

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

CABINET

11 December 2023

Chairman: Councillor Robert Waltham **Venue:** Conference Room,
MBE Church Square House,
Scunthorpe

Time: 4.00 pm **E-Mail Address:**
richard.mell@northlincs.gov.uk

AGENDA

1. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests (if any).
2. To approve as a correct record the minutes of the meeting of the Cabinet held on 18 September 2023 (enclosed). (Pages 1 - 6)
3. 2023/24 Financial Position Update (Pages 7 - 26)
Report of the Director: Outcomes
4. Annual Report of Local Arrangements to Safeguard and Promote the Welfare of Children and Young People 2022/23. (Pages 27 - 92)
Report of the Director: Children and Families.
5. Care Quality Commission (CQC) Pilot Inspection Report of North Lincolnshire Adult Social Care. (Pages 93 - 116)
Report of the Director: Adults and Health.
6. Statement of Purpose - Home First Short Stay and Home Community First Community. (Pages 117 - 176)
Report of the Director: Adults and Health.
7. Stopping the Start: The Government's Plans to create a Smokefree Generation, strategic briefing. (Pages 177 - 186)
Report of the Director of Public Health.
8. Future Community Plan Framework (Pages 187 - 190)
Report of the Director: Communities

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

NORTH LINCOLNSHIRE COUNCIL

CABINET

18 September 2023

PRESENT: - Councillor Waltham MBE in the Chair

R Hannigan (vice-chair), J Davison, Marper, Mitchell, Poole, Reed and C Sherwood

Councillors Ahmed, Ali, L Foster, Matthews, Patterson and Yeadon attended the meeting.

Stuart Fair, Victoria Lawrence, Lesley Potts and Richard Mell were in attendance at the meeting.

The meeting was held at the Conference Room, Church Square House, Scunthorpe.

1545 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS.**

There were no declarations of interest made at the meeting.

1546 **MINUTES**

Resolved - That the minutes of the meeting of Cabinet held on 31 July 2023 having been circulated amongst the members, be taken as read and correctly recorded and be signed by the chair.

1547 **TO PRESENT A REVIEW OF YEAR ONE OF THE COUNCIL PLAN 2022-2025 AND THE 2022/2023 YEAR END FINANCIAL POSITION OF THE COUNCIL AND PERFORMANCE AGAINST THE APPROVED BUDGET.**

The Director: Governance and Communities submitted a report presenting a review of year one of the Council Plan 2022-25 including the investment for each priority and highlighting impact achieved, and also presented the 2022-23 year-end financial position of the council and performance against the approved budget.

The Director in the report explained that in May 2022, Council approved a new Council Plan for the period 2022-2025 and it was adopted as part of the Council's policy framework. Having been in place for one year and following recent Council elections, it was deemed appropriate to review progress and to ensure the focus of the Plan retained relevance. This review document attached as an appendix, represented a high-level overview against the Council Plan. The core strategies and plans that support it produced annual reports to the Executive and Partnerships, providing finer detail on actions and impact made against the outcomes.

It also stated that since the council elections in May 2023 the new Conservative administration had announced an ambition to back every community across North Lincolnshire to thrive, being tougher on

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environmental enforcement and ensuring young people, families, and older people could live happy, fulfilling and safe lives. In light of this, as part of a further review of the Council Plan, the Cabinet may wish to also revise the themes under the existing priorities for year two.

The report also explained that Council had set a revenue investment budget of £174.9m for 2022-23 for the delivery of its functions and strategic priorities. This included approval of an additional £5m use of reserves to address unprecedented inflationary pressures in year. At outturn, revenue investment totalled £175.4m, reflecting net additional spend of £0.5m. Funding for capital investment in 2022-23 was originally set at £47.2m although the net effect of additional investment and rephasing to future years reduced this to £39.5m as reported to Cabinet 6th February 2023. The revised capital programme for approval in appendix 2 updated the 2023-24 capital investment budget to reflect outturn spend of £39.7m (including year-end re-phasing, confirmation of grant funding and in year funding adjustments).

It also stated that the financial outturn report and position provided external stakeholders with evidence of the integrity of the council's financial conduct and performance and demonstrates fiscal discipline. It also gave the Cabinet the confidence that the Council was well placed to navigate future challenges.

Councillor Marper, Cabinet Member Investment, Outcomes and Governance thanked the Director for the report and work carried out by officers and highlighted, summarised and commented upon key aspects of its content.

Resolved – (a) That the achievements and updates presented in the Council Plan which reflects the positive action taken during 2022-23 as set out in Appendix A (appendix 1) be noted; (b) that the continuation of the current themes under the existing priorities for year two be approved, and (c) that the financial position of the council for 2022-23 be noted and the revised capital programme as set out in Appendix 2 of the review document be approved.

1548 **FINANCIAL POSITION UPDATE.**

The Director: Governance and Communities submitted a report providing an update on the Council's in-year financial position in 2023/24, explaining the latest revenue budget and requesting approval of the revised capital programme. It also set out the Council's updated medium term financial planning position and the treasury management position against the Prudential Code Indicators.

The Director in the report explained that in February 2023, Council approved plans to invest £191.5m of revenue resource in 2023-24 and £126.0m of capital resource over a three-year period to support delivery of the council plan, achieve its strategic objectives and legal duties for the benefit of residents and businesses. Revenue investment had subsequently increased to £191.6m following confirmation of the Public Health Grant for 2023/24 and the Capital programme to £128.3m following outturn 2022/23 and in year re-phasing.

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In line with good financial management practices, the Council's use of resources was closely monitored and reported regularly to senior leadership and the Cabinet. The report was the first formal report to Cabinet in 2023/24 providing information on the current financial position at quarter one. It also provided an update on the next stages of financial planning for 2024/25 onwards, identifying risks and opportunities to the current Medium Term Financial Plan (MTFP) as the initial stages of refreshing the MTFP were underway.

The current forecast indicated net operating expenditure would be within the £191.6m approved investment allocation, with a small underspend of £0.4m forecast at this early stage in the financial year (of which £210k was within core budgets and £167k Dedicated Schools Grant). Within the overall forecast there were several notable variances emerging across the Council:

- Employee costs – pending finalisation and agreement of the NJC pay agreement for 2023/24 it was currently forecast that employee costs will be below budgeted levels.
- Demand pressures were being experienced in some Council services, particularly within school's transport, and
- Income budgets were under pressure, partly due to the current economic conditions and pressures on the cost of living (inc. commercial rents and planning income).

The Council's capital plans included £49.2m investment in 2023/24 (to date, £8.2m (17%) had been spent). At quarter one the forecast outturn in year was £50.2m primarily due to rephasing and additional external funding. Further detail on the capital and revenue positions at quarter one is provided Appendix 1.

The Director's report also provided an update on the Council's 'financial resilience context', 'medium term financial plan' and 'budget policy framework' with supporting appendices.

Councillor Marper, Cabinet Member Investment, Outcomes and Governance thanked the Director for the report and work carried out by officers and highlighted, summarised and commented upon key aspects of its content.

Resolved – (a) That the 2023/24 financial position set out in the report be noted; (b) that the budget adjustments approved under delegated powers and the revised budget position for 2023/24 be noted; (c) that the revised capital programme 2023/26 be approved, and (d) that the progress against the approved Treasury Management Strategy and prudential code indicators be noted.

1549 **REFUGEE SETTLEMENT UNITED KINGDOM RESETTLEMENT SCHEME (UKRS) AFGHAN RELOCATION AND ASSISTANCE POLICY (ARAP) 'HOMES FOR UKRAINE'.**

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The Director: Governance and Communities submitted a report which updated Cabinet on the renewed pledges for Refugee Resettlement in North Lincolnshire and sought approval for North Lincolnshire Council to support the extension of the local offer previously agreed in March 2022 for both the Afghan Relocation and Assistance Policy (ARAP) and the United Kingdom Resettlement Scheme (UKRS). The report also confirmed North Lincolnshire Council's support and involvement in any future Ukraine Resettlement Programme and reaffirmed the Council's continued commitment to supporting vulnerable young people through the Unaccompanied Asylum-Seeking Children (UASC) Scheme and National Transfer Scheme.

The Director's report explained that North Lincolnshire had been involved in the resettlement of refugees since 2015 and in that period has resettled 22 families from Syria, Iraq and Afghanistan through the United Kingdom Resettlement Scheme (UKRS) the Afghan Locally Employed Staff (LES) Scheme and the Afghan Relocation and Assistance Policy (ARAP). All the commitments across these schemes had been fulfilled. In addition to supporting the various family and adult Resettlement schemes, North Lincolnshire Council continued to support the resettlement of young people through the UASC scheme and had a clear commitment to the National Transfer Scheme, where young people currently in Kent were relocated to North Lincolnshire.

The report also stated that all the Adult and Family schemes commitments were based on a fair share allocation across Yorkshire and Humber based on population and capacity. A collaborative, cross government approach was being taken to support the effective integration of all Refugees who chose to come to the UK including engagement with Local Authorities and each of the 11 Strategic Migration Partnerships across the UK. Currently there were many Afghan Refugees who came to the UK under Operation Pitting who remained in temporary accommodation. To facilitate the ceasing of temporary accommodation, North Lincolnshire was required to renew its pledge on future numbers for each of the schemes. An initial pledge between September 2023 and March 2024 for accepting Afghans leaving hotels was required, as these are the priority group. In addition, the Council was requested to make a pledge on the UKRS Scheme from April 2024 to March 2025.

From a North Lincolnshire perspective, its newly suggested combined allocation, based on the fair share was 36 people - 16 for ARAP and 20 for UKRS, this was likely to constitute four Afghan households and five UKRS households.

Also, on 14th March 2022 the Government (DLUHC) announced the "Homes for Ukraine" Scheme. The scheme allowed individuals to sponsor a named Ukrainian or a named Ukrainian family to stay with them in their home or in a separate property. The Council has supported the scheme acting as a link to DLUHC and providing support to both guests and sponsors. The Phase Two Resettlement Scheme for Ukrainians was supporting a process whereby guests were now moving out of sponsors accommodation through a "Find Your Own Accommodation Pathway." North Lincolnshire Council and its

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partners were committed to participate in the scheme and would continue to provide support to those Ukrainian families and individuals who had chosen to remain in the UK and settle in private accommodation.

Councillor Hannigan, Cabinet Member Adults, Health, Families and Communities thanked the Director for the report and work carried out by officers and partners, and highlighted, summarised and commented upon key aspects of its content.

Resolved – (a) That the Cabinet confirms its approval for the Council to renew its pledge for 2023-25 and receive the number of Refugees as set out in the report; (b) that the Council’s ongoing commitment to the “Homes for Ukraine” Scheme and its commitment to the future provision of Resettlement for Ukraine as guided by National Policy be approved, and (c) that Cabinet reaffirms its commitment to supporting Vulnerable Young people who arrive as UASC and also confirms its commitment to continue to support the National Transfer Scheme as required.

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NORTH LINCOLNSHIRE COUNCIL

CABINET

2023/24 FINANCIAL POSITION UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1. To provide an update on the Council's in-year financial position in 2023/24 as at quarter 2.
- 1.2. To note the latest revenue budget and approve the revised capital programme.
- 1.3. To set out the Council's updated medium term financial planning position.
- 1.4. To note the treasury management position against the Prudential Code Indicators as at quarter 2.

2. BACKGROUND INFORMATION

Financial Position 2023/24 (Quarter 2)

- 2.1. In February 2023, Council approved plans to invest £191.5m of revenue resource in 2023-24 and £126.0m of capital resource over a three-year period to support delivery of the Council plan, achieve its strategic objectives and legal duties for the benefit of residents and businesses. Revenue investment has subsequently increased to £191.6m following confirmation of the Public Health Grant for 2023/24 and the Capital programme to £139.2m following outturn 2022/23, in-year re-phasing and additional external funding.
- 2.2. In line with good financial management practices, the Council's use of resources is closely monitored and reported regularly to senior leadership and Cabinet. This report is the second formal report to Cabinet in 2023/24 providing information on the current in-year financial position at quarter two (up to 30th September 2023). It also provides an update on the next stages of financial planning for 2024/25 onwards, identifying risks and opportunities to the current Medium Term Financial Plan (MTFP) as a detailed refresh of the MTFP is underway.

Revenue Position - Quarter 2

- 2.3. The current forecast indicates that in 2023/24 net operating expenditure will be within the £191.6m approved investment allocation, with an **underspend of**

£1.2m forecast at quarter 2 (of which £0.5m is within core budgets and £0.7m funded through the Dedicated Schools Grant. Within the overall forecast are several notable variances across the Council:

- Employee costs – underspend £2.7m forecast due to vacancies across Council services (off-set partially by enhancements and agency staff costs to maintain priority services during absence/sickness). Forecasts are based on the agreed NJC pay offer, but the actual impact will be confirmed in the next payroll and reported at quarter 3.
 - Transport overspend £2.0m -the main pressures are the costs of an ageing fleet (£0.7m) and continued high levels of demand for SEN and fostering transport (£0.5m).
 - Supplies & Services £5.2m overspend- This is largely due to increased demand pressures in the Adults and Children’s services. However, these pressures will be largely offset by additional Government Grants and Client Contributions. The net pressure within Adults Services is around £0.7m. This is due to the increasing complexity of needs of service users.
 - Income - overall surplus income of £0.4m is forecast, mainly due to investment interest from cash balances and higher interest rates, additional income from increasing visitor/activity numbers in leisure and changes to grants. However, in some areas (e.g., planning, commercial properties and building control) income is down due in part to the current economic conditions and pressures on the cost of living.
 - Inflation – inflationary pressures are emerging (e.g., utilities and contracts). These pressures will continue to be subject to detailed monitoring over the coming months but are currently expected to be contained within budgeted inflation contingency.
 - Other – another key driver of the forecast at quarter 2 include additional borrowing costs (£0.6m) resulting from higher interest rates and the provision for principal repayment.
- 2.4. Officers will continue to monitor and review budgets over the remainder of the year, taking pro-active action to mitigate forecast overspends and stimulate income generation. The ongoing impact of these actions alongside increased certainty over the second half of the year have the potential to further reduce the final outturn (however, continuing inflationary uncertainties and increased demand from winter pressures in social care remain a risk). Any underspends within core budgets at outturn will be transferred to organisational reserves to strengthen financial resilience for future years where, in the medium term, a risk to financial sustainability remains.
- 2.5. Further detail on the revenue position at quarter 2 is provided at Appendix 1.

Capital Position – Quarter 2

- 2.6. The capital investment programme for 2023/24 amounted to £49.2m at quarter 1. Project rephasing and additional external funding have increased planned investment in 2023/24 by £4.9m to £54.1m. Additional external funding (Towns Fund and Disabled Facilities Grants) has increased the 3-year capital investment programme by £10.9m from £128.3m to £139.2m. The revised capital programme is detailed and presented for approval in Appendix 3.
- 2.7. At quarter 2 £16.m (34%) of planned investment has been spent and the forecast is currently for £57.4m investment in total (due to rephasing and additional external funding).
- 2.8. Further detail on the capital positions at quarter two is provided in Appendix1.

Financial Resilience Context

- 2.9. At quarter two it is anticipated that net expenditure will be within the approved budget for 2023/24, therefore maintaining financial resilience at levels assumed within Medium Term Financial Plan. However, risks to the Council's financial resilience remain in future years with the cost base at risk of increasing much faster than spending power. While planned use has been made of reserves in the short term (pending completion of transformational service delivery and savings plans which is on-going) it is not sustainable in the longer term. Therefore, the financial planning process and scrutiny and review of medium-term financial plans will seek to ensure a robust and realistic budget is achieved.

Medium Term Financial Plan

- 2.10. The Council's financial planning process, which will culminate in the 2024/27 MTFP being presented to Full Council in February 2024, is currently in development. Appendix 2 sets out an updated working position. There remain uncertainties around costs, income and funding which will be informed and updated by a number of factors over the coming months (e.g., Autumn Statement and Provisional Local Government Finance Settlement announcements by the Government, economic forecasts, issues emerging from in-year monitoring). At this stage the draft MTFP is based on the following key assumptions:
- Pay award for 2023/24 (now confirmed), 2024/25 currently budgeted on same basis as 2023/24, then 3%p.a. assumed from 2026/27
 - No further increase in activity volumes in adult social care or school transport.
 - That the national policy reforms such as adult social care system reforms and extended producer responsibility for packaging reforms (within waste services) will be cost neutral with government grant.

- Social Care Grants to continue at 2024/25 levels in 2025/26 onwards.
 - No additional national funding beyond that assumed in previous MTFP setting.
 - Collection rates for NNDR and Council Tax remain stable.
 - Council tax rate increase of 4.99% pa (the referendum combined CT/ASC limit).
 - Inflationary increases will be in line with existing budget assumptions.
- 2.11. Based on these assumptions the current position presents a financial challenge with a sustainable budget gap of £9.1m in 2024/25, increasing to £14.6m by 2025/26.. Further details, including the potential impact on reserves are provided in Appendix 2.
- 2.12. Financial planning is underpinned by the strategic principles that provide a framework for the organisation and the operating model of One Council, One Family, One Place. To address the sustainable budget challenge Directors and Assistant Directors as commissioners are taking a whole system transformational approach to plan the scale and scope of the offer required to achieve desired outcomes and action planning to achieve the fewest best interventions alongside enabling infrastructure and administration functions.
- 2.13. The funding element of the medium-term financial plan will be informed by confirmation of local government spending power through the Chancellor's budget statement on 22nd November 2023 and the Local Government Finance Settlement in mid/late December which will set out the outcome of spending plan reviews and any changes and assumptions.

Budget Policy Framework

- 2.14. In addition to reporting the latest revenue financial position, the local budgetary policy framework requires reports on changes to revenue and capital budgets within prescribed virement rules and monitoring of treasury management activity against the Prudential Code. Appendix 3 provides the latest information, indicating the required approval.

3. OPTIONS FOR CONSIDERATION

- 3.1. To receive an update on the financial position of the organisation and specifically.
- Approve the revised capital programme.

4. ANALYSIS OF OPTIONS

- 4.1. The analysis is outlined in the background information in section 2 and in the supporting appendices.

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

- 5.1. The potential financial implications of the risks identified within this report have been considered in detail within the relevant sections. It remains the

case that the Council does not have full control over its operating environment, and therefore needs to be adaptive and exert influence in the areas where it is able. The Council holds reserves to mitigate against expenditure and income shocks and other unforeseen events, to provide capacity to withstand shocks and time to plan cost base adjustments which reflect the emergent position.

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. Not applicable.

9. RECOMMENDATIONS

9.1. To note the 2023/24 financial position set out in the report.

9.2. To note the budget adjustments approved under delegated powers and the revised budget position for 2023/24.

9.3. To approve the revised capital programme 2023/26.

9.4. To note the progress against the approved Treasury Management Strategy and prudential code indicators

DIRECTOR: OUTCOMES

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DN15 6NL

Author: Louise Allison/Mark Kitching

Date: November 2023

Background Papers used in the preparation of this report.

Reports to Full Council:

- Financial Strategy, Budget 2023/24 and Medium-Term Financial Plan 2023/26
- Capital Investment Strategy and Capital Programme 2023/2026
- Treasury Management and Investment Strategy 2023/24

Reports to Cabinet:

- Review of year one of the Council Plan 2022-25 and the 2022-23 year-end financial position
- 2023/24 Financial Position Update Quarter 1

Other background papers:

- Q2 revenue and capital budget adjustments
- Technical Review – Economic Outlook

FINANCIAL POSITION 2023/24

1. Analysis of Revenue 2023/24

- 1.1 The Council's Net Operating Expenditure represents the day-to-day costs of council service delivery. The Council has a strong track record of managing financial risk, with continuous improvement and implementation of efficient delivery models that achieve the best outcomes for residents. Adapting to an ever-changing operating environment will continue to be essential and embodies the actions of a financially sustainable organisation.
- 1.2 The Council conducts an organisation wide financial management exercise that seeks to monitor progress against approved financial plans on a quarterly basis, with targeted monitoring occurring during intervening periods and focussing on high-risk and volatile areas. Quarter two provides an opportunity to review progress at the half year point following implementation of approved budgets and commencement of the in-year delivery of the plan. It also gives the opportunity to identify and need to understand any areas which are at risk of diverging from the assumed plan. Early identification of financial risks is essential in providing the organisation with time and opportunity to put into place mitigation measures to contribute towards a better financial outturn and secure the financial position in future years if impacts and risks are ongoing.
- 1.3 As summarised in the tables 1-3 below the revenue forecast at quarter 2 indicates net operating expenditure will be within the £191.6m approved investment allocation, with an underspend of £1.2m forecast at this halfway point in the financial year (£0.5m in core budgets and £0.7m in Dedicated Schools Grant funded budgets).

Table 1 – Revenue Net Operating Expenditure Forecast Management Accountability (based on Q2 financial management reporting) *

BY ACCOUNTABILITY	Budget	Forecast	Core Variance	DSG Variance
	£000	£000	£000	£000
Adults & Health				
Adult Social Services	27,176	27,860	684	
Adults Early Help & Prevention	30,154	30,123	(31)	
Integrated Health & Care	4,720	5,123	403	
Childrens & Families				
Education	4,807	4,758	620	(669)
Children's Help & Protection	10,984	10,041	(943)	
Children's Standards & Regulation	11,394	10,921	(473)	
Communities				
Community Enablement	5,203	5,241	38	
Community Resilience	3,625	3,768	143	
Place	40,607	42,035	1,428	
Public Protection	2,265	2,703	438	
Outcomes				
Governance & Partnerships	5,687	5,700	13	
Resources & Performance	9,958	8,739	(1,219)	
Organisational Development	8,025	7,667	(358)	
Public Health				
Public Health	7,393	6,897	(496)	
Central and Technical				
Central and Technical	19,610	18,861	(749)	
Net Operating Expenditure	191,608	190,437	(502)	(669)

Table 2 – Revenue Net Operating Expenditure Forecast – Council Priority (based on Q2 financial management reporting) *

BY PRIORITY	Budget	Forecast	Core Variance	DSG Variance
	£'000	£'000	£'000	£'000
Keeping People Safe and Well	96,529	95,291	(1,238)	0
Enabling Resilient & Flourishing Communities	40,409	40,613	204	0
Enabling Economic Growth & Renewal	7,425	8,925	2,170	(669)
Total Allocated to Priorities	144,363	144,829	1,136	(669)
Running the Business Well	47,245	45,608	(1,637)	0
Net Operating Expenditure	191,608	190,437	(502)	(669)

Table 3 – Spending Power Forecast (based on Q2 financial management reporting) *

SPENDING POWER	Budget	Forecast	Variance
	£000	£000	£000
Council Tax & Business Rates	(142,141)	(142,141)	0
Government Grants	(41,9)	(41,9)	0
Reserves	(7,567)	(7,567)	0
Total Spending Power	(191,608)	(191,608)	0

*Subject to rounding's

1.4 While the overall forecast is currently a £1.2m underspend in year this masks a number of notable variances emerging across the Council:

		Budget	Forecast	Variance
	Subjective Area	£000's	£000's	£000's
EXPENDITURE	Employee Costs	118,974	116,244	(2,730)
	Premises Related Expenditure	9,726	10,210	484
	Transport Related Expenditure	8,411	10,375	1,964
	Supplied & Services	25,715	30,936	5,221
	Third Party Payments	97,682	98,651	969
	Transfer Payments	42,894	42,842	(52)
	Support Services	13,255	12,799	(456)
	Capital Financing Costs	11,268	11,870	602
	Total (Expenditure)	327,925	333,927	6,002
INCOME	Government Grants	(76,422)	(80,020)	(3,598)
	Other Grants, Reimbursements & Contributions	(16,554)	(16,897)	(343)
	Customer & Client Receipts – Sales	(3,580)	(3,773)	(193)
	Customer & Client Receipts – Fees & Charges	(23,876)	(25,894)	(2,018)
	Customer & Client Receipts – Rents	(5,338)	(5,035)	303
	Interest	(525)	(1,601)	(1,076)
	Recharges	(10,022)	(10,270)	(248)
	Total (Income)	(136,317)	(143,489)	(7,172)
NET	191,608	190,437	(1,171)	

1.5 The forecast at quarter 2, while indicating that net operating expenditure will be contained within planned levels in-year it does represent an increase of £16.2m (9.2%) on the equivalent 2022/23 baseline. This increase is primarily driven by additional resources allocated in the 2023/24 budget to fund inflationary costs (inc. energy, fuel, pay & contracts) and increased demand for services (specifically in adult social care and school's transport). At quarter 2 risks to the budget remain for demand driven services as well as the wide-ranging impact of current economic uncertainties. The ongoing impact of all these factors will continue to be closely monitored alongside emerging issues to ensure the refresh of the Medium-Term Financial Plan for 2024/27 remains robust.

2. Analysis of Capital 2023/24

- 2.1 The Council plans to invest £139.2m of capital resource by 2025/26 to support delivery of the Council plan. Approval is sought for the latest capital investment plan set out in appendix 3 (table 3), with adjustments to the current approved programme contained in appendix 3 tables 4 and 5. The adjustments refine the programme and ensures it remains in alignment with current delivery profiles.
- 2.2 The council plans to invest £54.1m in 2023/24 (to date, £18.6m (34%) has been spent) as detailed in table 4 below.

Table 4 – Capital position 2023/24 forecast at Quarter 2 - Priority

CAPITAL – outturn forecast at Q2; budget reflects rephasing and additional funding included in Appendix 3	Budget £000's	Forecast Spend £000's	Year to Date Spend £000's	Year to Date Spend £000's
EXPENDITURE				
Keeping People Safe and Well	5,886	5,440	2,701	46%
Enabling Resilient and Flourishing Communities	11,390	10,272	3,341	29%
Enabling Economic Growth and Renewal	27,808	29,742	11,210	40%
Providing Value for Money for Local Taxpayers	9,033	9,279	1,368	15%
Total Investment	54,117	54,733	18,621	34%
CAPITAL FINANCING				
External & Grant Funding	35,585	35,936		
Council Resources	18,531	18,796		
Total Resources	54,117	54,733		

- 2.3 At quarter 2 the forecast in year-outturn in 2023/24 £54.7m (£0.6m variance). There are several reasons for the anticipated additional investment in-year:

- Rephasing required (£0.9m) mainly relating to the school's investment programme reflecting updated timescales and school site access arrangements (£1.0m into future years), revised fleet delivery timescales (£0.3m from 2024/25), and revised delivery timescales for other schemes (inc. Telecare - £0.1m into 2024/25, Community grants - £0.1m into 2024/25, and Community Buildings Investment - £0.1m from 2024/25).
- Net funding adjustments totalling £1.5m. This includes revised funding allocation for the Future High Street Fund to reflect ongoing costs of projects (£1.8m) and a reduction in North Lincs Northern Forest funding to reflect match funding requirements for awarded grants (£0.3m).

Due to the nature of capital investment, there are likely to be further adjustments needed during the remainder of the financial year to ensure investment resource remains aligned to latest delivery timescales. These will be brought to Cabinet in future updates.

MEDIUM TERM FINANCIAL PLAN UPDATE

1.1 The Council's Budget Setting meeting for 2024/25 is scheduled for 22nd February 2024. The council has a statutory duty to set a balanced budget for 2024/25 alongside a robust medium term financial plan.

2. Assessment of Financial Resilience

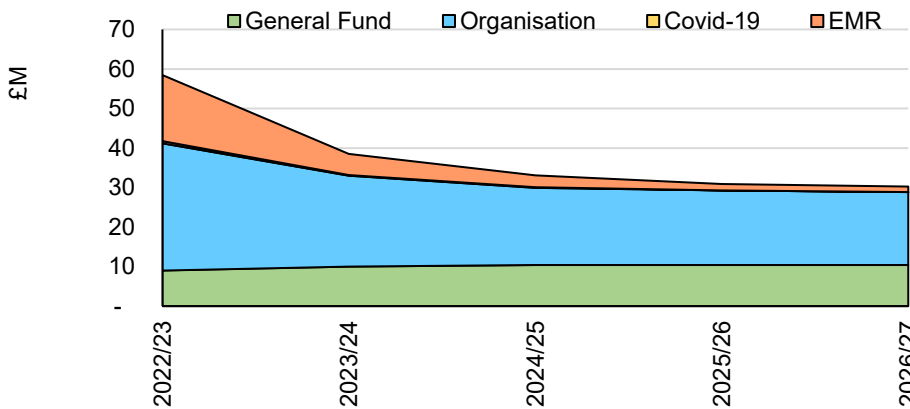
2.1 Financial resilience, the ability to weather financial shocks, is an important consideration for council sustainability. There are several indicators of the current health of council finances, which form part of the overall consideration in determining financial plans and budgets. In previous years the Council has embedded an effective culture of cost control and demand management, which has been invaluable to date and will continue to be required going forward.

2.2 While the quarter 2 position indicates that the delivery of services will be with the allocated budget there are risks to the Council's financial resilience in the future years. In the short to medium term the cost base is expected to increase at a much faster rate than core funding resulting in a sustainable budget gap. To ensure reserve levels are maintained to preserve resilience to shocks and to allow for short term planned use the delivery of transformational efficiencies and an ongoing reduction in the cost base is required from 2024/25 to maintain financial resilience in the coming years and avoid the financial issues increasingly being reported at other Local Authorities.

2.3 To ensure financial resilience in across the current year and into 2024/25, there is a planned use of reserves to balance budgets while cost reduction plans are developed (£10m in total - £7.6m in 2023/24 and £2.4m in 2024/25). However, without the delivery of transformational change , the use of reserves to fund recurring net expenditure moving forward will not be sustainable in the medium term. Projected reserves levels over the term of the medium-term financial plan are shown in chart 1 and based on the following key assumptions:

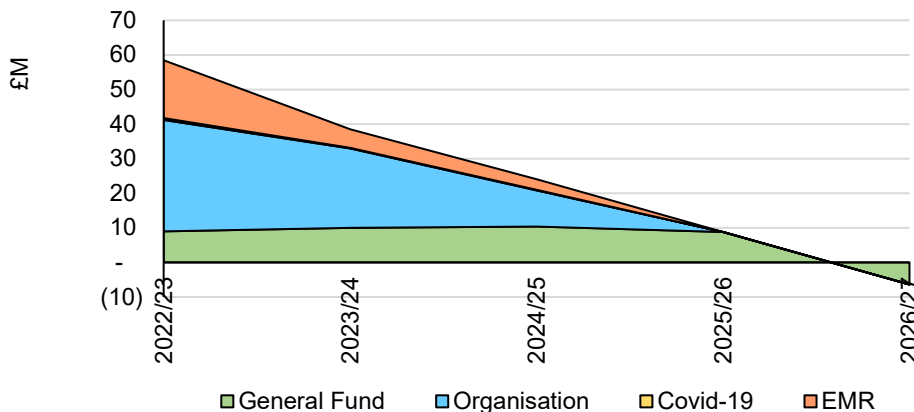
- All transformational savings and required cost reductions are achieved over the next 3 years.
- General Fund Balances are maintained at prudently assessed minimum levels.
- Service specific earmarked reserves are fully utilised in line with current spending plans.
- Strategic Reserves (including Risk and Transformation Reserve) provide a risk management mechanism for key strategic risks (including general shocks and uncertainties (e.g., inflation and other economic factors), fluctuations and risks inherent in the Retained Business Rate system, short term budget shortfalls while transformational plans are developed and implemented, and up-front costs required to realise transformational savings).

Chart 1 - Reserves Projection (exc schools)



2.4 As illustrated within Chart 1, delivery of the planned level of efficiencies will bring an element of financial stability that will maintain usable reserves. However, non-achievement of transformational change efficiencies would compromise the ability of reserves to balance any emerging gap. In the unlikely advent of such a worst case scenario, all earmarked and organisational reserves will be diminished by 2025/26, by which time the General Fund Balance also falls below prudently assessment minimum (c£10m) and becomes overdrawn by 2026/27. This is illustrated in Chart 2 below:

Chart 2 Reserves Projection - sustainable budget gap not achieved 2024/25-2026/27



3. Material Change of Circumstances

3.1 The external changes in the economic outlook continue to represent a material change of circumstances risk from when the Council set the previous medium term financial plan. The financial risks to the Council, before considering service specific changes, are inflation (energy, pay and contracts), the cost of borrowing and the potential implications for income generation and local taxation collection.

4. National Policy and Funding Prospects for North Lincolnshire Council

- 4.1 The Council operates within a public financing and delivery framework determined by the Government. The latest spending review in 2021 determined government departmental budgets up to 2024-25 in the context of the national economy and state of public finances. The Chancellor's budget statement on 22nd November will provide more certainty and context to the financial planning process.
- 4.2 The 2023/26 medium term financial plan assumed that spending power would increase in 2024/25 and 2025/26 to reflect an increase in council tax, business rates and grant funding (predominantly due to social care specific funding with associated spending requirements).
5. 2024/27 Medium Term Financial Plan (MTFP)
 - 5.1 The draft 2024-27 MTFP funding envelope assumptions model a best-case scenario of 7.9% growth over the next 3 years. This balances against net cost base projections of 15.5% increase over the same period. Due to general external pressures a sustainable budget shortfall of £9.1m is currently anticipated in 2024/25, increasing to £14.6m by 2025/26 (based on the assumptions set out at 2.8 of the main report), pending cost reductions in development.

Table 1 – Sustainable Budget Gap

Summary Position	2023/26 MTFP			2024/27 MTFP (DRAFT)		
	2024/25 £000's	2024/25 £000's	2024/25 £000's	2024/25 £000's	2024/25 £000's	2025/26 £000's
Net Operating Expenditure	204,709	210,209	-	208,751	215,027	221,273
Forecast Spending Power	(196,308)	(198,808)	-	(199,681)	(202,024)	(206,701)
Sustainable Budget Gap	(8,401)	(11,401)	-	(9,070)	(13,003)	(14,572)

5.2 There are other risks and opportunities that are being evaluated as part of the budget monitoring and financial planning process, not yet reflected in the revised medium term financial plan. These include:

- Vacancy levels across the Council persistently higher than budgeted.
- Increasing demand and activity pressures (including increasing complexity of need), specifically within adult social care and SEN/fostering transport.
- Ongoing impact of economic pressures on income, capital financing and demand for services.
- A revised Spending Review and Autumn Budget that prioritises funding for local government and/or mitigates against energy related inflation costs.

6. Actions and Next Steps

6.1 In response to the sustainable budget shortfall a whole council action planning approach continues. Council wide planning is underpinned by the operating model of One Council, One Family, One Place. Directors and Assistant Directors as commissioners are taking a whole system approach, planning the scale and scope of the offer required to achieve desired outcomes and minimising interventions alongside enabling infrastructure and administration functions. The activity to consider opportunities for achieving a financially sustainable plan and balanced budget includes:

- Redesigning the council for a new future: redefining purpose, organisational development, transformation, systems, and place leadership:
 - Piloting systems approach to care and support arrangements with partners
 - Reviewing utilisation of council and community assets
 - Modelling the financial impact of one council operating models
- Outcomes led investment – evaluation of impact and effectiveness of interventions and policy intent:

- Assessing impact of investment against outcomes balancing affordability and risk
 - Evaluating existing contracts and delivery models
- Efficiency and productivity opportunities, including commercial income and contract management:
- Re-assessing funding assumptions and optimising sources of income (including fee and charges)
 - Addressing historical variances (including zero based budget review of staffing)
 - Focus on achieving economy, efficiency, and effectiveness, supported by continually improving supporting information (e.g., activity data integration, contract spend, service integration and benchmarking)
- 6.2 The MTFP will set sustainable budget targets that will be challenging to achieve, even with a planned use of reserves, however our whole council commitment to proportionate financial management, stewardship and accountability will be fundamental to achieving this.
- 6.3 The timetable which will guide the financial planning process is as follows:

Timeline	Milestone Detail		Progress
Oct-Dec 2023	Senior Leadership, Services & Financial Services	<ul style="list-style-type: none"> Reporting of current position and revision of opening position for 2023/26 Budget Forums and co-production of long list of options for balanced budget Business Partnering challenge and advice to Assistant Director and Accountable Managers in identifying cost base changes. Financial Strategy finalisation 	In progress
22 nd Nov 2023	Chancellor of the Exchequer	Autumn Budget and Spending Review 2023	✓
11 th Dec 2023	Cabinet	2023/24 Q2 Financial Management and Medium-Term Financial Plan Update report to Cabinet	✓
4 th Dec 2023	Setting the Council Tax Base 2023/24 report to Full Council	Setting the Council Tax Base 2023/24 report to Full Council	On track
Dec 2023	Senior Leadership	Consider revised MTFP position	In progress
Dec 2023	Department of Levelling Up, Housing and Communities	Provisional Local Government Finance Settlement 2023/24	On track
Jan 2023	Submission to Department of Levelling Up, Housing and Communities	Setting the National Non-Domestic Tax Yield 2024/25 report	On track
Feb 2024	Governance Scrutiny panel.	Review of Budget and MTFP by Governance scrutiny panel.	On track
29 th Jan 2024	Cabinet	2023/24 Q3 Financial Management and Medium-Term Financial Plan Update report taken to Cabinet for endorsement	On track
22 nd Feb 2024	Full Council	Full Council budget setting meeting to consider: <ul style="list-style-type: none"> Financial strategy, revenue budget 2024/25 & medium-term financial plan 2024/27 Capital investment strategy 2024/27 Treasury management strategy 2024/25 Pay policy statement 2024/25 All other relevant resolutions (e.g., council tax)	On track

Table 1 – Revenue Investment (Accountability Structure) 2023/24

2023/24 REVENUE INVESTMENT: BY SERVICE	Q1 Revised Approved Budget £000's	Technical Budget Transfers ** £000's	Q2 Revised Approved Budget £000's
Adults & Health	62,050	0	62,050
Children & Families	27,185	0	27,185
Economy & Environment	50,835	(50,853)	0
Governance & Communities	24,473	(24,473)	0
Outcomes	0	23,555	23,555
Communities	0	51,815	51,815
Public Health	7,393	0	7,393
SERVICE TOTAL	171,936	62	171,998
Central & Technical	19,672	(62)	19,610
NET OPERATING EXPENDITURE	191,608	0	191,608

** Includes interim senior management arrangements

Table 2 – Revenue Investment (Council Plan Priority)

2023/24 REVENUE INVESTMENT: BY PRIORITY	Current Budget £000's
Keeping People Safe and Well	96,529
Enabling Resilient & Flourishing Communities	40,409
Enabling Economic Growth & Renewal	7,425
Providing Value for Money for Local Taxpayers	47,245
NET OPERATING EXPENDITURE	191,608

Table 3 – Capital Investment Programme Summary 2023-26

Proposed Programme	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total £000's
Investment in Priority				
Keeping People Safe and Well	5,886	665	130	6,681
Enabling Resilient and Flourishing Communities	11,390	9,358	5,819	26,567
Enabling Economic Growth and Renewal	27,808	32,989	13,143	73,940
Running the Business Well	7,828	9,272	5,544	22,644
Total Investment	52,912	52,284	24,636	129,832
Capital Investment Allocation	1,205	5,000	3,200	9,405
Capital Investment Limit	54,117	57,284	27,836	139,237
Funding Analysis				
External & Grant Funding	35,585	39,644	14,708	89,937
Council Resources	18,531	17,640	13,128	49,299
Total	54,117	57,284	27,836	139,237

Table 4 – Externally Funded Schemes rephasing and net additional investment

Capital Investment	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total £000's
Previously Approved Capital Programme	28,698	28,991	21,356	79,045
Disabled Facilities Grant	400	400	400	1,200
Flood and Drainage	(884)	275	0	(609)
Towns Fund	2,027	4,291	2,352	8,670
Community Equipment	475	471	600	1,546
Telecare	85	0	0	85
Levelling Up - Infrastructure Schemes	4,784	5,216	(10,000)	0
Total rephasing and additional investment	6,887	10,653	(6,648)	10,892
Revised externally funded budget	35,585	39,644	14,708	89,937

Table 5 – Internally Funded Schemes rephasing and net additional investment

Capital Investment	2023/24 £000's	2024/25 £000's	2025/26 £000's	Total £000's
Approved internally funded budget	20,487	17,540	11,272	49,299
Capital Investment Allocation	(615)	(200)	(300)	(1,115)
Community Buildings Invest. - Community Hubs	350	0	0	350
Feasibility Studies - Capital Receipts Flexibility	300	300	300	900
Flood and Drainage	(250)	100	106	(44)
Replacement HR/Payroll/Finance system	(121)	(100)	0	(221)
Towns Fund	(1,750)	0	1,750	0
Waste Transfer Station Enhancements	130	0	0	130
Total rephasing and additional investment	(1,956)	100	1,856	0
Revised internally funded budget	18,531	17,640	13,128	49,299

Table 6 – Treasury Prudential Indicators 2023/24

To be updated for Cabinet

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NORTH LINCOLNSHIRE COUNCIL

CABINET

ANNUAL REPORT OF LOCAL ARRANGEMENTS TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN AND YOUNG PEOPLE 2022/23

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 Cabinet to note the publication of the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23, and to consider the review in relation to planning, commissioning and budget setting.
- 1.2 The Annual Report demonstrates that the Children's Multi Agency Resilience and Safeguarding (MARS) Board:
 - effectively meets its statutory obligations
 - benefits from strong and consistent leadership
 - has made good progress against its 'shine a light' areas of focus
 - listens to and takes account of the voices of children, young people and families

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire is aspirational for children, young people and families in this area and there is a long history of working together to improve outcomes. As early adopters of multi-agency safeguarding arrangements, the North Lincolnshire Children's MARS Local Arrangements, were originally published on 31 October 2018. We have continued to listen, learn, review and adapt, and our Local Arrangements have been reviewed on an annual basis thereafter.
- 2.2 As per Working Together to Safeguard Children 2018, there is a statutory requirement to publish an annual report, which sets out what has been done as a result of the Local Arrangements and how effective these arrangements have been in practice. The Annual Report of Local Arrangements to safeguarding and promote the welfare of children and young people 2022/23 has been endorsed by the Children's MARS Board on behalf of the three safeguarding partners from North Lincolnshire Council, North Lincolnshire Health and Care Partnership and Humberside Police. The Annual Report is then required to be distributed through relevant governance routes across the three safeguarding partner organisations and relevant partnership arrangements, to be considered in relation to planning, commissioning and budget setting.

- 2.3 In 2022/23, we have continued to fulfil all functions across our Local Arrangements, and we have responded to the needs of individuals and diverse communities, prioritising the most in need, to help and protect children, young people and families, while we support and develop our workforce. We have built on our outstanding partnerships and practice to ensure that everyone is able to recognise and fulfil their responsibilities. Through our One Family Approach, which aims to create a system that works for all children, young people and families, we have contributed to achieving our ambition for children to thrive in their families, achieve in their schools and flourish in their communities.
- 2.4 The Annual Report provides a review of activity and impacts in respect of the Children's MARS functions, including funding, performance, voice and stakeholder engagement, training, scrutiny and assurance (including independent scrutiny) and child safeguarding practice reviews.
- 2.5 The five 'shine a light' areas of focus for 2022/23 were to further:
- develop the multi-agency approach to risk outside the home with a focus on child sexual exploitation, child criminal exploitation and teenage relationship abuse
 - develop the multi-agency approach to preventing and reducing the impact from online abuse
 - develop the interface and relationships between the Children's MARS Local Arrangements and the Voluntary, Charity and Social Enterprise Sector
 - develop the multi-agency approach to men including fathers, male carers and wider family members
 - raise awareness and develop our practice to prevent and reduce the harm from neglect

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

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

2.7 In 2023/24, safeguarding partners will continue to listen, learn, review and adapt in order deliver the core functions, ensure that effective safeguarding arrangements are in place and continue to seek assurance that further work is progressing in relation to the 'shine a light' areas of focus identified in the Annual Report.

3. OPTIONS FOR CONSIDERATION

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

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, specific – this report is for information only.

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

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

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

9. RECOMMENDATIONS

9.1 To receive the Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23 and consider this

where relevant in relation to planning, commissioning and budgets setting processes.

DIRECTOR OF CHILDREN AND FAMILIES

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Date: October 2023

Background Papers used in the preparation of this report: [Children's MARS Annual Report of Local Arrangements to safeguard and promote the welfare of children and young people 2022/23](#)

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

2022/23

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

Welcome and Introduction

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

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

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

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

In 2022/23, we have continued to:

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

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

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

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

In addition, the report also includes:

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

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



Matthew Peach

Chief Superintendent and
South Bank Commander
Humberside Police
(Chair of Children's MARS
Board)



Helen Davis

Place Nurse Director
North Lincolnshire Health
and Care Partnership



Ann-Marie Matson

Director of Children and
Families
North Lincolnshire
Council

Governance and Partnerships

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

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

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

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

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

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

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

Governance and Partnerships

Oversight of Children in Care and Care Leavers

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

Children in Care

- In 2022/23, the numbers of children in care have continued to be low compared to national comparators, which reinforces our ambition for children to thrive in their families, achieve in their schools and flourish in their communities which is at the heart of our practice for children in care

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

Care Leavers

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

Headlines and Summary of Performance and Populations

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

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

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

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

Headlines and Summary of Performance and Populations continued

Summary of performance activity continued

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

Headlines and Summary of Performance and Populations continued

Summary of performance activity continued

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

Key Developments and Successes

Outcomes of inspection

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

The ILACS inspection judgements and grades were as follows:

- The **impact of leaders** on social work practice with children and families = **OUTSTANDING**
- The experiences and progress of children who need **help and protection** = **OUTSTANDING**
- The experiences and progress of **children in care and care leavers** = **OUTSTANDING**
- **Overall effectiveness** = **OUTSTANDING**

In addition, there were no identified areas for improvement.

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

The full report can be found [here](#), though examples of headline strengths and impacts is as follows:

- The One Family Approach is at the heart of the whole council and most impressively has been embraced by partners
- There is a genuine commitment to seeking continuous feedback from children and families which is consolidated into service development
- Leaders are determined champions for children, with high aspirations to ensure children's best outcomes
- Strategic partnerships are robust and well embedded
- Children in need of help and protection are provided with the right help when they need it, via the fewest best interventions
- Children and families are supported effectively to build resilience through a wide-ranging early help offer which is making a real difference
- Thresholds are understood by all
- Where children are at risk of exploitation, there is a strong and swift multi agency response to identifying and managing the risk to the child
- When the plan is for children to return home, there is detailed and co-ordinated work to assess and support the family
- The family solutions approach supports families to find their own solutions and develop their own network of support
- Children and young people are actively involved in planning for their future

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

Key Developments and Successes

Outcomes of inspection

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

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

Outstanding judgements were identified in relation to:

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

Good judgements were identified in relation to:

- Investigating crime
- Responding to the public

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

- Recording data about crime

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

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

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

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

Other examples of innovations identified were that:

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

Key Developments and Successes

Early Help

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

Key development activity includes:

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

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

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

Examples of feedback from the Early Help training include:

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

Key Developments and Successes

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

Impact on practice

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

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

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

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

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

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

Voice and Stakeholder Engagement

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

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

Strategic

Children and families voice and engagement continues to feature across the Children's MARS Board and local arrangements

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

Thematic

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

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

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

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

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

Voice and Stakeholder Engagement

Engage and Empower

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

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

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

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

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

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

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

Voice and Stakeholder Engagement

Routine

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

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

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

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

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

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

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

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

Voice and Stakeholder Engagement – Children's MARS Conference 2022

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

Positive feedback on the day included:

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



Key presentation topics included:

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

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

Voice and Stakeholder Engagement

Child and Family Feedback Framework

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

Overall responses indicate that:

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

Voice and stakeholder engagement: pending opportunities

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

Other pending opportunities include:

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

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



Shine a Light Area of Focus

Risk Outside The Home

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

Risk Outside the Home

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

What have we done?

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

Risk Outside the Home

What have we done?

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

Risk Outside the Home

Outcomes and Impact:

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

Next steps:

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

Risk Outside the Home: Child Sexual Exploitation

Independent Scrutiny

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

There is evidence of strengths and good practice as follows:

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

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

Risk Outside the Home: Child Criminal Exploitation

Independent Scrutiny

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

The strengths and good practice are:

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

A 7 minute briefing on the learning from the event has been circulated to practitioners and managers across the partnership and is²⁴ available on the Children's MARS website.

Risk Outside the Home: Teenage Relationship Abuse

Independent Scrutiny

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

Strengths and good practice evidenced are:

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

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



Shine a Light Area of Focus

Online Abuse

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

Online abuse

What have we done?

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

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Outcomes and impact

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



Shine a Light Area of Focus

Voluntary, Charity and Social Enterprise Sector

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

Voluntary, Charity and Social Enterprise Sector

What have we done?

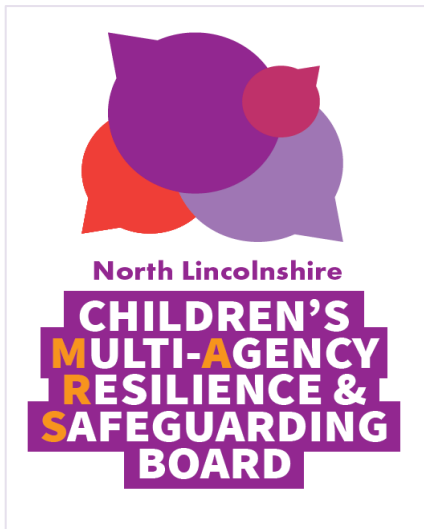
- In collaboration with the Safeguarding Adults Board and Domestic Abuse Partnership Board, the Children's MARS team have been working with Voluntary Action North Lincolnshire (VANL) to develop a safeguarding children and adults awareness training package to roll out across the Voluntary, Charity and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

Next steps:

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

Outcomes and impact

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



Shine a Light Area of Focus

Men including fathers, male carers and wider family

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

Men including fathers, male carers and wider family members

Activity:

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

Outcomes and Impact:

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

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

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

Examples of feedback from practitioners were:

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

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

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

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

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

Men including fathers, male carers and wider family members

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

ACTIVITY

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

NEXT STEPS

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

IMPACT

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

Men including fathers, male carers and wider family members

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

ACTIVITY

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

IMPACT

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

NEXT STEPS

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

Men including fathers, male carers and wider family members

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

ACTIVITY

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

IMPACT

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

NEXT STEPS

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



Shine a Light Area of Focus

Neglect

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

Neglect

What have we done?

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

Outcomes and impact

- Practitioners have increased access to advice, guidance, tools and resources which they can utilise in their practice
- Co-working on GCP2 assessments has built practitioner confidence and increased the use of the tool
- Outcomes of the GCP2 and areas of intervention are being integrated into children's plans
- Feedback from practitioners indicates that the GCP2 neglect assessment model has supported consistency in language and in the approach to neglect across early help and the safeguarding pathway
- **Practitioners have said that the GCP2:**
 - enhances understanding of the lived experience of the child
 - has promoted parental engagement
 - helped families to be clearer, at an earlier point, when there are concerns about neglect
 - was easy and relatively quick up to write up
- **Family feedback about their experiences when the GCP2 has been used in assessment practice has included:**
 - easy to understand
 - it's not like an assessment is being completed
 - clear and the colour coding helps to understand the strengths and areas of concern



Learning and Improvement

Multi-Agency Education and Training

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

Key highlights include:

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

Multi-Agency Education and Training

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

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

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

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

Feedback from practitioners

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

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

Communications

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

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

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

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

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

The graphic consists of three identical spotlight elements arranged horizontally. Each spotlight has a purple circular light source at the top, casting a beam downwards. At the top of each beam is the logo for the 'North Lincolnshire CHILDREN'S MULTI-AGENCY RESILIENCE & SAFEGUARDING BOARD'. Below the beam, the text 'In the Spotlight...' is written in a bold, pink font. At the bottom of each spotlight is a dark purple rectangular box containing white text.

Spotlight Topic
Working and engaging with fathers and male carers
Teenage Relationship Abuse
Online abuse

Communications

Some examples of communication activity include:

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

Funding

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

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

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

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

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

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

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

Child Safeguarding Practice Reviews

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

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

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

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

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

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

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

Child Safeguarding Practice Review Panel: National Reviews

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

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

- A briefing was compiled for both the Children's MARS Board and the Corporate Parenting Board following receipt of a letter from Annie Hudson, Chair of the Safeguarding Practice Review Panel dated August 2022 which outlined a number of urgent actions to be taken as a result of the ongoing review. An overview report detailing the actions taken locally was subsequently presented to the Boards. Assurance was provided that Quality and Safety Reviews had been completed to a high standard and any actions stemming from them were being progressed and monitored until completion

Page 74 We have reviewed and refreshed local policy and procedures in relation to external residential education provision

- Bespoke briefings detailing the learning from the phase 1 report were developed for practitioners and senior leaders. These were disseminated widely across the partnership and the practitioner briefing was published on the Children's MARS website. The national Panel's briefing note following publication of the phase 2 report in April 2023 was likewise widely disseminated
- A benchmarking matrix was undertaken to consider the North Lincolnshire response to the key priorities for improvement and supplementary recommendations as set out in the phase 2 report

Next Steps:

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

Scrutiny and Assurance

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

Thematic audit – 'Front door' including Single Point of Contact enquiries, contacts and referrals

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

Agency 'Call in' - Rotherham, Doncaster and South Humber NHS Foundation Trust

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

Thematic assurance event – 'PITSTOP'

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

Scrutiny and Assurance

Multi-Agency Reflective Practice Forum

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

Impact and outcomes

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

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

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

Scrutiny and Assurance

Section 11 (Joint Safeguarding Self-Assessment)

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

Annual safeguarding audits

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

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

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

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

Independent Scrutiny of the Children's MARS Local Arrangements

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

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

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

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

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

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

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

The Independent Scrutiny Officer summarised that:

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

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

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

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

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

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Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

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

Independent Scrutiny of the Children's MARS Local Arrangements

Strengths

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

Page 82 Areas for consideration

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

Independent Scrutiny of the Children's MARS Local Arrangements

Areas for consideration

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



Children's MARS Local Arrangements

What Next?

Shine a Light Areas of Focus for 2023/24

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

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

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

‘Shine a Light’ Areas of Focus	Lead Partnership	Governance	Anticipated Partnership Action and System Change
Further develop the multi-agency approach to Child Criminal Exploitation and Child Sexual Exploitation, with a focus on transitions	Risk Outside The Home Strategic Group	Children’s MARS Board Safeguarding Adults Board	<ul style="list-style-type: none"> • Hold a multi-agency thematic assurance event, led by an Independent Scrutiny Officer, to include case audit/review of child criminal and sexual exploitation cases focussed on transition to adulthood, observation of a MACE meeting/MACE triage and a desktop review on the impact of MACE/MACE triage • Develop a transition to adulthood policy pre and post 18 (to include early planning before 18 for transition, joined up expectations, high ambitions for young people/adults) • Develop transition to adulthood practice standards • Explore further opportunities to utilise ‘experts by experience’ to develop resources to raise awareness and mitigate risk factors

'Shine a Light' Areas of Focus	Lead Partnership	Governance	Anticipated Partnership Action and System Change
Further develop the interface and relationships with the Voluntary Charity and Social Enterprise (VCSE) sector	Children's Help and Protection Pathway Group	Children's MARS Board Safeguarding Adult Board	<ul style="list-style-type: none"> • Further develop bespoke VCSE web-based communications on the Children's MARS website • Work collaboratively with Voluntary Action North Lincolnshire (VANL) to develop a bespoke certified safeguarding training package and build in monitoring arrangements • Led by VANL, contribute to the development of a VCSE event/conference and safeguarding forum • Target communications to VCSE sector regarding the Children's MARS local arrangements and practice developments • Link into established VCSE groups and forums to share messages and raise awareness
Enhance our multi agency approach to Early Help	Early Help Strategic Leads Group	Children's MARS Board	<ul style="list-style-type: none"> • Undertake independent audit activity pertaining early help, including the interface with the front door • Further enhance our early help training offer, including (but not exhaustive) the development of early help training and working with resistant families also the impact of domestic abuse and neglect on families • Develop and implement early help audit process and report into relevant governance processes • Undertake consultation activity to inform the development of proposals for strengthening consultation and advice for early help work in the context of the neighbourhood approach and the integrated children and families offer
Further develop our understanding of and our multi agency response to domestic abuse and the impact on children	SPLIG Domestic Abuse Strategy Group	Children's MARS Board Domestic Abuse Partnership Board	<ul style="list-style-type: none"> • Hold multi-agency case audit practice learning line of sight event, led by an Independent Scrutiny Officer, pertaining domestic abuse and the impact on children • Enhance our training offer, including (but not exhaustive) a bespoke webinar around the understanding of coercive control and the effects on children

Communications via the Children's MARS Spotlight methodology will be developed for each shine a light area of focus across the year

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

Development Plan

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

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

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

Portfolio Areas	Development Plan Action	Safeguarding Partner lead
Child Safeguarding Practice Reviews	<ul style="list-style-type: none"> • Implement the annual independent scrutiny of the identification and notification process for serious child safeguarding cases to seek assurance of our local decision making and partnership processes 	Director of Children and Families
Stakeholder Engagement	<ul style="list-style-type: none"> • Strengthen the relationship between the Virtual Head Teacher and the Children's MARS Board and Local Arrangements (to take account of their extended role) • Develop further opportunities for engagement and co-production to enhance the voice and influence of those with lived experiences 	Director of Children and Families
Data Intelligence and Performance	<ul style="list-style-type: none"> • Further develop the performance framework across the partnership to underpin our Local Arrangements 	Chief Superintendent and South Bank Divisional Commander
Funding	<ul style="list-style-type: none"> • Review funding contributions and identify future priorities for expenditure to innovate and to develop evidence informed approaches to practice in order to continue to deliver our Local Arrangements 	Chief Superintendent and South Bank Divisional Commander
Education and Training	<ul style="list-style-type: none"> • Scope, develop and implement arrangements for the Children’s MARS Event 2023 • Review training resources against the YHMAST standards, to review the subject matter and the connectivity to Children’s MARS arrangements, and develop a survey to be disseminated across the partnership to generate understanding regarding the impact of training • Further develop our understanding of diversity and our associated practice (and refresh education and training offer as appropriate) 	Place Nurse Director
Scrutiny and Assurance	<ul style="list-style-type: none"> • Further explore, evaluate and develop our scrutiny and assurance framework, including independent scrutiny arrangements, also the embedment of learning 	Place Nurse Director

Development Plan continued

Area	Development Plan Action	Safeguarding Partner lead
<p>Scrutiny and Assurance</p> <p>(actions from Independent Review of Children's MARS Local Arrangements)</p> <p>Page 88</p>	<p>Recommendations from main report (relating to the breadth of the local arrangements)</p> <ul style="list-style-type: none"> • How is the ROTH Approach being used to inform the partnership response, and will it be updated, as that would be further evidence of impact which is an area of interest to the Children's MARS Board? • What is the status of the links to national resources which are provided which are on the website, are there checks in place about the quality of the information, particularly as practitioners may use the website without discussion with managers/supervisors? • Reduce the number of areas of focus, maintain some of them for a longer period of time or have a specific launch or communication • In view of the increasing number of BAME children in education settings, consider whether the Annual School Safeguarding Audit would be enhanced by a question on diversity • There may be schools/provisions which are harder to include in the arrangements and it could be useful to understand the explanation. Consider whether a specific approach is needed with these schools to ensure that they feel that they can contribute to the arrangements • How does the Children's MARS Board assure itself that children's specific needs are identified and that an appropriate response is in place into the future when they have experienced significant loss or bereavement, particularly when that loss has been traumatic? • Reflecting on undertaking this process for some years, the attendance at the sessions is invariably greater by Children's Services. It may be that other ways are available to reach other practitioners from other agencies, for example through a brief online survey. Ensure that the range of agencies includes representation from groups which represent the diversity of the child population 	<p>All</p> <p>Place Nurse Director</p> <p>All</p> <p>All</p> <p>All</p> <p>All</p> <p>Director of Children and Families</p>

Development Plan continued

Area	Development Plan Action	Action Lead
<p>Scrutiny and Assurance (actions from Independent review of Children's MARS Local Arrangements)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 89</p>	<ul style="list-style-type: none"> Although it was said that Alternative Provision (AP) is included, consider how views from children in AP can be obtained about their experience and whether it prepares them for a return to mainstream education. In view of the recent report from the DfE on children in AP, consider whether the needs of children from diverse communities are being met Consider whether the voice of children and young people could be used more in the role of the independent scrutiny officer Consider how the independent scrutiny officers could ensure that diversity is included in all aspects of their work Given the scale of the changes within the Integrated Care Board, and the intention for minimal impact at local level it could be useful to understand the experience at the multi-agency front line and whether there is also an understanding of the strategic intent of the changes Consider whether the current data on diversity could be extended to include the areas which have been identified as priorities for the year Note whether this escalation (of a different approach by Humberside Police regarding Local Authority Designated Officer (LADO) referrals and subsequent information received from the National Police Chiefs Council) results in an increase in the number of referrals which are made to the LADO from Humberside Police 	<p>All</p> <p>Place Nurse Director</p> <p>Place Nurse Director</p> <p>Place Nurse Director</p> <p>All</p> <p>Chief Superintendent and South Bank Commander and Director of Children and Families</p>
<p>Responding to key policy drivers: Working Together 2023</p>	<ul style="list-style-type: none"> Develop a collaborative response to Working Together 2023 Ensure preparedness for Working Together 2023 to be enacted in 2024, including but not exhaustive the review and refresh of the Children's MARS Arrangements and information sharing agreement(s) Contribute to the refresh of the One Family Approach Practice Model and Helping Children and Families in North Lincolnshire (threshold document) 	<p>All</p> <p>All</p> <p>All</p>

Glossary

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

Glossary

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

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North Lincolnshire

**CHILDREN'S
MULTI-AGENCY
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SAFEGUARDING
BOARD**

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**North
Lincolnshire
Council**

Report of the Director:
Adults and Health

Item Number: 5
Meeting: 11 December 2023

NORTH LINCOLNSHIRE COUNCIL

CABINET

CARE QUALITY COMMISSION (CQC) PILOT INSPECTION REPORT OF NORTH LINCOLNSHIRE ADULT SOCIAL CARE

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 Cabinet notes the outcome of the recent CQC Pilot Inspection of our services in North Lincolnshire.
- 1.2 To actively publicise the outcome for our experts, the workforce, providers and partners to experience positivity in the overall indicative quality rating '**Good**'- *Evidence shows a good standard of care and support.*

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire Council took part as one of five Care Quality Commission (CQC) Pilot Assessments of LA Adult Social Care, between June-August 2023 (onsite fieldwork 22-24 August 2023).
- 2.2 For each LA in the pilot, CQC provides a report, there are four ratings that CQC give to LA's: outstanding, good, requires improvement or inadequate. North Lincolnshire has been given an indicative rating of '**Good**'- *Evidence shows a good standard of care and support.* The report outlines areas of strength and key areas for development. The reports from the five pilot inspections were published at the same time on the CQC website 17th November 2023.
- 2.3 This was a positive experience overall, building the confidence of the workforce in the widest sense, working with people with lived experience through the process and our providers and partners has been very rewarding.
- 2.4 It is good to see that the report has affirmed that our strategy of 'Keeping people in their own homes, families, jobs and communities' is the right approach and that our four priorities will be updated to reinforce the areas for development.

- 2.5 The report is laid out by how CQC see our strengths and areas for development, we would wish to pull out the following.

People with lived experience gave **positive feedback** about their experiences. The Experts Together **Pledge** developed by the **Experts Together Partnership** was acknowledged as the binding strategic document for coproduction with '**Ask Listen Act**' being the focus of the approach. The Partnership were also positive about their involvement in **co production with the safeguarding board**. People with lived experience had been involved in the co production of the '**Workforce tool**' to **inform best practice in communicating and working with people with lived experience** and CQC received **positive feedback** from most people about their contact with the **front-line social work teams**. Overall **Co production with people with lived experience** was seen as being **embedded** in the local authority's approach from the front line to the development of strategy and learning and improvement.

CQC said that **People's needs** were assessed in a **timely** way and that no one is waiting for a full care act assessment. A **strengths- based approach** was embedded into social work teams focusing on **people's abilities, needs and wishes**, they saw the focus on **prevention**. Including across our supported living and homeless functions. Local teams **understood communities** well and had local knowledge of **less heard groups**, this included social work teams as well as the early intervention and preventative at the community Hubs. The inspection team said they saw **robust transition pathways** for young people; with transition planning starting early at 14 years old, with close working between children's and adults continuing beyond 18 where necessary.

Partnership working was well established with strong relationships at all levels. There was **robust partnership** and **integrated working** across the **safeguarding** system including police, health, and fire. CQC heard about **Community First Strategy** for integration and the integrated hospital discharge team that worked across health and care to deliver holistic support to ensure people were **safe** on discharge from hospital. They said that **Deprivation of liberty safeguards** were **well managed**, there was no waiting list and conditions were used effectively to support independence and wellbeing.

There was **good partnership working**, both with **care and health providers** and use of the **voluntary sector**. CQC have stated that there was evidence of strong partnership working both **strategically** as well as at the **front line**. CQC recognised the **cohesive preventative offer** through local authority run **community hubs** with good use of the **voluntary sector and partners**. The **voluntary sector** was seen as a **key partner** in helping deliver **better outcomes** for people including **carers**, contributing to the range of activities that people told us they accessed.

Staff spoke **positively** about the leadership team, describing them as approachable and easy to speak with. There was a feeling of a '**One Council**' approach at all **levels**. CQC also saw that there was a **learning culture** embedded within the organisation through continuous **learning, innovation, and improvement**.

- 2.6 CQC reinforced the areas for development that we ourselves had identified, they acknowledged the work underway to further strengthen our recovery offer for the younger adult population and that we need a Council wide overarching strategy to pull together all the good work in understanding and supporting our communities to have equality of opportunity.

3. **OPTIONS FOR CONSIDERATION**

- 3.1 Option 1 - To present the positive pilot inspection outcome and approve for the report to be published on the council website, reflecting the work undertaken in ensuring good outcomes for our residents and ***keeping people in their own homes, families, jobs & communities***.
- 3.2 Option 2 - To not publish the pilot inspection report on the council website.

4. **ANALYSIS OF OPTIONS**

- 4.1 Option 1 – To approve the pilot inspection report to be published on the council website, providing the workforce and stakeholders with information of key strengths reflecting the positive work being undertaken in North Lincolnshire in ensuring good outcomes for our residents and ***keeping people in their own homes, families, jobs & communities***.
- 4.2 Option 2 – To not celebrate the positive outcome could impact on progress in achieving our key areas for development and improving outcomes for our vulnerable people.

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

- 5.1 A one off grant of £27k will be provided to Local Authorities in the 2023 to 2024 financial year to cover the time and resource required to familiarise themselves and effectively engage with their first formal assessment. In working with our Humber colleagues, we have decided as it is such a small amount to pool it with them and agree a set of priorities to further improve outcomes for our local residents.

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 Not applicable.

9. **RECOMMENDATIONS**

9.1 Cabinet notes the outcome of the recent CQC Pilot Inspection of our services in North Lincolnshire.

9.2 To actively publicise the outcome for our Experts, the workforce, providers and partners to experience positivity in the overall indicative quality rating is '**Good**'- *Evidence shows a good standard of care and support.*

DIRECTOR OF ADULTS & HEALTH

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Date: 06/11/2023

Background Papers used in the preparation of this report:

Appendix A – CQC Pilot Inspection report of North Lincolnshire Adult Social Care (attached)

Name of Local Authority: North Lincolnshire Council**Date of publication:**

Assessing how local authorities meet their duties under Part 1 of the [Care Act \(2014\)](#) is a new responsibility for CQC. We have been piloting our approach to these new assessments in five local authorities who volunteered to participate. Our assessment of North Lincolnshire Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

Demographics

The population of North Lincolnshire is 169,940. This is predicted to grow by 2% over the next 20 years. There are more older people living in North Lincolnshire compared to other areas and numbers are predicted to grow rapidly between now and 2043; the number of people over 65 is expected to grow by 27% and the number of people over 85 is expected to grow by 76%.

The county is a mix of urban, rural, and coastal communities; 57% of the population live in urban areas. The Index of Multiple Deprivation is 5 (10 is the most deprived).

There are 19 electoral wards that have been aggregated into 5 localities, grouping wards sharing similar demographic characteristics. 94.32% of the population is white, with the largest population of people from ethnic minority groups in the North Scunthorpe locality. The current political makeup of the local authority is 27 conservative seats and 16 Labour.

Financial facts:

- The LA estimated that in 2022/23, its total budget would be £265,148,000. Its actual spend for that year was £284,105,000, which was £18,957,000 more than estimated.
- The LA estimated that it would spend £53,625,000 of its total budget on adult social care in 2022/23. Its actual spend was £55,639,000, which is £2,014,000 more than estimated.
- In 2022/2023, 20% of the budget was spent on adult social care.
- The LA has raised the full ASC precept for 2022/23 but did not for 2023/24. Please note that the amount raised through ASC precept varies from LA to LA.
- Approximately 2,285 people were accessing long-term ASC support, and approximately 1,225 people were accessing short-term ASC support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

LA Indicative Rating:

Good = Evidence shows a good standard of care and support

Summary of strengths, areas for development and next steps

Summary of strengths

People's needs were assessed in a timely way. A strengths-based approach was embedded into social work teams focusing on people's abilities, needs and wishes. Approved mental health professionals (AMHP) worked well across teams. Waiting lists were well managed and a 'Trusted Reviewer' pilot had been introduced which is working well to manage the backlog with reviews.

There was a cohesive preventative offer through local authority run community hubs with good use of the voluntary sector and partners. The support in the hubs was delivered through a 'making every contact count' approach, bringing information, advice, and guidance, alongside community facilities such as libraries and leisure centres into one location. This meant if people approached the hub for a 'small' enquiry that contact could be used to make them aware of further support available.

Partnership working was well established with strong relationships at all levels. Some aspects of service delivery were integrated with health, for example around hospital discharge and through a pilot in an integrated neighbourhood hub. The local authority worked well with the voluntary sector, particularly in relation to wellbeing; ensuring people had support in their local communities to maintain their independence and prevent or delay future care needs.

The supported housing and homelessness function had been brought into Adult Social Care, which was viewed positively both internally as well as with partners. This enabled better early intervention and support in vulnerable client groups, such as people leaving mental health hospitals, people leaving prison or homeless people, by ensuring people's housing needs were met which improved outcomes from other interventions.

Co-production with people with lived experience was embedded in the local authority's approach from the front line to the development of strategy and learning and improvement. People with lived experience had been involved in the co-production of the 'Experts together tool' to inform best practice in co-production and communicating and working with people with lived experience.

There was an open culture within the local authority, with clear leadership, effective governance, and lines of accountability around performance, quality, risks, and assurance. There was a learning culture with opportunities for learning embedded across the organisation and with partners.

Areas for development and next steps

There needed to be a greater focus on identifying and understanding the needs of seldom heard groups, and groups who find access to local authority services more difficult. While front line teams worked hard to engage local communities, there was no strategic oversight to ensure that all voices were heard, and communities felt able to access services. While the local authority was engaging some local groups, we heard from some community groups that there needed to be more flexibility and consideration given to using varied approaches to engage people from different communities. Faith leaders were keen to strengthen the faith covenant (a set of principles to guide engagement between faith communities and the local authority) and improve understanding of the work of faith communities. The local authority had identified they needed to improve co production around substance misuse and homelessness.

There was a desire to use data to inform the Adult Social Care strategy and the local authority had identified there was more work needed both to improve the available data and the supporting intelligence underneath the data. Data had been used to evaluate the preventative approach and the resultant savings in services to support people, but more work was needed to plan ahead, to ensure this will enable the local authority to meet the needs of the rapidly ageing population.

The Local Authority had identified that further work is needed to improve the offer for young adults in moving them towards independence and employment. They had begun to progress this work. For example, the focus for short term reablement so far had predominantly been around services for older people in supporting and preventing hospital discharges. There is now a similar focus on the needs of younger adults in terms of expanding the housing and support options and the skills of the workforce.

There was a strategic ambition both within the local authority and with partners, to develop integration. This included consideration of shared data systems and joint working on the winter plan, so integrated working improves a person's 'journey' between services, removing barriers between health and adult social care organisations. To achieve this, the models of integration and pilots that have been developed so far need to be built on with a focus on what is necessary to deliver at a larger scale.

Summary of people's experiences

People with lived experience gave us positive feedback about their experiences. The Experts Together Pledge developed by the Experts Together Partnership was the overarching strategic document for co-production with 'Ask Listen Act' being the focus of the approach. There was an accompanying workforce tool to support the workforce in co-production. Most people told us they had good open relationships with social workers who supported them to achieve their outcomes. Unpaid carers told us they had access to a range of activities to support their wellbeing.

People who had been involved in co-production with the local authority spoke positively about their experience and felt they had made a difference. They said leaders knew them by name and they felt listened to and involved, leading large training events such as conferences as well as being involved in the development of strategies. The effectiveness of co-production at board level varied for different groups of people. We were told that this worked well in the learning disability board, however people with mental health difficulties, autistic people and members of faith communities felt more work was needed for them to engage and influence change at this level.

Theme 1: How the local authority works with people.

Assessing needs

Indicative score: 3

Evidence shows a good standard.

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

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

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.

Key findings for this Quality Statement

People's needs were assessed in a timely way. A strength-based approach was embedded into social work teams to achieve the best outcomes for people, focusing on people's abilities, needs and wishes. Staff told us the approach meant assessments were more holistic. There was a good flow from the first point of contact through to assessment of needs. Social workers described how responsive the local authority was and everyone who called in would get a response. They worked well with other organisations, particularly the voluntary sector and the use of social prescribing. This is a provision where GP's can refer people to local community groups and services, to improve people's ability to manage their own health in relation to needs that are not eligible for support from the local authority.

Assessments of needs and the plan for support, were co-produced with people. People told us they were involved in their assessments and social workers listened to what they told them. However, we did have isolated feedback from one person that communication was poor and there were delays in the financial assessment as a result. Teams gave examples of how they had used the Experts Together tool to co-produce what is important to vulnerable people to be safe, well, prosperous and connected. Front line staff had a prompt card produced by the Experts Together Partnership promoting good practice around communication and meeting people's needs.

Staff told us they worked closely with family carers, considering the whole family's support to prevent a crisis. They told us support for the family carer was central and they ensured carers were in touch with wider carers networks as part of the assessment. The local authority had done a lot of work recently to raise awareness to engage and identify more carers. This had resulted in an increase in the number of carers in contact with them and having assessments. Carers told us they felt involved in the assessment for the person they were caring for and they felt listened to in the process.

There were no people waiting for assessments within the frontline teams. There were a number of people who were awaiting an annual review of their care and support needs. The national data showed that 68% of long-term support clients had been reviewed which is above the national average. At the time of our assessment the local authority told us the percentage of people who had reviews had increased to 80%, so that 20% (298) of people

eligible for a review were still waiting. The local authority was piloting a trusted reviewer model, where responsibility for reviews could be delegated to approved providers, overseen by the local authority case worker. This was helping to clear the back log and both staff and providers were positive about the impact this was having on ensuring that people's needs were reviewed in a timely manner.

The local authority had a high take up of direct payments, 42% of people which compared to the England average of 26%. The local authority told us they used direct payments as a way of increasing autonomy and choice. Social workers told us they had the freedom to be creative in the way they used services and described how this could be good for people from ethnic minority groups as it enabled care packages that were more culturally appropriate.

Evidence shows a good standard.

What people expect:

I can get information and advice about my health, care, and support and how I can be as well as possible – physically, mentally, and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this Quality Statement

The Adult Social Care Strategy focused on a preventative approach, based around promoting people's independence and support in the community. Through this approach 93% of people who had received short term care and support no longer required support, this was above the national average and demonstrated the focus on support to enable people to maintain independence to prevent or delay long term needs for care. Both health and voluntary sector partners understood the approach, and there was an integrated health and care strategy, 'Community First'. There was a sense that everyone was working to the same goals. This approach was well understood from leaders through to front line workers.

Community hubs delivered the approach with effective use of the voluntary sector. For example, the local authority funded a social prescribing project with the voluntary sector to prevent or delay the need for care. Interventions were delivered as part of a 'making every contact count' approach, bringing information, advice, and guidance, alongside community facilities such as libraries and leisure centres into one location. This meant if people made contact at a hub with a query for advice and support, they could also be connected to other services and activities that they may not have been aware of, with the aim of improving health and wellbeing.

The local authority had an online resource 'Livewell' that was a directory of local services and support within communities, this was being co-produced with community groups. There was still work to do to develop this resource, but it aimed to help people identify sources of support and activities within their local communities.

Public health data was used to identify issues in particular communities and target activities to address them. Community workers worked with people's physical and mental wellbeing. For example, encouraging people through behaviour change, to become more active and address issues such as obesity or smoking cessation. There was a wider focus than just public health targets, the hubs used 5 ways to wellbeing principles, beginning with supporting people to be more connected including through arts and heritage activities.

Community enablers worked within and beyond the hubs, to help people be more connected in their community. They worked closely with community groups, looking at the strengths within communities and connecting communities where there were gaps. We had feedback from carers who said they had been able to access a range of community groups and activities that kept them connected and gave them a break from their caring

role. There was further work needed which the local authority had identified, to improve the offer for young adults in moving them towards independence and employment.

The local authority recognised housing was a key issue in addressing wellbeing and had restructured to make the supported housing and homelessness function part of adult social care. Both staff and partners gave positive feedback about this, describing how this has resulted in much better outcomes for people experiencing mental health difficulties, substance misuse, ex-offenders, or domestic abuse, preventing future need for adult social care support in these vulnerable populations.

Equity in experience and outcomes **Indicative Score: 2**

Evidence shows some shortfalls.

What people expect:

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

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.

Key findings for this Quality Statement:

Data from the joint strategic needs assessment and public health was used to identify health inequalities including areas of deprivation, age, and geography. For example, there were issues identified that were making it difficult for people living in rural communities to access home care, so the local authority had looked at models in other rural authorities and reviewed their framework to improve access. It was less clear however, how the areas of deprivation and health inequalities, linked in with communities of people with protected characteristics. We had some feedback that there was a focus on older vulnerable people but not on other inequalities.

Local teams understood communities well and had local knowledge of hard-to-reach groups. This included social work teams and the early intervention and preventative support through the hubs. Teams told us that translation services were easy to access where necessary.

The teams were engaging with communities they had identified as being 'hard to reach' including some people from ethnic minority groups, LGBT+ groups and a public health project targeting cancer screening for Asian women. However, if there were communities not 'visible' to local teams and hubs they may have been missed. These groups may require different interventions and allocation of resources for them to engage and benefit from adult social care services, both preventative support as well as people with eligible support needs. Feedback from partners was that more work was needed to engage those groups who found it more difficult to engage with adult social care services. For example, the local authority's equality impact assessment for the carers' strategy showed support for carers was predominantly used by white British people. Partners also raised the issue of women specific services; they felt that more women only services would support access for some women from ethnic minority and faith groups who would otherwise not access mixed services. We received feedback that further work was needed by the local authority to develop their understanding around the needs of faith communities. This included developing more flexibility in their approach and building on the strengths in those communities to provide effective support and preventative work as they have in other communities. The local authority told us they had started work to strengthen their relationships and understanding of faith communities including the development of a faith covenant. The faith covenant included a set of principles to guide engagement between faith communities and the local authority and is due to be signed off later this year.

The 'Experts Together' tool was used effectively for co production. People in the group with lived experience told us they felt listened to and respected and had been involved in the development of strategies and staff training; conferences for example in person centred care and safeguarding, as well as supporting recruitment of both leaders and

front-line staff. Voluntary sector partners had been involved in working with a range of people with lived experience including involvement in co-production, which was working well for people with learning disabilities. However, we had feedback that there was further work to do for other groups of people for example autistic people or people with mental health difficulties. There was a feeling that a more flexible approach was required, for example in understanding the reasonable adjustments people might need to participate. The local authority had identified they need to do more work around co production with people who experience substance misuse and homelessness.

Theme 2 – Providing support.

Care provision, integration, and continuity

Indicative score: 3

Evidence shows a good standard.

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this Quality Statement:

The local authority understands the care and support needs of local people and was actively working to shape the market to meet those needs. There were a variety of providers including for home care, residential care, and nursing care. There was a reablement team that could provide an immediate response to people's needs, working closely with the access team as well as hospital discharge. The use of assistive technology was also being developed to support people's independence.

The local authority recognised there was over provision of residential care, and that more capacity was needed in domiciliary/home care to deliver on their strategic priorities and meet population needs. This was being addressed through the brokerage team that worked closely with providers, planners, and housing to create community housing that met people's needs. This approach was most developed for older people where the local authority had made their own investment into Extra Care housing for people with dementia. They had started to develop more housing that was adaptable and accessible through a 5-year housing plan. Leaders recognised further work was required to meet the needs of younger people with complex needs and this was confirmed by what people told us. One person told us they were now happy with the support they receive, and they have positive outcomes, but their choice was limited due to the lack of provision in the area.

The local authority had started a project along with health partners to review the care of people who had been placed out of the local authority area, to understand why this had happened and how local services needed to change to better meet people's needs. This work was currently in progress. There was a commitment to using the findings from this work to further transform the local care sector to include services that could meet complex needs in the future and enable people to be rehoused closer to home and prevent future out of area placements.

Discussions were beginning with residential care providers to understand how buildings could be repurposed or used differently to provide additional community resource alongside residential care to address the issue of the oversupply of residential care. Providers told us the review of the way local authority was commissioning services had improved relationships with the local authority, so they were working together to meet local needs. They said there was a good focus on people's outcomes being balanced with provider needs. The local authority was addressing workforce challenges through their 'Proud to Care' initiative which was set up to support recruitment and retention of the

social care workforce by supporting childcare, providing scooters for 'wheels to work' and subsidised gym membership. They also used this initiative to develop skills in the workforce to meet people's more complex needs. This work was just starting to have an impact, and staff gave examples where this had worked well to enable people to stay in their own homes with home care support. Further work was needed to embed this model to ensure consistency.

We received positive feedback from most people about their contact with the front-line social work teams. Social work staff described how they worked across teams internally as well as with external partners such as health and the voluntary sector to support people to get the best outcomes; building on people's strengths to help meet needs in a way that helped maintain their independence. There was good joint working with health partners as well as the voluntary sector. This included with mental health provision. Approved Mental Health Professionals (AMHP) were located close to social work teams which enabled them to work well together.

The local authority had systems in place to manage the quality of care that people experienced from providers including surveys, and 'mystery' shoppers from the Experts Together Partnership. The local authority had recently reviewed the framework for monitoring quality in services, and providers were positive about this and felt it was more supportive. Ratings for services in the local authority area were above the national average, for example 78% of nursing homes, 86% of residential homes and 89% of domiciliary care agencies were rated good or outstanding, this compared to 77%, 83% and 82% respectively for the national average. The team described opportunities to work with providers to support innovation, through additional funding. The provider market was stable within the local authority area. There had been no providers exiting the market in the past 12 months and no situations where providers had said they were unable to provide care at short notice.

Partnerships and communities:**Indicative score: 3**

Evidence shows a good standard.

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this Quality Statement:

There was good partnership working, both with health integration and use of the voluntary sector. There was evidence of strong partnership working both strategically and at the front line. Integrated working was focused in particular areas, for example in a pilot integrated neighborhood team and through hospital discharge. There was a strategic ambition to develop integration further, based on the Community First preventative approach. For example, moving to shared data systems between health and social care, and joint working on the winter plan to remove barriers for people when they move between services, or receive support from both health and social care. However, further work was needed to deliver integration on a wider scale. There were clear leadership arrangements for a system wide approach to integration and partnership working, with senior politicians chairing or attending the Health and Wellbeing Board, and the Integrated Care Partnership place group. Senior officers showed a clear commitment to joint delivery in significant areas in the Integrated Care System (ICS). Health partners spoke positively about the joint working with the local authority and said the relationship had strengthened over the past 5 years. They described working together to address issues for example around hospital discharge and the winter plan, sharing rather than shifting responsibility.

The local authority worked closely with external housing partners, reflecting the inclusion of the local authority's own supported housing and homelessness function within Adult Social Care. The local authority worked closely with planners, housing associations and builders to deliver their housing strategy, recognising that housing was a fundamental basis for wellbeing.

The voluntary sector was seen as a key partner in helping deliver better outcomes for people including unpaid carers, contributing to the range of activities that people told us they accessed. They were recognised as being in contact with diverse communities and people with lived experience, and we received feedback that there had been an improvement in the partnership working between the voluntary sector and the local authority since the Covid-19 pandemic. There was a feeling that there had been positive work in this area, but there was still work to be done, particularly in the partnership with faith communities where there was a lack of continuity and direction in this work.

Theme 3: How the local authority ensures safety within the system.

Safe pathways, systems and transitions

Indicative score: 3.

Evidence shows a good standard.

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.

Key findings for this Quality Statement

There was an integrated hospital discharge team that worked across health and care to deliver holistic support to ensure people were safe on discharge from hospital. There was a 'Home First' approach for this service that was understood by all partners and at all levels of the organisation from front line to leaders. 'Virtual wards' were used, where a person was able to receive nursing care in their own home. The voluntary sector had been involved in the design of a 'welcome home' service to support people with non-eligible needs on discharge for example shopping or social needs.

When issues were identified in the flow from hospital, such as capacity within the homecare market, the local authority piloted an 'accelerated learning event' to trial a 'perfect discharge' for 2 weeks. Learning from this had been embedded in the service and had improved outcomes for people and reduced the waits for discharge. The local authority had their own reablement service to support people on discharge which helped with flow, so people could be discharged from hospital as soon as they were well enough. They had also repurposed a residential home specifically to support reablement for people on discharge from hospital that were unable to go straight home. People told us discharge worked well and described how they were supported with physiotherapy and occupational therapy as well as support to regain their independence so that they could go home. Providers were paid financial 'retainers' so if a person in receipt of care went into hospital, the local authority continued to pay the care provider for 7 days which helped continuity and meant people could be discharged back to the same care provider if it was still appropriate. Where there were challenges in relation to discharge, the responsible officers had regular calls each day to discuss discharge and find solutions across all partners.

There were robust transition pathways for young people; transition started early at 14 years old, with close working between children's and adults continuing beyond 18 where necessary. People gave us positive feedback about the support they received, and described how direct payments were used to ensure personalised support that promoted the young person's independence as they moved into adulthood, so they were less reliant on their family.

Joint working within the housing team supported safe pathways during transition for vulnerable people, for example a staff member in the supported housing and homelessness function worked with probation to support people when leaving prison and a jointly funded mental health post to support people on discharge from hospital. The team described how, by focusing on housing first this meant the safety and effectiveness of other interventions and support was more likely to be successful. If people don't have a safe place to live then they cannot deal with other issues such as domestic abuse, mental wellbeing or finding employment. One person gave negative feedback about their initial experience of support from the local authority in relation to mental health when moving between services. However, they said more recently they had a positive experience and had a good relationship with the new social worker with open discussions about the options available with a flexible approach to meeting their needs resulting in positive outcomes for the person.

Safeguarding

Indicative score: 3

Evidence shows a good.

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this Quality Statement

There was robust partnership and integrated working across the safeguarding system including police, health, and fire. Partners described positive relationships that were respectful, strong, and open to challenge, to improve understanding and prevent 'group think' and focus on the safest outcome for people. There were strong partnerships with people with lived experience. The Experts Together Partnership were positive about their involvement in co-production with safeguarding.

Section 42 enquiries were dealt with in timely way with no backlog, so concerns were triaged on the same day. A section 42 enquiry is where the local authority believes that someone is at risk of abuse and therefore a full investigation needs to be carried out. There was a focus on ensuring a personalised approach with the wishes of the person at the heart of the process. The safeguarding team worked well with other teams to ensure an integrated approach both internally as well as with health partners.

There was a comprehensive dashboard with information about safeguarding. Data was used to analyse themes and trends, to target preventative interventions to reduce the number of safeguarding concerns and to raise awareness within communities. There was a risk-based approach to managing safeguarding thresholds and the data dashboard enabled leaders to monitor themes and trends even if concerns did not meet the threshold for a S42 enquiry. The current approach was introduced following a review of the data which showed inconsistencies in reporting. As part of the introduction of the new approach, there was awareness raising and development work with providers, voluntary sector partners and communities to enhance understanding of safeguarding, when referrals should be made and how to ensure that all referral forms were completed with the information required by the team. There was also co-production with people with lived experience to make a more accessible version of the safeguarding concern form in an easy read format. Providers and partners gave positive feedback about the changes and felt that the system worked better as a result.

The data dashboard enabled leaders to see increases in the number of referrals as well as gaps in the data to enable targeted approaches. For example, awareness raising was targeted through 'roadshows' at community events in communities where there were less referrals and less knowledge about safeguarding. Training and awareness raising sessions were held with local voluntary and community groups, to build on the community first approach to wrap around support.

The safeguarding dataset had also highlighted an increase in self-neglect, in line with national trends following the pandemic. As a result, they looked more closely at self-neglect cases and worked across the partnership to develop multi agency training involving all partners including environmental health and fire. This included a person with lived experience to talk about their experience. This had improved awareness of self-neglect and understanding of what needed to be referred to safeguarding and identification of cases where support can be offered through signposting to other organisations, without the need for safeguarding referral.

Deprivation of liberty safeguards were well managed, there was no waiting list and conditions were used effectively to support independence and wellbeing for example, through social connections.

There was a proactive approach to learning from serious abuse or neglect, including oversight of national and regional learning to look at whether it could be used to improve safeguarding locally. Locally, learning from Safeguarding Adult Reviews (SAR) was shared both internally with teams as well as with partners, through training and briefings. In response to one of the SARs, a forensic examination service had been set up as a pilot for adults at risk who may have sustained a non-accidental injury because of physical abuse or neglect. The pilot had been externally evaluated and extended as a result.

Theme 4: Leadership

Governance, management and sustainability

Indicative score: 3

Evidence shows a good standard.

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

Key findings for this Quality Statement

There was stable leadership within the local authority with effective governance and accountability processes. There were clear lines of accountability for the senior leadership team including performance, quality, risks, and assurance to the Director of Adult Social Services and to cabinet and councillors. Policies and strategies went to cabinet with additional challenge through scrutiny. Challenge and accountability were also managed through partnerships and integrated working, particularly where joint strategies and policies were developed, for example safeguarding and commissioning. Risks were well managed including for example, risks relating to partnership working, as well as demography and projected changes in the ageing population. There was awareness of these risks amongst both senior leaders and councillors and there were systems in place to monitor and manage them.

Staff spoke positively about the leadership team, describing them as approachable and easy to speak with. There was a feeling of a 'One Council' approach at all levels. Strategies were embedded and well understood within the local authority from front line staff through to leaders for example, the adult social care model focusing on a preventative approach to address the pending issue of rapid increase in the number of over 65's. Staff felt supported in their roles and listened to. There were opportunities for staff to undergo professional development through apprenticeships in partnership with local education providers. This had helped with retention of staff and local knowledge resulting in a stable supportive staff team.

There was a culture of working openly with partners, and partners spoke positively about their engagement with the local authority. There was a feeling that relationships were robust and open to challenge. There was widespread agreement that partnerships had developed over the past 5 years to a partnership of equals, and that this is now developing from partnerships to a "system". The ambition is that the focus moves from the 'system' to person-centred service delivery, looking at the person and their journey rather than the system. This was reflected in positive working 'on the ground' with a wide range of partners in health and the voluntary and community sector, and a focus on a person-centred approach producing positive outcomes for people.

The voluntary sector providers spoke positively about recent changes in the relationship with the local authority which they felt had enabled voluntary and community groups to influence strategy and the approach of the local authority, in a way that resulted in positive outcomes for people.

There was a desire to use data to inform the ASC strategy and understand people's journeys; there was an understanding that more work was needed both to improve the available data and the supporting intelligence underneath the data. For example, in the

data available to identify people with protected characteristics and identifying hard to reach or hidden communities. Data had been used to evaluate the effectiveness of the preventative approach over the past 7 years, however further work was required to predict forward to ensure that preventative work would continue to offer savings to continue to meet population needs as the number of people over 65 increased.

Data and feedback from people and partners, was used to inform the local authority about strategies, the effectiveness of interventions, the targeting of resources and what action was needed to improve outcomes for people. People who had been involved in co production said they felt valued, felt they had made a difference and said they were recognised by leaders when they visited the local authority buildings.

Evidence shows a good standard.

The local authority commitment: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this Quality Statement

There was a learning culture embedded within the organisation through continuous learning, innovation, and improvement. Staff told us there were opportunities for learning and their own professional development. The practice development team led by the principal social worker supported the training and the development of best practice in teams. There were mechanisms in place to support a learning culture, for example social care forums, audits, feedback (compliments/complaints), line of sight practice sessions and reflective supervision.

The Experts Together workforce tool was embedded at all levels, ensuring that co production with people with lived experience informed the development of strategies and contributed to the improvement of services. Experts with lived experience were involved in reflection, learning and feedback through training and conferences, for example in relation to safeguarding and person-centred care.

Pilots were used as a learning tool to trial new ways of working and target resources to address issues; for example, the accelerated discharge event for integrated discharge over a 'perfect fortnight', the forensic examination pilot and integrated community hub. Learning from pilots was evaluated with partners to inform future models of working. The local authority was open to using evaluation by external organisations to enhance learning.

A continual learning and improvement model was applied to work with partners including the quality monitoring of registered providers which encouraged a culture of continual learning and improvement in services. There was a culture of learning from communities to share the strengths of one community to address gaps elsewhere.

There were a range of systems in place to apply learning from themes and trends, for example in complaints, safeguarding adult reviews, serious incidents and national themes and trends. Surveys were used to understand people's experiences to influence the future design and development of services. A survey and engagement with unpaid carers for example was used, to set the priorities for commissioning services for unpaid carers. A survey of care homes focused on healthcare support resulted in an action plan to ensure that people living in care homes had access to GP services to help prevent hospital admissions, as well as looking at the support care homes needed to enable them to better support discharge from hospital.

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Report of the Director:
Adult and Health

Item Number: 6
Meeting: 11 December 2023

NORTH LINCOLNSHIRE COUNCIL

CABINET

STATEMENT OF PURPOSE – HOME FIRST SHORT STAY & HOME FIRST COMMUNITY

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Cabinet about the changes to the reviewed statement of purpose and their subsequent submission to Care Quality Commission.
- 1.2 To seek approval to publicise the documents on the council's website.

2. BACKGROUND INFORMATION

- 2.1 The council is legally required to produce a Statement of Purpose for any registered services it provides in accordance with Care Quality Commission (Registration) Regulations 2009.
- 2.2 The services are both registered and provided by North Lincolnshire Council, and as such are required to regularly review and submit a Statement of Purpose.
- 2.3 The Home First services are registered to provide time limited rehabilitation and reablement interventions and provide support within a residential setting and people's own homes.
- 2.4 Home First staff work with individuals, and their circle of support, developing a programme to improve mobility, health needs, daily living activities and practical tasks. This develops confidence, strength, and skills for individuals to carry out activities independently, supporting people to have the confidence to remain living at home.
- 2.5 We work in partnership with other social care and health professionals to prevent early admission residential care or to avoid a admission to hospital where possible and facilitate timely discharge from hospital.

2.6 The documents refers to the Home First commitment to achieving improvements for the people of North Lincolnshire as set out in the Councils four strategic outcomes. These are:

- Safe
- Well
- Prosperous
- Connected

2.7 A statement of purpose is a legally required document that includes a standard set of information about a provider's service. Statements must describe:

- The provider's aims and objectives in providing the service.
- Details of the services provided
- The health or care needs the service sets out to meet.
- The provider's and any registered managers' full name(s), business addresses, telephone numbers and email addresses.
- Details about the legal status of the provider (for example, whether they are an individual, company, charity, or partnership).
- Care Quality Commission must be sent the formal documents, to register the registered providers and managers.
- Each person who works within the Home first services, both social care and health staff.
- People provided with support and care by the Home First service
- All carers or family members of people provided with support and services by the Home first services.

3. **OPTIONS FOR CONSIDERATION**

3.1. **Option 1** - Approve the publication of the Statement of Purpose for the Home First services.

3.2. **Option 2** – Do not approve the publication of the Statement of Purpose for the Home First services.

4. **ANALYSIS OF OPTIONS**

4.1. **Option 1** – Approve the publication of Statement of Purpose - This option will ensure we meet our legal requirements under the Care Quality Commission (Registration) Regulations 2009. It will also enable us to provide a detailed account of the aims and objectives of the Home First services to social care and health staff, people who use the service and their circle of support.

- 4.2. **Option 2** – This will mean we fail to meet our legal requirements under the Care Quality Commission (Registration) Regulations 2009. It will also mean that the information we provide to those who work in, or use, the Home first service is limited.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**
 - 5.1. No implications.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**
 - 6.1. Statutory Implications – North Lincolnshire Council is responding to the Care Quality Commission (Registration) Regulations 2009 that registered care services provide a Statement of Purpose.
 - 6.2. Environmental implications – None
 - 6.3. Diversity implications – None
 - 6.4. Section 17 – Crime and Disorder implications – None
 - 6.5. Risk and other implications – None

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**
 - 7.1. Not applicable

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**
 - 8.1 Consultation with staff members across the Home First services took place and the information provided influenced the content of the Statement of Purpose.
 - 8.2. The views of the Diversity Officer and other professionals were also obtained and contributed to the development of the Statement of Purpose

9. **RECOMMENDATIONS**
 - 9.1. The Cabinet supports the submission and the publication of the Statement of Purpose for the Home First services.

DIRECTOR OF ADULTS & HEALTH

Civic Centre/
Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Wendy Lawtey
Date: 28.09.23

Background Papers used in the preparation of this report: NIL



North Lincolnshire Council Statement of Purpose Home First Community

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CQC provider ID:1-101668016

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1. Quality and Purpose of Care

1.1. Introduction

This **statement of purpose** is written in accordance with the Care Quality Commission (Registration) Regulations 2009.

The statement is produced by the Registered Manager on behalf of North Lincolnshire Council.

Reference is also made within the document to a series of North Lincolnshire Council Adult Services policy documents, which can be read in conjunction with this statement. These documents are all available in full at www.northlincs.gov.uk

This document is created for submission to the Care Quality Commission as part of North Lincolnshire Adult Services legal responsibility to produce a Statement of Purpose.

We are also aware that other people would find this document useful and therefore we also make it available to: -

- Each person who works in the Home First Community Support team.
- People provided with support and services by the Home First Community Support team.
- All carers or family members of people provided with support and services by the Home First Community team.

Home First Community is a registered Rehabilitation and Reablement service, providing time limited rehabilitation and reablement therapies and support in a person's own home.

This document aims to provide a detailed account of the services provided by the Service in line with Care Quality Commission (Registration) Regulations 2009.

This document is available to people accessing the support and their families and any other professional agency with a legitimate link or enquiry about the Home First Community service. It is a requirement that every member of staff remains fully conversant and up to date with the contents and meaning of this document.

The Registered Manager regularly reviews the Statement of Purpose and associated policies in relation to the Home First Community service.

1.2 Ethos and Philosophy

We strive to deliver support that puts people at the centre of our services. We will ensure that we keep the person at the heart of our service and take their whole wellbeing into account. We aim to ensure that a person can remain at home and feel confident, safe and able to live independently, without the need for ongoing care support.

We will:

- strive to preserve and maintain dignity, individuality, privacy and to remain sensitive to a person's ever-changing needs.
- treat people with care and compassion and respond to people in a courteous, caring, and respectful way.
- offer support that is inclusive and assume potential, ensuring everyone has equal access to care and support. We will also ensure equality is demonstrated in the behaviours of all staff working in the integrated service.
- work with a person to achieve their potential through identifying the outcomes and goals that are important to them to maximise their independence. This will form the basis of their care and support and will be reviewed with them on a regular basis to assess and adjust the support they need to achieve their goals.
- identify the person's circle of support' - families, friends, carers, loved ones or others that provide care and support to an individual and actively encourage them to appropriately involve their circle of support in decisions made during their recovery process. We work inclusively to ensure all views, goals and circumstances are taken into account and they feel fully supported and empowered during their reablement journey.

We use the 'Experts Together Workforce Tool to support people who use our services. We understand how important it is to work in a person-centred way and listen and act to what our experts by experience are saying.

We believe that being part of a community and having a network of support can empower people to live healthy and fulfilling lives, supporting their health and emotional well-being. We work to ensure that when a person leaves the Home First Community service they have a network of support in place. There are opportunities to develop that network further through community activities and services. Where appropriate we will work with individuals and their circle of support to confidently access these services and as required through the additional support of our sister provision Home first community reablement and social prescribers.

1.2. What is the Home First Community service?

The Home First Community service is part of North Lincolnshire Council's Adult Social Care support offer. Staff work across the community in an individual's home or place of choice providing services underpinned with an ethos of rehabilitation and reablement. The team provides time limited support following the Discharge to Assess process. This includes Rehabilitation and Reablement, and transition to long term care services as well as our Roving Night service.

A person may need support after a stay in hospital or a period of illness, to regain the physical strength and daily living skills needed to restore their independence, enabling them to remain living in their own home.

The service can also be accessed by individuals who are unwell and live in the community via our social work teams, when deemed they would benefit from reablement support in their own home.

The Home First Community service provides an integrated Social Care and Health service to residents across North Lincolnshire and to people whose GP is registered by North Lincolnshire Place Health Care Partnership (people may live outside North Lincolnshire in these circumstances), whereby health and social care professionals aim to provide programmes of intense therapy and care in a person's own home. The team includes social care staff working in partnership with Occupational Therapists, Physiotherapists, District Nurses, and General Practitioners.

By working in an integrated way, we can:

- Deliver support that brings together services to achieve the outcomes important to each individual.
- Improve transition between health and social care services.
- Communicate effectively with people who need support, and work as one team.
- Ensure effective, timely and inclusive decision making between social care and health care staff.

1.3. Core Functions

Our rehabilitation and reablement support seek to maximise people's independence in the short term by regaining skills and abilities or learning new ways of managing. This then ultimately helps people to help themselves, keeping people safe and well for longer, which helps reduce reliance on statutory services in the long term. This will include improving mobility, meeting social care needs, helping with daily living activities, identifying assistive technology and other practical tasks.

We work in partnership with other social care and health professionals to prevent avoidable admission to hospital and to facilitate appropriate early discharge.

Once individuals have reached their optimum level of rehabilitation and reablement where there is evidence of long-term need, we will continue to provide support through our transition service and where appropriate, our social work colleagues will then ensure individuals are supported to access a personal budget and source a provider that can support them to meet their ongoing care needs. We ensure that a person's care and support is safe and effective and meets their needs by working with the individual and new care provider where agreed/appropriate to offer a robust handover period.

We make referrals to other health and social care services which can assist a person remain independent. We introduce people to Community Wellbeing Hubs and support them to access activities in their local community, promoting inclusion and reducing social isolation. We also actively promote and signpost to services such as the Fire safety service and Handy man service. In addition, we consider assistive technology and how this can be utilised to enhance wellbeing and promote independence in creatively meeting support needs.

1.4. Aims and objectives.

We use our values, influence, and responsibility to engender high ambitions for vulnerable adults across North Lincolnshire together with our partner agencies - so that all adults achieve excellent outcomes. We aim to ensure that all adults have the opportunity to reach their maximum independence after a period of illness or injury.

We are committed to achieving improvements for the people of North Lincolnshire as set out in the Council's four strategic outcomes. These are;

- Safe
- Well
- Prosperous
- Connected

As set out in our Adults Strategy (2034-25), through our community first approach, we will:

- Promote independence
- Enable the workforce
- Embed integration
- Transform the care sector

We aim to enable independence, ensuring individuals are actively supported to take managed risks to build confidence and increase independence. We want individuals to live and thrive within their communities and we will support them to regain the skills and support networks they need to remain living at home.

Home First Vision:



1.5. Service Description

- We arrange emergency placements out of hours, or at a time of crisis, and support safe and appropriate early discharges from hospital.
- Adult service practitioners complete discharge to assess/trusted assessment in partnership with service users and their families, to plan which services would help a person retain or regain their physical health and social care needs. Assessments ensure they are responsive to each person's preferences, aspirations and choices and keep them at the centre of everything we do.
- Documentation provided to individuals for example, a "Welcome Guide Booklet", informs the person's expectations of the service to be provided, and how the individual will contribute to their rehabilitation or reablement.
- Individual support plans identify outcomes and therapy where appropriate. They are completed in partnership with individuals and their circle of support to ensure the support and therapies we provide are personalised and effective to achieve good outcomes and maximise independence where possible.
- While in receipt of active rehabilitation we monitor support daily and review progress on a weekly basis. We work in partnership with the individual and their circle of support, reducing services as appropriate to enable an individual to regain maximum independence.
- We undertake initial contact reviews to identify as soon as possible any likely long-term or unmet need. In cases where the individual has reached their optimal level of functionality and still has unmet needs, this then triggers the social work colleagues to complete a holistic assessment of needs with the

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purpose of exploring support which will enable people to remain independent using the The Care and Support (Eligibility Criteria) Regulations 2014 - The Care Act 2014.

- Upon completion of services, we provide further advice and information to enable people to have choice and control over their own lives and to make good decisions about their ongoing care and support.
- Where necessary we make referrals to other health and social care services, enabling people to regain/remain independent. We introduce people to social prescribers and wellbeing hubs to enable them to access services and activities in their local community, reducing social isolation and support.
- We share information about alternative private and voluntary services and support organisations that may also meet people's needs, this could prevent them from becoming more dependent on services and delay the need for longer term support.
- We undertake follow up visits after the end of our provision at various stages namely 3-day, 3-week and 3-months to check the following points.

How is the person managing?

If they are maintaining the level of independence, they achieved upon leaving Home first?

If an agency is supporting with ongoing care if they feel enabled to do continue to do things for themselves?

Where appropriate if they have accessed activities in their local community? If not, would they like/need any support to do so now?

If they have any new needs or they are experiencing any difficulties?

Ensure they have the appropriate information/contact details to escalate any future concerns?

Description of the location - Office facilities

Home First Community Support Office facilities

Billet Lane is a North Lincolnshire Council Building; the functions of the building are:

- There are various offices that are used for both managers and staff with facilities available to hold meetings and training sessions.

- The office facilities have lockable cupboards in which any confidential paper files can be stored safely.
- The building is secured and alarmed during the times that the office is closed, and anyone entering requires access by swiping their ID card/electronic entry.
- The offices on the ground floor are accessible for anyone having a disability and there are also adequate facilities with disabled access.
- There is a communal kitchen and staff are encouraged to use this and the outside area during breaks.
- The service has access to all technology needed to support the delivery of the service.
- Staff have access to an online resource library where information relating to Health and Social care topics are available.
- There is a free Wi-Fi service available for all to use.
- As part of North Lincolnshire agile working policy staff can access the Council premises within the specific locality to which they are delivering care.

2. Care planning

2.1. Referral Criteria

This service is available to people who are:

- Over 18 and live in North Lincolnshire or are registered with a North Lincolnshire GP
- Are willing and able to take part in a social care programme of support to improve daily living skills.
- Are willing and able to take part in a therapy care programme to improve mobility and physical health.
- Are in hospital and medically fit for discharge.
- Can be supported in their own home and could therefore avoid an admission to hospital.
- Meet the Care and Support (Eligibility Criteria) Regulations 2014 (see below).

The Care and Support (Eligibility Criteria) Regulations 2014 within the Care Act 2014 states the eligibility criteria for adults who need care and support are:

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	<input checked="" type="checkbox"/>	Adults aged 65+	<input checked="" type="checkbox"/>	
Mental health	<input checked="" type="checkbox"/>	Sensory impairment	<input checked="" type="checkbox"/>	
Physical disability	<input checked="" type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input checked="" type="checkbox"/>	People who misuse drugs or alcohol?	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input checked="" type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18
The whole population	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	

An adult meets the eligibility criteria if—

- The person's needs arise from, or are related to, a physical or mental impairment or illness.
 - As a result of the person's needs, the person is unable to achieve two or more of the specified outcomes.
 - As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, significant impact on the person's wellbeing.
 - A person's needs are only eligible where they meet all three of these conditions.
-
- Nutrition and Malnutrition
 - Maintaining personal hygiene.
 - Managing toilet needs.
 - Being appropriately clothed.
 - Being able to make use of the adult's home safely.
 - Maintaining a habitable home environment.
 - Developing and maintaining family or other personal relationships.

For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult:-

- Is unable to achieve it without assistance.
- Is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety.
- Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others.

The CQC service type(s) provided at this location	
Acute services (ACS)	<input type="checkbox"/>
Prison healthcare services (PHS)	<input type="checkbox"/>
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	<input type="checkbox"/>
Hospice services (HPS)	<input type="checkbox"/>
Rehabilitation services (RHS)	<input type="checkbox"/>
Long-term conditions services (LTC)	<input type="checkbox"/>
Residential substance misuse treatment and/or rehabilitation service (RSM)	<input type="checkbox"/>
Hyperbaric chamber (HBC)	<input type="checkbox"/>
Community healthcare service (CHC)	<input type="checkbox"/>
Community-based services for people with mental health needs (MHC)	<input type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input type="checkbox"/>
Community-based services for people who misuse substances (SMC)	<input type="checkbox"/>

Urgent care services (UCS)	<input type="checkbox"/>
Doctors consultation service (DCS)	<input type="checkbox"/>
Doctors treatment service (DTS)	<input type="checkbox"/>
Mobile doctor service (MBS)	<input type="checkbox"/>
Dental service (DEN)	<input type="checkbox"/>
Diagnostic and or screening service (DSS)	<input type="checkbox"/>
Care home service without nursing (CHS)	<input type="checkbox"/>
Care home service with nursing (CHN)	<input type="checkbox"/>
Specialist college service (SPC)	<input type="checkbox"/>
Domiciliary care service (DCC)	x

Supported living service (SLS)	<input type="checkbox"/>
Shared Lives (SHL)	<input type="checkbox"/>
Extra Care housing services (EXC)	<input type="checkbox"/>
Ambulance service (AMB)	<input type="checkbox"/>
Remote clinical advice service (RCA)	<input type="checkbox"/>
Blood and Transplant service (BTS)	<input type="checkbox"/>

Regulated activity(ies) carried on at this location	
Personal care	x
Registered Manager(s) for this regulated activity: Tammy Margaret Marshall	

2.2. Proportionate Assessment

Requests for support to the Home First Service are assessed using a multi-agency trusted assessment/Discharge to Assess approach. This approach brings together both the health and social care needs of a person allowing an assessment to consider the whole of a person's needs and ability to benefit from rehabilitation and reablement therapies and support. As shown in the Care and Support (Eligibility Criteria) Regulations 2014, a need for rehabilitation and reablement may not always arise from a medical condition. Therefore, the final decision to offer Community Support remains with Adult Social Care to ensure support is given to all who meet the regulations and would benefit from a period of rehabilitation and reablement.

The person is fully involved in the decisions around their care and their circle of support is included to allow all views, goals and circumstances to inform the process.

2.3. Care and support plan

Individual support plans ('This is Me' document) are co-produced with each person to ensure their views, personal goals and desired outcomes are included and implemented. The plan will include key information and details around their routine's preferences and dislikes. This support planning document empowers people to have choice and control over the support they receive and enables staff to have a deeper understanding of the people they support and to provide a service that is caring, person-centred and culturally appropriate.

We appreciate the valuable input families, friends and carers can provide in a service user's recovery and always encourage their opinions and support when developing a support plan and when reviewing a person's individual needs.

Our multi-agency approach allows people's health and social care needs to be fully supported. Our staff team work to ensure people's physical needs and emotional wellbeing are fully considered and supported during their recovery.

Support is continually monitored in full partnership with the individual and their circle of support. Progress is monitored daily and reported on at least weekly, or more frequently if required, this gives time to reflect on the goals and outcomes set, and/or consider new goals.

If the service is unable to meet an individual's needs, a multi-disciplinary meeting will be held inclusive of the Circle of Support to find an alternative solution.

There is no charge for rehabilitation and reablement support for up to the first six weeks of a programme. A programme may be provided partly by Home First Short Stay for a proportion of those six weeks, followed by the Home First Community service. Together should they exceed six weeks a charge will be triggered. Where this is the case and continued support is required, we will discuss with the individual and their circle of support that fees that may be payable and will signpost to the online financial assessment form so that they can see what contribution they may need to pay for the cost of ongoing care and support.

3. Views and wishes.

3.1. Involvement of individual, family, and carers (Circle of Support)

We encourage the complete involvement of a person throughout their journey of rehabilitation and reablement. This involvement starts with their assessment of needs, via trusted assessment, and continues through the 'This is Me' document.

A plan for regaining independence is discussed, and what needs to be in place for this to happen, this topic is returned to throughout a person's journey through services. The plan ensures the aim of independent living remains a core goal. This also helps us to develop our understanding of each person as an individual, and their wishes and goals for regaining their independence.

We develop the support in partnership with the individual and their circle of support to ensure they are fully involved in identifying the outcomes required and adjustments needed to enable them to get back to health and therefore remain at home as independently and safely as possible.

Records of outcomes identified are available to the person receiving support and are always open to scrutiny and comment.

3.2. Reviews

As part of our quality assurance, we ask all individuals, their family and carers who have received our service to complete the 'Community Wellbeing' survey. While we encourage service users to complete these themselves at their leisure, we also make sure staff have time at the final visit to support individuals to complete them should they prefer assistance. Staff are also able to complete the questionnaire electrically from their mobile devices which allows us to upload directly via a link to MS forms. The surveys enable us to understand what the experience of the service was like for them, if their outcomes and goals were achieved and if they have suggestions for changes or improvements to the service.

We use these views and comments to evaluate the service to ensure it is achieving its aims and objectives. They inform and influence any improvements and development of services to enhance our offer to the people of North Lincolnshire.

3.3. Feedback

Feedback and comments help inform and develop the service we deliver. Each person is informed of the formal complaints process when services start. People are encouraged to make comments, suggestions, and complaints through a variety of means.

- They can raise a concern with a member of staff verbally as the issue arises by telephone or in person, by email or use of the Local Authorities online complaints form.
- Fill out the 'Community Wellbeing' questionnaire that are kept in the individuals IP for them to complete at the end of their programme of rehabilitation and reablement.
- At any point during their journey through Home First Community Support through attending workers or our 24/7 duty telephone line.
- At observation visits where officers attend to observe practice
- At the initial contact review – where we ask if the service is meeting need/expectations and ensure individuals are aware of how to make a complaint should they wish to
- At the courtesy follow up visits 3-days, 3-weeks and 3-months after the service has ended.

4. Health

4.1. Physical health

The Home First Community Support is an integrated service of health and social care professionals. Our multi-agency approach provides both social care support and health therapies to support a person to return to physical independence.

Our social and health care professionals support people to regain skills they may have lost through illness or injury. They provide a mixture of social care support and health therapies to help people achieve their goals to live as independently as possible. These may include;

- Support to improve mobility and health needs.
- Help with daily living activities and practical tasks.
- Building confidence to carry out these activities.
- Working with health professionals to maximise therapy plans.

We support people to make arrangements to see specialist practitioners, such as a dentist, chiropodist, optician or audiologist.

4.2. Social and wellbeing

All support considers the social and wellbeing health of a person. Views and suggestions given by an individual's circle of support are always valued.

Whilst a person is supported by Home First Community Support they are encouraged to participate in the available social and wellbeing activities and opportunities in their local area. We encourage people to join their local Community Wellbeing Hubs and take part in the activities that are offered there. We will support a person to do this if required.

When a person's rehabilitation and reablement support is complete, we provide information and advice on community activities within their area and will link with other services that can support them to feel confident accessing these services. Community Reablement colleagues help to ensure we best capture opportunities to maximise social inclusion and bolster people's networks and resilience, preventing loneliness and social isolation. We will also explore the possibility of assistive technology to enhance their day to day living.

We discuss the person's Circle of Support and explore how these networks might help to keep people healthy and included in their community.

Where a person has no personal circle of support, we will work with them to put in place a support network, which may include support to attend their local Community Wellbeing Hub, signposting to social prescribers, with a view to reducing social isolation.

4.3. Medication

Our Medication policy ensures everyone is fully informed and takes responsibility for the safe administration of medicine, including controlled drugs. The policy ensures audits are carried out regularly. In the event that an error occurs this is identified and recorded on the medication incident form to immediately record, rectify and learn from the situation.

The Home First Community Support Service will support people to take any medicines that have been prescribed by a doctor, if required.

Risk assessments are completed to establish if a person is able or wishes to self-medicate or if assistance or full administration support is needed. This is reviewed regularly, and adjustments made if necessary.

5. Safe

5.1. Managed risks

We work to ensure people feel safe and are safely supported when taking managed risks and building confidence to return and remain safely at home. Home first community support has a comprehensive suite of risk assessment documents that allows to practice safely and in the least restrictive ways, these include:

- Medication risk assessment
- Individual and environmental risk assessment.
- 'Moving with Dignity' risk assessment.
- Fire risk assessment.
- Accident forms.
- Body maps.

We also discuss the use of assistive technology to support people in feeling safe within their own home.

5.2. Safer Recruitment

The service is well supported by the council's Human Resources Department. The Council's Safer Recruitment policies and processes ensure all staff have Disclosure and Barring Service clearances, which are reviewed and updated every three years. References for all employees are taken and any gaps in employment history are thoroughly explored.

The Adult Services Workforce Team provides mandatory and statutory training, and all staff are trained in adult protection as well as child protection awareness.

Mandatory and statutory training is monitored within the service through regular supervisions and Employee appraisals, and well as regular updates within the Adult Social Care Data Records (was NMDS).

5.3. Adult Safeguarding

Safeguarding is embedded in the policies and procedures of Home First Community service. Our policies reflect the local Safeguarding Adults policies and procedures. This is a multi-agency document endorsed by the North Lincolnshire Safeguarding Adults Board. It describes how all partners work together to safeguard vulnerable adults in North Lincolnshire. It is embedded in the policies and procedures of Home First Community Support.

The Safeguarding Adults Board promotes, and audits effective partnership working across North Lincolnshire and is made up of representatives from key partners who are responsible for the health and wellbeing of the public, these include health, police, and social care organisations.

We have implemented the principles of 'Making Safeguarding Personal', which enables adults at risk of harm to be encouraged to identify desired outcomes and what steps they can take to change their situation and to be safe and involved throughout the safeguarding process.

As a provider employed by the Local Authority, we feel it is important to take a leading role in ensuring a robust safeguarding system that seeks to prevent abuse and neglect and is quick to respond and stop it where it occurs. As part of our continued commitment to learning from those cases that require our support we produce a quarterly report, which has a focus on learning rather than blaming. The report also allows checks and balances against the Care Act Safeguarding principles, internal procedures as well as reporting and risk reduction mechanisms.

5.4. Health and safety

We are well supported by the Council's Health and Safety Team and their Procedures for building and personal awareness. Training is given and updated regularly for all members of staff. Accident recording systems are in place for service users and staff members.

We carry out risk assessments on any equipment we use to help support people in their home. If the equipment belongs to the individual the responsibility for maintaining the equipment to ensure its safety remains with them.

Infection control procedures are in place and regularly reviewed. The service will access specialist support as and when necessary.

Business continuity plans are in place and mandatory exercises occur every three years.

As part of our induction all staff are provided with a Home First Community support Health and Safety handbook.

Individuals, visitors, and staff have a responsibility to keep themselves and others safe when using the facilities provided.

6. Leadership and management

Registered Provider
<p>North Lincolnshire Council. Church Square House High Street Scunthorpe North Lincs DN15 6NL</p>
Responsible Individual
<p>John Love Church Square House High Street Scunthorpe North Lincs DN15 6NL</p>
Registered Manager
<p>Tammy Margaret Marshall Home First – Community Support Team 8-9 Billet Lane Normanby Enterprise Park North Lincolnshire DN15 9YH</p> <p>01724 298190</p>

Locations managed by the registered manager at 1 above. (Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location
North Lincolnshire Council Home First Community – 8-9 Billet Lane	80%

Regulated activity(ies) managed by this manager		
Personal care	<input checked="" type="checkbox"/>	
Accommodation for persons who require nursing or personal care	<input type="checkbox"/>	
Accommodation for persons who require treatment for substance abuse	<input type="checkbox"/>	
Accommodation and nursing or personal care in the further education sector	<input type="checkbox"/>	
Treatment of disease, disorder or injury	<input type="checkbox"/>	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input type="checkbox"/>	
Diagnostic and screening procedures	<input type="checkbox"/>	
Management of supply of blood and blood derived products etc.	<input type="checkbox"/>	
Transport services, triage and medical advice provided remotely	<input type="checkbox"/>	
Maternity and midwifery services	<input type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input type="checkbox"/>	

6.1. Staffing of Home First - Community

The number of staff required on duty by day is determined by the number of people requiring support, any assessed risks, and the time of day.

Number of care staff required on duty during the day, evenings and overnight	
Staff	Hours
Registered Team Manager or Team Leader x 1	Mon-Fri 08:30 to 17:00 (plus on call)
Senior Community Rehabilitation Officers x1 AM x1 PM x1 Integrated Discharge Lounge IDT x1 Overnight	Mon-Sun 6:45 to 15:15 14:45 to 23:15 08:30 to 17:00 23:00 to 07:00
Duty Officers x 1 AM x1 Mid x 1 PM	Mon-Sun 06:45 to 15:15 10:00 to 16:00 15:00 to 23:15
Community Rehabilitation Workers x 20 AM x 20 PM	Mon-Sun 07:00 to 13:50 15:30 to 22:50
Transition Workers x 6 AM x 6 PM	07:00 to 13:35 15:55 to 22:30
Community Officers x 1 AM x1 Integrated Discharge Team IDT x1 PM	Mon-Sun 07:00 to 15:00 09:00 to 17:00 15:00 to 23:00
Roving nights community reablement assistants (x4)	23:00 to 07:00

6.2. Supervision

North Lincolnshire Adult Services requires the regular and meaningful supervision of all staff. Regular supervisions give the opportunity to address issues, promote a positive culture and improve the overall quality of service delivery. All staff members receive regular reflective supervision through the Employee Performance Review Model and annual appraisals and also via 'My Conversations' which now include 'Wellbeing Conversations' and 'Excellence Conversation' bi-annually. The performance review model encompasses how an individual can have an impact on the priorities of the service and wider council by demonstrating working towards the following priorities:

- ENABLE communities to thrive and live active and healthy lives.
- SUPPORT safeguard and protect the vulnerable
- SHAPE the area into a prosperous place to live, work, invest and play.
- COMMISSION to improve outcomes for individuals and communities.
- TRANSFORM and refocus, ensuring we remain a dynamic and innovative council.

The Council's Code of Conduct on employment is given to, and discussed with, all members of staff.

Supervision and Whistle Blowing procedures ensure staff can raise any concerns.

6.3. Induction and training

Staff receive an initial induction including safety training:

- Adult and child protection responsibilities
- Diversity awareness
- Information Governance
- Safeguarding awareness
- Health and Safety Awareness
- Medication and Moving with Dignity training also required before unsupervised practice.

Mandatory medication and Moving with Dignity training is provided for staff with annual updates.

Other required training includes:

Communication

Privacy and Dignity

Fire Safety

Care Act part 1&2

Fluids and Nutrition

Domestic violence

Dementia Friends

End of Life Care training

Best practice in recording

GDPR

Caldicott

Infection control and continence care

First Aid at Work

Food Safety

As a service we view ourselves as a learning organisation that seeks to expand the skills sets of workers beyond mandatory requirement to improve outcomes for service users. As part of our New Kind of Worker project then we have been able to source training that equips us to be more safe, responsive, and effective:

SBAR

MUST

Sepsis

REACT to Red

Stoma Care

Respiratory awareness

6.4. Resources

Total budget of £3,683,000

6.5. Organisational Structure

North Lincolnshire Adults and Health

Lead Officer- Responsible Person

Registered Manager

Team Leader x 2

Senior Rehabilitation Officer

Rehabilitation Officers

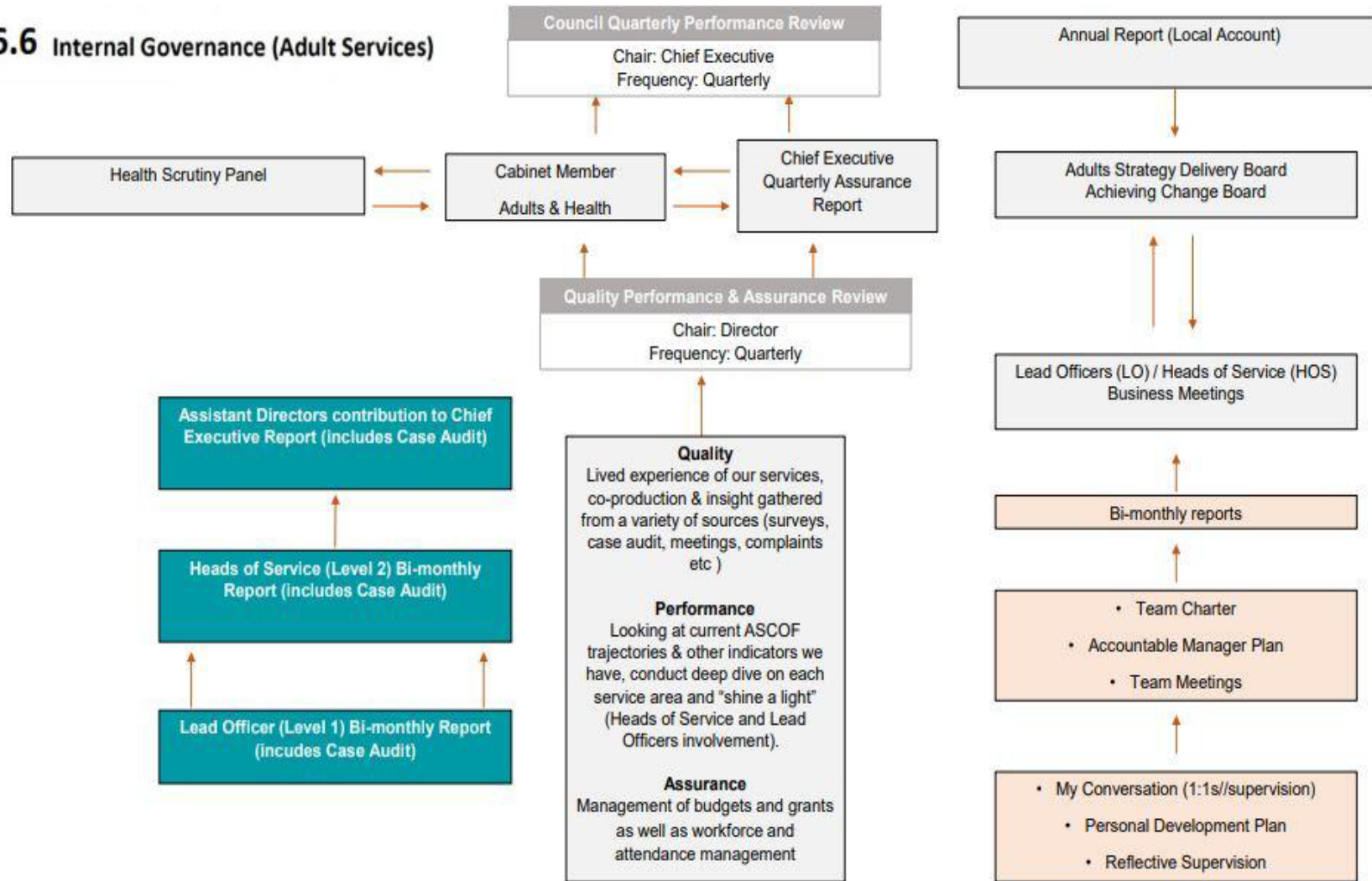
Rehabilitation Workers

Rehabilitation Assistants

Operational Support Clerks

Operational Support Assistants

6.6 Internal Governance (Adult Services)



6.7. Performance and compliance measures

Compliance Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
Completion of controlled drugs Audit	Quarterly	Statutory	100%	Quarterly
Number of people remaining at home 91 days after discharge from hospital	Quarterly	Statutory	Actuals	Monthly
Staffing and Management				
DBS Clearance	3 Yearly	Statutory	100%	Monthly
No of Complaints	monthly	Statutory	actuals	Monthly
How many responded to within timescale	20 working days	Statutory	95%	Monthly
Mandatory Training requirements	12 months	Statutory	100%	Monthly

ACTIVITY

Activity Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
Progress meetings	Weekly	Best Practice	actuals	Weekly
Update Care first records	Daily	Best Practice	actuals	Weekly
Mar sheet Audits	Monthly	Best Practice	actuals	Monthly
Service Users discharged	Monthly	Best Practice	Actuals	Monthly
People signposted to universal services	Monthly	Best Practice	actuals	Monthly
Quality Assurance Service User Surveys sent and returned	Quarterly	Best Practice	actuals	Monthly
Case File Audits	Monthly	Best Practice	100%	Monthly
Referrals into Home First Community Support Team	Monthly	Best Practice	Actuals	Monthly
Referrals from Home First Community Support Team to Localities for full assessment or further social work interventions	Monthly	Best Practice	Actuals	Monthly

Staffing and Management

Staffing and Management Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
sickness recorded on system	monthly	Best Practice	100%	Monthly
sickness return to work interviews	monthly	Best Practice	100%	Monthly
appraisals	annual	Best Practice	100%	Monthly
appraisal audits completed	annual	Best Practice	actuals	Monthly
Staffing and Management Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
6 monthly appraisal reviews (new starters)	6 months	Best Practice	100%	Monthly
My Conversations	3 months	Best Practice	100%	Monthly
Supervisions	4 a year (Regulated Services)	Best Practice	90%	Monthly
No of Compliments	Bi annual	Best Practice	actuals	Monthly
Fitness to practice - driving licence	annual	Best Practice	100%	Annual
Fitness to Practice - Risk assessments	annual	Best Practice	100%	Annual

National Minimum Data Set	Monthly report (internally)	Best Practice	100%	Monthly
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SAFE WELL PROSPEROUS CONNECTED

North Lincolnshire Council Home First Short Stay Statement of Purpose 2023

Contact Details:

North Lincolnshire Council
Home First Short Stay
Sir John Mason House
42 De Lacy Way
Winterton
Scunthorpe
North Lincolnshire
DN15 9XS
Tel: 01724 298444 (24hrs)
CQC provider ID: 1-101668016

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- 1.6. Service Description

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1. Quality and purpose of care

1.1. Introduction

This Statement of Purpose is written in accordance with Care Quality Commission (Registration) Regulations 2009.

The statement is produced by the Registered Manager on behalf of North Lincolnshire Council, Adults and Community Wellbeing.

Reference is also made within the document to a series of North Lincolnshire Council, Adult & Health policy documents, which can be read in conjunction with this statement. These documents are all available in full at www.northlincs.gov.uk

This document is created for submission to the Care Quality Commission as part of North Lincolnshire Adult services legal responsibility to **produce a Statement of Purpose for any registered services it provides, in accordance with Care Quality Commission (Registration) Regulations 2009. The document is also available to:** -

- Each person who works at the Home First Short Stay service based at Sir John Mason House (SJM).
- People provided with support and services at the Home First Short Stay Rehabilitation Centre.
- All carers or family members of people provided with support and services at Home First Short Stay Rehabilitation Centre.

The Home First Short Stay service is a Care Quality Commission (CQC) registered Rehabilitation Service, providing time-limited rehabilitation therapies and support in a purpose built, 30 en-suite room, residential setting.

This document aims to provide a detailed account of the services provided at the Home First Short Stay Rehabilitation Centre, in line with CQC (Registration) Regulations.

This document will provide a clear picture as to the overall aims and objectives in terms of providing the optimum standards of care support to achieve a person's goals to live as independently as possible.

This document is available to people who use the service, and their families, and any other professional agency with a legitimate link or enquiry about the Centre. It is a requirement that every member of staff remains fully conversant and up to date with the contents and meaning of this document.

The Registered Manager regularly reviews the Statement of Purpose and associated policies in relation to the Home First Short Stay Service.

1.2. Ethos and Philosophy

We strive to deliver support that puts people at the centre of services. We will ensure that we keep the person at the heart of our service and take their whole wellbeing into account. We aim to ensure that when a person returns home, they feel confident, safe and ready to return to independent living.

We will enable people to feel confident and supported when taking managed risks, enabling them to develop the strength and skills to maximise their ability to live independently.

We will treat everyone as an individual and encourage them to maximise their intellectual, social, and physical potential.

We will strive to preserve and maintain dignity, individuality, privacy and remain sensitive to a person's ever-changing needs.

We will, at all times, treat people with care and compassion and respond to people in a courteous, caring and respectful way.

We will offer services that are Inclusive and assume potential, ensuring everyone has equal access to care and support. We will also ensure equality is demonstrated in the behaviours of all staff working in the integrated service. Staff from across health, social care and other partner agencies, work together to promote and develop care and support that is personal, fair and diverse.

We use the 'Experts Together Workforce Tool' to support people who use our services. We understand how important it is to work in a person-centred way and listen and act to what our experts by experience are saying.

We will work with a person to identify and achieve their potential through identifying the outcomes and goals that are important to them to maximise their independence. This will form the basis of their care and support and will be reviewed with them on a regular basis, to assess and adjust the support they need to achieve their goals.

We identify a person's 'circle of support' as families, friends, carers, loved ones or others that provide care and support to an individual. We encourage a person to appropriately involve their Circle of Support in decisions made during their recovery process. We work inclusively to ensure all views, goals and circumstances are taken into account and they feel fully supported and empowered during their rehabilitation journey.

We believe that being part of a community and having a network of support can empower people to live healthy and fulfilling lives, supporting their health and emotional well-being. We work to ensure that when a person has reached their potential, and discharge planning from the Centre commences, if ongoing support is identified, we will work closely with Individuals and their circle of support to confidently access services from our colleagues in the Home first community service, or other appropriate providers. They may also require opportunities to develop links within the network further through the Community Wellbeing Hubs and other community activities and services, and where appropriate we will work with individuals and their Circle of Support to confidently access these services.

1.3. What is the Home First Short Stay?

The Home First Short Stay service is part of North Lincolnshire Council's Adults and Health Social Care support offer and is located within Sir John Mason House in Winterton. The Centre provides time-limited, rehabilitation and reablement support.

A person may need support after a stay in hospital, or a period of illness, to regain the physical strength and daily living skills needed to restore their independence, enabling them to remain living in their own home.

The service can also be accessed by individuals who are unwell and live in the community and would benefit from rehabilitative support in the Rehabilitation Centre, this would be via our access or community network teams.

Home First Short Stay is an integrated social care and health service, where a team of professionals within Adults and Health and the Health Service, provide programmes of intensive therapy and care in a purpose built, 30 room, residential setting.

The team includes social care staff, occupational therapists, physiotherapists, nurses and general practitioners from social care and health. By working in an integrated way, we are able to:

- deliver support plans that bring together services to achieve the outcomes important to each individual.
- improve transition between health and social care services.
- communicate effectively to people accessing support services.
- ensure effective, timely and inclusive decision making between social care and health.

1.4. Core Functions

Our rehabilitation support seeks to maximise people's independence in the short term by regaining skills and abilities or learning new ways of managing. This then ultimately helps people to help themselves, keeping people safe and well for longer which helps reduce the reliance on statutory services in the long term. We work with people and their circle of support to develop a programme of support to improve mobility, meet health needs, help with daily living activities, practical tasks and develop the confidence, strength, and skills to carry out these activities independently to enable people to continue to live at home.

We work in partnership with other social care and health professionals to prevent avoidable admission to hospital and facilitate appropriate early discharge.

Once individuals have reached their optimum level of rehabilitation and where there is evidence of longer-term needs, we will work with the individual and their circle of support. Our social work colleagues in the Home First arena will then ensure individuals are supported to access a personal budget and source a provider that can support them to meet their ongoing care needs. We ensure that a person's care and support is safe

and effective and meets their needs by working with the individual and new care provider.

We make referrals to other health and social care services which can assist a person to remain independent. We provide information on community wellbeing hubs, signpost people to activities in their local community, promoting inclusion and reducing social isolation. In addition, we consider assistive technology and how this can be utilised to enhance wellbeing and promote independence in creatively meeting support needs, we also refer to the SAFE team those individuals who may be at risk of falls.

1.5. Aims and objectives.

Our goal is to provide a service that is fully person-centred, supporting people's physical, emotional, and social needs to improve and develop their whole wellbeing.

We ensure that everyone has equitable opportunities to live the best lives they can with the fewest restrictions, irrespective of their individual backgrounds or circumstances. We embrace our values, influence, and responsibility to engender high ambitions for vulnerable adults across our partner agencies - ensuring that all adults achieve excellent outcomes. We aim to ensure that all adults can reach their maximum independence after a period of illness or injury.

We are committed to achieving improvements for the people of North Lincolnshire as set out by the councils four strategic outcomes which are:

- . Safe
- . Well
- . Prosperous
- . Connected

As set out in our Adults Strategy (2034-25), through our community first approach, we will:

- Promote independence
- Enable the workforce
- Embed integration
- Transform the care sector

We strive to ensure that at every stage of the journey individuals can:

- recognise and achieve their potential.
- have the confidence to live at home.
- feel safe and be safe.
- enjoy good health and emotional wellbeing.

Home First Short Stay is a multi-disciplinary service that focuses on maximising long-term independence, choice, and quality of life, simultaneously attempting to minimise on-going support.

We aim to enable independence, ensuring individuals are actively supported to take managed risks to build their confidence and increase independence. We want individuals to live and thrive within their communities and will support them to regain the skills and support networks they need to live at home.

Home First Vision:



Acting in line with our vision for good practice underpinned by the 6 Cs:

Care, Compassion, Competence, Communication, Courage, and Commitment.

1.6. Service Description

Private Facilities

- The Centre is modern care facility equipped to support and enable our guests to return to independent living.
- We have 30 rooms all with en-suite bathrooms, TV and furnished to a high standard to ensure comfort and safety.
- Each room has a lockable cupboard for personal items and medication.
- Each guest can have a key to their own room (unless a risk assessment states otherwise).
- Toilets are fitted with grab rails and raised toilet seats are available to enable people to use the facilities independently. Commodes are available if people are assessed as requiring one.

Communal Facilities

- We have a communal lounge with TV, radio, CD player, books and board games.
- There is a private garden to sit and relax in.
- There is a large dining room where our team offer home cooked meals with flexible dining options.
- A smaller dining room where people can have their meals in a quieter environment.
- A kitchen where a person and/or their visitors can make their own snacks and refreshments and where kitchen assessments will take place.
- There are mobile phones allocated to each individual unit for people to receive calls.
- We provide a domestic laundry facility where guests are encouraged to do their own laundry or allow family or friends to help them.
- We have a supply of library books, talking CDs and mp3 players that are refreshed by the council's library service every few months. We also have.
- There is a free WiFi service available for all to use.
- We have several Alexa's and iPad's that can be used to Skype family and friends, listen to music, entertainment, emails and access the internet.
- There is a mobile scooter for guests to try to see if this might be the type of equipment that could help them when they return home, or for them to get out and about in whilst they undertake their period of rehabilitation.
- Guests can take part in a variety of recreational and physical activities. The activities may include book clubs, 'knit and natter' groups, dominoes, music sessions, concerts and plays put on by visiting schools and colleges and other theatre groups, various talks, and presentations.

Services

- Adults and Health practitioners complete a discharge to assess process in partnership with individuals and their families, to plan what services would help a person retain or regain their physical health and social care needs. This also ensures the discharge is safe to take place and the rehabilitation placement is appropriate and the individual has consented to participate and engage in the rehabilitation offer at Home First Short Stay. Assessments ensure they are responsive to people's preferences, aspirations and choices and keep them at the centre of everything we do.

- Proportionate assessments are then carried out with the purpose of exploring support which will enable people to remain independent using the The Care and Support (Eligibility Criteria) Regulations 2014 - The Care Act 2014.
- Documentation provided to individuals, e.g. Residency Contract and Welcome Guide, is discussed and manages the person's expectations of the service provided and how they will contribute to their rehabilitation.
- Individual support plans (This is Me), which include programmes of care and therapy plans are completed in partnership with individuals and their family / carers (circle of support) to ensure the support and therapies we provide are personalised, effective at an individual level to achieve good outcomes and maximise independence.
- We monitor and review support regularly throughout the period of rehabilitation, this can be daily, weekly as circumstances and achievements change. We work in partnership with our multidisciplinary team, the individual and their circle of support, to enable an individual to regain maximum independence.
- Upon discharge or transfer, we provide advice and information to enable people to have choice and control over their own lives and to make good decisions about care and support.
- Where necessary we make referrals to other health and social care services, enabling individuals to regain/ maintain independence. We introduce people to well-being hubs to access activities in their local community, reducing social isolation.
- The Liaison Officer shares information about alternative private and voluntary services and support organisations that may also meet people's needs, and which could prevent them from becoming more dependent on services and delay the need for longer term support.
- Where further eligible social care needs are identified, we refer to the appropriate network for full assessment of needs.
- We undertake follow up calls at various stages to those people who have left the service with no ongoing support, namely 3day, 3 weeks and 3 months to check the following points:
 - How is the person managing?
 - Are they maintaining the level of independence they achieved whilst with home First?
 - Where appropriate have they accessed activities in their local community? If not would they like/need any support to do so?
 - Do they have any new unmet needs, or they are experiencing any difficulties

- Ensure they have appropriate information/contact details should they need to escalate any future concerns.

2. Care planning

2.1. Referral criteria

This service is available to people who are:

- Over 18 and live in North Lincolnshire or are registered with a North Lincolnshire GP
- Are willing and able to take part in a social care programme of support to improve daily living skills; and
- Are willing and able to take part in a therapy care programme to improve mobility and physical health.
- Are in hospital and medically fit for discharge.
- Are able to be supported in the Rehabilitation Centre and could therefore avoid an admission to hospital.
- Meet the Care and Support (Eligibility Criteria) Regulations 2014 (see below).

The Care and Support (Eligibility Criteria) Regulations 2014 within the Care Act 2014 states the eligibility criteria for adults who need care and support are:

An adult's needs meet the eligibility criteria if:

- the adult's needs arise from or are related to a physical or mental impairment or illness;
- as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below, and
- as a consequence, there is, or is likely to be, a significant impact on the adult's well-being.

The specified outcomes are:

- managing and maintaining nutrition.
- maintaining personal hygiene.
- managing toilet needs.
- being appropriately clothed.
- being able to make use of the adult's home safely.
- maintaining a habitable home environment.
- developing and maintaining family or other personal relationships.

For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult: -

- is unable to achieve it without assistance.
- is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety.
- is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or

- is able to achieve it without assistance but takes significantly longer than would normally be expected.

2.2. Proportionate Assessment

Requests for support by the Home First Service are assessed using a multi-agency approach. This approach brings together both the social care and health needs of a person allowing a proportionate assessment to consider the whole of a person's needs and ability to benefit from rehabilitation support. As shown in the Care and Support (Eligibility Criteria) Regulations 2014, a need for rehabilitation may not always arise from a medical condition. Therefore, the final decision to offer services at the Centre remains with Adult Social Care to ensure support is given to all who meet the regulations and would benefit from a period of rehabilitation.

The person Consents to and is fully involved in their ongoing assessment. Family, circle of support and carers are also included to allow all views, goals, and circumstances to assist the assessment process.

2.3. Care and support plan

Individual support plans (This is Me) are co-produced with each person to ensure their views, personal goals and desired outcomes are included and implemented. The plan will include how they wish to be spoken to, how cultural needs can be met and their preferences and dislikes. This empowers people to have choice and control over the support they receive and enables staff to work with empathy and compassion, have a deeper understanding of the people they support and provide a service that is caring, person-centred and culturally appropriate.

We appreciate the valuable input families, friends and carers can provide in a person's recovery, and always encourage their opinions and support when developing a support plan and reviewing a person's individual needs.

Our multiagency approach allows people's health and social care needs to be fully supported. Our integrated staff team work to ensure people's physical needs and emotional wellbeing are fully considered and supported during their recovery.

Support is continually monitored in full partnership with the individual and their circle of support. A multiagency meeting once a week to discuss progress, or more frequently if required, gives time to reflect on the goals and outcomes set and consider if they are being achieved and/or any adjustments identified.

If the service is unable to meet an individual's needs, a multidisciplinary meeting will be held with the individual and their circle of support to find an alternative solution.

There is currently no charge for rehabilitation support for the first 6 weeks of a programme. A programme may be provided Fully from the centre, or partly from the Centre and then a proportion of those six weeks provided at home by the Home First

Community Services. Together they cannot exceed six weeks. After this period, if further support is required, we will discuss with the individual and their circle of support about the fees payable and an assessment of contribution to the cost of support will be requested for completion. Our aim is to ensure we maximise a person's potential for rehabilitation within a 2–3 week period, with a possibility of continuing their recovery at home with Home First Community Services. To achieve this, we must continually assess if a person can receive the rehabilitation support, they may need in their own home – 'Why not home, why not today?'

2.4. Return to independent living.

The purpose of the Home First Short Stay service is to support people to regain the physical strength and daily living skills needed to return to independent living.

We work as a multidisciplinary team with the individual and their circle of support, adjusting support as appropriate to enable an individual to regain maximum independence.

Upon discharge, we provide advice and information to enable people to make informed decisions about care and support and help prevent them from becoming more dependent on services or delay the need for longer term support.

We make referrals to other social care and health services which can assist a person to remain independent. We introduce people to community wellbeing hubs to access activities in their local community, promoting inclusion and reducing social isolation.

Our Health Colleagues may arrange home visits to support safe transition home, to ensure people remain safe and risks are minimised in and around the home.

3. Views and wishes.

3.1. Involvement of individual, family, and carers (Circle of Support)

We encourage the complete involvement of a person and their circle of support throughout their stay at the Centre. Their Involvement commences when a person first arrives at the centre and they have a 'welcome meeting' which helps them, and their circle of support, understand the services, environment and care objectives of the Centre in more detail. A plan for returning home, and what needs to be in place for this to happen, is first discussed at the 'welcome meeting' and this topic is returned to throughout a person's stay. This ensures independent living remains a core goal. This meeting also helps us to develop our understanding of each person as an individual, and their wishes and goals for regaining their independence.

We develop the support plan (This is ME) in partnership with the individual and their circle of support to ensure they are fully involved in identifying the outcomes required and adjustments needed to enable them to get back to health and therefore back home as quickly and safely as possible.

Records and support plans are available to the person receiving support and are always open to scrutiny and comment.

3.2. Reviews

As part of our quality assurance, we request residents, and their families/cares complete a questionnaire. This enables us to understand what their experience of the service is like for them if their outcomes and goals are being achieved and if they have suggestions for changes or improvements to the service.

We use these views and comments to evaluate the service to ensure it is achieving its aims and objectives. They inform and influence any improvements and development of services to enhance our offer to the people of North Lincolnshire.

3.3 Feedback

Feedback and comments help inform and develop the service we deliver. Each person is informed of the formal complaints process at the welcome meeting. People are encouraged to make comments, suggestions, and complaints through a variety of means.

- They can raise a concern with a member of staff verbally as the issue arises,
- use a feedback form placed in their room at any point in their stay with us,
- complete a complaints / compliments form either after or during their stay,
- complete the surveys and questionnaires that are sent to a person and their family / circle of support after they have left the Centre.
- Share comments/concerns at the weekly manager walkabout.

4. Health

4.1. Physical health

The Home First Rehabilitation Centre is an integrated service of health and social care professionals. Our multi-agency approach provides both social care support and health therapies to support a person to return to physical independence.

Our social and health care professionals support people to regain skills they may have lost through illness. They will provide a mixture of health therapies and social care support to help them achieve their goals to live as independently as possible. These may include:

- support to improve mobility and health needs.
- help with daily living activities and practical tasks.
- building confidence to carry out these activities.
- working with health professionals to maximise therapy plans.

We work with the Community Response Team (CRT) general health practitioner who provide support for general health needs of people staying with us.

We support people to make arrangements to see specialist practitioners, such as a dentist, chiropodist, optician or audiologist.

4.2. Social and wellbeing

All support plans consider the social and wellbeing health of a person. Views and suggestions given by an individual's Circle of Support are always valued.

Whilst a person is at the Centre they are encouraged to participate in the available social and wellbeing activities and opportunities.

People are encouraged to take their meals in one of the two dining rooms, giving opportunity to interact with other people who are receiving support at the Centre.

There are group activities and exercise classes to encourage social and physical interactions, for example, chair-based exercises, concerts, and craft activities to build independence and improve wellbeing.

When a person leaves the Centre, we provide information and advice on community activities within their area and will link with other services that can support them to feel confident accessing these services.

We discuss the person's Circles of Support and explore how these networks might help to keep people healthy and included in their community.

Where a person has no personal network of support, we will work with them to put in place a support network, which may include support to attend their local Community Wellbeing Hub, reducing social isolation.

4.3. Medication

Our Medication policy ensures everyone is fully informed and takes responsibility for the safe administration of medicines in the centre. The policy ensures audits are carried out regularly and in the event that an error occurs a learning review is quickly undertaken to immediately record and rectify the situation.

Controlled drug audits are also completed, and the manager liaises with the local Clinical Commissioning Group Intelligence Officers.

Risk assessments are completed to establish if a person is able or wishes to self-medicate, or if assistance or full administration support is needed. This is reviewed regularly, and adjustments made as required

5. Safe Safeguarding Champion

5.1. Managed risks

We work to ensure people feel safe and are safe and are supported in taking managed risks and building confidence to return safely home. Home First Short Stay has a comprehensive suite of risk assessments/documents that allows us to practice safely and in the least restrictive ways, these include.

- . Medication risk assessments
- . Individual and environment risk assessments
- . Personal Emergency Evacuation plans
- . Moving with dignity Risk assessments
- . Accident Forms
- . Body Maps
- . Pressure charts
- . Food and fluid charts.

We achieve this through our person-centred approach to a person's recovery, ensuring they are completely involved and consulted on their Support Plan, they have choice and control over what goals they would like to set and achieve, and are continually encouraged to take up new opportunities that will improve outcomes and general wellbeing.

We also discuss the use of assistive technology to support people to feel safe in their own homes.

5.2. Safer Recruitment

The service is well supported by the council's Human Resources Department. The Council's Safer Recruitment policies and processes ensure all staff have DBS clearances, which are reviewed and updated every three years. References for all employees are taken and any gaps in employment thoroughly explored.

The Adult Services Workforce Team provides mandatory and statutory training, and all staff are trained in adult protection as well as child protections awareness.

Mandatory and statutory training is monitored within the service through regular supervisions and appraisals, My conversations.

5.3. Adult Safeguarding

Safeguarding is embedded in the policies and procedures of the Centre. Our policies reflect the local Safeguarding Adults policies and procedures. This is a multi-agency document endorsed by the North Lincolnshire Safeguarding Adults Board. It describes how all partners work together to safeguard vulnerable adults in North Lincolnshire.

The Safeguarding Adults Board promotes, and audits effective partnership working across North Lincolnshire and is made up of representatives from key partners who are responsible for the health and wellbeing of the public, for example, health, police and social care organisations. We have implemented the principles of 'Making Safeguarding Personal', which enables adults at risk of harm to be encouraged to identify desired outcomes and what steps they can take to change their situation and to be safe and involved throughout the safeguarding process. As part of Our commitment to Learning from safeguarding cases that require our input, we produce a quarterly report, this has a focus on learning rather than blaming, it also allows us to check and balance against the care Act Safeguarding principles and internal procedures as well as reporting on risk reduction mechanisms.

5.4. Health and Safety

We are well supported by the Council's Health and Safety Team and Procedures for building and personal awareness. Training is given and updated regularly for all members of staff. Accident recording systems are in place for guests, visitors, and staff members.

Infection control procedures are in place and regularly reviewed. The service accesses specialist support if necessary.

Business continuity plans are in place and mandatory exercises occur every three years.

Individuals, visitors, and staff have a responsibility to keep themselves and others safe when using the facilities provided.

6. Leadership and management

Registered Provider	
<p>North Lincolnshire Council Church Square House 30-40 High Street Scunthorpe North Lincolnshire DN15 6NL</p>	
Responsible Individual	
<p>John Love Church Square House 30-40 High Street Scunthorpe North Lincolnshire DN15 6NL</p>	
Registered Manager	
<p>June Elvin Home First Short Stay Sir John Mason House De Lacy Way Winterton North Lincolnshire DN15 9XS 01724 298444</p>	
<p>Locations managed by the registered manager at 1 above. (Please see part 3 of this statement of purpose for full details of the location(s))</p>	
Name(s) of location(s) (list)	Percentage of time spent at this location

North Lincolnshire Council Home First Short Stay	80%
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Regulated activity(ies) managed by this manager		
Personal care		
Accommodation for persons who require nursing or personal care	X	
Accommodation for persons who require treatment for substance abuse		
Accommodation and nursing or personal care in the further education sector		
Treatment of disease, disorder or injury		
Assessment or medical treatment for persons detained under the Mental Health Act		
Surgical procedures		
Diagnostic and screening procedures		
Management of supply of blood and blood derived products etc.		
Transport services, triage and medical advice provided remotely		
Maternity and midwifery services		
Termination of pregnancies		
Services in slimming clinics		
Nursing care		
Family planning service		

6.1. Staffing for Home First short Stay

The number of staff required on duty by day is determined by the occupancy of the building, any assessed risks, and the time of day.

Number of Adult Social Care staff required on duty during the day and evenings	
Team Manager	1 Monday to Friday.
Senior Rehabilitation Officer	1/2 officers, AM and PM
Number of care staff on duty during the day am and pm shifts	8 care staff
Number of care staff on duty during Night	5 care staff
Number of ancillary staff 8am – 6pm	2/3 staff members
Number of catering staff	3/4 staff members
Operational Support Staff	2 staff members, Monday to Friday
Gardener/Handy Person	1 Monday to Friday
Liaison Officer	1 Monday to Fri
Activities Coordinator	1 Monday to Friday

The table above shows the number of Adult Social Care staff on duty. In addition to this a number of health care professionals are present at the Centre delivering health therapies. This staff group will consist of:

- Physiotherapists
- District Nurses
- Occupational Therapists
- General Practitioners through CRT 'as needs arise'.

6.2. Supervision

North Lincolnshire Adult & Well-being Services requires the regular and meaningful supervision of all staff. Regular supervisions give the opportunity to address issues, promote a positive culture and improve the overall quality of service delivery. Staff receive regular reflective supervision. The performance review model encompasses how an individual can have an impact on the priorities of the service and wider council by demonstrating working towards the following priorities:

- ENABLE communities to thrive and live active and healthy lives.
- SUPPORT safeguard and protect the vulnerable
- SHAPE the area into a prosperous place to live, work, invest and play.

- COMMISSION to improve outcomes for individuals and communities.
- TRANSFORM and refocus, ensuring we remain a dynamic and innovative council.

The Council's Code of Conduct on employment is given to, and discussed with, all members of staff.

Supervision and Whistle Blowing procedures ensure staff can raise any concerns.

6.3. Induction and training

Staff receive an initial induction including safety training:

- Adult and Child protection responsibilities
- Diversity Awareness
- Information Governance
- Safeguarding awareness
- Health and safety awareness
- Medication and Moving with Dignity Training also required before unsupervised practice.

Mandatory medication and Moving with Dignity training is provided for staff with annual updates. Other training includes.

Communication

Privacy and Dignity

Fire Safety

Care Act 1 and 2

Fluids and Nutrition

Oral Care

React to Red

Best practice in recording

GDPR

Caldicott

Infection control and prevention

First Aid at work

Food Safety

As a service we view ourselves as a learning organisation that seeks to expand the skills set of our workers beyond mandatory requirements to improve outcomes for the users of our service. As part of the new type of worker project then we have been able to source training that equips us to be more Safe, Responsive and Effective.

SBAR

MUST

Sepsis

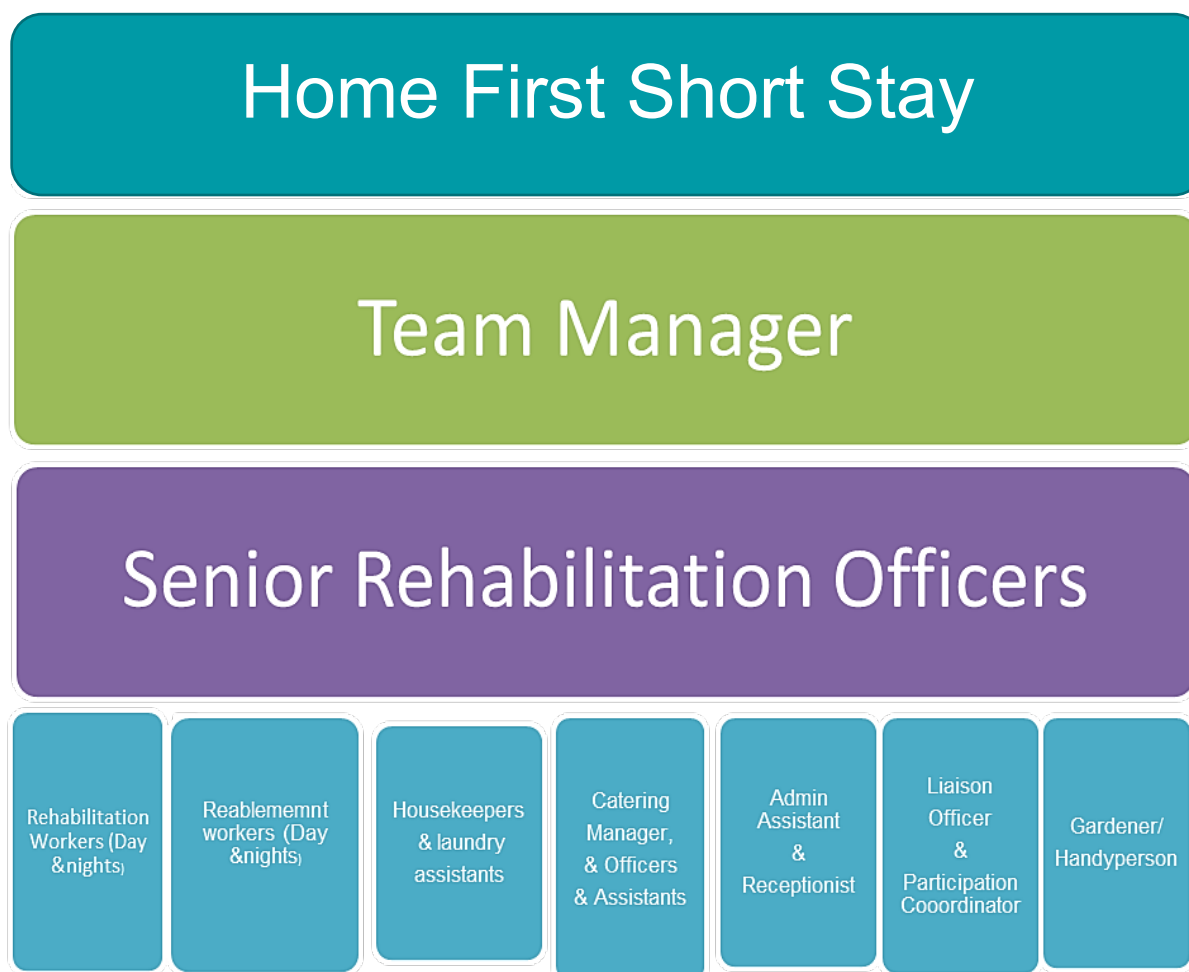
REACT to RED

STOMA Care.

Resources

£1.6m budget

6.4. Organisational Structures



North Lincolnshire and Goole NHS Foundation Trust

NHS Managers

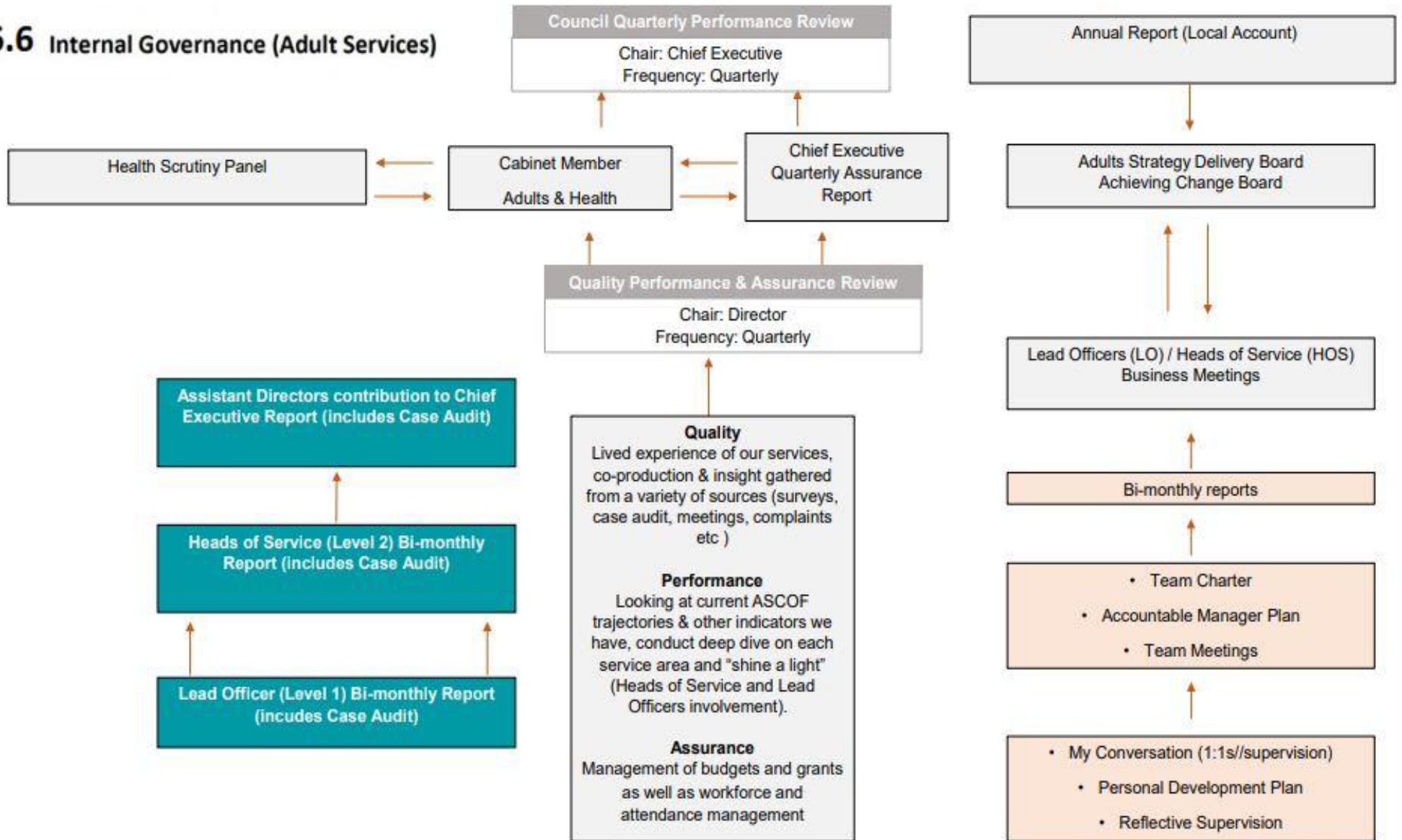
District Nurses

Occupational
Therapists

Physiotherapists

GP Support

6.6 Internal Governance (Adult Services)



6.7 Performance and Compliance Measures

Compliance Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
Completion of controlled drugs Audit	Quarterly	Statutory	100%	Quarterly
Notification of service user death (CQC)	24 hours	Statutory	100%	Weekly
Home First Assessment (screening)	Same Day	Statutory	100%	Monthly
DBS Clearance	3 Yearly	Statutory	100%	Monthly
Number of Complaints	Monthly	Statutory	actuals	Monthly
How many responded to within timescale	20 working days	Statutory	95%	Monthly
Mandatory Training requirements	12 months	Statutory	100%	Monthly

ACTIVITY

Activity Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
Case reviews/Progress	Weekly	Best Practice	Actuals	Weekly
Update Care first records	Daily	Best Practice	Actuals	Weekly
MAR sheet Audits	Monthly	Best Practice	Actuals	Monthly
Service Users discharged	Monthly	Best Practice	Actuals	Monthly
Number of people signposted to universal services	Monthly	Best Practice	Actuals	Monthly

Quality Assurance Service User Surveys sent and returned	Quarterly	Best Practice	Actuals	Monthly
Case File Audits – Grade 10 x2 per month	Monthly	Best Practice	100%	Monthly
Home First Welcome Meeting	Same Day	Best Practice	Actuals	Monthly
Number of referrals into Home first residential	Monthly	Best Practice	Actuals	Monthly
Number of referrals from HFR to Localities for full assessment or further social work interventions	Monthly	Best Practice	Actuals	Monthly
Sickness recorded on system	Monthly	Best Practice	100%	Monthly
Sickness managers checklists recorded	Monthly	Best Practice	100%	Monthly
Sickness return to work interviews recorded	Monthly	Best Practice	100%	Monthly
Appraisals	Annual	Best Practice	100%	Monthly
6 monthly appraisal reviews (new starters)	6 months	Best Practice	100%	Monthly
Supervisions	4 a year (Regulated Services)	Best Practice	90%	Monthly

Activity Measures	Best Practice Timescales	Statutory or Best Practice	Performance Target	Reporting Timelines
Number of Compliments	Monthly	Best Practice	Actuals	Monthly

Fitness to practice - driving licence	Annual	Best Practice	100%	Annual
Fitness to Practice - Risk assessments, VDU etc.	Annual	Best Practice	100%	Annual

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Report of the Director:
Public Health

Item Number: 7
Meeting: 11 December 2023

NORTH LINCOLNSHIRE COUNCIL

CABINET

Stopping the Start: the Government's plans to create a smokefree generation and local intentions for implementation. Strategic Briefing

1. OBJECT AND KEY POINTS IN THIS REPORT

- To provide a briefing for members concerning the government's announced plans to create a smokefree generation. This includes making additional investments in stop smoking support, protecting children from vaping, and increased enforcement of new legislation concerning the supply of tobacco products.
- To seek approval for the Director of Public Health to write to local MPs asking them to support the proposed legislation.
- To introduce the proposed Position Statement on Vaping and Smoking on behalf of the Northern Lincolnshire Smokefree Alliance.
- To outline intentions to expand the smoking cessation offer in North Lincolnshire in terms of capacity and reach, enhancing partnership and strategic links, and aligning with emerging behaviour change models and the One Family Approach

2. BACKGROUND INFORMATION

2.1 Overview

The Rt Hon Steve Barclay MP, Secretary of State for Health and Social Care has written to Directors of Public Health, and to other leaders in health care, to inform them of the Government's proposals, described as an historic plan, to create a 'smokefree generation' and to update on vaping proposals.

The proposals were outlined by the Prime Minister in his speech to the Conservative Party Conference on 4th Oct this year and will form the basis of the Tobacco and Vapes Bill, announced in the King's Speech on 7th November and to be voted on in Parliament within the current parliamentary session.

2.2 **Stopping the Start: the Government's plans to create a smokefree generation**

- Proposed new legislation means that any child who turns 14 this year will never legally be able to buy tobacco, effectively raising the smoking age by a year each year.
- From an enforcement perspective, the emphasis will be on those who sell tobacco products. People who smoke, and who obtain cigarettes in contravention of the proposed legislation will not be committing an offence. The Government does not want to criminalise smoking.

2.3 **Helping current smokers to quit**

- The Government will more than double the funding available for stop smoking services, investing an additional £70 million a year over the next five years to expand locally delivered and cost-effective services.
- The proposed increase applying to North Lincolnshire will be £223k. This will come to North Lincolnshire Council specifically to increase capacity in stop smoking support.
- The Government will also be providing an additional £5 million this year and then £15 million a year thereafter to fund national anti-smoking marketing campaigns.

2.4 **One Family Approach**

A one family approach will be taken to reducing the harm caused by tobacco within families and homes in North Lincolnshire. This will consider the impact on families from ill health caused by smoking, both to the smoker and to those affected by passive smoking. If a person who smokes becomes ill through smoking the effect will be felt throughout the family in terms of emotional effects, the economic impacts through lost earnings, and caring responsibilities. This can be detrimental to child development and have wider health impacts to the family beyond the smoker.

- For this reason we will take an intelligence-led approach to smoking cessation, targeting support in proportion to need, with communities most likely to experience the greater impacts of smoking receiving the most targeted support.
- We will work with those in the statutory and voluntary sector, providing support to families to equip them with training in brief advice models and MECC to better enable them to discuss the impacts of smoking with families, to signpost stop smoking support. Where possible this will link with smoking cessation support to ensure that services are delivered in the right places in the right manner, be this community centres, family hubs, or other locations.
- We will use the additional investment for stop smoking support in a way that enables families to be better protected from the harms of tobacco, not only for the duration of a stop smoking support programme, but to remain smokefree for life.

- We will ensure that wherever possible, where people choose to stop smoking they do so together with others in their home and family, providing mutual encouragement and support.
- We will promote smokefree spaces, including smokefree homes, playgrounds and school entrances, to remove the risk to children from passive smoking and to reduce the visibility of smoking to children and young people, so they do not see it as a normal activity.
- Through a proposed resilience programme we will offer support to schools to reduce the uptake of smoking among children and young people, and deliver interventions in our colleges.
- We will use the new government funding to work across the system to transform our stop smoking support offer using a One Family approach

2.5 Behaviour Change Campaigns

The most effective way to reduce the harm caused by smoking is to combine smoking cessation support with techniques for influencing long term behaviour change.

- We will develop a communications strategy for smoking cessation, in line with that to be put forward by the Department of Health but responding to local need, attitudes and patterns of behaviour.
- We will use insights gained through our health inequalities work to produce behavioural insights campaigns, co-designed with communities, to reduce the uptake of smoking and to encourage people to stop smoking.
- We will apply methods of communication that lie beyond merely imparting information, for example influencing social norms which work across communities to promote health in a positive manner.
- A key component of this work will be to influence the way in which many people regard illicit tobacco, seeing it for the way in which it enables organised crime gangs to access our communities. Therefore, we will increase support for enforcement activity, and increase the flow of intelligence which enables enforcement work to take place.

2.6 Protecting children from vaping

- The government has also announced a further major crackdown on youth vaping in England. Whilst ensuring that vapes continue to be available to current adult smokers, vital to reducing smoking rates, the number of children using vapes has tripled in the past 3 years and 20.5% of children have tried vaping in 2023.
- Due to the nicotine content, vaping carries a risk of harm and addiction for children. The health advice is clear: young people and those who have never smoked should not vape.
- The proposals include restricting flavours, regulating point of sale displays, regulating packaging and presentation, considering restricting the sale of disposable vapes, and closing loopholes in the law on free samples and non-nicotine vapes.

- A consultation is now open, ending 7th December, to gather the best evidence on tackling smoking and the most effective options to reduce youth vaping, whilst ensuring they are still accessible to adult smokers. [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping)

2.7 Position Statement on Vaping and Tobacco Control

Currently in production, this will provide a clear statement of the intentions of the Director of Public Health, and of the Northern Lincolnshire Smokefree Alliance about the current and future approach across Northern Lincolnshire. In summary the focus will be:

- Continuing to support those who want to stop smoking through evidence-based support which includes the use of vapes, only as part of a quit attempt.
- Evidence based smoking cessation support will be delivered with specific targets for routine and manual groups, and those in communities where smoking behaviour is more entrenched, to reduce smoking rates and increase quitting.
- Supporting pregnant smokers, their partners and others who are significant in their lives to quit.
- Developing a smokefree environment that denormalises smoking and prevents others being affected by second-hand smoke.
- Preventing young people from taking up smoking.
- Making both cigarettes and vaping devices less attractive to all non-smokers, with a particular focus on preventing their use by children and young people.
- Refreshing and re-energising local tobacco control action.

2.8 Swap to Stop

North Lincolnshire Council, through Public Health and the Healthy Lifestyle Service, will benefit from participation in the Government's Swap to Stop initiative, being part of the pathfinder project. This will make vapes available to people who use local stop smoking services as (and only as) part of a supported quit programme. Although in the early stage of planning, this initiative will be focussed on addressing the health inequalities associated with communities in which smoking behaviour is most entrenched. This is in addition to participation in a similar Vape to Quit campaign funded by a Yorkshire Cancer Research.

2.9 Enforcement

- The government intends UK-wide action to ensure that illegal supply of tobacco does not increase. Enforcement activity will be strengthened, with an investment of £30 million per year over the next five years to support agencies including local Trading Standards, HMRC and Border Force to

take action to stop underage sales and tackle the import of illicit tobacco and vaping products at the border.

- The Government will also introduce on-the-spot fines in England for retailers who commit underage sales and take further steps to enhance online age verification so that age of sale law is enforced across both online and face-to-face sales.
- Through the Northern Lincolnshire Smokefree Alliance and regional partnerships we will explore opportunities to take advantage of this action, combined with existing local action, in a targeted and proactive manner.

2.10 The Northern Lincolnshire Smokefree Alliance

- Work to reduce the harm of smoking in North and North East Lincolnshire is led by the Northern Lincolnshire Smokefree Alliance. This is a public health led collaborative group, consisting of a wide range of members from local government, health, business and voluntary sector. It leads the delivery of the local tobacco control plan.
- This group meets quarterly and delivers work through a number of subgroups. It is chaired by the Director of Public Health for North and North East Lincolnshire.
- The alliance will review and develop the local tobacco control plan, taking full advantage of the opportunities of the new legislation and policy drive.

2.11 The Tobacco and Vapes Bill

- The King's Speech to parliament on 7th November 2023 included the historic Tobacco and Vapes Bill. The Bill will include the steps outlined above. The Bill will be introduced in this parliamentary session, as soon as parliamentary time allows.
- The vote will be a free vote, many Directors of Public Health are writing to local MPs asking them to support the passage of the Bill.

3. OPTIONS FOR CONSIDERATION

- 3.1 It is recommended that the elements of the government's plan as outlined in this report be noted and it is recommended that support be given to this plan.
- 3.2 It is recommended that NLC's public health team begin a review of models of stop smoking support, in line with the intentions described above, utilising the existing expenditure from the public health grant and the additional expenditure announced in these plans.
- 3.3 It is recommended that endorsement be given to the Director of Public Health to write to local MPs asking them to support the government's proposed plans in the upcoming vote.

4. ANALYSIS OF OPTIONS

- 4.1 The government's plan has clear implications for public health in North Lincolnshire. Tobacco use is the single biggest cause of mortality and ill health, and is the greatest contributor to health inequalities. The plan will

introduce measures to further reduce smoking and tobacco use, thereby removing this cause. The impact on health, wellbeing and the economy in North Lincolnshire will be entirely positive.

- 4.2 Significant additional investment will come to public health in North Lincolnshire to provide increased capacity for stop smoking support. The current model of stop smoking support in North Lincolnshire was developed in 2017 and there have been a number of external developments since, including the approach to using vapes as stop smoking aids, and the introduction of the NHS Long Term Plan, which has seen the development of stop smoking support provided in hospitals and to pregnant smokers, formerly the domain of our services. To gain maximum impact from the current and additional investment, taking full account of the political, legislative and technological environment now in place, a review of the model of local top smoking delivery would be advantageous.
- 4.3 Support from local MPs will be vital to the passing of the Bill.

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

- 5.1 There are no financial or resource costs associated with this report. As outlined above, funding will be provided by the government for local implementation, specifically for providing increased capacity for top smoking support.

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

- 6.1 The government's proposed plans present a significant public health opportunity to improve health, improve life expectancy and contribute positively to the local economy.
- 6.2 There are no implications under the Equalities Act 2010.
- 6.3 The report directly supports the priorities of the Council Plan, particularly those relating to keeping our population safe and well, specifically through targeting the single biggest cause of ill health and premature death for our population.
- 6.4 There are no implications that would impact on the Council's commitment to be a carbon net zero organisation by 2030.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 There are no conflicts of interest.

9. RECOMMENDATIONS

9.1 It is recommended that options 3.1 to 3.3 above be fully endorsed.

DIRECTOR OF PUBLIC HEALTH

Civic Centre/
Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Greg Gough
Date: V1: 13th November 2023
V2: 28th November 2023

Background Papers used in the preparation of this report –

The attached appendix provides further information through the following sections:

2.12 The need for action

2.13 The economic impact of smoking

2.14 Specific targets and performance in North Lincolnshire



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Appendix to report:
**Stopping The Start: the Government's plans to create a smokefree generation.
 Strategic Briefing**

2.12 The need for action

- Smoking is the UK's biggest preventable killer – causing around 1 in 4 cancer deaths and leading to 64,000 deaths per year in England. It puts huge pressure on the NHS, almost every minute of every day someone is admitted to hospital because of smoking, and up to 75,000 GP appointments could be attributed to smoking each month.
- Reducing smoking prevalence is the biggest single health intervention that could be made to level up the UK. Smoking costs the economy £17 billion a year, through smoking related lost earnings, unemployment, early deaths, and costs to the NHS.
- It is one of the biggest drivers of health inequalities across the country – deaths from smoking are more than two times higher in the most deprived communities. This is particularly relevant in North Lincolnshire where smoking prevalence has traditionally been amongst the highest in the country. Concerted local action has reduced considerably the proportion of adults who still smoke, but the figure remains at 15.4% (approx. 20,900 people). By comparison, the England average is 12.7%. Only 18% of those who smoke want to continue meaning over 17,000 residents in North Lincolnshire want to stop smoking.
- 16.5% of pregnant smokers are still smoking at time of delivery in North Lincolnshire. This compares to 12% regionally and 9% nationally. Smoking in pregnancy increases the chance of stillbirth by almost 50%.

2.13 The economic impact of smoking

In addition to health impacts, smoking also impacts the local economy. ASH calculates those costs in Humber and North Yorkshire to be:

- £362 million in lost productivity, principally due to premature mortality and illness, lost earning and unemployment. Smokers are more likely to be absent from work due to illness and to retire early on grounds of ill health.
- £57 million in healthcare costs, treating smoking related diseases.
- £37.1 million in social care costs, principally providing residential and domiciliary care for people with chronic smoking related diseases.
- £8.6 million in the cost of smoking related fires.
- The cost of smoking for an individual is estimated to average £2,451 a year including spend on illicit tobacco and so is a significant driver of poverty.
-

2.14 Specific targets and performance in North Lincolnshire

- To reduce adult smoking prevalence (18+) to 9% by the end of 2025 requiring a transformation in smoking cessation support.
- To reduce rates of regular smoking among 15year olds to 5% or less by the end of 2025. The locally administered Adolescent Lifestyle Survey indicates this target will be achieved.
- To reduce the proportion of pregnant women who are smokers at time of delivery to 13% or less by the end of 2025.

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NORTH LINCOLNSHIRE COUNCIL

CABINET

FUTURE COMMUNITY PLAN FRAMEWORK

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To approve the framework for the NL Community Plan.

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire is made up of vibrant, connected communities who provide meaningful opportunities for volunteering, empowers a thriving voluntary and community sector to help support community needs at the right time and level.

The framework (appendix 1) details how we aim to work towards the development of a NL community plan: -

The framework sets out our offer, intent, and outcome impact we are seeking to develop as part of our community plan.

- 2.2 Understanding our communities is key, using an evidence-based approach to ensure that we do not take a one-size fits all approach to our communities. We will use the following frame for our 'community evidence base to inform our 'community specification'.

Population	Place	Interaction	Interest	Infrastructure
Shapes and enables the Community	Communities brought together by geographic boundaries	Groups of people enabled to bring about change for place and population	Groups of people who share the same interest or passion	Environment that supports communities to come together

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The framework and plan will support the transformation of the council, ensuring that we have the right plan in place to support the sustainable and enabled communities with a workforce to support the right intervention at the right time.

3. OPTIONS FOR CONSIDERATION

3.1 That cabinet consider and approve the framework (appendix 1) as a basis for the development of the Community Plan for North Lincolnshire.

4. ANALYSIS OF OPTIONS

4.1 The framework provides a basis for the development to the Community Plan, setting out clear outcomes, intent and offer underpinned and informed by a single evidence base across the 5 localities, aggregated to neighbour level when required.

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

5.1 The plan will be developed within existing capacity.

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

6.1 The Community Framework is aligned to the Council Plan.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 A stage 1 impact assessment has been undertaken and there are no issues to report. A full impact assessment will be completed on the final Community Plan.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 A full stakeholder engagement will take place through the development of community plan.

9. RECOMMENDATIONS

9.1 That the Cabinet approves the framework, to support the development of the Community Plan.

DIRECTOR: COMMUNITIES

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code DN15 6NL
Date: December 2023

Background Papers used in the preparation of this report: Nil

Background Papers used in the preparation of this report –

Appendix One

Community Framework on a page

Evidence Base by localities understanding Neighbourhood	Population	Place	Interaction	Interest	Infrastructure
Page 190 Outcomes/Impact	<ul style="list-style-type: none"> • People feel a sense of belonging to their local community. • Communities have enabled strong and diverse social networks improving social and economic outcomes for residents. • Communities have an enabled and sustainable civic structure. • Community groups are diverse and inclusive where everyone has a voice. • Communities feel safe and are safe. • Sustainable and enabled Community Infrastructure • Enabled and connected and networked communities 				
Intent	<ul style="list-style-type: none"> • Shared basics: clarity of purpose, values, and roles, built on shared understanding, knowledge and a commitment to partnership working through community investment and inclusion. • Equality, Diversity and inclusion: behaviours and ways of working that enable the power of the whole community to flourish, with all parts giving generously to the process and being open to receiving feedback. • Structures: systems, mechanisms and processes that are fit for purpose and enable innovation and sustain long-term commitment to all communities. • Capacity and resources: having the wherewithal to act at a locality and neighbourhood level. 				
Offer	<ul style="list-style-type: none"> • Fewest best interventions to prevent resident failure. • Enabling the workforce to empower communities to support at the lowest level • Removing duplication and boosting utilisation across communities – one community, one team through one intervention • Community First Approach for Family, Place and Council • A common language to enable more effective communities. • Empower and support communities to deliver neighbourhood and locality assets • An evidenced based community specification 				

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