

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

2.00 pm 11 March 2024.

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

1. Welcome and Introductions
2. Substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests
4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 15 January 2024 (Pages 1 - 6)
5. Forward Plan and Actions from previous meetings
6. Questions from members of the public

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

Integrated Health and Care

7. North Lincolnshire Proposed Strategic Framework for Preventing and Reducing Health Inequalities. (Pages 7 - 22)
8. North Lincolnshire Public Health's response to the risk of measles outbreak. (Pages 23 - 32)

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

9. Pharmaceutical Needs Assessment Update - Verbal update by the Director of Public Health.
10. Safeguarding Adults Board - Annual Report. Report by the Director: Adults and Health (Pages 33 - 68)

Any non-statutory business from any partner

11. Initial feedback from Ofsted Inspection on Care Leavers - Verbal update by the Director: Children & Families
12. Date and time of next meeting.

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

Public Document Pack Agenda Item 4

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

15 January 2024

- Present -

Councillor Robert Waltham MBE (Chairman), N Alcock, J Allen, H Davis, H Dent, N Fowler, K Hornsby, K Jones, V Lawrence, D Lee, K Pavey, M Phillips, S Piper, R Waltham, J Reed, D Rose, K Pavey, A Seale, Davis, Allen, Hornsby and Leeand R Smith.

Cllr A Davison, Cllr L Foster, Cllr J Matthews and Cllr D Southern attended the meeting in accordance with Procedure Rule 1.37(b).

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

547 **WELCOME AND INTRODUCTIONS**

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

548 **SUBSTITUTIONS**

Cllr Rose substituted for Cllr Hannigan. Neil Fowler substituted for Mark Fuller.

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

Alex Seale declared a personal and prejudicial interest in item X, as Chair of the Humber Acute Services Executive Oversight Group.

Helen Davis declared a personal interest in item X, as they had represented the ICB at some engagement sessions.

550 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 11 DECEMBER 2023**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 11 December 2023, be approved as a correct record.

551 **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.

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Resolved – That the situation be noted.

552 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

553 LA URGENT & EMERGENCY CARE GRANT - WINTER PLAN - REPORT BY THE DIRECTOR: ADULTS AND HEALTH

The Director: Adults and Health submitted a report 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.

The Director stated that the government had announced a £600 million package to help with recruitment and retention in social care. The fund was intended to support the social care workforce and boost capacity in social care, in turn supporting the NHS ahead of winter and through into next year.

The report set out that North Lincolnshire Council (NLC) had been identified as an authority able to bid against an additional £40 million that had been allocated to support Urgent and Emergency (UEC) Care recovery plans. The funding identified for NLC to bid for was £357,003, with any proposal having to be agreed with ICB colleagues and linked to the ICB winter surge plan. Bid criteria were set out in the report.

The Director explained that a local bid had been prepared, based on proposals to:

- Avoid admission to hospital: Support the flow of people within Same Day Emergency Care and Accident & Emergency Department, and to
- Provide additional capacity within the Transfer of Care Hub.

Further details were set out in the report.

Resolved - That the Health and Wellbeing Board formally agree and sign off the LA urgent & Emergency Care Fund Plan 2023/24.

554 JOINT STRATEGIC NEEDS ASSESSMENT - INSIGHTS - REPORT BY THE DIRECTOR OF PUBLIC HEALTH.

The Director of Public Health submitted a series of three evidence-based reports intended to highlight detailed work on elements of the Joint Strategic Needs Assessment (JSNA). These 'insight reports' were structured around the following themes:

- Life expectancy,

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- Lung cancer, and
- Suicide Prevention

The Director explained that the reports had been tabled to provide an evidence base to help understand the epidemiology surrounding these issues. In addition, collating all the relevant information and knowledge together into the insights pack helps provide consistent information which agencies can use to develop evidence-based approaches to improving health outcomes.

To increase the reach and impact of the documents, the Director invited Board members to consider how the insights pack could be used to improve outcomes for local residents.

The Chairman led a discussion on the themes identified in the Insight Reports, particularly around preventing loneliness and isolation, that may lead to suicidal thoughts. The importance of informal, community-based networks was highlighted, as well as the concept of 'making every contact count', to ensure a holistic approach was adopted across North Lincolnshire.

Resolved: (a) That the Health and Wellbeing Board note the content of the JSNA Insight Pack, (b) that all Health and Wellbeing Board partners consider how policy could be adapted and implemented based on the detailed evidence set out within the reports; and (c) that the Board conduct further work on (i) addressing loneliness and (ii) on 'retiring well'.

555 **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.**

The Director: Children and Families submitted the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people (2022/23). The report confirmed that the Children's Multi Agency Resilience and Safeguarding (MARS) Board demonstrated that it had:

- effectively met its statutory obligations,
- benefitted from strong and consistent leadership,
- made good progress against its 'shine a light' areas of focus, and
- listened to, and took account of, the voices of children, young people and families.

The Director explained that North Lincolnshire had a long history of agencies working together to improve outcomes for children, young people and families. The areas had been an early adopter of current arrangements, and continued to fulfil all functions across the Local Arrangements, responding to the needs of individuals and diverse communities, prioritising those most in need, helping and protecting children, young people and families, and

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supporting and developing our workforce.

The Director confirmed that The Annual Report provided 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 and child safeguarding practice reviews. The five 'Shine a Light' areas for focus were set out in the report.

The Board discussed the report, exploring potential links with public health. Questions were asked about the role of independent scrutineers, the robustness of the MARS arrangements, and actions to tackle abuse. The Director responded appropriately.

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

556 **MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE - DISCUSSION WITH ICB COMMISSIONERS AND REPRESENTATIVES FROM ROTHERHAM, DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST.**

The North Lincolnshire Place Director and the Children's Care Group Director (RDASH) submitted a joint report designed to provide an update to the Health and Wellbeing Board on mental health services for Children and Young People. The paper explained current service transformation and integration for mental health services for children and young people.

The report set out that the transformation programme was set in the context of the One Family Approach, as set out in the Children's Commissioning Strategy 2020-24. The Place Director confirmed that the report focussed specifically on the emotional health and wellbeing elements of the Strategy.

The Place Director and Children's Care Group Director provided an overview of the following key workstreams, alongside expected outcomes for children and young people.

- Mental health support teams in schools,
- Children and Adolescent Mental Health Services (CAMHS),
- Specialist Trauma Services,
- Youth Justice – Trauma Informed Care,
- Eating Disorders,
- 18-25 Provision,
- SEND,
- Neurodiversity, and
- Governance.

The Board discussed the report in some depth, querying waiting times for

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assessment and treatment, recruitment and retention of staff, those absent or excluded from mainstream education, looked after children, and models of care. It was confirmed that new models of care had been implemented to respond to the unprecedented rise in referrals to services. Feedback had been positive, and governance arrangements were in place to oversee the work. The Place Director confirmed that the longer-term aim was to increase sustainability and resilience and to move towards a preventative and supportive model to improve young people's mental health.

Resolved – (a) The Health and Wellbeing Board accept and note the report; and (b) that the issue of mental health services for children and young people be maintained as a regular item for discussion on the Board's work programme.

The North Lincolnshire NHS Place Director having declared a personal and prejudicial interest left the meeting for consideration of the following item (minute 557).

557 **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.**

The Director of Public Health tabled a report which provided a response to the Humber Acute Services Programme consultation by Humber & North Yorkshire Integrated Care Board. This followed detailed discussion and consideration at the North Lincolnshire Health & Wellbeing Board at its meetings on 2 October 2023 and 11 December 2023 (minutes 535 and 544 refer).

The Director confirmed that the report summarised 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.

The Board discussed the draft response, suggesting revisions to sections on paediatric care, consultation methodology, and transportation.

It was moved by Councillor Waltham and seconded by the Director of Public Health –

That the Health & Wellbeing Board submit the joint response to the Humber Acute Services Programme consultation.

Motion Carried.

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558 HOUSING AND SUPPORT FOR OLDER PEOPLE IN NORTH LINCOLNSHIRE - PRESENTATION BY THE DIRECTOR OF CUSTOMER SERVICES, ONGO.

The North Lincolnshire NHS Place Director rejoined the meeting.

The Director of Customer Services and the Development Manager, Ongo, delivered a presentation covering their work to improve the health and wellbeing of their older residents. The presentation included discussion of Ongo's Strategic Development Plan, properties to support those with dementia and mobility issues, retirement living, and the various events and activities that are delivered to residents and communities.

The Board welcomed the presentation, asking questions around how Ongo planned and delivered its activities in consultation with other partners, and how organisations could work together to ensure tenancies. Other Board members asked about supporting vulnerable families and care leavers, and about funding considerations. The Ongo representatives responded accordingly.

Resolved – (a) That the Health and Wellbeing Board note the presentation and situation; and (b) that the Board consider hosting a future workshop or session on supporting care leavers into accommodation.

559 CAPITAL EXPENDITURE AT NLAG - VERBAL UPDATE BY THE NHS PLACE DIRECTOR.

The NHS Place Director provided a short, verbal update on capital expenditure in the local acute sector. It was confirmed that a report would be tabled at a future meeting of the Board for more detailed discussion.

Resolved – That the update be noted.

560 DATE AND TIME OF NEXT MEETING - 11 MARCH 2024, 2PM

The Chairman confirmed that the next scheduled meeting of the Board was at 2pm on 11 March 2024.

561 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.

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

REPORT TITLE

Proposed North Lincolnshire Strategic Framework for Prevention and Reducing Health Inequalities.

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The purpose of the proposed strategic framework is to support a whole systems approach to prevention and reducing health inequalities by agreeing a set of principles and ambitions that all North Lincolnshire Health and wellbeing Board partners will use to drive decision making.
- 1.2 By adopting the draft principles set out in the framework we will strengthen our approach to all decisions that we make being informed by a focus on reducing health inequalities and driving prevention. We will do this by targeting where we see the poorest health and wellbeing outcomes and where the need is greatest. Every decision made will *be underpinned by the following aims: (a) The need to reduce inequalities in health (b) supporting the Council's Plan priority to 'Reduce health inequalities and promote wellbeing and (c) North Lincolnshire Strategic Intent priority for collective investment that 'The health inequalities gap will reduce across our wards'.*
- 1.3 It is proposed that this strategic framework is embodied within the revised Health & Wellbeing Strategy for North Lincolnshire and supports the North Lincolnshire Place Strategic Intent and the North Lincolnshire Community First Strategy.
- 1.4 Alongside the framework would be a process to scope out key areas of intervention and support so that we better understand the offer to our

2. BACKGROUND INFORMATION

- 2.1 The need to prioritise preventative work arose from discussions in the North Lincolnshire Population Health and Prevention Partnership. The challenges discussed were firstly investing in prevention at the earliest point to reduce risk factors and mitigate risk of long term conditions and secondly, improving effectiveness of our positive impact on people's health and wellbeing through an integrated and whole system approach which recognises the impact of health inequalities and wider determinant of health on people's health and wellbeing.
- 2.2 Alongside the framework would be a process to scope out key areas of intervention and support so that we better understand the offer to our population. From this we can identify any gaps and any areas where we could improve integration and effectiveness. For example, scoping out a whole systems approach to preventing obesity and promoting a healthy diet will map the primary, secondary and tertiary interventions. This can then be built into a scoping of prevention of related conditions such as diabetes. We can incorporate into the analysis, the cross cutting issues such as the wider determinants of health and commercial determinants of health, that impact on health inequalities, healthy diet and preventing obesity. This whole system picture will aid us as a place to understand where we need to invest and make changes to have the greatest impact on improving the health of our population and reducing health inequalities.

2.3 Purpose of the strategic framework and why this is important.

Purpose of the strategic framework	why this is important
1. To agree a set of principles and ways of working that Place Partners could sign up to as a joint whole systems approach to driving prevention and reducing health inequalities across our whole population in North Lincolnshire.	A set of unified principles will ensure that all place partners are in agreement about the need to prioritise prevention and reducing health inequalities at all levels within health and social care. To better understand the prevention activity all partners deliver for primary, secondary and tertiary prevention in key areas (e.g. preventing obesity and promoting a healthy weight)
2. To Identify Where there may be gaps in the offer in primary/secondary or tertiary prevention and gaps in reducing key risk factors that contribute to long term conditions (Health diet, high BMI, high blood pressure and smoking.)	Early identification is the most effective way to improve health outcomes and reduce downstream costs.
3. To support a whole systems approach, consistent approach to strategy, terminology and narrative to drive prevention and reduce inequalities in health.	The benefits of a whole systems approach is that it can prevent duplication, improve economies of scale and tackle the wider determinants of health.

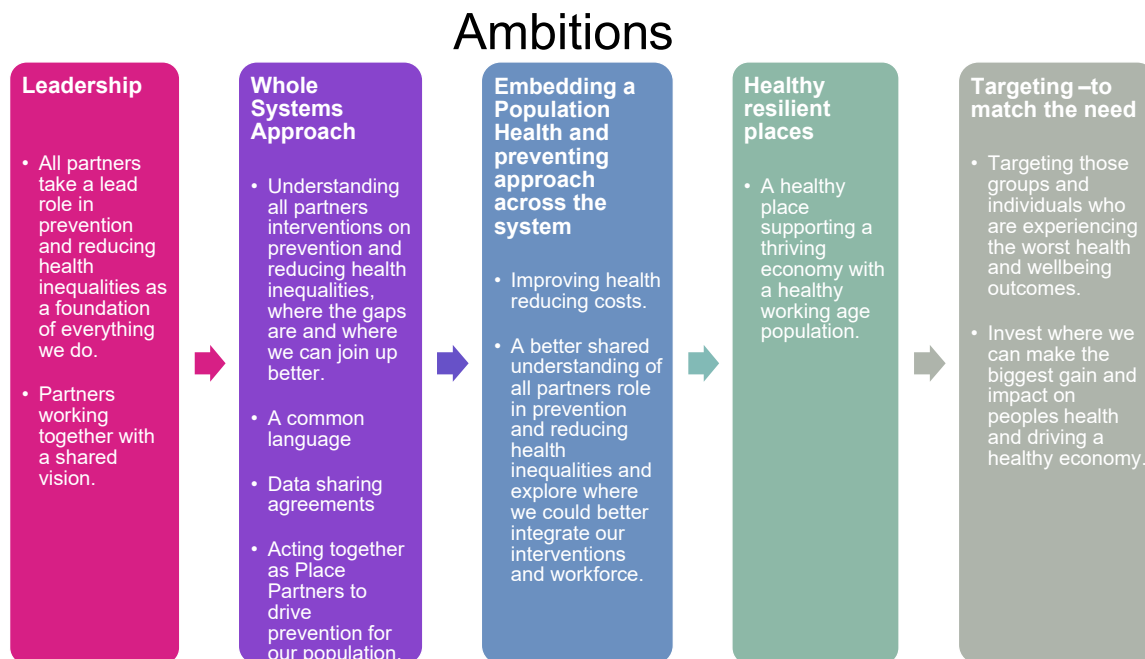
	<p>So that our offer is as effective as it can be supporting fewest best interventions and a 'One Council, One Family One Place approach'.</p> <p>This can also form part of the refreshed Health & Wellbeing Strategy for North Lincs.</p>
<p>4. To identify where actions on creating / improving an accessible and healthy environment and the wider determinant of health will have a positive impact.</p>	<p>Targeting evidence based interventions will improve impactability through a universal proportionalism approach. This will help ensure resources can be allocated to meet the greatest need</p> <p>To better enable people to access a healthier life.</p>

Risk factors like smoking and obesity are linked to each of the 6 groups of major conditions that drive over 60% of our mortality and morbidity in England, as are living conditions like employment, housing, education and access to green space (see [Wider Determinants of Health, Further Information \(Fingertips\)](#)), both directly and through making it easier or harder to make healthy choices ([Major conditions strategy: case for change and our strategic framework - GOV.UK \(www.gov.uk\)](#)). Through these mechanisms, prevention activities can impact on multiple conditions at once, and more prevention activity will be crucial to meeting the challenges of an ageing society.

2.4 Expected Outcomes

1. NL Place Partners agree and implement a set of principles and ambitions that will drive commissioning and transformation activity that will enhance our collective action to prevent avoidable ill health and long-term conditions and reduce inequalities in health and wellbeing, across the NL population.
2. The integration of Place partners interventions for primary, secondary and tertiary prevention of key risk factors for poor health and wellbeing, will be strengthened and any gaps filled.

2.5 Draft Ambitions



2.6 Draft Principles

- 1 Invest resources in a way that is fair, equitable, and aligned to the evidence base on need and propensity for impact.
- 2 Address the root causes of health inequalities, not just the symptoms. Invest in what makes us healthy [Infographic: What makes us healthy?](#)
- 3 Build sustainable solutions that will have a long-term impact.
- 4 Prioritise health equity and targeting interventions, so that resources match need and we aim for an equity of opportunity rather than an equity of input / intervention.
- 5 Rebalance the health and care system towards proactive prevention by managing personalised risk factors.
- 6 Develop and invest in Community Assets and add social value.
- 7 Work in partnership as a whole system to invest in prevention activity that will have the greatest positive impact on population health.

3. OPTIONS FOR CONSIDERATION

- 3.1 **Option 1** to endorse the framework. Health and Wellbeing Board members are asked to.
 1. Agree the ambitions and principles contained in this proposed strategic framework and build them into the revised health and wellbeing strategy to drive how we invest in prevention and reducing inequalities in health.
 2. Support the work to map out the whole systems primary secondary and tertiary prevention activity across system partners for each priority (preventing obesity and promoting a healthy weight,

smoking cessation, physically active population, preventing long term conditions e.g. diabetes, cardiovascular disease, and other major conditions).

3. Support the progression of data sharing agreements which will provide the data, intelligence, and insight for prioritising and targeting investment in prevention and reducing inequalities in health.
4. Support whole systems approaches to drive prevention and reducing inequalities.
5. Support the process to agree a common language and consistent narrative for prevention and reducing health inequalities among North Lincolnshire Place partners.

3.2 **Option 2** to agree the framework with suggest revisions.

3.3 **Option 3** to reject the framework.

4. **ANALYSIS OF OPTIONS**

- 4.1 By adopting the framework as set out in this paper we will strengthen decision making to be informed by a focus on reducing health inequalities, by targeting where we see the poorest health and wellbeing outcomes and where the need is greatest. Every decision made will be *underpinned by reducing inequalities in health supporting the Council Plan priority to 'Reduce health inequalities and promote wellbeing and North Lincolnshire Strategic Intent priority for collective investment that 'The health inequalities gap will reduce across our wards'.*

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

- 5.1 *There are no direct financial implications in this proposal, however the framework will support a whole system investment in prevention and reducing health inequalities which in the longer term will be expected to reduce system costs in tertiary prevention and costs of treatment and intervention.*

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

- 6.1 The adoption of the framework will support our duties and responsibilities under the Equalities Act 2010 by providing a transparent approach to decision making that will reduce inequalities in health.

Adoption of the framework will support the Council Plan priority to 'Reduce health inequalities and promote wellbeing and North Lincolnshire Strategic Intent priority for collective investment that 'The health inequalities gap will reduce across our wards'.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Consultation has taken place with the North Lincolnshire Population Health and Prevention Partnership with positive support for the framework from strategic partners.

Consultation with the portfolio holder for Public Health has taken place and the adoption of the framework was supported.

9. RECOMMENDATIONS

9.1 Health and Wellbeing Board members are asked to support **Option 1** to support the framework as detailed in section 3.

DIRECTOR OF PUBLIC HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL

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Date: 28th Feb 2024

Background Papers used in the preparation of this report –

Reports contained within the North Lincolnshire Joint Strategic Needs Assessment [Public Health in North Lincolnshire - North Lincolnshire Council \(northlincs.gov.uk\)](http://northlincs.gov.uk)

[Wider Determinants of Health, Further Information \(Fingertips\)](#)

[Major conditions strategy: case for change and our strategic framework - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Draft for discussion

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Proposed North Lincs Place Population Health, Prevention
and Reducing Health Inequalities Strategic Approach/
Framework

29th Feb 2024

Ruth Twiggins Consultant in Public Health NLC

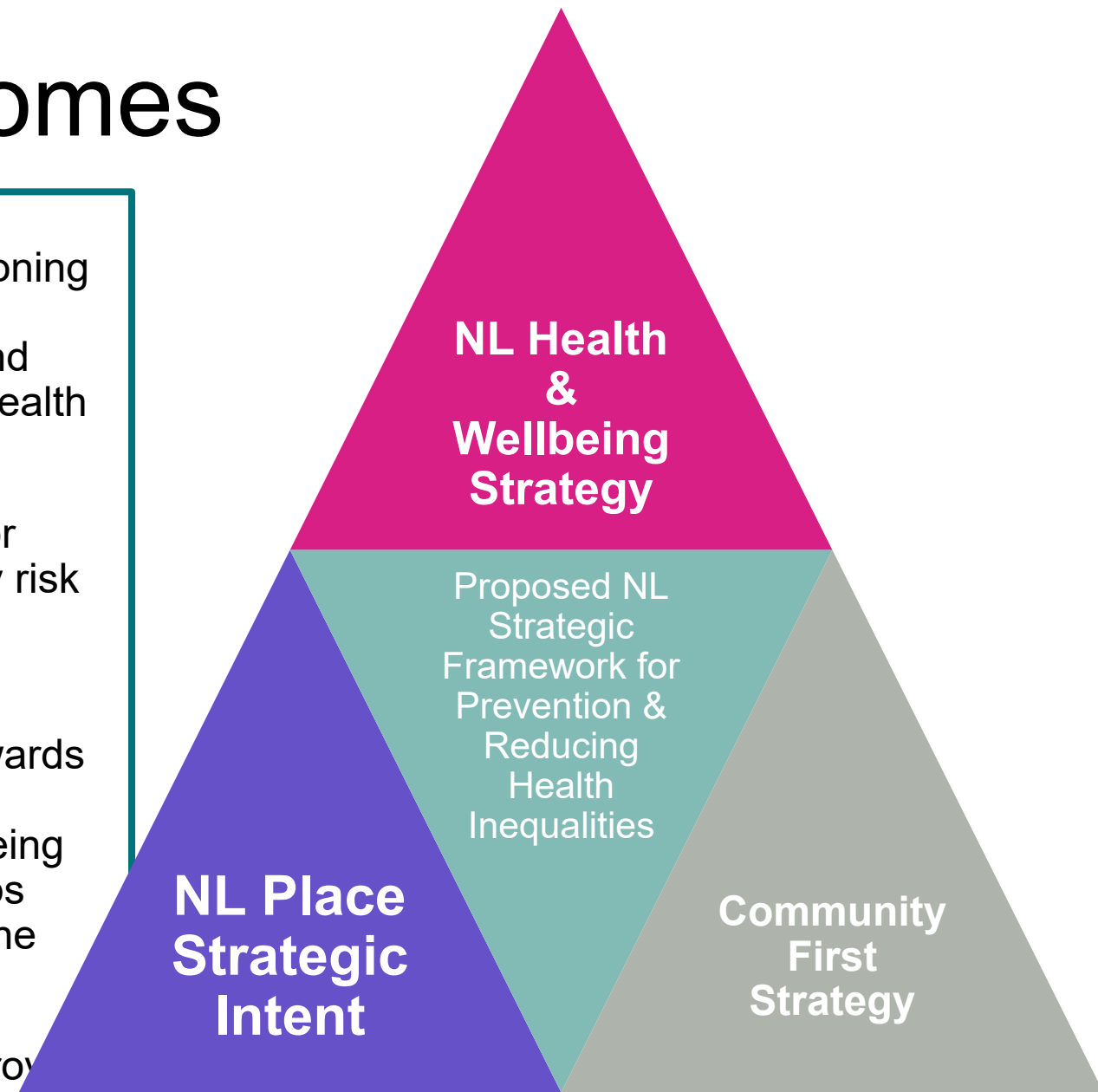
**North
Lincolnshire
Council**

www.northlincs.gov.uk

Purpose of the strategic framework	why this is important
<p>To agree a set of principles and ways of working that Place Partners could sign up to as a joint whole systems approach to driving prevention and reducing health inequalities across our whole population in North Lincolnshire.</p>	<p>A set of unified principles will ensure that all place partners are in agreement about the need to prioritise prevention and reducing health inequalities at all levels within health and social care.</p> <p>To better understand the prevention activity all partners deliver for primary, secondary and tertiary prevention in key areas (e.g. preventing obesity and promoting a healthy weight)</p>
<p>To Identify Where there may be gaps in the offer in primary/secondary or tertiary prevention and gaps in reducing key risk factors that contribute to long term conditions (Health diet, high BMI, high blood pressure and smoking.)</p>	<p>Early identification is the most effective way to improve health outcomes and reduce downstream costs.</p>
<p>To support a whole systems approach, consistent approach to strategy, terminology and narrative to drive prevention and reduce inequalities in health.</p>	<p>The benefits of a whole systems approach is that it can prevent duplication, improve economies of scale and tackle the wider determinants of health.</p> <p>So that our offer is as effective as it can be supporting fewest best interventions and a 'One Council, One Family One Place approach'. This can also form part of the refreshed Health & Wellbeing Strategy for North Lincs.</p>
<p>To identify where actions on creating / improving an accessible and healthy environment and the wider determinant of health will have a positive impact.</p>	<p>Targeting evidence based interventions will improve impactability through a universal proportionalism approach. This will help ensure resources can be allocated to meet the greatest need (To better enable people to access a healthier life.</p>

Draft Expected Outcomes

1. NL Place partners agree and implement a set of principles and ambitions that will drive commissioning and transformation activity that will enhance our collective action to prevent avoidable ill health and long-term conditions and reduce inequalities in health and wellbeing, across the NL population.
2. The integration of Place partners interventions for primary, secondary and tertiary prevention of key risk factors for poor health and wellbeing, will be strengthened and any gaps filled.
3. Health Inequalities are reduced between those wards and population groups where we see the highest inequalities in health and worst health and wellbeing outcomes and those wards and population groups where we see the least inequality in health and the best health and wellbeing outcomes.
4. All our outcomes and offers are designed to improve health and wellbeing and reduce health inequalities



Primary Prevention

Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

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For example, health promotion – people do not start smoking – preventing things happening in the first place

NL Health & Wellbeing Strategy
[LINK](#)

Secondary Prevention

Systematically detecting the early stages of disease and intervening before full symptoms develop

For example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.
Early detection and treatment of disease-screening, raising awareness

NL Community First Strategy People are enabled to keep well. We have committed to prioritise prevention and early help

Tertiary Prevention

Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

For example, strength based exercise for people with frailty, PHBs for people with complex health and care needs or life limiting conditions.

NL Community First Strategy : a single Integrated Strategic Commissioning and Safeguarding approach that maximises Place resources to best effect to meet need and achieve the best quality of provision for residents and that focuses on those who are most vulnerable.



North Lincolnshire Strategic Intent

Our Ambition

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

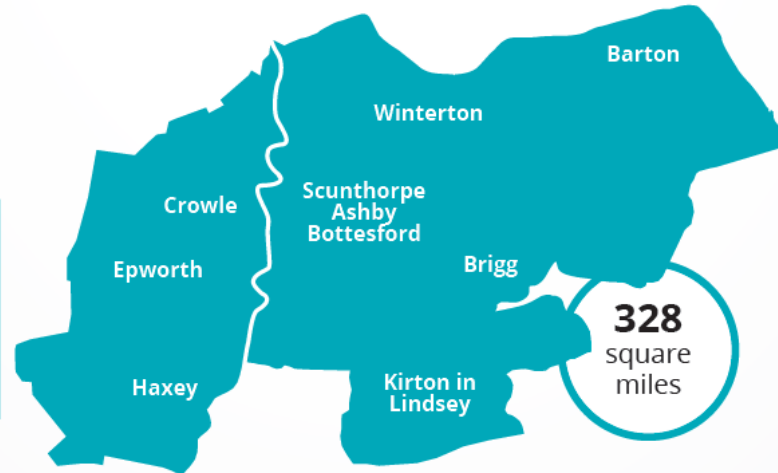
Priorities for Collective Investment

The integrated practise model will be person centred

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

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

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



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

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

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

Defining the Terms: *Prevention, Population Health, Population Health Management and Health Inequalities*

Public Health

Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society. The public health workforce delivers a range of work to protect and improve the health of populations at local, regional, national, and global level.

Prevention

Primary Prevention

Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

Secondary Prevention

Systematically detecting the early stages of disease and intervening before full symptoms develop

Tertiary Prevention

Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Population Health

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies. [Buck et al 2018, p 18](#)

Population Health Management

Population health management (PHM) is an approach that uses data (intelligence, insights and co-production) to help health and care systems to improve population health and wellbeing and reduce inequalities in health by identifying and targeting resources at the cohorts of people who are experiencing the greatest health disparities. Population health management requires a system wide approach. Organisations working in health and wellbeing and in fields related to the wider determinants of health, as well as with the broader community, will need to work together to tackle the root causes of ill health and deliver services tailored to the needs of the local population.

Health Inequalities

“Health inequalities are **unfair and avoidable** differences in health across the population, and between different groups within society”. [NHS England » What are healthcare inequalities?](#)

'how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity?'

Our strategic framework focuses on:

Primary prevention:

acting across the population to reduce risk of disease

Secondary prevention:

halting progression of conditions or risk factors for an individual

Early diagnosis:

so we can identify health conditions early, to make treatment quicker and easier

Prompt and urgent care:

treating conditions before they become crises

Long-term care and treatment:

in both NHS and social care settings

To have the greatest impact, we will prioritise change in five areas:

1



Rebalancing the health and care system towards proactive prevention by **managing personalised risk factors**

2



Embedding early diagnosis and treatment **in the community**

3



Managing multiple conditions effectively – including through **aligning generalism and specialism**

4



Better connection and **integration between physical and mental health services**

5



Shaping services and support around people, giving them **more choice and control over their care**

Ambitions

Leadership

- All partners take a lead role in prevention and reducing health inequalities as a foundation of everything we do.
- Partners working together with a shared vision.



Whole Systems Approach

- Understanding all partners interventions on prevention and reducing health inequalities, where the gaps are and where we can join up better.
- A common language.
- Data sharing agreements
- Acting together as Place Partners to drive prevention for our



Embedding a Population Health and preventing approach across the system

- Improving health reducing costs.
- A better shared understanding of all partners role in prevention and reducing health inequalities and explore where we could better integrate our interventions and workforce.



Healthy resilient places

- A healthy place supporting a thriving economy with a healthy working age population.



Targeting –to match the need

- Targeting those groups and individuals who are experiencing the worst health and wellbeing outcomes.
- Invest where we can make the biggest gain and impact on peoples health and driving a healthy economy.

Draft Principles



Invest resources in a way that is fair, equitable, and aligned to the evidence base on need and propensity for impact.

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Address the root causes of health inequalities, not just the symptoms. Invest in what makes us healthy [Infographic: What makes us healthy?](#)



Build sustainable solutions that will have a long-term impact.



Prioritise health equity and targeting interventions, so that resources match need and we aim for an equity of opportunity rather than an equity of input / intervention.



Rebalance the health and care system towards proactive prevention by managing personalised risk factors



Develop and invest in Community Assets and add social value.



Work in partnership as a whole system to invest in prevention activity that will have the greatest positive impact on population health.

How can we make this happen

Agree principles that drive how we invest in prevention and reducing inequalities in health

Map out the whole systems primary secondary and tertiary prevention activity across system partners for each priority

Data sharing agreements
Providing the data, intelligence and insight for prioritising investment in prevention and reducing inequalities in health

Whole systems approaches to drive prevention and reducing inequalities.

Agree a common language and consistent narrative for prevention and reducing health inequalities among Place partners

Report of the Director of Public Health

Agenda item:

Meeting: 11 March 2024

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

North Lincolnshire Public Health's response to the risk of measles outbreak.

1. OBJECTIVE AND KEY POINTS IN THIS REPORT

1.1 The number of cases of measles in England has increased since October 2023 and, according to data reported by UKHSA, from 1st October 2023 there have been 347 laboratory confirmed measles cases reported in England, with 127 of these cases confirmed in January 2024. 75% of these cases have occurred in the West Midlands⁽¹⁾.

There have been no cases in North Lincolnshire, however this remains a risk. It is therefore the purpose of this report to provide a briefing to the Health and Wellbeing board about the current level of risk in NL, and of the actions in progress to reduce the risk of an outbreak of measles and to promptly and effectively respond to an outbreak should one occur.

1.2 The content of this report is:

- An update on MMR vaccination coverage across North Lincolnshire.
- An outline of the work by NLC's Public Health team to lead a programme to increase the vaccination coverage and thereby reduce the risk of outbreak.
- An update on the current preparedness work developed by the Public Health team and UKHSA to respond to potential reports of measles cases North Lincolnshire, ranging from single cases to outbreaks.

2. BACKGROUND INFORMATION

2.1 Measles Epidemiology

[Measles](#) is a highly transmissible viral infection. Symptoms include a runny nose; cough; conjunctivitis (sore, itchy, watery, red, and sticky eyes); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 into the illness, a rash of flat red or brown blotches appears, beginning on the face, behind the ears and spreading over the body⁽²⁾. The incubation period is between 10 to 12 days but can vary from 7 to 21 days⁽³⁾.

Measles is highly infectious and is transmitted via airborne or droplet spread, or through direct contact with nasal or throat secretions of infected persons. Cases are infectious from 4 days before the onset of the rash to 4 days after⁽³⁾. Measles has a basic reproductive number (Ro) of 12-18, meaning that among a susceptible population, each measles case will typically lead to 12-18 other cases. People who are susceptible include those who are unvaccinated and/or do not have immunity from prior infection⁽⁴⁾.

Death occurs in 1 in 5000 cases in the UK, higher in children under 1 year of age, lower in children aged 1-9 years, and rising again in teenagers and adults. Those most vulnerable to complications include poorly nourished and/or chronically ill children, including those who are immunosuppressed⁽⁵⁾

2.2 Vaccination benefits

The MMR (measles, mumps, and rubella) vaccine is the safest and most effective way to protect against measles. People are recommended 2 doses of MMR to be protected against measles, mumps, and rubella⁽²⁾.

Typically, 90% protection against measles infection is achieved with the first dose, and 95% after the second dose or booster. A small number of people are not able to have the vaccine, this is due to being pregnant or co-existent health conditions with a reduced immune response for example organ transplant or cancer⁽⁶⁾.

The World Health Organisation has set a 95% vaccination coverage target to achieve the level of herd immunity that would provide protection for those who are unable to receive the MMR vaccine⁽⁷⁾. Following the introduction of the MMR vaccine in 1988 coverage in the UK reached over 90%, this was affected by disproved links between the vaccine and autism and coverage reduced from 92% in 1996 to 80% in 2003⁽⁸⁾.

Following the coronavirus COVID-19 pandemic, there has been a significant drop in the number of children being vaccinated with MMR and other childhood vaccines⁽⁹⁾. Coverage is as low as 60% in some areas of London. Measles is highly infectious so even a small decline in MMR vaccine uptake can lead to increases in cases⁽¹⁰⁾.

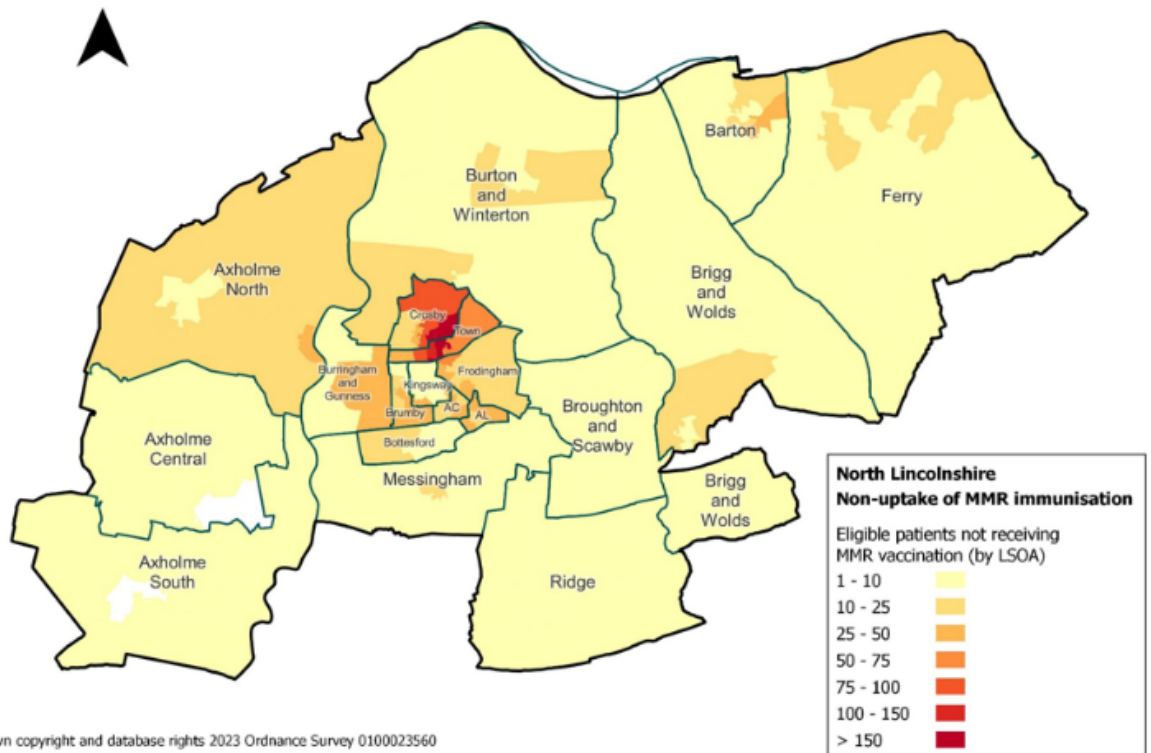
2.3 Variation of vaccination coverage across North Lincolnshire

In a joint activity the Public Health - Health Protection team in collaboration with the ICB data management team and the Public Health Intelligence team conducted mapping by geography and demography to better understand MMR vaccination coverage in North Lincolnshire.

The total uptake of MMR vaccination in North Lincolnshire is 86%, however there are variations. Areas of higher deprivation, including in Scunthorpe North and Scunthorpe South, have lowest coverage. In terms of demography, English, Romanian, Polish and Lithuanian groups have the lowest uptake or incomplete MMR vaccination⁽¹¹⁾.

North Lincolnshire Council

Incomplete MMR vaccination by LSOA 5-15 years (numbers) North Lincolnshire



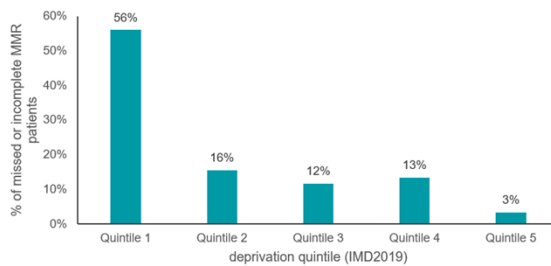
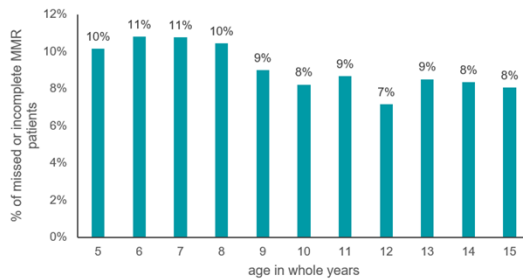
MMR heat map presenting geographic variation in MMR coverage. August 2023 (11)

This map clearly shows the variation in coverage, with wards in Scunthorpe North being most at risk. It is in these wards that activity to boost uptake will be initially focussed.

MMR low uptake by age, deprivation, and language August 2023 ⁽¹⁾

North Lincolnshire Council

Demographic break downs of missed or incomplete MMR patients*



Language spoken by patient	Number of patients which were missed or incomplete	% of missed or incomplete MMR patients
Blank - not recorded and n/a	464	19.0%
English language	881	36.0%
Romanian/Rumanian language	554	22.6%
Polish language	157	6.4%
Lithuanian language	100	4.1%
other language	75	3.1%
Portuguese language	45	1.8%
Slovak language	33	1.3%
Ukrainian language	23	0.9%
Turkish language	19	0.8%
Tetum language	19	0.8%
Russian language	18	0.7%
Bengali language	17	0.7%
Malayalam language	17	0.7%
Kurdish language	13	0.5%
Arabic language	12	0.5%

Totals under 10 combined to 'other'

*Missed or incomplete patients are only included here if they were part of a participating practice at the time of the search

SAFE WELL PROSPEROUS CONNECTED

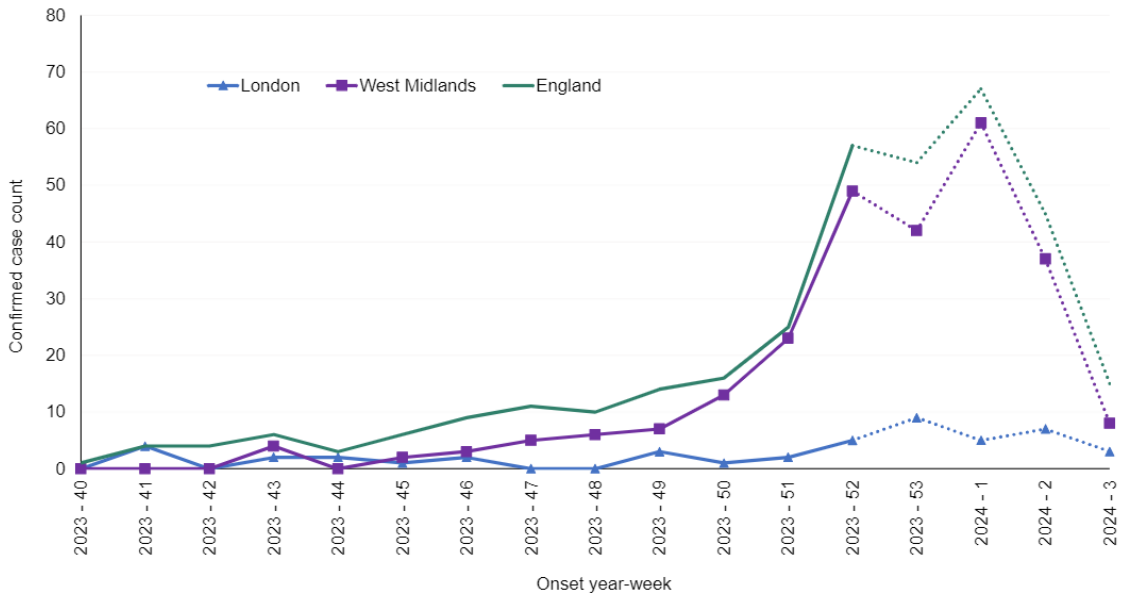
- The mapping exercise also included HPV and shingles vaccination coverage, whilst HPV vaccine distribution is broadly similar to MMR uptake in North Lincolnshire, the shingles uptake distribution differs. 4406 people aged 70 to 79 years who were unlikely immunocompromised had an incomplete or no record of a Shingles vaccination within the report. 3970 were residents of North Lincolnshire LA, the remainder are registered with GP practices in NL but live outside its boundary. By single year of age, 70-year-olds accounted for a larger proportion of the total than for other ages with percentage declining with increasing age.

2.4 National Measles Cases Update 30.01.2024.(1)

From 1 October 2023, there have been 347 laboratory confirmed measles cases reported in England, with 127 of these cases confirmed in January 2024.

75% (260/347) of these cases have been in the West Midlands, 13% (46/347) in London and 7% (24/347) in Yorkshire and The Humber. The majority (343 of 521, 66%) of these cases have been in children under the age of 10 years and 25% (133 of 521) in young people and adults over the age of 15 years.

Figure 2. Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London, West Midlands and England: 1 October 2023 to 23 January 2024 [note 1 and 2]



[This graph demonstrates how fast measles can spread; this is evident in the 2 peaks of infection in the West Midlands Region whilst London has had an increase of measles cases in a lower scale.](#)

- Currently, no cases of measles have been reported in North Lincolnshire. However less than 5 cases of measles have been confirmed in Hull City at the Hospital Trust, (20.02.2024)
- From learning from the incidents in Sandhill and Birmingham the main risk of infection is within the areas of low MMR vaccination uptake amongst children 10 years old and under. Therefore, it is crucial to administer at least the first dose of the MMR vaccine that will provide up to 90% protection to reduce the risk of measles outbreaks.
- All recommendations to date to reduce inequalities in the coverage of MMR vaccination are part the current action plan in North Lincolnshire⁽¹²⁾. These include approaches based on a combination of social media communication, with face-to-face engagement with the community through schools, health visitors, nurseries, and primary care to increase vaccination uptake.

2.5 Outlining the work of NLC's Public Health team to increase the vaccination coverage and thereby reduce the risk of outbreak.

The Health Protection team within the Public Health Team in North Lincolnshire Council have established an "MMR task and finish group" with the aim of increasing vaccination uptake in North Lincolnshire to 95% across all groups and geographies by the end of March 2025. This is a multidisciplinary group that includes stakeholders from ICB, UKHSA, Education, School nurses, Public Health intelligence team, 0-19 services, NHS England, and the voluntary sector.

Work has begun with the targeting of the areas where the uptake of the MMR vaccine is lowest. To support this work an application was made to NHS England for funds for targeted promotion and outreach work, this application has been successful.

The funding will be invested in social media campaigns in different languages (including basic English, Romanian, Lithuanian and Polish) and digital radio through 2024, as well as a coordinated effort to increase awareness and engagement with BAME groups through educational settings, workplaces, health visitors and school nurses as well as engagement through focus groups to understand the barriers that are affecting the vaccination uptake amongst these groups. This aligns with work by primary care in North Lincolnshire to contact people missing vaccination to invite them to receive the vaccine.

In coordination with GP practices, a social media and digital radio campaign will be launched in February to urge unvaccinated people to contact their practice with the objective of increasing the MMR vaccine uptake.

The health protection team will review the uptake through data provided by GP practices every 2 weeks to continue to engage and target specific groups.

2.6 Update on the current preparedness work developed by the Public Health team and UKHSA to respond in a potential measles outbreak in North Lincolnshire.

Due to increasing number of measles outbreaks in England, particularly in London, West Yorkshire and recently in Sheffield, the Health Protection team within North Lincolnshire Public Health team has led on the formation of a Measles preparedness group, the aim of which is to have a fast, coordinated, and efficient response in case of a measles outbreak in North Lincolnshire. Although there has not been any case of measles in North Lincolnshire, due to the geographical closeness to areas where there have been outbreaks it is relevant for all stakeholders with a response role to understand their and others' roles and responsibilities, as well as to establish the team response dynamic. To this end, a training session and desk-top exercise were held based on an outbreak typical in nature to those being experienced elsewhere. This was a well-attended multidisciplinary group that included the ICB, UKHSA, IPC teams, School nurses, health visitors, NHS England, Health Protection team and Primary Care.

2.7 Future Strategies:

Public health will continue to work and develop strategies to increase vaccination uptake across all vaccination types in North Lincolnshire to reduce the risk of preventable diseases.

3. OPTIONS FOR CONSIDERATION

3.1 The Health and Wellbeing Board is asked to note the content of this report and endorse work to reduce the risk of measles to the residents of North Lincolnshire.

4. ANALYSIS OF OPTIONS

4.1 n/a

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

5.1 The funding utilised to implement the actions described above has been obtained from a grant awarded directly for these purposes by NHS England through a bidding process. The grant amount is £30,200. There is no cost or resource implications.

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

6.1 Not Applicable

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not Applicable

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 n/a

9. RECOMMENDATIONS

9.1 Conclusion:

North Lincolnshire has a generally good vaccination coverage but variations in coverage present risks of outbreak. North Lincolnshire Public Health is leading work both to reduce and remove this risk, and to respond promptly and effectively, and therefore to minimise the impact of cases and outbreaks should they occur.

9.2 Recommendations:

The Health and Wellbeing Board is asked to note the content of this report and to endorse this work.

DIRECTOR OF PUBLIC HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Authors: Miguel Duran / Greg Gough
Date: 15/02/2024

Background Papers used in the preparation of this report – References

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NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Local Safeguarding Adults Board - Annual Report for the year 2022 - 2023

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To note the publication of the Local Safeguarding Adults Board (LSAB) Annual Report outlining the work of the board and its members to carry out and deliver the objectives of the strategic plan. The report includes how partners have contributed to the work of the board to promote effective adult safeguarding during the last year.
- 1.2 The contents of the report should be considered in relation to planning, commissioning and budget setting.
- 1.3 The report demonstrates that the LSAB:
- Listens and responds to the voices of people with care and support needs, and people with a lived experience.
 - Is effective in providing help and protection to adults with care and support needs.
 - Effectively meets statutory duties.
 - Benefits from strong and consistent leadership.
 - Has made good progress on delivering the strategic objectives laid out within the strategic plan.

2. BACKGROUND INFORMATION

- 2.1 In North Lincolnshire people remain at the heart of everything we do. The council is committed to everyone in North Lincolnshire achieving better outcomes so that they can be safe, well, prosperous and connected.
- 2.2. The Care Act 2014 places the council's duties in respect of safeguarding adults with care needs who are at risk of abuse or neglect on a statutory basis.
- 2.3 The LSAB has a statutory requirement to publish an annual report, which offers assurance that local safeguarding arrangements and partnerships help and protect adults with care and support needs in its area. The annual report details the work of the LSAB during the year to achieve its main objectives, and deliver the strategic

plan, as well as detailing the findings of any Safeguarding Adult Reviews (SARs) that may have been undertaken.

- 2.4 The annual report has been agreed by SAB Executive Leads and board partners. The annual report will be presented to Cabinet on 18 March 2024 and published on the NLSAB website.
- 2.5 The annual report is required to be distributed through relevant governance routes across safeguarding partner organisations. The contents of the report should be considered in relation to planning, commissioning and budget setting. Organisations should fully consider the contents of the annual report how they can improve their contributions to both safeguarding throughout their own organisation, and to the joint work of the board.
- 2.6 The Care Act 2014 also requires the report to be submitted to the Local Police and Crime Commissioner, Chief Constable, and Healthwatch via LSAB board members.
- 2.7 The annual report provides details of progress in relation to the boards strategic plan, and the six strategic priorities, which are – prevention, proportionality, partnership, empowerment, protection and accountability.
- 2.8 Some of the key achievements, and the positive impacts for adults with care and support needs and their families highlighted within the report are:
 - The Board hosted the ‘Experts Together – Safeguarding Together’ conference in February 2023, co-designed and co-delivered with people with lived experience, with a focus on listening to people with lived experience and improving communication and launching the new Board Strategy.
 - There is a strong focus on engaging with and listening to adults, and their families to understand their views and experiences. Several policies and key documents have been co-produced with people who have a lived experience of safeguarding.
 - Adults and their families are empowered to keep themselves and others safe - several easy read documents in relation to recognising the signs of abuse have been co-produced and are now available on the website.
 - There is a demonstrated clear commitment to safeguard adults across the area, through representation and attendance by senior managers of all partner agencies at Executive level and board meetings.
 - There are strong relationships with the other key partnerships such as the Children’s Multi-agency and Resilience Safeguarding, Experts Together Partnership, and the Community Safety Partnership.
 - In partnership with people who have a lived experience, communications on the board’s website have been enhanced as a means of sharing information and publicising key documents, tools, and resources.
 - The safeguarding data is regularly scrutinised by the board and shows the voices of the adult, and their families are being listened to.
 - The board have been actively working to engage with local community groups and voluntary sector to raise awareness and understanding of safeguarding adults and

deliver joint training and education, with a focus on diverse, isolated and under-represented communities.

- Monthly communications are shared and disseminated to a large safeguarding network which provides information and tools, such as – updates to national policy and legislation, key safeguarding themes, resources aimed at practitioners and training opportunities.

Future priorities

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

- Strengthening the voice of carers within the safeguarding partnership.
- Continuing to understand the real-life experiences of people who have been through the safeguarding journey to better understand the difference it has made, and how we can develop our future practice.
- Working together to enhance and strengthen mechanisms, ensuring information sharing is not a barrier.
- Continuing to analyse all available data and intelligence to help recognise emerging safeguarding themes and trends, including considering hidden harm and harm categories where there are low reports of concerns, and ensure action is taken when needed.
- Continuing to build on the success of the interactive data dashboard, enhancing data around people's voice and experiences.
- Continuing to promote a positive learning culture where partners continually reflect on practice and learn from local, regional and national reviews and identify ways to prevent and reduce harm.
- Continuing to ensure that policies, procedures and guidance are effective, flexible and adapt in response to learning.
- Working with other partnership boards to avoid duplication and ensure a collaborative and effective approach is taken to safeguarding adults.
- Building on the established relationships and enhancing engagement with local community groups, and the voluntary sector to raise awareness and understanding of safeguarding adults, with a focus on diverse, isolated and under-represented communities.

3. OPTIONS FOR CONSIDERATION

- 3.1 To note the publication of the LSAB annual report.
- 3.2 The contents of the report should be considered in relation to planning, commissioning and budget setting.

4. **ANALYSIS OF OPTIONS**

4.1 None, for information only

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

5.1 None, for information only

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

6.1 None, for information only

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

7.1 None, for information only

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

8.1 There has been wide ranging consultation with people who have care and support needs, people with lived experience, as well as safeguarding partners and relevant agencies in the work of the NLSAB, and implementation of the strategic plan. There will be further engagement opportunities as we continue to listen, learn, adapt, and review.

9. **RECOMMENDATIONS**

9.1 To receive and note the publication of the LSAB Annual Report 2022 - 2023 and consider this where relevant in relation to planning, commissioning and budgets setting processes.

DIRECTOR OF ADULTS AND HEALTH

Church Square House
Scunthorpe
North Lincolnshire
Author: *Helen Rose*
Date: 12 February 2024

Background Papers used in the preparation of this report –

Care Act 2014
LSAB Annual Report 2022 - 2023

North Lincolnshire Safeguarding Adults Board

Annual Report 2022 - 2023



Foreword

I am very pleased to introduce the 2022-3 annual report. I would particularly like to thank our Experts Together group, and all the people who have given up their time to share their experience and knowledge to help us shape our plans as well as challenging and supporting the day-to-day work of the Board and its sub-groups. I would also like to thank Board members, and the Executive for the commitment and hard work throughout the year as well as the services, staff and everyone who works to ensure residents of North Lincolnshire can be empowered and supported to stay safe and live well.

The three sub-groups have continued to play an essential role in supporting the Board, with involvement from wider partners to support oversight of safeguarding activity, providing both mutual challenge and shared solutions. This report includes information on the work they have undertaken, including identifying themes and trends in safeguarding, informing areas for future development, innovation, and improvement.

This year we completed the review of our strategic plan and set out our new plan for the next three years. We increased our engagement with local community groups, with a new, fixed term post to support training and development. We continue to look for opportunities to share learning, locally, regionally and nationally and have strong links to other partnership boards in North Lincolnshire, through shared Executive Leads.

The joint self-assessment process which offers assurance from partners on their approach and performance, with regard to safeguarding children and adults, has been undertaken with honesty and a willingness to identify areas for improvement. Regulator inspections indicate we have strong or improving services working in North Lincolnshire. As partners we will continue to learn and reflect on how we can work together to improve safeguarding practice within North Lincolnshire, raising awareness on how we all play a part in keeping people safe and making sure that the voices of people with lived experience are heard in everything we do.

Kathy Clark – Independent Chair

Introduction

This Annual Report details the work carried out by the North Lincolnshire Safeguarding Adults Board (NLSAB), to fulfil its statutory responsibilities for strategic development and oversight of adult safeguarding across the North Lincolnshire area. The report covers the one-year period (1 April 2022 – 31 March 2023) highlighting the board's progress and achievements.

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

The report evidences that the NLSAB has made good progress in delivering the priorities and objectives laid out within our Strategic Plan and is testament to the commitment and strong partnership arrangements in North Lincolnshire.

Partnership Key achievements

- Partners have made good progress delivering against the priorities and objectives identified within the strategic plan for example: engaging with adults with a lived experience to contribute towards policy, practice and awareness raising, enhancing understanding of safeguarding adults within the local community, voluntary sector and with partner agencies and ensuring that our partners are clear as to their roles, responsibilities and expectations.
- The Board hosted a conference in February 2023, co-designed and co-delivered with people with lived experience, with a focus on listening to people with lived experience and improving communication and launching the new Board Strategy.
- There is a demonstrated clear commitment to safeguard adults across the area, through representation and attendance by senior managers of all partner agencies at Executive level and board meetings.
- The council have been developing safeguarding focused case audit including feedback forms for people and their families to feedback on their safeguarding journey. This enhances mechanisms to capture and clearly evidence that safeguarding practice is person-centred and outcome-focussed and that any action taken in line with the person's views and wishes.
- In line with the government change in legislation and the formal establishment of Integrated Care Systems (ICS), the board has ensured that safeguarding arrangements continued to remain a priority locally whilst strengthening working arrangements with colleagues across the regional Humber Partnership and the Humber and North Yorkshire Integrated Care System.



Partnership Key achievements

- NLAG have enhanced the safeguarding referral form and added it to the WebV system, this enables staff to refer concerns in a timelier manner, and also improved the quality of safeguarding concerns.
- Followed through the recommendation in Adult A SAR in 2020, regarding the absence of a forensic service nationally and locally. North Lincolnshire Health and Care Partnership Board, in collaboration with the North Lincolnshire and East Riding SAB (supported by NHS England and the Faculty of Forensic and Legal Medicine), have developed a Forensic Medical Examination pilot service. The pilot is now live and is being independently evaluated by the Hull University.
- An Independent Domestic Violence Advocate (IDVA) is co-located within the council safeguarding team providing specialist advice and guidance.
- A new online safeguarding concern form has been created which allows referrers to raise concerns quickly and efficiently.
- Rotherham, Doncaster and South Humber NHS Foundation Trust have developed bespoke safeguarding training in relation to international recruitment.
- Humberside Fire and Rescue Services have held a number of fire safety campaigns to increase community understanding and raise awareness.
- Humberside Police have strengthened the training offer to frontline officers in relation to Mental Capacity and Adult Safeguarding.



About the North Lincolnshire Safeguarding Adults Board

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

The board is a statutory partnership with specific duties and functions as set out within the Care Act 2014. The overarching purpose of the board is to ensure effective co-ordination of response and services to safeguard and promote the welfare of local adults who may be at risk of abuse and harm.

It does this by:

- Assuring itself that local safeguarding arrangements are in place as defined within the Care Act 2014.
- Assuring itself that practice is person-centred, and outcome focussed.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring that agencies and practitioners give timely and proportionate responses when abuse or neglect have occurred.
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

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

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

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

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

Board membership

Core statutory members:

- North Lincolnshire Council
- Humber and North Yorkshire ICS: North Lincolnshire Health and Care Partnership
- Humberside Police

Additional members:

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

Advisory members:

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



Strategic Plan 2023 - 2025

In February 2023, the NLSAB launched its new Strategic Plan. The plan covers a 3-year period as recommended within the Care Act Statutory Guidance 2015.

Partners wanted the plan to be clear about intentions and priorities, so that the partnership had the best chance to work well together.

Page 44
In developing the new strategic plan, the NLSAB have:

- Worked with people with a lived experience, with carers and with the workforce to hear what is important to them, including holding a development event, co-designed with people with lived experience, and the dissemination of surveys.
- Reviewed how the board were able to meet the commitments made in the previous three-year strategic plan, looking at what had worked well and what could be better.
- Considered the available data and information about performance and outcomes in North Lincolnshire, and -
- Reviewed local and national learning about best practice and areas for improvement.

North Lincolnshire
Safeguarding Adults Board

Strategic Plan

2023 - 2025



Strategic Plan 2023 - 2025

The Strategic Plan is intended to ensure the safeguarding principles and making safeguarding personal outcomes can be delivered in North Lincolnshire. The objectives are aligned to the six safeguarding principles.

Six strategic priorities have been identified, which are underpinned by thirteen strategic objectives. Business plans have been developed which describe the activities and outcomes the NLAB will achieve to deliver its objectives.

The business plans are designed to enable implementation and monitoring of actions in a clear and concise way, including clear timescales, measures of success and progress. The business plans are monitored, and progress is reviewed by both the Executive Group and Board on a regular basis.

Listening to the voice of people with a lived experience continues to remain at the heart of the plan - embracing the ethos of 'Experts Together'

Empowerment

Our plans will focus on –

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

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

Partnership

Our plans will focus on –

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

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

Prevention

Our plans will focus on -

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

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

Proportionality

Our plans will focus on -

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

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

Protection

Our plans will focus on -

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

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

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

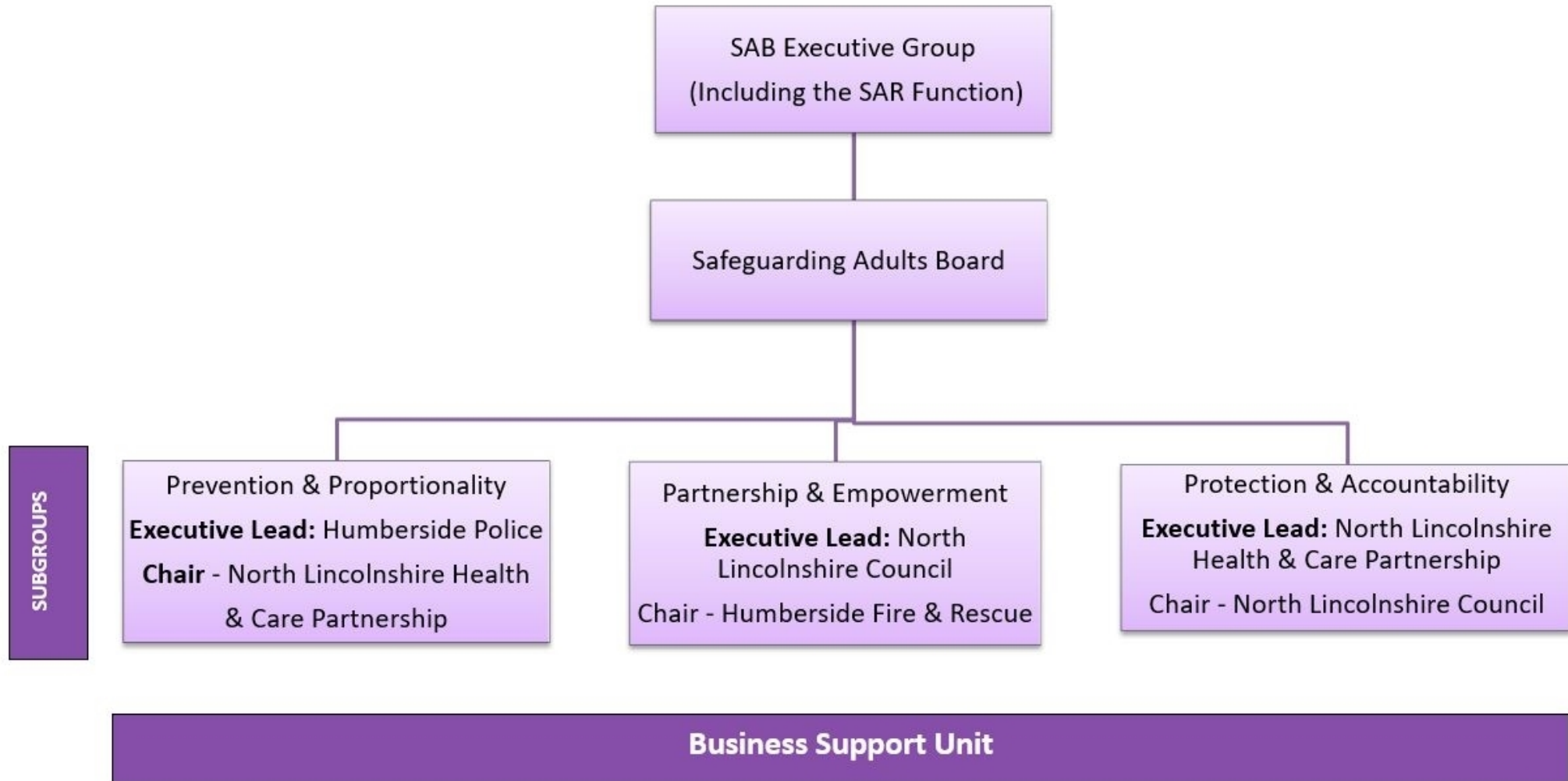
Accountability

Our plans will focus on -

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

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

Delivery Framework



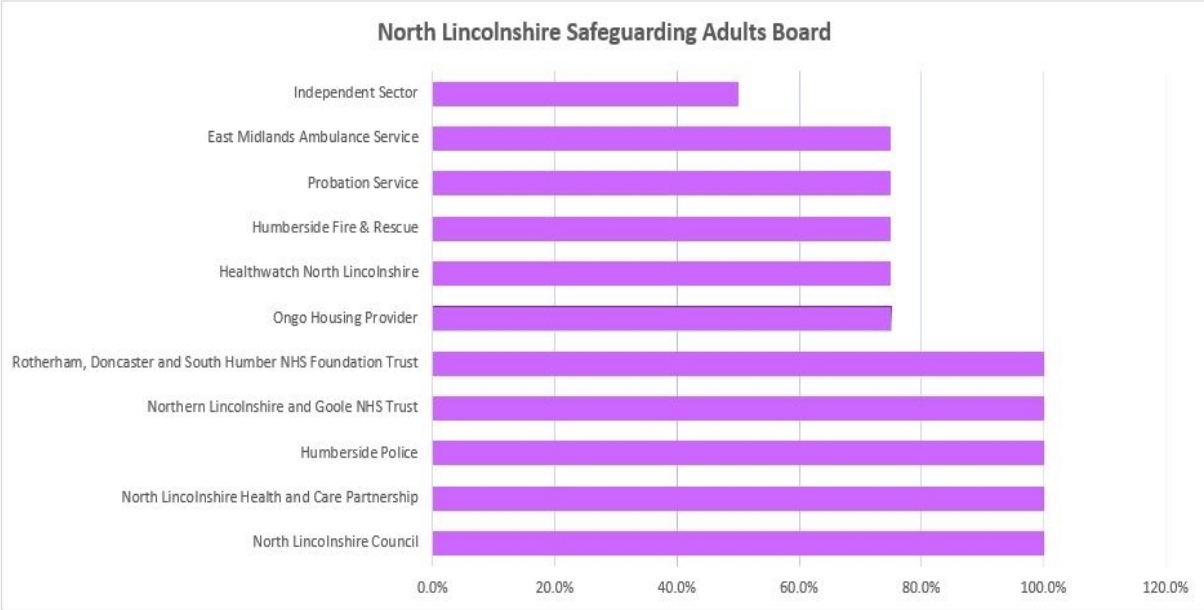
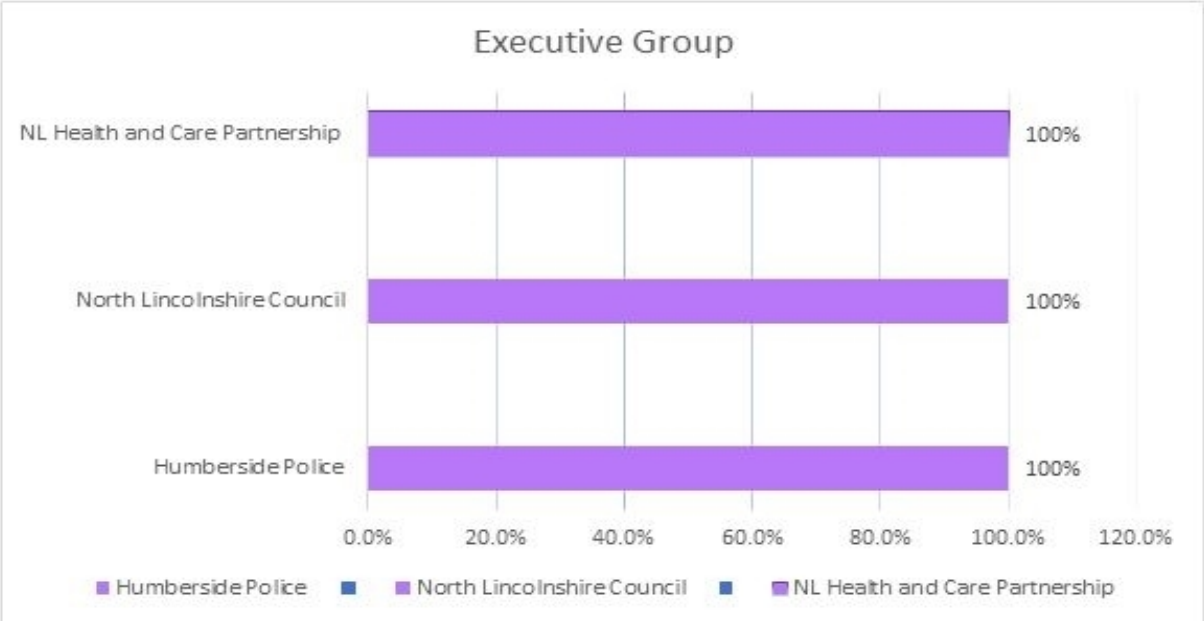
Board attendance

Throughout 2022 and 2023 the Executive group and the full board met quarterly. In the intervening periods the subgroups (Protection & Accountability, Prevention & Proportionality, and the Partnership & Empowerment) regularly met and carried out safeguarding activity as outlined within the strategic plan, reporting progress and outcomes directly to both the Executive group and the board.

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

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



Actions completed by the subgroups to meet board objectives

Partnership & Empowerment subgroup

The Partnership and Empowerment subgroup consists of adults with a lived experience, partners from Humberside Police, Humberside Fire and Rescue, Healthwatch, North Lincolnshire Health and Care Partnership, North Lincolnshire Council, ONGO, and Advocacy Services. The group is chaired by Watch Manager, Humberside Fire and Rescue Services. Engagement and commitment within the partnership remains strong.

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

The group meet quarterly, its aims are –

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

Partnership & Empowerment subgroup

The **'Experts Together- Safeguarding Together'** conference took place in February 2023, the event was led by people with lived experience of adult safeguarding along with professionals across partner agencies, it provided an opportunity for reflection, learning & feedback.

The event was well attended with over 230 professionals and frontline practitioners, from various agencies taking part. Attendees heard directly from people who shared their experiences and spoke about their safeguarding journeys.

Members of Starlight Arts (a local charity providing opportunities for disabled people to engage with music therapy, Makaton and drama) spoke about the importance of communication, they shared their own personal experiences of why communicating with people at the right time, in the right way is integral to safeguarding practice, they gave examples of how communication impacted their lives.



Unpaid carers shared their experiences of being involved in safeguarding, talking about what worked well, and the things that mattered to them.

'Carol' shared her experiences of self-neglect; speaking about the difficulties she faced and how the multi-agency safeguarding response made her feel.

Professor Michael Preston-Shoot spoke about the challenges when working with self-neglect, he spoke about learning from reviews and shared best practice principles 'the five domains' when working across the multi-agency partnership. Professor Preston-Shoot congratulated North Lincolnshire, recognising that partners were thinking creatively, and understood the importance of escalating concerns, and were working hard to ensure all voices were listened to.

The analytic framework: five domains





Partnership & Empowerment subgroup

The ‘Experts Together- Safeguarding Together’ conference saw the formal launch of the newly updated NLSAB Strategic Plan, and the Experts Together Workforce tool.

The tool was designed by people with care and support needs and aims to support practitioners in having strengths-based and person-centred conversations. The tool stimulates thinking and encourages conversation around how adults may perceive risks, supports positive risk taking and helps to ensure people are empowered to live the lives they want to live.

The tool outlines the things that matter to people the most and that should be at the heart of adult safeguarding practice:

- Communicating in the right way, at the right time
- Listening
- Taking time to build trust
- Giving people choices
- Giving people control

Things that matter to me.....

- Communicating with me in the right way, at the right time
- Listening to me
- Knowing I can trust you
- Giving me choice
- Giving me control



Communicate in the right way, at the right time	Listen to me	Take time to build trust	Give me choices	Give me control
<ul style="list-style-type: none"> •Language I understand •Make me feel comfortable •Remember I have 'good days' and 'bad days' so is it the right time for me •Be prepared •Build trust •Do not rush me •Make sure I understand what has been discussed •Communicate in the way I want, talking, writing, texting, pictures, sign language 	<ul style="list-style-type: none"> •Pay attention to what I am saying •Do not interrupt me •Respect my opinions •Pick up on my body language •Remember, what being safe means to me might be different for you\ 	<ul style="list-style-type: none"> •Tell me what will happen next •Be truthful with me •Do what you say you will •Be consistent with me 	<ul style="list-style-type: none"> • Explain the different options in a way I can understand •Give me advice, information and support to help me make my own choices •Do not make decisions for me •Remember these are my decisions •Respect my opinion •Do not tell me what to do •Help me find solutions 	<ul style="list-style-type: none"> •I am an expert in my life, •My views must be at the centre of everything •Risk planning is about my views and wishes not yours •Ask me what outcomes I want, and respect these •Do not talk to other people without my consent •Help me to be independent •Help me to build up a support network •Just because I might lack capacity to make certain choices, it does not mean

In addition to utilising the workforce tool, partners were also encouraged to sign-up and commit to the pledge of ‘ask, listen and act’.

Partnership & Empowerment subgroup

Feedback from practitioners and people with a lived experience, was how moving and impactful the event was.

Attendees were asked to comment on how the information and experiences shared at the event would impact on their future practice, and the difference it would make.

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The conference was great, the overall message, the voices of people and the networking opportunity was really beneficial

I will definitely be more reflective – remembering who the expert actually is!! The use of language and the way we communicate is so important. The littlest of things can have the biggest of impacts.

The experts were obviously so involved with co-production, and this made it so much more real for me

I pledge to train the workforce champions in Makaton. Making the effort to communicate with people in the way they want will make the biggest difference – how would you feel if someone spoke to you, and you didn't understand!

I wanted to make a difference, and I felt I was able to do that – so thank you

It's made me think about safeguarding in a totally different way – I am not the expert, the person is. We should always listen to people's voice and that should guide us

Partnership & Empowerment subgroup

During the last year, the group have worked with adults who have a lived experience, and their families to help them recognise the signs of abuse, know how to report concerns and seek help to keep themselves and others safe. The group have refreshed the information in relation to the categories of abuse on the NLSAB website, ensuring that each section is explained in a way which is clear, concise and easy to understand.

In partnership with people who have experience of safeguarding and Healthwatch North Lincolnshire, feedback forms have been developed. The forms will be going live soon, and will enhance the mechanisms to capture and evidence that safeguarding practice is person-centred and outcome-focussed, as well as ensuring that action taken is in line with people's views and wishes. The feedback will help shape and enhance our safeguarding partnership and inform our policies and strategies moving forward.



The group have worked with the Experts Together partnership to review and update various sections on the NLSAB website. An accessibility tool has now been added which allows the user to automatically increase font sizes, change text and background colours and contrast, and also provides readable fonts. In addition, a number of key areas have been added and enhanced such as –

- Links to the Livewell North Lincolnshire website – an online information hub to help people find support groups, community groups and activities to help people to live their best lives.
- Information, guidance and tools in relation to Autism.
- Guidance on keeping safe online and information relating to e-safety and fraud.
- Information on appropriate advocacy and links to local and national services.



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

Prevention & Proportionality subgroup

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

The subgroup consists of representatives from North Lincolnshire Council, ONGO, Cloverleaf Advocacy Services, Humberside Police, independent provider sector, Northern Lincolnshire & Goole Hospitals NHS Trust, North Lincolnshire Rotherham Doncaster and South Humber NHS Foundation Trust, North Lincolnshire Council and is chaired by the Designated Safeguarding Nurse, North Lincolnshire Health and Care Partnership.

Safeguarding data evidenced that between 1 April 2021 and 31 March 2022 a total of 2285 safeguarding concerns were received in North Lincolnshire which was a 37% increase from 2020/21, compared to a 9% increase across all local authorities. Alongside insight from multi-agency case reviews, this led the subgroup to review the safeguarding threshold guidance, which gives guidance in relation to when a safeguarding concern should be submitted, ensuring a consistent approach is taken across the partnership.

The threshold also supports decision making around the kinds of incidents that may be addressed through alternative processes (lower-level concerns where no harm has occurred).

The SAB threshold document has been expanded and enhanced following research from other SABs, feedback from providers and partners. The threshold covers all categories of abuse as defined within the Care and Support Statutory Guidance 2015 and includes guidance on additional themes such as pressure ulcers, falls, and maladministration of medication.

The document has been shared with all partners and care providers and awareness raising sessions have been held via Microsoft Teams to promote and support the implementation.

Feedback for the updated document has been overwhelmingly positive with comments including: -

“It’s great - self-explanatory”

“Clear guidance on what is nonreportable and reportable”

“Great guidance”.

SAFEGUARDING THRESHOLDS			
TYPE OF ABUSE: PHYSICAL	NON - REPORTABLE, NO HARM OR ABUSE, LOW RISK / NO IMPACT	REPORTABLE, SOME HARM OR RISK OF HARM, MEDIUM RISK	REPORTABLE, SIGNIFICANT HARM OR RISK OF HARM, HIGH RISK
<p>The act of causing physical harm to someone else.</p> <p>Can include, but not exhaustive:</p> <ul style="list-style-type: none"> - Hitting - Spitting - Pushing - Restraint - Intentional or reckless injury including Female Genital Mutilation (FGM) 	<p>Lower level concern where threshold for a safeguarding enquiry is unlikely to be met.</p> <p>Agencies should keep a written internal record of what happened and what action was taken (based on internal processes and procedures).</p> <p>Where there are a number of low - level concerns, consider whether the threshold is met for a safeguarding enquiry due to increased risk.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Isolated incident, simply resolved - Minor events that still meet the criteria for incident reporting - No harm or abuse intended - Appropriate moving and handling procedures not followed on one occasion - not resulting in harm - Error by staff causing little / no harm - Robust recording - Risk assessments / action plans in place - Incident not caused by a Person in Position of Trust (PiPoT) 	<p>Incidents should be reported to the Safeguarding Adults Team within the council, where a decision whether to progress the concern to a S42 enquiry will be made.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Unexplained minor marking or lesions, cuts or grip marks found on a number of occasions, or on a number of adults with care and support needs cared for by the same team / carer - Inappropriate restraint that caused marks but no external medical treatment / consultation required - Repeated incidents / patterns of similar concerns - Incident not caused by a Person in Position of Trust (PiPoT) 	<p>Incidents at this level must be reported to the Safeguarding Adults Team within the council, where a decision whether to progress the concern to a S42 enquiry will be made.</p> <p>You may need to contact the police / emergency services.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Unexplained significant injuries - Intended harm towards an adult with care and support needs - Deliberately withholding food, drinks or aids to independence - Physical actions that result in significant harm or where there is ongoing distress for the adult with care and support needs - Predictable and preventable incident between adults with care and support needs, where injuries have been sustained or emotional distress caused - Inappropriate restraint that requires medical treatment - Assault or act resulting in serious injury / death (covers manslaughter where there was a reckless element rather than deliberate) - Incident caused by a Person in Position of Trust (PiPoT)
ACTIONS / OUTCOMES TO CONSIDER AT EVERY STAGE	<ul style="list-style-type: none"> - Advice and information - Review of care plans - Risk management planning - Staff training - Review of needs / services - Signposting - Complaints - Disciplinary process - Provider performance review form (PPR) 	<ul style="list-style-type: none"> - Raise a safeguarding concern - Safeguarding plan - Care Act Assessment - GP appointment reexplained bruising / marks - Referral to Occupational Therapy 	<ul style="list-style-type: none"> - Raise a safeguarding concern - If there is an indication a criminal act has occurred, the police must be informed and consulted - Immediate safeguarding plans must be implemented - Follow your organisation's PiPoT policy

Prevention & Proportionality subgroup

The subgroup seeks to support partner agencies in keeping up to date with their safeguarding knowledge and skills, a wide range of training and education sessions have been co-ordinated and delivered to over 400 professionals and practitioners. The training has included -

- Safeguarding adults' awareness delivered to local solicitor's firms
- Domestic abuse – the impacts of elder abuse, delivered by specialist services
- People in a Position of Trust (PiPoT) - an overview of organisational responsibilities
- Introduction and overview to the enhanced threshold document
- Motivational interviewing
- Legal literacy and adult safeguarding
- A partnership approach to self-neglect
- Adult safeguarding and homelessness

Feedback from the training shows that all training delivered and coordinated by the NLSAB was rated as either good, or excellent.

95% of attendees felt what they had learnt would make a positive difference to their future safeguarding practice.

The board has been assured by its partners that their workforce in North Lincolnshire have sufficient training at the right level to discharge its safeguarding responsibilities. The following training courses were available to the workforce through partner agencies during the year:

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

Prevention & Proportionality subgroup

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

Regular 'learning from safeguarding adults reviews (SARs) briefing' have been developed by the subgroup - each briefing is based on a published, regional or national SAR, and it aims to provoke critical thinking among various professions, with emphasis on prevention and early intervention. Partners are encouraged to use these briefings to stimulate thinking and reflect on how the learning could be relevant within their organisations.

Briefings developed and disseminated include –

- Paul (homelessness and substance misuse)
- Michael (cuckooing and exploitation)
- James (transitions from child to adulthood)
- Mrs Webster (organisational abuse, neglect and acts of omission)



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

- Information sharing
- Record keeping
- Adult criminal exploitation
- Adult sexual exploitation
- Learning Disability and Mortality Review (LeDeR)
- Forensic examinations in adult safeguarding



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

Prevention & Proportionality subgroup

In addition to the wide range of training and education offered to partners, the information and guidance published on the NLSAB website is regularly reviewed and refreshed and includes a range of tools to support practitioners.

Monthly communications are shared and disseminated to a large safeguarding network which provides information and tools in respect to national policy, legislation update, international / national key themes, campaigns, resources available to practitioners, training opportunities and services available.

Data collated from the NLSAB website analytics evidence that after communications are circulated traffic to the website increases by at least 20% (within 2 days).

The subgroup has been actively working to engage with local community groups and voluntary sector to raise awareness and understanding of safeguarding adults and deliver joint training and education, with a focus on diverse, isolated and under-represented communities. The NLSAB Training and Development Officer has been integral to this work and driving it forward.

The group are currently working closely with the Humberside Police Community Cohesion Officer, who has well-established relationships with a wide range of communities across North Lincolnshire. The group has been able to link in with various community groups and partnerships including - Humberside Violence Against Women and Girls Independent Advisory Group (VAWG IAG), the Modern Slavery Partnership, the Sikh Temple in the town centre and the Central Mosque.

We are utilising the knowledge and expertise of our community hubs and have linked with the 'Crosby Collective' - a non-profit organisation which aims to develop our local communities and offers a platform for collaboration.

The group have also established links with the Voluntary Action North Lincolnshire (VANL) who works closely with a wide range of Voluntary, Community and Social Enterprise (VCSE) sector organisations, running regular safeguarding forums for our local VCSE sector organisations. There are plans for the NLSAB to present at the VANL's annual safeguarding event taking place later in the year, and the group are now represented on the subgroup.



Protection & Accountability subgroup

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

The Protection & Accountability subgroup consists of representatives from Humberside Police, North Lincolnshire Health and Care Partnership, Northern Lincolnshire & Goole NHS Trust, Humberside Fire & Rescue, independent provider sector, Rotherham, Doncaster and South Humber NHS Foundation Trust, Healthwatch, ONGO and is chaired by the Assistant Director, Adult Social Services for North Lincolnshire Council.

The NLSAB has an established multi-agency scrutiny and assurance framework in place which is overseen by the subgroup. The framework provides assurance to partners in relation to safeguarding practice and ensure that policies and procedures are effective.

Within the framework there are a number of mechanisms which provide opportunities to work in partnership to learn and to improve practice across the multi-agency safeguarding system.

- Joint self-assessments – undertaken in partnership with the Childrens Multi-Agency and Resilience Safeguarding Board (CMARS), completed annually by all partners to provide assurance that adults with care and support needs are safeguarded effectively.
- Case specific audits – multi-agency audits relating to emerging themes or multi-agency practice.
- Line of sight to practice events – led by a member of the subgroup to consider a number of safeguarding cases in relation to a particular theme, or a specific case.
- Agency specific assurance events – undertaken in partnership with the CMARS, providing an opportunity for safeguarding partners to visit specific agencies to meet and talk to practitioners. It is an opportunity to showcase good practice.

The Scrutiny & Assurance Framework enables partners to –

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

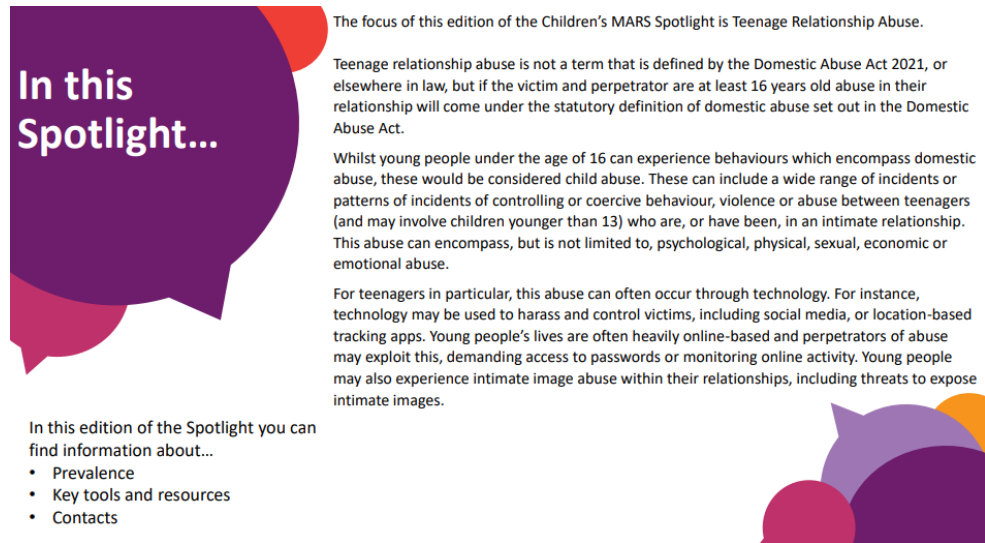
Protection & Accountability subgroup

The NLSAB and its subgroups have strong links with other key partnerships where appropriate, including the Domestic Abuse Partnership Board, Community Safety Partnership and the CMARS.

A joint board approach is taken to areas of shared focus such as domestic abuse and risk outside the home.

In February 2023 a joint CMARS and NLSAB multi-agency line of sight to practice event took place in relation to two cases, the aim of the event was to increase learning regarding domestic abuse within teenage relationships.

Following on from the event a 'Spotlight Briefing' was developed, providing useful tools and effective approaches to working with teenagers and young adults who are experiencing abusive relationships.



In this Spotlight...

The focus of this edition of the Children's MARS Spotlight is Teenage Relationship Abuse.

Teenage relationship abuse is not a term that is defined by the Domestic Abuse Act 2021, or elsewhere in law, but if the victim and perpetrator are at least 16 years old abuse in their relationship will come under the statutory definition of domestic abuse set out in the Domestic Abuse Act.

Whilst young people under the age of 16 can experience behaviours which encompass domestic abuse, these would be considered child abuse. These can include a wide range of incidents or patterns of incidents of controlling or coercive behaviour, violence or abuse between teenagers (and may involve children younger than 13) who are, or have been, in an intimate relationship. This abuse can encompass, but is not limited to, psychological, physical, sexual, economic or emotional abuse.

For teenagers in particular, this abuse can often occur through technology. For instance, technology may be used to harass and control victims, including social media, or location-based tracking apps. Young people's lives are often heavily online-based and perpetrators of abuse may exploit this, demanding access to passwords or monitoring online activity. Young people may also experience intimate image abuse within their relationships, including threats to expose intimate images.

In this edition of the Spotlight you can find information about...

- Prevalence
- Key tools and resources
- Contacts

Good practice –

- Practitioners were tenacious and were willing to deal with difficult subjects and have difficult conversations.
- Practitioners 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 (ACEs) and the need to do things differently when working with past trauma.
- Both cases evidenced professional curiosity.
- The communication and joint working between Adults and Children's Services was positive and led to good outcomes.
- The use of fewest best interventions was evident.
- Practitioners had a good level of knowledge of the impact of loss and grief.

Top actions -

- Ensuring that practitioners and partners understand the offer from local domestic abuse specialists and what specific interventions can be accessed.
- Work with partnership boards to strengthen tools and resources across the partnership to address emerging risk and to ensure work can be done early with perpetrators so that they do not go on to repeat the behaviour.
- Ensure people know how to access specialist bereavement support.

Protection & Accountability subgroup

The subgroup act as a reference group and utilise the specialist knowledge of partners, including people with a lived experience to support with the review and updating of safeguarding policies, procedures, guidance, and tools.

The NLSAB suite of documents are regularly reviewed by the subgroup to ensure they are reflective of legislation and case law, and to ensure they also adapt in response to learning from case audits, learning reviews and people's experiences.

Over the course of the year the subgroup have refreshed and updated a number of policies – including the People in a Position of Trust (PiPoT).

The purpose of this policy is to provide a framework for managing cases where allegations have been made against a person in a position of trust (PiPoT) and is focussed on the management of risk. It provides guidance to ensure appropriate actions are taken to manage allegations against people who work, either in a paid or unpaid capacity, with adults with care and support needs.

This policy is based on the Care Act 2014 which requires that partner agencies and their commissioners of services should have clear recordings and information sharing guidance, set explicit timescales for action and are aware of the need to preserve evidence.

The policy builds upon existing relevant statutory provision. The guidance for 'managing allegations against people in a position of trust' is contained within section 14 of the Care and Support Statutory Guidance 2015.

Each partner agency is required to provide assurance to the NLSAB that arrangements to deal with allegations against a person in a position of trust, within their organisation are adequate and are functioning effectively. The subgroup have developed an electronic form which enables partner agencies to provide quarterly updates in relation to referrals received and outcomes.

The subgroup maintains oversight of learning to ensure PiPoT arrangements are working effectively between, and across partner agencies. Appropriate cross organisational challenge is an important part of this process.

Protection & Accountability subgroup

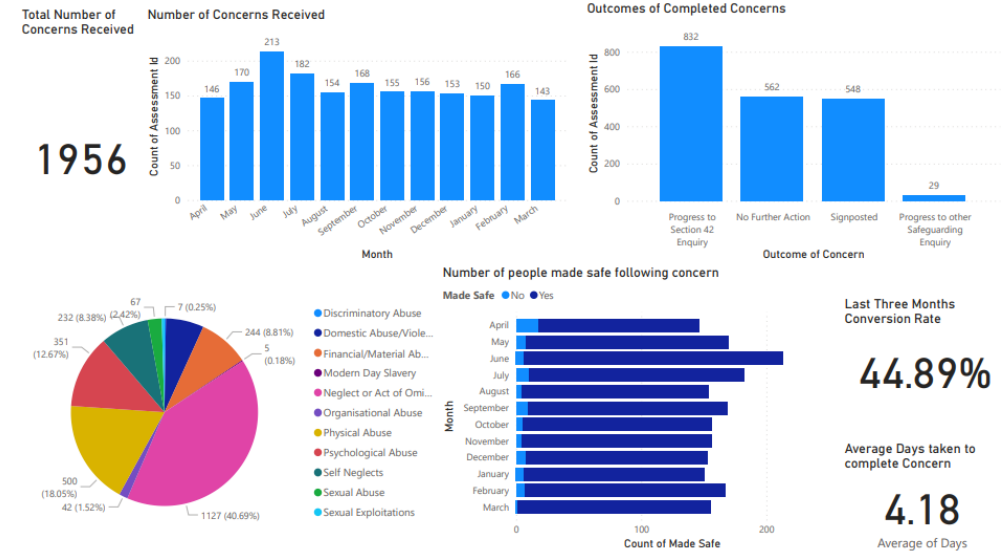
The NLSAB and its partners have continued to work together to prevent and reduce the risk of harm to people with care and support needs.

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

The available intelligence includes:

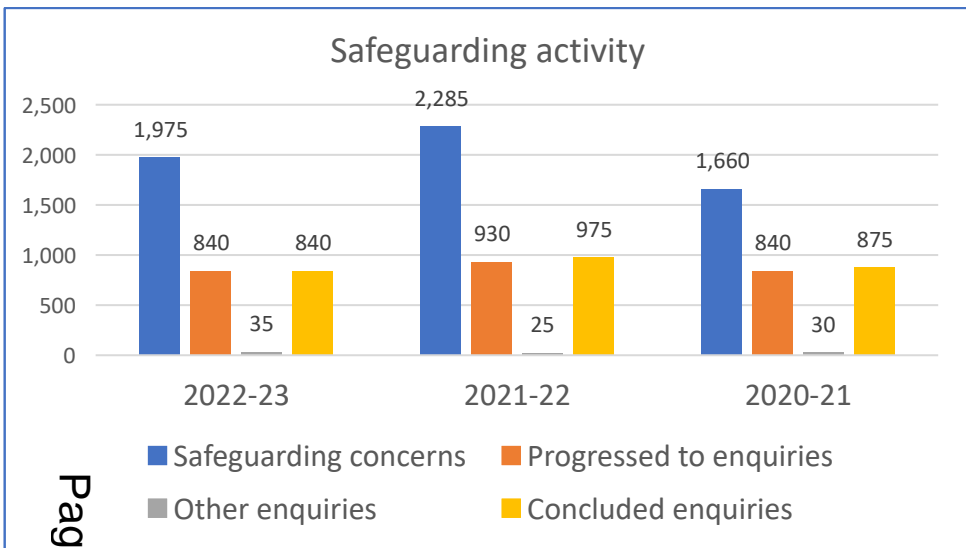
- Page 60 NLSAB data dashboard
- Page 60 CQC report information including analysis of the five domain levels
- Page 60 Information from reviews such as Safeguarding Adult Reviews (SARs), Learning Disability (LeDeR) Reviews, Domestic Homicide Reviews (DHRs)
 - Relevant datasets from other agencies / organisations
 - Learning from mechanisms within the Scrutiny & Assurance Framework

Over the last 12 months the subgroup have developed an interactive Power BI data dashboard, the dashboard allows partners to have oversight on key safeguarding categories and demographics and includes real-time data in relation to timescales and ongoing enquiries. The dashboard includes key areas such as concerns, enquiries, geographical location, timescales and outcomes. In addition to the dashboard a quarterly story board is also shared, this gives context and triangulates the data – the story board provides an overview of our local picture and how it compares, themes and trends that could be improved, ‘what good looks like’ and what needs to happen next.



During 2023 and 2024 the subgroup are working on further enhancing the dashboard, to include information in relation to which agencies are completing enquiries and enhanced information in relation to the voice of the person at risk and their families.

Safeguarding adults data in 2022/23



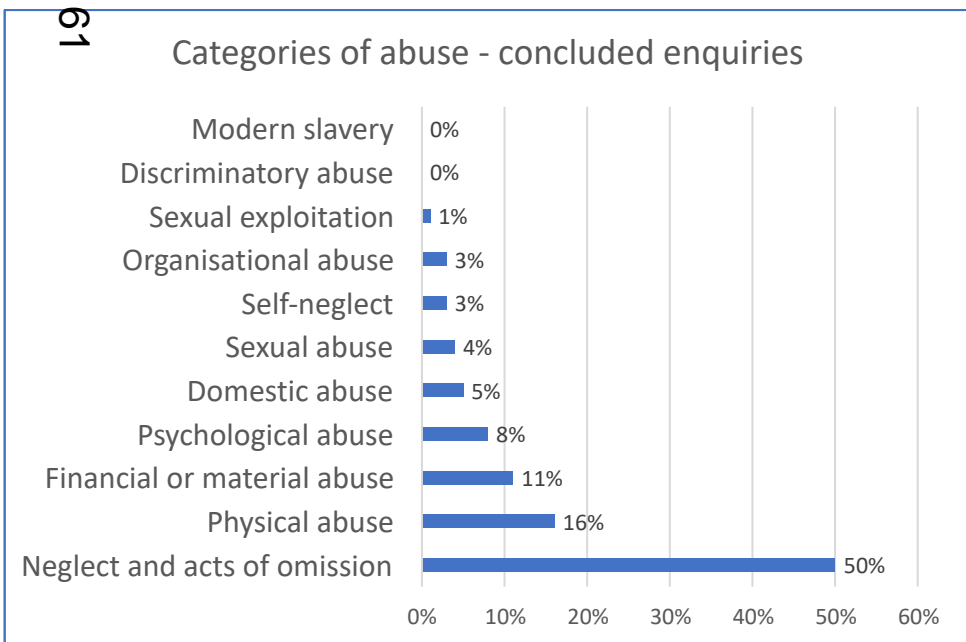
During 2022-23 a total 1,975 safeguarding concerns were received, which is a decrease of 14% in comparison to the previous year. The decrease could be attributed to the preventative and educational work undertaken around the re-launch of the enhanced safeguarding threshold document.

Of those 1,975 safeguarding concerns, 840 became safeguarding enquiries, and a total of 840 safeguarding enquiries were completed during the year.

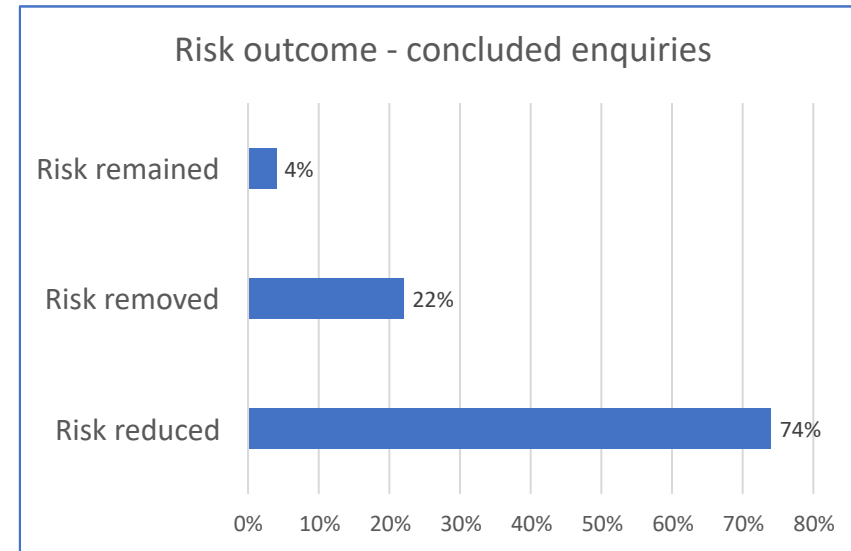
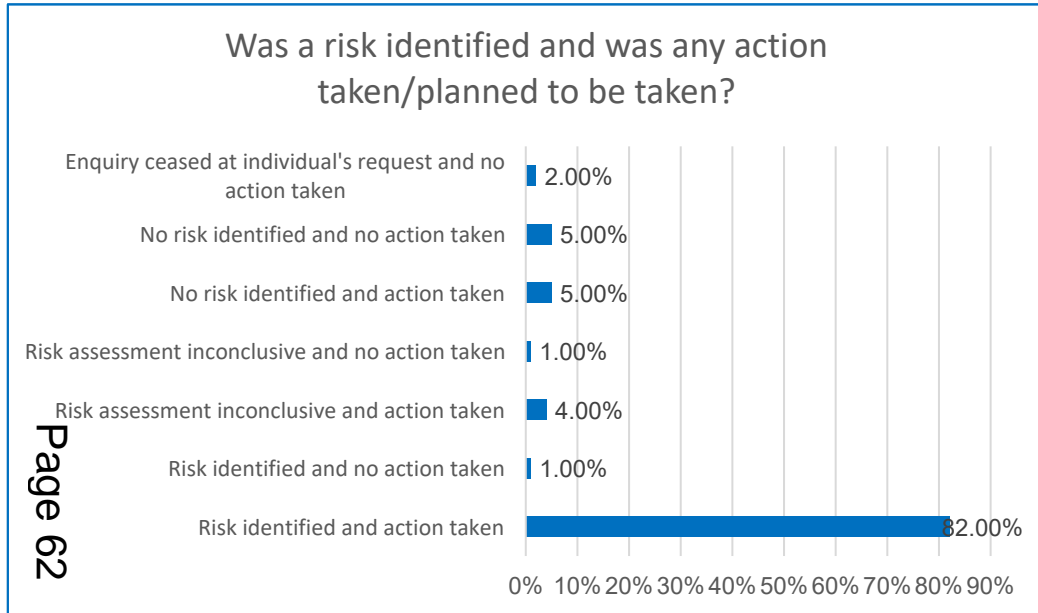
As in previous years, a large proportion of safeguarding concerns (48%) received were from care providers as is the case in many local authorities. In North Lincolnshire this is seen as positive and provides assurance that our providers have a good understanding of their safeguarding responsibilities and our local operating procedures.

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

In line with previous years data and trends, neglect & acts of omission, physical and financial abuse continue to be the highest categories of abuse. It is important to note, however that a person may experience more than one type of abuse.



Safeguarding adults data in 2022/23

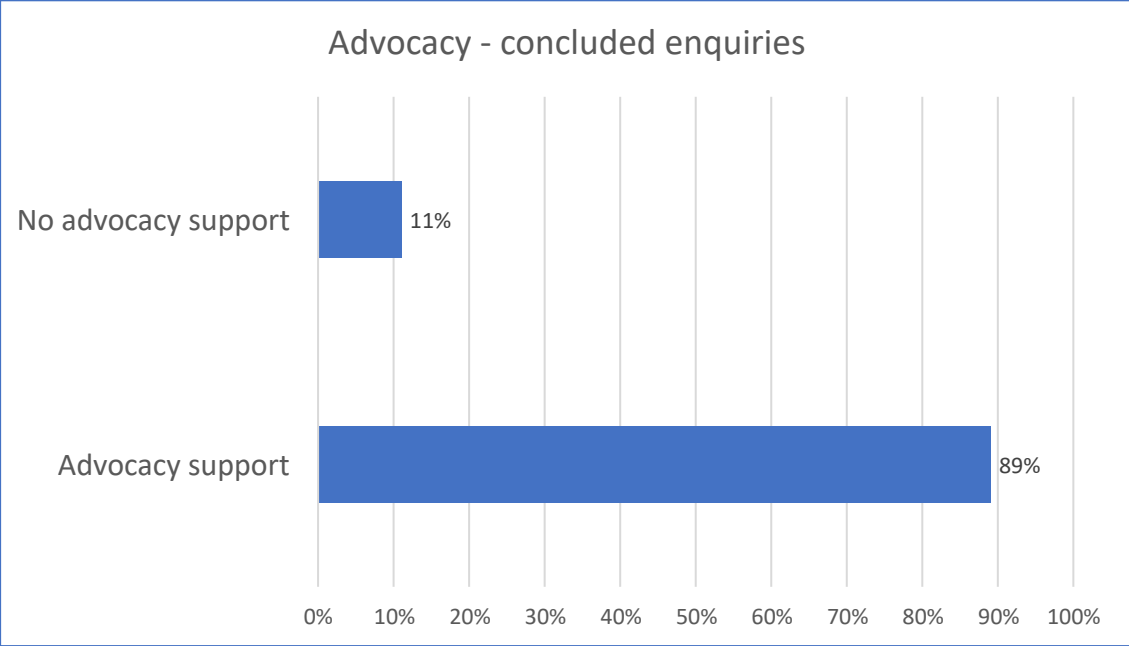
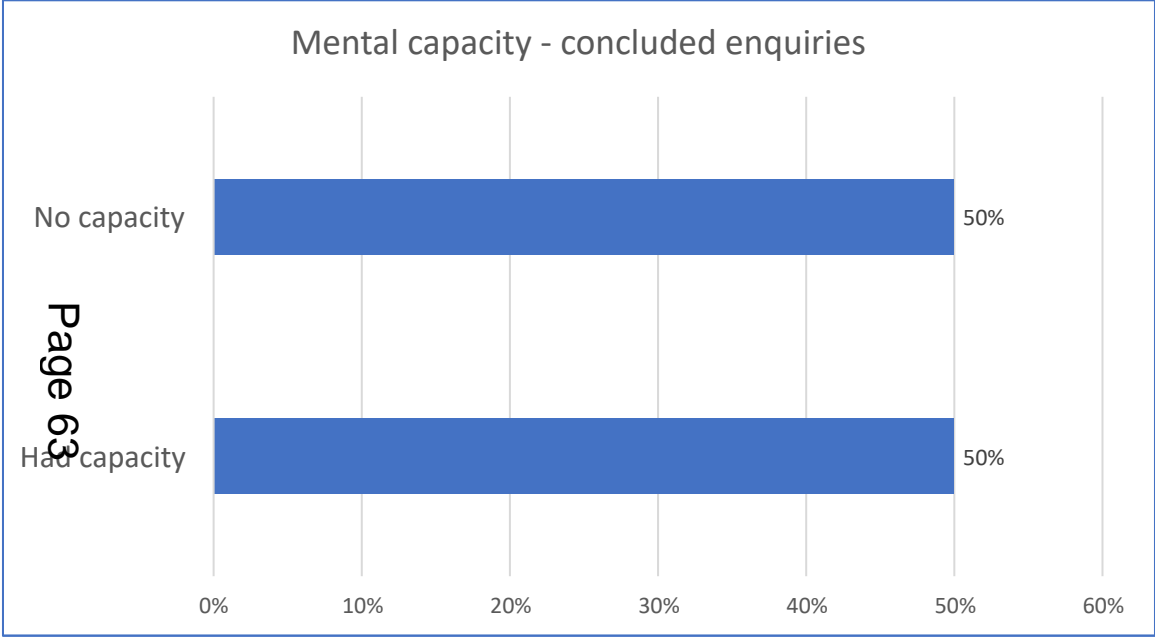


At 82% risk identified and action taken remains the highest outcome of concluded S42 enquiries, indicating that a correct threshold for S42 enquiries is in place.

In 96% of enquiries identified risks were either removed or reduced.

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

Safeguarding adults data in 2022/23



The number of individuals who lacked capacity in relation to the safeguarding concern was 50%.

89% of adults were supported by an advocate.

Safeguarding adults data in 2022 / 23

Making Safeguarding Personal (MSP)

MSP is about having conversations with people about how to respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, well-being, and safety. The Care Act 2014 advocates a person-centred, rather than a process driven approach.

Making someone safe doesn't always lead to making someone happy. In effective safeguarding practice it is important to understand there is a balance between rights and risks.

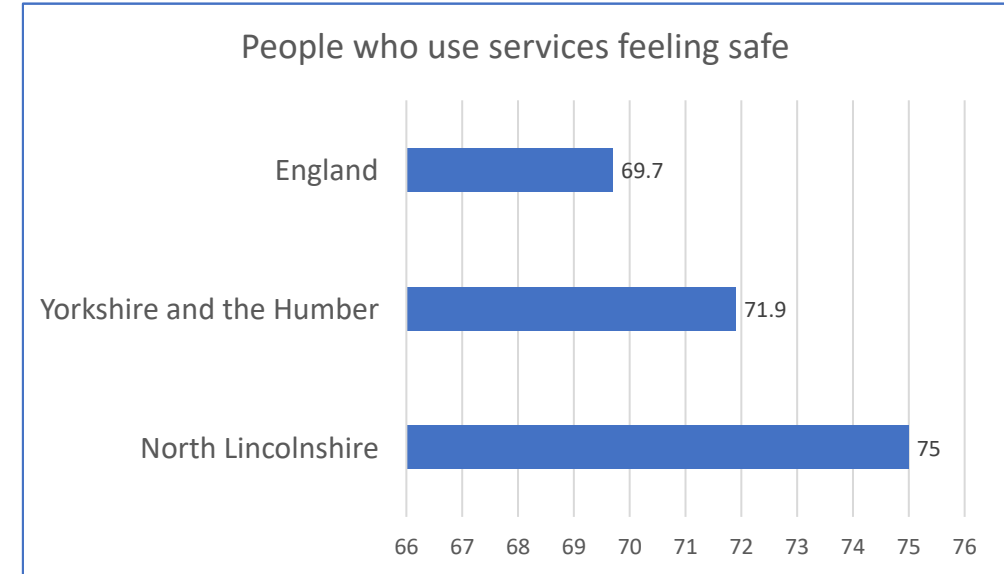
MSP questions in the dataset comply with the standards set by NHS digital, ensuring they are comparable with all other authorities across England.

92%

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

97%

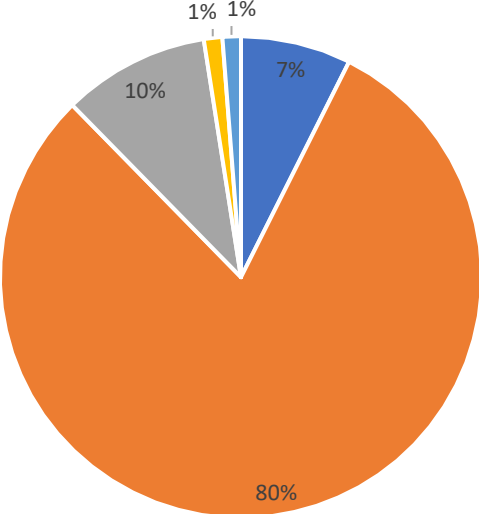
of individuals and / or their representatives felt their views and wishes had either been partially or fully met



In North Lincolnshire, the score for people using services who they felt safe is 75% - this is 3.1% higher than the regional average, and 5.3% higher than the England average. This data was drawn from section 4A of the Adult Social Care Outcomes Framework (ASCOF) in England for the period 1 April 2022 to 31 March 2023. The data measures how well care and support services achieve the outcomes that matter most to people.

Safeguarding adults data in 2022 / 23

Care Quality Commission ratings North Lincolnshire Care Homes and Home Care



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

This information relates to the quality assurance of registered care providers following Care Quality Commission (CQC) inspections. The data indicates a high-quality care sector in North Lincolnshire with 88% of providers being inspected as either good or outstanding.

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

Safeguarding data and intelligence is also utilised to enable partner agencies to work with providers, taking an early intervention and prevention approach to safeguarding. The development of the interactive data dashboard allows themes and trends relating to care providers to be identified quickly.

Safeguarding Adult Reviews

What is a Safeguarding Adult Review (SAR)?

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

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

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

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

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

OR

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

SARs are overseen by NLSAB Executive SAR Group, consisting of representatives from the board's statutory partners (North Lincolnshire Council, North Lincolnshire Health and Care Partnership and Humberside Police). The group has been chaired by Chief Superintendent Darren Wildbore of Humberside Police.

During the year, the SAR Executive Group received one new SAR referral and an author has been identified.

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

Following the publication of Adult A SAR in 2020, in the absence of a forensic service nationally and locally, North Lincolnshire Health and Care Partnership, in collaboration with the NLSAB commenced a pilot, supported by NHS England and the Faculty of Forensic and Legal Medicine, to develop a Forensic Medical Examination service. The pilot went live in May 2022 and in April 2023 an independent evaluation into the pilot will commence by Hull University. Due to the success of the pilot and positive outcomes achieved for vulnerable adults, funding is being sought to enable the pilot to continue for a further 12 months.

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

Areas of future focus

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

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

- Seeking to strengthen the voice of carers within the safeguarding partnership.
- Continuing to understand the real-life experiences of people who have been through the safeguarding journey to better understand the difference it has made, and how we can develop our future practice.
- Partners working together to enhance and strengthen mechanisms, ensuring information sharing is not a barrier.
- Continuing to analyse all available data and intelligence to help recognise emerging safeguarding themes and trends, including considering hidden harm and harm categories where there are low reports of concerns, and ensure action is taken when needed.

- Continuing to build on the success of the interactive data dashboard, enhancing data around people's voice and experiences.
- Continuing to promote a positive learning culture where partners continually reflect on practice and learn from local, regional and national reviews and identify ways to prevent and reduce harm.
- Continuing to ensure that policies, procedures and guidance are effective, flexible and adapt in response to learning.
- Working with other partnership boards to avoid duplication and ensure a collaborative and effective approach is taken to safeguarding adults.
- Building on the established relationships and enhancing engagement with local community groups, and the voluntary sector to raise awareness and understanding of safeguarding adults, with a focus on diverse, isolated and under-represented communities.

The Care Quality Commission (CQC) have now started their assessments of how local authorities are meeting their Care Act responsibilities, in order to provide independent assurance to the public. The new assurance framework will shine a light on adult safeguarding, the NLSAB welcomes this assessment looks forward to the further opportunities for collaboration.

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