements and actions,
- Infrastructure Optimisation (esp. the Ironstone Centre, but also other sites),
- Ambulance and Patient Trasport provision arising from the proposals to centralise services,
- Travel planning for carers, families etc.
- Further discussion on inpatient paediatric care.

Ivan and colleagues provided a detailed presentation on the above in response to the issues raised by the Board at their meeting in October 2023.

The Chairman led a discussion on the above issues, expressing concerns about a lack of progress on a joint health and care workforce plan based on ‘place’. Ivan stated that a plan was in place, but that if was not as full or detailed as it could be. A joint ‘place plan’ was highlighted as an area for multi-agency development, overseen by the Board.

Board members asked questions around ensuring that commissioned services included an element of ‘social values’ and were provided by local people.

The Chairman asked a number of questions about capital investment at Northern Lincolnshire & Goole NHS Foundation Trust’s (NLG) three main hospital sites. Given the disparity in levels of need, the Chairman pressed ICB representatives on the requirement to provide more funding to Scunthorpe General Hospital. Ivan described the annual budget and how risk was evaluated, and discussed opportunities to develop a new, more logical model of capital expenditure. Other Board members discussed the urgency of implementing this model, given the situation. Ivan committed to circulating the three-year Capital Plan to the Board.

The Board then discussed the proposed elective hub, due to be built in central Scunthorpe. Ivan provided an update on preparatory work and an indicative timetable, and the Board held a discussion on the potential for the

hub and existing facilities at the Ironstone Centre, to transform some primary care services in North Lincolnshire. The potential impact of a community-based facility on future acute care provision was also discussed.

The Chairman led a wide-ranging discussion on other aspects of the proposals, with Board members asking questions about ambulance provision and handover delays, mental health, patient pathways, funding, and transport. The Chairman expressed some concerns that clinicians and other key stakeholders may not agree with the proposals, with Dr Lee responding accordingly. Alastair confirmed that the impact on ambulances and patient transport arising from the proposals could be handled using existing resources.

The Chairman summarised that, based on the discussion, there were a further seven items that the Board would either receive a report in due course or would maintain an oversight of development. These were:

- to maintain an oversight of the development of a joint health and social care workforce plan for North Lincolnshire,
- to receive a future update about the development of an elective care hub in North Lincolnshire and to maintain an oversight.
- to receive a report on continued development of NHS services delivered in the community.
- to receive a report on future capital spending at local hospitals, to ensure that funding for Scunthorpe is prioritised, given the level of risk. Also, the implications on hospital sites of moving funding from acute to community care.
- to receive a future report on 'shared social values' and how these are built into commissioning plans etc.
- to receive a future report on infrastructure optimisation, and
- to meet with mental health commissioners and providers to discuss childhood mental health issues.

Finally, the Chairman requested a short extension to the ICB's deadline, given the Board's future meeting dates.

Resolved – (a) That Ivan McConnell, Dr Linsay Cunningham, Dr Andy Lee and Alastair Smith be thanked for their attendance and contribution, (b) that the presentation and situation be noted, (c) that the above seven actions be scheduled at appropriate times for future discussion at the Health and Wellbeing Board, (d) that a draft response from the Board to the consultation be prepared for future consideration; and (e) that a formal request for an extension to the consultation period be submitted to the ICB.

545 **DATE AND TIME OF NEXT MEETING - 15 JANUARY 2024, 2PM**

The Chairman confirmed that the next scheduled meeting of the Board was at 2pm on 15 January 2024.

546 **ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There was no urgent or additional business. The Chairman wished everyone a merry Christmas and happy New Year.

Report of the Director Adults & Health Meeting

NORTH LINCOLNSHIRE COUNCIL

Health & Wellbeing Board

LA Urgent & Emergency Care Grant – Winter Plan

1. **OBJECT AND KEY POINTS IN THIS REPORT**

1.1 To request that the Health & Wellbeing Board formally agree and sign off the North Lincolnshire Expenditure Plan against the Urgent & Emergency Care Fund that supports winter plans across the Health and Social Care system.

2. **BACKGROUND INFORMATION**

2.1 The DHSC has announced a £600 million package to help with recruitment and retention in social care. The fund will support the social care workforce and boost capacity in social care, in turn supporting the NHS ahead of winter and through into next year.

2.2 The government is encouraging local health and care systems to prepare jointly for the winter months, increasing resilience and preparedness for seasonal viruses such as flu and COVID-19.

2.3 North Lincolnshire Council has been identified as an authority able to bid against an additional £40 million as the HNY ICS has been identified as one of the most challenged health systems for the LA to support Urgent and Emergency (UEC) Care recovery plans. The funding identified for NLC to bid for is £357,003, any proposal has to be agreed with ICB colleagues and linked to the ICB winter surge plan.

2.4 Proposals will be assessed against the following criteria:

- Impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays.
- Are deliverable over the winter 2023/24 period.
- Are additional to existing LA expenditure and capacity plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans, for example by addressing gaps identified in those plans. Section 151 officers will

be required to assure that funding has been used to purchase additional services and capacity in line with the MoU.

Our proposal has two elements:

- Avoiding admission to hospital: Supporting the flow of people within Same Day Emergency Care and Accident & Emergency Department.
- Additional capacity within the Transfer of Care Hub.

2.5 Our proposal is to create additional workforce capacity (social work and VCSE) to work within SDEC (Same Day Emergency Care) and A&E, completing proportionate assessments and supporting decision making within an MDT (Multi-Disciplinary Team) approach to avoid hospital admission and admissions to residential care, taking a home first approach.

2.6 In addition, we will create additional capacity within our Home First Community service to provide a rapid response to support people leaving SDEC and A&E where people need additional wrap around support to enable them to remain in their own homes.

2.7 We have an established transfer of care hub to support the hospital discharge process and reducing the numbers of people delayed following a clinical decision of no criteria to reside in an acute setting. Locally we have an over reliance on the use of short stay placements within residential homes, contributed by an “over prescription” of care needs by acute hospital staff. Our proposal would be to recruit an Occupational Therapist to be a part of the transfer of care hub, to challenge over prescriptions and enable greater numbers of people to return to their own homes.

2.8 The bid for the additional monies was submitted and based on the above proposals the funding was granted.

3. OPTIONS FOR CONSIDERATION

3.1 Option 1 – To formally agree and sign off the LA urgent & Emergency Care Fund Plan 2023/24

3.2 Option 2 – To seek additional information with regard to the LA urgent & Emergency Care Fund Plan 2023/24

4. ANALYSIS OF OPTIONS

4.1 Formally agreeing and signing off the LA urgent & Emergency Care Fund Plan 2023/24 means that delivery of the plan can continue in line with national requirements.

4.2 Seeking additional further information for the LA urgent & Emergency Care Fund Plan 2023/24 will affect both delivery and assurance of the plan which could result in the plan not being delivered and funding returned to DHSC.

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

5.1 The LA UEC is additional funding that the LA can utilise to increase the workforce capacity and is available until March 2024. Schemes funded as outlined above will end as the funding ends with no ongoing financial liability for NLC.

NLC has been awarded £357,003 up to 31st March 2024.

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 The council and Integrated Care Board have collaborated on the development of the plan as per the conditions of the funding.

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 formally agree and sign off the LA urgent & Emergency Care Fund Plan 2023/24.

DIRECTOR OF ADULTS AND HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Wendy Lawtey
Date: 04 Jan 2024

Background Papers used in the preparation of this report –

Report of the: Director of Public Health

Agenda Item 8a
Meeting 15 January 2024

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

LIFE EXPECTANCY JSNA INSIGHTS PACK

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objective of this report is to:

- Inform Health and Wellbeing Board (HWB) members that a joint strategic needs assessment (JSNA) insights pack on life expectancy has been published.
- To identify key issues relating to life expectancy.
- To seek board members' views on how the insights pack can be used to improve health outcomes.

2.0 BACKGROUND INFORMATION

2.1 The purpose of the JSNA insights pack is to provide an evidence base to help understand the epidemiology surrounding life expectancy in respect of:

- Notable variations in life expectancy across different groups of people and geographies.
- The main risk factors associated with premature mortality .
- The most common diseases, which cause premature mortality.

2.2 The JSNA insights pack is published on the council's website and has already been discussed at various fora, including North Lincolnshire's Population Health and Prevention Partnership and iSPACE.

2.3 Life expectancy at birth is the average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant. Life expectancy indicators are used at a national and local level, to monitor trends in health and wellbeing over time and between different population groups. This indicator is point based – and only refers to the conditions in the years calculated. In reality, mortality rates will likely change over time as societal factors and conditions change.

2.4 The insights pack also considered disability free life expectancy, which is based upon a self-rated assessment of how health conditions and illnesses limit an individual's ability to carry out day to day activities.

3.0 KEY FINDINGS FROM THE INSIGHTS PACK

The key findings from the insights pack are presented below:

3.1 Social Inequalities in Life Expectancy

- Life expectancy has a strong deprivation gradient, with groups living in higher levels of deprivation experiencing much lower life expectancy overall than those in the least deprived areas.
- The pattern and distribution of life expectancy at birth across North Lincolnshire reflects the distribution of deprivation in the local area, with the lowest male and female life expectancy observed in the most deprived wards and neighbourhoods of North Lincolnshire. For example, on average, a female living in Bottesford ward is expected to live 8.2 years longer than a female living in Town ward. Similarly a male living in Bottesford ward, on average, will live 8.6 years longer than a male living in Crosby and Park ward.

3.2 Causes of premature mortality

- The biggest contributors to the gap between the most and least deprived areas amongst males is circulatory diseases, such as heart disease or stroke. This is followed by digestive diseases, and cancers.
- For females the biggest contributor to the gap in life expectancy by percentage is mental and behavioural causes which includes dementia, followed by circulatory diseases and cancers.
- Life expectancy is affected by many factors, for example: behavioural risks to health such as smoking, inactivity and a poor diet; access to and use of good quality health care at the right time; and more broadly the wider socio-economic determinants such as income, education, housing and employment. Many of the factors contributing to inequality in life expectancy are preventable.

3.3 Disability-free life expectancy

- Disability free life expectancy for males has declined from 61.4 years in 2014-16 to 57.2 in 2018-20. In England disability free life expectancy has changed to a lesser degree, from 62.8 years in 2014-16, to 62.4 years in 2018-20.
- For females, disability free life expectancy has declined both in England overall, and locally. Although locally the decline was especially large in the most recent 3-year period, 2018-20.Disability free life expectancy in females has fallen from 61 years in 2014-16 to 51.9 in 2018-20 in North Lincolnshire.

- Current figures suggest a female in North Lincolnshire could live over 30% of her life in poor health, and a male just over a quarter

3.4 Mortality rates

- Deaths from cancer and cardiovascular disease make the largest contribution to years of life lost and therefore have the biggest impact on life expectancy
- Tobacco is the risk factor making the largest contribution to years of life lost for both sexes followed by high body mass index (BMI), high cholesterol and high blood pressure

4.0 OPTIONS FOR CONSIDERATION

4.1 **Option 1:** To note the content of the JSNA Insight Pack and to seek board members' views on how the evidence can be used to improve health outcomes.

5.0 ANALYSIS OF OPTION

5.1 Collating all the relevant information and knowledge together into the insights pack helps provide consistent information which agencies can used to develop evidence-based approaches to improving health outcomes.

5.2 To increase the reach and impact of the document, board members' views on how the insights pack can be used to improve outcomes for our residents would be welcomed.

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

6.1 None

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

7.1 None

8.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

8.1 Not relevant for this report.

9.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

9.1 Not relevant for this report.

10 RECOMMENDATIONS

10.1 That the HWB approve option 1 .

DIRECTOR OF PUBLIC HEALTH

Church Square House SCUNTHORPE
North Lincolnshire
DN15 6NR

Author: Steve Piper, PhD
Date: 3 January 2024

Life Expectancy

North Lincolnshire JSNA

North Lincolnshire Public Health Intelligence Team 2023

North Lincolnshire Council

www.northlincs.gov.uk

Version 1.3

Approved: FINAL VERSION

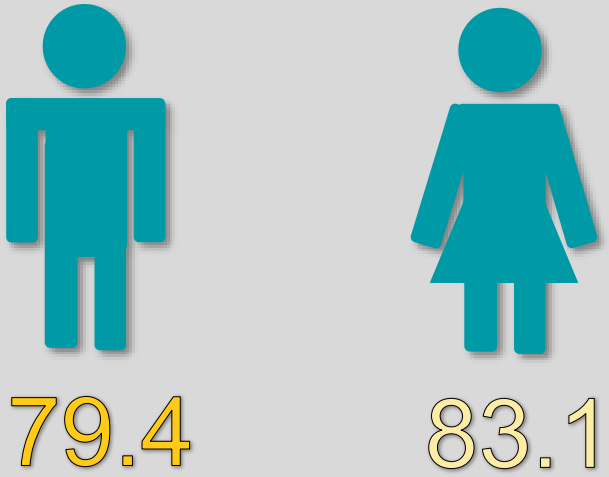
Icons created by PHIU

Life Expectancy

Life expectancy at birth is the average number of years that would be lived by babies born in a given time period if mortality levels at each age remain constant. Similarly, life expectancy at age 65 is the average number of remaining years of life that a man or woman aged 65 will have if mortality levels at each age over 65 remain constant.

Life expectancy indicators are used at a national and local level, to monitor trends in health and wellbeing over time and between different population groups.

This indicator is point based – and only refers to the conditions in the years calculated. In reality, mortality rates will likely change over time as societal factors and conditions change.



Life Expectancy at Birth in England 2018-20

Life Expectancy at Birth

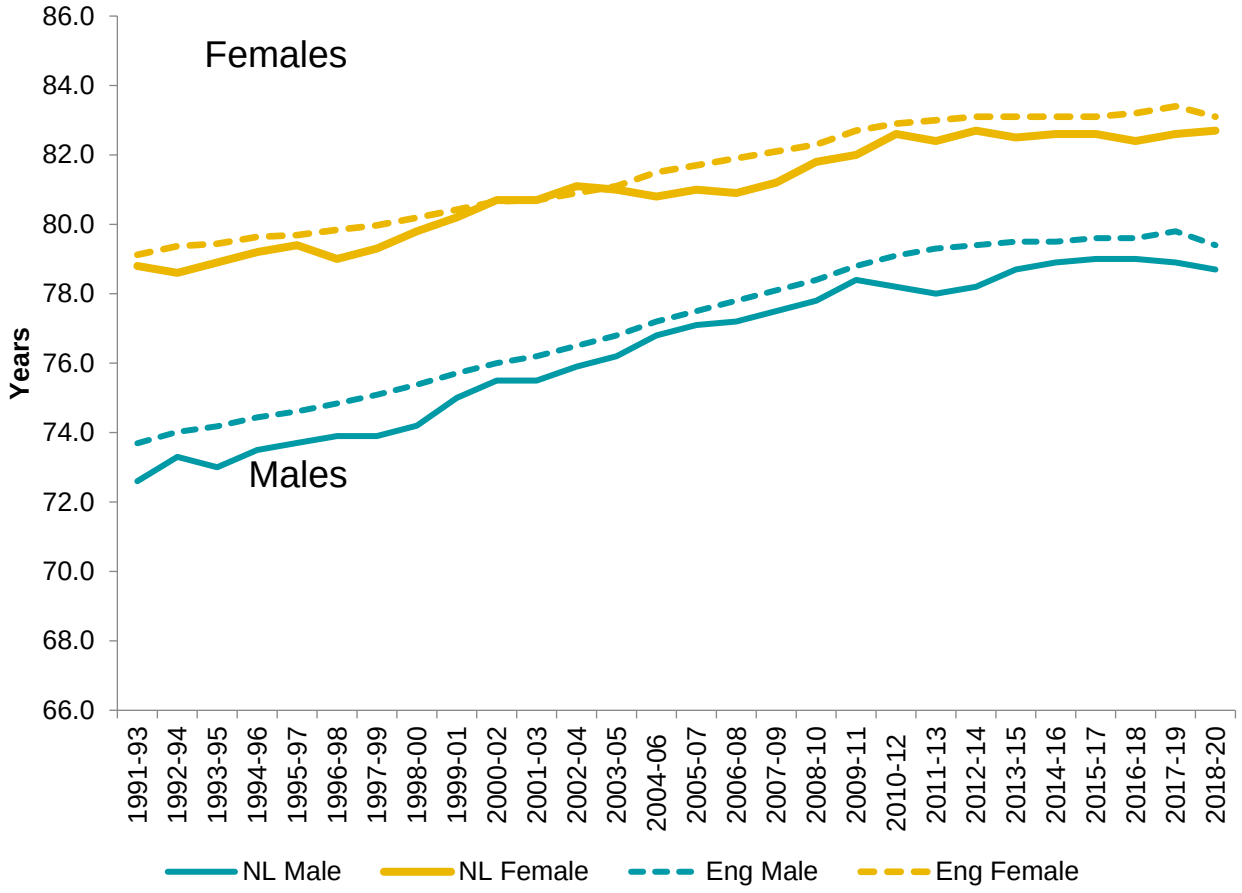
Life expectancy at birth, both in England and in North Lincolnshire has increased since 1991-1993.
On average, males born in 2018-20 in England could expect to live on average 5.7 years longer than those born in 1991-93, and women 4 years. The improvement was greater for males than females in this period, however females have overall higher life expectancy throughout.

The rate of improvement in life expectancy locally and nationally was higher in the years up to 2010-12, than afterwards, where improvement has greatly slowed for both males and females.

The COVID-19 epidemic ongoing from 2020 has affected these figures nationally, and less notably, locally, reducing national life expectancy in the latest available year, 2018-20.

This does not mean that a baby born in 2018 to 2020 will go on to live a shorter life. The reported life expectancies assume that the higher-than-average mortality observed in 2018 to 2020 will continue. It is possible that life expectancy will return to an improving trend in the future, once the coronavirus pandemic has ended and its consequences for future mortality are known.[1]

Figure 1: Male and female life expectancy at birth in England North Lincolnshire 1991-93 – 2018-20



Source: Public Health Outcome Framework/ONS

Life expectancy Overview - North Lincolnshire (2018-20)

There are a number of indicators relating to life expectancy which are reported on routinely within Public Health Outcomes Frameworks. Table 1 summarises the current data on life expectancy for North Lincolnshire, compared with the national average, whilst the sections that follow explain the measures and local trends in more detail.

Table 1: **Life expectancy indicators**

Indicator	NL Male	NL Female	Eng Male	Eng Female
Life expectancy at birth in years (2018-20)	78.7	82.7	79.4	83.1
Life expectancy at 65 in years (2018-20)	18.2	21	18.7	21.1
Disability free life expectancy at birth (2018-20)	57.2	51.9	62.4	60.9
Healthy life expectancy at birth in years (2018-20)	58.7	56.4	63.1	63.9
Inequality in life expectancy at birth (years) (2018-20)	10.9	8.1	9.7	7.9

Source: PHOF / ONS

Social Inequalities in Life Expectancy

Life expectancy (LE) has a strong deprivation gradient, with groups living in higher levels of deprivation experiencing much lower life expectancy overall than those in the least deprived areas.

Figure 2 shows the distribution of life expectancy within North Lincolnshire for males at birth by national deprivation quintile in North Lincolnshire, which follows the trend of declining life expectancy in line with increasing deprivation.

The difference between LE in the most deprived quintile (73.1 years) and the least deprived (82.7 years) in males is 9.5 years

It should be noted that the numbers of small geographic areas, and thus population in each deprivation decile is not evenly distributed at LA level. The national measure of inequality-based difference in life expectancy is the slope index of inequality (SII) (Figure 3) which is designed to account for these differences. In 2018-20 SII stood at 10.9 years for males, and 8.1 years for females in North Lincolnshire.

Figure 2: **Gap in life expectancy at birth by deprivation quintiles North Lincolnshire – Males 2018-20**

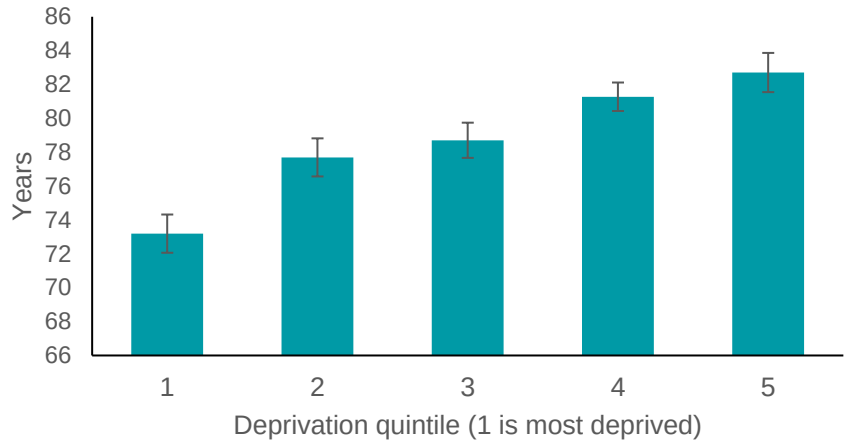
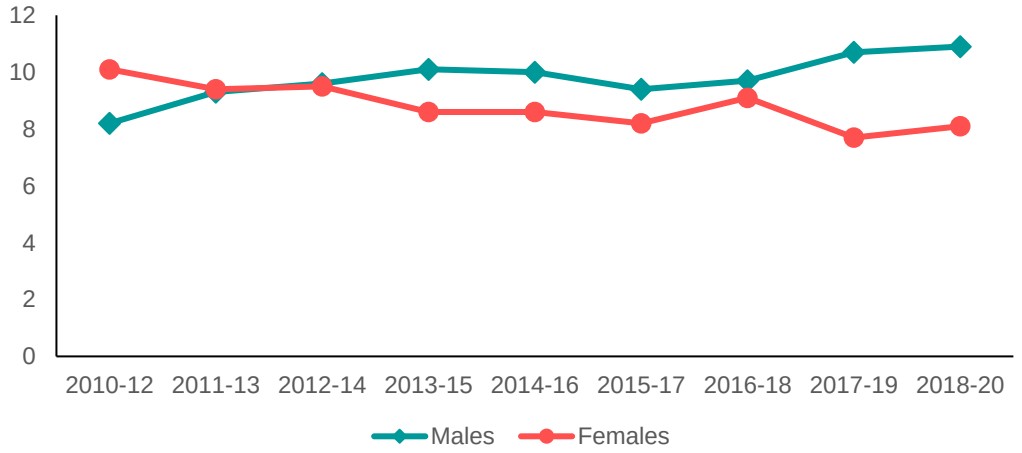


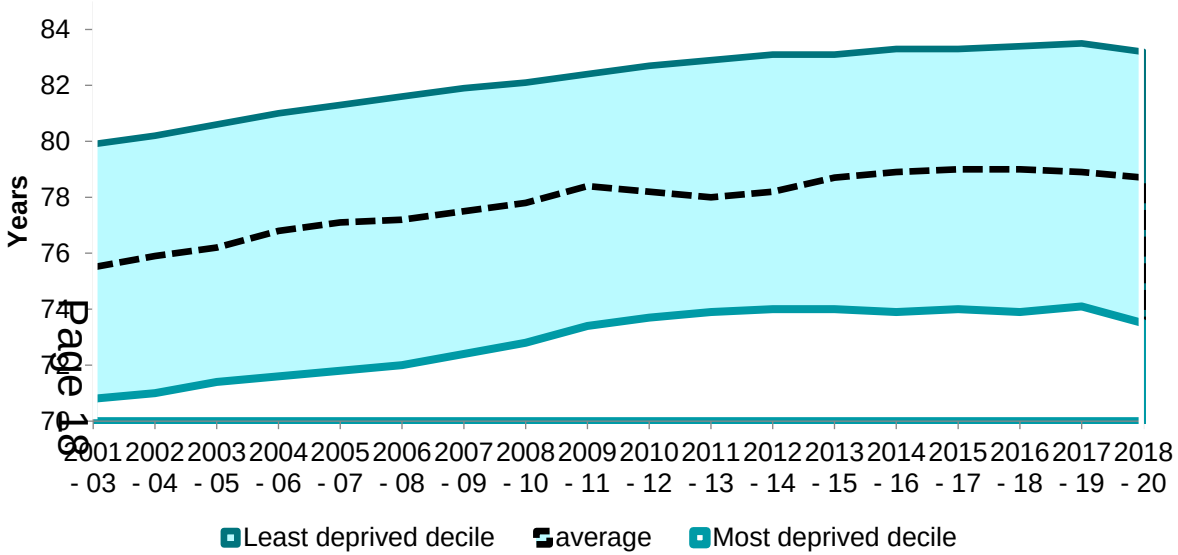
Figure 3: **Slope index of inequality, life expectancy at birth North Lincolnshire 2010-12 – 2018-20**

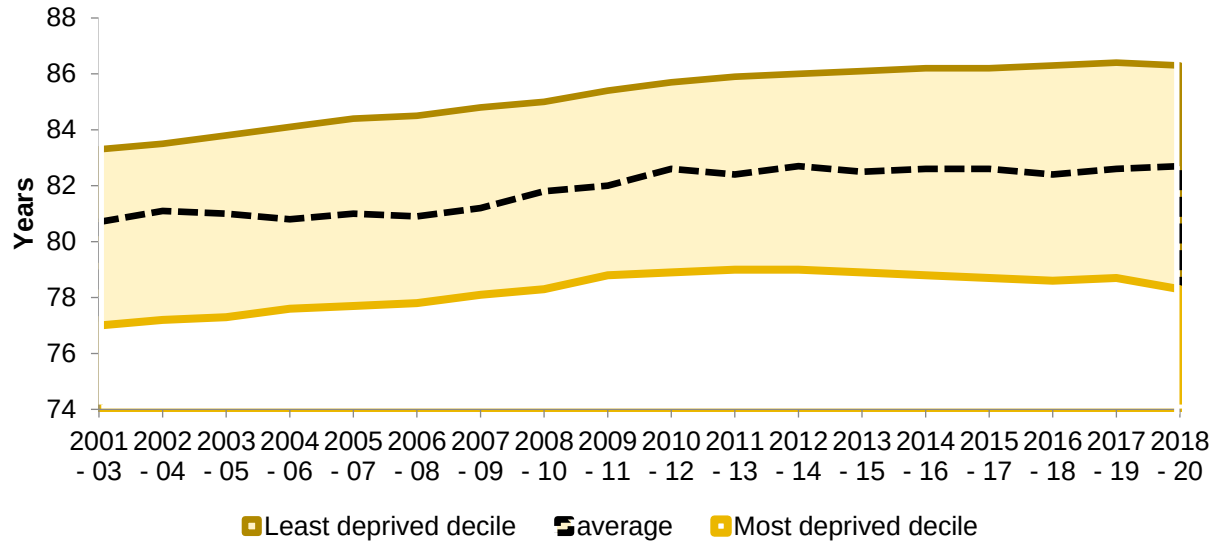


Sources: PHOF/ Population estimates ONS/ PCMD local LE data calculated by NL PHIU

Social Inequalities in Life Expectancy - Trends

Figure 4: **Gap in life expectancy at birth between most and least deprived deciles – England –males (left) females (right)**





Life expectancy inequality within England shows how life expectancy in the most and least deprived deciles have changed over time.

For Males, life expectancy improved by a similar rate for most and least deprived between 2001-2003 and 2009-2011, but whilst there was a small improvement in life expectancy for the least deprived between 2010-12 and 2017-19, for the most deprived the improvement was less notable. In 2018-2020 the decrease in life expectancy is more pronounced for the most deprived compared to the least.

For Females, the improvement in life expectancy for the least deprived between 2001-2003 and 2009-2011 was slightly better for the least deprived compared to most deprived. Since 2011-13 however, the life expectancy for the most deprived women has decreased slightly, while the least deprived continued to improve, increasing the gap due to inequalities. As seen in males, the fall in 2018-2020 in life expectancy is more pronounced for the most deprived decile.

Where is this causing concern?

The pattern and distribution of life expectancy at birth across North Lincolnshire reflects the distribution of deprivation in the local area, with the lowest male and female life expectancy observed in the most deprived wards and neighbourhoods of North Lincolnshire. This is illustrated in the ward chart and LSOA map.

Figure 5: **Life expectancy at birth by ward, 2019-2021**

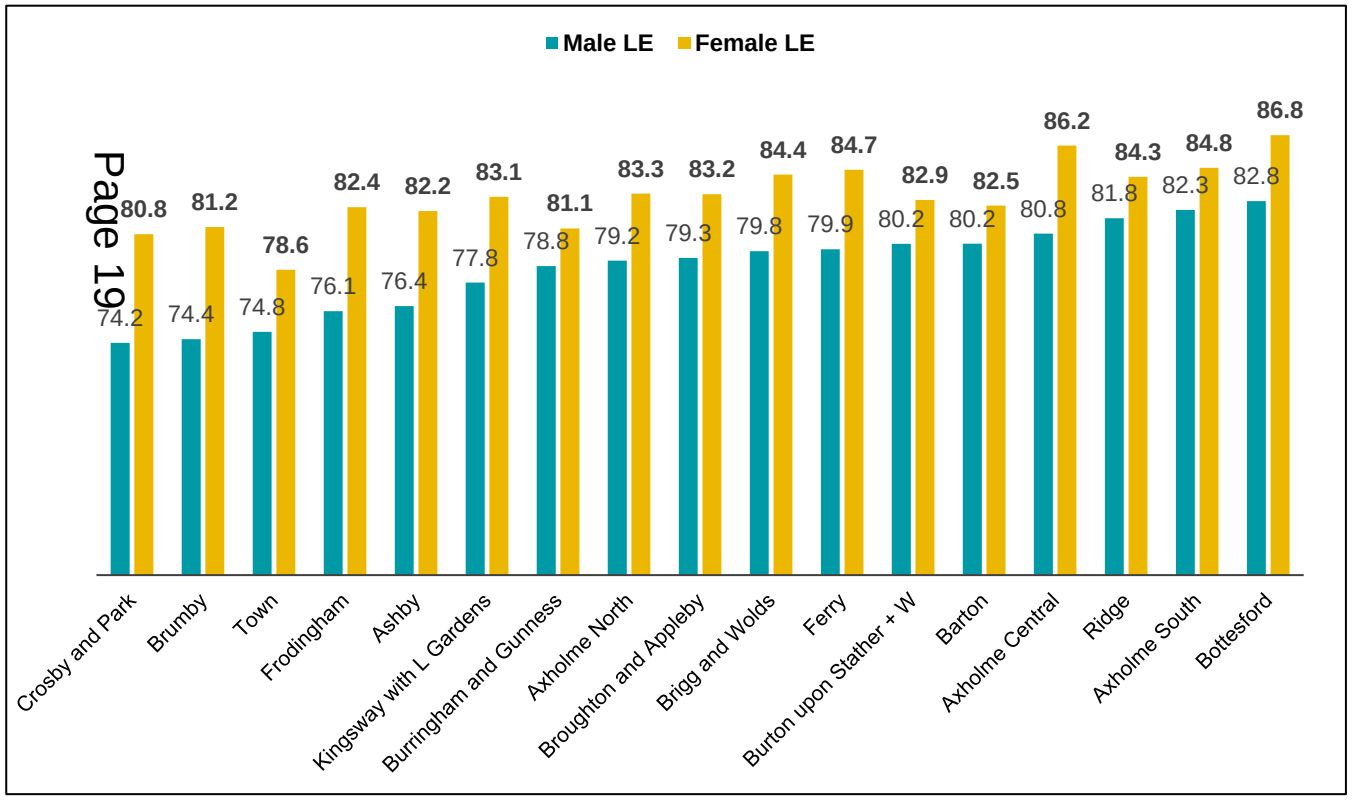
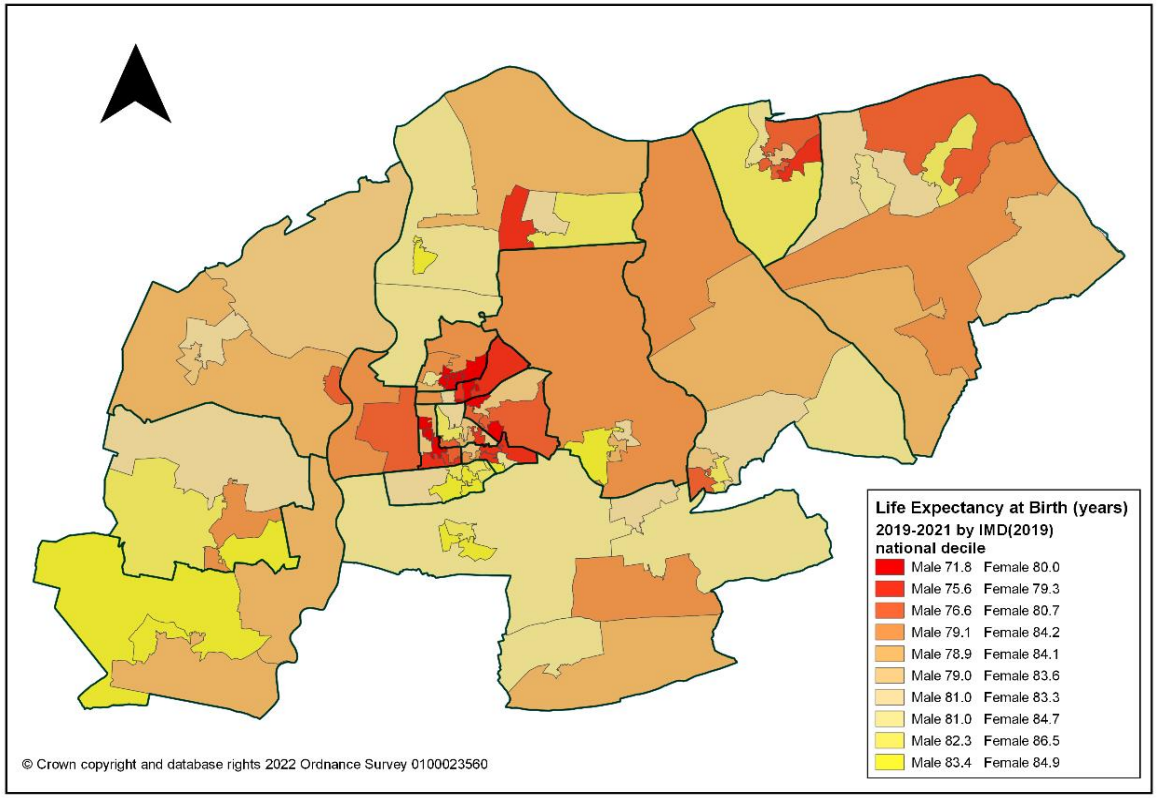


Figure 6: **Distribution of Life expectancy at birth by LSOA and Ward (2019-21)**



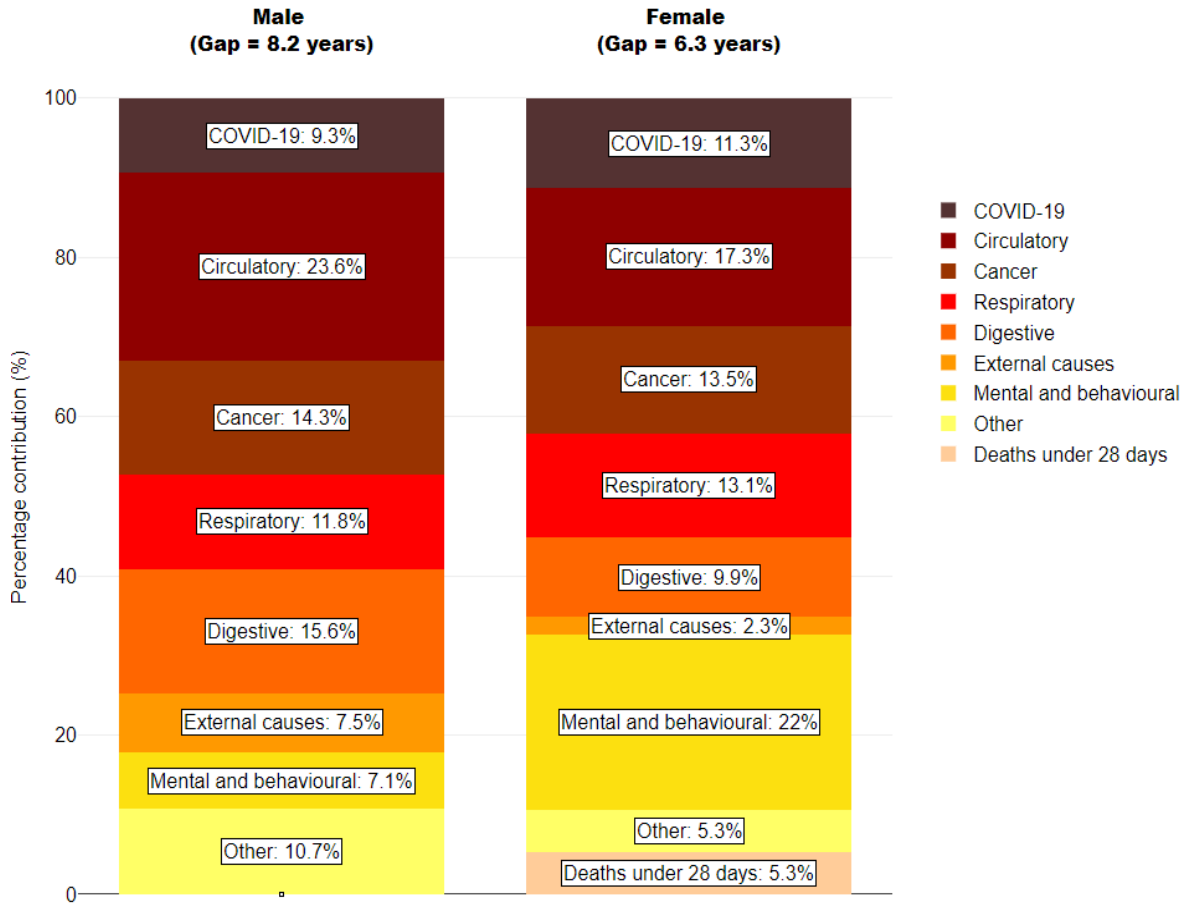
Which diseases contribute the most to the gap in life expectancy?

The biggest contributors to the gap between the most and least deprived areas amongst males is circulatory diseases, such as heart disease or stroke. This is followed by digestive diseases, and cancers.

For females the biggest contributor to the gap in life expectancy by percentage is mental and behavioural causes which will include dementia, followed by circulatory diseases and cancers.

The data is from 2020-21 and is thus showing a notable contribution to the gap in life expectancy as a result of COVID-19.

Figure 7: **% Contribution to the gap in life expectancy between most and least deprived quintiles 2020-2021** [2]



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

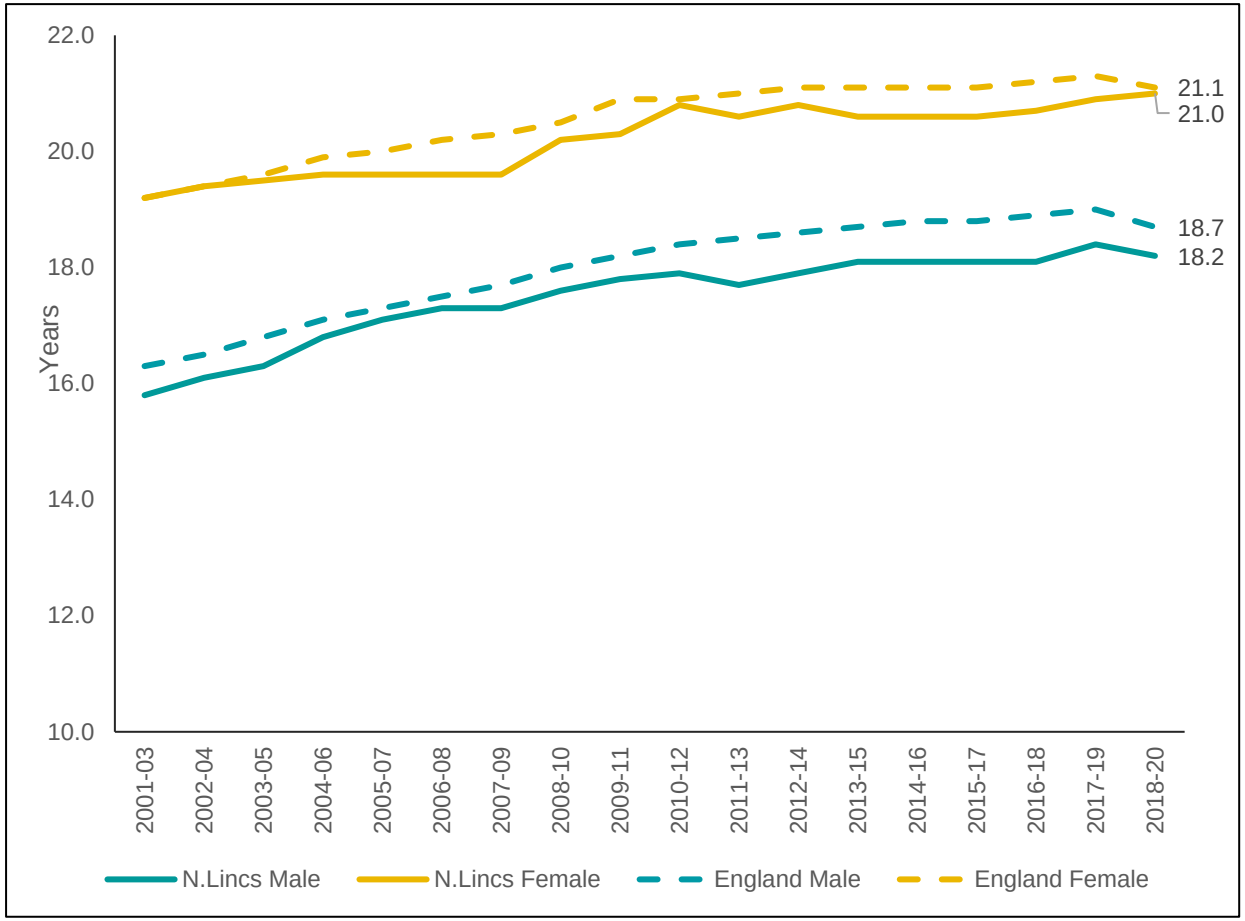
Life expectancy at 65

What's the local picture and how do we compare?

As people age, their overall life expectancy increases, this is because, by the time people reach older age they have either avoided or survived many of the major causes of early death. One would therefore expect life expectancy at 65 to exceed that predicted at birth. Life expectancy at 65 years is an indicator used to measure the extent to which people are enabled to remain healthy in older age.

In North Lincolnshire, male life expectancy at 65 has increased by more than 2 years in the last 19 years, and by just under 2 years for females, to 18.2 years for males and 21 years for females. This is similar to national rates for men and women.

Figure 8: **Life expectancy at 65 years, 2001 - 2020**



Disability-free life expectancy

What's the local picture and how do we compare?

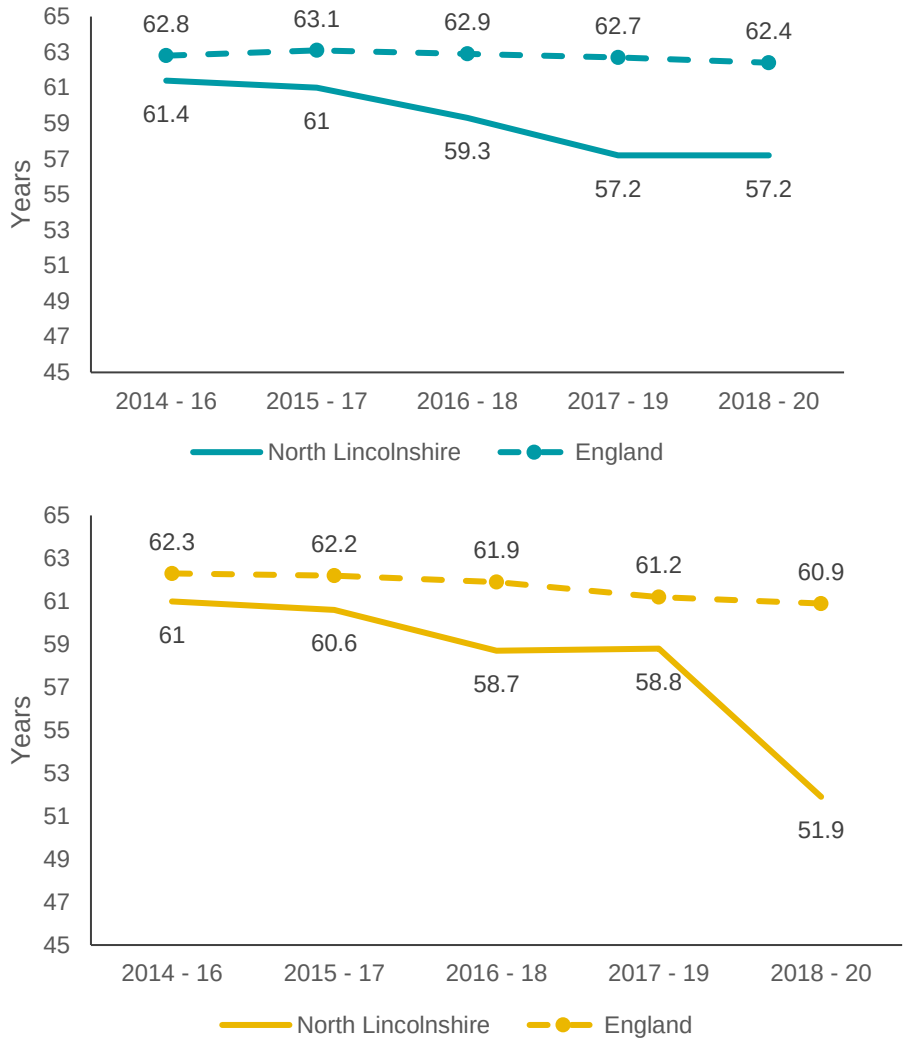
Disability free life expectancy is based upon a self-rated assessment of how health conditions and illnesses limit an individual's ability to carry out day to day activities.[21]

The age to which a person could expect to live disability free has declined for both males and females in North Lincolnshire in recent years.

The disability free life expectancy for males has declined from 61.4 years in 2014-16 to 57.2 in 2018-20. In England disability free life expectancy has changed to a lesser degree, from 62.8 years in 2014-16, to 62.4 years in 2018-20.

For females, disability free life expectancy has declined both in England overall, and locally. Although locally the decline was especially large in the most recent 3-year period, 2018-20. Disability free life expectancy in females has fallen from 61 years in 2014-16 to 51.9 in 2018-20 in North Lincolnshire.

Figure 9: **Disability Free Life expectancy in England and North Lincolnshire – Males (top) and Females (bottom)**



Healthy Life Expectancy

Life expectancy (LE) is an estimate of how many years a person might be expected to live, whereas **healthy life expectancy (HLE)** is an estimate of how many years they might live in a 'healthy' state. HLE is also a key summary measure of a population's health.

Increases in life expectancy do not automatically lead to a rise in years spent in good health and over the last 11 years the gap between LE and HLE has been getting wider particularly locally, with smaller increases nationally.

What's the local picture and how do we compare?

The most recent data for North Lincolnshire show a decline for both males and females in healthy life expectancy in the last 11 years. Whereas England has remained a similar level throughout the same period. Life expectancy has not seen the same level of changes, recent estimates show both males and females have slightly improved compared to 2009-11.
In 2009-11, HLE for males in England was 63 years and for women, 64 years. In North Lincolnshire the average male HLE in those years was 61.3, 17 years below male life expectancy at birth, and for females it was 61.6 years, more than 20 years below female life expectancy at birth. However, since this time the gap between life expectancy and healthy life expectancy has only widened. As life expectancy has slightly increased, healthy life expectancy has reduced, males in North Lincolnshire can now expect to live 20 years in poor health, with females even longer, at 26 years. Nationally, males will live 16.3 years in poor health, with women at 19.2 years.

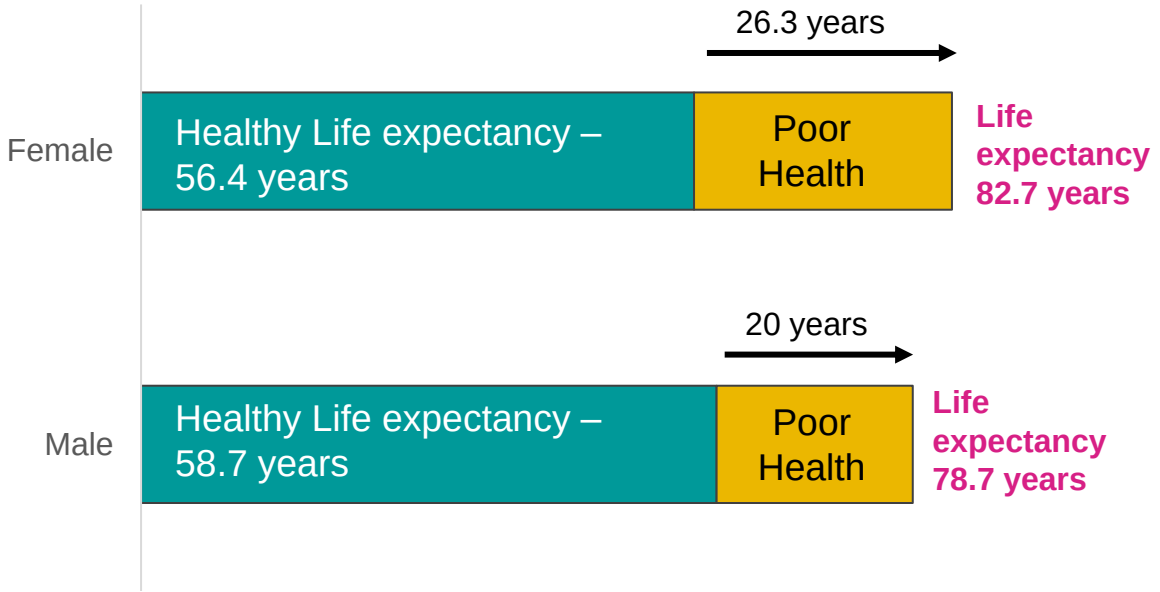
Why is this important?

North Lincolnshire has an older than average workforce, with 36% of people of working age aged 50 years of age and older, compared with 30.7% nationally. As people reach the later part of their working lives, poor health, disability and long term health conditions can affect a person's ability to sustain employment and affect living conditions prior to pension age. There may also be increased care needs.

There have been no improvements in healthy life expectancy (HLE) in the last 4 years for males and HLE in females has decreased. Male healthy life expectancy currently stands at 58.7 years, this has decreased from 62 years in 2013-15. This means that currently men can, on average expect 20 years of poor health towards the end of their lives.

Female healthy life expectancy currently stands at 56.4. In the space of 6 years, HLE has decreased by just over 8 years. As women can stand to see fewer years spent in good health, and a longer life expectancy, they can therefore, also expect to spend longer living in poor health, with just over 26 years, or 32% of their total life expectancy.

Figure 9: **Life expectancy and healthy life expectancy in North Lincolnshire**



Current figures suggest a female in North Lincolnshire could live over 30% of her life in poor health, and a male just over a quarter.

Improving Healthy Life Expectancy

Improving HLE remains a priority across government. There is a need to better understand what drives HLE to help inform policy. HLE is calculated using two factors: self-reported good health in the population and mortality rates.

However, self-reported health has a larger impact on HLE than mortality

- 2% improvement in mortality = 0.1 years HLE
- 2% improvement in self-reported good health = 1.3 years HLE

The Biggest drivers of self-reported poor health are chronic conditions and multimorbidity
MSK conditions have a high prevalence in the population (17.2%), analysis by OHID suggests those with MSK are 3 times more likely to report poor health than those that don't. Physical activity, smoking status, education and household income are also associated with self-reported poor health. The research literature also highlights the strong association between self-reported poor health and adverse health events, healthcare utilisation and all-cause mortality.[20]

Mortality rates:

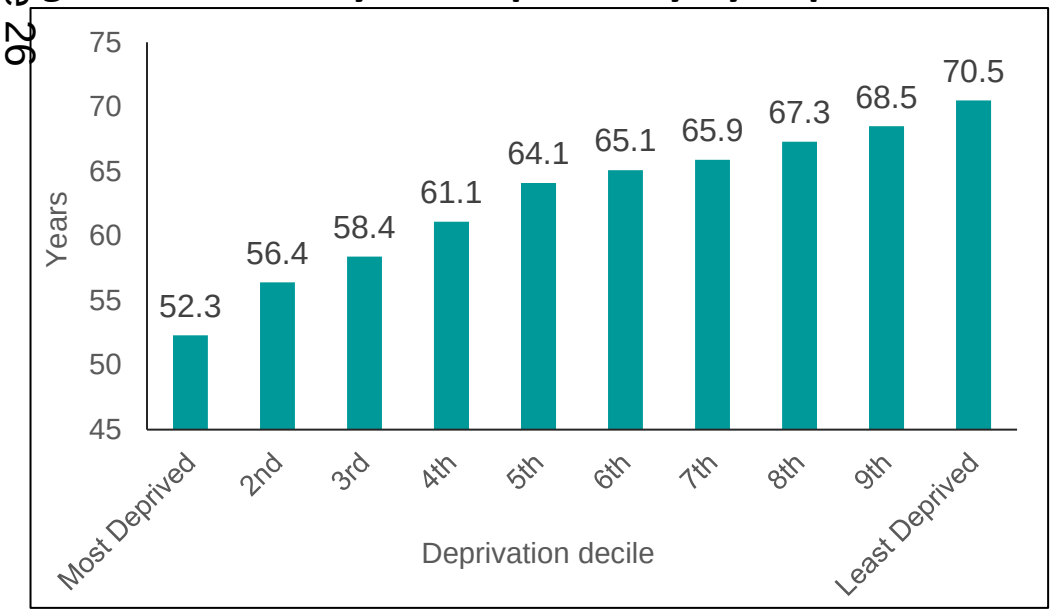
Deaths from cancer and cardiovascular disease make the largest contribution to years of life lost and therefore have the biggest impact on life expectancy
Tobacco is the risk factor making the largest contribution to years of life lost for both sexes followed by high body mass index (BMI), high cholesterol and high blood pressure [20]

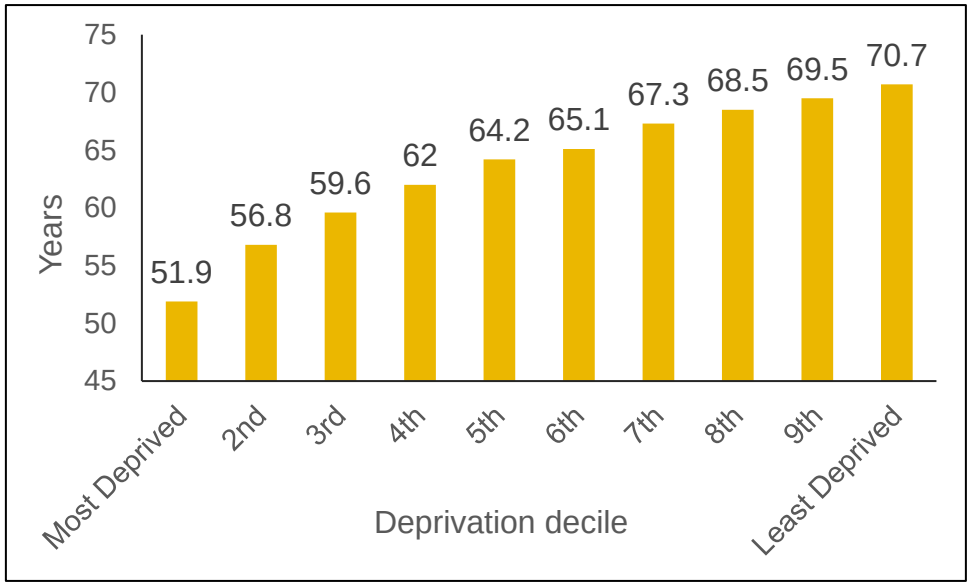
Inequalities - England

Nationally, the gap in healthy life expectancy between the most and least deprived areas is large. Both males and females living in the most deprived areas of England can expect to live just over 18 fewer years in good health compared to those living in the least deprived areas.

In addition, many people living within more deprived areas can expect to be in poor health for a much larger proportion of their life, over a third for the most deprived females, compared to just over a sixth for the least deprived females, and over a quarter for the most deprived males, compared to just under a sixth for the least deprived.

Figure 10: **Healthy Life expectancy by deprivation decile, England 2018-20 – males (left), females (right)**



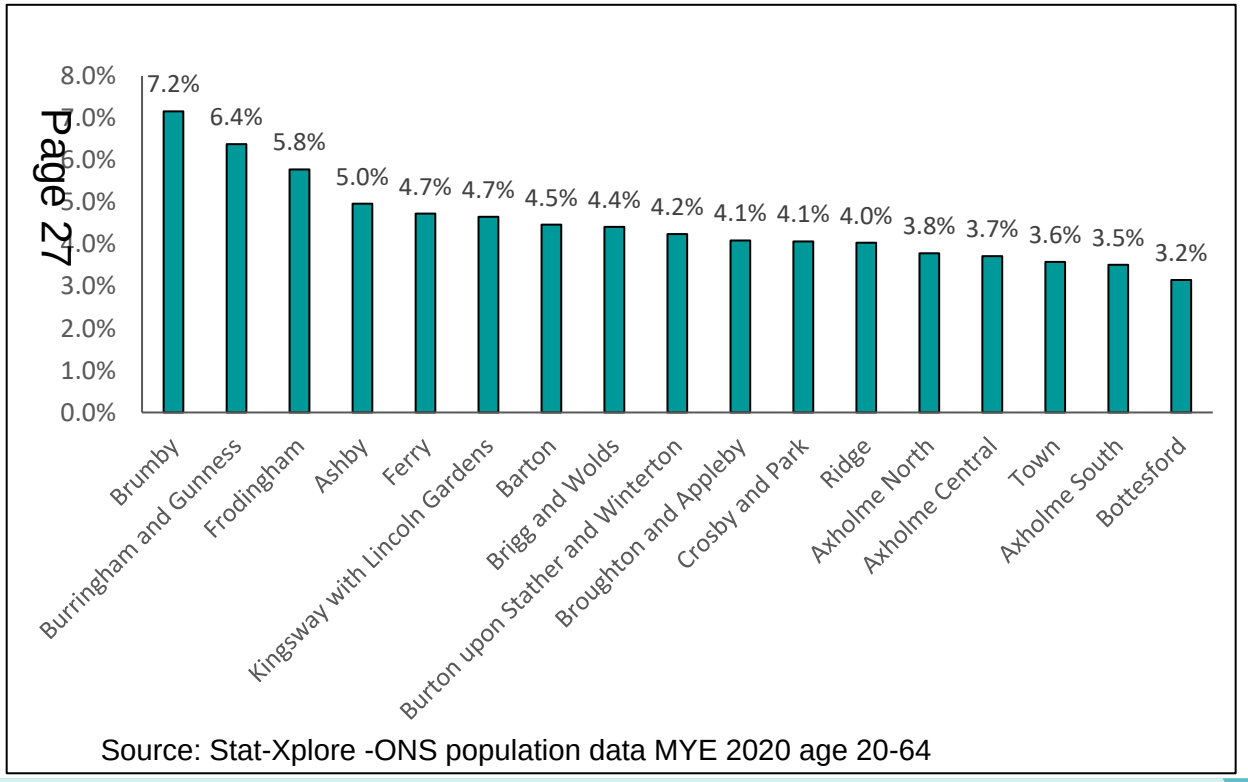


Where is the concern?

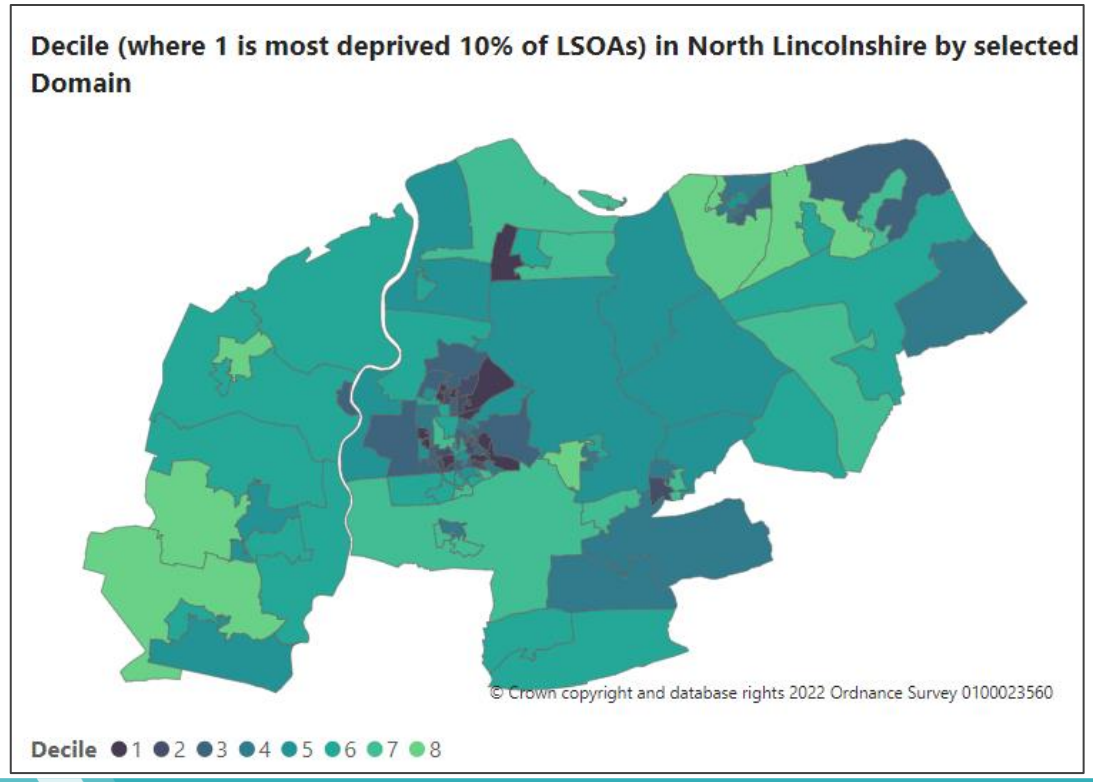
The concentration of poorer health in our most deprived areas is reflected in the distribution of incapacity benefit amongst working age adults in North Lincolnshire. There are a few outliers to the above suggestion, with Town having 3.5% of working age adults claiming incapacity benefit, the 3rd lowest in North Lincolnshire. Mapping of the health and disability domain as in figure 12, show pockets of higher health deprivation in Scunthorpe and Winterton, followed by the west side of Brigg.

Figure 11: **Incapacity benefit/ESA by ward, (%) November 2020**

Figure 12: Map of health and disability domain from indices of deprivation 2019



Source: Stat-Xplore -ONS population data MYE 2020 age 20-64



Who is at risk?

Life expectancy is affected by many factors, for example: behavioural risks to health such as smoking, inactivity and a poor diet; access to and use of good quality health care at the right time; and more broadly the wider socio-economic determinants such as income, education, housing and employment. Many of the factors contributing to inequality in life expectancy are preventable.[3]

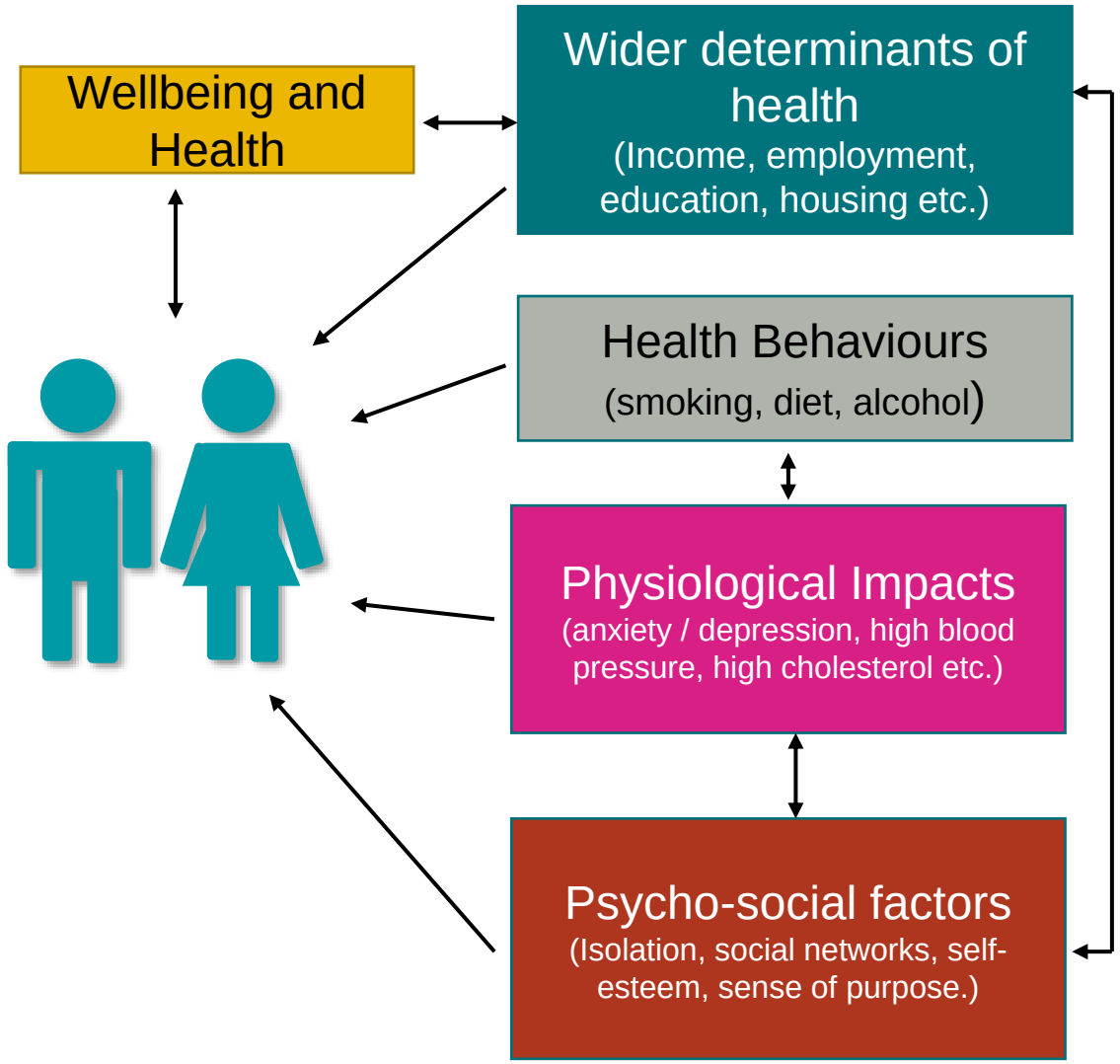
Inequalities can also exist through specific characteristics such as sex, ethnicity, disability and social exclusion. These inequalities were made very clear in the recent COVID-19 pandemic where mortality rates were often highest in groups which already experienced poorer overall outcomes.[4]

Both life expectancy and healthy life expectancy are closely related to overall levels of deprivation.

In 2018, Public Health England (now Office for Health improvement and Disparities) stated that almost one third of the inequalities were caused by higher mortality rates from heart and respiratory disease and lung cancer in more deprived areas. Potentially preventable conditions, with smoking and obesity the main risk factors, both of which have higher prevalence among deprived areas[5].

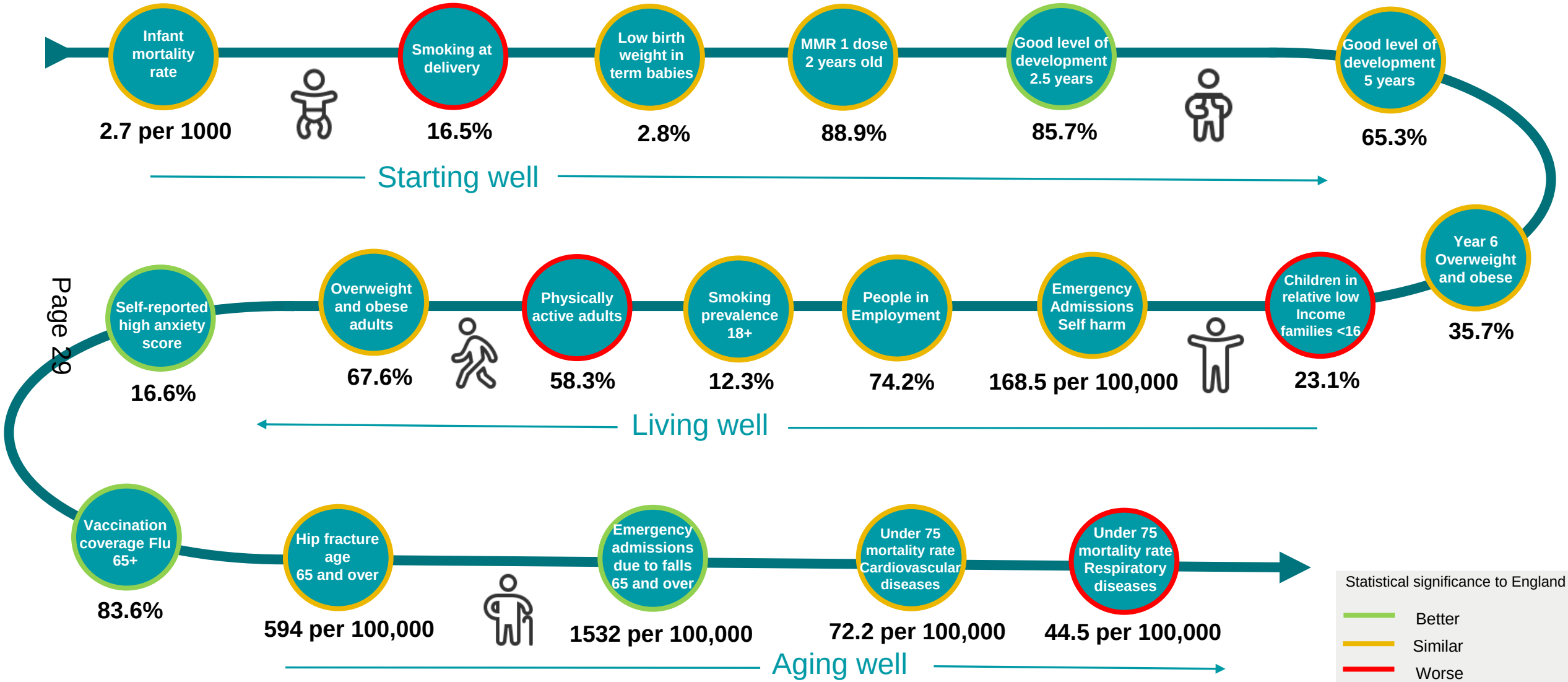
On the next page, some of the overall health outcomes contributing to the life course in North Lincolnshire are explored.

Adapted Labonte model showing the interplay of factors affecting health[6]



North Lincolnshire Life Course Health Statistics 2023 - (comparison to England 95% CI)

Icons from: Health icons



COVID-19

COVID-19 in the UK has affected the population unequally, both in geographic and socio-economic terms. A Public Health England report[9] published 2020 showed that people who live in the most deprived areas of England and Wales were around twice as likely to die after contracting COVID-19. These COVID-19 related inequalities follow a similar pattern to existing social and structural inequalities, which had driven inequal health outcomes within the population long before the pandemic.

Early rates of COVID-19 mortality was higher in males, Black and Asian ethnicities and ONS reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19.[10]

For deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned comorbidity with diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia than all cause death certificates.

Figure 13: **Change in life expectancy post pandemic by deprivation decile[8]**

Between 2019-2021 life expectancy fell by almost 2 years for males and by 1.4 years for females in the most deprived areas, this is compared to the least deprived areas where life expectancy fell by 0.7 years for both males and females.

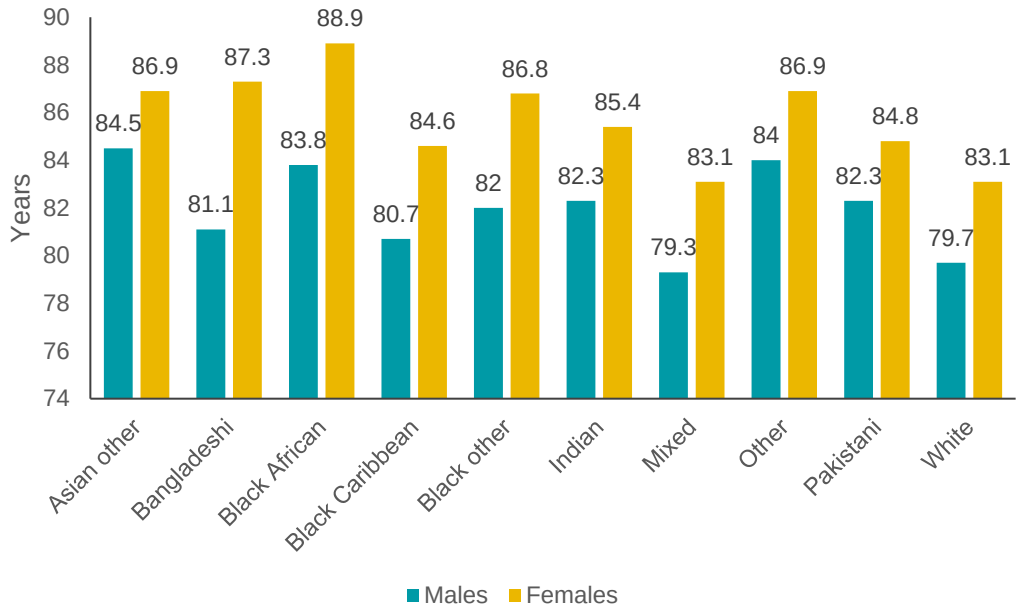
Other Inequalities

Life expectancy by ethnicity

ONS analysis[11] on linked census and death registration data produced the first estimates of life expectancy by ethnicity in England and Wales. In the period 2011-2014 both Males and Females in White and Mixed ethnic groups had lower life expectancy than other ethnic groups, the Black African group had statistically significantly higher life expectancy than most other groups. Higher age-standardised mortality rates from circulatory diseases were present among Indian, Bangladeshi and Mixed males and Pakistani, Indian and Mixed females compared with the White group.

The potential influences of migration, health related behaviours, socioeconomic factors and clinical factors require further investigation.

Figure 14: Life expectancy by Ethnicity in England – 2011-2014



Life expectancy for people with learning disabilities

2018-19 data from NHS digital showed life expectancy for males with a learning disability was 66 years, and for females 67 years. This is 14 and 17 years below the general population in those years.[13]

Patients with learning disabilities in England are less likely to receive screening for the three major cancer screening programmes, Breast, Cervical and Colorectal, particularly for cervical screening, all of which are important for early diagnosis of cancers.[14]

A 2019 parliamentary brief[12] highlighted that Gypsy /Travellers have particularly poor health outcomes, even when controlling for other factors, as well as a life expectancy around 10-12 years lower than the non-traveller population.

Among homeless people, the mean age at death* was 45.4 years for males and 43.2 years for females in 2021.[19]

*Mean age at death is not the same as life expectancy - Differences in mean age at death are likely a reflection of differences in the average age of different groups – however LE is not available for most groups.

The Marmot Review

The 2010 Marmot review identified multiple groups at greatest risk of preventable poor health and wellbeing. In order to tackle these inequalities, the Marmot review recommended that resources are allocated proportionately to those in greatest need, with the ambition of raising the health and wellbeing of the poorest and most vulnerable children and families, fastest. [15]

The 2020 Marmot follow up suggested 6 proposals for the implementation of action on health inequalities and their social determinants (Figure 2). Finishing by suggesting action is still needed in the original reports suggestions, funding should be allocated proportionately, with the most deprived receiving the most help and finally suggesting that the Government initiates a world leading health inequalities strategy, with clear and visible targets being set. [16]

Implementation of action on health inequalities and their social determinants

1) Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health
2) Ensure proportionate universal allocation of resources and implementation of policies
3) Early intervention to prevent health inequalities
4) Develop the social determinants of health workforce
5) Engage the public
6) Develop whole systems monitoring and strengthen accountabilities for health inequalities

Figure 2

Other policy and research on reducing health inequalities

The Covid-19 pandemic refocussed attention on health inequalities, after the stark differences that emerged in terms of outcomes at the start of the pandemic in the UK. Many strategic, research and policy documents followed in 2020/21/22 to analyse and address the reasons behind the differences.

After the NHS long term plan was published in 2019, the NHS set out actions to address inequalities within the system, highlighted by COVID-19.

- **Core20Plus5**[17] is an NHS approach to reduction in inequalities in healthcare. Core20 refers to the 20% most deprived as identified within the IMD, or Indices of Deprivation. (currently 2019).
- The 'Plus' Element identifies population groups which may be currently experiencing inequality – designed to be protected characteristic groups, or Inclusion health groups, such as Gypsy / Travellers, homeless people, sex workers, people with experience of the criminal justice system and other excluded groups.
- The '5' refers to 5 areas of focus which require accelerated improvement. – Maternity, Severe mental illness (SMI), Chronic respiratory disease, Early cancer diagnosis and Hypertension case finding and management.

The Government is set to publish a 'Major Conditions strategy', bringing together evidence to tackle the major contributors to the burden of disease, Cancers, Chronic Respiratory diseases, Dementia, Mental Ill health and Musculoskeletal disorders, to narrow the gap in healthy life expectancy by 2030.[18]

References

1) National life tables – life expectancy in the UK - Office for National Statistics (ons.gov.uk)
2) Life Expectancy segment tool, PHE, 2023
3) Health inequalities: our position | The King's Fund (kingsfund.org.uk)
4) Unequal pandemic, fairer recovery - The Health Foundation
5) Chapter 5: inequalities in health - GOV.UK (www.gov.uk)
6) Addressing health inequalities through collaborative action: briefing note (publishing.service.gov.uk)
7) Public Health Outcomes Framework
8) CHIME - COVID-19 Health Inequalities (phe.gov.uk)
9) Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)
10) Office for National Statistics (ONS). Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered up to and including 20 April 2020
11) Ethnic differences in life expectancy and mortality from selected causes in England and Wales - Office for National Statistics (ons.gov.uk)
12) Tackling inequalities faced by Gypsy, Roma and Traveller communities - Women and Equalities Committee - House of Commons (parliament.uk)
13) Condition Prevalence - NDRS (digital.nhs.uk)
14) Cancer Screening - NDRS (digital.nhs.uk)
15) Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK (www.gov.uk)
16) Health Equity in England: The Marmot Review 10 Years On - The Health Foundation
17) NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
18) Debate: Major Conditions and Diseases - 24th Jan 2023 (parallelparliament.co.uk)
19) Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk)
20) Understanding the drivers of healthy life expectancy: report - GOV.UK (www.gov.uk)
21) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/methodologies/healthstatelifeexpectanciesukqmi

Ward boundaries used in this product were updated late 2022. Data relating to the new boundaries will be used in the update to this product.

Report of the: Director of Public Health

Agenda Item 8b
Meeting 15 January 2024

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

LUNG CANCER JSNA INSIGHT PACK

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objective of this report is to:

- Inform Health and Wellbeing Board (HWB) members that a joint strategic needs assessment (JSNA) insights pack on lung cancer has been published
- To identify key issues relating to lung cancer.
- To seek board members' views on how the insights pack can be used to improve outcomes.

2.0 BACKGROUND INFORMATION

2.1 The purpose of the JSNA insights pack is to provide an evidence base to help understand the epidemiology surrounding lung cancer in respect of:

- The prevalence of lung cancer.
- The biggest causes or risk factors associated with lung cancer.
- Which groups of people are more likely to be affected by lung cancer.
- What the impact of lung cancer is on people's health.

2.2 The JSNA insights pack is published on the council's website and has already been discussed at various fora, including North Lincolnshire's Population Health and Prevention Partnership.

3.0 KEY FINDINGS FROM THE INSIGHTS PACK

The key findings from the insights pack are presented below:

3.1 Lung cancer prevalence

- Over the last 20 years newly diagnosed cases of lung cancer have fallen in males but increased in females.
- North Lincolnshire had the 9th (out of 15) highest number of Lung Cancer registrations in the Yorkshire and Humber Region.

- Since 2011/13, lung cancer registrations in North Lincolnshire have consistently remained statistically significantly higher than the England average.

3.2 Lung cancer prevention

- The stage of a cancer at time of diagnosis is an important factor that affects eventual outcomes. Earlier cancer diagnosis, particularly within stages 1 or 2, before cancer spreads, is generally associated with better prognosis.
- Within Sub ICB group 03K (North Lincolnshire) in 2020*, 77% of new lung cancer registrations were in stages 3 or 4 (*where stage is known).
- Between 2020/21-2022/23, of all first emergency admissions primarily for cancer, lung cancer was the second most common, with 18% of such admissions.
- Since 2005/07, the mortality rate for lung cancer in North Lincolnshire over a 3-year range has remained statistically significantly higher than the England average.
- In England, lung cancer survival rates at 1 year, 5 years and 10 years have all increased year on year.

3.3 Inequalities associated with lung cancer

- The incidents of lung cancer is generally higher in deprived areas. For example the incident ratio of lung cancer is 230 in Frodingham (higher deprivation) compared with 73 in Axholme Central (lower deprivation).
- Across England, the lung cancer mortality rate in the most deprived decile is more than double the rate in the least deprived.

3.4 Risk Factors associated with lung cancer

- Smoking is the biggest risk factor for lung cancer, with 90% of people who get lung cancer being smokers or ex-smokers and 72% of lung cancer cases in the UK being caused by smoking. For people who quit smoking, their risk of lung cancer decreases over time.
- Whilst smoking is the main risk factor, other risks and causes include occupational risks from asbestos, silica and diesel exhaust fumes, air pollution, prior lung disease such as COPD, exposure to radon gas and a family history of lung cancer
- Since 2013-15, smoking attributable deaths from cancer have fallen year on year, in both North Lincolnshire and England. However, rates in North Lincolnshire have consistently remained statistically significantly higher than the England Average.
- Since 2018, rates of adults smokers have shown a year on year decline, and in 2021 North Lincolnshire's rate was 12.3%, which was statistically similar to the England average.

3.5 Interventions to prevent lung cancer

Lung cancer prevention is mainly aimed at helping people quit smoking and includes interventions such as:

- Smoking cessation programmes
- Health checks
- NHS Targeted Lung Health Checks are currently being introduced through a phased approach across the Humber and North Yorkshire
- Making every contact count initiative
- Support for pregnant women smokers
- Coordinated approach through the Tobacco Alliance
- Air quality monitoring

4.0 OPTIONS FOR CONSIDERATION

4.1 **Option 1:** To note the content of the JSNA Insight Pack and to seek board members' views on how the evidence can be used to improve health outcomes.

5.0 ANALYSIS OF OPTION

5.1 Collating all the relevant information and knowledge together into the insights pack helps provide consistent information which agencies can used to develop a evidence based approaches to reducing lung cancer.

5.2 To increase the reach and impact of the document, board members' views on how the insights pack can be used to improve outcomes for our residents would be welcomed.

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

6.1 None

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

7.1 None

8.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

8.1 Not relevant for this report.

9 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

9.1 North Lincolnshire Health and Care Partnership was consulted on the JSNA insights pack.

10 RECOMMENDATIONS

10 That the HWB approve option1

DIRECTOR OF PUBLIC HEALTH

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Date: 3 January 2024

Lung Cancer Insight Pack

North Lincolnshire JSNA

North Lincolnshire Public Health Intelligence Team

Version 1.5

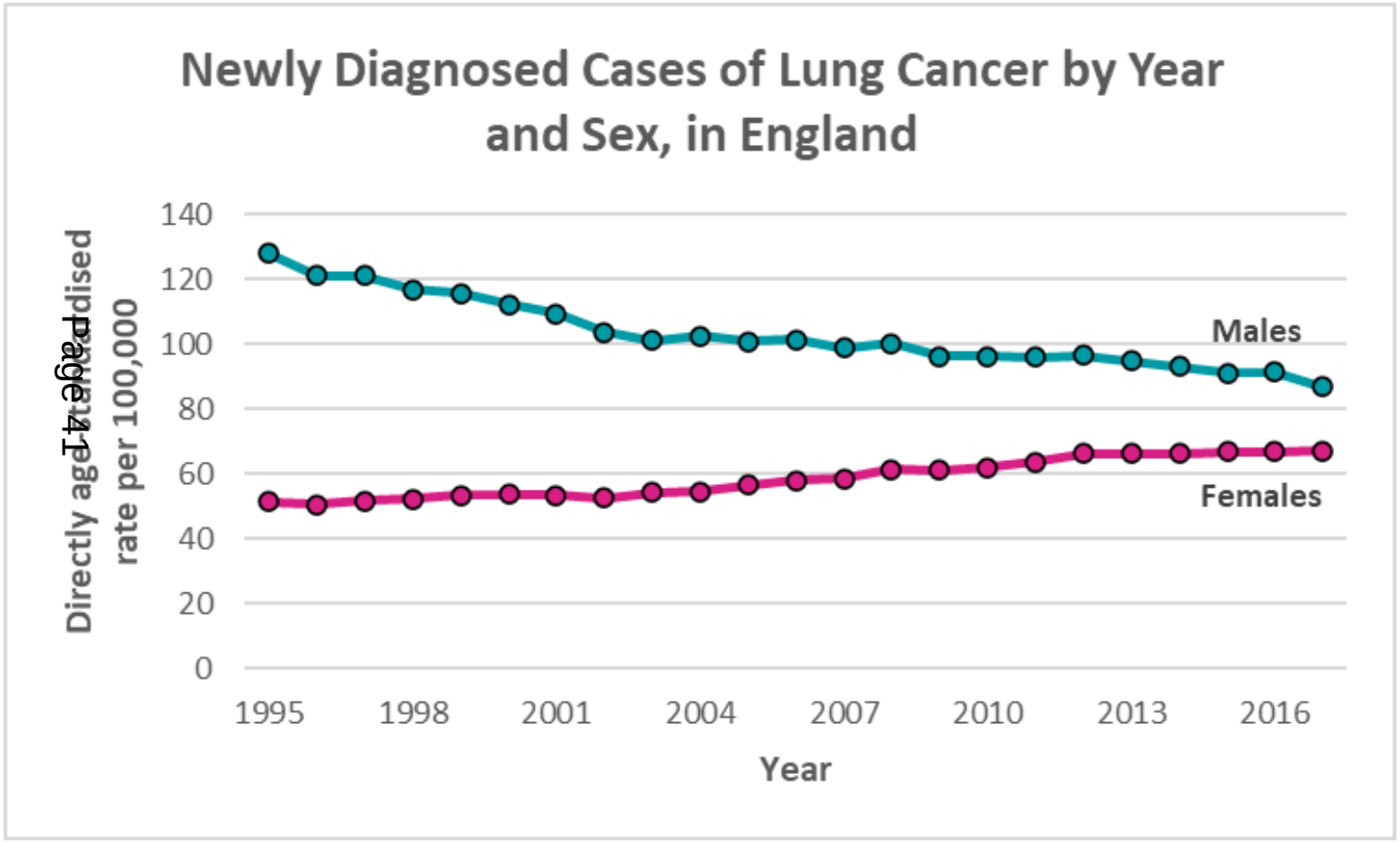
North Lincolnshire Council

www.northlincs.gov.uk

Lung Cancer

- Lung cancer is the third most common type of cancer in England and is common in both males and females[1] Whilst lung cancer can affect people of any age, it most frequently occurs in people aged over 40, and 44% of cases arise in people aged 75 and over.[2]
- In the early stages of lung cancer, signs or symptoms are not usually present, making it hard to detect, but as the disease progresses symptoms become more prevalent and can include a persistent cough, coughing up blood, persistent breathlessness, unexplained tiredness, unexplained weight loss and an ache or pain when breathing or coughing.[2]
- The treatment offered to lung cancer patients will depend upon the stage and type of lung cancer, as well as other health factors, but common treatments include surgery, chemotherapy, radiotherapy, immunotherapy and targeted therapy drugs.[3]
- Smoking is the biggest risk factor for lung cancer, with 90% of people who get lung cancer being smokers or ex-smokers and 72% of lung cancer cases in the UK being caused by smoking. For people who quit smoking, their risk of lung cancer decreases over time.[4] Whilst smoking is the main risk factor, other risks and causes include occupational risks from asbestos, silica and diesel exhaust fumes, air pollution, prior lung disease such as COPD, exposure to radon gas and a family history of lung cancer.[5]

Newly Diagnosed Cases, of Lung Cancer, by Year and Sex in England



- Over the last 20 years newly diagnosed cases of lung cancer have **fallen in males but increased in females**.
- In **2017**, the rate for newly diagnosed cases in **males remained higher** than for females, although the gap appears to be beginning to close.
- In **2017**, the rate for **males** was **86.9 per 100,000**. A fall of 41 per 100,000 since 1995.
- In **2017**, the rate for **females** was **67 per 100,000**. An increase of 15.6 per 100,000 since 1995.

Lung cancer registrations here represented by malignant neoplasm of trachea, bronchus and lung

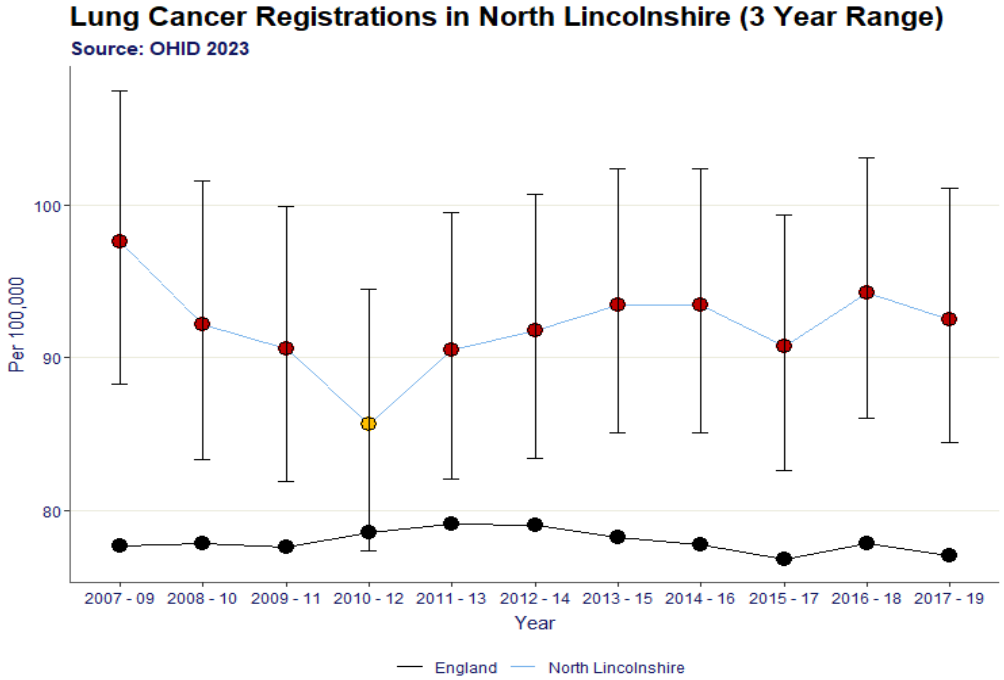
6 - ONS 2019

North Lincolnshire Lung Cancer Registrations per 100,000 (3 Year Range)

Lung Cancer Registrations in the Yorkshire and Humber Region (2017-2019)

Area	Recent Trend	Count	Value
England	–	119,263	77.1
Yorkshire and the Humber region	–	14,008	90.9
Kingston upon Hull	–	802	132.3
Leeds	–	2,103	112.5
Wakefield	–	1,026	103.0
Doncaster	–	914	102.8
North East Lincolnshire	–	495	101.8
Rotherham	–	792	101.5
Barnsley	–	710	99.8
Sheffield	–	1,414	98.1
North Lincolnshire	–	503	92.5
Calderdale	–	518	88.8
Kirklees	–	994	85.3
Bradford	–	1,038	84.1
North Yorkshire	–	1,473	66.6
East Riding of Yorkshire	–	858	66.4
York	–	368	63.7

Source: National Cancer Registration and Analysis Service retrieved from the Cancer Analysis System (CAS), NHS Digital

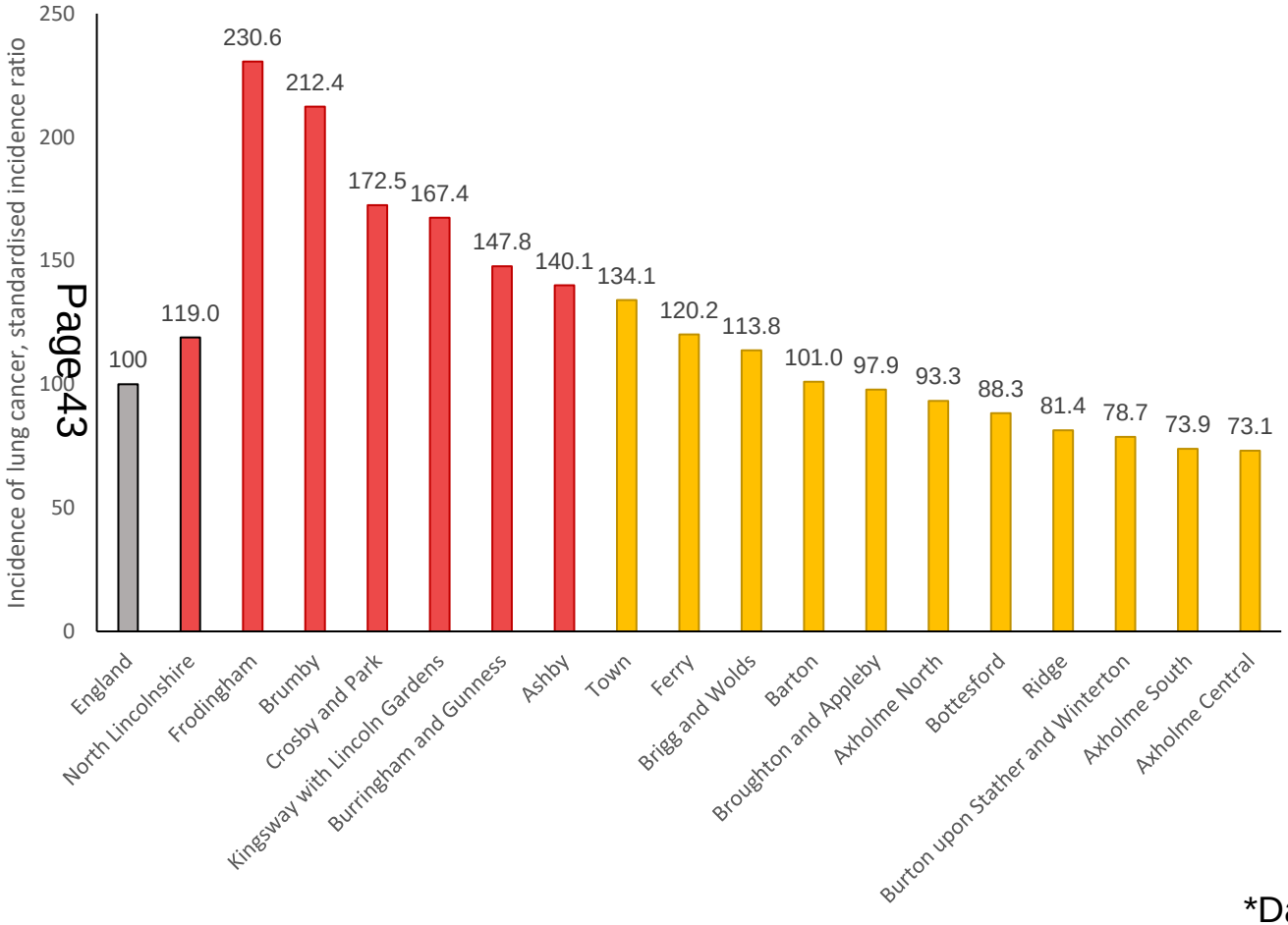


- North Lincolnshire had the **9th highest** number of Lung Cancer registrations in the Yorkshire and Humber Region, in the three-year combined period **2017 to 2019,** with **92.5 registrations per 100,000**.
- This was higher than both the **England average of 77.1** per 100,000 and the Yorkshire and Humber **region average of 90.9** per 100,000.
- Since the three-year period, 2011-13, lung cancer registration in North Lincolnshire have consistently remained statistically significantly higher than the England average.

7- OHID 2023

Ward Level Lung Cancer Incidence

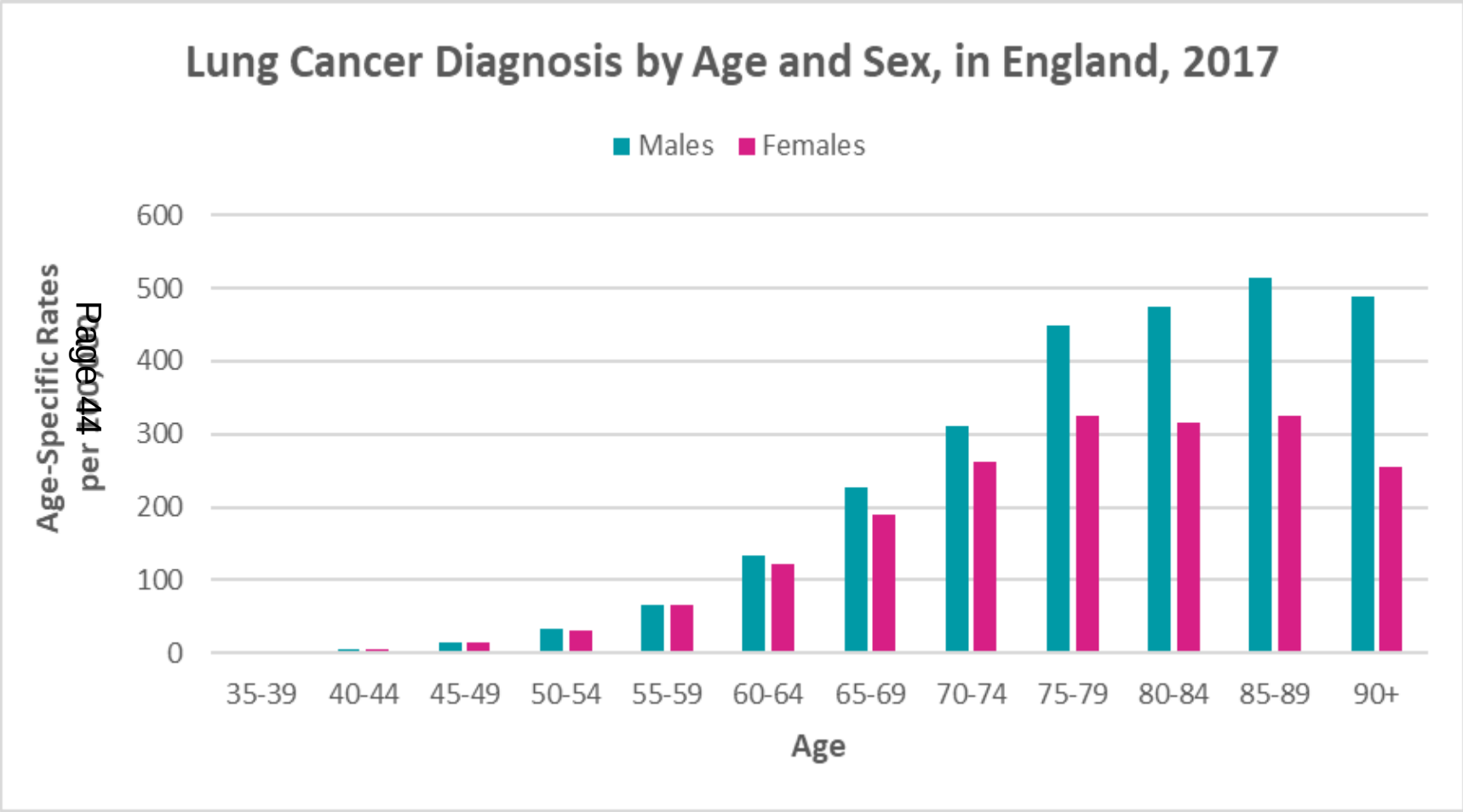
Incidence of lung cancer, standardised incidence ratio (2015-2019) LA and Ward*



- The incidence of lung cancer between 2015 and 2019 was significantly worse in North Lincolnshire than in England as a whole.
- Frodingham and Brumby wards had an incidence ratio over twice that of England in the same period. In all, 6 North Lincolnshire wards had an incidence ratio significantly worse than England.
- 7 North Lincolnshire wards had an incidence ratio below that of England, however none of these were considered statistically different.

*Data only available currently for pre-2023 wards – 8 - OHID Fingertips

Lung Cancer Newly Diagnosed by Age and Sex, in England, 2017

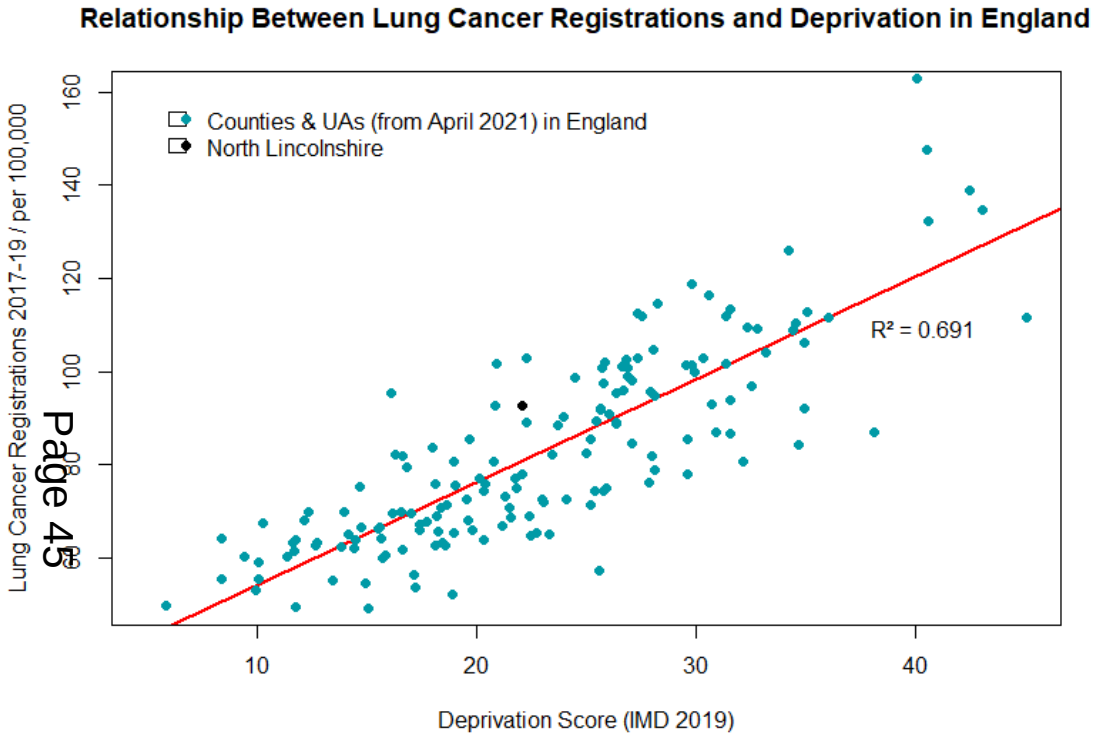


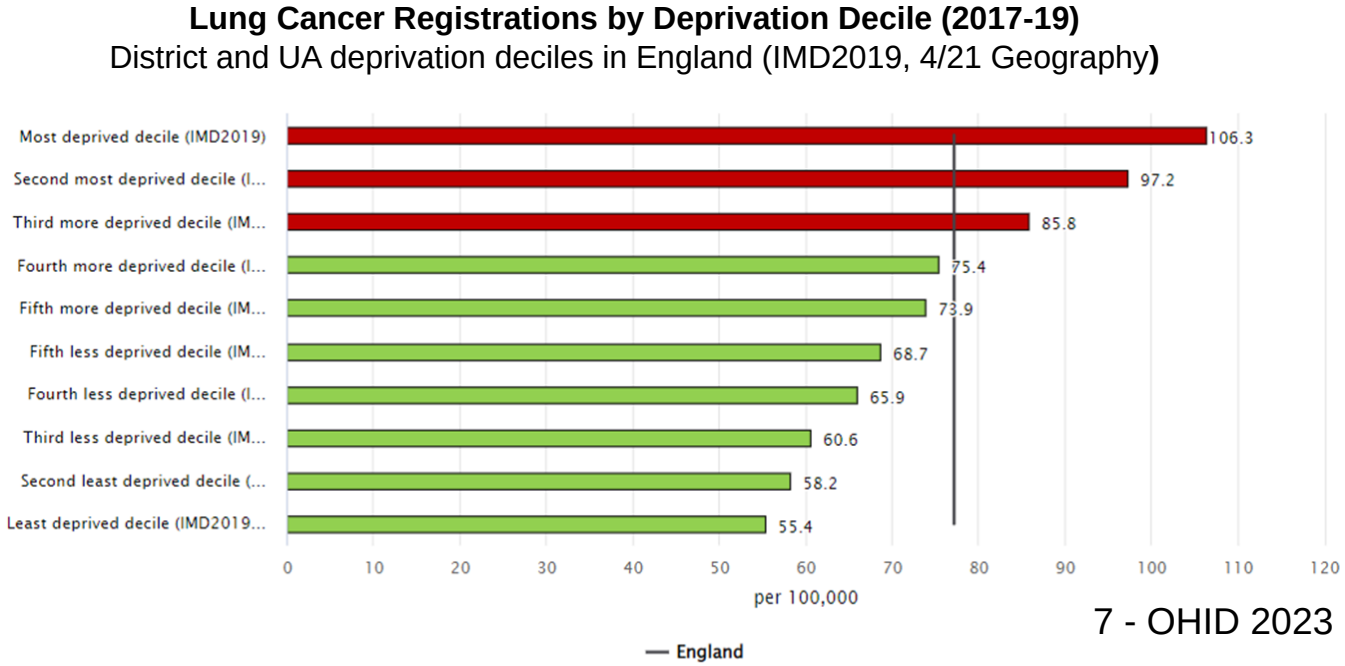
- In **2017**, the rate for newly diagnosed lung cancer **increased with increasing age**, with the highest rates for both males and females seen in the **85-89** age group.
- **513.9** per 100,000 **males** and **326.1** per 100,000 **females**, aged 85-89 were diagnosed in 2017.

Lung cancer registrations here represented by malignant neoplasm of trachea, bronchus and lung
Rates for ages under 35 have been suppressed due to low numbers.

6- ONS 2019

Lung Cancer Registrations and Deprivation in England (2017-19)





7 - OHID 2023

- There is a **strong positive correlation** between lung cancer registrations and deprivation, with **more deprived** areas having **increased rates of lung cancer** registrations, compared to less deprived areas which had less.
- In England, there were **106.3 registrations per 100,000** in the **most deprived** decile, compared to just **55.4 per 100,000** in the **least deprived** decile, in the three year period 2017-19.
- This is just over half the rate of the most deprived areas.

Lung Cancer Registrations by Stage

- The stage of a cancer at time of diagnosis is an important factor that affects eventual outcomes. Earlier cancer diagnosis, particularly within stages 1 or 2, before cancer spreads, is generally associated with better prognosis.
- Overall, 52.3% of cancers in England were diagnosed at stages 1 or 2 in 2020*

Cancer Stages[10]
stage 1 – the cancer is small and hasn't spread anywhere else
stage 2 – the cancer has grown, but hasn't spread
stage 3 – the cancer is larger and may have spread to the surrounding tissues and/or the lymph nodes (or "glands", part of the immune system)
stage 4 – the cancer has spread from where it started to at least 1 other body organ, also known as "secondary" or "metastatic" cancer

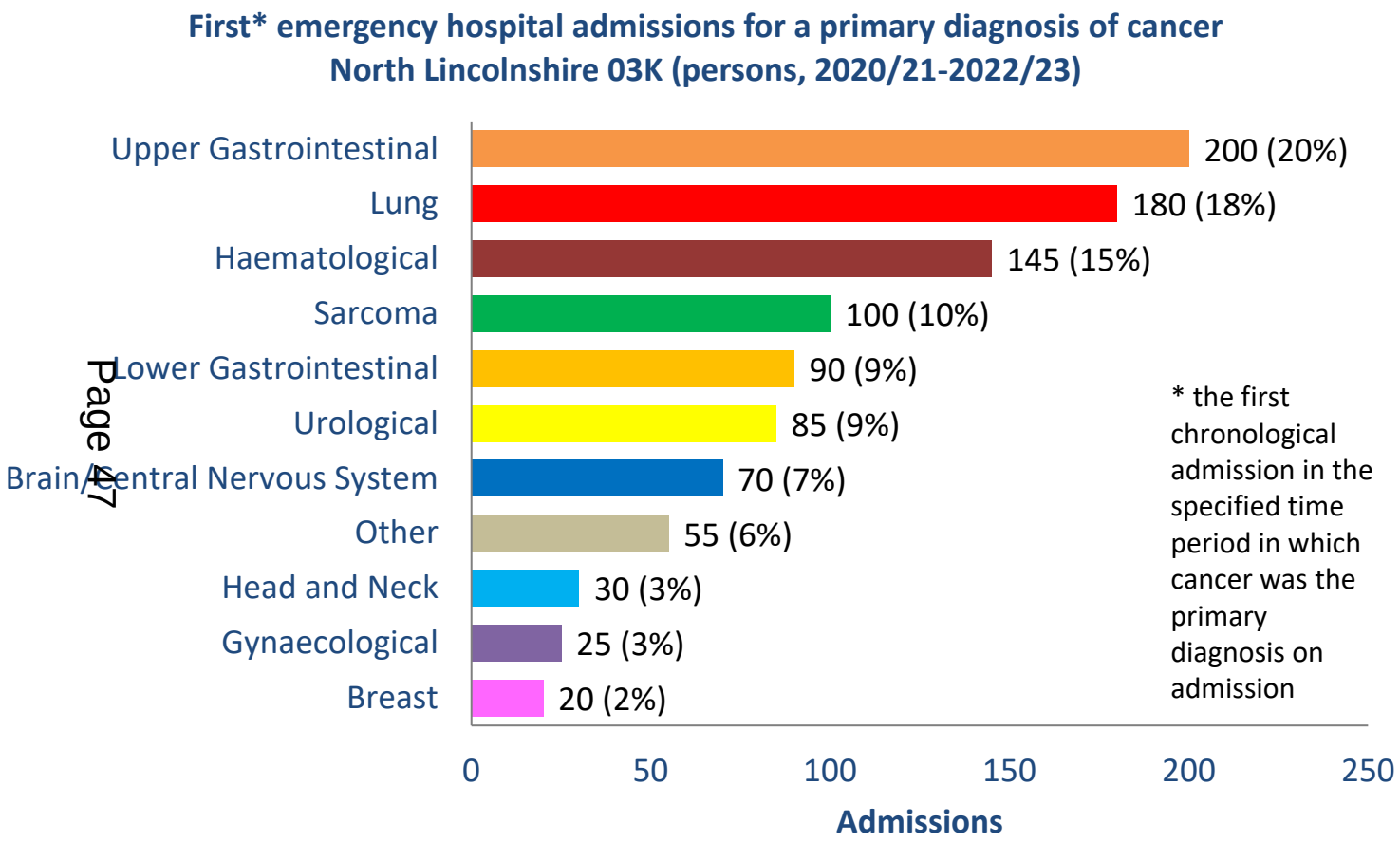
- For lung cancer specifically, fewer cancers are diagnosed at stages 1 and 2, 33% of females and 27% of Males newly registered with lung cancer in England in 2020** were registered as being in stages 1 or 2.
- Overall, for England, in 2020** 71% of new lung cancer registrations were stages 3 or 4. [11]

- **Within Sub ICB group 03K (North Lincolnshire) in 2020**, 77% of new lung cancer registrations were in stages 3 or 4.**

** where stage was known

* New cases of cancer diagnosed at stages 1 and 2 as a percentage of all new cases of cancer diagnosed at any known stage (1, 2, 3, and 4) for the following cancer sites: invasive malignancies of lung, oesophagus, colon, rectum, pancreas, invasive melanomas of the skin, breast, uterus, ovary, prostate, testis, kidney, bladder, Hodgkin Lymphoma, larynx, oropharynx, oral cavity, and non-Hodgkin lymphoma.

Lung Cancer hospital presentations



Between 2020/21-2022/23, of all first emergency admissions primarily for cancer, lung cancer was the second most common, with 18% of such admissions.

Between 2020/21 and 2022/23, around 60 people are admitted in an emergency with a first diagnosis of lung cancer per year, with about 56% being men.

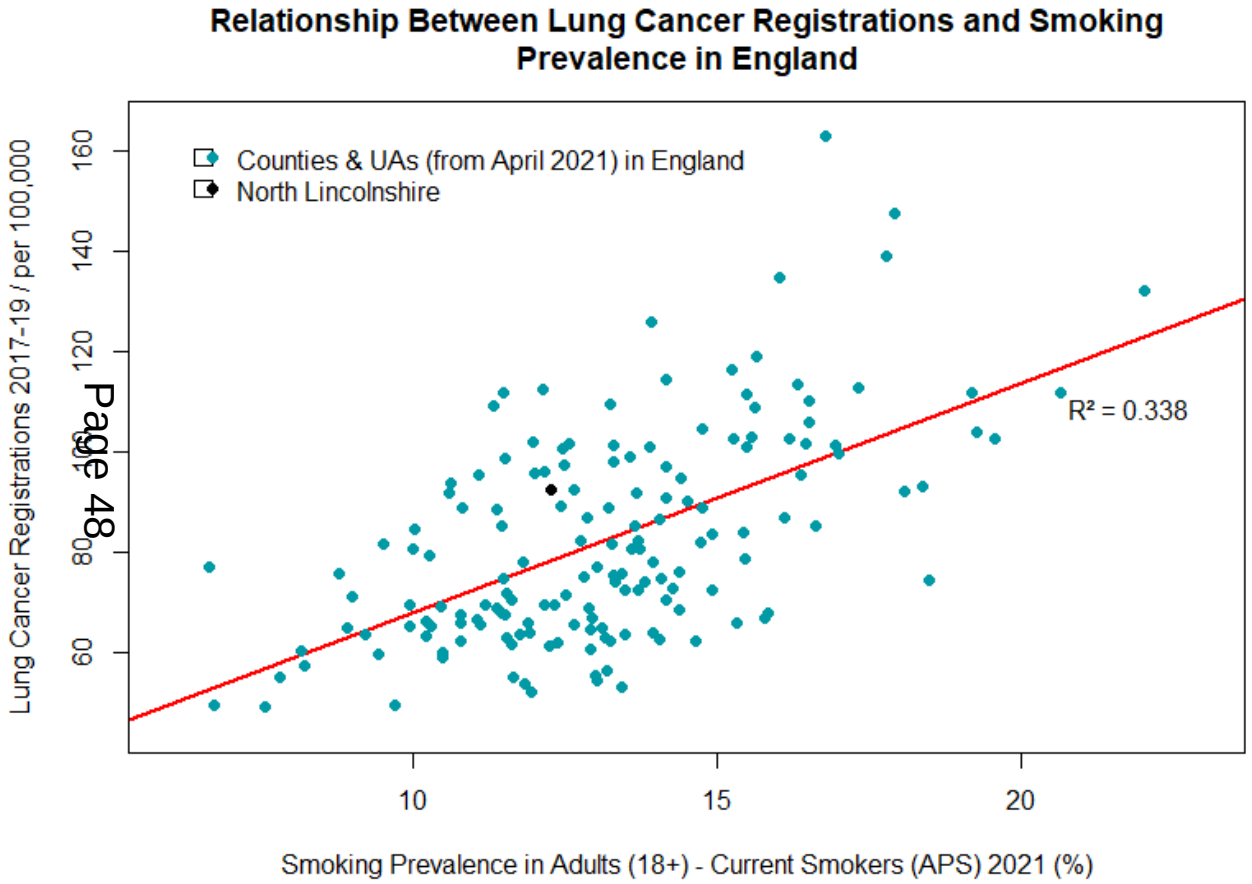
Emergency admissions constituted 37.1% of all the first admissions for lung cancer (including planned visits to hospital) between 2020/21 and 2022/23.

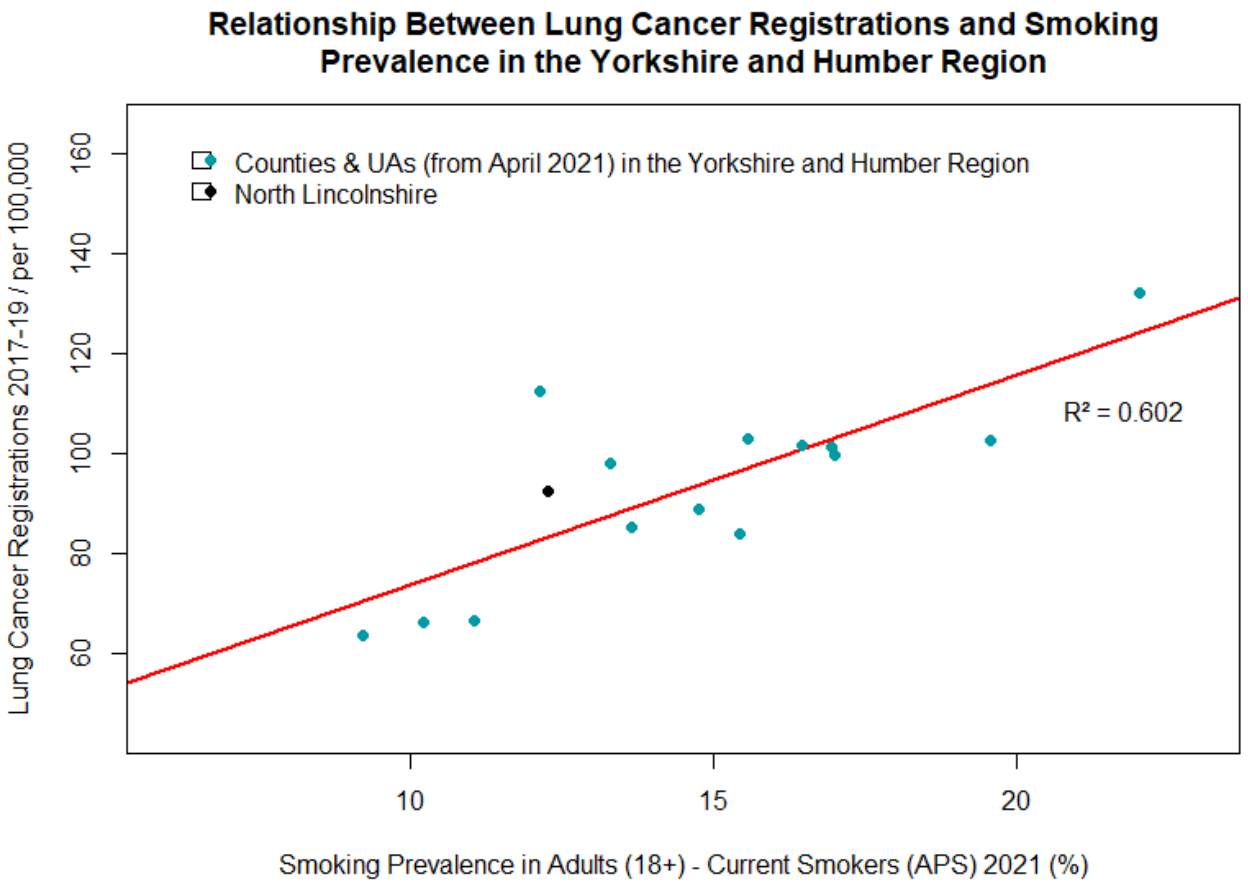
Emergency presentation is an important predictor of cancer outcomes, patients with diagnosed with cancer who present for the first time via emergency admission can have poorer prognosis.**

Source: HES / NHS Digital

**This metric estimates the proportion of emergency presentations using first admissions to hospital via emergency route as a proxy for emergency diagnosis. See references – emergency presentations for cancer for description [12]

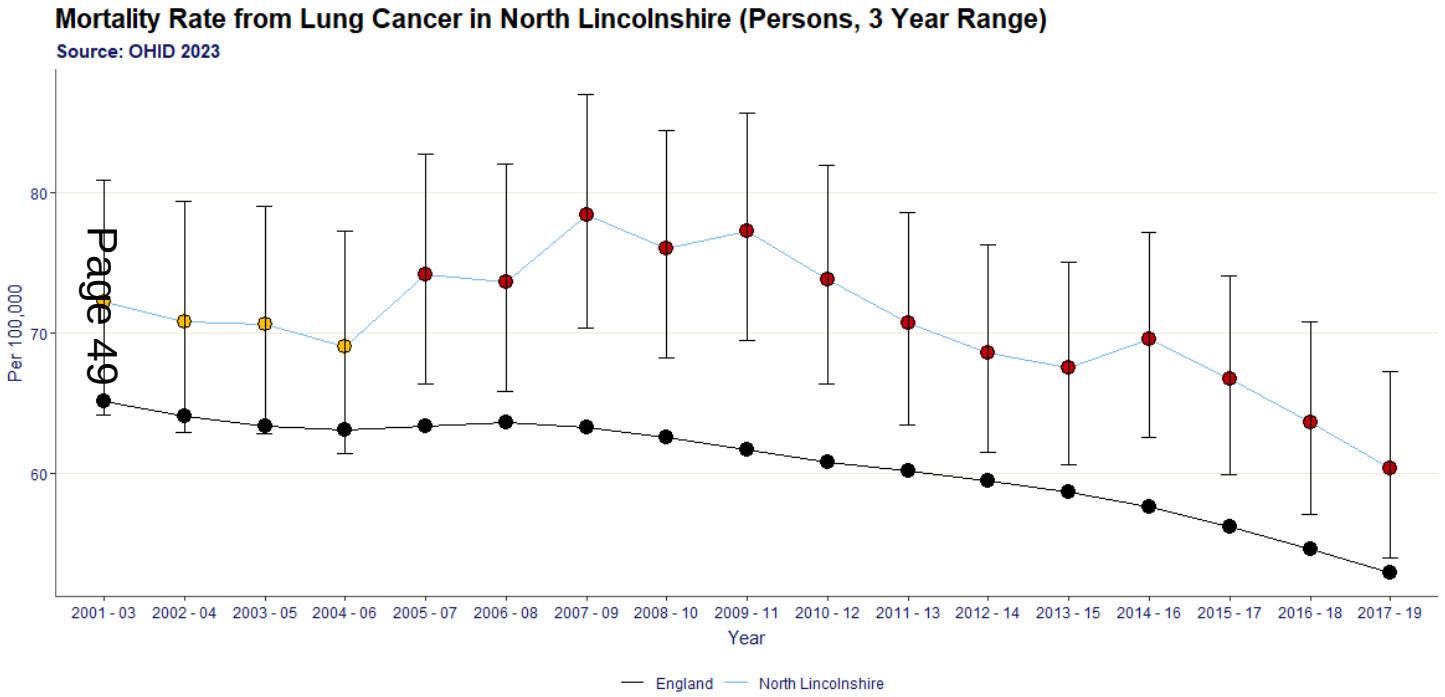
Lung Cancer Registrations and Smoking





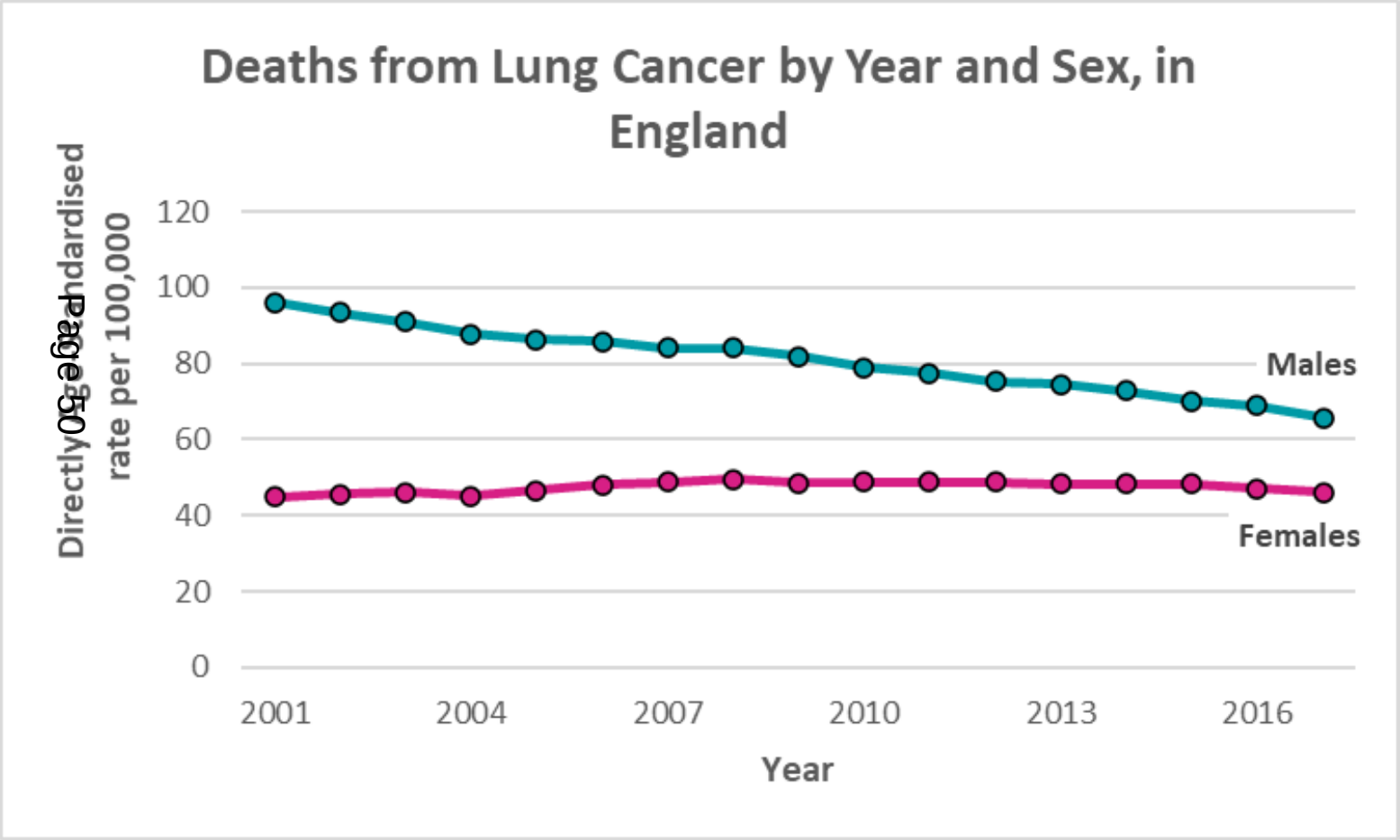
- There is a positive correlation between lung cancer registrations and smoking, with **higher rates of smoking** directly associated with **increased rates of lung cancer** registrations. [7]

Mortality Rate from Lung Cancer (Persons, 3 Year Range)



- **Since 2005-07**, the mortality rate for lung cancer in North Lincolnshire over a 3 year range has remained **statistically significantly higher** than the England Average.
- In the 3 year range **2017-19**, the mortality rate in **North Lincolnshire** was **60.4** per 100,000.
- The **England** average for the same time period was **53** per 100,000.
- Since 2009-11, the mortality rate for North Lincolnshire has seen a steady decline, with the exception of a small rise in 2014-16 before the rate continued to fall the following year.

Deaths from Lung Cancer, by Year and Sex in England

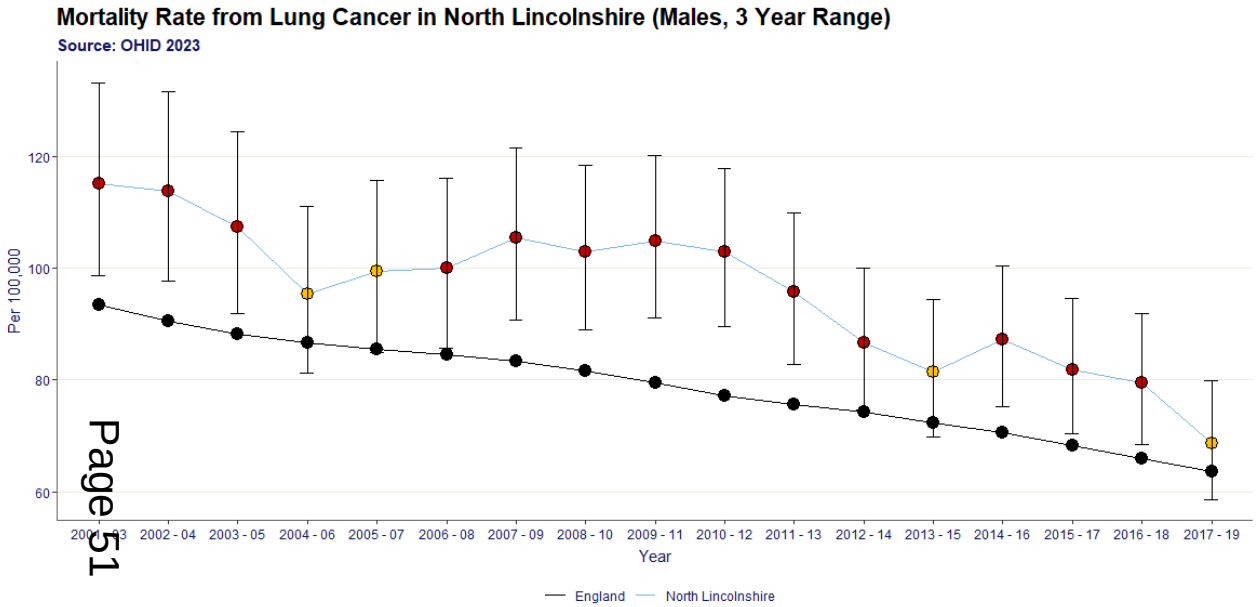


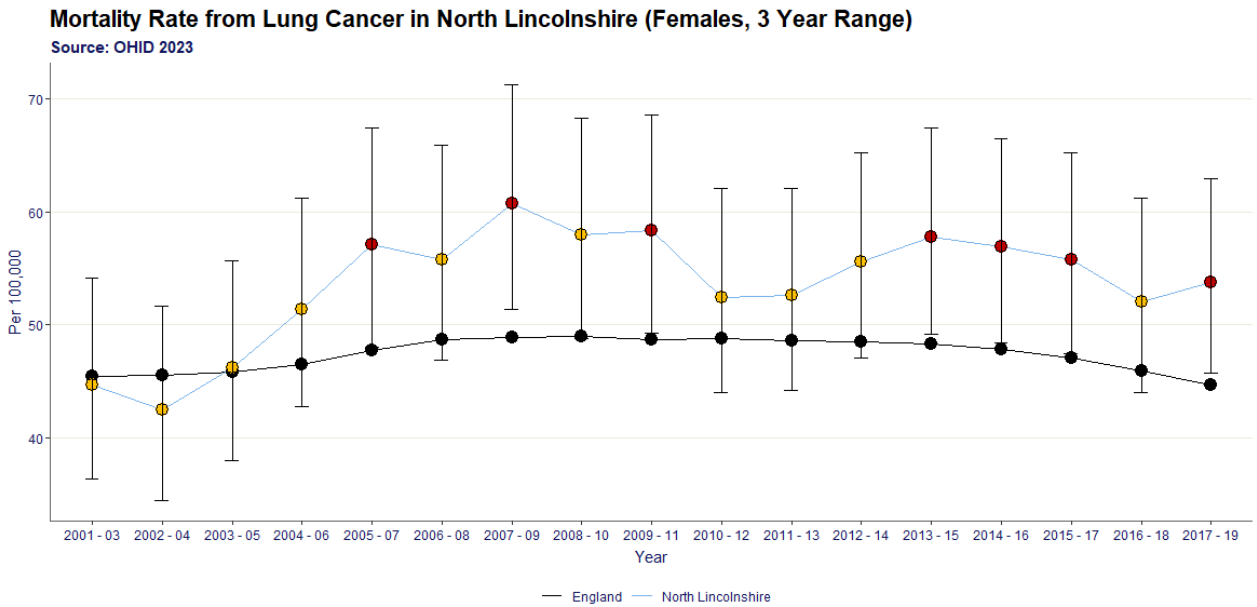
- Since 2001, lung cancer deaths in **males** have fallen by 30.4 per 100,000 to **65.8 per 100,000** in 2017.
- The rate for **female** deaths from lung cancer showed an initial increase between 2001 and 2008 before remaining constant and then beginning to show a **slight decline since 2014**.
- In **2017**, the rate for **female** mortality from lung cancer was **46.1 per 100,000**.

Lung cancer registrations here represented by malignant neoplasm of trachea, bronchus and lung

6- ONS 2019

North Lincolnshire mortality Rate from Lung Cancer by Sex (3 Year Range)

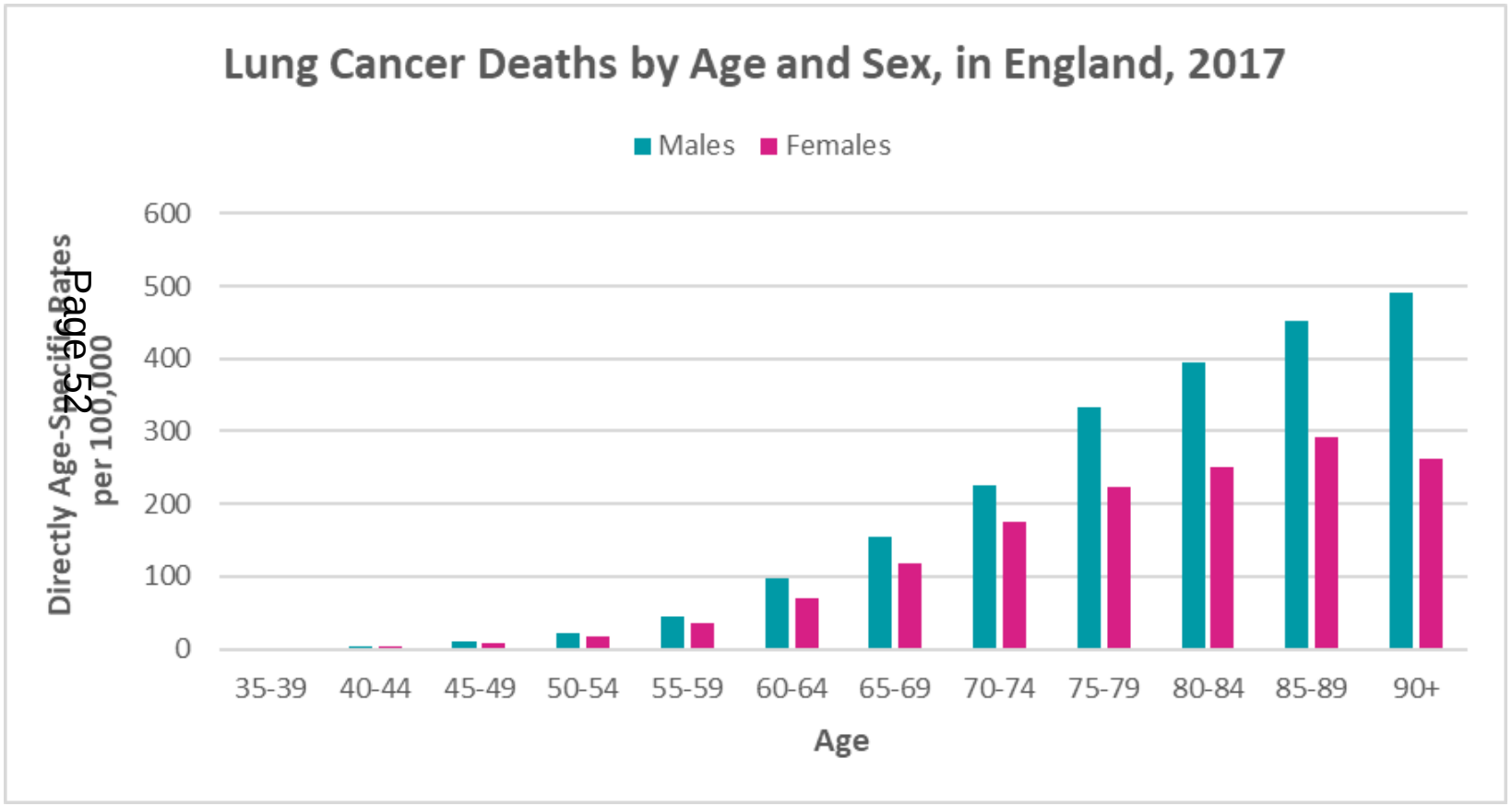




- The mortality rate for **males** from lung cancer over a 3 year period has shown a **steady overall decline,** with the North Lincolnshire frequently remaining statistically significantly higher than the England Average.
- In **2017-19** the rate for **North Lincolnshire** was **68.6 per 100,000,** which was **statistically similar** to the England average.

- The mortality rate for **females** from lung cancer over a 3 year period has remained constant with rates showing an **initial increase** between 2001-03 and 2005-07. Rates then remained fairly constant and between 2013-15 and 2016-18 showed a **slight decline.**
- In **2017-19** the rate for **North Lincolnshire** had increased to **53.8 per 100,000,** which was **statistically significantly higher** to the England average.

Lung Cancer Deaths by Age and Sex, in England, 2017

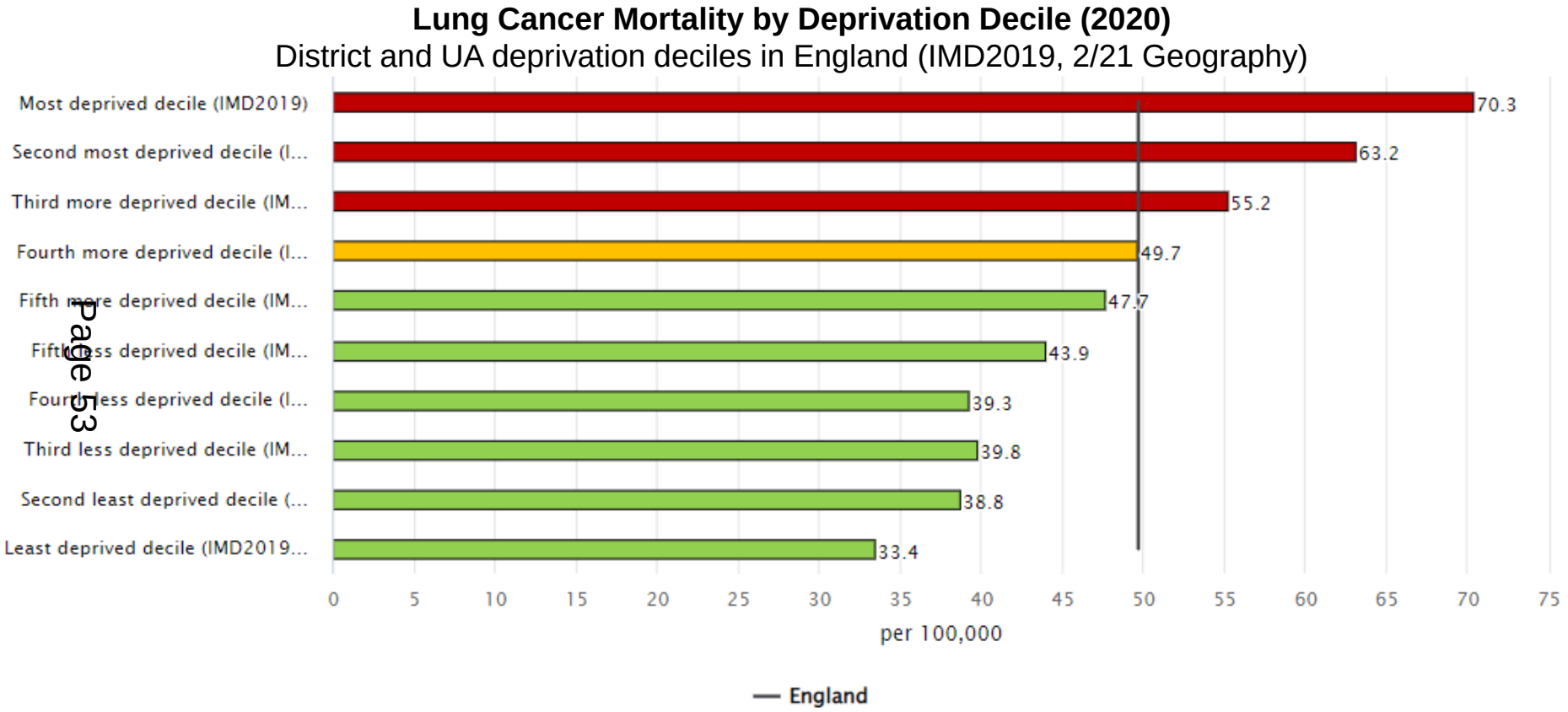


- The rate of deaths from lung cancer **increases with increasing age** in both males and females with a slight decline for females aged 90+.
- Deaths in **males aged 90+** were more an 5 times higher than rates in males aged 60-64, with **491.7 deaths per 100,000**.
- Deaths in **females aged 85-89** were more than 4 times higher than rates in females aged 60-64, with **292.4 deaths per 100,000**.

Lung cancer registrations here represented by malignant neoplasm of trachea, bronchus and lung

6 -ONS 2019

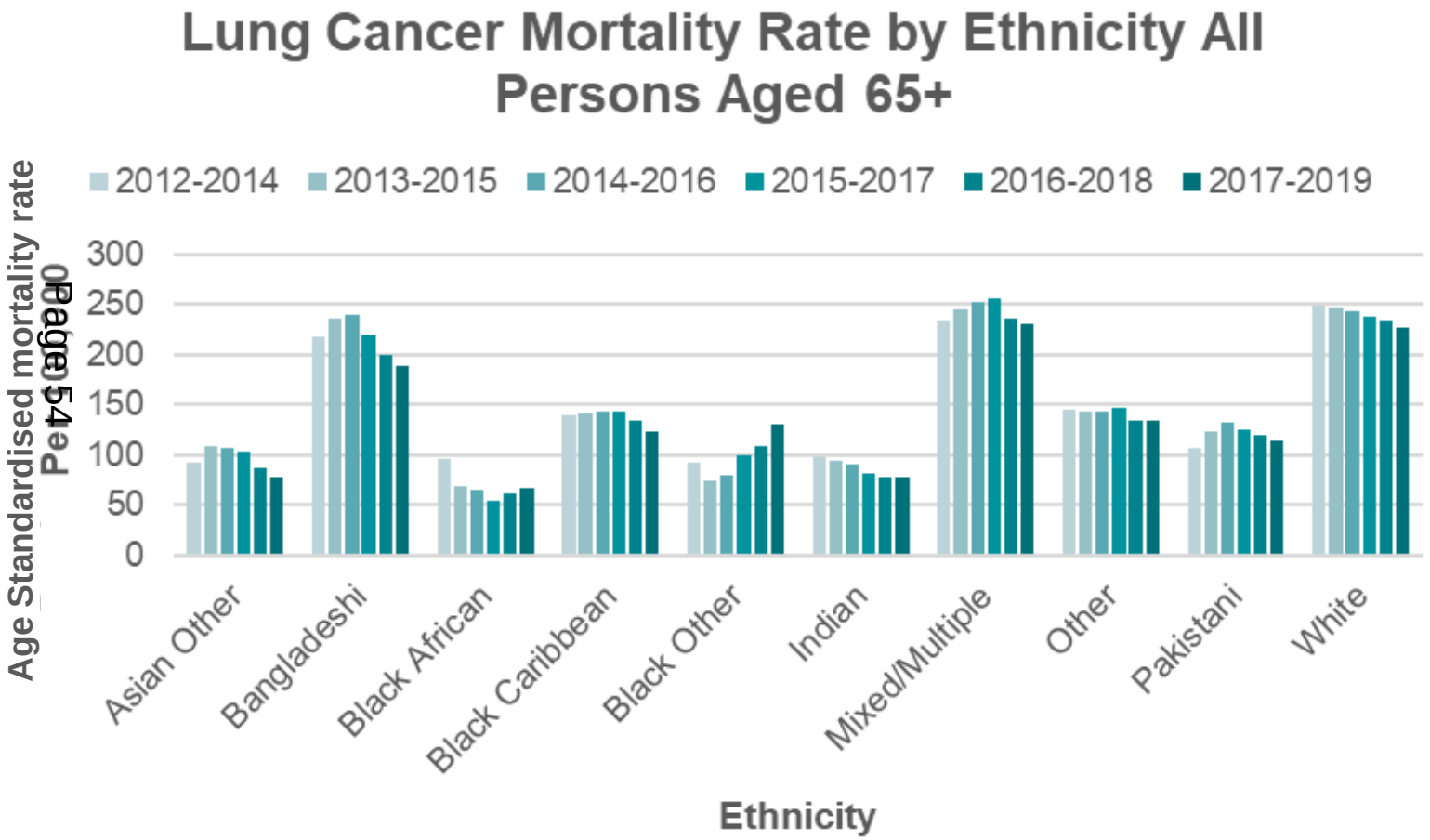
Lung Cancer Mortality by Deprivation Decile in England (2020)



- The lung cancer mortality rate in the **most deprived** decile **is more than double** the rate in the **least deprived**.
- The rate in the **most deprived** decile is **70.3** per 100,000, compared to **33.4** per 100,000 in the **least deprived** decile, a **difference** of **36.9** per 100,000.

13- OHID 2023

Lung Cancer Mortality and Ethnicity (Ages 65+)

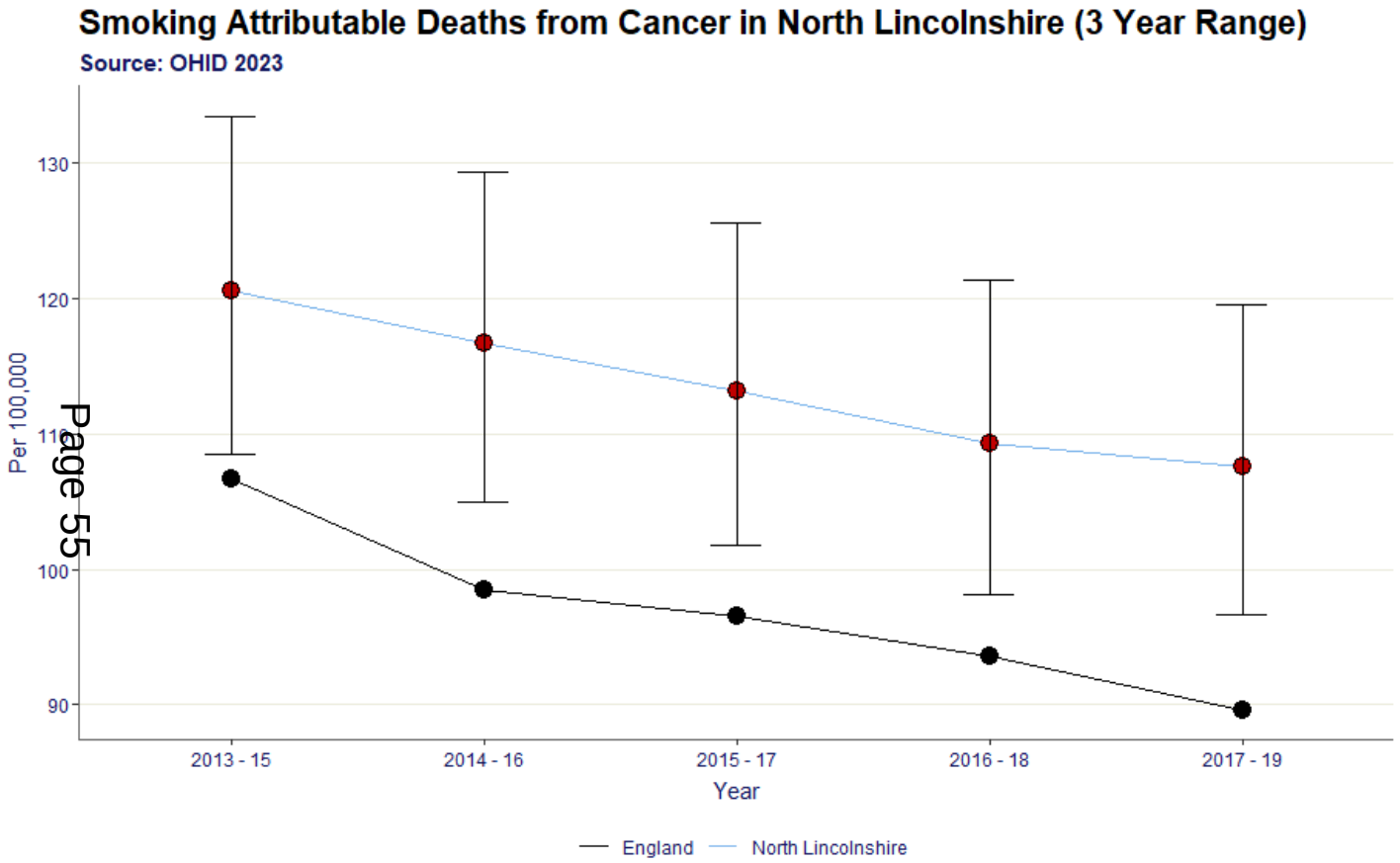


- Lung cancer mortality for people aged 65 and over is **highest in people of Bangladeshi, Mixed/Multiple and White** ethnicities with **more than 150 deaths per 100,000** by 3 year range.
- Since 2014-2016 lung cancer **mortality rates have fallen** in the majority of ethic groups. However, mortality rates have **increased in Black African and Black Other** ethnicities.

Lung cancer registrations here represented by malignant neoplasm of trachea, bronchus and lung

14- ONS 2021

Smoking Attributable Deaths from Cancer *

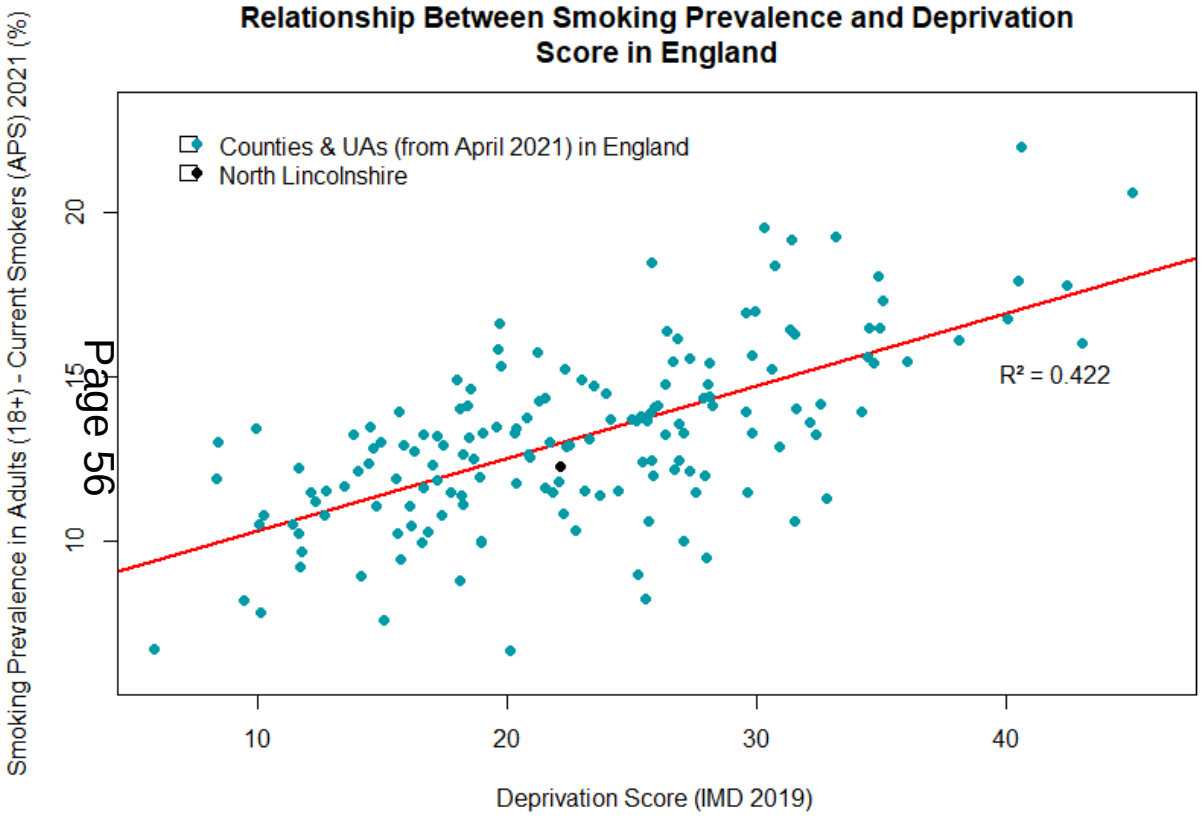


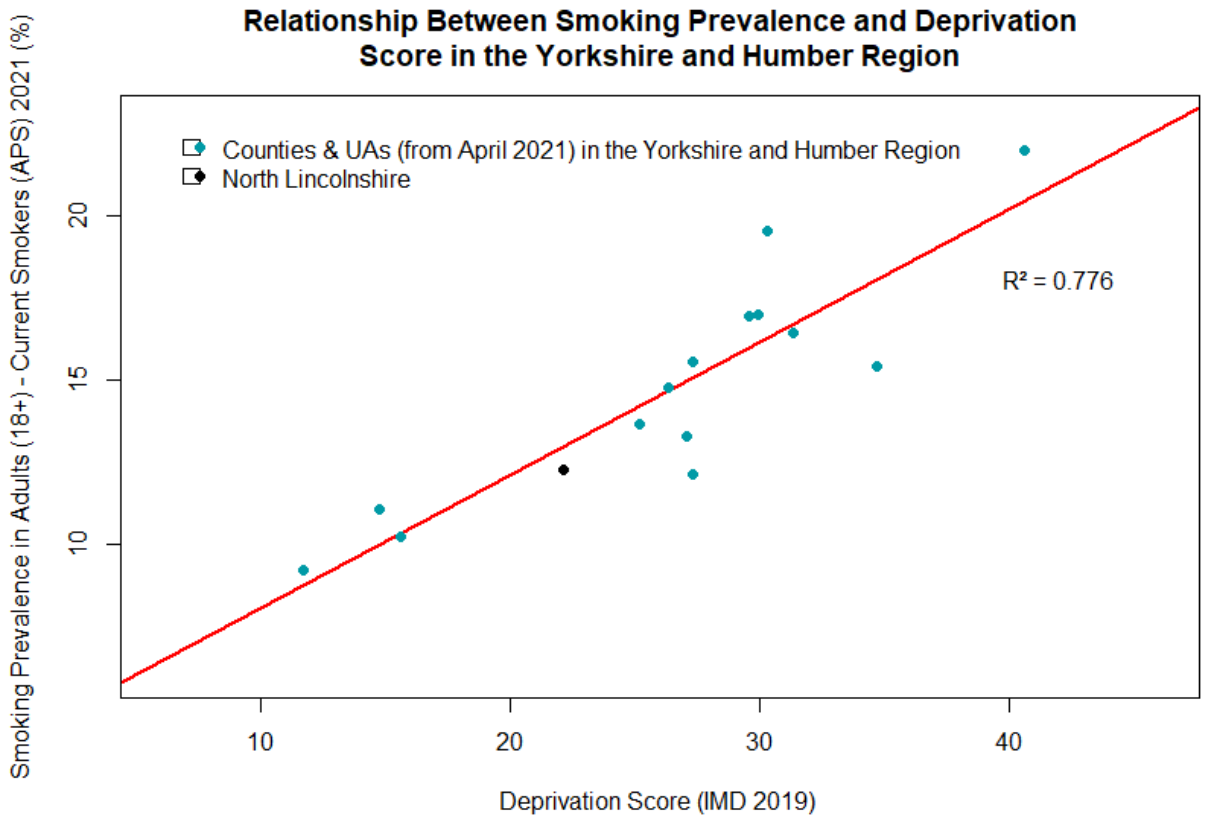
- Since 2013-15, smoking attributable deaths from cancer have **fallen year on year**, in both North Lincolnshire and England.
- Rates in North Lincolnshire have consistently remained **statistically significantly higher** than the England Average.
- In **2017-19**, the rate for **North Lincolnshire** was **107.6 per 100,000**, compared to the **England** average which was **89.6 per 100,000**.

***** The number of cancer deaths attributable to smoking includes all deaths with the following cancer diagnosis codes as the underlying cause of death: Malignant neoplasms: Lung(C33-C34), Nasal synuses & nasopharynx(C11,C30-C31), Oral cavity(C10), Pharynx (C14), Larynx(C32), Oesophagus (C15), Stomach (C16), Pancreas (C25), Liver (C22), Colorectal (C18-C20), Kidney (C64), Lower urinary tract (C65-C66), Bladder (C67), Breast (C50), Cervix (C53), Acute myeloid leukaemia (C92), Malignant melanoma (C43-C44) **[OHID 2023]**

15 - OHID 2023

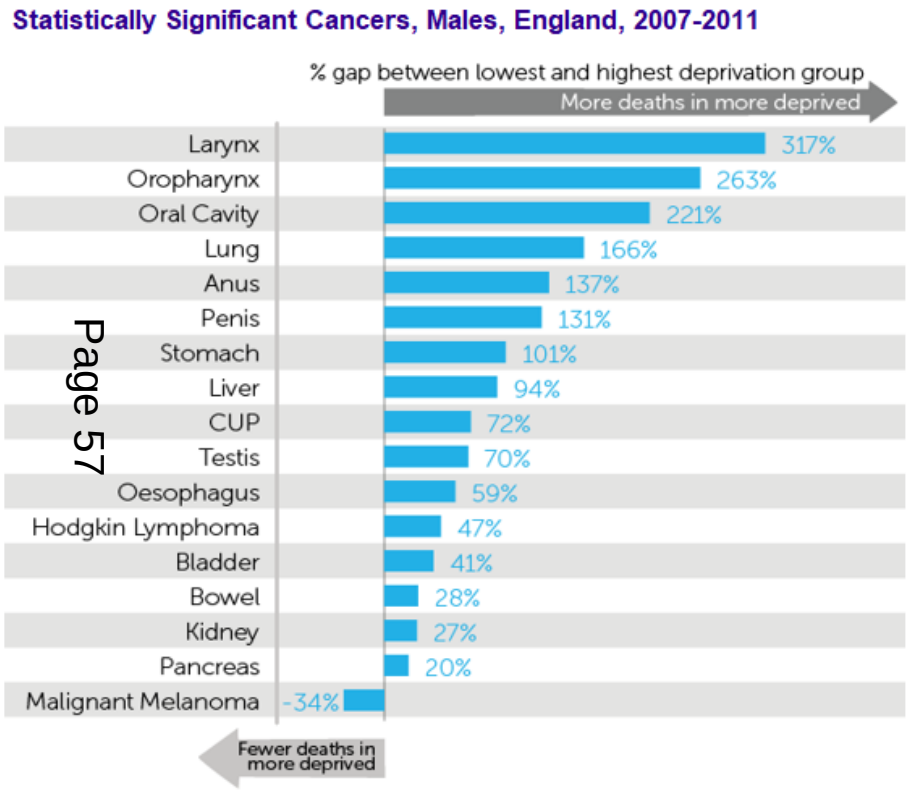
Smoking and Deprivation

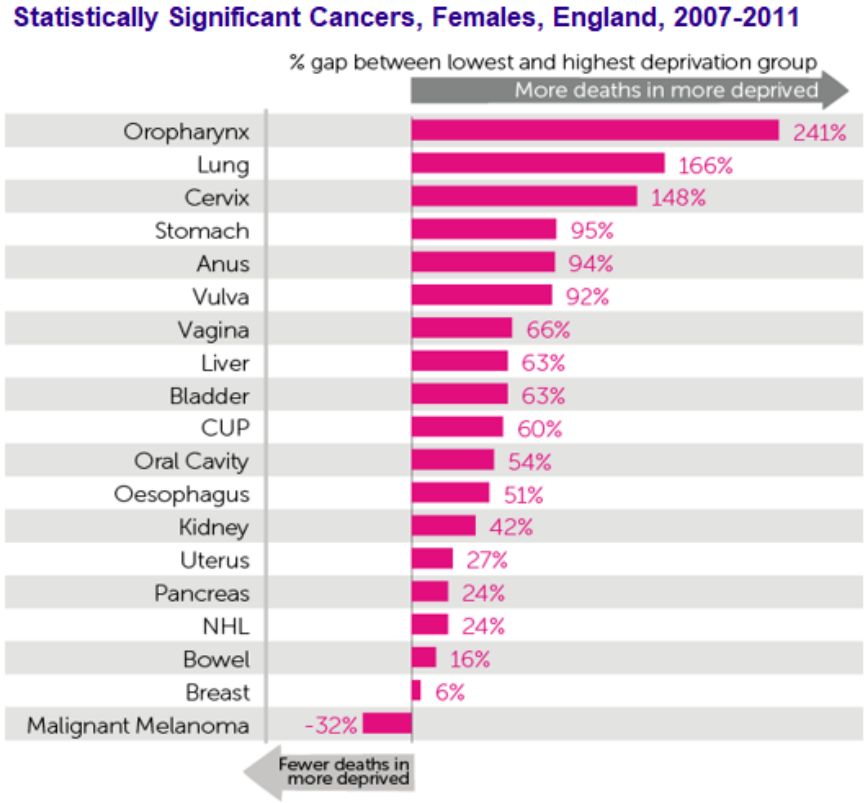




- There is a **positive correlation** between **smoking and deprivation** with **higher levels of smoking** prevalence in **more deprived** areas and **lower rates of smoking** in the **least deprived** areas. The correlation is stronger in Yorkshire and Humber than for all Counties and UAs as a whole.

Percentage Deprivation Gap in European Age-Standardised Mortality Rates





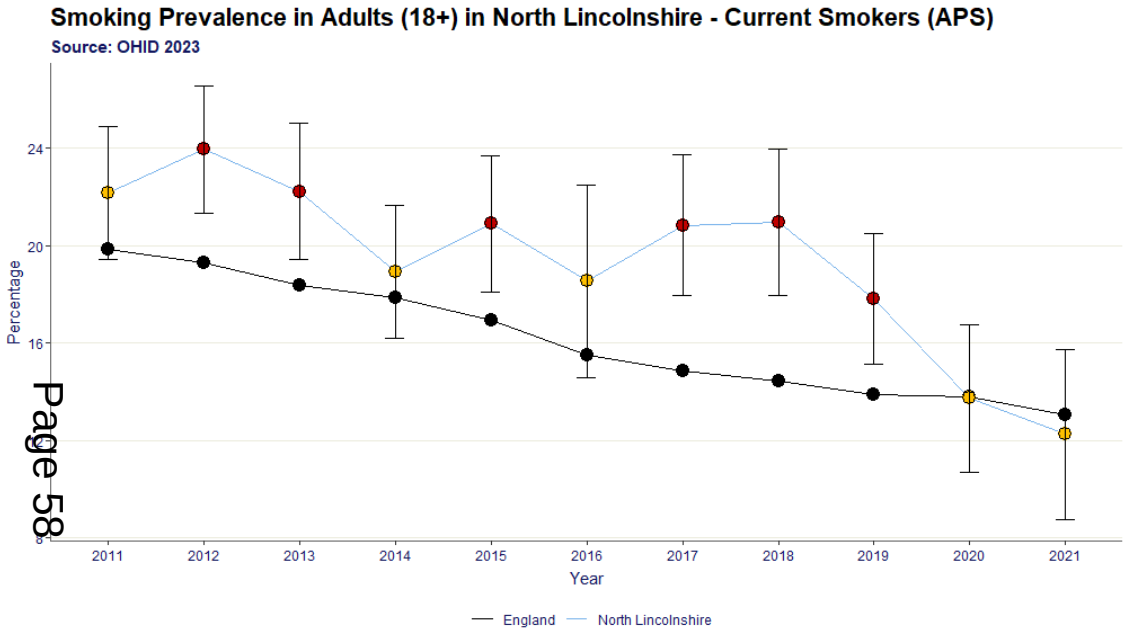
CUP = Cancer of unknown primary
AML = Acute Myeloid Leukaemia
ALL = Acute Lymphoblastic Leukaemia

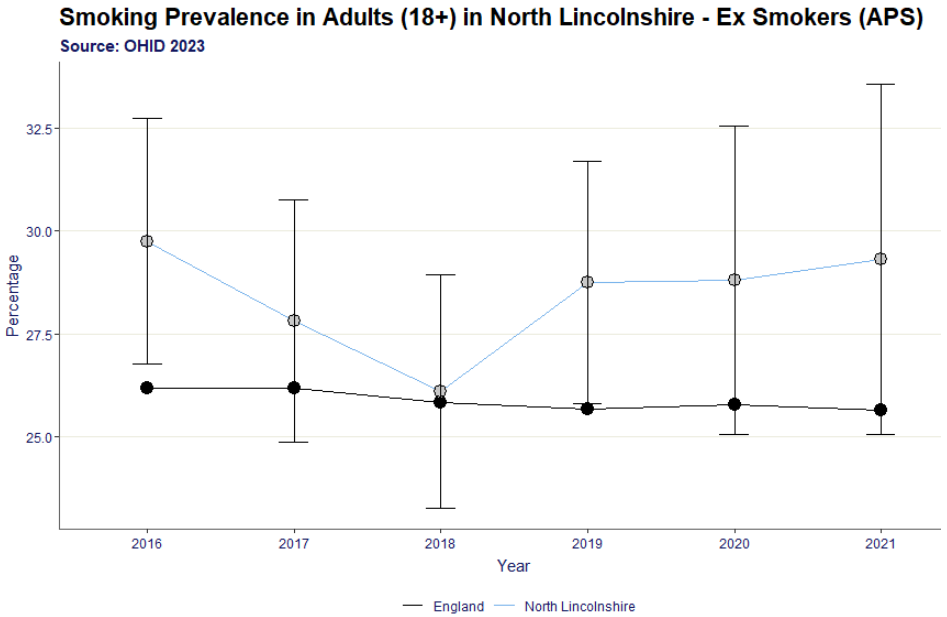
CUP = Cancer of unknown primary
AML = Acute Myeloid Leukaemia
ALL = Acute Lymphoblastic Leukaemia

- Cancer Research UK have analysed the **deprivation gap** for cancer mortality in **England** between **2007 and 2011.**
- For both males and females, there were **166% more deaths** from lung cancer in the **more deprived** groups.
- The deprivation gap is **greatest in cancers related to smoking**, reflecting the higher prevalence of smoking in the more deprived groups.

Cancer Research UK, Deprivation gradient for cancer mortality | Cancer Research UK, Accessed January 2023

Smoking Prevalence in Adults 18+ (Annual Population Survey) [16]

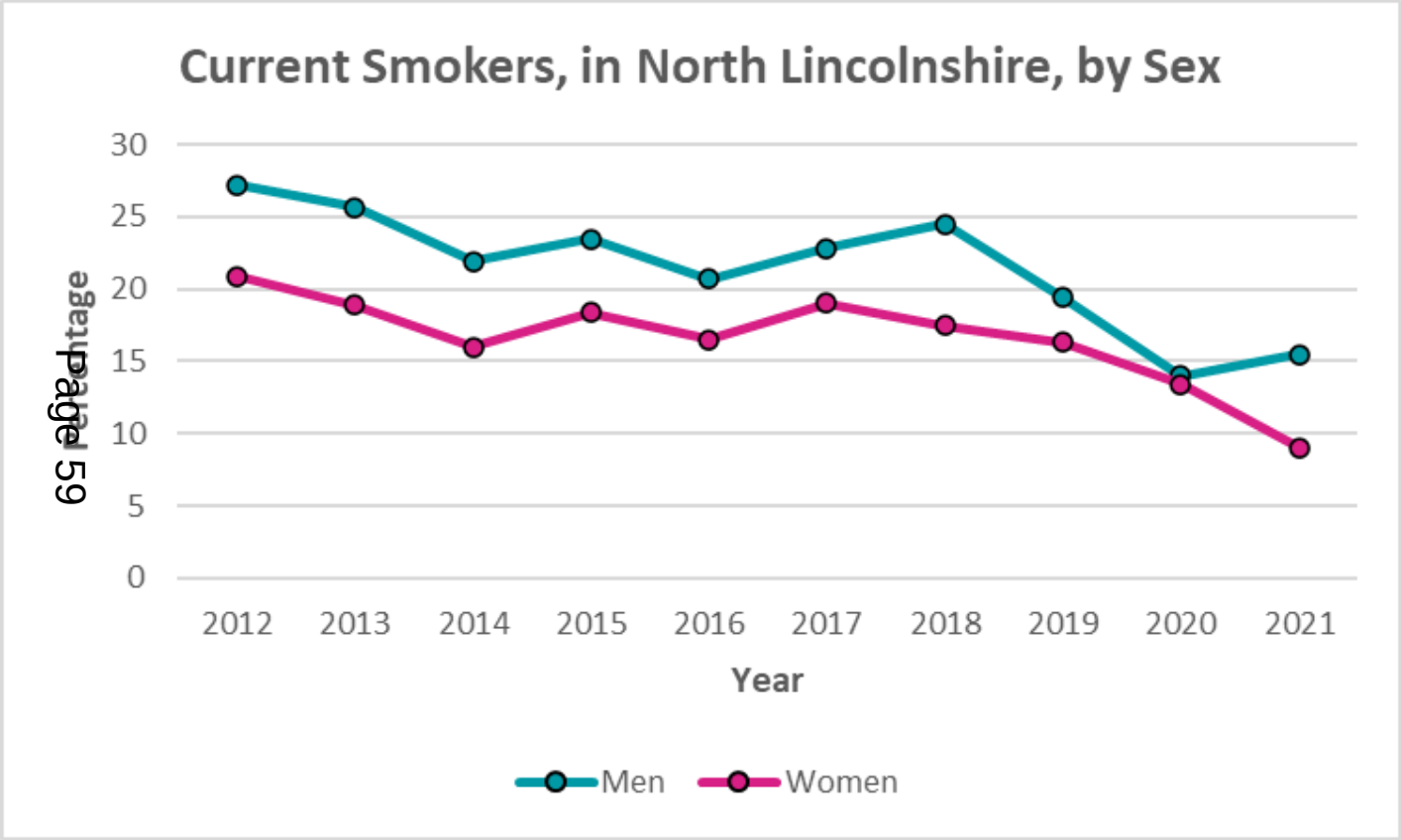




- Prevalence of **current smokers** in **England** has shown a year on year **decline**, reducing by 6.3 percentage points over the last decade, falling to **13% in 2021**.
- Current smoking rates in **North Lincolnshire** have also seen an **overall decline** but rates have shown small fluctuations. Since 2018, rates have shown a year on year decline, and in **2021**, North Lincolnshire's rate was **12.3%**, which was statistically **similar to the England** average.

- The rate of adult **ex smokers** in North Lincolnshire fell between 2016 and 2018, before showing a slight gradual increase in the most recent 3 years. However, these changes have not been statistically significantly different.
- In **2021**, the rate in **North Lincolnshire was 29.3%** which was above the **England average of 25.7%.**

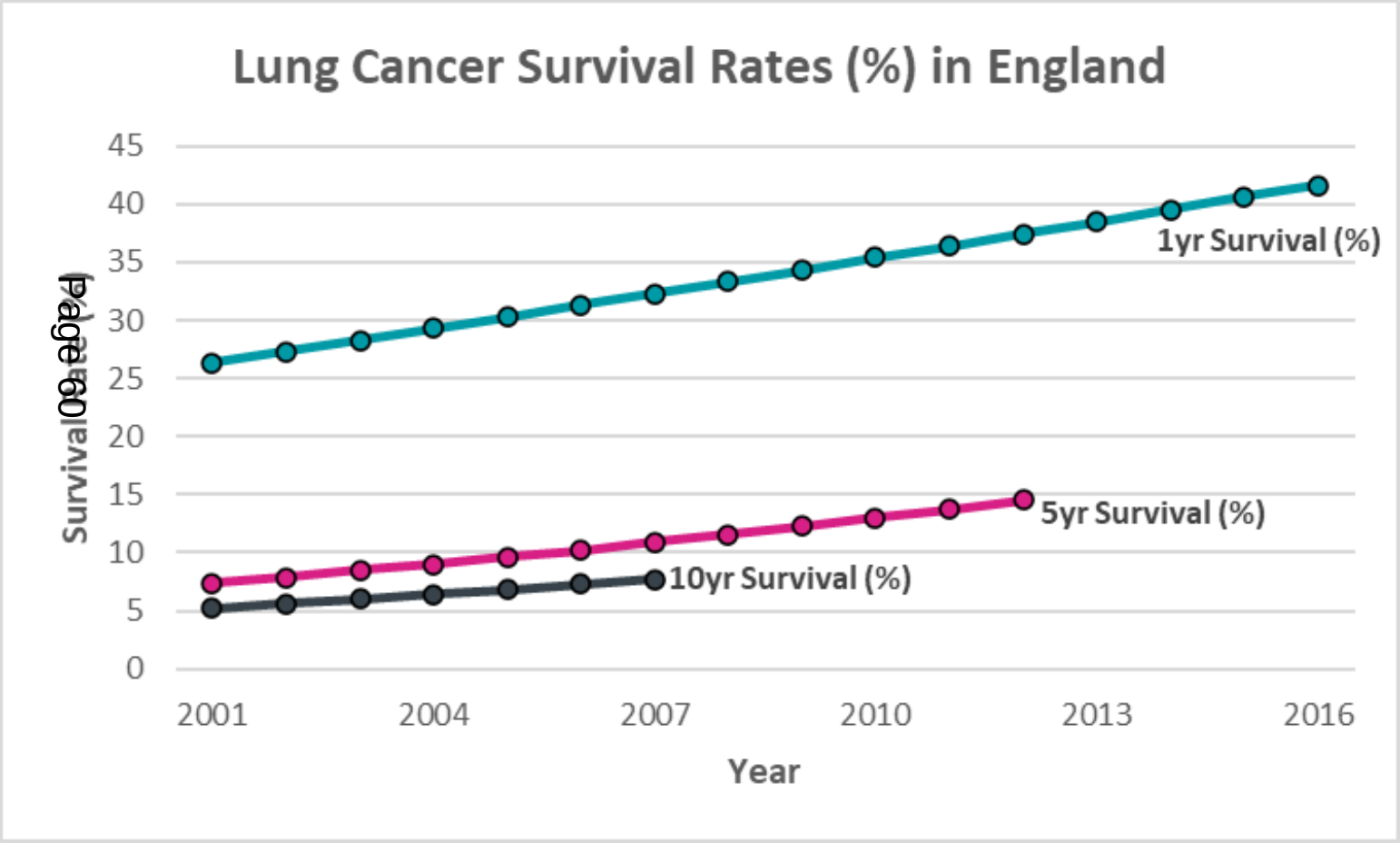
Smoking Prevalence in North Lincolnshire by Sex



- The percentage of **current smokers** in North Lincolnshire has seen an **overall decline** between 2012 and 2021, with **males rates consistency higher** than females.
- **Male** rates have fallen by 11.7 percentage points, from 27.2% in 2012 to **15.5% in 2021.**
- **Female** rates have fallen by 11.9 percentage points, from 20.9% in 2012 to **9% in 2021**.

16 - ONS 2022

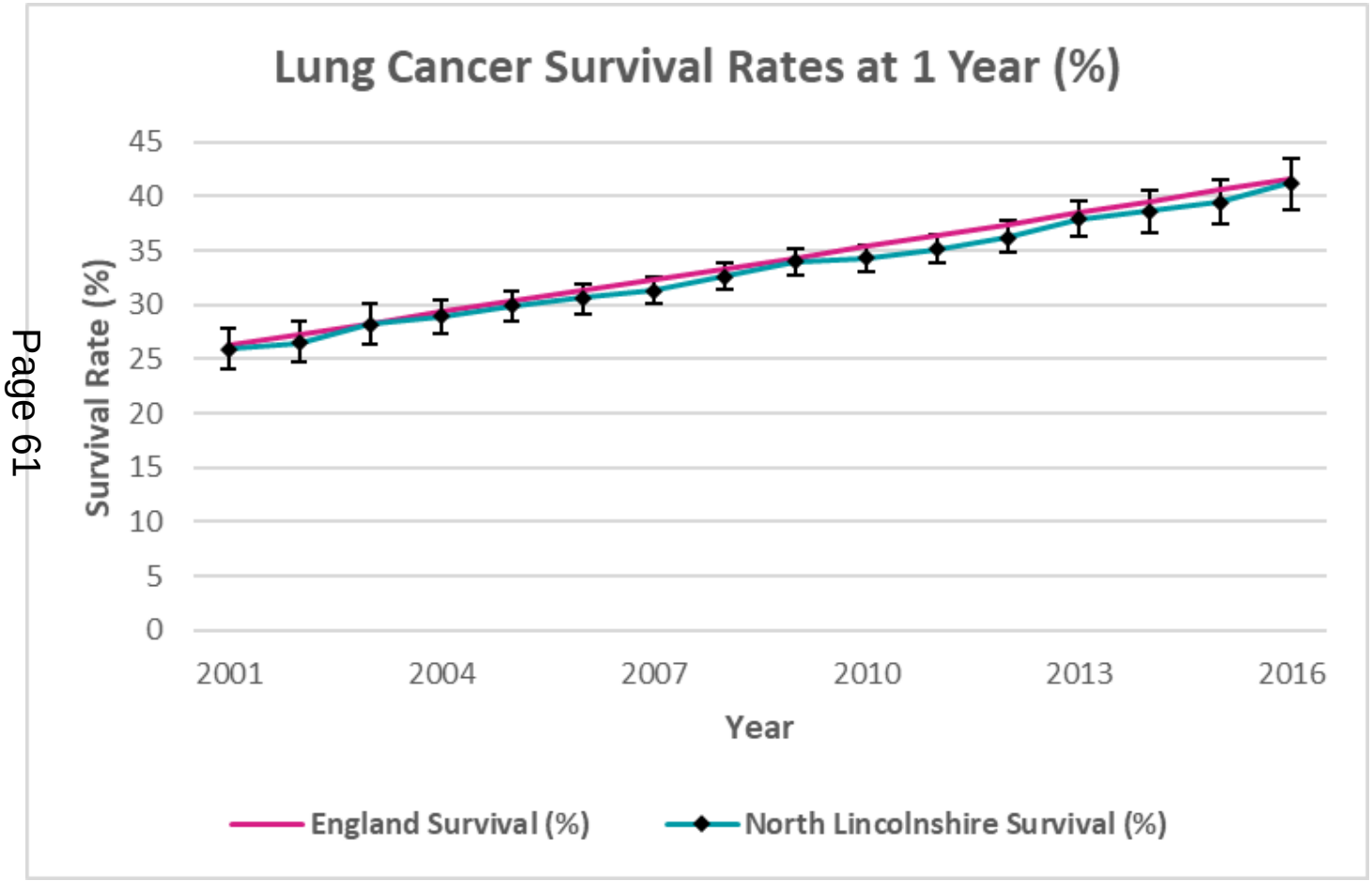
Lung Cancer Survival Rates in England



- Lung cancer **survival rates** at 1 year, 5 years and 10 years have all **increased** year on year.
- Survival rates at **1 year** have increased by 15.3 percentage points from 26.3% in 2001 to **41.6% in 2016**.
- Survival rates at **5 years** have almost doubled in 11 years, from 7.4% in 2001 to **14.5% in 2012**.
- Rates at **10 years** have also increased from 5.2% in 2011 to **7.7% in 2007.**

17 - ONS 2019

Lung Cancer Survival Rates in North Lincolnshire at 1 Year



- Lung cancer survival rates at **1 year, in North Lincolnshire**, have increased by 15.3 percentage points from 25.9% in 2001 to **41.2% in 2016**.
- Over this 15 year period survival rates in North Lincolnshire have remained statistically similar to the England average.

17- ONS 2019

Screening Programmes

- Free NHS Targeted Lung Health Checks are currently being introduced through a phased approach across the Humber and North Yorkshire area starting initially in Hull, as part of a pilot scheme, due to the city having one of the highest lung cancer mortality rates in England , before receiving additional funding to support delivery of the programme in North East Lincolnshire too.

- The programme targets people who have been identified as being at the most risk of developing lung problems, including lung cancer, with the aim of detecting any issues early when treatment is likely to be more successful and simpler. Anyone who is aged between 55 and 74, is a current or ex smoker, and is registered with a local GP practice could be eligible for a check.

- Eligible residents are contacted by their GP to make an initial Lung Health Check appointment, which will be carried out over the phone with a nurse, and lasts about 40 minutes. If any risks are identified, the patient will be offered a low dose CT scan of their lungs, which can take place in a community location, such as a supermarket car park or a sports centre, to make it as accessible as possible. Patients will receive their results within 4 weeks and given advice regarding next steps if necessary

- Lung Health Checks are not yet available in North Lincolnshire, but through the development of the programme it is hoped that they will be by 2026.

18 - Humber and North Yorkshire Cancer Alliance, n.d.

References

- 1) Lung cancer | Macmillan Cancer Support accessed September 2023
- 2) NHS. (2022). Overview lung cancer. Lung cancer - Causes - NHS (www.nhs.uk. Accessed Jan 2023.
- 3) NICE. (2023). Treatment for lung cancer. Treatment for lung cancer | NICEimpact lung cancer | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | . Accessed Jan 2023.
- 4) Macmillan Cancer Support. (2020). Causes and risk factors of lung cancer. Causes and risk factors of lung cancer | Macmillan Cancer Support. Accessed Jan 2023.
- 5) Cancer Research UK. (2019). Lung cancer: risks and causes. Risks and causes | Lung cancer | Cancer Research UK. Accessed Jan 2023.
- 6) Cancer registration statistics, England - Office for National Statistics
- 7) Public health profiles - OHID (phe.org.uk)
- 8) Local Health. Public Health Data for small geographic areas - Data - OHID (phe.org.uk)
- 9) Public Health England. (2020). Cancer registration statistics England: final release, 2018. Cancer registration statistics, England: final release, 2018 - GOV.UK (www.gov.uk).
- 10) What do cancer stages and grades mean? - NHS (www.nhs.uk)
- 11) Cancer incidence by stage - NDRS (digital.nhs.uk)
- 12) Emergency presentations of cancer: data up to December 2020 - GOV.UK (www.gov.uk)
- 13) Public health profiles - OHID (phe.org.uk)
- 14) Mortality from leading causes of death by ethnic group, England and Wales - Office for National Statistics (ons.gov.uk)
- 15)Public health profiles - OHID (phe.org.uk)
- 16) Public health profiles - OHID (phe.org.uk)
- 17) Cancer survival in England - Office for National Statistics (ons.gov.uk)
- 18) Humber and North Yorkshire Cancer Alliance (n.d.). Targeted lung health check programme. Lung Health Checks - Humber and North Yorkshire Cancer Alliance (hnycanceralliance.org.uk). Accessed Feb 2023.

Cancer statistics explained: different data sources and when they should be used - Office for National Statistics (ons.gov.uk)

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Report of the: Director of Public Health

Agenda Item 8c
Meeting 15 January 2024

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

SUICIDE PREVENTION JSNA INSIGHTS PACK

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objectives of this report are to:

- Inform Health and Wellbeing Board (HWB) members that a joint strategic needs assessment (JSNA) insights pack on suicide prevention has been published.
- To identify key issues from the JSNA document.

2.0 BACKGROUND INFORMATION

2.1 The purpose of the JSNA suicide prevention insights pack is to provide an evidence base to help understand the epidemiology surrounding suicide in respect of:

- Prevalence of suicide
- Risk factors associated with suicide
- Prevention and intervention strategies

2.2 The JSNA suicide prevention insights pack is published on the council's website and has previously been discussed at various fora, including North Lincolnshire's Population Health and Prevention Partnership.

2.3 Suicide is not inevitable, and each suicide is a tragedy, which causes devastating and permanent impacts on families, friends and broader communities. It is estimated that annually 800,000 people across the world die by suicide, with 5,583 people taking their own life in England and Wales in 2021.

2.4 The North Lincolnshire vision is to work towards zero deaths caused by suicide. While the registered suicides show a decrease since 2018, the real time surveillance data is showing that potentially the number of suicides is increasing. The difference in reporting is due to time lag between published data and locally collected data.

The real time surveillance data is still subject to the coroner's verdict. North Lincolnshire has one of the highest delays in terms of time taken to register a death.

3.0 KEY FINDINGS FROM THE INSIGHTS PACK

The key findings from the insights pack are as follows:

3.1 Prevalence

- Three quarters of suicides are men, both nationally and locally.
- North Lincolnshire's suicide rate is currently lower than the England level, also the second lowest compared to Humber and North Yorkshire local authorities.
- Between 2019 and 2021, there were 43 suicides registered in North Lincolnshire, with a rate of 9.3 per 100,000 people. For this 3-year period North Lincolnshire was below the England average of 10.4 suicides per 100,000, although this is the first time North Lincolnshire has been below the England average since the 2015-17 period.

3.2 Risk Factors

- Hanging remains the most common method of suspected suicide, with 67% of suspected suicides taking place at home.
- According to a 2020 report published by the Office for National Statistics (ONS), generally the highest rates of deaths come from the most deprived areas. Although, the gap between the most and least deprived areas can most commonly be seen among those in the working age group. Middle aged men in their 40's and 50's have had the highest rates of suicide of any age and gender in the past 10 years. For men of 43 years of age, the suicide rate in the most deprived areas is 2.7 times higher than that of the least deprived (36.6 to 13.5 per 100,000).
- Locally, 22 risk factors were identified from the real time surveillance data received between 2020 and June 2023. With loneliness, family/relationship issues, long-term health conditions and a history of self-harm being the most common risk factors identified.

3.3 Prevention

Public Health led suicide prevention work in North Lincolnshire Includes:

- **Suicide Prevention Steering groups:** North Lincolnshire has a well established Suicide Prevention Steering group which meets regularly. The multi-agency groups lead the suicide prevention action plans and agenda across respective areas.

- **Suspected Suicide Learning Panel (SSLP):** The SSLP is an important element of the North Lincolnshire Suicide Prevention Strategy. The panel explores the circumstances surrounding suspected suicides where common themes may exist and to learn from these circumstances with the aim of preventing further suicides.

- **Real Time surveillance:** Real-time surveillance data started in 2017 and has improved North Lincolnshire's ability to tackle suicide, allowing for trends and clusters to be seen in a timelier manner. Although RTS are unconfirmed suicide (only the coroner can deem cause of death, which can take a long time) the data can be used to help identify trends that can inform the direction of suicide prevention work and minimize the risk of contagion.

- **Contagion Action Plans (CAP):** These plans are instigated if there is a potential or possible risk of suicide contagion.

- **Suicide Prevention Training**: Alongside LivingWorks SafeTALK and ASIST the local authority provides suicide prevention training.

4.0 OPTIONS FOR CONSIDERATION

4.1 **Option 1:** To note the content of the JSNA Insight Pack.

5.0 ANALYSIS OF OPTION

5.1 Suicide prevention is everyone's business. Therefore, collating all the relevant information and knowledge together into the insights pack helps provide consistent information which agencies can used to develop evidence-based approaches to help reduce suicides in North Lincolnshire .

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

6.1 None

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

7.1 None

8.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

8.1 Not relevant for this report.

9.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

9.1 Not relevant for this report.

10 RECOMMENDATIONS

10.1 That the HWB approve option 1.

DIRECTOR OF PUBLIC HEALTH

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North Lincolnshire
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Author: Steve Piper, PhD
Date: 3 January 2024

Suicide Prevention JSNA

North Lincolnshire JSNA

North Lincolnshire Public Health Intelligence – September 2023

North Lincolnshire Council

www.northlincs.gov.uk

Version 14.0

Contents

Summary

- The North Lincolnshire vision is to work towards zero deaths caused by suicide.
- While the registered suicides show a decrease since 2018, the real time surveillance data is showing that potentially the number of suicides is increasing. The difference in reporting is due to time lag between published data and locally collected data. The real time surveillance data is still subject to the coroner's verdict.
- North Lincolnshire has one of the highest delays in terms of time taken to register a death.
- Three quarters of suicides are men, both nationally and locally.
- North Lincolnshire's suicide rate is currently lower than the England level, also the second lowest compared to Humber and North Yorkshire local authorities.
- The introduction of real time surveillance data since 2017 has improved North Lincolnshire's ability to tackle suicide, allowing for trends and clusters to be seen in a timelier manner.
- Hanging remains the most common method of suspected suicide, with 67% of suspected suicides taking place at home.
- 22 risk factors were identified from the real time surveillance data received between 2020 and June 2023. With loneliness, family/relationship issues, long-term conditions and a history of self-harm being the most common risk factors identified.

1.0 – Scope, Introduction and Background

The intention behind this piece of work, is to first be part of a larger JSNA to emphasise the current and future needs of the local population. Working alongside integrated care boards and local partners, the needs assessment aims to provide a thorough analysis of the current and future health, care and wellbeing needs of the local community. This helps inform and steer commissioned services to help further improvement of health outcomes and reduce inequalities. This work at its core is a quantitative study, with the intention of providing insight into the current figures, issues and risk factors surrounding suicide in North Lincolnshire.

The Office for National Statistics (ONS) define suicide as “deaths from intentional self-harm for persons aged 10 years and over. It also includes deaths where the intent was undetermined for those aged 15 years and over”[1]. In England and Wales, deaths due to suicide in 2021 increased by 6.9% compared to 2020. In 2021 5,583 suicides were registered, a rate of 10.7 deaths per 100,000 people. During the same period of 2021, men were 3 times more likely to commit suicide than women, with 16 deaths per 100,000, compared to females 5.5 deaths.

It is estimated that every life lost to suicide costs the economy roughly £1.67 million (2009 prices). The cost of non-fatal suicide vary between each case; however, research has suggested that 14% of costs lie in the emergency medical interventions, with more than 70% coming from follow up psychiatric treatment and outpatient care. Further costs come from the treatment of mental health conditions, with costs of up to £105 billion each year, as tackling mental health conditions is vital to reducing suicide risk[2]. The financial cost alone shows suicide to be an important public health matter, however, the true price lies in the bereavement of family members and the effect on the wider community. The Association of Directors in Public Health suggest that for every person who ends their life by suicide a minimum of six people with suffer a severe impact. With those bereaved by suicide themselves now at a greater risk of suicide[3].

Ruth Sutherland (former Chief Executive of The Samaritans) suggested that suicide is like a rock thrown into water, it has ripples that spread outwardly effecting a multitude of different people and communities. The initial ripples effect close family and friends the most, while also effecting work colleagues, acquaintances and the wider community[4].

2.0 – Why do we need to know about suicide?

North Lincolnshire Suicide Prevention Strategy (2022-2025)

Suicide is not inevitable, and each suicide is a tragedy, which causes devastating and permanent impacts on families, friends and broader communities. It is estimated that annually 800,000 people across the world die by suicide, with 5,583 people sadly taking their life in England and Wales in 2021. It is of the utmost importance that we do all we can to reduce this number as far as possible, so that fewer people die by suicide. But it is also of the utmost importance that when, tragically, somebody does end their life by suicide their family, friends and broader community who have been bereaved have whatever support they need in place to manage their loss. And this is what we are striving towards. Despite mental health and suicides being discussed more recently due to effective communications and awareness raising, people are still attempting and dying by suicide, with their families and peers being significantly affected as a result.

This Strategic Framework supports action by bringing together knowledge about groups at higher risk of suicide, applying evidence of effective interventions and highlighting resources available. This will support local decision-making, while recognising the autonomy of local organisations to decide what works in their area.

Our Vision

To work towards - Zero deaths by suicide in North Lincolnshire

Our proposed approach

This action plan has utilised aspects from the 2012 National Strategy areas for action:

- Priority 1 - Reduce the risk of suicide and improve the mental health of key high-risk groups
- Priority 2 - Reduce access to means of suicide
- Priority 3 - Communications: support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Priority 4 - Support research, data collection and monitoring suicide
- Priority 5 - Provide support & information to those bereaved or affected by suicide

Suicide Reporting

Suicides are reported in two ways, registered and real time surveillance, with several advantages and disadvantages for both versions of reporting method.

Registered

In England and Wales, deaths are only ruled a suicide following a coroner's inquest, although this can frequently take several month to years to be confirmed, the current median number of days taken to reach a verdict in England and Wales is 186 days.

Strengths

- Deaths are officially registered and confirmed suicides.
- Allows actual number of suicides to be reported.
- Comparisons against national and other local authorities
- May include deaths which have not been previously highlighted as suspected suicides.

Weaknesses

- Can be delays in coroner verdicts.
- Deaths frequently registered in different year to their occurrence.
- Difficult to see trends for years, months, seasons or key events.
- Risk factors cannot be identified unless an audit is carried out, which may be a timely process.

Real Time Surveillance

Real time surveillance are deaths that are suspected as suicides but are yet to be confirmed by a coroner. This includes data being shared across agencies that help identify trends that help inform the direction of suicide prevention work.

Strengths

- Real-time data.
- Allows for new patterns, clusters or contagions to be quickly identified and responded to.
- Quickly identify risk factors, which informs suicide prevention work.
- Provides vital intelligence to inform prevention work.
- Shared learning with partners and services.

Weaknesses

- Deaths may be determined not a suicide by the coroner inquest.
- If death ruled not a suicide, the figures will be changed.
- If the person is not known to services, little information is available.
- Some suspected suicides may not be captured, if they happen outside of North Lincolnshire.

3.0 – What are the data telling us?

Time to Complete Registration

Often there is a time lapse between the date of occurrence and the date the death is registered as a suicide because of the complexity of the inquest process. In North Lincolnshire 25% of the deaths by suicide that were registered in 2021, occurred in 2021(1).

The median registration delay for suicides in England and Wales for 2021, was 186 days, which was an increase of 17 days from 2020. The median delay in North Lincolnshire was longer than England and Wales, with 431 days between the deaths' occurrence and the registration, an increase of 29% from 2020 (334 days)(1) (see chart 1).

It must be noted that the delay in registrations that North Lincolnshire is experiencing could be due to a part-time arrangement with the Lincolnshire coroner. Currently North Lincolnshire has no full-time coroner of its own and thus the Lincolnshire coroner is covering both North and North East Lincolnshire for the mean time. This is why the issue can also be seen to be affecting North East Lincolnshire. North East Lincolnshire has had a similar trend to North Lincolnshire in terms of registration delays since 2016, with a slight improvement in 2018/19. Lincolnshire has also seen increases, however, has since decreased in the last years data.

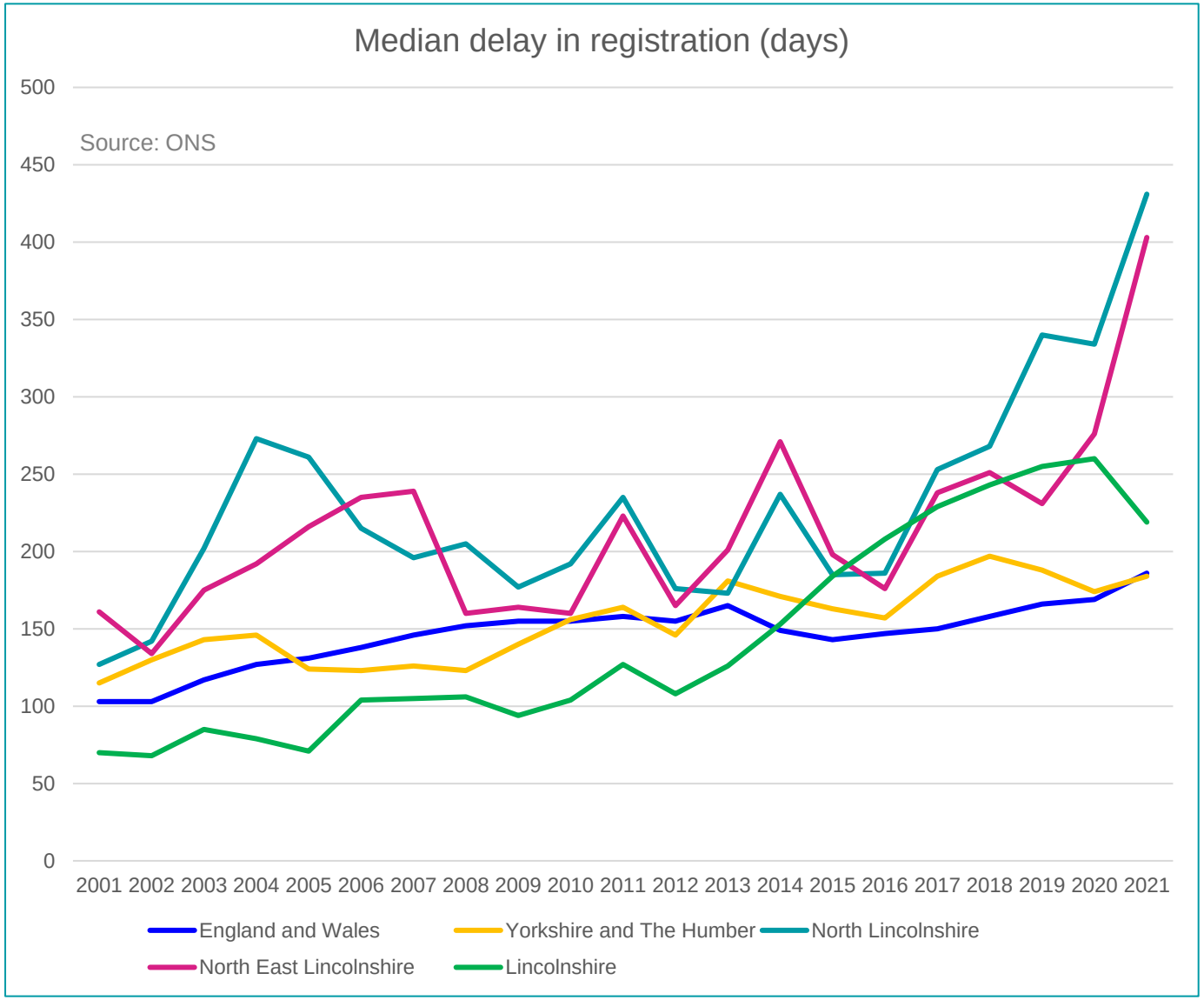
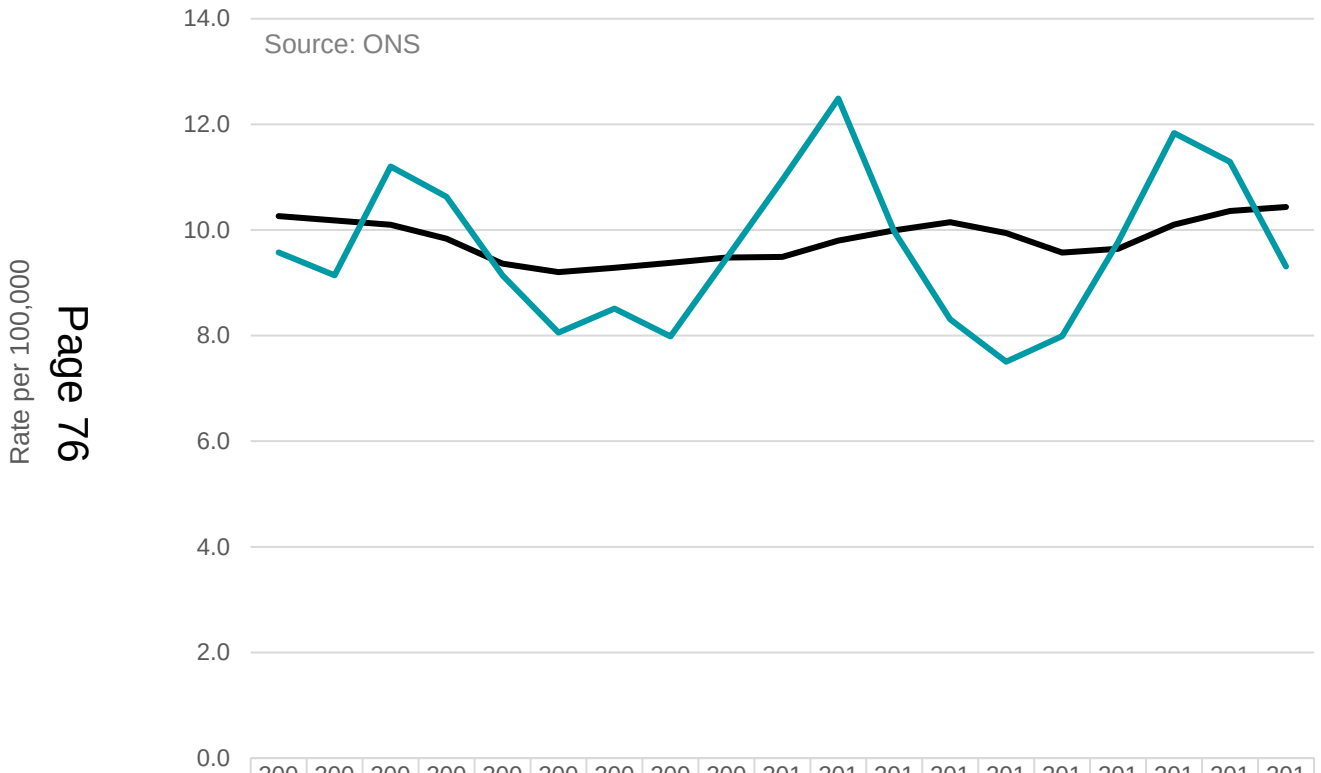


Chart 1

Age-standardised suicide rate per 100,000 by registration date, North Lincolnshire and England – 2001-03 to 2019-21.



	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15	2014-16	2015-17	2016-18	2017-19	2018-20	2019-21
England	10.3	10.2	10.1	9.8	9.4	9.2	9.3	9.4	9.5	9.5	9.8	10.0	10.1	9.9	9.6	9.6	10.1	10.4	10.4
N Lincs	9.6	9.1	11.2	10.6	9.1	8.1	8.5	8.0	9.5	10.9	12.5	10.0	8.3	7.5	8.0	9.8	11.8	11.3	9.3
N Lincs Deaths	38	37	46	44	39	35	37	35	42	49	56	44	36	33	36	44	53	51	43

Chart 2

How we compare vs England

Between 2019 and 2021, there were 43 suicides registered in North Lincolnshire, with a rate of 9.3 per 100,000 people. For this 3-year period North Lincolnshire was below the England average of 10.4 suicides per 100,000, although this is the first time North Lincolnshire has been below the England average since the 2015-17 period.

North Lincolnshire's average rate during the period of 2001 to 2021 was 9.6 suicides per 100,000, slightly lower than England's 9.8. However, as you can see from chart 2, North Lincolnshire has a varying rate for each 3-year period and has moved both above and below the England average on multiple occasions. North Lincolnshire's highest rate came during 2011-13 with 12.5 per 100,000, with the lowest rate in 2014-16 at 7.5 suicides per 100,000.

How we compare vs the local area

Compared to our local neighbours, between 2019-2021, North Lincolnshire has the second lowest age-standardised suicide rate per 100,000. North East Lincolnshire has a lower rate at 6.8 per 100,000, with York having the highest rate amongst the local areas with a rate of 13.3 suicides per 100,000 people.

The rates across the local area have varied since 2001, with Kingston upon Hull predominantly having the highest rate during that period. North Lincolnshire spent a period of 6 years between 2013 and 2018 as the lowest rate in the local area, before being surpassed by North East Lincolnshire. The age and deprivation profile is mixed amongst the local areas.

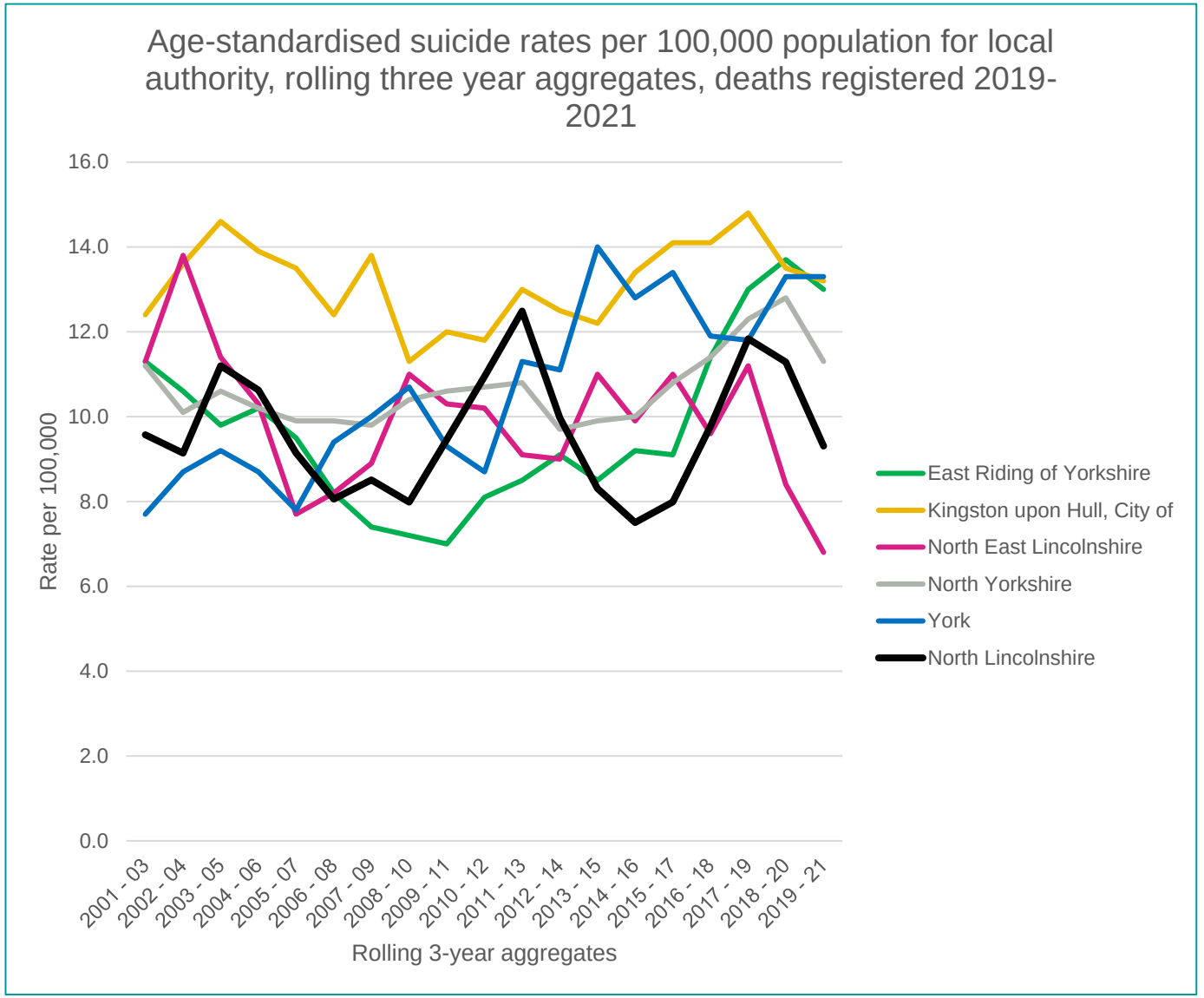


Chart 3

Regional comparison

North Lincolnshire is part of the Yorkshire and Humber Region which comprises of 15 local authorities. The graph shows the age-standardised rates per 100,000 for suicides in each local authority. It can be seen that North Lincolnshire is currently below the average rate for both England and the Yorkshire and Humber region, but this difference is not considered significant.

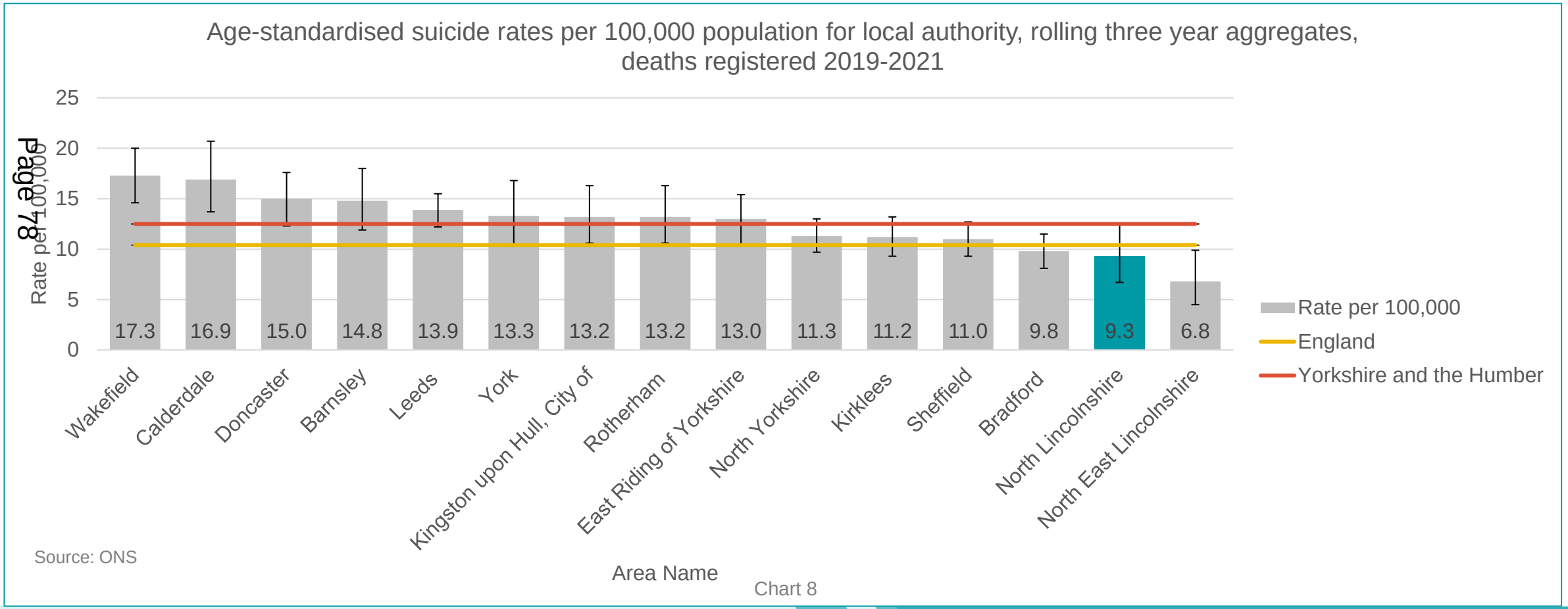


Chart 8

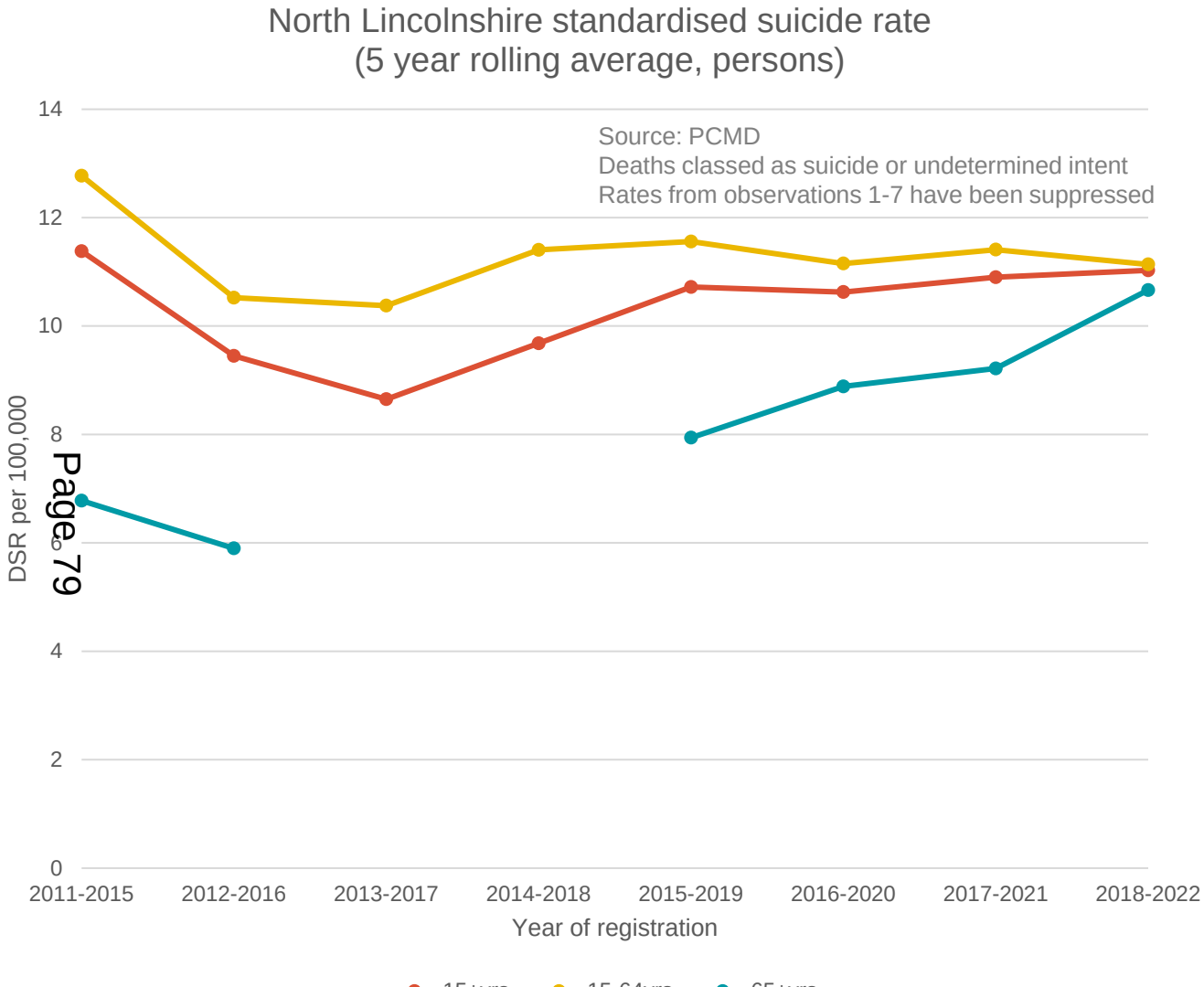


Chart 4

Registered suicides by 5-year rolling average – Standardised rate

The 5-year rolling standardised suicide rate has increased in recent years for the 15+ age group. The rate decreased to 8.6 suicides per 100,000 between 2013-2017, before increasing to 11 suicides between 2018-2022. The rate is currently at its highest point since 2011 to 2015.

The 15-64 age range followed a similar trend to all ages. The lowest rate was seen in 2013-2017 at 10.4 suicides per 100,000. The current rate is lower than the previous 5-year rolling average at 11.1 suicides. The over 65 age group has increased year on year since 2015-2019 to the current year in which it reached a peak high of 10.7 suicides per 100,000. The periods of 2013-2017 and 2014-2018 have been supressed due to the physical numbers being 7 or below. Although not shown in the chart, the underpinning data confirms that the increased rates in the over 65 year-olds is mainly comprised of male suicides.

Standardised rates are used to compare differing sizes and characteristics of two populations. Standardisation nullifies the effects of age structures and allows rates to be more comparable. There are two methods of age standardisation, indirect and direct. Direct was the method used for multiple slides in the current project. Direct standardisation applies the age structure of a standard population, giving the overall rate if it had a standard age-profile [41].

Registered suicides by 5-year rolling average – Standardised Rate Ratio

When analysing the 5-year male: female standardised rate ratio (SRR), the ratio of 15-64 year-olds and 65+ crossed in 2013-2017, as the 65+ increased to a peak of 5.5 in 2014-2018. The 15-64 year-old ratio has decreased year on year since 2012-2016, with the current figure at 1.7, this shows that there are still more male suicides than female, although the difference is decreasing, i.e., female suicides are growing relative to males. An SRR >1 suggests that male deaths exceed females by the ratio value, for example, the 2018-2022 15-64 year-old SRR is 1.7, meaning male deaths are 1.7 times higher than female.

The trend in the 65+ has increased from 2011-2015 from 2.4 times higher males than females, increasing until its peak of 5.5 times in 2014-2018. Since that period the SRR has decreased and is now relatively stable at 4 times more male suicides than female.

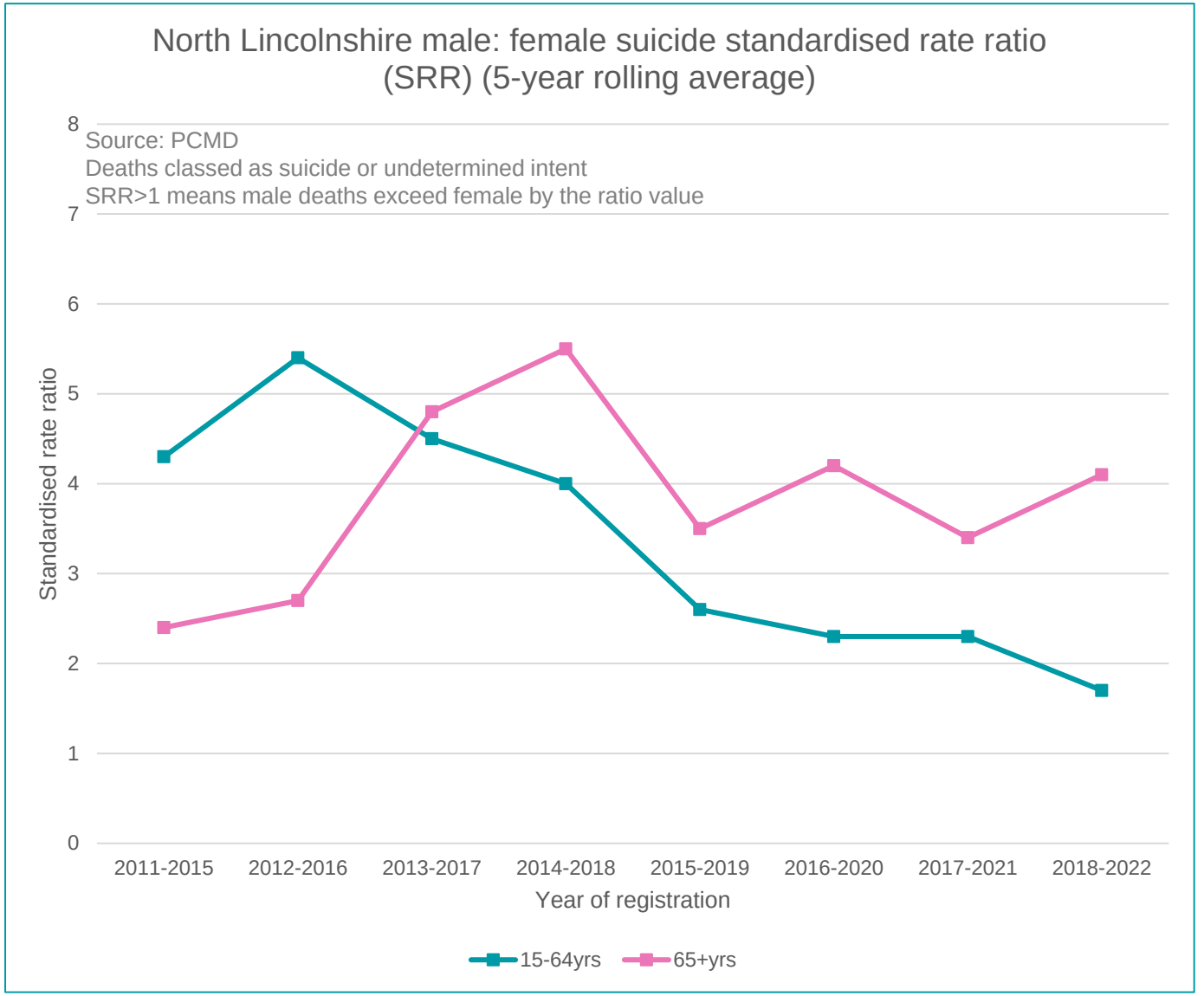


Chart 5

Age and Sex – Last 5 Years

Akin to national data, 75% of registered suicides in 2021, in North Lincolnshire were male. Although the number has remained consistent, with 75% of suicides being male in the last 5 years.

As the populations in the age groups differ, it is often better to look at the data as rates to account for the differing populations. Rates allow us to better compare where physical numbers are high or low for certain demographics. In terms of registered suicides by age group and rate, the 25-34 and 45-54 age groups are highest with rates of 14 or higher per 100,000. The lowest rate is in the under 25 age group, however, the numbers are too low to be displayed and have therefore been supressed. The over 65 age group is one of the highest in terms of physical numbers, although as this age group has a higher population, we see the rate reduce to potentially show the numbers of registered suicides in that group are not particularly high compared to the population numbers.

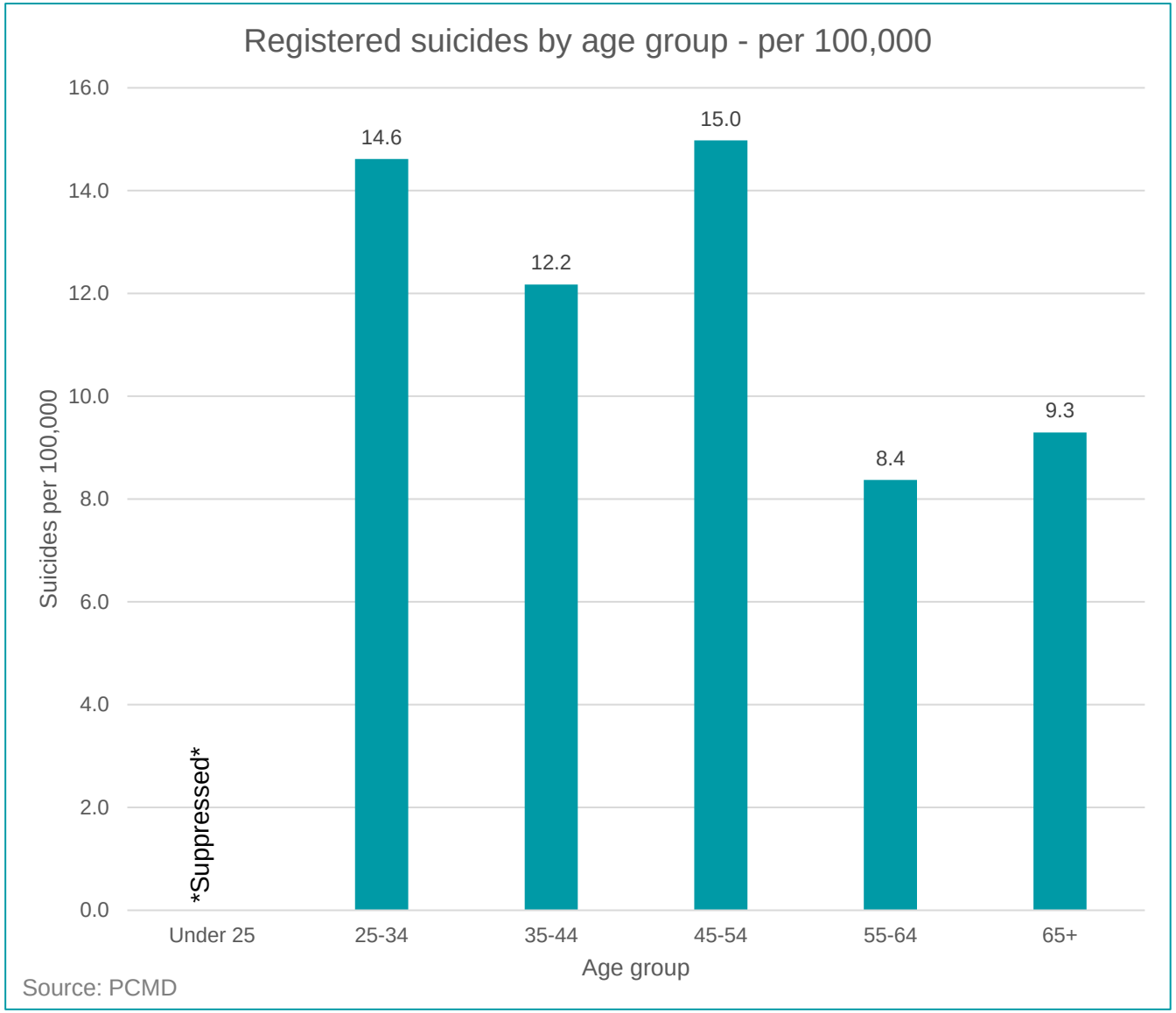


Chart 6

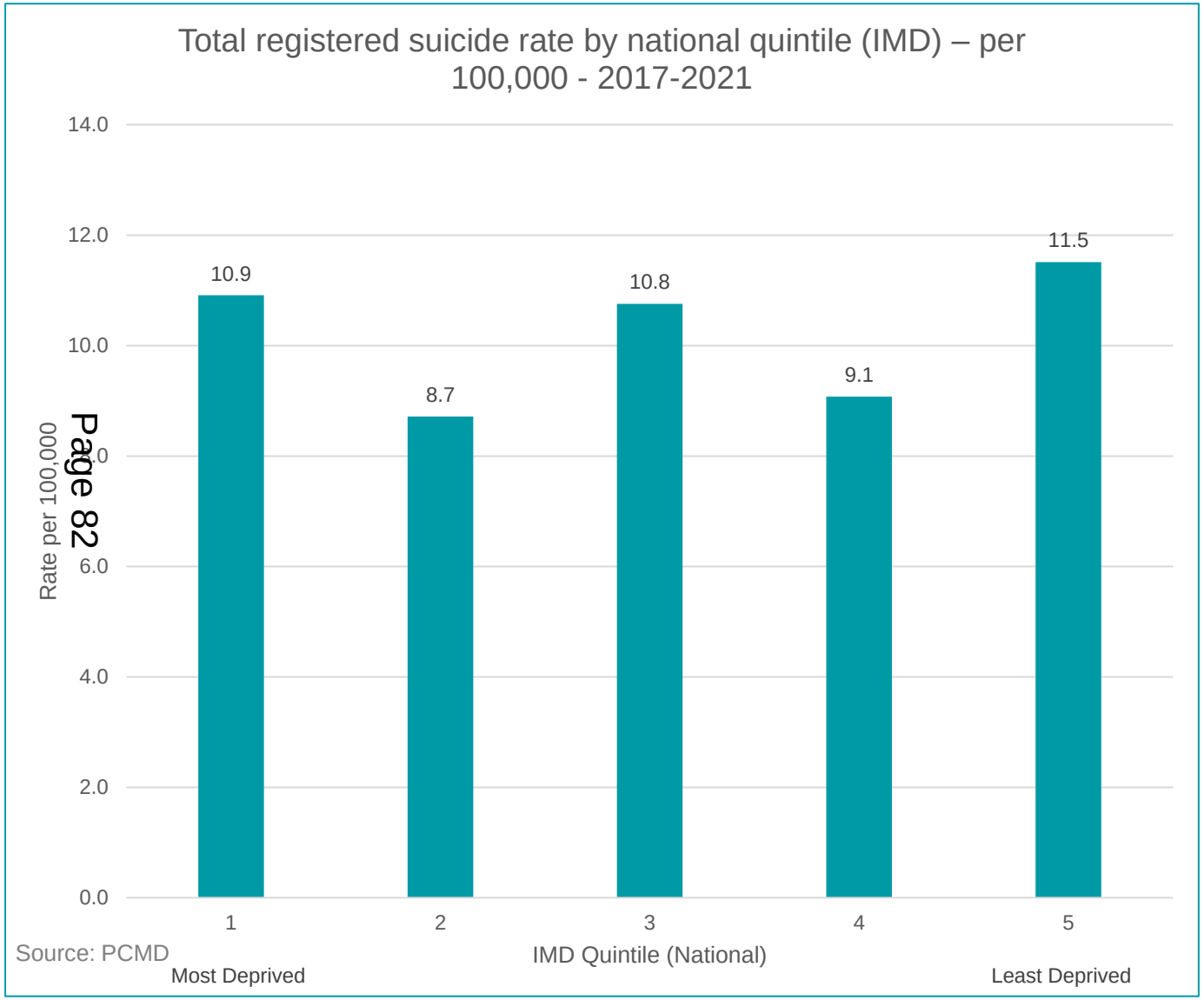


Chart 7

Deprivation

There is a relatively even spread across deprivation by quintile (national IMD), with the highest rates coming in the least deprived quintile. Quintile 1 and 3 have similar rates to quintile 5, with the lowest rate coming in the 2nd quintile with 8.7 suicides per 100,000.

According to a 2020 report published by the Office for National Statistics (ONS)(6), generally the highest rates of deaths come from the most deprived areas. Although, the gap between the most and least deprived areas can most commonly be seen among those in the working age group. Middle aged men in their 40's and 50's have had the highest rates of suicide of any age and gender in the past 10 years. For men of 43 years of age, the suicide rate in the most deprived areas is 2.7 times higher than that of the least deprived (36.6 to 13.5 per 100,000). The gap between suicide rates and deprivation was not seen in those under 20 and people of retirement age, it is likely that risk factors other than deprivation are more important. For younger people, pressures such as; childhood experience, academic issues and relationship difficulties are a likely cause. Whereas those of retirement age, deterioration of physical and mental health or psychiatric illnesses are known risk factors(6).

Real Time Surveillance

A process for gathering real time surveillance is in place. This includes data being shared across agencies to help identify trends that help inform the direction of suicide prevention work. North Lincolnshire's process currently works as follows, the Police (Humberside Police & British Transport Police) suspect that suicide may be a factor in a death, the suicide prevention leads in Public Health and Public Health Intelligence are notified. Discovery forms are sent to services (subject to the information sharing agreement in place) who may be able to contribute information to enable better understanding of the factors contributing to the decision by the deceased to end their life, for example mental health services, drug and alcohol services, GP, hospital, social services. The information gathered is used to inform suicide prevention work.

The advantage of RTS is that timely information about a suspected suicide can allow new patterns to be quickly identified. There are issues however with using this system to report on suicides. If the person is not known to the services, then little information will be learned at this stage. Further, as cause of death cannot be officially determined until a full coroner inquest is completed, several suspected suicides will be determined to not be a suicide at inquest. It is important to appreciate the distinction between suspected suicides identified through real time surveillance and those determined to be caused by suicide at inquest.

Data from real time surveillance shows that there has been an increase in suspected suicides in the past few years, with an increase from 9 in 2019, to 23 in 2021 and 2022. Current trend for 6 months to June 2023, shows similar pattern for the first six months of the previous 3 years.

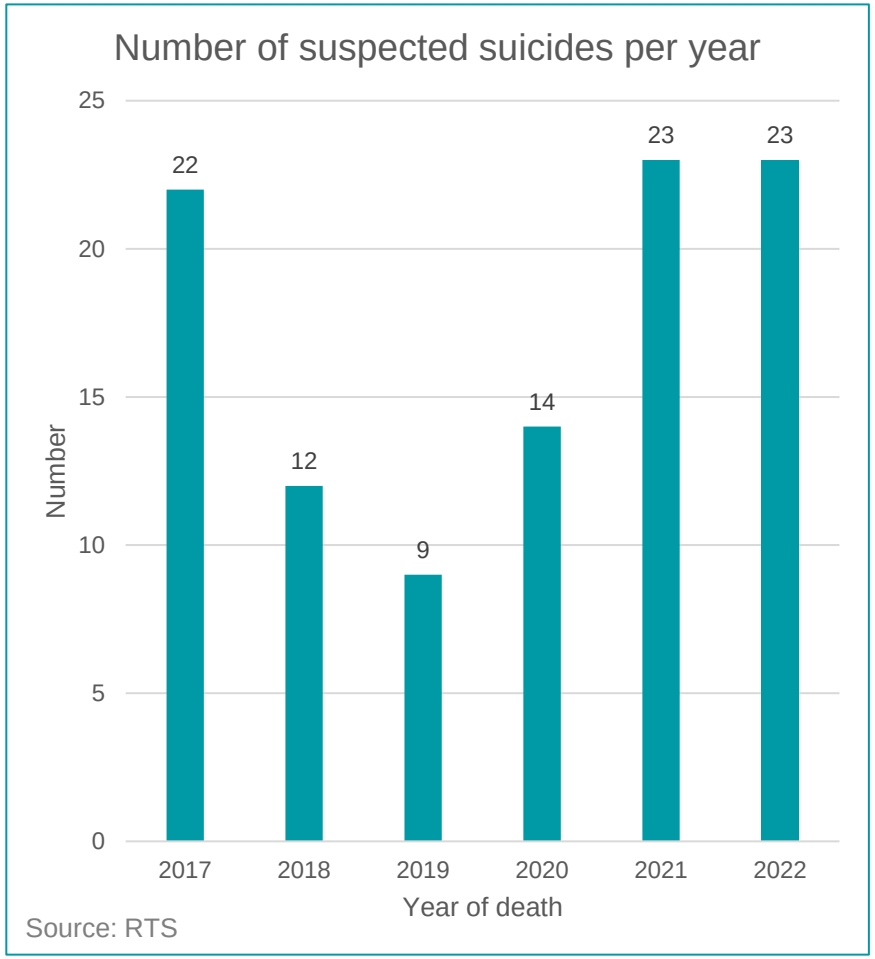


Chart 9

In 2021 PHE (now OHID) formed a National Working Group which drew upon expertise from DHSC, NHSE/I, emergency services, local government and the third sector in order to generate and oversee a national Real Time Suicide Surveillance (RTSS) system. Seed funding has been secured to assist all local areas in the establishment of real time data this year. This will significantly improve suicide monitoring, strengthen policy and investment planning, and enable more timely responses and actions. Importantly, RTSS will also facilitate the provision of bereavement support for those impacted by suicide in all local areas, as set out in the NHS Long Term Plan[5].

Age and Gender

In North Lincolnshire, there were 103 suspected suicides between 2017 and 2022. During this period, the male percentage was above the national average of 75%, as 79% of suspected suicides in North Lincolnshire were male (82 of the 103).

The 25-34 age group has the highest rates with 15.4 per 100,000 people, followed by the 45-54 age group at 12.6. The lowest rates come in the 10-24 age group at 8.5 suspected suicides per 100,000 people, followed by 55-64 at 9 suicides. When comparing the under 50 to the over 50s, 58% of suspected suicides in this period were in the under 50 age group.

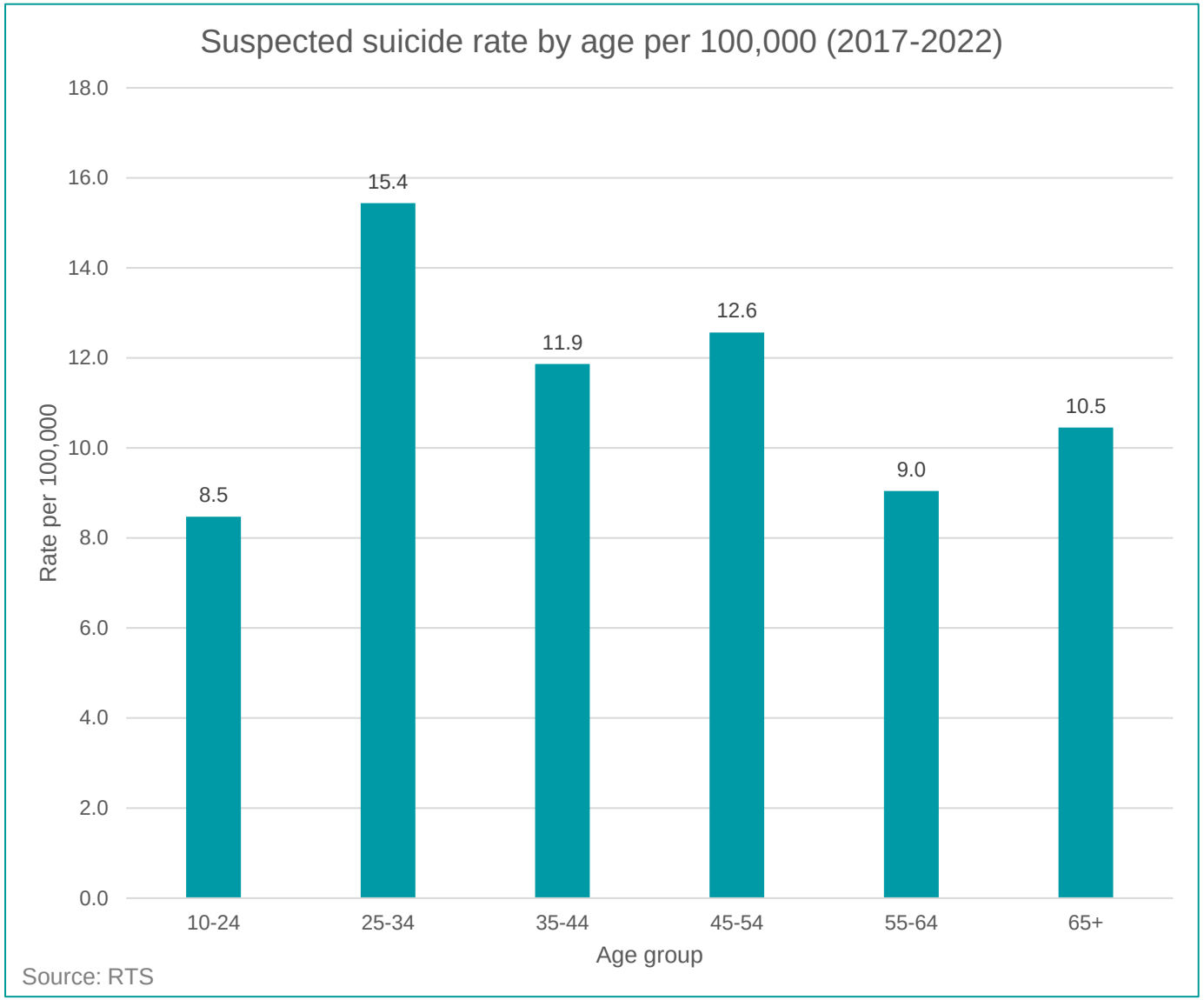


Chart 10

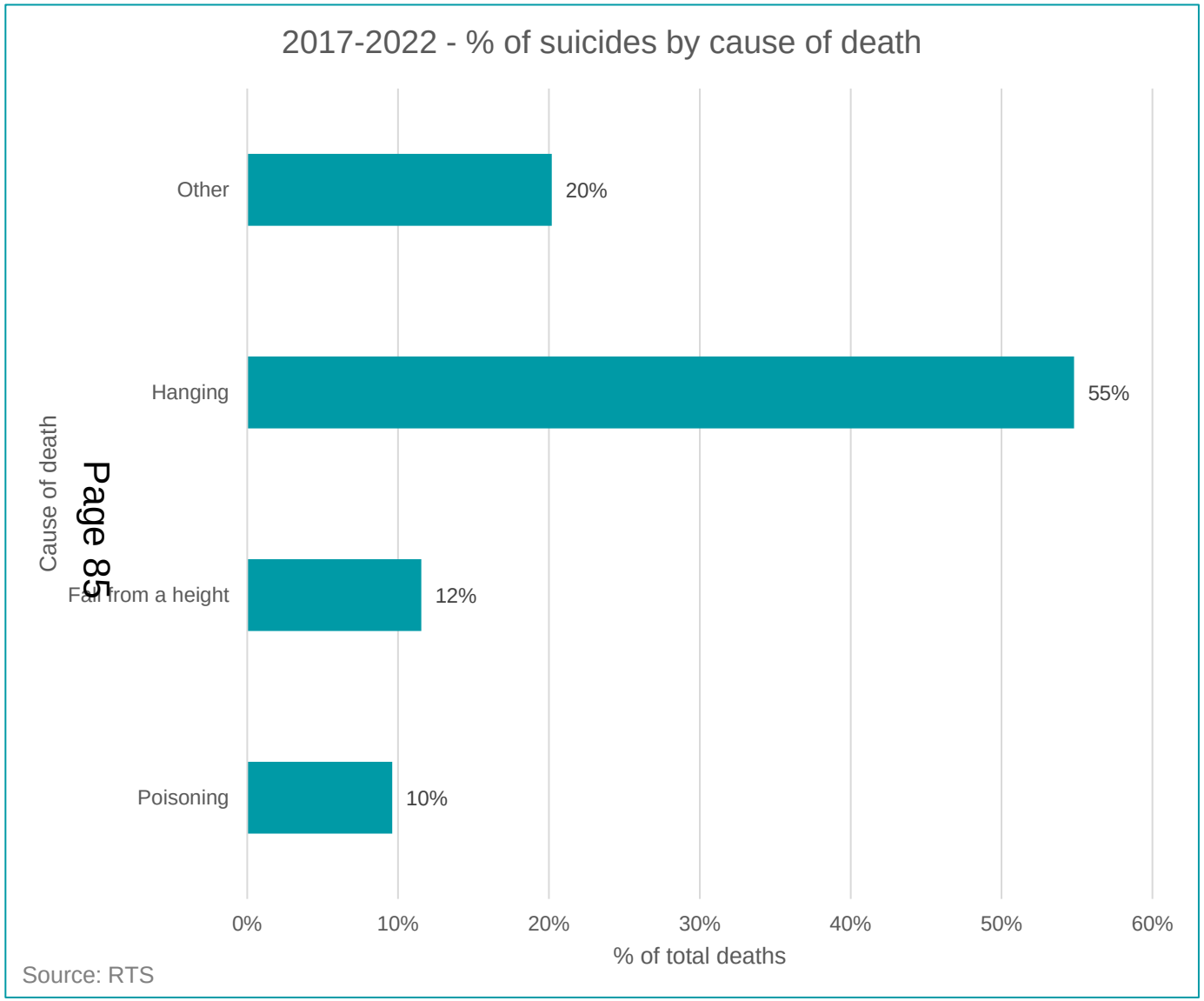


Chart 11

Method

Of total suspected suicides where method was known, hanging accounts for the largest proportion of suspected suicides in North Lincolnshire, with 55% in total. 20% of the total fell within the 'other' category, the cause of deaths within this category are asphyxiation, drowning, gunshots and lacerations. Fall from height was the 2nd highest individual cause of death with 12% of total suspected suicides, with poisoning 3rd at 10%.

Due to low numbers of suspected suicides in females, it is not possible to display the gender split figures within the chart. Hanging is the highest cause of death for males with other second, followed by fall from height and poisoning at lower numbers. Hanging is also the highest for females, closely followed by poisoning, with other and fall from height 3rd and 4th most common. Based on proportion of overall deaths, females were substantially more likely to choose poisoning than males. Similarly, males were much more likely to choose hanging over women.

Locality

The data shown in the chart to the right shows the home locality of suspected suicides between 2017 and 2022. When analysing as rates per 100,000, the rates are consistent across all 5 localities with Barton and District having the highest rate at 11.3 suspected suicides per 100,000. With Scunthorpe North becoming the lower at 9.8 suspected suicides. There were two potential clusters identified in Brigg & District, and Barton & District. A suicide cluster is a situation in which more suicides than expected occur in terms of time, place or both. These are typically 3 suicides, however, 2 suicides occurring in a specific community or setting (a school for example) in a short time period should also be taken seriously[40].

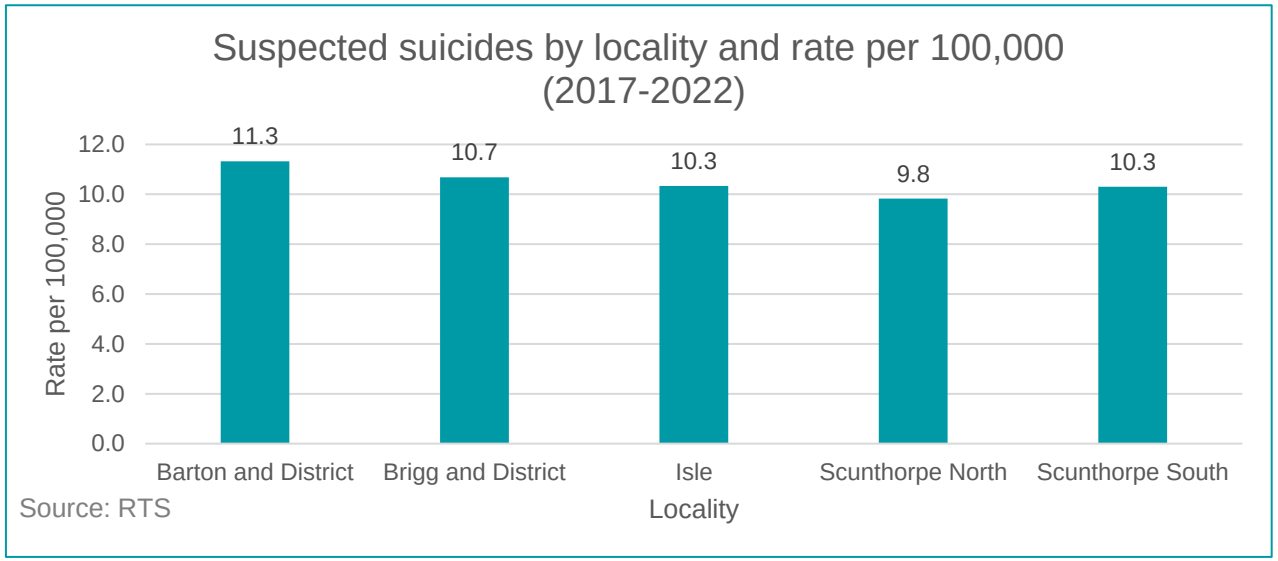


Chart 12

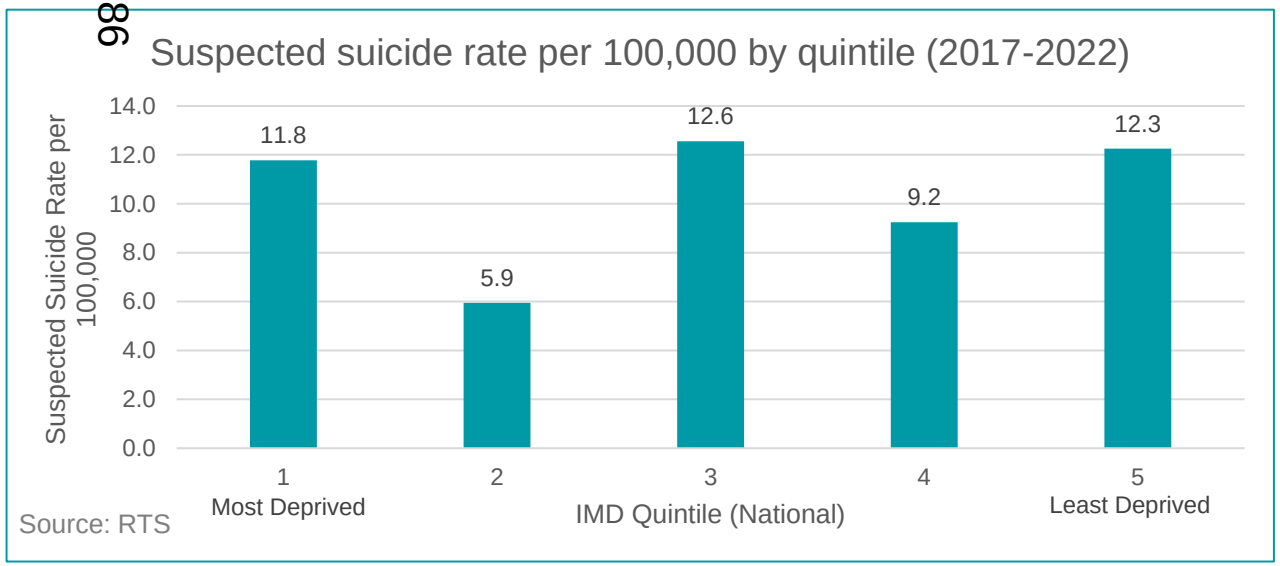
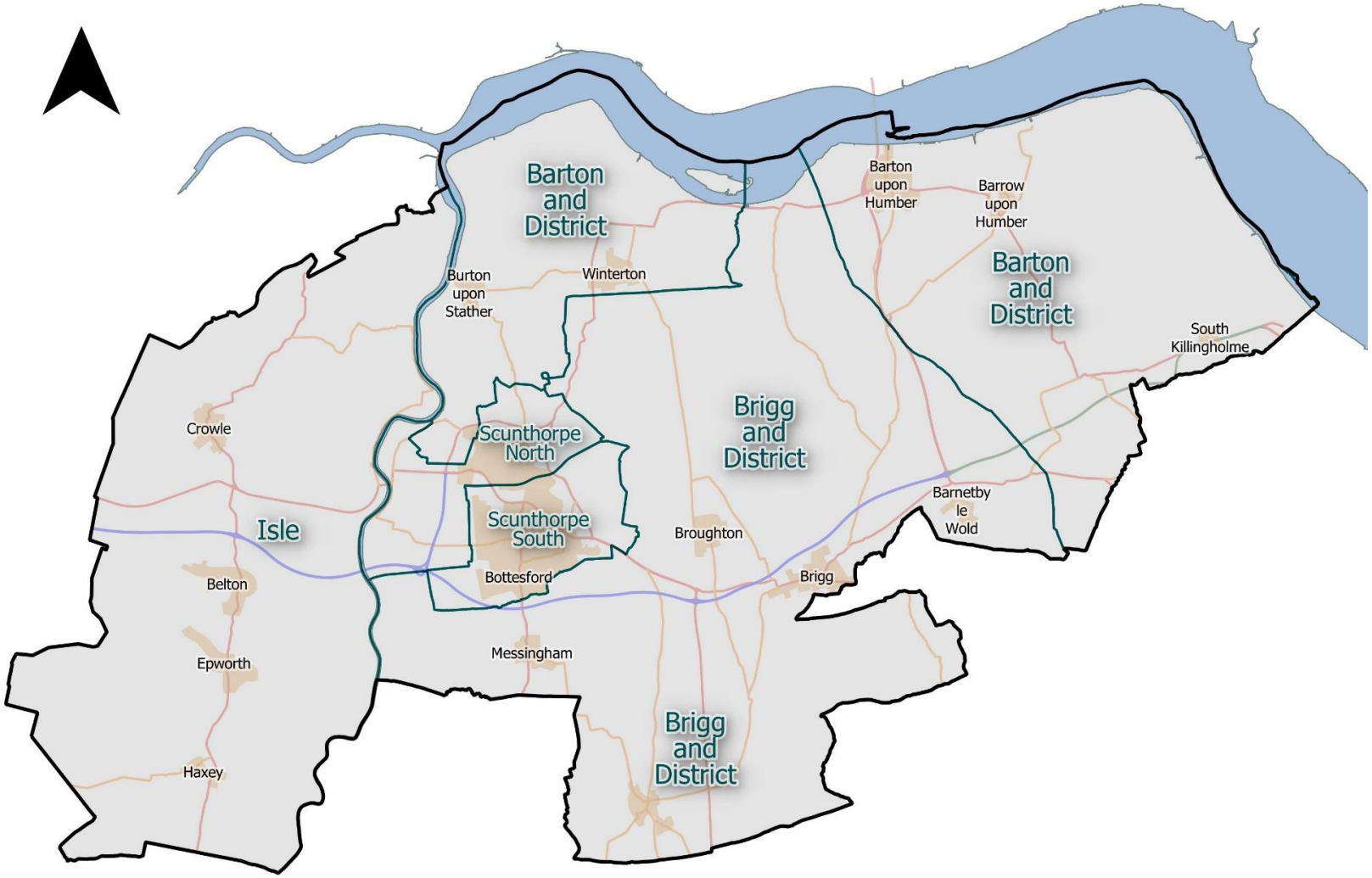


Chart 13

Place of Death and Deprivation

Just over 2/3rd of suspected suicides between 2017 and 2022 took place in private (usual place of residence). This is consistent for both males and females. Analysing deprivation by quintile and further deprivation by quintile and age we found there was little to no pattern between suicide rate and deprivation. Analysing by rate per 100,000 there is very little difference between the most and least deprived areas. With the least deprived areas having more suspected suicides by rate at 12.3 per 100,000, compared to the most deprived at 11.8. The most suspected suicides come in the 3rd quintile at 12.6.

North Lincolnshire Locality Map



Seasonal Trends

There is a common misconception or belief that suicide numbers increase in the winter months. Darker, colder days can lead to issues such as seasonal affective disorder, commonly known as winter depression(7). Winter also has several holidays such as Christmas and New Year, which could increase or lead to loneliness and lower moods. Although these issues are common, research and both national and local data show that suicide numbers in fact are higher in the spring and summer months(8). In 2020, ONS found that male suicide rates were higher between April and June with female suicides higher in the first half of the year(32). Suspected suicides in North Lincolnshire were 28% higher in spring and summer then they were autumn and winter, with the most suspected suicides coming in summer (31 deaths). As seen in the chart, suicides in fact increase during the summer months, until a drop off in September. Although the evidence shows that suspected suicides are higher in summer overall, the pattern is random and there is no real trend.

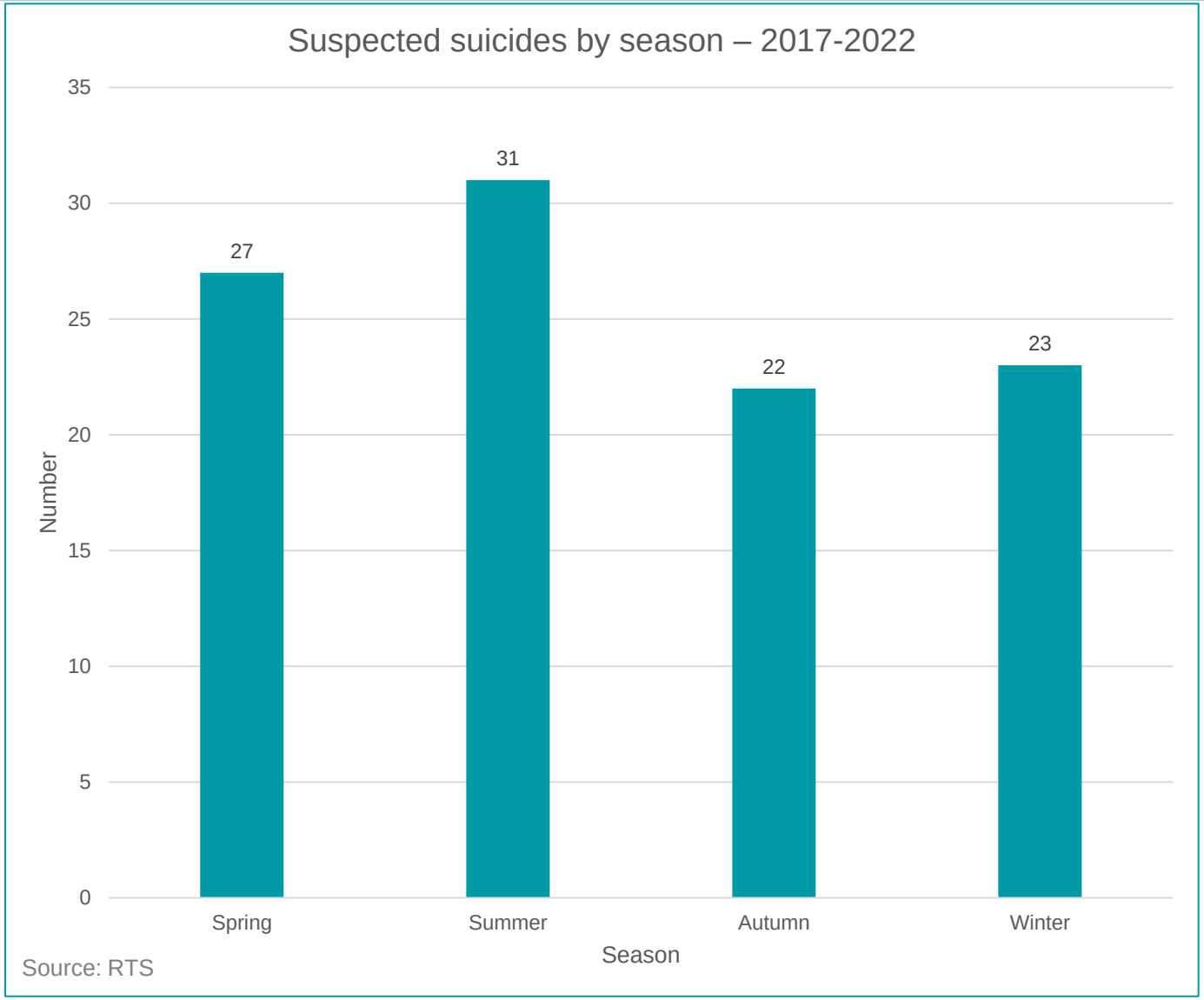
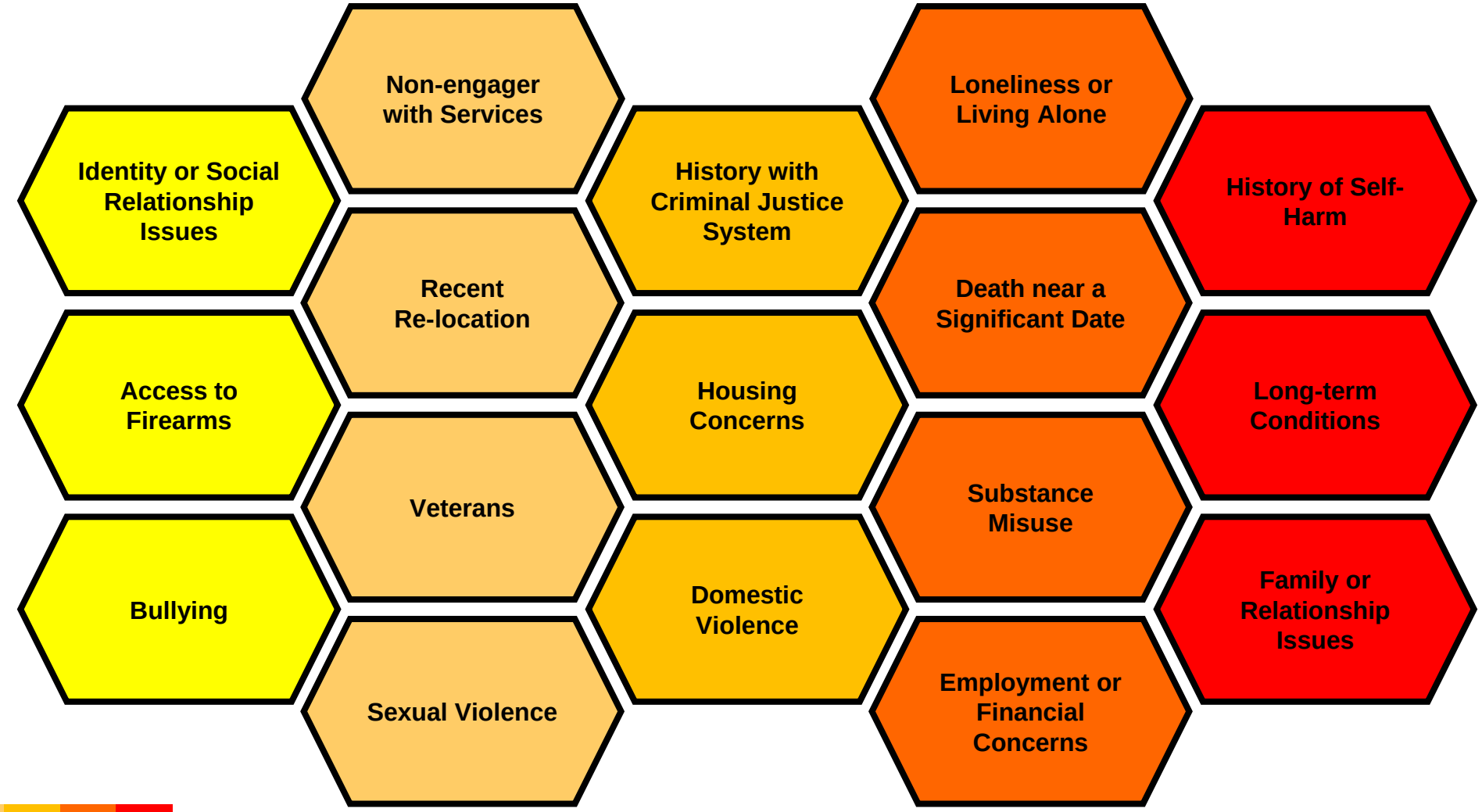


Chart 14

Identified Risk Factors between 2020 and June 2023



Key: Scale shows least to most identified risk factors

4.0 – Risk Factors

Risk Factors & Importance – 2020 to June 2023

In 2021, there were just over 5,500 suicides registered in England and Wales, which was significantly higher than 2020. The suicide rate continued to rise from 2017, with a drop in 2020 due to fewer male suicides during the pandemic and a delay in registering deaths, again due to the pandemic. A report published by ONS in 2020 suggested that during the years of 2001 to 2018 suicide, injury or poisoning of undetermined intent was the leading cause of death to both males and females aged 20-34 and was also the leading cause of death for males aged 35-49 between 2001 and 2015. With suicide rates continuing to rise it is clear this is an important topic for public health teams across the country. Research suggests that suicide is often preventable, through interventions which pursue the opportunity to raise awareness and combat mental health conditions and illness, while improving knowledge of both the recipient and people working with vulnerable groups, while also increasing staff members ability to recognise and manage people in crisis.

Pathway

As part of the real time surveillance data we receive, we also gain extra information regarding the mental health history of the deceased. The information provided, details any previous history of mental health issues, treatment or prescribed medication and whether they were previously known to mental health services. There is a known link between mental health illnesses and suicide, with suggestions that approximately 90% of individuals who die by suicide have a history of mental health illness, although the role mental health plays in suicide differs globally[33]. Along with a link of mental illness and suicide, there is further evidence to support specific mental disorders and suicide, especially in high-income countries[34]. Many suicides occur impulsively during moments of crisis that involve risk factors such as; financial problems, broken relationships, or a failure to cope with life stresses for example; chronic pain or illness. These disorders and risk factors are discussed further in the following slides.

4.0 – Risk Factors

There are several factors which are associated with increased risk of suicide in individuals, these are known as risk factors. Often, when a suicide takes place, there have been one or more risk factors affecting the deceased. It is not possible to determine with certainty that a particular risk factor, or combination of them caused the suicide but it may be inferred that they had influence in the decision. In many cases of suicide not all risk factors are known to anyone but the deceased. A greater understanding of risk factors can support suicide prevention, both at an individual and system wide level.

Through the real time surveillance process, risk factors that are known about the deceased by those contributing to the process can be identified. Of the suspected suicides analysed in North Lincolnshire between 2020 and June 2023, there were 22 different risk factors that were discovered.

Living alone and dealing with **family or relationship issues** were present in just under 40% of suspected suicides. Stravynski and Boyer, 2011[9] found a strong link between suicide or parasuicide and loneliness, including those that felt alone frequently or had few friends. 63% of those that lived alone also lived far away from family, which may have added to their feelings of loneliness, a further 53% were also dealing with family or relationship issues. The ending of and dealing with relationship difficulties was found to be associated with suicidal thoughts and behaviours, with divorced men being at the greatest risk of suicide, ONS reported divorced men were 3 times more likely to end their lives than those still married or in civil partnerships[31]. The ending of relationships could also increase the feeling of loneliness and separation, 29% of suspected suicides in this time period related to people who were living away from their family, again adding further evidence to the link between loneliness and suicide.

Living with **long-term health conditions** is another significant risk factor, present in just under 40% of the suspected suicides. Dealing with long-term conditions can lead to social isolation, low self-esteem, stigma and discrimination. Individuals may feel tired, stressed or worried when dealing with pain or the frequent testing and treatments that often accompany living with long-term conditions. These can have adverse effects on mental health, with studies suggesting that those dealing with long-term conditions are twice as likely to develop a mental health condition[12].

4.0 – Risk Factors

Self-Harm was a risk factor identified in over 45% of suspected suicides between 2020 and June 2023. It has been suggested that self-harm is a strong predictor of future suicide risk, with more than a quarter of women aged 16-24 self-harming at some point in their life, drawing more focus on the younger age groups, in particular young women[35]. Self-harm is a sign of emotional distress and although it there is not a direct link between self-harm and suicide, continued, long term self-harm is associated with developing thoughts of suicide[36]. Both general and emergency hospital admissions in North Lincolnshire are significantly below the England average (per 100,000 people), while further being one of the smallest rates in the local area[37, 38]. Regardless of the lower hospital admission rates, it is clear from the number of times it has been identified within the suspected suicides, that is a risk factor that must be given consideration and those at risk of self-harm must be helped to find the support they require. North Lincolnshire has seen an increase in the number of suicides for older adults (65+), particularly in males. Research conducted by Murphy et al. (2018) found a clear link between self-harm and suicide risk in older adults, the research found that older adults presenting to hospital with self-harm injuries were 67 times higher than the general population of committing suicide. Further, the suicide risk for older adults was 2.8 times higher than younger adults for those with a history of self-harm[39].

Bereavement was a factor found in numerous suspected suicides, it is suggested there is an increased risk of various causes of death, in particular suicide, due to the stress such a life event has on an individual[13]. The suicide risk of a widowed person increases in the first days, weeks and months after a suicide, although it is also suggested that the increased risk of suicide decreases following the first year[14]. This information is supported by de Groot et al. (2013) who found that 26% of those bereaved of suicide considered suicide ideation 2.5 months following the suicide, however, this number fell to just 9% at 8 months following bereavement[15]. This highlights the need for immediate action to support those going through bereavement linked to suicide, in North Lincolnshire we are fortunate enough to have multiple services that support those dealing with the effect of suicide, including, the together service and a service operated by the charity Mind.

4.0 – Risk Factors

Involvement with the criminal justice system was a risk factor found in several suspected suicides in North Lincolnshire. Bryson et al. (2020) studied suicide prevalence in people involved with the criminal justice system. The study found higher 12-month prevalence of suicide attempts in those involved in the criminal justice system to those that were not involved[16]. The prevalence was 2.8% for those who have been involved in the criminal justice system, with 1% for those with no involvement. Involvement included an arrest, probation or parole, with the highest prevalence being those with an arrest in the last 12 months at 3.3%. A second study found suicide risk was most strongly linked to those with psychiatric treatment sentencing and those with charges conditionally withdrawn[17]. It is proposed that confinement, parole or probation conditions and arrest, may precipitate psychological distress, trauma and suicide ideology[18].

Research found an association between depressive symptoms, suicide attempts and **intimate partner violence**, for both men and women[20]. Further research conducted by SafeLives found that victims of domestic violence reported a negative impact on their health. These issues included: a feeling of low esteem and self-worth, in which 90% of participants reported this feeling, a further 88% reported feeling confused, exhausted, anxious, lack of motivation and emotionally withdrawn or shut down. 84% of participants suggested they also felt lonely and isolated with 47% reporting suicidal ideation[21]. Research conducted in Kent found that 63% of domestic abuse victims felt depressed or suicidal, with 19% of suicides in 2020 in the county had been impacted by domestic abuse[22].

There is an association between **sexual violence** and a variety of mental health issues. These include depression, psychosis, substance abuse problems and post-traumatic stress disorder[19]. Research conducted by Khalifeh et al. (2015) found that 40% of patients in contact with secondary mental health services had experiences sexual violence while adults, with 10% of those experiencing it in the last 12 months[23]. More than half that reported having a history of sexual violence had also attempted suicide as a result of their experiences.

4.0 – Risk Factors

Drug and alcohol abuse was a common theme amongst the risk factors for this time period. Alcohol and drug abuse together, was present in over 35% of suspected suicides. Substance abuse can lead to suicide through disinhibition, impulsivity, and poor judgment, but it can also be used as a means of relieving the distress associated with suicidal behaviour[10]. This includes those that use prescribed medication, specifically opioids, as there are strong links between higher prescribed doses of opioids and suicide[11].

Financial strain, including those with employment and unemployment problems, has been identified as another risk factor for suicide, present in a number of suspected suicides in North Lincolnshire. Unemployment is linked with financial concerns as an individual's ability to earn money is limited. Studies suggest a strong link between a multitude of financial concerns and suicide. A study performed in the United States of America found that financial debt and crisis, unemployment, lower income and past homelessness were all associated with suicide attempts, both individually and cumulatively. This study found that if a person demonstrated an issue with all 4 financial strain variables their chance of attempting suicide was 20 times higher compared with respondents demonstrating none of the financial strain variables[24]. Having issues with employment and unemployment was found to have a two to threefold increase in the risk of death by suicide, compared with being employed[29]. Long-term unemployment also has a high risk of suicide, with risk greatest in the first 5-years, persisting at a lower level up to 16 years of unemployment[30]. A charity called Second Step offered a psychological intervention in Bristol, North Somerset and South Gloucestershire, aimed at tackling high suicide rates amongst men experiencing financial and other difficulties. Through this intervention they were able to reduce depression score by 49% and reduce those service users with suicidal ideation from 52.5% to 40.9%. Financial self-efficacy scores also increased by 26%, while qualitative follow ups showed service users to have highly valued the intervention, with one such participant declaring the intervention saved their life[25]. This evidence shows the value of such commissioned interventions and mental health services in tacking suicide and mental health illnesses.

4.0 – Risk Factors

Armed Forces Veterans. A new method of recording veteran suicides in England and Wales has been announced, alongside a 10 year look back to examine veteran deaths through suicide. For the first time, numbers of ex-service personnel who take their lives will be recorded officially by the government, following an agreement between the Office for Veterans' Affairs (OVA), the MOD and the Office for National Statistics (ONS). This data will be used to further understand where there is a need for dedicated services in England and Wales. The data will allow the government to ensure that these targeted services are signposted to veterans, where they are needed most. The new reporting method will use data collected from the recent veteran's question in the 2021 Census and match it with ONS-held data on suicides. This will allow the government to produce a statistic, known as a national measure, of the total number of veterans who die by suicide each year. This is the first time such a figure will be produced. It is expected that the first annual statistics will be published in 2023[26]. Locally, there are 7,651 veterans living within North Lincolnshire, these are broken down into three groups. 6,281 served in the regular armed forces, 1,044 served in the reserves and 326 served in both the reserve and regular forces.

The provision of veterans' health care, including mental health care, is primarily the responsibility of the NHS. Veterans can access all the mental health services available to the general population. On top of that, the NHS provides a wide range of specialist services for veterans. Through the Armed Forces Covenant, Veterans in England, Scotland and Wales receive priority access to NHS secondary care for Service-related conditions, subject to clinical need of all patients. The Armed Forces Covenant ensures that those who serve or have served in the British Armed forces, and their families, are treated fairly, and will not be disadvantaged in accessing public services due to their military service. Levels of Covenant delivery are inconsistent across the UK, and disadvantage remains in some areas, this has been attributed to a lack of awareness of the uniqueness of service in the Armed Forces[28].

4.0 – Risk Factors

The mental health problems experienced by military personnel are the same as the general population, although experiences during service and the transition to civilian life mean that their mental ill health may be triggered by different factors. Post Traumatic Stress Disorder (PTSD), depression, anxiety and substance abuse affect a significant minority of service personnel and veterans. A very recent study of 10,000 serving personnel (83% regulars; 27% reservists) found lower than expected levels of PTSD. Common mental disorders and alcohol misuse were the most frequently reported mental health problems among UK armed forces personnel. Levels of alcohol misuse were substantially higher than in the general population[27]. The main findings were as follows:

- 4% reported probable post-traumatic stress disorder.
- 19.7% reported other common mental disorders.
- 13% reported alcohol misuse.
- Regulars deployed to Iraq or Afghanistan were significantly more likely to report alcohol misuse than those not deployed.
- Reservists were more likely to report probable post-traumatic stress disorder than those not deployed.
- Regular personnel in combat roles were more likely than were those in support roles to report probable post-traumatic stress disorder.
- Experience of mental health problems was not linked with number of deployments.

5.0 – What we are currently doing?

Public Health led Suicide Prevention work in North Lincolnshire

Suicide Prevention Steering groups

North Lincolnshire have well established Suicide Prevention Steering groups in place that meet quarterly. The multi-agency groups lead the Suicide Prevention action plans and agenda across the respective areas.

Suspected Suicide Learning Panel (SSLP)

The Suspected Suicide Learning Panel (SSLP) is an important element of the North Lincolnshire Suicide Prevention Strategy, the North Lincolnshire Suicide Prevention Group is the delivery group responsible for this strategy and, together with panel members, will lead on the implementation of actions arising from the panel meetings.

The factors leading to someone taking their own life are complex and no one organisation is able to directly influence them all. However, it is important that lessons are learned from each suspected suicide by reviewing the circumstances and the way in which local professionals and organisations work individually and collectively with an aim to avoid future loss of life.

Proposed aims of the suspected suicide learning panel includes:

- Exploring the circumstances surrounding suspected suicides where common themes may exist and to learn from these circumstances with the aim of preventing further suicides
- Translating the learning into actions with the aim of preventing further suicides.
- Contributing to a better understanding of the nature of suicide and highlight good practice in preventing suicide.

5.0 – What we are currently doing?

Real Time surveillance

A process for gathering real time surveillance is in place across Northern Lincolnshire. This includes data being shared across agencies that help identify trends that help inform the direction of our suicide prevention work. The process for Northern Lincolnshire is - when the police (Humberside Police & British Transport Police) suspect their death to be suicide, the suicide prevention leads in Public Health and Public Health Intelligence are notified. Discovery forms are sent to services who may know the deceased, for example mental health services, drug and alcohol services, GP, hospital, social services. Information is gathered and used to inform suicide prevention work. The advantage is that new patterns can quickly be identified but the disadvantage is that for those not known to services we can't find out as much about them until the audit of coroner's notes (*this can be 1-3 years after their death).*

Contagion Action Plans (CAP)

Contagion Action Plan known as a CAP that is instigated if there is a potential or possible risk of suicide contagion. This will ensure a formal process is followed to limit any further suicides taking place from those connected to the initial case.
We have had to instigate several cap meetings this year.

5.0 – What we are currently doing?

Suicide Prevention Training

Alongside LivingWorks SafeTALK and ASIST the local authority held 8 suicide prevention training courses, attended by 185 people in total. 99% of the attendees found the training informative, useful and would recommend the training to others. Extra funding has been allocated for future training on suicide prevention.

Northern Lincolnshire Stakeholder Partnership workshop - 5th October 2022

A Northern Lincolnshire suicide awareness event was held on October 5th, 2022, to raise awareness of current trends and look at our plans to ascertain what else we need to do across our system partners. The event attracted over 60 stakeholders who participated in a workshop which resulted in an array of rich information that can be used to further enhance our prevention agenda for reducing suicide prevalence locally.

The aims of the event:

- To raise awareness and engagement among system partners about suicide prevention work
- To present the Northern Lincolnshire public health approach and plans to prevent suicides
- To engage with system partners in further development and delivery of plans to present suicides

5.0 – What we are currently doing?

Communication Plan

We have a number of campaigns that we promote throughout the year including promoting September World Suicide Day, October World Mental Health Day, Children Mental Health week, various resources are collated and promoted via comms and shared with local employers/organisations. Communications are shared at times of risk i.e. the recent and previous clusters in Barton to encourage people to talk about their mental health and how to access support. We have organised partners to come together to attend local park runs as part of Suicide Prevention awareness day

Reducing the risk- Suicide Prevention Directory

PH have produced a directory which includes information on early identification of those who could be at risk, promote training, signposting, and promoting 5 steps to wellbeing. This has been shared with partners, voluntary sector, community groups.

HNY Health and Care Partnership LTC/Chronic pain and suicides task/finish group

NLC has led on the development of a working group that aims to respond to the increased risk of suicides among people with long-term conditions or who suffer from chronic pain by participating in a scoping exercise to come up with an evidence-based action plan to reduce the risks of suicides across the patch. This group meets every two months.

Objectives

Share good practice and expertise and develop new or best practice approaches, focusing on priority challenges identified by task/finish group members where there would be added value to collaboration at a regional level.

Identify where new gaps, strategies and initiatives are needed to promote suicide prevention and reduce suicide risk among people diagnosed with LTC/chronic pain across the region. Develop an evidence-based, strategic action plan that influences the role of place and clinicians to promote the importance of suicide awareness among the LTC/chronic pain patients

Together Service Bereavement Support

Support services after suicide (otherwise known as postvention services) are commissioned in line with the National Suicide Prevention Strategy for England in which providing better information and support to those bereaved or affected by suicide is an area for action.

Specific actions for postvention services include providing:

- Effective and timely emotional and practical support for families bereaved or affected by suicide, to help the grieving process and support recovery
- Effective responses to the aftermath of a suicide
- Information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide

Individuals bereaved by suicide are themselves at increased risk of suicide, suicide ideation, depression and poor social functioning. This service will provide comprehensive support for people bereaved or affected by a death by suicide.

Nationally the Support after Suicide Partnership produce a leaflet with information that supports and guides people affected by suicide. This leaflet explains how they may be feelings and what happens during the process of dealing with a suicide, both in terms of official records and requirements, plus the emotions they may experience.

The ‘Together Bereaved by Suicide’ service provides support for individuals of any age who have been affected, witness to or bereaved by a death due to suicide, or suspected suicide. The service is funded by Humber and North Yorkshire Health and Care Partnership with delivery by Hull and East Yorkshire Mind and North and North East Lincolnshire Mind. The ‘together service’ provides this support immediately after a suicide, Humberside Police will obtain consent , and send the referral to The Together Service.

6.0 – What we would like to achieve?

Northern Lincolnshire Strategic Framework for Suicide Prevention Action Plan 2022- 2025

Our Vision: To work towards - Zero deaths by suicide in North Lincolnshire

Strategic Context:	Preventing Suicide in England: a cross-government outcomes strategy to save lives	The NHS 5 Year Forward View	The NHS Long Term Plan	Local Suicide Prevention Planning: a practical resource	The Prevention Concordat for Better Mental Health
Priorities	1.Reduce the risk of suicide and improve the mental health of key high-risk groups	2.Reduce access to means of suicide	3.Communications & support the media in delivering sensitive approaches to suicide and suicidal behaviour	4.Support research, data collection and monitoring	5.Provide better information and support to those bereaved or affected by suicide
Example actions:	• Reduce the risk of suicide in men aged 30-50, by identifying and raising awareness of non-clinical support groups who can support with life events that are linked to increase risk (e.g., relationship breakdown) • Offer appropriate training to community members and professional who are or in contact with individuals of high risk	• Engage with NLC licencing to raise public house and taxi drivers' awareness of signs of suicidal ideation and risk • Develop and empower public houses and taxi drivers in communicating and signposting individuals showing signs of suicidal ideation	• Develop and implement communication plan that increases engagement with protective factors and behaviours • Reduce the stigma to access support and talk about suicide through consistent media communication	• Use Real time Surveillance (RTS) to analyse and understand new patterns and current trends. • Use RTS to help identify clusters and contagion and ensure any response is made in a timely manner	• Engage with partners to determine a process of identifying the children of individuals suspected of completing suicide • Engage with partners to determine a method that ensures bereavement support is made available to all bereaved by suicide
Key outcomes to include:	• Reduction in suspected suicides in high-risk groups • Increased completion of relevant training and sustained impact of training	• Reduction in suspected suicides in which individuals have been in contact with others where communication could have been made to interrupt suicidal intentions	• Evidenced impact of communication campaigns in increasing engagement in support services, protective factors and training uptake	• Continuous analysis within RTS that influences action planning and limits clusters	• All children bereaved by suicide are identified • All individuals bereaved by suicide are aware and able to access bereavement support
Example Enablers	System partners: Primary Care, VCSE, ICB, ICS, LA', providers	Evidence of what works	Communication mechanisms across the system	Public Health Intelligence Unit Data Analysis	Mental Health considered in all policies

7.0 – What do the local people say? The positives to the local suicide prevention plan

- **Collaboration:** The multi-agency approach to suicide prevention allows sharing of ideas and developing new strategies or approaches from other agencies. With the wide range of agencies, there is a wealth of knowledge from all the professionals involved.
- **Information Sharing:** Further to the collaborative approach, information is shared in a timely manner, which further aids support and addresses any potential issues that are found.
- **Real Time Surveillance:** The impact real time surveillance has had on the ability to see trends and clusters in a more efficient way. Further, the information we gain from these forms to gain further insight into the risk factors that surround suicide in the local area.
- **Suicide Cluster and Contagion Meetings:** These meetings are fully engaged, aiding the ability to respond to the highlighted clusters. With continued support within the area the cluster appeared.
- **Community Meetings:** Regular meetings with the community to allow feedback and find new solutions to tackle suicide prevention in that local community.
- **Part of a Larger Suicide Prevention Team:** Being part of the Humber and North Yorkshire Health and Care Partnership suicide prevention steering group enables the local partners to keep abreast of current developments and link in with other partners as a means of promoting the project, thus, helping more people.

"The work that has taken place with North Lincolnshire suicide prevention lead and senior leaders has been amazing. The positive attitudes, the passion, the motivation and the willingness to step outside of the box and go above and beyond has made a real difference and I know that this has also saved lives"

8.0 – Key challenges, issues and unmet needs

After discussion with local partners, the following issues were highlighted:

- **Funding:** One of the key things discussed by a multitude of local partners was the issue of lack of funding and further a lack of resources to help improve suicide prevention.
- **Capacity and Staffing Levels:** Humber and North Yorkshire is a particularly large region, making it difficult to give support to all that require it. Roles require a wider remit than just suicide prevention, therefore, new systems have an impact on posts and their required time to fulfil. Further to this, not all partners can attend meetings, which leads to potential inconsistency and interrupts the flow of progress.
- **Volunteer Numbers:** There is a struggle in this area to recruit volunteers to offer face to face support to those who require it.
- **Signposting and Risk Factors:** Primary care need a greater insight into suicidal risk factors and how to signpost individuals to appropriate services.
- **Training:** A potential unmet need is to offer suicide prevention training to the public, to help save lives and reduce the stigma surrounding suicide.
- **Substance Misuse Complexities:** There is an increasing complex to substance misuse, with differences between adolescent and adult use. Further complexities in cannabis use, with importance given to it's impact on emotional wellbeing and mental health deterioration.
- **Encouraging People to Talk About Mental Health:** Coming together to work on suicide prevention can be a challenge as some communities of people still keep it hidden.
- **Specialist Services:** Engaging and gaining specialist services to ensure better support for those at risk.
- **Improved Real Time Surveillance Forms:** Forms to include questions on the victims children and children's ages if possible.
- **Refined Action Plans:** Action plans tend to be too broad, reducing capacity and increasing the efforts to improve them.

9.0 – Recommendations

After discussion with local partners, the following recommendations were highlighted:

- To work across the place and ICB footprints to influencing partners' plans and agendas to identify opportunities to improve outcomes, particularly around the risk factors groups identified in the report.
- To instigate improvements in the urgency and provision of crisis care support
- Promote and discuss the idea that it is not necessarily always mental health that leads to suicide.
- Feedback from service users indicates that we need to be careful with our use of language and for those who don't use mental health services our vocabulary may be meaningless.
- Lack of low-level support leaves people without a safety net and needs particular attention. Especially those that are isolated or lonely.
- Potentially missed or lack of support for certain groups. Those aged between 16 to 18 have their mental health issues possibly not taken seriously. More work needs doing with LGBTQA groups, those with disabilities and older adults.
- Increased training on how physical conditions and long-term health conditions can increase the risk of suicide.
- A co-ordinated campaign around public health messaging of how and where people can access support when they feel they cannot cope.
- Services for those at risk are under capacity, which leads to gaps in the service they provide. Volunteer and Community Sector attempt to fill those gaps, however, sometimes this is not a suitable option and needs addressing.
- Better information sharing between agencies, allows for a more seamless support network.

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WHERE TO SIGNPOST- SUPPORT FOR ALL AGES

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries Tel: 08000150211 or Crisis Support** 03000 216000 The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• North Lincolnshire Mind offer mental and emotional wellbeing support including individual 1-1 support, Wellness recovery action planning (WRAP), group and peer support sessions. Printers Yard , Fenton Street, Scunthorpe DN15 6QX. Tel: 01724 279 500 Email: support@nlmind.org The Haven - North Lincolnshire MIND Support for people aged 16+ during evenings and weekends Tel: 01724 279500 (4pm to 12 midnight)
OTHER MENTAL HEALTH HELPLINES	• SANEline Tel: 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably Tel: 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide Tel: 0300 1020 505 (4pm - 12pm) • Tomorrow Project: www.tomorrowproject.org.uk • Shout Crisis Text Line Text "SHOUT" to 85258
NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• Survivors of Bereavement by Suicide (SOBS) Contact Nina Tel: 07528 788 823 • Find local support near you at www.talksuicide.co.uk/get-help • Bearded Fisherman Website: http://www.beardedfishermen.org.uk/ Tel: 0300 365 0019 Email: support@beardedfishermen.org.uk • Andy Mans club: www.andysmanclub.co.uk • Citizens Advice North Lincolnshire aim to help everyone find a way forward, whatever problem they face. Visit: https://citizensadvicenlincs.org.uk/ you can also follow their social prescribing social media page for up-to-date information and news. Visit: https://www.facebook.com/citizensadvicespservice/
BEREAVEMENT	Grieving when someone dies by suicide can be incredibly difficult and support is available: • Together Service – Northeast Lincolnshire MIND Tel: 01472 349991 Email info@nelmind.org.uk • Survivors of Bereavement by Suicide (SoBS)- national helpline Tel: 0300 111 5065 (9am - 9pm 7 days a week) • Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

North Lincolnshire Council

WHERE TO SIGNPOST-AGE SPECIFIC; OVER 18s

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries TEL: 08000150211** The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• Adult mental health service – RDASH provide a range of mental health support, including crisis support. In a mental health crisis, they can be called on 03000 216000 Free number for this same line is 0800 015 0211 • NHS North Lincs Talking Therapies provides talking therapies to adults who are experiencing common mental health problems such as depression, stress or anxiety. You can contact the service by contacting NHS North Lincs Talking Therapies on 03000 216 165 or by completing online referral form. https://iapt.rdash.nhs.uk. You can also visit their website which contains a range of self-help guidance at https://iapt.rdash.nhs.uk/
OTHER MENTAL HEALTH HELPLINES	• SANEline Tel: 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably Tel: 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide Tel: 0300 1020 505 (4pm - 12pm) • Tomorrow Project www.tomorrowproject.org.uk • Shout Crisis Text Line Text "SHOUT" to 85258 • Andy's Man Club www.andysmanclub.co.uk
NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• One for the Lads www.facebook.com/14forthelads • One for the women www.facebook.com/womansupportingwoman • Woman supporting Woman: Peer support group https://www.facebook.com/womansupportingwoman/ • GEO Men's' Talking Group Meet every Tuesday evening at 6pm: Baysgarth School annex, Barton-upon-Humber. Email: enquiries@hull4heroes.org.uk Armed forces hub, 186 High Street Scunthorpe. Email: enquiries@hull4heroes.org.uk • Break The Stigma, The MoveMENt and New Beginnings: Host Men's and Women's Group monthly sessions at New Beginnings Personal Training & Wellness Facility, Unit 2, Davidson House. East Common Lane, Scunthorpe, DN16 LDD. Visit: www.startanewbeginning.co.uk or email: sgnewbeginning@outlook.com
BEREAVEMENT	Grieving when someone dies by suicide can be incredibly difficult and support is available: • Together Service – Northeast Lincolnshire MIND Tel: 01472 349991 Email info@nelmind.org.uk • Survivors of Bereavement by Suicide (SoBS)- national helpline Tel: 0300 111 5065 (9am - 9pm 7 days a week) • Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand • Cruse Bereavement Care Visit: www.cruse.org.uk. Email: south.humber@cruse.org.uk or Tel: 0808 808 1677 (National) or 07488 253 640 (Local)
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

WHERE TO SIGNPOST-AGE SPECIFIC; UNDER 18s

URGENT	If someone is in immediate danger or has harmed themselves, call 999 and ask for an ambulance or take them to A&E. If you need help fast but don't think it is a 999 emergency, call 111 or make an urgent appointment with a GP.
CRISIS SUPPORT	If they need immediate mental health support, encourage them to ring **Samaritans 116 123, open 24/7 or North Lincolnshire Single Point of Access: advice line for routine and urgent referrals and enquiries TEL: 08000150211** The individual can also **text Shout on 85258**
NORTH LINCOLNSHIRE MENTAL HEALTH SUPPORT	• Children and Young People's Mental Health Rdash- With Me In Mind : https://www.withmeinmind.co.uk/north-lincolnshire/ • Child and Adolescent Mental Health Service (CAMHS) – This service is also provided by RDaSH. They provide mental health assessments, therapy and intervention for children, young people up to the age of 18 years and their families or identified carers. They can be contacted on: 01724 408460 • Life Central : Help Available Young People: Website & App: Life Central – North Lincolnshire (life-central.org) • Youth Information and Counselling unit (YICU): projects@northlincs.gov.uk, or Tel: 01724 296679 • Educational Psychology: nledpsychology@northlincs.gov.uk • The Haven haven@barnados.org.uk or Tel: 01724 847700
OTHER MENTAL HEALTH HELPLINES	• SANEline 07984967708 (6pm - 11pm) • CALM - Campaign against living miserably 0800 58 58 58 (5pm - 12pm) • SOS Silence of Suicide: 0300 1020 505 (4pm - 12pm) • The Mix - Tel: 0808 808 4994 • Young Minds: Young minds website • Papyrus: https://www.papyrus-uk.org/ • Beyond is a national youth mental health charity tackling the growing mental health crisis in the UK https://wearebeyond.org.uk

WHERE TO SIGNPOST-AGE SPECIFIC; UNDER 18s (continued)

NORTH LINCOLNSHIRE SUPPORT GROUPS AND ACTIVITIES	• **Rubiks Inclusive Counselling Services www.rubiks-counselling.co.uk** • Changing Lives through Changing Minds provide high quality, evidence-based therapy services for children and young people https://changinglives-therapy.org/ • **A variety of clubs and groups are advertised on the LiveWell North Lincolnshire Directory www.livewellnorthlincolnshire.org.uk** • **With Me in Mind North Lincolnshire focus on early prevention and intervention for young people's emotional wellbeing www.withmeinmind.co.uk**
BEREAVEMENT	• Help is at Hand NHS booklet for those bereaved by suicide. Search online "Help is at Hand" or follow this link Help is at Hand • North Lincs Bereavement support bereavementsupport@northlincs.gov.uk • Winston's Wish, free national helpline and online chat: 08088 020 021 • Child bereavement UK, Helpline: 0800 02 888 40. Hope Again www.hopeagain.org.uk. Tel: 0808 808 1677 • Grief encounter www.griefencounter.org.uk or Tel 0808 802 0111 • Bliss: 0808 801 0322 • The Good Grief Trust: hello@thegoodgrieftrust.org • The Lullaby Trust: 0808 802 6868 • SANDS: 0808 164 3332 • Jens Special Place for bereaved children aims to support children in expressing their grief and exploring their feelings in a safe and empathetic environment to improve overall health and wellbeing www.jensspecialplace.co.uk
HELP WITH OTHER ISSUES.	For help or advice on some of the issues people might be struggling with (such as money, health, family breakdown, loneliness, housing, care, legal, work issues and more) visit www.northlincs.gov.uk/people-health-and-care/

Talk Suicide Training

- FREE 20-minute online suicide prevention training
- Learn how to spot suicide warning signs and have a conversation with someone you're worried about www.talksuicide.co.uk

MECC e-learning

- To understand public health and the factors that impact on a person's health and wellbeing.
- It focuses on how asking questions and listening effectively.
- A 'MECC interaction' takes a matter of minutes and is not intended to add to existing busy workloads, rather it is structured to fit into and complement existing engagement approaches.
- Making Every Contact Count - eLearning for healthcare (e-lfh.org.uk)

SUPPORT FOR CHILDREN AND YOUNG PEOPLE

SANE
SANEline: Children, young people, professionals, carers and parents.
Textcare: ages 16+
0300 304 7000
www.sane.org.uk
support@sane.org.uk

YOUNGMiNDS
Youngminds: Children, young people, professionals, carers and parents
Shout: all young people
www.youngminds.org.uk
Text YM to 85258.

Changing Lives through Changing Minds
Children and young people
www.changinglives-therapy.org
01724 487 337
Mobile: 07809737537
admin@changinglives-therapy.org

With Me In Mind
With Me In Mind: Children, young people, professionals, carers and parents
www.withmeinmind.co.uk/north-lincolnshire

LIFE Central
Lifecentral website and app: Children, young people, professionals, carers and parents
www.life-central.org

mind for better mental health
Talking Minds: 14-17 years
Including online webchat
The Haven: 16 years+
Talking Minds Plus: 18-25 years
01724 279500
www.nlmind.org

Calm Harm: Over 13s
App downloadable from
www.calmharm.co.uk

WINSTON'S WISH
Winston's Wish: under 25 years
Including online webchat
www.winstonswish.org
08088 020 021
ask@winstonswish.org

Child Bereavement UK
REBUILDING LIVES TOGETHER
Child bereavement UK: under 25 years, parents and wider family
Including online webchat
www.childbereavementuk.org
Email: helpline@childbereavementuk.org
Helpline: 0800 02 888 40

Rotherham Doncaster and South Humber Mental Health NHS
NHS Foundation Trust
E-clinic: 11-19 years
Parent Plus: Parents
NL School Nurse: 11-19 years
https://www.facebook.com/SchoolNursesNLincs/
https://www.instagram.com/nlschoolnurses/

Child and Adolescent Mental Health Services (CAMHS):
under 18 years
01724 408460
https://camhs.rdash.nhs.uk/north-Lincolnshire/

Jen's Special Place
Children, young people, their families and carers
www.jensspecialplace.co.uk
07368224827
enquiries@jensspecialplace.co.uk

Papyrus
Papyrus: Children, young people, professionals, carers and parents
HopelineUK: all young people
www.papyrus-uk.org
0800 068 4141

childline
Under 19 years
www.childline.org.uk

THE MIX
The Mix: Under 25's
0808 808 4994

SAMARITANS
Samaritans: Children, young people, professionals, carers and parents
Freephone: 116 123
www.Samaritans.org
jo@samaritans.org
(email not to be used in an emergency)

If someone needs immediate mental health support, encourage them to ring North Lincolnshire Single Point of Access advice line on 0800 015 0211 or, if they are unable to keep themselves safe encourage them to attend A&E

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Report of the
Director of Children and Families

Agenda Item No:

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The purpose of this report is to update the Health and Wellbeing Board of the outcome of the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23.

1.2 The Annual Report demonstrates that the Children's Multi Agency Resilience and Safeguarding (MARS) Board:

- effectively meets its statutory obligations.
- benefits from strong and consistent leadership
- has made good progress against its 'shine a light' areas of focus.
- listens to and takes account of the voices of children, young people and families.

2. BACKGROUND INFORMATION

2.1 North Lincolnshire is aspirational for children, young people and families in this area and there is a long history of working together to improve outcomes. As early adopters of multi-agency safeguarding arrangements, the North Lincolnshire Children's MARS Local Arrangements, were originally published on 31 October 2018. We have continued to listen, learn, review and adapt, and our Local Arrangements have been reviewed on an annual basis thereafter.

2.2 As per Working Together to Safeguard Children 2018, there is a statutory requirement to publish an annual report, which sets out what has been done as a result of the Local Arrangements and how effective these arrangements have been in practice. The Annual Report of Local Arrangements to safeguarding and promote the welfare of children and young people 2022/23 has been endorsed by the Children's MARS Board on behalf of the three safeguarding partners from North Lincolnshire Council, North Lincolnshire Health and Care Partnership and Humberside Police.

2.3 In 2022/23, we have continued to fulfil all functions across our Local Arrangements, and we have responded to the needs of individuals and diverse communities, prioritising the most in need, to help and protect children, young people and families, while we support and develop our workforce. We have built on our outstanding partnerships and practice to ensure that everyone is able to recognise and fulfil their responsibilities. Through our One Family Approach, which aims to create a system that works for all children, young people and families, we have contributed to achieving our ambition for children to thrive in their families, achieve in their schools and flourish in their communities.

2.4 The Annual Report provides a review of activity and impacts in respect of the Children's MARS functions, including funding, performance, voice and stakeholder engagement, training, scrutiny and assurance (including independent scrutiny) and child safeguarding practice reviews.

2.5 The five 'shine a light' areas of focus for 2022/23 were to further:

- develop the multi-agency approach to risk outside the home with a focus on child sexual exploitation, child criminal exploitation and teenage relationship abuse
- develop the multi-agency approach to preventing and reducing the impact from online abuse
- develop the interface and relationships between the Children's MARS Local Arrangements and the Voluntary, Charity and Social Enterprise Sector
- develop the multi-agency approach to men including fathers, male carers and wider family members
- raise awareness and develop our practice to prevent and reduce the harm from neglect

2.6 The Annual Report outlines the significant partnership action pertaining these 'shine a light' areas of focus which has impacted positively on children, young people and families. Key headlines in relation to performance and populations, and progress against key developments also indicate that our system is working and making a difference to children, young people and families.

2.7 Under the auspices of our scrutiny and assurance framework and our commitment to listen, learn, review and adapt, in addition to our independent scrutiny programme, as part of our annual review, one of our independent scrutiny officers also undertook some focussed scrutiny activity to seek assurance of the Children's MARS Local Arrangements. Overall, the findings demonstrate that the local arrangements are strong, and that the Children's MARS Board sets the tone and culture across the partnership, where there is high support and high challenge which is intended to make a positive difference to the lives of children and families.

3 OPTIONS FOR CONSIDERATION

3.1 Safeguarding partners will continue to listen, learn, review and adapt in order deliver the core functions, ensure that effective safeguarding arrangements are in place and continue to seek assurance that further work is progressing in relation to the 'shine a light' areas of focus identified in the Annual Report.

4. ANALYSIS OF OPTIONS

4.1 The Health and Wellbeing Board is asked to note the key headlines relating to Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23.

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 None, specific – this report is for information only.

6.2 It is of note that Working Together to Safeguard Children 2023 was published in December 2023. This is likely to have further implications for multi-agency safeguarding arrangements, and specifically annual reports, though these will be considered in due course and future iterations of the annual report will take account of the statutory guidance as required.

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 a range of consultation with safeguarding partners, relevant agencies and children, young people and families as part of the development and implementation of the Local Arrangements. There will be further engagement opportunities as we continue to listen, learn, adapt and review.

9. RECOMMENDATIONS

9.1 That the Health and Wellbeing Board notes the outcome of the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23.

DIRECTOR OF CHILDREN AND FAMILIES

Church Square House
Scunthorpe
DN15 6NL
Author: Rachel Smith
Date: Jan 2024

Background Papers: None

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Annual report of Local Arrangements to safeguard and promote the welfare of children and young people

2022/23

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Published 29 September 2023

Contents

Alongside our Children's MARS Local Arrangements and other key documents, all policies, procedures and resources referenced in this document are published on the Children's MARS website.

Welcome and Introduction

Welcome to our **Annual report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23**

In North Lincolnshire, our ambition is for children to **thrive in their families, achieve in their schools and flourish in their communities** and through our One Family Approach, we aim to create an integrated offer that works for all children, young people and families.

Set in the context of our One Family Approach and the underpinning practice model, our Children's Multi-Agency Safeguarding and Resilience (MARS) Local Arrangements place children, young people, families and communities at the heart of our early help and safeguarding system. There is strong evidence of how the One Family Approach is embedded across our local arrangements and across the partnership, we remain committed to safeguarding and promoting the welfare of children, young people and families via the fewest best interventions, leading to whole family turnaround. As safeguarding partners, we are proud to acknowledge and celebrate the positive outcomes achieved and the strength of partnership working.

In recent times, we have lived through unprecedented challenges, developments and opportunities, from both a national and local perspective, though as a result of collaborative working and high support, high challenge at all levels across the early help and safeguarding pathway, we have continued to make progress in developing our local offer for vulnerable children, young people, families and communities. This has placed North Lincolnshire in a strong position to respond and we have continued to listen, learn, review and adapt to maintain and build on our creative, innovative and flexible practices. This has resulted in positive experiences and outcomes and contributes to achieving our ambition for children to **thrive in their families, achieve in their schools and flourish in their communities.**

In 2022/23, we have continued to:

- ✓ fulfil all functions across our Local Arrangements
- ✓ respond to the needs of individuals and diverse communities, prioritising the most in need, to help and protect children, young people and families
- ✓ support and develop our workforce
- ✓ build on our outstanding partnerships and practice to ensure that everyone can recognise and fulfil their responsibilities

The Supporting Families Programme, which closely aligns with the ambitions and values of our One Family Approach and our Local Arrangements, has a renewed focus on the importance of bringing services together around families to deliver whole family working and it emphasises the importance of early help in increasing the likelihood of good outcomes for children and families.

We would like to thank our Independent Scrutiny Officers for leading on a range of scrutiny and assurance activity and for their constructive challenge, evaluation and areas for consideration on how to drive continuous improvements, some of which are evidenced within this report.

This report also fulfils our statutory responsibility to publish a report at least once in every 12 month period and sets out what we have done as a result of our Local Arrangements, including child safeguarding practice reviews, and how effective these arrangements have been in practice.

In addition, the report also includes:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision

Looking forward, we continue to be in a strong position to respond positively to new policy directions and guidance, including (but not exhaustive) the Child Safeguarding Practice Review Panel's Child Protection in England report, Stable Homes Built on Love consultation and Working Together 2023 consultation. As we further develop our integrated children and families offer, we remain committed to a culture of listening, learning, reviewing and adapting, which is reinforced through our republished arrangements, our learning and improvement culture that is welcoming of improvements and innovations, and the multi-agency practice developments and transformation that continue to evolve.

Matthew Peach

Chief Superintendent and South Bank Commander

Humberside Police

(Chair of Children's MARS Board)

Helen Davis

Place Nurse Director

North Lincolnshire Health and Care Partnership

Ann-Marie Matson

Director of Children and Families

North Lincolnshire Council

Governance and Partnerships

Over the last year, there have been changes at a strategic level across all statutory partner agencies though there has continued to be a collaborative leadership approach and shared commitment to ensuring an equal and robust partnership. In the Independent Scrutiny Officer's review of local arrangements, it was acknowledged that safeguarding partners '*demonstrate a clear, confident grip on the multi-agency safeguarding arrangements in the area*'.

The key roles and functions of the board, are detailed in the Terms of Reference and the responsibilities are detailed in the Local Arrangements and underpinning Memorandum of Understanding. Further information about our partnership structures can be found in the Local Arrangements which have been updated to reflect the changes in our partnership arrangements.

As part of our commitment to listen, learn, review and adapt, we have continued to review and refine our subgroup arrangements. Some examples include:

- The terms of reference of the Early Help Strategic Leads Group (EHSLG) has been reviewed and the membership has been refined. There is now a dedicated early help plan in place to guide, shape and influence the partnership response which is monitored and reported to the group on a regular basis
- The Risk Outside the Home Strategy Group has become the Risk Outside the Home Strategic Group to refocus the group on leading the partnership response to risk outside the home as opposed to having a sole focus on the strategy
- A Child Exploitation Lead Officer's Group (CELOG) has been established under the Risk Outside the Home Strategic Group to strengthen the oversight of children who are vulnerable to exploitation but do not meet the threshold for additional intervention through the Multi-Agency Child Exploitation meeting

As part of the 2021/22 independent scrutiny of the local arrangements, the report recommended that:

Given the changes within the three statutory partnerships at strategic level and the pace of change within the Children's MARS Arrangements, they should instigate an annual meeting of the local authority Chief Executive, the Accountable Officer of the Clinical Commissioning Group (equivalent in the Integrated Care System), the Chief Officer of the police and the Police and Crime Commissioner. Safeguarding partners agreed that accountability / delegated arrangements are in place across all three safeguarding partner organisations, and the nominated safeguarding partners are fully aware and committed to fulfilling their responsibilities. In addition, an annual meeting between the local authority Chief Executive and the chair of the Children's MARS Board has been established. There are also opportunities between the Children's MARS Board meetings for virtual communications, engagement and decision making between safeguarding partners. Bespoke and routine development sessions are built in as required.

Overall, the Local Arrangements continue to have a positive impact on outcomes for children and families. Efficient board arrangements with shared chairpersonship, core membership and active, engaged discussions and decision making continues.

Governance and Partnerships

Oversight of Children in Care and Care Leavers

We continue to have oversight of the outcomes for children in care and care leavers, from a safeguarding perspective, through regular reporting to the Children's Help and Protection Pathway Group (CHaPP) and Children's MARS Board, for example:

Children in Care

- In 2022/23, the numbers of children in care have continued to be low compared to national comparators, which reinforces our ambition for children to thrive in their families, achieve in their schools and flourish in their communities which is at the heart of our practice for children in care
- In 2021/22, we further developed our emotional wellbeing oversight for our children in care. As part of this drive to ensure that all children have support to be emotionally well, the Strengths and Difficulties Questionnaires (SDQ) that are completed each month receive oversight from CAMHS, Barnardo's therapeutic service, the designated child in care Nurse, Educational Psychologist, Service Manager for both Children in Care and Fostering. The group has ensured that children's SDQ scores are reflected upon and needs lead to additional support. The impact of the focus on emotional wellbeing was recognised by Ofsted as part of the Inspection of Local Authority Children's Services undertaken in October 2022, where they highlighted that *'leaders ensured, in collaboration with the safeguarding partnership, a focus on the emotional wellbeing of children in care and care leavers their foster carers, families and the whole workforce'*

Care Leavers

- From a care leavers perspective, Ofsted also found that care leavers *'benefit from an extensive array of support for their practical, physical and emotional health and financial needs' and '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'*
- A number of children in care have been subject of Practice Learning Line of Sight events, which have demonstrated that the principles of the One Family Approach Practice Model were evident in practice (and further details are referenced on slide 24)

Headlines and Summary of Performance and Populations

Headlines which indicate our system is working and making a difference to children, young people and families include:

- ✓ The vast majority of performance and activity information relating to the early help and protection system continue to show sustained high performance and compliance with local practice standards and statutory timescales which demonstrate the success and effectiveness of our local practice
- ✓ Families benefit from an effective early help offer, delivered by agencies committed to intervening early, supporting the whole family, and preventing escalation of need through the fewest, best interventions
- ✓ Children in North Lincolnshire who are in need of help and protection are receiving timely, appropriate help and support, they make good progress, and are supported to live safely within their family network
- ✓ There are few children in external foster care and residential provision enabling them to remain connected to their local support networks and community

We have maintained and further developed our performance framework which provides assurance and oversight of performance activity, a summary of which is as follows:

- **The number of early help assessments recorded has risen:** This reflects a partnership commitment to meeting need early and preventing escalation. Audit activity and management oversight at the front door also shows evidence of a significant amount of informal early help being provided where professionals intervene early in accordance with the Helping Children and Families In North Lincolnshire document
- **The number of contacts has decreased by 10% whilst the number of referrals has risen by 5%:** This was in the context of an increase in enquiries to the Single Point of Contact (SPOC). Through multi agency auditing there has been learning for agencies including them providing advice and guidance to families with whom they are already in contact with, instead of families contacting the SPOC. The re-referral rate at 16% remains below the latest national and statistical neighbour averages
- **There has been an increase in Children's Services Assessments completed:** This is aligned to the fluctuation in referrals, though it is anticipated that populations will become more stable
- **The number of strategy discussions has decreased:** Dip sampling and audits within the Integrated Multi-Agency Partnership (IMAP) identify that strategy discussions are held appropriately, and outcomes are aligned to the child's needs and presenting risk

Headlines and Summary of Performance and Populations continued

Summary of performance activity continued

- **The numbers and rates of children in need and those subject to child protection plans have decreased and remain below the latest national and statistical neighbour averages:** Children who require a child protection plan benefit from timely conferences that prevents drift and have strong multi agency support that leads to the timely ending of child protection plans based on lasting change
- **The children in care population remains low and is well below the latest national comparators:** This reinforces our ambition for children to thrive in their families, achieve in their schools and flourish in their communities
- **Children in care experiencing placement stability has continued:** Children experiencing three or more placements in the year remains low and below the latest national and statistical averages demonstrating the commitment to stability for children in care. Those in care for 2.5 years and remaining in the same placement remains in a strong position
- **Care leavers who are in suitable accommodation also those in education, employment or training has remained higher than national and statistical neighbour averages:** This shows the impact of our ongoing commitment to better outcomes for young people leaving care
- **The 2021/22 absence rates, published in March 2023, show an increasing trend for both primary and secondary schools:** Schools and the Local Authority continue to pro-actively work to increase attendance with an increased emphasis on those who are persistently and severely absent. A series of training and briefing events on the new school attendance guidance have taken place and ongoing opportunities to attend governor meetings to discuss school attendance are in progress
- **Provisional figures for 2021/22 indicate that exclusions have increased on the previous year:** However, 2020/21 figures were artificially lower because of the reduced time that schools were open for all children. Figures from the first two terms of 2022/23 indicate that performance could be at a similar level or higher than 2021/22. Challenge remains in place for suspensions and permanent exclusions and there has been significant progress in this area
- **The number of Electively Home Educated children increased in the Spring term of 2022/23:** In addition to a case management approach to each request, a new initiative has been developed to support better engagement from these families. This includes a termly newsletter, offer of swimming lessons, Bikeability and road safety, internet safety, Big Talk Education relationships and sex education and termly coffee mornings across localities. This has had a positive uptake

Headlines and Summary of Performance and Populations continued

Summary of performance activity continued

- **The number of children identified to be at risk of or who have experienced sexual or criminal exploitation at the end of the year has remained similar compared to the previous year:** There is enhanced management oversight of this cohort through regular case audits, within case supervision, at the Multi Agency Children Exploitation meeting, through the newly established Child Exploitation Lead Officer Group and through the Risk Outside the Home Strategic Group. Partners are working to ensure that children receive help at the lowest level, are supported and protected, and that perpetrators are disrupted alongside harmful places and spaces being addressed
- **The number of children reported missing and incidents has increased:** The numbers remain significantly lower than 2019/20. The Multi-Agency Missing Children Meeting is embedded and robust in focussing on reducing missing incidents with action plans being devised to complement statutory or early help plans and to initiate early help assessments or provide support. All children were offered an independent return interview and 99% were taken up
- **The number of children entering the youth justice system as first time entrants continues to be low:** A high proportion of cases are prevention and out of court disposals demonstrating the success and effectiveness of the preventative approach
- **The rate of proven reoffending for 2021/22 was low and there have been no children sentenced to custody during 2022/23:** Although early in the period for measurement, the 2022/23 performance data indicates that re-offending is reducing
- **There has been an increase in allegations against people who work with children:** The December 2020 update of Working Together saw the inclusion of a fourth criteria in respect of 'transferable risk'. We believe that this, along with further awareness raising of the managing allegations process through training, accounts for the increase in the number of allegations
- **The number and proportion of referrals with a presenting issue of domestic abuse have increased slightly when compared to the previous year:** However, at the assessment point for either children or parents/carers both the numbers and proportions have reduced. There was a similar number of child protection plans where domestic abuse was a factor for the children and/or parents/carers at 78% and 80% respectively
- **The number of cases heard at Multi Agency Risk Assessment Conferences (MARAC) has reduced:** The number of children connected to MARAC victims and the repeat MARAC rate have reduced

Key Developments and Successes

Outcomes of inspection

The **Inspection of Local Authority Children's Services** (ILACS) took place in October 2022 over a two-week period, in which Ofsted undertook a range of inspection activity which provided them with the opportunity to deep dive and look at our systems, processes and practice at all levels across our children and families offer, and to triangulate how this is impacting on our children and families.

The ILACS inspection judgements and grades were as follows:

- 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**

In addition, there were no identified areas for improvement.

This 'outstanding' result, and associated report, demonstrates the importance of relationships and partnerships, as well as the love, care and respect we have for our children.

The full report can be found here, though examples of headline strengths and impacts is as follows:

- The One Family Approach is at the heart of the whole council and most impressively has been embraced by partners
- There is a genuine commitment to seeking continuous feedback from children and families which is consolidated into service development
- Leaders are determined champions for children, with high aspirations to ensure children's best outcomes
- Strategic partnerships are robust and well embedded

- Children in need of help and protection are provided with the right help when they need it, via the fewest best interventions
- Children and families are supported effectively to build resilience through a wide-ranging early help offer which is making a real difference
- Thresholds are understood by all
- Where children are at risk of exploitation, there is a strong and swift multi agency response to identifying and managing the risk to the child

- When the plan is for children to return home, there is detailed and co-ordinated work to assess and support the family
- The family solutions approach supports families to find their own solutions and develop their own network of support
- Children and young people are actively involved in planning for their future

In line with our commitment for listening, learning, reviewing and adapting, we identified further areas for ongoing innovation and transformation as we continue to develop our integrated children and families offer, which is being monitored through established governance arrangements

Key Developments and Successes

Outcomes of inspection

The **Police Effectiveness Efficiency and Legitimacy (PEEL)** inspection took place in 2022 in which HMICFRS inspected how good Humberside Police is in ten areas of policing.

The graded judgements for nine of the ten areas as are follows:

Outstanding judgements were identified in relation to:

- Preventing crime
- Treatment of the public
- **Protecting vulnerable people**
- Managing offenders
- Developing a positive workforce
- Good use of resources

Good judgements were identified in relation to:

- Investigating crime
- Responding to the public

An **adequate** judgement was identified in relation to:

- Recording data about crime

Humberside Police were also inspected on how effective a service Humberside Police gives to victims of crime, though no judgement was made into this overall area.

The report demonstrates continuous improvement and high level performance in keeping people safe and reducing crime and refers to effective partnership working to tackle local problems.

The full report can be found here, though examples of headline strengths and impacts, specifically in relation to **protecting vulnerable people** are as follows:

- The force has a detailed understanding of the nature and scale of vulnerability
- The force has a comprehensive understanding of the resources it needs to protect vulnerable people and work with other agencies

Other examples of innovations identified were that:

- The force has developed a vulnerability hub, which allows it to manage its vulnerability demand more consistently and efficiently
- The force has developed an automated vulnerability tracker
- The force understands and uses its own powers to protect and safeguard vulnerable people
- Issued a joint statement to tackle violence against women and girls
- Safeguarding and support of sex workers

Key Developments and Successes

Early Help

Led through the Early Help Strategic Leads Group (EHSLG), ongoing collaborative working has further shaped and developed the early help system.

Key development activity includes:

- Configuration of the system for logging and recording early help work across the partnership, enabling a stronger focus on outcomes and sustainable improvements for families
- Following consultation across the partnership and with families, revision of the early help assessment and review plan format, taking a formulation approach and embedding the Supporting Families outcomes framework
- New guidance to accompany the new format has also been developed alongside a refresh of the Early Help Peer Support Forum arrangements, and an enhanced presence on the Children's MARS website
- Early Help training further developed to include Family Voice Representatives with over 200 practitioners across the partnership trained

The quality and impact of practice continues to be evidenced across a range of indicators, including key performance and populations data, scrutiny and oversight, audit and feedback. Examples of feedback include:

- *I was allocated a worker who has supported myself and the children during this time. This has made such a difference to all my children and me. We have held a family meeting and being able to air our concerns with each other, we have completed a rota of how we can all help in the family home with various chores and we have made time to talk and try and understand each other. My daughter has really enjoyed being taken out of the family home and had some 1-1 support by the worker and felt listened to. Things have changed so much in a very short time due to this support and I cannot thank the family support service enough*
- *Thank you so much, I cannot even describe what a difference this support has made. I will never be reluctant to accept support in the future should I need this again!"*
- *Thank you so much for all your help, advice and love. I really feel so supported by you all and I can't thank you enough. I truly believe you have saved my life - he would have killed me, I just know he would*

Examples of feedback from the Early Help training include:

- *The training has given me a better understanding of the early help process and how I can support my colleagues when they are conducting their early help, along with how it needs to be much more family friendly language*
- *The families that shared their experiences of being in the early help arena were very powerful*
- *I'm new to this so it was helpful, everyone was so enthusiastic about the vision they have about how early help can help families, it was infectious*

Key Developments and Successes

The Early Help: Practice and Process training was rolled out across the partnership following the re-launch of the Early Help Assessment and new online recording system. There has been 273 practitioners trained throughout the year and feedback has been extremely positive.

Impact on practice

The below example was shared by a school in North Lincolnshire following their attendance on the early help training.

In the Autumn Term, we began a review of all families on an early help plan. A lot of the families we were supporting had met their targets within their early help plans and their plans were closed. We found that some did not meet the criteria for early help or had met their targets, but the families needed or wanted support from school through informal meetings/conversations.

As a result of this, we created our own Family Support Meeting document that is in its first trial period. The informal meetings/conversations are the next step on from the Universal Support provided by school. It provides families with the opportunity to speak to a trusted/familiar adult. The teachers provide support to families in their classes and contact families a minimum of three times a week through emails/phone calls. Where there are other identified needs, teachers will contact parents and offer support.

The numbers of families we support within the early help arena has dramatically reduced since we carried out the review and the Universal Support that the school offers over the year has improved.

We now use the Early Help Assessment format provided in the training to ensure that we set SMART targets with our families.

This example highlights the positive impact that the training has had on their universal and targeted offer of support for families, using the new learning to better identify levels of need and improve plans through the SMART approach. The school recognised that their universal family support offer could meet the needs of many of the families who were currently being supported via an early help plan and by doing this they saw a positive impact upon staff workloads.

Voice and Stakeholder Engagement

Across the Children's MARS arrangements, there is a commitment to **listening, learning, reviewing and adapting** from views and experiences and ensuring people are involved in decisions that affect their lives. To contribute to this, we continue to focus on feedback, consultation, participation and co-production with children and families. We introduced our Strategic, Thematic, Engaging and Empowering, and Routine - S.T.E.E.R. model to position voice and engagement as part of the wider transformation of the integrated children and families offer.

From a voice and engagement perspective, examples of activity, impact and outcomes include:

Strategic

- Children and families voice and engagement continues to feature across the Children's MARS Board and local arrangements
- Parent and Carer Voice for children with special educational needs and disabilities (SEND) is strong and there continues to be an effective relationship with system leaders and managers
- We have embedded the Children's Challenge in Action process across key boards and partnerships to provide opportunities for children and young people to challenge strategic leaders and managers i.e., via the Children's MARS Board in relation to safe places to go and things to do
- Children, young people, parents and carers are engaging in and contributing to local and national meetings, events and conferences

Children and families remain at the heart of all we do, and their views and experiences continue to shape and influence across the early help and safeguarding pathway.

The PIP Parent Forum meet regularly with strategic leaders and managers to shape and influence the local offer; and SENDIASS have hosted structured themes and update meetings with SEND leads across the local area.

Children, young people, parents and carers views are shaping and influencing at a local and national level i.e., via the Children's Commissioner Care Experienced Advisory Board, Virtual Heads Conference and Annual SEND Conference

Thematic

- There were 77 children, parents and carers who engaged in thematic consultation to seek out views as to how children and young people are supported to manage change in their lives

Practices around closure of formal support to young people, and the language used in correspondence have been reviewed

Voice and Stakeholder Engagement

Engage and Empower

- In July 2022, young people were engaged in a Democracy Event to enhance their understanding and raise awareness of local democracy and local issues, help and support; and the Children's MARS team were represented to raise awareness as well as consulting with 25 young people regarding healthy relationships and teenage relationship abuse, the outcomes of which were fed into the Children's MARS governance arrangements
- There were 188 children and young people from 19 schools who attended the 2022 Stay Safe Conference to celebrate the work of the peer mentors and buddies and engage in workshops around keeping safe and well
- Children and young people have co-produced films i.e., in relation to topical issues about community safety, youth justice, young people living with parental substance misuse and SENDIASS
- Children and young people with disabilities and their parents/carers have been involved in the development of the Complex Care Campus

Taking account of the consultation outcomes with young people in relation to healthy relationships and teenage relationship abuse, overall, young people had a good level of understanding as to what constitutes a healthy relationship and also the behaviours inherent in unhealthy relationships.

When asked as to whether they were able to spots the signs of teenage relationship abuse, overall, young people had a good level of insight as to what signs to look out for i.e., changes in behaviours, impact on emotional wellbeing and mental health and/or physical injuries.

When asked as to what they would do if they needed advice about an abusive relationship, overall, young people demonstrated that they could find someone to talk to and/or that they would seek out information and support.

As a result of the feedback, there has been an amplified focus on sharing information and resources in relation to healthy relationships through Children's MARS communication mechanisms i.e., Children's MARS website, @SafeNorthLincs and virtual communications.

The feedback from children attending the 2022 Stay Safe Conference demonstrated an increased understanding of child exploitation, that they were empowered to share information with peers, they had increased confidence in identifying risk and developing ways to stay safe, they felt able to trust adults who can help, and they felt safe to contribute and share views.

Children's views and experiences have contributed to films to raise awareness of local issues and enable children and young people to keep themselves safe and well.

Voice and Stakeholder Engagement

Routine

- We reviewed and refreshed the Child and Family Feedback Framework in collaboration with children and families, which now take account of the 'I' statements in the outcomes framework
- Under the auspices of the Feedback Framework, a total of 6,678 responses were received from children, parents and foster carers

Overall, almost all understood the reasons why Children and Families practitioners were involved, are given opportunities to have their say, feel listened to and understand their plan.

Almost all children and foster carers and the very large majority of parents indicated that they were getting the help they think they need, believe the work we are doing is making them feel safer and that what we are doing is making a difference.

From a voice and engagement perspective, other examples of recent progress against identified actions and areas for consideration and development include:

- further development of our expert by experience framework via the introduction of Supporting Families in Partnership Assistant posts, which has provided opportunities for people who have experienced services to shape and influence local information, support and interventions
- a 2022 refresh of the Children's Challenge has been finalised. Outcomes of consultation in relation to the Children's Challenge, including in relation to SAFE, have been weaved into partnerships, boards, forums and workstreams as appropriate

Supporting Families in Partnership Assistants have co-produced a refresh of their title, to Family Voice Representatives, which they feel better communicates the scope of their role. Family Voice Representatives have also:

- contributed to Early Help Training across the partnership, at which they have shared their experiences of early help interventions and support
- contributed to Parent/Carer Panels for Family Hubs developments and shared feedback through the Children and Young People's Partnership and are contributing to shaping and influencing the integrated children and families offer via a neighbourhood approach
- led on consultation with St Luke's School on parents/carers needs understanding of early help
- attended fostering network and special guardianship meetings as a further opportunity to weave in lived experiences

- Under the auspices of the Youth Offer, work is underway to develop places to go, things to do and people to talk to – this is also an ongoing focus as part of the Risk Outside the Home Strategy and underpinning delivery plan
- All (open) Council buildings are safe spaces and this has been widely advertised - young people can come in, use the facilities and ask for urgent support and this has been shared with schools and across the partnership as well as in the media.
- A bespoke meeting has been undertaken to further explore and respond to the challenges posed by young people and co-production work is planned to develop branding associated with safe spaces

Voice and Stakeholder Engagement – Children's MARS Conference 2022

The Children's MARS Conference took place on 5 May 2022 at Forest Pines Hotel Conference Centre. Over 150 people attended from across the partnership including leaders at all levels and young people. The conference was an opportunity to bring together practitioners and local leaders who have responsibilities to safeguard and promote the welfare of children. As well as having a focus on our local arrangements, there was input from a national speaker who helped us to reflect upon local practice.

Positive feedback on the day included:

- *'There was great oversight of all of the fantastic multi-agency work we all strive to do, which is ultimately for the children of our area'*
- *'The day was a real celebration of all that we do as a team across North Lincolnshire '*
- *'It was really interesting to learn about the different areas and how as a multiagency everyone strives to reach the same one family approach. It was clear what the outcomes of the day were, the interaction with other professionals was really helpful too'*

Key presentation topics included:

- the significant successes which demonstrate that the Children's MARS Arrangements have a positive impact on outcomes for children, young people and families
- an overview of good practice that our Independent Scrutiny Officers have seen throughout their work in North Lincolnshire and the positive impact that it has had on children and families
- how we use the One Family Approach to enable change and promote family empowerment
- an overview of the integration between the 0-19 Health and Wellbeing Service and Targeted Family Support to provide children with the best start at the earliest point in their lives
- the impact of the Partnership Integrated Triage (PIT)STOP meetings which aim to provide families with help by the most appropriate person at the lowest level and at the earliest stage
- an overview of the many positive examples of good practice that have taken place in schools and settings to safeguard children
- an overview of our local approach to Risk Outside the Home which was launched at the conference

We welcomed Gavin McKenna, founder of Reach Every Generation, as our keynote speaker who discussed his personal journey from childhood. A key aspect of Gavin's presentation was around how the use of negative language and children being treated differently to peers removes hope from a young person's life and damages their self-esteem. He spoke about the importance of creating the right conditions for children and young people by 'flooding communities with positive role models'. Using the analogy of escaping a burning building, Gavin advocates that those supporting young people create 'fire exits' by creating hope and opportunity. Finally, Gavin discussed the importance of oversight and that young people value having a trusted adult who has oversight of them.

A special edition conference news update sharing the key messages from the event is available on the Children's MARS website.

Voice and Stakeholder Engagement

Child and Family Feedback Framework

The Child and Family Feedback Framework is an established mechanism which captures the views of children, young people, parents, carers and foster carers. Taking account of feedback from children, young people, parents/carers and staff across the workforce, the questions have been refreshed to ensure they aligned with the 'I' statements in the outcomes framework. All case-holding staff (within Children and Families) discuss these questions with children, young people, parents, carers and foster carers on a regular basis and guidance is provided to support a consistent approach. Any less positive responses or concerns expressed are followed up on a case-by-case basis with actions recorded on the child's case file.

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Overall responses indicate that:

- The vast majority of children young people, parents and carers, and all foster carers, understood the reasons that services are involved
- The vast majority of children/young people and all foster carers are getting the help they think they need, and the large majority of parents/carers indicated they are getting the right help
- All foster carers and the vast majority of children/young people, parents and carers feel they are given opportunities to have their say
- All foster carers and the vast majority of children/young people, parents and carers feel listened to
- All foster carers, the vast majority of children/young people and the large majority of parent/carers feel that what we are doing is making them and/or their children safer
- All foster carers and the vast majority of children/young people and parent/carers understand their plan

Voice and stakeholder engagement: pending opportunities

Arrangements are ongoing in preparation for the Children's MARS Event which is scheduled to take place on 13 November 2023. The event is an opportunity to bring together practitioners and local leaders at all levels who have responsibilities to safeguard and promote the welfare of children. As well as having a focus on our local arrangements, there will be inputs from national speakers who will help us to reflect upon local practice in relation to professional curiosity and intersectionality.

Other pending opportunities include:

- Stay Safe Conference for primary and second school children and young people which will take place on 22 and 23 June 2023, at which there will be a range of workshops to help keep children safe
- Designated Safeguarding Leads Conference is due to take place on 11 July 2023, which will have an online abuse focus

In the year ahead, we will continue to focus on and further build our opportunities to engage directly with children, young people and families to understand their views and experiences and empower them to shape and influence our local arrangements, including through co-production.

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Shine a Light Area of Focus

Risk Outside The Home

We said we would further develop the multi-agency approach to Risk Outside the Home with a focus on Child Sexual Exploitation, Child Criminal Exploitation and Teenage Relationship Abuse

Risk Outside the Home

The North Lincolnshire Risk Outside the Home (ROTH) Strategy 2022/25 has been refreshed and published on our website taking into account our local work with children, young people, their families and communities also national research/reports. The annual delivery plan underpinning the strategy communicates partnership actions that are over and above routine practice and examples of these are outlined below:

What have we done?

- The North Lincolnshire ROTH Approach was launched at the Children's MARS Board conference in May 2023. Feedback received via an Independent Scrutiny Officer is that this launch made a significant impact on those who attended and on their understanding of what it entails, also their own role in implementing it
- During 2022/23 we have continued with a significant programme of communications, the development of resources and toolkits, raising awareness, also multi-agency education and training in relation to risk outside the home (ROTH)
- An info-sheet with links to all relevant policies, procedures and guidance and ROTH documents has been developed and published on the Children's MARS website. Staff are able to use the info-sheet as a point of reference and to familiarise themselves with key documents relating to ROTH
- Awareness raising within the community and night time economy has been undertaken as part of partnership plans relating to tackling harmful places and spaces. Work has also been targeted at specific hotels to ensure that staff and owners of the premises are aware of child exploitation, understand the signs to look out for and know their responsibilities in responding to concerns
- There has been an enhanced education and training offer in relation to child exploitation within NLaG NHS Foundation Trust for staff working on adult wards, as they come into contact with 16 and 17 year olds who may be placed on these wards from A&E
- Safety awareness sessions on online safety including sexual harm and child criminal exploitation (CCE) have been held in schools facilitated by the Youth Justice Partnership (YJP), health and police. As part of a programme of events, year 7 pupils were targeted from a prevention and early help perspective and to enable children and young people to keep themselves safe. Education sessions have also been commissioned for a number of schools relating to 'No More Knives'

Risk Outside the Home

What have we done?

- A Spotlight on teenage relationship abuse was developed and published on the Children's MARS website to share key tools and resources with practitioners
- We have sought the views of young people on healthy relationships, teenage relationship abuse and child exploitation. Further information is detailed on slide 17
- Following the establishment of the Humber Violence Prevention Partnership (VPP), the ROTH Strategic Group have worked closely with the VPP and the YJP in utilising available funding for youth engagement. As part of this, Eski (Not in Our Community) was commissioned to co-produce three virtual reality films with young people locally that can be used as an education resource to tackle child exploitation, knife crime and substance misuse. This project will see young people engage in activities to ensure that the films portray an accurate reflection of the risks faced by children and young people in North Lincolnshire
- There has been a focus on preventative work and early help - we have developed the Child Exploitation Lead Officer Group (CELOG) which considers children who have a range of vulnerabilities that research has indicated means they may be at increased risk of exploitation. The meeting facilitates prevention work and early help for these children where multiple vulnerabilities exist such as low school attendance, a number of suspensions and missing from home/care incidents
- The ROTH Strategic Group continues to have oversight of the ROTH Profile which provides a clear geographic and demographic picture across the local area and is used to prevent and protect children from CCE and child sexual exploitation (CSE)
- The ROTH Strategic Group and the CELOG are sighted on police operations and organised crime groups that link to child exploitation and also provide oversight of missing children. The MACE meeting and Multi-Agency Missing Children meeting chairs feed information into the groups to strengthen the partnership strategic oversight of investigation activity, disruption and emerging themes to inform strategic direction
- Young people aged 18 plus are considered as part of the MACE meeting agenda in relation to transition to adulthood. The support required for them as young adults is considered and partnership action is taken to address the factors that compromise their safety outside of the home

Risk Outside the Home

Outcomes and Impact:

- By strengthening the available resources and training materials on the Children's MARS website and the dissemination of briefings and reports through the communications list, staff have increased access to advice and recommended tools to use in practice
- Increased awareness of the local ROTH Approach including raising the profile of teenage relationship abuse
- Through engagement with hotels and night-time economy premises, key staff within the community have an increased awareness of exploitation including understanding the signs to look out for and their responsibility in responding to concerns identified
- Feedback from the safety awareness sessions held in schools has been positive from both children and staff which highlighted that children were empowered to keep themselves safe
- There has continued to be strengthened practice in addition to workforce, leadership and systems development in relation to CSE and CCE which have supported improved outcomes for children
- The ROTH Strategic Group and the Children's MARS Board have strengthened oversight of the impact of local practice relating to prevention and early help through the establishment of the CELOG. Children with multiple vulnerabilities have benefited from preventative work and early help plans
- As children at risk of exploitation transition into adulthood they continue to be offered support from a range of partners to reduce risk and improve their outcomes

Next steps:

There is an ongoing need to focus on identifying and responding to children at risk of or experiencing child criminal exploitation and child sexual exploitation. The Children's MARS Board have recognised the need to continue to 'Shine a Light' on exploitation in 2023/24 with an emphasis on further developing multi-agency transitional arrangements as children move into adulthood.

Risk Outside the Home: Child Sexual Exploitation

Independent Scrutiny

Under the Children's MARS Scrutiny and Assurance Framework, there has been a multi-agency case audit Practice Learning Line of Sight event on the theme of **child sexual exploitation** led by Dave Basker, Independent Scrutiny Officer.

There is evidence of strengths and good practice as follows:

- The strength of positive relationships is a key theme
- There are positive examples of multi-agency communication and information sharing
- There is strong evidence of inter-agency working. Practitioners worked collaboratively as a team and knew what each other were doing with the family
- The positive relationships between practitioners are evident. They complimented each other's practice and encouraged each other whilst also articulating that there were moments where they have challenged each other
- Practice is restorative and relational
- Practitioners worked constructively and creatively with families - interventions are done 'with' and 'alongside' the family
- Both families were empowered to tell professionals what they want and to come up with their own solutions
- The views and needs of the child and family were in the centre of planning
- Practitioners demonstrated a passion for practice and helping children and discussion was not centred on processes
- Practitioners are tenacious and stuck with the plan instead of being reactive to periods of crisis

A 7 minute briefing on the learning from the event has been circulated to practitioners and managers across the partnership and is available on the Children's MARS website.

Risk Outside the Home: Child Criminal Exploitation

Independent Scrutiny

We held a multi-agency case audit Practice Learning Line of Sight event on the theme of **child criminal exploitation** led by Dave Basker, Independent Scrutiny Officer.

The strengths and good practice are:

- Proactive multi-agency working is evident
- Information sharing is robust and proactive
- All agencies were in agreement with the plans for the young people and felt their voice was being heard
- The One Family Approach was evident in that practice was relational, strengths based and creative
- The final report by the Independent Review of Children's Social Care recommends new universal care standards for children in care which start off with building and maintaining loving relationships and such relationships have been shown during the case discussions
- The whole partnership has put an emphasis on the quality of relationships. This aspect comes through as the number one thing in the *'Ready or not': care leavers' views of preparing to leave care* 2022 Ofsted report
- Staff are flexible in their roles and there is a willingness to keep reviewing and changing the plan where required
- There is evidence of outcome focused planning – all professionals are striving for the same outcome and are on the same page
- There is a strong focus on relationship building both between professionals and the young person, and between family members in the child's life
- There is a real focus on the child's voice and lived experience, using a non-judgmental loving approach
- Acknowledging the complexities and challenges in cases of child exploitation, the practitioners in the room were caring, compassionate and empathetic
- A focus on promoting and supporting young people's talents, interests and aspirations was evident and this should be continued
- The Panel reflected on the keynote speech from the Children's MARS conference and how creating 'fire exits' and opportunities for young people by building on their aspirations was evidenced in these cases

A 7 minute briefing on the learning from the event has been circulated to practitioners and managers across the partnership and is available on the Children's MARS website.

Risk Outside the Home: Teenage Relationship Abuse

Independent Scrutiny

The third multi-agency case audit Practice Learning Line of Sight event held during the year was on the theme of **teenage relationship abuse** led by Edwina Harrison, Independent Scrutiny Officer.

Strengths and good practice evidenced are:

- The child's plan considered the impact of the assaults on the child by her partner both at school and in the home. It also considered the family as a whole due to the mother's alcohol use and bereavement issues
- The incident was risk assessed within the school and positive work has been done with the child and her ex-partner around healthy relationships
- The school, social worker and Children's IDVA have continued to work together to support the child
- The school and social worker had received training in harmful sexual behaviour and domestic abuse and were confident in supporting both children involved including through the use of direct work tools
- Practitioners were tenacious and were willing to deal with difficult subjects and have difficult conversations. Practitioners in the room were confident and celebrated the periods of stability for the family
- Communication between agencies was strong. All practitioners knew the family and were aware of the dynamics
- Professionals were quick to recognise Adverse Childhood Experiences and the need to do things differently when working with past trauma
- The One Family Approach was used in action in that the child was in their family, in their school and in their community
- Both cases evidenced professional curiosity
- The communication and joint working between Adults and Children's Services was strong
- The school were proactive in providing support to both children where teenage relationship abuse had taken place
- The use of fewest best interventions was evident in a child's case where family support were doing the hidden harm work with the child instead of referring to DELTA, the young people's substance misuse service

A 7 minute briefing on the learning from the event has been circulated to practitioners and managers across the partnership and is available on the Children's MARS website.

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Shine a Light Area of Focus

Online Abuse

We said we would further develop the multi-agency approach to preventing and reducing the impact from online abuse

Online abuse

What have we done?

- A Children's MARS Spotlight on online abuse has been developed and disseminated widely across the partnership
- Communications have continued to be disseminated through the Children's MARS communications list and @SafeNorthLincs social media profiles
- A partnership representative attended the Safeguarding Children in the Digital Age Conference held by Children and Young People Now and resources were disseminated following the event
- The Family Voice Representatives have reviewed the online resources on the Children's MARS website from a parents/carers perspective and work has been done in response to this to strengthen available advice and guidance
- Partner agencies' corporate communications teams have strengthened their promotion of information and resources relating to online abuse. This has included supporting and promoting national campaigns such as Safer Internet Day
- Work has been done to develop the local picture around online harm. Partners have been working together to gather data of the prevalence of online abuse as a presenting issue which will feature within the ROTH Profile
- A family online safety training package is in development as part of our integrated family help offer
- Through the Children's MARS annual school's safeguarding audit, a high level of assurance is provided around whether pupils are educated on keeping themselves safe online. In July 2023, a conference for Designated Safeguarding Leads in schools will have a focus on online harms which partners are contributing to

Outcomes and impact

- Practitioners have increased access to advice, guidance, tools and resources which they can utilise in their practice
- Children and young people are being equipped with the skills and knowledge to keep themselves safe online

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Shine a Light Area of Focus

Voluntary, Charity and Social Enterprise Sector

We said we would further develop the interface and relationships between the Children's MARS Local Arrangements and the Voluntary, Charity and Social Enterprise sector

Voluntary, Charity and Social Enterprise Sector

What have we done?

- In collaboration with the Safeguarding Adults Board and Domestic Abuse Partnership Board, the Children's MARS team have been working with Voluntary Action North Lincolnshire (VANL) to develop a safeguarding children and adults awareness training package to roll out across the Voluntary, Charity and Social Enterprise (VCSE) sector. Work is in progress to develop a domestic abuse awareness training package to be rolled out alongside the above training according to the needs of the VCSE organisation
- A reporting mechanism for monitoring training figures across the VCSE sector has been agreed with VANL to ensure that safeguarding training across the VCSE sector can be monitored on a quarterly basis. This information will be fed into the Safeguarding Pathway Learning and Improvement Group (SPLIG) and will give lead officers an enhanced oversight of which organisations and sectors have had safeguarding training so that they are able to identify any gaps
- Arrangements are ongoing in relation to a VCSE networking event which will take place in October 2023. This event aims to raise awareness of the role and function of Children's MARS Board amongst the VCSE sector. It will also provide networking opportunities for both the VCSE sector and partner agencies to strengthen relationships and to raise awareness of the local offer to children and families

Outcomes and impact

- We have strengthened the interface with VANL and built upon existing mechanisms to communicate and build relationships with the VCSE sector
- Staff and volunteers in the VCSE have increased access to advice, guidance, tools and resources which they can utilise when working with children and families
- In working collaboratively with the Safeguarding Adults Board and Domestic Abuse Partnership Board, we are preventing duplication and providing access to consistent safeguarding information, advice and guidance

Next steps:

Due to a number of workstreams in progress, the Children's MARS Board have recognised the need continue to 'Shine a Light' on the relationships with the VCSE in 2023/24. In continuing this as an area of focus, we will be able to further embed the development work and seek assurance around the impact that it has had on children and families.

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Shine a Light Area of Focus

Men including fathers, male carers and wider family

We said we would further develop the multi-agency approach to men including fathers, male carers and wider family members

Men including fathers, male carers and wider family members

Activity:

- A Children's MARS Spotlight on engaging men and male carers was developed and published on the Children's MARS website. The Spotlight contains top tips for working with men, key resources and links to national reports and research
- Other national reports and research relating to engaging with men and male carers has been circulated across the partnership
- As part of scrutiny and assurance activity, case audit forms have been amended to strengthen the focus on the involvement of men and male carers and their voice

Outcomes and Impact:

- Practitioners have increased access to advice, guidance, tools and resources which they can utilise in their practice
- Engagement with men and male carers and consideration of their voice and experiences are considered routinely as part of scrutiny and assurance activity

Through the Yorkshire and Humber Multi-Agency Safeguarding Trainer's Group, the Children's MARS Board supported the 'Ey Up, Dad! Engaging with men in children's lives' webinar series.

Sessions included presentations from the Lead Reviewer of 'The Myth of Invisible Men' national Child Safeguarding Practice Review Panel's report, Dad Matters UK and Sheffield Parenting Hub. Staff in attendance at the event fed back that they had a greater understanding of the topic of engaging fathers and male carers from different viewpoints, learning from reviews and have greater access to practice tips and tools.

Examples of feedback from practitioners were:

This event has made me want to research things further and I will definitely be speaking about it in the office with my colleagues!

I will take forward the tips on engaging with fathers in my practice going forwards for example how to engage fathers in small simple ways at school events and the importance of these

I feel like this has been such a great refresher and it is definitely getting me thinking about my practice going forward!

Fantastic presentations, great work. very moving videos. I will be more conscious about the dads and ensuring I make an effort to include dads more in the work I do. Not just assuming mum is the main person to contact

This has given me more confidence in speaking to Dad's about their children's lives, obtaining their views about different areas of their children's lives.

Men including fathers, male carers and wider family members

There has been an amplified focus on understanding our approach across the partnership to engaging with men and male carers and to further developing our offer. Through the SPLIG, there has been a focus on collating an overview of activity, impact and outcomes from engagement activity with men and male carers, examples as follows from RDASH NHS Foundation Trust perspective:

ACTIVITY

- All service training regarding engaging fathers / partners completed in 2023. Allocation of in service champions to maintain service quality improvement
- In service learning discussions at team meetings, a focus group and professional forums around the Myth of Invisible Men report
- Review of all client letters sent by service - revised to include invitation to fathers / partners to attend core contacts and developmental reviews
- Audit completed of electronic patient record, identified further work needed to ensure all groups and relationships are recorded with specific detail around fathers and partners, including historic relevant relationships
- Client record to be opened on fathers / partners where direct work completed
- Completion of Survey Monkey via social media platforms to gather father / partner feedback around engagement with the service
- Expression of interest circulated for attendance at a Fathers Voice event to explore how the service can improve engagement
- Fathers only outdoor event advertised 2023 - walking in the park with baby / toddler. Opportunity to share views, meet other fathers and ask questions
- Liaison with information sharing meetings, e.g., Multi-Agency Pre-birth Liaison and Consultation meetings, to ensure the focus on fathers is embedded
- Antenatal multi-agency education sessions identified as an ideal time to engage fathers and provide relevant information and advice - delivery times and venues changed to encourage attendance. Now offered in each locality 'out of hours' to accommodate work times and also continued as a virtual class if preferred
- Fathers welcome at all community groups, reviews and education sessions

IMPACT

- Re-audit of client electronic records planned for June 2023 to review groups and relationships section of patient record and ensure fathers details are visible in record and assessment
- Attendance of fathers at antenatal education sessions has increased substantially. Previously male attendance was extremely rare. Fathers are regularly attending, contributing to discussion and providing feedback
- Feedback from the initial Survey Monkey results and poor attendance at events advertised specifically for dads has been considered in future service delivery. Fathers told us they did not feel comfortable attending a session / forum or group aimed directly at them and facilitated by a professional. They stated they preferred to be actively included in conversation and assessment at core contacts or attend an appointment or session with their partner. Therefore, this approach has been adopted in practice
- Fathers were interested in the service digital offer, they did want to engage with the web page and social media platforms, therefore promotions aimed directly at fathers have been scheduled throughout the year

NEXT STEPS

Actions identified for ongoing developments, for example audit activity to ensure father details are visible, father specific e-clinic platform, focus on fathers promoting breastfeeding and LGBTQ+ inclusive approach in antenatal education sessions

Men including fathers, male carers and wider family members

There has been an amplified focus on understanding our approach across the partnership to engaging with men and male carers and to further developing our offer. Through the SPLIG, there has been a focus on collating an overview of activity, impact and outcomes from engagement activity with men and male carers, examples as follows from a **NLAG NHS Foundation Trust** perspective:

ACTIVITY

- Fathers / male partners / carers can now attend all antenatal appointments / scans and they can be present at the birth
- Fathers / male partners / carers are encouraged to attend for the tour of the unit that is offered to those mothers under the care of the Consultant Midwife
- Reintroduced open visiting for fathers / male partners / carers on the antenatal wards freely between 8 am and 8 pm and during the night for delivery
- We sign post fathers / male partners / carers to the Dad's Pad digital support app at every opportunity
- Postnatally, if Midwifery Support Workers are providing additional support to the mothers, then the fathers / male partners / carers are encouraged to be present to cover practical skills etc
- As part of the maternity booking process midwives ask all fathers / male partners / carers if they have any concerns or need support with their mental health historically or currently. Midwifery offer support and referral through the perinatal mental health team or support self referral to the Talking Shop
- Midwives continue to discuss domestic abuse and complete the confidential enquiry with women at the earliest opportunity. This is recommended by NICE guidance to discuss at least 3 times during pregnancy in the absence of male partners. In relation to any concerns regarding domestic abuse perpetrated against males, similarly enquiries would be made to support any potential male victims of domestic abuse

IMPACT

- This has a positive impact as we try to include fathers / male partners / carers on the birth journey
- We have had positive feedback in regards the Dad's Pad
- Fathers / male partners / carers feel more confident, comfortable and engaged regarding the delivery when they have completed tours of the maternity unit and have been involved with the practical skills sessions
- Increased involvement and engagement from fathers / male partners / carers now that Covid restrictions have been removed within families antenatal and postnatal journey

NEXT STEPS

Continue to improve engagement with fathers / male partners / carers throughout the antenatal and postnatal journey

Men including fathers, male carers and wider family members

There has been an amplified focus on understanding our approach across the partnership to engaging with men and male carers and to further developing our offer. Through the SPLIG, there has been a focus on collating an overview of activity, impact and outcomes from engagement activity with men and male carers, examples as follows from North Lincolnshire Council perspective:

ACTIVITY

- Development session with Practice Supervisors and Social Workers around Myth of the Invisible Men report to share key points and reflect on the findings and analysis
- Practice development in relation to ensuring that assessments take into consideration the previous history and life narrative of fathers and male partners / carers
- Review of case records to reflect on how the voice of fathers and male partners / carers is obtained
- Review of direct work tools and pod development sessions to ensure a range of tools, research and theory are utilised in the assessment planning and intervention
- Focussed development around managing challenging and hostile behaviour
- Use of correspondence to support and encourage engagement
- Access to Community Care Inform and Research in Practice to support continuous professional development in relation to engaging males in intervention and change work - including spotlight articles on working with fathers in child protection: lessons from research, foreign convictions against mothers' partner and care proceedings, and working with fathers, self-harm, asylum pre-proceedings and the Public Law Outline
- Access to the Re:Form project at the Blue Door enabling intervention for couples who want to remain together
- Strengthened case audit process to ensure that this includes the voice of parents including fathers and male partners / carers
- Through the embedding of the You Say Who framework, we have supported reunification of children in care to fathers
- In collaboration with colleagues through the Yorkshire and Humber Multi-Agency Safeguarding Trainers Group, we have promoted free training in relation to engaging with men in children's lives ('Ey Up, Dad!' - Yorkshire and Humber Conference)

IMPACT

- Improved engagement of males within the planning for children
- Enabling families to remain together through managing risk presented by fathers and male partners / carers
- Increased knowledge, skills and understanding through workforce development with access to training and resources specifically relating to engaging males in children's lives
- Audit activity is inclusive of seeking the views of fathers and male partners / carers enabling reflection on practice and enhancing service provision

NEXT STEPS

Actions identified for ongoing developments, e.g., further review of case records, Myth of Invisible Men development sessions to be held with new staff members and continuing review of resources

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Shine a Light Area of Focus

Neglect

We said we would further raise awareness and develop our practice to prevent and reduce the harm from neglect

Neglect

What have we done?

- A Children's MARS Family Help toolkit on the topic of neglect has been developed to provide advice, guidance and resources for practitioners
- In August 2022, a neglect task and finish group was held with key members of the Safeguarding Practice Learning and Improvement Group to consider the local approach to neglect and associated education and training
- NSPCC trained 20 staff across Children's Services and other partner agencies in 2017 as trainers in the Graded Care Profile 2 (GCP2) – neglect assessment tool. Since then and to enhance multi agency practice, the Children's MARS Board have trained over 200 professionals across the partnership in the GCP2 and accredited them so that they can use this tool and training continues
- A database of resources has been shared via MS Teams with all practitioners who have been trained to use the GCP2 to ensure they have access to additional support and tools to use with children and families
- GCP2 practice surgeries and webinars held by the NSPCC to respond to neglect have been promoted widely across the partnership
- In 2022/23 there were 107 children where a GCP2 assessment had been undertaken by children's social care staff (including children's social work and family support). Similar numbers of GCP2 assessments have been undertaken for the 3 years prior to the above

Outcomes and impact

- Practitioners have increased access to advice, guidance, tools and resources which they can utilise in their practice
- Co-working on GCP2 assessments has built practitioner confidence and increased the use of the tool
- Outcomes of the GCP2 and areas of intervention are being integrated into children's plans
- Feedback from practitioners indicates that the GCP2 neglect assessment model has supported consistency in language and in the approach to neglect across early help and the safeguarding pathway

- **Practitioners have said that the GCP2:**
  - enhances understanding of the lived experience of the child
  - has promoted parental engagement
  - helped families to be clearer, at an earlier point, when there are concerns about neglect
  - was easy and relatively quick up to write up

- **Family feedback about their experiences when the GCP2 has been used in assessment practice has included:**
  - easy to understand
  - it's not like an assessment is being completed
  - clear and the colour coding helps to understand the strengths and areas of concern

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Learning and Improvement

Multi-Agency Education and Training

Children's MARS Education and Training has continued to be offered both virtually and face to face. Child Protection training has continued to be offered as a priority course throughout the year and is well attended and in high demand. The Child Protection training has been a key mechanism to embed the One Family Approach and to raise awareness of key strategic documents with new staff across the partnership, such as the North Lincolnshire ROTH Approach. The Children's MARS Education and Training Programme has also been refreshed to strengthen the connectivity with the Children's MARS Communication and Stakeholder Engagement Strategy and to orientate our education and training to core activity and our 'Shine a Light' areas of focus.

Key highlights include:

- 273 practitioners trained in Early Help: Practice and Process
- 496 e-workbooks were completed across a range of awareness topics including safeguarding, child criminal and child sexual exploitation and female genital mutilation. In quarter 3, 2022/23, a new early help e-workbook was published
- 298 Designated Safeguarding Leads and school pastoral staff have attended the quarterly Designated Safeguarding Leads briefings and have been trained in early help, private fostering, Prevent and supporting the education of children in need and those on child protection plans. A Designated Safeguarding Leads Conference was also held in July 2022 at which workshops focussed on domestic abuse, early help, safeguarding policies and emotional wellbeing
- 184 Designated Safeguarding Leads from early years settings have attended the quarterly forum and have had briefings on domestic abuse, information sharing, early help and identifying injuries in babies and young children
- A new early help forum was established in 2022/23 and 141 partnership staff undertaking early help have attended. Bespoke briefings have been provided on mental health, housing related support and SENDIASS
- 7 minute briefings, special edition newsletters and briefings have been used to communicate learning to frontline practitioners
- New resources for school staff have been published including additional 2 minute briefings on topics such as neglect, prevent, coercive control and early help and a CPD PowerPoint focussed on the changes to Keeping Children Safe in Education
- The Children's MARS team have supported a number of Humber-wide Domestic Abuse Learning Events throughout 2022. 5 sessions were held with a total of 1679 attendees present from across the Humber region who heard the experiences of Luke and Ryan Hart from CoCo awareness and watched a production of 'Mockingbird High' from Certain Curtain Theatre Company
- National and regional online webinars and training courses have been promoted through the Children's MARS communications channels on a range of subjects including drug and alcohol misuse, online harm, child exploitation and child abuse linked to faith and belief
- Through the Yorkshire and Humber Multi-Agency Safeguarding Trainer's Group, a series of webinars have taken place throughout the year including:
  - 'Ey Up, Dad! Engaging with men in children's lives' – Sessions included presentations from the Lead Reviewer of 'The Myth of Invisible Men' national Child Safeguarding Practice Review Panel's report, Dad Matters UK and Sheffield Parenting Hub
  - 'Professional Curiosity' – Sessions included presentations on the importance of professional curiosity, supervising a professionally curious workforce, professional curiosity in the digital world and disrupting perpetrators through a professionally curious multi-agency approach

Multi-Agency Education and Training

In the report on the effectiveness of the Children's MARS Arrangements, the Independent Scrutiny Officer highlighted that:

Effective mechanisms are in place for disseminating key messages to the front line. The importance of supporting practitioners in the difficult work they have to do is understood. A comprehensive training programme is in place and is well used.

The quality of the Children's MARS training offer was viewed as helpful and informative.

The quarterly training evaluation reports presented to the SPLIG have highlighted that there has been an overall improvement on practitioners' confidence in the subject matter after all Children's MARS training courses. Based on feedback and evaluation, training remained of a high quality, delivered by knowledgeable and engaging trainers with examples of positive impacts on practice such as enhanced knowledge and skills to engage, assess, plan and work directly with children, young people and families.

Feedback from practitioners

An electronic feedback survey is distributed after each training course delivered as part of the Children's MARS Education and Training Programme. Practitioners have provided the examples below of how training has improved their knowledge and will impact on their practice:

- *The Child Protection training has given me more confidence in continuing to do my role effectively as well as sharing information and support for staff. Ensuring that we are following the correct protocols to keep children safe as well as supporting families to make them feel that they are not on their own when they need someone to talk to*
- *The Child to Parent Violence and Abuse training will definitely help me with my daily interventions with families and made me feel more confident in understanding child on parent violence*
- *The Strategy Discussions training will make me be more confident to challenge and share relevant and proportionate information*
- *The training has strengthened my ability to lead a well-structured, well documented strategy discussion and to make appropriate considerations for good planning*
- *I will find it easier to support parents through the early help as it will be more relevant to them and they will have much more of a say as the plan will be in their own words and they can state exactly what the main issues are*
- *It will make completing Early Help Assessments more relevant and fit for purpose. Today's advice has inspired me to look closely at existing Early Helps and using the criteria discussed today make an informed decision on keeping them open or close with parent support to follow up.*
- *The Graded Care Profile 2 will be used to aid family development to inform areas needing improvement and to showcase areas which families are strong*

Communications

There is a commitment to communicating across the safeguarding partner organisations and other agencies. The Children's MARS website is central to our communications strategy and is regularly refreshed to include a variety of resources, tools and learning from local and national reviews for professionals to access.

Children's MARS news updates continue to be used to communicate information and messages relating to the Local Arrangements to key stakeholders. Messages also continued to be shared through our social media channels, @SafeNorthLincs.

Regular email communications via the Children's MARS communications list alert practitioners to what is new and available both locally and nationally. This has been an important mechanism to increase the reach of key messages across the partnership and there continues to be high levels of engagement with the information circulated. There are further opportunities to target communications i.e., with the voluntary charity and social enterprise sector to raise awareness of and engagement in our Local Arrangements.

Children's MARS Spotlights continue to be used to coordinate key messages for practice, training opportunities and key tools and resources around a specific topic. The Spotlights have been disseminated via our communications list and published on the Children's MARS website. Staff are encouraged to circulate the Spotlights across their teams and discuss them as part of team meetings. A number of thematic Spotlights have been developed in 2022-23 including:

- Female Genital Mutilation, Honour Based Abuse and Forced Marriage
- Joint Targeted Area Inspections
- Early Help
- Online abuse
- Working and engaging with fathers and male carers
- Teenage relationship abuse

Communications

Some examples of communication activity include:

- There has been a gradual increase in followers on @SafeNorthLincs Facebook and Twitter profiles throughout the year which enables us to reach a wider audience
- Supported and promoted the #DogSafety campaign and circulated associated posters and fact sheets
- Disseminated reports and briefings from the Child Safeguarding Practice Review Panel including national reviews, practitioner briefings and Panel newsletters
- Promotion of posters, fact sheets and resources from the Child Accident Prevention Trust as part of Child Safety Week
- Promoted and disseminated the Humberside Partnership Intelligence Form to raise awareness
- Supported and promoted the Humberside Police and Crime Commissioner's summer domestic abuse campaign
- Promotion of the Children's Society #LookCloser campaign and dissemination of new resources, posters and infographics
- Promotion of the 'Dad Pad' app which supports expectant and new fathers
- Supported and promoted the White Ribbon campaign
- Promotion of the Karma Nirvana's virginity testing campaign and dissemination of new resources, posters and infographics
- Promotion of safer sleeping for babies
- Disseminated key national messages for practitioners relating to the increase in Scarlet Fever and Group A Strep and what to do if you identify mould and damp issues
- Supported and raised awareness of a series of mental health campaigns including Qwell mental health support and the Humber and North Yorkshire Childline Christmas mental health campaign
- Promoted and disseminated information relating to CEOP's 12 day festive countdown which included practical tips, information and advice to help parents and carers with keeping their children safer online over the school holidays
- Promotion of wider partnership events including the Safeguarding Adults Board conference and the Violence Against Women and Girls Conference
- Promoted an early years and education careers fair to raise awareness of working in the sector
- Dissemination of information and application forms for the Humberside Fire and Rescue Fire Cadets Programme for 13-16 year olds

Funding

Safeguarding partners have a shared ownership of funding responsibilities and they have agreed equitable and proportionate contributions to ensure the implementation of the Local Arrangements. These consist of actual funding and in-kind resources, for example representatives from safeguarding partner organisations contribute to the development and delivery of the education and training programme. In addition, each of the safeguarding partners have agreed that key subject matter experts from their organisations will lead specific pieces of work to progress the areas of focus, strategies and delivery plans.

In the event of a safeguarding practice review, it has been agreed that funding will be met by the three safeguarding partners and where necessary, each partner will contribute equitable and proportionate funding over and above the normal allocation in order to fulfil the costs of any review.

Funding from wider individual agencies has continued for 2022/23 as indicated in the tables below.

Contributions	2022/23 (£)
North Lincolnshire Council	50,000
North Lincolnshire Health and Care Partnership	38,241
Humberside Police	13,000
Probation Service	2,184
John Leggott College	1,140
North Lindsey College	1,140
Education	38,000
Total	**143,705**

In relation to expenditure for 2022/23, the safeguarding partners agreed the funding allocation inclusive of a Lead Officer, Partnerships and Policy Officer, Independent Scrutiny Officer(s), training and subscriptions and memberships.

Costs relating to room bookings, equipment and publications have not specifically been accounted for as monetary contributions in the safeguarding partner's funding agreement however these costs can be met using the remainder of the budget.

Budget allocation	2021/22 (£)
Staffing costs	106,134
Independent scrutiny	20,000
Training	10,000
Subscriptions and memberships	1,044
Total	**137,178**

Child Safeguarding Practice Reviews

The Children's MARS Board / safeguarding partners were notified of a potential serious child safeguarding incident in 2022-23. Following receipt of the notification, the safeguarding partners met to consider whether the child's case met the criteria for notification to the Child Safeguarding Practice Review Panel. The safeguarding partners concluded that the case did not meet the criteria for notification.

Independent scrutiny of the identification and notification process first took place in 2020 following the initial publication of our Local Arrangements. This included independent scrutiny of cases considered by North Lincolnshire Children's Services as potentially meeting the criteria for serious child safeguarding incidents. The exercise has been repeated annually and now includes cases considered by Children's Services or partner agencies as potentially meeting the criteria for serious child safeguarding incidents.

The 2022 Independent Scrutiny report highlights: *There is a clear process in place for identifying potential cases. Whilst some of the cases, in my view, represented routine casework it seems to me that it is preferable for more cases to be brought to discussion. This allows the opportunity for an ongoing dialogue about the issues and for the development of a consistent understanding among the management team. Having considered the relevant documents, it is my view that the decision making was robust.*

We have also continued to annually seek assurance through the SPLIG that partner agencies and key relevant agencies:

- have internal processes in place for identifying potential serious child safeguarding cases
- are aware of the criteria for a serious child safeguarding case and how to notify the safeguarding partners for them to consider whether the criteria are met and whether a rapid review is undertaken to determine if a child safeguarding practice review is required
- have internal processes in place and are aware of/know how to request that the safeguarding partners or their representatives consider undertaking a child safeguarding practice review if the criteria are not met, yet the case may raise issues of importance to the local area and there has been the identification of good practice, poor practice or 'near miss' events
- have or have not discussed and considered one or more potential serious child safeguarding cases yet concluded that they do not meet the criteria for notification

This was completed to assure ourselves that there had been no serious cases that were not notified to the safeguarding partners.

Key staff were knowledgeable about the process and Children's MARS policies and procedures. The Children's MARS Board were subsequently assured that agencies know how to identify and notify the safeguarding partners of a serious child safeguarding case.

Child Safeguarding Practice Review Panel: National Reviews

We have taken account of the learning of the review by the national Child Safeguarding Practice Review Panel on **'Safeguarding children with disabilities and complex health needs in residential settings'.**

Activity undertaken in response to the review and phase 1 and 2 reports is as follows:

- A briefing was compiled for both the Children's MARS Board and the Corporate Parenting Board following receipt of a letter from Annie Hudson, Chair of the Safeguarding Practice Review Panel dated August 2022 which outlined a number of urgent actions to be taken as a result of the ongoing review. An overview report detailing the actions taken locally was subsequently presented to the Boards. Assurance was provided that Quality and Safety Reviews had been completed to a high standard and any actions stemming from them were being progressed and monitored until completion
- We have reviewed and refreshed local policy and procedures in relation to external residential education provision
- Bespoke briefings detailing the learning from the phase 1 report were developed for practitioners and senior leaders. These were disseminated widely across the partnership and the practitioner briefing was published on the Children's MARS website. The national Panel's briefing note following publication of the phase 2 report in April 2023 was likewise widely disseminated
- A benchmarking matrix was undertaken to consider the North Lincolnshire response to the key priorities for improvement and supplementary recommendations as set out in the phase 2 report

Next Steps:

A bespoke SPLIG development session will be held to reflect again on the embedment of learning from the national Child Safeguarding Practice Review Panel reports and briefings including those outlined above. This will provide an additional layer of assurance that the learning continues to be embedded in practice across the partnership.

Scrutiny and Assurance

The Children's MARS Scrutiny and Assurance Framework was published alongside the Local Arrangements. In addition to scrutiny and assurance activity already referenced in relation to multi-agency case audit practice learning line of sight events, there has been additional activity, including independent scrutiny, leading to local learning, partnership action, changes in practice and outcomes.

Thematic audit – 'Front door' including Single Point of Contact enquiries, contacts and referrals
In January 2023, a thematic audit was undertaken to seek assurance as to the quality and effectiveness of decision making at the 'front door' and how partner agencies fulfil their safeguarding responsibilities. The independent scrutiny officer also considered whether the outcomes are proportionate and consistent. The audit found many positives including that decisions about risk and need are well understood and consistently applied and that children get the right help at the right time.

Agency 'Call in' - Rotherham, Doncaster and South Humber NHS Foundation Trust
There are opportunities for safeguarding partners to call in agency representatives to assure the Board of the agencies' section 11 responsibilities, their contribution to the local arrangements or in relation to a specific issue. In October 2022, the Children's MARS Board wrote to key leads within the RDaSH Children's Care Group to seek further assurance in relation to children's emotional wellbeing and mental health services in North Lincolnshire and the different pathways that support children and young people. The response provided a good level of assurance in respect of the issues raised. Representatives from RDaSH were also invited to attend the April 2023 Children's MARS Board to provide an overview of their offer to children and young people.

Thematic assurance event – 'PITSTOP'
In September 2022, a thematic assurance event took place to seek assurance as to the impact and effectiveness of the PITSTOP. The event included observation of 3 PITSTOP meetings, interviews with key partnership leads and a desktop review of key documents. The report from the Independent Scrutiny Officer was overwhelmingly positive regarding the partnership approach to preventing need from escalating and ensuring children and families receive a direct offer of help at the lowest level.

Scrutiny and Assurance

Multi-Agency Reflective Practice Forum

The Multi-Agency Reflective Practice Forum **(**MARPF) meets on a four weekly basis and provides a reflective practice forum for managers and practitioners working with families to review the quality of practice and intervention across the partnership. There have been six MARPF meetings held throughout the year on themes such as children in tier 4 provision, early help, child criminal exploitation, Youth Justice Partnership interventions, entry to care by way of police powers of protection and vulnerable children not in education. The good practice, key learning and recommendations for strategic action are fed into the SPLIG on a quarterly basis and a summary of learning for frontline practitioners is included in the Children's MARS news update.

Impact and outcomes

Scrutiny and assurance events continue to generate an evidence base of effective local practice and learning which the Children's MARS Board has utilised strategically to further develop and improve multi-agency practice. A summary of learning and key themes are provided to those involved and disseminated widely through the Children's MARS news updates and 7 minute briefings that are available on the Children's MARS website.

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Scrutiny and assurance events that have taken place within 2022/23 have highlighted key themes relating to areas of good practice and assurance:

- The values and principles of the One Family Approach are being demonstrated within practice to enable children to be in their families, in their schools and in their communities
- The multi-agency partnership is proactive, mature and intent upon providing the right help, by the right person, at the right time
- Practitioners are tenacious and are willing to deal with difficult subjects and have difficult conversations
- The workforce is strong, consistent, flexible and skilled. There were positive examples of professionals working according to the needs of the child and family, considering the child's voice and their lived experience
- There is a strong focus on relationship building both between professionals and the young person, between family members in the child's life and between the professional group around the family

Scrutiny and Assurance

Section 11 (Joint Safeguarding Self-Assessment)

The Section 11 process places a duty on specific organisations and agencies to ensure they fulfil their responsibilities to safeguard and promote the welfare of children. Together with the Local Safeguarding Adults Board, a joint safeguarding self-assessment audit was disseminated to agencies for them to complete in December 2022 and submit in early 2023. Overall, the self-assessments provided assurance that the agencies subject to Section 11 are fulfilling their responsibilities to safeguard and promote the welfare of children.

Annual safeguarding audits

Under Section 175 of the Children Act 2004, the 2022 safeguarding audit for schools and colleges overseen by governors measured compliance with the statutory guidance 'Keeping Children Safe in Education' and enabled the Children's MARS Board to receive assurance about essential safeguarding practice across all schools, colleges and settings. Since 2021, audits are requested from all schools (including special and independent) in North Lincolnshire, colleges in North Lincolnshire, alternative provision utilised by North Lincolnshire and all out of area provision that North Lincolnshire children attend. In 2022, there was a 100% return from schools, colleges and alternative provision. The outcomes of the audit highlighted consistently good practice in relation to safeguarding and strong partnership working.

In addition to this all Private, Voluntary and Independent Childcare Providers complete the safeguarding audit. Nurseries and pre-schools complete it on an annual basis and childminders on a bi-annual basis. There was a 100% return rate for the audit (66 childminders and 67 settings) in 2022. Responses have been individually reviewed to ensure compliance, provide assurance and to determine levels of support and challenge for settings. Themes emerging from the analysis inform termly Designated Safeguarding Lead's updates, childminder networks, bespoke safeguarding training for settings and safeguarding updates for the sector as a whole.

Responses to the audit demonstrate that settings are committed to safeguarding children through ensuring policies and procedures continue to be robust and effectively communicated to staff, safer recruitment practices are adhered to, all staff recognise the signs and symptoms of abuse and know procedures relating to an allegation against a staff member. Staff are also confident to attend child protection conferences and child in need meetings to share their knowledge and to effectively support children in their setting. Staff are professionally curious and follow up poor attendance of children and liaise with other agencies as appropriate to support children and families. Additionally, all childminders demonstrated a good understanding of the signs and symptoms of abuse, what they need to do in the event of a safeguarding concern both related to a child in their care, themselves or another adult living or working at their address.

Findings from the audits are analysed and shared with the Children's MARS Board and action plans are put in place to monitor further improvements.

Independent Scrutiny of the Children's MARS Local Arrangements

As part of our commitment to listen, learn, review and adapt and to ensure that we are fulfilling our responsibilities under Working Together to Safeguard Children 2018, our Local Arrangements for 2022/23 have been independently scrutinised. The Independent Scrutiny Officer indicated that the recommendations from last year have all been fully considered and implemented where appropriate.

This year's independent scrutiny of our Local Arrangements included:

- desktop research/prior reading of Children's MARS Board, subgroups and other records
- facilitation of multi-agency strategic leader's and practitioner's forums
- meeting with key officers who manage and support the Children's MARS Board
- observation of the Children's MARS Board (April 2023)
- observation of a review child protection conference and follow up afterwards

The independent scrutiny officer was asked to include a focus on:

- the impact of the ROTH approach
- impacts associated with the Shine a Light areas of focus
- evidence of schools and wider agencies involvement

A full report outlining the findings has been shared with the Children's MARS Board.

Additional feedback from **Edwina Harrison, Independent Scrutiny Officer** is highlighted in the follow slides:

The Independent Scrutiny Officer summarised that:

'The Children's MARS Board sets the tone and culture across the partnership. Respectful challenge is accepted as normal and constructive and is intended to make a positive difference to the lives of children and families. The difference between the levels, from the Children's MARS Board to the multi-agency front line is understood, and creative approaches are used to communicate across agencies and levels. The move to locate teams within communities offers an increased opportunity to understand the lived experience of children and families and to make a positive impact on their safety and wellbeing'

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

- **The ROTH approach** was developed out of the Child Exploitation and Missing Children Strategy. It included learning from a local pilot, national research and best practice. There is a clear demarcation between the strategy, delivery plan and toolkit but also lines of communication between each element. They were launched at the conference in May 2022 which was attended by over a hundred people. This launch at the conference appears to have made a significant impact on those who attended. Also, on their understanding of what it entails and their own role in implementing it. The ROTH Strategic Group meetings are well attended with representation from relevant agencies
- **The links to other partnerships are evident**, for example the Violence Reduction Unit and the Community Safety Partnership. The connection to adult safeguarding is also in place, particularly with regard to transition to adulthood. Links between the ROTH Strategic Group and other groups e.g. Early Help Strategic Leads Group are in place
- The **Line of Sight event on teenage relationship abuse** arose from the ROTH Strategy. In the interactive sessions this was said to be really useful and had been well received, as was the **case audit on CCE/CSE**
- The **CE and Missing Children Profile (Problem Profile)** was shared with the ROTH Strategic group and MACE meeting for action. This is a very comprehensive document which includes information about hotspots and perpetrators
- The **resources on the website** are comprehensive, with 29 pages of links to other resources that are both national and local
- Through reading the documents it is possible to see how the **areas of focus** are reached, and they include issues of local and national significance. The determination to make an impact on the areas of focus is demonstrated in the delivery plan and is far reaching
- In order to assist in understanding impact, the **Children's MARS Performance Framework** includes the Shine a Light areas of focus. There is a brief analysis of whether the situation is improving and in any event, what action is being taken. Indeed, in reviewing the documents the determination to make an impact on these areas is evident throughout the Children's MARS Board and associated groups
- The events which provide a **multi-agency learning opportunity** which is focussed on cases, but which also draw out wider learning appear to be particularly effective at engaging practitioners and managers in the work of the Children's MARS Board, for example the MARPF and the Line of Sight events. That these take place within a culture which is strengths based, with a focus on learning and where workers will not feel "blamed" is an important contributor to their effectiveness in encouraging participation and in embedding learning

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

- The **determination to provide support at the earliest possible opportunity** continues to be an important factor in the work of the Children's MARS Arrangements. One example of this is that the Early Help Strategic Leads Group has been given parity with the CHaPP Group in terms of governance. (i.e., the relationship to the Children's MARS Board)
- The **rotation of the chair role** between the three statutory partners has continued as planned with Humberside Police assuming the role in April 2022. In the draft revision Working Together 2023 there is an emphasis on the importance of the role of Chair being assumed by one of the statutory partners, rather than an Independent Chair. Comment is also made about the chair speaking for the partners, and not their home agency. I have observed that the Children's MARS Board chair clearly speaks on behalf of the partnership
- As in previous years, the **quality of the supporting documents** is impressive and provides the confidence in the work which underpins the board. The action log reflects the decisions in the meetings, and actions are followed up. This is not simply an administrative process; it gives a clear message that the board means business. The volume of significant, lengthy and important national reports, research and consultations has been noticeable in the past year and that in itself places a pressure on the Children's MARS team. As ever, they have responded with commitment and dedication
- The use of **Independent Scrutiny** is clear and focussed. It ranges from the comprehensive report in response to the national report on Star and Arthur to the specific in local multi-agency case audits. The model used by North Lincolnshire has allowed the closest match of skills between the area under scrutiny and the scrutineer. The model is under review by the Children's MARS Board and is one of the areas covered in Working Together 2023, which points to a model more like that used in North Lincolnshire. Clear external focus has been a key feature of the Children's MARS Arrangements from the outset
- There is evidence of thoughtful discussion of the **relationship with other strategic partnerships**, for example substance misuse and the Community Safety Partnership, the Channel Panel and the Violence Reduction Unit. The emphasis on governance across the partnership ensures that there is a focus on clarifying which board has primacy on specific issues
- There is a **comprehensive suite of performance information** and evidence of attempting to get behind the data to understand what the data is indicating
- Escalation processes are rarely required, and a considerable amount of work can be seen to go into **resolving matters at the lowest level possible**

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

- Throughout the review child protection conference meeting, the focus was on the needs of the children and their wishes and feelings. Their very **different needs were addressed separately as was diversity**. There was a strong focus on strengths and protective factors and on encouraging the mother to keep doing what she does well
- As part of the Shine a Light area of focus, **attendance by males** is being monitored at child protection conferences
- The performance framework includes **Elective Home Education, Children in Alternative Provision (AP) and absence/persistent absence**. The potential for children to be more vulnerable because they are absent from school is recognised
- One important point which arose during the discussion was how the work of the Children's MARS Arrangements assists with **equipping schools and colleges to address vulnerability**, keeps them up to date about local risks and understand what is or may be happening to the children which may be affecting their ability to learn. In turn that helps to keep them safe in their school, and potentially reduces the number of exclusions
- In terms of **communications**, the Children's MARS Newsletter was thought to be '*really useful*'
- There is an increasing emphasis on how the arrangements engage with social media as these can be an important route into communities. One example of how the Children's MARS Board **communicates with wider groups including the VCSE**, is through Safe North Lincs social media
- In both the practitioner's and the strategic leader's forums, **the One Family Approach** was recognised and understood in terms of the practice as well as the theory. As in previous workshops, the practitioners assumed responsibility for their own development as well as accessing relevant training and development opportunities. The range of training and development opportunities is extensive
- Practitioners demonstrated an understanding that there is **a process for learning to be shared** so that it can inform wider practice which is via the SPLIG
- **Relationships with adult safeguarding were said to be good at strategic through to front line level**. Examples included the shared joint Safeguarding Self-Assessment, Line of Sight events and reviews, multi-agency training and the shared use of data and intelligence
- The feedback from training is good, there is a ***'team ethos'*** and it was noted that the culture is clear in that everyone is '*very positive*'

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

- One issue which is worthy of note is one which has been consistent throughout the time that I have been undertaking this process, and that is the credibility of the **Children's MARS partners as people who could tackle '*real life front line*' experiences**
- From the observation of the Children's MARS Board meeting, **ownership of the agenda items was shared** and there was no sense that one agency was responsible for an issue. This was an expectation which underpinned the safeguarding reforms and is explicit in the draft Working Together 2023 consultation
- The Children's MARS Board members appeared comfortable with each other and with offering **respectful challenge.** They also treated the participants who attended to present reports with the same respectful challenge, thus creating an environment which is conducive to creativity and to a learning environment

Areas for consideration

- How is the ROTH Approach being used to inform the partnership response, and will it be updated, as that would be further evidence of impact which is an area of interest to the Children's MARS Board?
- What is the status of the links to national resources which are provided which are on the website, are there checks in place about the quality of the information, particularly as practitioners may use the website without discussion with managers/supervisors?
- Reduce the number of areas of focus, maintain some of them for a longer period of time or have a specific launch or communication
- In view of the increasing number of BAME children in education settings, consider whether the Annual School Safeguarding Audit would be enhanced by a question on diversity
- There may be schools/provisions which are harder to include in the arrangements and it could be useful to understand the explanation. Consider whether a specific approach is needed with these schools to ensure that they feel that they can contribute to the arrangements

Independent Scrutiny of the Children's MARS Local Arrangements

Areas for consideration

- How does the Children's MARS Board assure itself that children's specific needs are identified and that an appropriate response is in place into the future when they have experienced significant loss or bereavement, particularly when that loss has been traumatic?
- Reflecting on undertaking this process for some years, the attendance at the sessions is invariably greater by Children's Services. It may be that other ways are available to reach other practitioners from other agencies, for example through a brief online survey. Ensure that the range of agencies includes representation from groups which represent the diversity of the child population
- Although it was said that Alternative Provision (AP) is included, consider how views from children in AP can be obtained about their experience and whether it prepares them for a return to mainstream education. In view of the recent report from the DfE on children in AP, consider whether the needs of children from diverse communities are being met
- Consider whether the voice of children and young people could be used more in the role of the independent scrutiny officer
- Consider how the independent scrutiny officers could ensure that diversity is included in all aspects of their work.
- Given the scale of the changes within the Integrated Care Board, and the intention for minimal impact at local level it could be useful to understand the experience at the multi-agency front line and whether there is also an understanding of the strategic intent of the changes
- Consider whether the current data on diversity could be extended to include the areas which have been identified as priorities for the year
- Note whether this escalation (of a different approach by Humberside Police regarding Local Authority Designated Officer (LADO) referrals and subsequent information received from the National Police Chiefs Council) results in an increase in the number of referrals which are made to the LADO from Humberside Police

North Lincolnshire
CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD

Children's MARS Local Arrangements

What Next?

Shine a Light Areas of Focus for 2023/24

In order to define our **Shine a Light** areas of focus for 2022/23, we have taken account of emerging national themes, outcomes of research, local learning, performance data and analysis, practice wisdom, voice and experiences. Key areas of influence include:

- An ongoing need to focus on identifying and responding to children at risk from or experiencing child criminal exploitation and child sexual exploitation, and particularly in relation to transitions to adulthood
- An ongoing need to focus on the voluntary, charity and social enterprise sector regarding opportunities to enhance engagement and contributions to the Children's MARS local arrangements. Also, in recognition of the need for an amplified focus on utilising their assets and strengths in creating the conditions to engage with children, young people and families to build their resilience and find resolutions for themselves
- A strengthened focus on early help to ensure that the developments pertaining systems and processes are providing the effective conditions for partners to meet need at the earliest point
- A need to enhance our interface with and contributions to the Domestic Abuse Strategy and governance arrangements, through a specific focus on domestic abuse and the impact on children

As such, our **Shine a Light** areas of focus for 2023/24 are as follows:

'Shine a Light' Areas of Focus	Lead Partnership	Governance	Anticipated Partnership Action and System Change
Further develop the multi-agency approach to **Child Criminal Exploitation and Child Sexual Exploitation, with a focus on transitions**	Risk Outside The Home Strategic Group	Children's MARS Board Safeguarding Adults Board	• Hold a multi-agency thematic assurance event, led by an Independent Scrutiny Officer, to include case audit/review of child criminal and sexual exploitation cases focussed on transition to adulthood, observation of a MACE meeting/MACE triage and a desktop review on the impact of MACE/MACE triage • Develop a transition to adulthood policy pre and post 18 (to include early planning before 18 for transition, joined up expectations, high ambitions for young people/adults) • Develop transition to adulthood practice standards • Explore further opportunities to utilise 'experts by experience' to develop resources to raise awareness and mitigate risk factors

'Shine a Light' Areas of Focus	Lead Partnership	Governance	Anticipated Partnership Action and System Change
Further develop the interface and relationships with the **Voluntary Charity and Social Enterprise (VCSE) sector**	Children's Help and Protection Pathway Group	Children's MARS Board Safeguarding Adult Board	• Further develop bespoke VCSE web-based communications on the Children's MARS website • Work collaboratively with Voluntary Action North Lincolnshire (VANL) to develop a bespoke certified safeguarding training package and build in monitoring arrangements • Led by VANL, contribute to the development of a VCSE event/conference and safeguarding forum • Target communications to VCSE sector regarding the Children's MARS local arrangements and practice developments • Link into established VCSE groups and forums to share messages and raise awareness
Enhance our multi agency approach to **Early Help**	Early Help Strategic Leads Group	Children's MARS Board	• Undertake independent audit activity pertaining early help, including the interface with the front door • Further enhance our early help training offer, including (but not exhaustive) the development of early help training and working with resistant families also the impact of domestic abuse and neglect on families • Develop and implement early help audit process and report into relevant governance processes • Undertake consultation activity to inform the development of proposals for strengthening consultation and advice for early help work in the context of the neighbourhood approach and the integrated children and families offer
Further develop our understanding of and our multi agency response to **domestic abuse and the impact on children**	SPLIG Domestic Abuse Strategy Group	Children's MARS Board Domestic Abuse Partnership Board	• Hold multi-agency case audit practice learning line of sight event, led by an Independent Scrutiny Officer, pertaining domestic abuse and the impact on children • Enhance our training offer, including (but not exhaustive) a bespoke webinar around the understanding of coercive control and the effects on children
Communications via the Children's MARS Spotlight methodology will be developed for each shine a light area of focus across the year			

As well as our specific 'shine a light' areas of focus, the Children's MARS Board adopts a 'right to roam' approach and as such, will maintain a **line of sight** across the early help and safeguarding pathway in order to seek assurance, challenge, shape and influence partnership action and system change, some of which are the responsibility of other partnership and planning frameworks. As part of this, to orientate 'line of sight' activity, the Children's MARS Board will take account of local learning, performance, practice wisdom and voice and experiences on wider emerging need and harm.

Development Plan

As safeguarding partners and relevant agencies, we will continue to listen, learn, review and adapt in order to ensure our Local Arrangements best meet the needs of the children, young people and families in North Lincolnshire, so they are resilient and safeguarded to enable them to thrive in their families, achieve in their schools and flourish in their communities.

As well as the actions associated with the 'shine a light' areas of focus, our Local Arrangements are underpinned by a strategic development plan, which is built around the following areas:

- Actions carried forward from the previous development plan, where progress has been made, but where a further focus is required
- Key actions pertaining the safeguarding partner's portfolio areas
- Recommendations from the Independent Scrutiny Review of the Children's MARS Local Arrangements
- Actions associated with key policy drivers

Portfolio Areas	Development Plan Action	Safeguarding Partner lead
Child Safeguarding Practice Reviews	• Implement the annual independent scrutiny of the identification and notification process for serious child safeguarding cases to seek assurance of our local decision making and partnership processes	Director of Children and Families
Stakeholder Engagement	• Strengthen the relationship between the Virtual Head Teacher and the Children's MARS Board and Local Arrangements (to take account of their extended role) • Develop further opportunities for engagement and co-production to enhance the voice and influence of those with lived experiences	Director of Children and Families
Data Intelligence and Performance	• Further develop the performance framework across the partnership to underpin our Local Arrangements	Chief Superintendent and South Bank Divisional Commander
Funding	• Review funding contributions and identify future priorities for expenditure to innovate and to develop evidence informed approaches to practice in order to continue to deliver our Local Arrangements	Chief Superintendent and South Bank Divisional Commander
Education and Training	• Scope, develop and implement arrangements for the Children's MARS Event 2023 • Review training resources against the YHMAST standards, to review the subject matter and the connectivity to Children's MARS arrangements, and develop a survey to be disseminated across the partnership to generate understanding regarding the impact of training • Further develop our understanding of diversity and our associated practice (and refresh education and training offer as appropriate)	Place Nurse Director
Scrutiny and Assurance	• Further explore, evaluate and develop our scrutiny and assurance framework, including independent scrutiny arrangements, also the embedment of learning	Place Nurse Director

Development Plan continued

Area	Development Plan Action	Safeguarding Partner lead
Scrutiny and Assurance (actions from Independent Review of Children's MARS Local Arrangements)	Recommendations from main report (relating to the breadth of the local arrangements)	
	• How is the ROTH Approach being used to inform the partnership response, and will it be updated, as that would be further evidence of impact which is an area of interest to the Children's MARS Board?	All
	• What is the status of the links to national resources which are provided which are on the website, are there checks in place about the quality of the information, particularly as practitioners may use the website without discussion with managers/supervisors?	Place Nurse Director
	• Reduce the number of areas of focus, maintain some of them for a longer period of time or have a specific launch or communication	All
	• In view of the increasing number of BAME children in education settings, consider whether the Annual School Safeguarding Audit would be enhanced by a question on diversity	All
	• There may be schools/provisions which are harder to include in the arrangements and it could be useful to understand the explanation. Consider whether a specific approach is needed with these schools to ensure that they feel that they can contribute to the arrangements	All
	• How does the Children's MARS Board assure itself that children's specific needs are identified and that an appropriate response is in place into the future when they have experienced significant loss or bereavement, particularly when that loss has been traumatic?	All
	• Reflecting on undertaking this process for some years, the attendance at the sessions is invariably greater by Children's Services. It may be that other ways are available to reach other practitioners from other agencies, for example through a brief online survey. Ensure that the range of agencies includes representation from groups which represent the diversity of the child population	Director of Children and Families

Development Plan continued

Area	Development Plan Action	Action Lead
Scrutiny and Assurance (actions from Independent review of Children's MARS Local Arrangements)	• Although it was said that Alternative Provision (AP) is included, consider how views from children in AP can be obtained about their experience and whether it prepares them for a return to mainstream education. In view of the recent report from the DfE on children in AP, consider whether the needs of children from diverse communities are being met	All
	• Consider whether the voice of children and young people could be used more in the role of the independent scrutiny officer	Place Nurse Director
	• Consider how the independent scrutiny officers could ensure that diversity is included in all aspects of their work	Place Nurse Director
	• Given the scale of the changes within the Integrated Care Board, and the intention for minimal impact at local level it could be useful to understand the experience at the multi-agency front line and whether there is also an understanding of the strategic intent of the changes	Place Nurse Director
	• Consider whether the current data on diversity could be extended to include the areas which have been identified as priorities for the year	All
	• Note whether this escalation (of a different approach by Humberside Police regarding Local Authority Designated Officer (LADO) referrals and subsequent information received from the National Police Chiefs Council) results in an increase in the number of referrals which are made to the LADO from Humberside Police	Chief Superintendent and South Bank Commander and Director of Children and Families
Responding to key policy drivers: Working Together 2023	• Develop a collaborative response to Working Together 2023	All
	• Ensure preparedness for Working Together 2023 to be enacted in 2024, including but not exhaustive the review and refresh of the Children's MARS Arrangements and information sharing agreement(s)	All
	• Contribute to the refresh of the One Family Approach Practice Model and Helping Children and Families in North Lincolnshire (threshold document)	All

Glossary

C	**Child criminal exploitation (CCE)** involves exploitative situations, contexts and relationships where a child (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them completing a task on behalf of another individual or group of individuals; this is often of a criminal nature **Child Safeguarding Practice Review** may be undertaken following identification and agreement that a case meets the criteria of a serious child safeguarding case. It is for the safeguarding partners to determine whether the criteria are met and whether a local child safeguarding practice review is appropriate taking into account that the overall purpose of a review is to identify improvements to practice. In some cases where the definition of a serious child safeguarding case is not met yet there may be issues of importance to the local area, the safeguarding partners may choose to undertake a local child safeguarding practice review **Child sexual exploitation (CSE)** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator A new purpose-built **Complex Care Campus** which is in development will include bespoke overnight short breaks, residential and transitional provision for children with complex needs and disabilities
I	**Integrated Multi-Agency Partnership (IMAP)** is a partnership of co-located social work, police, health and education practitioners and supervisors who take contacts and referrals on children where there are safeguarding or protection concerns. They share and analyse information to inform decisions regarding whether a child is in need or in need of protection
M	**Multi-Agency Child Exploitation (MACE) Meeting** is a partnership group who work together to improve outcomes for children and young people who are experiencing and/or at risk of child sexual or criminal exploitation **Multi-Agency Pre-Birth Liaison and Consultation (MAPLAC) Meeting** is a partnership group who have oversight of cases of pregnancy where there may be identified additional vulnerabilities and the family would be likely to benefit from targeted early help at the earliest stage possible
N	**Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust** is the provider of NHS services through Scunthorpe General Hospital and community services in North Lincolnshire and two other neighbouring local areas **Not In Our Community (NIOC)** is a campaign developed across the Humberside Police force area that helps young people protect themselves and their friends against grooming and child exploitation
O	The **One Family Approach (OFA)** aims to create a system that works for all children, young people and families in North Lincolnshire
P	**Partnership Integrated Triage (PITSTOP) Meeting** is a multi-agency daily triage which considers police information and identifies potential levels of need at the earliest level including any action required

Glossary

P	**Parent Involvement and Participation (PIP) Parent Forum** is a forum for parents / carers of children with SEND
R	A **Rapid Review** Is undertaken when the safeguarding partners have agreed that the criteria for a serious child safeguarding case have been met. The Rapid Review enables facts to be gathered, any immediate action to ensure children's safety to be taken and considers the potential for identifying improvements to safeguard and promote the welfare of children. The Rapid Review assists the safeguarding partners to decide what steps they should take next, including whether or not to undertake a local child safeguarding practice review **Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)** is the provider of NHS services and community services in North Lincolnshire **Risk Outside the Home (ROTH)** As well as risks to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial risks might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These risks can take a variety of different forms and children can be vulnerable to multiple risks, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered **Re:Form** is a domestic abuse perpetrator programme which aims to manage risk to victims and families, increase safety and reduce incidents thereby improving outcomes around perpetrators being able to sustain non-abusive behaviour
S	**@SafeNorthLincs** is a partnership social media presence joint between the Children's MARS Board, Local Safeguarding Adults Board and the Community Safety Partnership **Section 11 (Children's Act 2004)** places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children **Special Educational Needs and Disabilities (SEND)** is used to describe a child or young person who has a learning difficulty and/or a disability that means they need special health and education support **Special Educational Needs and Disabilities Information and Advice Support Service (SENDIASS)** offers information, advice and support for parents and carers of children and young people with special educational needs and disabilities **Single Point of Contact (SPOC)** is the 'front door' of children's social care in North Lincolnshire where help, advice and guidance is provided to families and professionals
Y	The **Youth Justice Partnership** is North Lincolnshire's Youth Offending Team **Yorkshire and Humber Multi-Agency Safeguarding Trainers (YHMAST) group** provides opportunities for learning and development professionals from across the region to come together to ensure the delivery of appropriate and effective safeguarding children training and learning opportunities. The aim of the group is to help improve the quality, consistency and continuity of safeguarding training across the region

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North Lincolnshire Health and Care Partnership

North Lincolnshire Council

Report of the North Lincolnshire Place director, HNY ICB and Children's Care Group Director, RDASH

Agenda Item

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Mental Health Services for Children and Young People

1. **OBJECT AND KEY POINTS IN THIS REPORT**

This report provides an update to the Health and Wellbeing Board on mental health services for Children and Young People.

The paper explains current service transformation and integration work across the partners within North Lincolnshire.

2. **BACKGROUND INFORMATION**

2.1 Scope of paper

This paper provides an overview of the current transformation and integration programme for mental health services for children and young people. This programme is set in the context of the One Family Approach, as set out in the Children's Commissioning Strategy 2020- 24.

Through the One Family Approach, partners including health, social care, education, wider partners and the community work together to 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.

This approach aims to ensure 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 well through an integrated children and families offer. In achieving this, children, young people and their families will be supported at the lowest level, focusing on prevention and early help, minimising the number of children and young people needing specialist services.

The Integrated Children's commissioning strategy sets out a number of areas of focus for partnership action and system change;

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

This report focuses on the integration and transformation priorities within emotional wellbeing and health. These are;

- As part of the integrated children and families offer, through 'With Me In Mind' mental health support teams, children and young people have access to emotional wellbeing and mental health support in all schools and settings
- Children and young people to have timely access to Child and Adolescent Mental Health Services (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)

2.2 Mental Health Support Teams in schools

North Lincolnshire launched Mental Health Support Teams in Schools in May 2022 as part of the national roll-out of the model. The teams are currently delivering to all secondary school settings and year 6 in Primary/Junior school settings, with plans for further expansion with a new wave of funding in 2024/25, including a focus on SEND, Electively Home Educated and those with neurodiverse needs.

The model, named 'With Me In Mind' is a school based service that provides support to 78 education setting across North Lincolnshire. The service focuses on early intervention and prevention for children and young people. The service is built upon the green paper; Transforming Mental Health for Children and Young People and is underpinned by three core functions:

1. To work in partnership with school mental health leads and develop the whole school approach to mental health.
2. To give timely advice and consultation to schools and colleges.
3. To provide evidence-based interventions for children with mild to moderate mental health difficulties.

The service delivers a range of whole school support for staff, pupils and parents and also offers one to one sessions and an e-clinic for pupils where required. Where needs cannot be met by this service as they have a higher level of need, children are referred to the CAMHS service, however, current data shows very few children using this service go on to need CAMHs input. Prior to mobilisation of the service, children would have been referred to CAMHs, and therefore the model is significantly contributing to reducing demand and waiting times for CAMHS.

Expected service outcomes are;

- Better mental health and wellbeing amongst children and young people; with improved quality of life for them and their families.

- A reduction of mental health problems into adulthood.
- Education settings feeling better equipped to support both their pupil's and staff's mental health.
- An improvement in appropriate referrals to children's NHS Mental Health Services; through improved ability to identify needs and by addressing emerging difficulties early which would otherwise escalate.
- Increased knowledge and confidence when dealing with mental health issues and a more positive experience for children, young people and their families.

2.3 Child and Adolescent Mental Health services (CAMHs)

Performance reports for the Getting Help pathway demonstrate improvement in those waiting no more than 10 weeks from referral to starting assessment. Current performance is currently 93% against a target of 95% being seen within 10 weeks. Time from referral to treatment starting is off target, although this has improved over the last 3 months with year to date performance at 84% against a target of 95% commencing treatment within 10 weeks of referral. Further improvement is expected following recent recruitment of staff to this service and planned development of the Thrive model. There is a service improvement and development piece of work taking place to build a more robust Thrive based model, including expanding the Getting Advice pathway, reviewing the Getting Help Pathway and strengthening the pathways to more specialist support such as Intellectual Disability, Children's Eating Disorders, Crisis and Intensive Community support Team (ICST); getting more help and getting risk support. The Getting Help pathway also provides consultation to the Youth Justice Service.

The role of the Getting Advice Team is to triage requests for advice/support that come into North Lincolnshire CAMHS where there are concerns that a child / young person may be experiencing mental health difficulties.

The Getting Help pathway offers a therapeutic intervention service to children aged 5 to 18 years old using a range of modalities, including Cognitive Behaviour therapy (CBT) and Family Therapy and Psychology. Within Getting Help we have a Children In Care pathway which offer consultation to the support network first, namely foster carers, connected persons foster carers, residential workers, designated teachers, Looked After Children nurses and social workers.

The Children & Young People's Crisis Team became an established 24/7 service in August 2023. The Crisis team will conduct initial assessments including assessments of risk for young people referred to and accepted by the service. Individuals typically referred to the Crisis team may have presented at Acute Trust Hospitals or to Emergency Services with an increased risk and/or notable deterioration in mental health. Other individuals may be referred where significant concerns exist regarding their wellbeing and/or risk from within their existing support structure. In addition to

initial assessments, brief intervention work may be completed with individuals over a short time period, typically 3 contacts.

Alongside the Crisis Team is the Children & Young People's ICST. The ICST service operates across 7 days and can provide consultation & advice or, where indicated, direct work with young people presenting with increased risk and/or significant mental health concerns, in some instances who may otherwise have required admission to Tier 4 inpatient services. In addition, they will provide oversight of those young people in inpatient services in conjunction with allocated workers from CAMHS locality teams. They will maintain contact with young people admitted to Tier 4, support home leave and contribute to and support discharge planning.

2.4 Specialist Trauma service

Trauma in childhood is often a result of Adverse Childhood Experiences or Adverse Community Environments - events or circumstances outside a child's control that disrupt or damage their physical, emotional, and mental development. This service, jointly commissioned by North Lincolnshire Council and Humber and North Yorkshire Integrated Care Board, has been established for a number of years and provides support and interventions to those children and young people who have experienced trauma through adverse childhood experience or community environments.

As the current contract comes to an end, the service has been reviewed and is being recommissioned to reflect the latest best practice in relation to managing trauma. This recommissioned service will provide a team-around the child to support the child and their family/network to understand and manage the child's behaviour, through a trauma lens which supports stabilisation.

The service will work with key agencies including Children and Adolescent Mental Health Services (CAMHS), Social Care, Early Help, voluntary sector services (VCS), to provide a single point for all referrals and support requests and utilise a model of consultation and partnership working to develop a trauma -informed plan of support.

The procurement is due to be launched in early 2024, with the provider of the new service in place before the end of 2024.

2.5 Youth Justice- Trauma informed care

Following the launch of the Children and Young People's Trauma Informed Care Programme in 2022, in which Humber and North Yorkshire Integrated Care System is one of 12 Vanguards delivering the 10 year programme across the country, North Lincolnshire has recently been confirmed as a Test and Learn site to test new interventions which aim to divert young people who have/ may have experienced trauma from becoming first time entrants into the Youth Justice System. Data analysis has identified that a high proportion of children who become known to the youth justice system have experienced a number of adverse childhood experiences and/or trauma.

Becoming part of this programme will enable North Lincolnshire partners to build on it's current trauma-informed care approach including roll-out of Attachment, Regulation and Competency (ARC) Framework which is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregiving systems. This has already led to a high number of the North Lincolnshire workforce being trained in trauma-informed care.

The North Lincolnshire Model will be developed and delivered as a multi-agency team to include Mental Health, Local Authority and Social Enterprise providers. The offer will aim to build capacity and skills in targeted schools/education provisions and minimise thresholds and criteria for entry and will ensure a whole family approach.

The pilot will test a workforce model that enables partnership working, both to make sure the right specialists are involved, and to maximise connections between school and home. This will include a dedicated team, co-located, with on-site presence within identified education provisions to share knowledge and plan coordinated support around the needs of the children and young people. A comprehensive formulation will be completed with each child/young person/family to ensure a clear and accurate understanding of the presenting issues. The intervention(s) will include: family work, individual work, input into schools (direct and consultative) and advisory and consultative support to other professionals involved in the child's support network. All intervention plans will have psychological oversight.

Given the complexity of needs, the pilot will expect to work with a relatively small number of families in year one (approximately 20 – 30 families) with high expectations regarding outcomes. Posts are currently being recruited to and the launch date will be confirmed once posts are recruited to.

2.6 Eating disorders

Services for children and young people with eating disorders are delivered by RDASH as part of a trust-wide service, using a single hub and spoke team for service delivery. During the Covid pandemic, there was a significant increase in referrals for eating disorders, and commissioners provided additional funding to support the increase in demand for the service. However, referrals have now reduced slightly and the service is maintaining performance in terms of assessing urgent referrals within one week and routine referrals within four weeks.

2.7 18- 25 provision

In 2023, the HYN ICB commissioned an independent review of mental health services for people aged 18 - 25, drawing significantly on the views of people using services and local stakeholders to make recommendations for a sustainable service model

which meets the needs of people aged 18- 25 years of age. Following completion of the report, a local stakeholder workshop has been held to work through the recommendations and develop the plans for implementation. A task and finish group will now take forward the development of an implementation plan.

2.8 SEND

The Trent View specialist sixth form college for 16-19 year olds opened in September. There are currently 28 young people on roll, all of whom are supported via an EHCP, however there is still capacity to accept further students.

Phase one of the Complex Care Campus has recently been completed enabling the transfer of short breaks from the Cygnet to the new facility and providing short breaks and residential provision. Work continues on phase 2 which will provide services for children and young people with life limiting conditions and their families to receive care locally rather than needing to travel out of area.

2.9 Neurodiversity

In line with the national picture, north Lincolnshire has continued to see increasing referrals for neurodiversity, creating significant pressure within services. In 2021/22, the service received 293 referrals, however this has grown year on year to 549 in 2022/23 and projected referrals of 682 in 2023/24. In order to manage waiting times, there has been significant investment in additional assessments commissioned from independent providers to support the RDASH capacity.

To manage waiting times in a sustainable way, we have developed a shared care model for ADHD which will enable those children aged 10 or over to be managed within primary care, freeing up capacity for new patients coming into the service. This is in the early stages of mobilisation, and because children and their parents have a choice as to whether they move to shared care, it is difficult at this stage to fully understand the impact this will have. In addition, there is a national shortage of ADHD medication at present, which we are not expecting to be resolved until April 24. This is currently preventing those with a new diagnosis starting on medication.

A North Lincolnshire neurodiversity pathway workshop took place in November, which brought all partners together to consider longer term planning, workforce and resource implications, recognising current sufficiency and capacity to manage neurodiversity needs. The outcomes and actions of this workshop are being overseen by the Neurodiversity operational group with further planned work in this arena to take place early in 2024.

2.10 Governance

Progress against the Children's Commissioning Strategy priorities is overseen by the Integrated Children's Trust, with impacts of the transformation plans also monitored through the Contract and Transformation Board between RDASH and the ICB. A

specific multiagency group has been developed as a subgroup of the ICT for Emotional Wellbeing and Mental Health for Children and Young People. This group acts as a Programme Board, reporting into the ICT.

3. **OPTIONS FOR CONSIDERATION**

No options are presented for consideration

4. **ANALYSIS OF OPTIONS**

Not applicable

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

Not applicable

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

Not applicable

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

Not applicable

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

Not Applicable

9. **RECOMMENDATIONS**

The Health and Wellbeing Board is recommended to accept and note this report

Church Square House
SCUNTHORPE
North Lincolnshire
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Date: 05/01/24

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Report of the Director of Public Health

Agenda Item
Meeting 15 January 2024

NORTH LINCOLNSHIRE COUNCIL

Health & Wellbeing Board

REPORT TITLE

Formal response to the Humber Acute Services Programme consultation by the Health & Wellbeing Board

1. **OBJECT AND KEY POINTS IN THIS REPORT**

1.1 Following detailed discussion and consideration at the North Lincolnshire Health & Wellbeing Board, this report provides a response to the Humber Acute Services Programme consultation by Humber & North Yorkshire Integrated Care Board.

2. **BACKGROUND INFORMATION**

2.1 The report summarises the key discussion points and concerns raised by members of the Health & Wellbeing Board regarding the Humber Acute Services Programme with a particular focus on the impact upon residents of North Lincolnshire.

3. **OPTIONS FOR CONSIDERATION**

3.1 For the Health & Wellbeing Board to submit this report as an agreed response to the consultation.

4. **ANALYSIS OF OPTIONS**

4.1 Each member of the Health & Wellbeing Board can provide a response to the consultation as individual stakeholders and organisations. Given the Health & Wellbeing works collaboratively to improve the health and wellbeing of residents and reduce health inequalities, a joint response to the consultation is further demonstration of partnership working.

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

5.1 There are no financial or other resource implications for the Health & Wellbeing Board. However, it is worth noting that results from the Humber Acute Services Programme consultation will likely result in significant media attention which may require further input from the Health & Wellbeing Board members.

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

6.1 There are no implications on crime and disorder.

There are implications in terms of the Equalities Act 2010 (including age and disability) which have been addressed by the ICB. The Health & Wellbeing Board has noted this and the report includes further information.

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

7.1 The Humber & North Yorkshire ICB has undertaken an Integrated Impact Assessment which the Health & Wellbeing Board has reviewed.

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

8.1

9. **RECOMMENDATIONS**

9.1 The Health & Wellbeing Board submit this report as a joint response to the Humber Acute Services Programme consultation.

DIRECTOR OF PUBLIC HEALTH

Civic Centre/
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SCUNTHORPE
North Lincolnshire
Post Code
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Date: 2 January 2024

Background Papers used in the preparation of this report –

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD

FORMAL RESPONSE TO THE 'HUMBER ACUTE SERVICES PROGRAMME' CONSULTATION BY HUMBER AND NORTH YORKSHIRE INTEGATED CARE BOARD.

1. Introduction

1.1 North Lincolnshire Health and Wellbeing Board is the key strategic, multi-agency body at the 'Place' level, which works to promote integration, improve the health and wellbeing of the local population, and reduce health inequalities.

1.2 Given the potential implications of the ICB's proposals on each of those priorities, the Board has taken a keen interest and has reviewed all supporting documentation.

1.3 The Board would like to place on record its sincere thanks to NHS partners and representatives, who have acted in a responsive, open and productive manner throughout.

1.4 This response will take the form of a general overview (2), short responses to the consultation questions (3), followed by a wider discussion of our views with a particular focus on the impact of health inequalities (4) and (5).

2. General overview

2.1 The Board understands in part the rationale for the proposals, both in terms of the challenges that the health system faces, and the desire to provide the best possible services for the residents of the Humber and Lincolnshire. These have been articulated eloquently by the ICB, and reviewed by external specialists, and we are confident that the ICB are striving to ensure safe and quality care.

2.2 However, we do have a significant number of concerns about the implications of the proposals, some of which are acknowledged

by the ICB, or have been identified as areas for further work. These are discussed in section four (The Board's Views) and summarised in section five.

3. Response to Consultation Questions

Question 1

To what extent do you agree or disagree that NHS Humber and North Yorkshire Integrated Care Board needs to make changes to respond to the challenges?

> The Board accepts that services develop over time, and will need to change depending on circumstances, finances and demographics. However, the Board does have concerns that the challenges outlined by the ICB in the consultation document were not tackled at an earlier stage, which may have largely avoided the need to alter services at this point. The Board would like further opportunity to discuss alternative options which exist to tackle these challenges.

Question 2

To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe and Diana Princess of Wales Hospital in Grimsby?

> The Board wishes to see the majority of residents receive the most urgent and emergency care services locally.

Question 3

To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services at one hospital?

> The Board does not fully accept the rationale for the proposed changes. We believe that, if centralisation was clinically appropriate, then this should have been delivered more equitably, with some services centralised in Scunthorpe.
>
> We are concerned that the proposals may impact negatively on the longer term sustainability of acute care in North Lincolnshire.

Question 4

If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be Diana Princess of Wales Hospital in Grimsby?

> See answer to question 3. We disagree that all four services should be centralised at the Diana Princess of Wales Hospital, and we believe there will be a negative impact for the residents and place of North Lincolnshire.

Question 5

Please explain the reasons for your answers and tell us if you have particular concerns about:

- keeping most urgent and emergency care services on both hospitals;
- bringing the four specific services together at one hospital, including if you have specific concerns or comments about any particular service;
- the hospital site, where the four specific services are proposed to be brought together.

See answer to questions 3 and 4, and also the next section of this response. Whilst we would always support ensuring services are effective, we are concerned that these proposals are not equitable or deliver this aim.

Question 6

Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or negative impacts reduced?

The Integrated Impact Assessment which accompanies the proposals is clear that this will have a detrimental impact on thousands of North Lincolnshire residents every year. This will be particularly so for those residents who are most vulnerable, deprived or are without a car.

We believe that this will exacerbate health inequalities in North Lincolnshire, and could adversely affect health outcomes for many residents.

The ICB has suggested that the negative impact in North East Lincolnshire would be more strongly felt if services were centralised at Scunthorpe, given the respective rates of deprivation. Deprivation and inequalities impact residents in North and North East Lincolnshire and therefore the Board would support a more equitable configuration of services.

4. The Board's Views

4.1 Travel Implications and Health Inequalities

The ICB has adopted four values to govern its activity. One of these is to 'tackle inequalities in outcomes, experience and access'. This is aligned to the requirements of the Health and Care Act (2022) which states "Each integrated care board must, in the exercise of its functions, have regard to the need to —

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

As part of the documentation supporting the consultation, the ICB published an Integrated Impact Assessment. This identifies "Potential increased stress and anxiety for both patients and family members from North Lincolnshire" if services were transferred to the Diana, Princess of Wales (DPoW) site in Grimsby. The Assessment states that "modelling indicates this will impact approx. 5,059 people per year (including paediatric patients)"

The Assessment also reports a "potential negative impact on families/carers living in North Lincs […] in being able to visit, as DPoW is further away" The ICB's modelling "indicates that 3,714 patients per year would have more than 30mins additional travel".

This has been raised with the ICB by the Board, as well as the Joint Health Overview Scrutiny Committee, as part of their work. During the discussions, the ICB acknowledge that the proposals represent a 'least worst' model. The ICB highlight that the alternate model of centralising some services at Scunthorpe General Hospital (SGH) rather than DPoW would result in higher number of people travelling (and presumably increased stress and anxiety). Whilst this is supported by the modelling figures within the Assessment, the Board could never support proposals

which increase health inequalities around accessibility for North Lincolnshire residents.

The Integrated Impact Assessment which supports this consultation is incomplete. Whole sections including ‘how will these impacts be monitored’, ‘how often will actions be monitored’ and the identification of leads for each action/risk are blank. See examples in Appendix 1.

The Board notes the creation of a ‘multi-agency transport working group’ to address the issues that the proposals inevitably create. However, our view is that this work should have been developed prior to consultation, so solutions were clear to all.

4.2 Long Term Sustainability of Services

The Board and is concerned that the proposals will impact on the long-term sustainability of both Scunthorpe General Hospital and local acute care generally. The future model of care for residents is largely unclear.

In addition, we note that the ICB are clear that these proposals will not resolve the financial or infrastructure issues that we face locally.

4.3 Consultation Process

The Board is concerned that the consultation process was launched prior to a range of critical issues being resolved. Whilst we acknowledge that the relatively lengthy implementation period may allow for this work to be completed, it would have been better, in our view, to complete this work and allow for a fully informed consultation, where the implications are clearer.

During the discussions, both in formal and informal meetings, we note that the following issues were highlighted as either ‘work in progress’ or ‘future work’. Some of this included working with other partners, including local authorities. However, we are unclear if this work has commenced and an update is required.

- The development of multi-agency transport solutions, arising from the additional need to travel for many patients and visitors, including funding implications,
- The increased need for ambulance or patient transport provision, given the long-standing and apparent pressures to the service, and the suggestion that this be funded by efficiencies,
- The need for a long term, funded plan for the capital estate, including the prioritisation of funds specifically towards Scunthorpe General Hospital in order to match the respective levels of risk in infrastructure.
- The outlined steps to move some acute services into the community, including a sustainable clinical model for some outpatient care and diagnostics, with associated funding.
- The long-term implications of the above funding shift on the capital sites at SGH, DPoW and other acute sites.
- A joint, integrated workforce and development plan, at place level.
- The safeguarding implications of centralisation of services,
- As above, the required steps to reduce and ameliorate the detrimental impact on health inequalities for North Lincolnshire residents.

We are concerned that the consultation is premature and could result in implications which have not been made clear to residents and stakeholders.

The consultation documents appear to suggest that no viable alternative exists. The Board would like the opportunity to discuss this further.

Residents have not been asked if they want local services to move outside North Lincolnshire, and the Board feels the consultation document is written in a manner which minimises the potential of impact.

5. Conclusions

5.1 The Board fully understands the rationale for the proposals submitted by the ICB. The Board generally welcomes proposals

that improve services to the residents of North Lincolnshire, and can certainly see the merit in some aspects. For example, moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms is very welcome.

5.2 Despite this, the Board strongly believes that, as outlined above, these proposals are unequal and will inevitably increase health inequalities for North Lincolnshire residents.

5.3 The Board does not agree with the ICB's position that the many other unresolved issues described at paragraph 4.3 are matters for future discussion. Many of these will require a fundamental shift of resources, primarily from acute to community settings.

5.4 In summary, we believe the proposals to be premature. The changes will increase health inequalities and reduce choice and accessibility for patients, including families with sick children.

Appendix 1 – Extracts from the Integrated Impact Assessment

Page 7 Clinical Effectiveness Impact Assessment - Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
Introduction/development of UCS co-located within an ED department could reduce ED attendance by 35-48% each year	
An improved SDEC and Acute Assessment will support a 4% reduction in admissions and improve efficiency by enabling teams to assess treat and discharge more quickly	
Reduction in those people who attend and ED 5 times or more per year	
This proposed model of care for urgent and emergency services will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	
The proposed new pathway of urgent and emergency services will improve performance on waiting time standards	
Fewer cancelled operations and reduction in waiting times for treatment	
Working as multi-disciplinary teams across pathways creates opportunities for different staff *(GPs, specialty doctors, allied health professionals, and advanced clinical practitioners)* to develop their skills and provide effective and efficient care for our population	
By concentrating the workforce in fewer locations for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
Competency of staff in dealing with more complex cases improves	
The proposed model of care will improve the quality of specialist care and ensure everyone across the Humber can access the most highly skilled professionals when they need them	
Better utilisation of theatres and more efficient workflow	
Swifter discharge of patients by working more closely with local authorities and social care	
Work in a joined up way with ambulance services to ensure patients who need hospital care are directed to a specified area in the most appropriate local, acute or specialist hospital and/or supported by 'hear and treat' / ' see and treat' - ensuring as far as possible patients get to the right place for their care needs first time	
This proposed model of care for emergency services will reduce the number of handovers within and between services, help to improve the flow of patients through the hospital, **reduce ambulance handover delays** and ensure that patients do not stay in hospital any longer than they have to.	
Ambulance services, GPs, primary care practitioners and consultants will be able to send patients directly through to AAU referring via a single point of access or following clinical advice and guidance. Where appropriate this will reduce the delay to handovers and improve flow within the Emergency Department	
Direct booking into UCS, SDEC, AAU and other diversionary pathways will result in better outcomes - patients get to the right place, first time	
Patients can get directly to the service the need and by-pass the Emergency Department	
This proposed model of care is built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access	
H@H/ Virtual wards could reduce the number of clinical contacts	

People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Reduction in emergency admissions as more frail or elderly patients would be seen in a community service e.g. Integrated Frailty service	
Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Paediatric Care	
Through H@H children can get home more quickly or avoid an admission to hospital in the first place *The impact of Hospital @ Home on paediatric ED attendances and admissions was not included in the activity modelling due to the pilot being in a very early stage when this work was undertaken. Further modelling will be undertaken as part of the development of the Decision-Making Business Case (DMBC) to quantify the impact of H@H on paediatric activity in ED, PAU and inpatients.*	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	
By concentrating the workforce into a single location for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
This proposed model will develop improved advice and guidance so that hospital-based, specialist teams can support parents, carers, GPs and community staff, to aid prevention and self-management and reduce the need for children to attend hospital unnecessarily	
Consolidation of paediatric inpatient services onto the acute site will help to improve the quality of care and ensure long-term safety and sustainability of inpatient care ensuring everyone across the Humber can access the most highly skilled professionals when they need them	
This proposed model of care for paediatric care will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	

Page 7 Clinical Effectiveness Impact Assessment – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and emergency care				
It is not guaranteed that this model will enable all college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			
If Trauma and emergency surgical needs are not identified at Source *(e.g. at the scene by ambulance)* and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential for delays in transferring patients from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers	*Right-sized services*			
Paediatric care				
It is not guaranteed that this model will enable college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			

If Trauma and emergency surgical needs are not identified at Source (e.g. at the scene by ambulance) and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital*			
Potential for delays in transferring children from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers to paeds inpatient ward	*Right-sized services*			

Page 8 Patient Experience – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
The proposed model of care retains local urgent and emergency care services at each of the three existing sites and enables the NHS across the Humber to continue to operate three ED in the three main localities; Hull, Grimsby and Scunthorpe	
The proposed model of care would reduce waiting times for patients in the Emergency Department (ED)	
Integrated Acute Assessment model to improve flow through the hospital will provide a better experience for patient (quicker diagnosis and treatment and fewer handoffs)	
The development of an AAU and SDEC would ensure patients can get directly to the service they need and by-pass the Emergency Department	
Better integration of urgent and emergency care across all health and social partners *(including mental health)* would enable patients to be treated and discharged more quickly.	
Improvements to NHS 111 and implementation of 'any-to-any' booking could benefit patients as they would get directed to the service they need and by-pass the Emergency Department.	
Improved continuity of care and patient experience	
Services will be easier to navigate for the public, helping to reduce inequalities and barriers to access	
Developing centres of excellence for acute medical specialties will also build confidence in patients, many of whom have told us through our engagement that they would prefer to be treated where the specialists are and have full specialist team wrapped around them *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
A UCS co-located within an ED woud improve patient experience as it is easier to navigate and signpost to the most appropriate service *(right place, first time)* - public feedback has shown local people are confused about where to go for what care *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
More services provided within the patients home (e.g. virtual wards/hospital@home/pathway changes) would allow patients to be supported at home and recover faster.	
It would be easier for family, friends and loved ones to provide support to the patient if more care was provided at the patient's home.	
People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Improved discharge prcoessess and investing in social care workforce will help to reduce the length of stay for particularly frail or elderly patients	
Improved use of digital support remote monitoring, more responsive services *(e.g. patient-initiated follow-up)* , and reduce the overall need for patients to travel to hospital	
Paediatric Care	

The proposed model of care retains local paediatric services at each of the three existing sites and enables children to be seen and treated initially at their local hospital in the Paediatric Assessment Unit (PAU)	
A 24/7 PAU provides better care and a better experience for patients than a time limited PAU	
A 24/7 PAU will enable children to be seen, treated and discharged more quickly	
A 24/7 PAU will reduce hospital admissions. CYP told us that they don't like staying in hospital. *(Source: What Matters to You: Children and Young People)*	
Hospital at Home - Could support a reduction of paediatric inpatients by enabling children to get home more quickly or avoid admission to hospital in the first place, improving experiences and outcomes for patients and their families.	
Hospital at Home improves continuity of carer as the needs of the child and family are known	
Hospital at Home improves mental and emotional wellbeing for children and their families as they feel more comfortable and at ease in their own environment	

Page 8 Patient Experience – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and Emergency Care				
Potential increased stress and anxiety for both patients and family members from North Lincolnshire area if there is a need for the patient to be transferred from the LEH (SGH) to the acute site (DPoW), which is likely to be further away from their home. *modelling indicates this will impact approx 5,059 people per year (including paediatric patients) - this is compared to 5,604 people per year in the option where SGH is the Acute site*	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential delays for patients in transferring from LEH (SGH) site to the acute site (DPoW) could negatively impact patient experience.	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential negative impact on families/carers living in North Lincs and/or Goole area in being able to visit as DPoW is further away *modelling indicates that 3,714 patients per year would have more than 30mins additional travel in this model - this is compared to 4,635 people per year in the option where SGH is the Acute site*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site (DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Potential delay in recovery and/or if admitted to a hospital further away or in another local authority from home with reduced access to relatives to support recovery.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Poor, expensive and unreliable public transport links between hospital sites would impact patients/families and carers being able to visit	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Patients and service users have told us that availability of parking and cost of parking makes travelling to hospital difficult. Consolidating specialst and inpatient care onto one site could reduce the availabilty of parking event more. *Source: Travel and Transport Feedback Report*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

Paediatric Care				
Children from North Lincs needing to be admitted will have to be transferred from the LEH (SGH) to DPOW (acute), this could have a negative impact on their experience and that of their families.	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
Children and young people told us that being at home, with their family and toys would help them to feel better more quickly, being in a hospital further from home and family is contrary to this. *Reference: What Matters to You: Children and Young People*	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
18.5% of households in North Lincs do not own a car or have access to a car so would potentially find it difficult to visit the young person in hospital at the acute site as alternative travel options could be expensive. *Car ownership rates are lowest in the central wards of Scunthorpe where deprivation is highest - in North Lincs 18.5% of households do not own a car (Compared with 26.9% of households in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Harder to arrange child care for other dependents if a child is admitted into a hospital further away from home				
The young person may not know any of the nurses or clincal teams looking after them at the acute site (DPoW), this could have a negative impact on their experience				

Page 9 Patient Safety – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
24/7 PAU will continue to improve safety for paediatric patients because a paediatrician would be available 24/7.	
Children and young people will continue to be assessed at their local hospital, treated and discharged within 24 hours in the Paediatric Assessment Unit (PAU).	
Consolidating paediatric inpatient services onto the Acute site enables CYP with more complex needs to access the specialist care they need from well-supported, experienced teams of highly skilled professionals where the needs of the child and their family are known	
Children can have shorter hospital stays or avoid them all together and be investigated and treated at home instead	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	

Page 9 Patient Safety – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Paediatric Care				
Potential risk to CYP patients needing to be transferred from the LEH (SGH) to the acute (DPoW) or specialist hospital (HRI) due to travel time/distance if any delays are incurred *(e.g. lack of staff/ambulances)* - their condition could deteriorate whilst waiting for the transfer or on route.	*Safe transfer & inreach*			
This proposed model of care may deter clinicians and nurses living near the LEH (SGH) from remaining within the Trust and look for alternative employment, putting the sustainability of services at risk.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential risk if no beds available at the acute/specialist hospital resulting in delays and the patient not receiving a quick responsive service for more serious or life-threatening emergencies in the right place with the right skilled staff and facilities available.	*Right-sized services* *Inreach*			
Increased risk that North Lincs parents may discharge the patients themselves before they are clincially ready to be discharged to get home quicker if transferred to the acute site, especially if they have other dependants at home.	*pathways of care /support of clinical teams*			

Page 10 Equality Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	How will these impacts be monitored
Socio-economic background	
Improved pathways to provide more holistic care, that is more responsive and better at supporting people with multiple co-morbidities to stay well.	
Freeing up staff to improve outreach provision and support *(e.g. outreach clinics, virtual wards, hospital @ home)*	
Reducing waiting times for care and prioritising those most in need	
Improving opportunities for local people to access well-paid jobs and rewarding career pathways *(supporting workforce strategy will develop local workforce of the future in partnership with local education partners, industry etc.).*	
Continued investment in the two major towns *(Grimsby and Scunthorpe)* – keeping money in the local economy.	
When considering the travel impact as a whole, the proposed model (where DPoW is the acute hospital) does not have a disproportionate impact on people living in the most deprived quintile (IMD 1 and 2) - the travel time impact broadly follows the aggregate pattern of deprivation across Northern Lincs	
Age	
Improved experience for CYP due to better joined-up services *(H@H, properly staffed PAU, better quality of care)*	
CYP said that it was really important to them that could be in a place that they feel safe *(toys/home comforts)* H@H will deliver this. *(Reference: What Matters to You: Children and Young People)*	
PCG told us that it was really important that there was well trained staff treating their children. The proposed model supports improved workforce for paeds, specialists in one place. *(Reference: What Matters to You: Parents, Carers and Guardians)*	
Improved frailty services. Enhanced care in care homes and OOH enablers *(falls prevention)*	
Disability	
More care closer to home – reduces overall need to travel *19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
People with LD – co-located UCS, easy access to local services. Easier to navigate system and find where they need to be	

Standardising pathways across the Humber – same type of care will make it easier for people with disabilities to navigate	
Ethnicity	
Having a co-located UCS on-site would make it easier for people from BAME backgrounds to access to local services.	
Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . Ethnicity: Asian - 3.3%, Mixed/Multiple Ethnic Group - 0.5%, Black/African/Caribbean/Black British - 1.1% Other Ethnic Groups -0.8%. Language: Cannot speak English well - 0.8%, cannot speak English -0.1%	
Improve opportunities for staff training *(unconscious bias/awareness/equality/disability etc)* – *Patients/Members of the public told us they want this through our engagement.* *Source: Equality Groups - Combined Feedback Report*	
Religion or Belief	
Improve opportunities for staff training (unconscious bias/awareness/equality/disability etc) – *Patients/Members of the public told us they want this through our engagement.* *Source: Equality Groups - Combined Feedback Report*	
Sex	
Sexual Orientation	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their sexual orientation - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Gender Reassignment	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender identity - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Carers	
More care closer to home – reduces overall need for carers to travel *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
Care closer to home will reduce the financial strain on carers, particularly unpaid carers	
Any other Groups	
Sex Workers - The proposed model of care would reduce waiting times for patients in ED. Sex workers in North East Lincs told us during our engagement with them that waiting times are one of the main barierrs when accessing care as they feel judged in waiting rooms, so if waiting for any length of time will get up and leave. This proposed model could reduce this barrier for this group of people. *(Source: Equality Groups - Combined Feedback Report)*	
Sex Workers - This proposed model of care allows for increased opportunities for improved joined up working with primary, secondary and community providers and allow sex workers to be looked after by people they trust and who support them on a day-to-day basis *(Source: Equality Groups - Combined Feedback Report)*	
Asylum Seekers - Have told us that they have a lack of knowledge and/or accessible information about what services do exist, what they may be eligible for and what rights they have to access healthcare. Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . *North Lincs Ethnicity: Asian/Asian British - 3.3%, Mixed/Multiple Ethnic Group - 1.1%, Black/African/Caribbean/Black British - 0.5%. White 94.3%* *North Lincs Language: Cannot speak English well - 1.5%, cannot speak English -0.2%* *Migrant Indicator: 0.5% of people living in NL were living at an address outside the UK one year ago* *(Source: Census Data 2021)*	

Page 10/11 Equality Impact – Negative Impacts

		How will this action be monitored	How often will this action be reviewed	Lead
Description of negative impacts	**Mitigating actions of negative impacts**			
Socio-economic background				
Some people in North Lincs and Goole would have to travel further to access care. The proposals increase travel times for some patients, service-users, families and staffmembers.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site (DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North EastLincolnshire)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Low-income families from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs 13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty .)* *(Source: Fingertips Data)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Looking only at maternity and paediatric activity only, both site options (DPoW as the Acute site or SGH as the Acute site) have a disproportionate impact on people living in the most deprived communities, compared with the overall spread of deprivation across the region. This could be accounted for when considering the age profile of deprivation across our region - notably that those living in the most deprived communities are more likely to be younger.				
Age				
Consolidation of paediatric inpatient services would have an impact on people below the age of 18 from North Lincs *Activty modelling tells us that this is approximately 935 paediatric patients per year (compared with 990 in the scenario where these services are consolidated at Scunthorpe)*				
Consolidation of specialist medical inpatient services (Cardiology, Respiratory and Gastroenterology) is likely to have a higher number of impacted patients age 65+ *Activity modelling tells us that this is approximately 1,069 patients per year (compared with 1,584 in the scenario where these services are consolidated at Scunthorpe)*				
Disability				
Disabled people in North Lincolnshire and Goole could face longer journeys to visit relatives or loved ones in hosptial, if they are admitted for care at DPoW 19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people have told us that wheelchairs are not able to travel with patients and that they have no independence when they get to the hospital site	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people could face more barriers being discharged from hospital if they are admitted to DPoW when this is not their local hospital				
Disabled people from North Lincs have further to travel and may experience difficulties parking *(feedback has told us that there is a lack of accessible parking on sites - Reference: Combined Equalities Group Feedback Report / Transport Survey - Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Ethnicity				
There is strong evidence that people from Black, Asian and Minority Ethnic (BAME) backgrounds face greater health inequalities. This was highlighted through the COVID-19 pandemic, which had a disproportionate impact on BAME populations in terms of incidence of disease and mortality.	*Ongoing engagement to increase understanding of potential impacts on BAME (in particular Asian/Asian British) communities and develop mitigations*			
The neighbourhoods with the largest concentration of Asian/Asian British Population in the Humber are all in North Lincolnshire, in the areas close to Scunthorpe Hospital - people living in these communities could be impacted if they or a family member is admitted to DPoW.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback with the BAME and Eastern European community have told us that translation services are currently a barrier - it is unclear whether the proposed model would improve this or not				
Religion or Belief				
Feedback from the Muslim community: Muslim women are less likely to drive or have access to a car, making it more difficult if they have an ill child admitted as an inpatient at DPoW (Acute)	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback from Muslim community: women often chaperoned by male member the family, which could be more difficult if care was further away	*Ongoing engagement to increase understanding of potential impacts on Muslim communities and develop mitigations*			
Sex				
In North Lincs men have a shorter life expectancy than women. *(England Average - Men = 78.7 years, Women = 82.8 years)* *Men = 78.9 years* *Women = 83.3 years* *(Source: Census Data 2021 - Life expectancy at birth)*				
Sexual Orientation				
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Gender reassignment				

Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Carers				
Some carers in North Lincs would have to travel further so that the people/person they look after could access care and/or to visit the person they care for should they be admitted to the acute site (DPoW) *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week, broadly similar to North East LIncolnshire (3.2%)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Low income carers / unpaid carers from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs there are approximately 19,000 carers.* *13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty)* *(Source: Census Data 2021)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Any other Groups				
Sex Workers - We engaged with sex workers in North East Lincs. A key barrier for them when trying to access services is ease of access, for example if the appointment is too dicciult to get too, they wont attend. By consolidating specialst/maternity services onto one site further away from where they live could create further health inequalites for this group as they will find getting to an appointment too difficult so wont go and get the medical care/treatment they need. *(Source: Equality Groups - Combined Feedback Report)*				
Sex Workers - Many sex workers won't get in an ambulance as they feel it resembles a police car and they are going to be judged by people in uniform. If these women are needing to be transferred to from the LEH (DPoW) to the Acute site (SGH) this could have a negative impact on them and create further barriers and health inequalties. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Many asylum seekers don't have the right paperwork to access means-tested benefits. Many don't drive or have access to a car. By consolidating services onto the acute site (DPoW) could create further barrier for access and health inequalties for this group as they are unable to travel to the appropriate site and cannot afford public transport. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Fear often prevents people from accessing services and/or asking for help – particularly, fear that doing so might impact on asylum status or application process. Lack of knowledge and/or accessible information about what services do exist and where they are may only compound that fear and inhibit them from accessing services at all. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

Page 12 Workforce Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
The proposed model of care has embraced the concept of joint appointments where retiring staff from paediatrics and children's services could return to provide education support, advice and guidance.	
The proposed pathway re-design will ensure staff working in paediatric services have the opportunities they need to keep their skills up to date and have the confidence to handle more complex cases when they arise.	
Consolidation will enable more effective deployment of our skilled and specialist staff by concentrating teams in one location rather than spreading them across multiple units.	
The proposed staffing model for paediatrics has been developed considering the requirements set out in the *National Quality Board on Safe Staffing* and *Facing the Future* standards to deliver their services	
Opportunities for new roles and ways of working across paediatrics, including; rotational induction/preceptorship programmes, dedicated apprenticeship programmes, retire and return mentorship/educational support, young person's nurse specialist roles	
Staff will be able to work in larger teams, which improves resilience and enables us to design rotas to cover services that will be more attractive to current and future workforce. Improved retention and recruitment of staff ensures the sustainability of services over the long term.	

Page 12 Workforce Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Paediatric Care				
Still requires multiple rotas for some specialties, paediatrics/neonatal and ED				
Additional workforce would be needed to support the additional transfers	*Development of transport solutions for inter-hosptial transfers*			
Can the staff working at the LEH sufficiently maintain skills and experience	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Additional travel and financial impact for staff rotating between sites, staff with young families would be particularly impacted	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Potential for dissatisfaction/low morale amongst staff at the LEH whose site base may change. These existing staff members may choose an alternative role or organisation rather than travel to the acute site, this could potentially have a negative impact on staff vacancy rates	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential for reduced career opportunities/progresion for specialist, paediatric workforce at the LEH and/or perception of reduced opportunities.This could make the LEH a less attractive place to work, and make recruitment difficult.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Vacancy rates in NLaG could continue to rise if recruitment/retention initiatives aren't successful making it unsustainable to maintain services.				
Staff have told us that parking and lack of spaces makes travelling to work difficult for them, consolidating some staff/services onto one site could reduce the availabilty of parking event more. *(Source: Travel and Transport Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Staff have told us that poor public transport links make it difficult for them when travelling to work, and public transport between hospital sites is poor. This could have a negative impact on staff who rely on public transport if required to work at alternative sites as a result of the changes proposed within this model of care. *(Source: Travel and Transport Feedback Report)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			

Page 13 Sustainability Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
Improves financial sustainability by reducing the cost of using agency and locum staff to fill vacancies *(In 2022/23 - HUTH spent £18million and NLaG spent £37.7 million)*	
Design and build 'smart buildings' promoting increased environmental sustainability and efficiency. This will also support the delivery of the ICS's Green Plan.	
Improved use of digital to support remote monitoring, more responsive and efficient services will help to reduce the overall need for patients to travel to hospital.	
Digital Infrastrature - systems that interact with each other /providing remote assessments,monitoring, shared care planning and diagnostics access	

Boost economic and productivity growth across the Humber's thriving industries, leveraging the benefits of Freeport status and working with a range of partners to support investment in the region. Our investment plans are backed by a strong "Anchor Network" across the region and integral to the delivery of regional regeneration strategies, Local Authority Master Plans and Town Deals. Planning has been undertaken collaboratively with Local Authorities and wider partners (Universities, LEPs), adopting a "One Public Estate" approach, to ensure maximum return on investment, leveraging wider economic benefits through increased private sector investment in allied industries.	
Raise the Humber's prominence as the UK's Energy Estuary within the emerging green energy sector and generate solutions to help meet the NHS Zero Carbon goals	
Built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access.	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	
Paediatric Care	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	

Page 13 Sustainability Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and emergency care				
Our current buildings are not flexible and cannot easily by adapted to deliver new models of care.				
Paediatric Care				

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