

**HEALTH AND WELLBEING BOARD**

**Day:** Thursday  
**Date:** 17 March 2022  
**Time:** 10.00 am  
**Place:** Zoom

Item No.	AGENDA	Page No
1.	<b>APOLOGIES FOR ABSENCE</b> To receive any apologies for absence from Members of the Health and Wellbeing Board.	
2.	<b>DECLARATIONS OF INTEREST</b> To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	<b>MINUTES</b> To receive the Minutes of the meeting of the Health and Wellbeing Board held on 18 November 2021.	1 - 8
4.	<b>COVID-19 UPDATE AND LIVING WITH COVID-19 NATIONAL STRATEGY</b> To receive a presentation from the Interim Assistant Director of Population Health.	
5.	<b>CHILDREN AND YOUNG PEOPLE'S JOINT STRATEGIC NEEDS ASSESSMENT</b> To consider a report of the Director of Transformation.	9 - 50
6.	<b>TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2020/21</b> To consider a report of the Independent Chair of Tameside Safeguarding Children Partnership.	51 - 72
7.	<b>TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2020/21</b> To consider a report of the Independent Chair of Tameside Adults Safeguarding Partnership Board.	73 - 102
8.	<b>BETTER CARE FUND 2021/22</b> To consider a report of the Director of Adult Services and Director of Finance.	103 - 118

Item No.	AGENDA	Page No
9.	<b>DEVELOPING THE ROLE OF THE HEALTH AND WELLBEING BOARD</b> To receive a presentation from the Interim Director of Population Health.	119 - 126
10.	<b>DATE OF NEXT MEETING</b> To note that the provisional date of the next meeting of the Health and Wellbeing Board is scheduled for 16 June 2022.	
11.	<b>URGENT ITEMS</b> To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

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From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Charlotte Forrest, Senior Democratic Services Officer on 0161 342 2346 or [charlotte.forrest@tameside.gov.uk](mailto:charlotte.forrest@tameside.gov.uk), to whom any apologies for absence should be notified.

# Agenda Item 3.

## HEALTH AND WELLBEING BOARD

18 November 2021

**Commenced:** 10.00 am

**Terminated:** 11.35 am

**Present:**

Councillor Warrington (Chair)	Executive Leader
Councillor Fairfoul	Deputy Executive Leader (Children and Families)
Councillor Wills	Executive Member for Health, Social Care and Population Health
Debbie Watson	Interim Director of Population Health
Liz Windsor-Welsh	Chief Executive, Action Together

**In Attendance:**

Shaun Higgins	Active Tameside
Chris Rushton	Active Tameside
Peter Marland	Ashton Pioneer Homes
Berny Hussey	DWP
Chris Foster	GMP
Donna Kelly	Jigsaw Homes
Andrew Searle	Tameside Adult's Safeguarding Board
David Swift	Tameside and Glossop CCG
Brendan Ryan	Tameside and Glossop ICFT

**Officers In Attendance:**

Tracy Morris	Interim Director of Children's Services
Debbie Watson	Interim Director of Population Health
Sarah Threlfall	Director of Transformation
Caroline Barlow	Assistant Director of Finance
James Mallion	Interim Assistant Director of Population Health
Simon Brunet	Head of Policy, Performance and Intelligence
Jordanna Rawlinson	Head of Communications
Jacqui Dorman	Public Health Intelligence Manager
Samantha Jury-Dada	Strategic Domestic Abuse Manager

**Apologies for Absence:** Councillor Cooney, Steven Pleasant and Stephanie Butterworth

### 5. DECLARATIONS OF INTEREST

There were no declarations of interest.

### 6. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 June 2021 were agreed as a correct record.

### 7. COVID-19 UPDATE

The Interim Assistant Director of Population Health delivered a presentation that provided an update on the situation in Tameside in respect of Covid-19.

The Board were shown a graph detailing the new positive cases per 100,000 people each week,

which indicated that the current rate of new cases in Tameside was 384 per 100,000 people in the past seven days – a 6% increase compared to the previous week. This placed Tameside as the second highest Borough in Greater Manchester and 60<sup>th</sup> highest nationally. Over one quarter of over 12s in Tameside were not yet fully vaccinated and the highest rates of new positive cases remained amongst younger people with the fastest increases in primary school aged children. There were lower numbers in over 65s and Tameside currently had the lowest number of care home outbreaks in Greater Manchester.

It was reported that the R had reduced slightly across Greater Manchester and it was estimated to be in-between 0.8 and 1.0. There were higher case rates in population groups with lower vaccination coverage and a large number of cases in schools. Although there had been excess deaths in recent weeks, with an increase in Covid-19 deaths, numbers fluctuated and remained low.

The Board were notified that there was high pressure in the hospital with gradual increases in inpatients with covid and non-covid pressures heading into winter and disruption remained in some settings that were experiencing high case rates. There was evidence of enduring transmission in Tameside driven by wider determinants of health such as employment patterns; poverty and people living in poor health.

In terms of next steps and local actions, it was reported that there was an ongoing focus on reducing transmission through the vaccination programme and other basic measures. Schools continued to be a key area of transmission and support for outbreak management was prioritised. Support also remained in place for care homes with mandatory vaccination and status checks. Preparations were underway for a 'Plan B' scenario such as the reintroduction of mandatory face coverings and the possible implementation of certification in certain settings and / or gatherings, which could have enforcement implications.

Members enquired if further restrictions were inevitable in the UK given the rise in transmission and increase in restrictions in some European countries. The Interim Assistant Director of Population Health responded that it was not a foregone conclusion and based on experience since the start of the pandemic, a large increase in transmission was usually associated with the introduction of a new variant. It was stated that Europe did not have the high levels of infection that the UK, in particular the North West and Greater Manchester, experienced during the summer and early autumn. In addition, Europe did not have the same high levels of vaccination uptake, which demonstrated the importance of a population to receive their vaccination as soon as they were eligible as it helped to prevent serious illness, hospitalisation and also helped to reduce transmission.

The Interim Assistant Director of Population Health also responded to questions on vaccination inequality. It was reported that the main area of inequality at the start of the vaccination programme was observed geographically. In order to address this inequality, a targeted approach was adopted through communications, pop up vaccination clinics and the vaccine bus. The biggest challenge now was age related, in particular amongst the younger cohorts of the population, where there was a large drop off in vaccination uptake. This was being addressed through promoting accurate information, dispelling myths, promoting the benefits of vaccination and making information as accessible as possible.

Members enquired about the impact of care home staff needing to be fully vaccinated had on care home residents. The Interim Director of Population Health replied that the work that had already been undertaken with the borough's care homes had meant that the impact had been minimal and had not affected the care that residents experienced. Care home staff continued to manage the effects of the virus in an exemplary way and previous assurances were still relevant.

## **RESOLVED**

**That the content of the presentation be noted.**



## **8. DOMESTIC ABUSE STRATEGY**

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Interim Director of Population Health, which detailed the 2021-2026 Tameside Domestic Abuse Strategy.

It was reported that the strategy outlined the strategic ambition for the local authority, multi-agency partners and wider Tameside community on identifying, responding to and preventing domestic abuse. The development of the strategy included direct consultation with a diverse range of victim-survivors of domestic abuse, frontline professionals across public services, specialist domestic abuse providers and a Domestic Abuse Needs Assessment. The strategy prioritised:-

- Making domestic abuse everybody's business
- Creating safe spaces for disclosures
- Meeting the needs of victims through local services
- Helping victim-survivors stay safe at home
- Better outcomes for children impacted by domestic abuse
- Identifying problem behaviours early
- Holding perpetrators accountable

Appended to the document was a Support in Safe Accommodation Strategy 2021-2023 and it was explained that local authorities had a duty to provide support within safe accommodation for victim-survivors of domestic abuse and their children. There was a tiered response to supporting victim-survivors of domestic abuse and their children within the new duties:-

- 1) Better support for victim-survivors to stay in their own homes with support and safety measures in place
- 2) Improve outcomes for those who approach our homelessness service as victims of domestic abuse
- 3) Strengthen and diversify our offer for those who require specialist domestic abuse accommodation.

It was reported that progress of the strategy would be monitored through the creation of two new domestic abuse dashboards that identified outcomes for adults and children, separately and through structured engagement with victim-survivors through a Lived Experience Advisory Panel. The local Domestic Abuse Partnership Board would be responsible for monitoring the delivery of this strategy

Members of the Board commended the multi-agency approach and the ambitious priority of the strategy. The housing provider representatives on the Board offered their support and the Chair encouraged everyone to report and signpost domestic abuse victims via the appropriate channels.

### **RESOLVED**

**That the report be noted.**

## **9. TAMESIDE AND GLOSSOP INEQUALITIES REFERENCE GROUP: THEMATIC REPORTS**

Consideration was given to a report of the Executive Member, Lifelong Learning, Equalities, Culture and Heritage / Director of Transformation, which explained that Tameside & Glossop Inequalities Reference Group (IRG) was established in November 2020 and aimed to reduce inequality in Tameside and Glossop by providing advisory recommendations on tackling key issues within the community. Two of the initial work streams had concluded and had produced advisory reports, which were the subject of the report.

It was reported that Councillor Leanne Feeley, in her role as Tameside Council Executive Member with lead responsibility for equalities, chaired the IRG and other members included NHS Tameside & Glossop CCG; Tameside & Glossop Integrated Care NHS Foundation Trust; Voluntary, Community, Faith and Social Enterprise sector and Tameside Independent Advisory Group. A complete list of organisations and groups represented on the IRG was appended to the report. The group made recommendations and steered overarching action to address inequalities, providing constructive challenge in an advisory role to providers. Delivery, achievement and management of inequality objectives lay with relevant organisations and services.

The IRG had met virtually on a quarterly basis since its inception in November 2020 and had received presentations on a range of issues such as the Impact of Covid-19, Equality Impact Assessments, Tameside Poverty Truth Commission, Census 2021 and Greater Manchester Independent Inequalities Commission. The group had developed a work programme that was centred on a number of 'Areas of Focus' based upon feedback received from members of the public across a range of engagement activities, that also reflected the expertise of members of the group. Work within each Area of Focus consisted of involving the voices of people with lived experience of the issue, the use of data and evidence, and benchmarking against other areas. This work had taken the form of assurance updates, rapid pieces of research, and in-depth reviews. The current Areas of Focus were detailed in the report and included:-

- Barriers to accessing information
- Community cohesion
- Digital inclusion
- Voice of people with learning disabilities
- Young people
- Emotional Wellbeing – isolation / loneliness

The Board were informed that the IRG had achieved a range of outputs in its first year, including good progress in each of the Areas of Focus. Two reports had been published, Community Cohesion and Digital Inclusion, which were appended to the report.

The Community Cohesion report provided an overview of the concept of community cohesion in the UK, and detailed its development within Tameside. Insight and evidence of community cohesion issues – at a national, regional, and local scale – were explored. Current projects and work programmes that promoted community cohesion in Tameside were detailed and best practice approaches to community cohesion in other local authority areas were also explored.

The report provided a basis for the development of a community cohesion strategy in Tameside, and outlined the need to gather more lived experience of community cohesion issues in the area. The full set of recommendations were:-

- Commit to developing a 5 year Community Cohesion strategy
- Develop a set of local community cohesion indicators
- Ensure that insight and engagement work was conducted on an ongoing basis
- Establish and commit to a 'Charter of Belonging'
- Identify full scope of community cohesion work done by the Voluntary, Community, Faith and Social Enterprise sector
- Invest in and continue to develop the pioneering model of the Independent Advisory Group in Tameside
- Ensure that all groups, committees and networks that were led by the range of public sector partner organisations in Tameside were representative
- Use appropriate and consistent language when describing different groups.

The Digital Inclusion report explored the scale of digital exclusion in the UK and the factors that drive it. This was complemented by the inclusion of insight from people with lived experience, gathered through a range of engagement activities. An overview of the work currently being

undertaken to tackle the issue in Tameside and Glossop was provided, alongside approaches taken in other local authorities.

The report provided a basis for the implementation of a shared place-based Digital Inclusion strategy for the borough. The full set of recommendations were:-

- Identify a Strategic Lead for Digital Exclusion in Tameside and Glossop and establish a digital exclusion working group
- Develop a place-based strategy and action plan to tackle digital exclusion
- Develop an investment plan
- Build a strong evidence base

The Chair asked for thanks to be extended to the IRG for the work that was undertaken.

## **RESOLVED**

**That the report be noted.**

## **10. PHARMACY NEEDS ASSESSMENT 2022-2025**

Consideration was given to a report of the Executive Member for Health, Social Care and Population Health / Director of Transformation, which detailed the schedule for the delivery of the Pharmaceutical Needs Assessment (PNA) 2022-2025 and Terms of Reference for the steering group that had been created, which was appended to the report.

It was reported that the Health and Social Act (2013) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 stated that all Health and Wellbeing Board's working through Local Authorities and Clinical Commissioning Group's had a statutory responsibility to produce a Pharmacy Needs Assessment (PNA) every three years. The local PNA provided vital information that helped local areas plan the provision of community pharmacies for their local population. The PNA was a way of making sure that pharmacies across the borough were providing the right services in the right locations to support its residents.

The Board was informed that the PNA was used by NHS England in its determination to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The relevant NHS England Area Team then reviewed the application and decided if the application met the regulatory criteria for approval. When making the decision NHS England was required to refer to the local PNA. The Health and Wellbeing Board needed to ensure the delivery of the PNA, which was robust enough to inform local commissioning plans.

The Board was notified that the PNA was due to be renewed and published by Local Authority Health and Wellbeing Boards in April 2022. However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the requirement to publish renewed PNAs was suspended until October 2022. Work on the revised needs assessment began in September 2021 with an expected publication date of October 2022. The schedule for the delivery of the PNA 2022-2025 was as follows:-

1. Planning for the 2022/2025 PNA - September 2021
2. PNA steering group meetings commenced in September 2021, which would be held approximately every 2-3 months until sign off of the PNA
3. Pharmacy public consultation to take place between mid-May and mid-June 2022
4. First Draft of the PNA to be available for consideration from July 2022
5. Stakeholder consultation to take place for 60 days in July and August 2022
6. Final draft to be completed by mid-September 2022
7. Sign off of the PNA 2022/2025 to go to the local Health and Wellbeing Board in September 2022 (date to be confirmed)

8. PNA 2022/2025 would be published on the 1 October 2022

A Steering Group had been established to lead the work that would provide clear recommendations on the pharmaceutical requirements across Tameside. The Terms of Reference for the group was appended to the report. In addition, public and stakeholder engagement would also be carried out to assist the process of producing the PNA.

## **RESOLVED**

**That the report be noted.**

## **11. THE FAMILY HUBS: LOCAL TRANSFORMATION FUND**

Consideration was given to a report of the Deputy Executive Leader, Children and Families / Executive Member for Health, Social Care and Population Health / Interim Director of Population Health / Interim Director of Children's Services that outlined Tameside's approach and intention to make a bid application to the national Family Hubs: Local Transformation Fund.

It was reported that following on from the initial August 2021 manifesto commitment, the Government announced in the October 2021 Spending Review, £82 million to create a new network of Family Hubs in 75 Local Authorities across England through a Family Hubs: Local Transformation Fund ('The Fund'). The Fund was a venture from the Department of Education (DfE) and was open to Local Authorities to apply for help in opening Family Hubs in local areas by March 2024.

The Board was informed that Family Hubs were a way of joining up local family help services to improve access, connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs brought services together for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. The following principles were key to the family hub model:-

- **More accessible** – through clearly branded and communicated hub buildings, virtual offers and outreach.
- **Better connected** – family hubs drive progress on joining up professionals, services and providers (state, private, voluntary) – through co-location, data sharing, shared outcomes and governance. Moving from services organised for under-fives, to families with children of all ages, reduces fragmentation (even though an emphasis on early years and the 'Start for Life' offer will remain).
- **Relationship-centred** – practice in a family hub builds on family strengths and looks to improve family relationships to address underlying issues.

The Board was notified that in order to support the development and implementation of Family Hubs, the Government would provide funding to at least 12 Local Authorities that did not currently have Family Hubs and currently provided the six core services for the conception to age 2 period that made up the Start for Life 'Universal Offer'. The Fund would pay for the change process only, supporting Local Authorities to move to a family hub model through programme and capital funding. Local Authorities could apply for up to £1 million transformation funding, which could fund a local transformation team, development of a digital / data strategy, minor adaptations to existing buildings and IT upgrades or furniture / equipment. It was noted that any monies did not cover the costs of family hub services and Local Authorities should continue to fund these from existing funding streams.

The key dates and deadlines for the application process were outlined, as detailed in the report, and successful Local Authorities would have approximately two years (over the financial years 2022-2023 and 2023-2024) to transition to a family hub model and open family hubs by March 2024. Applications would need to outline how projects would be delivered and costed and set objectives, which fit within the family hub framework, alongside utilising existing guidance and tools

to help transform their services. Tameside was well placed for this transition having already adopted a neighbourhood approach that was established with external partners. This would provide a strong foundation to develop the Family Hubs approach, which was integral in the development of the Children and Young People's Borough Plan that was currently in development. If the application into the Fund was successful the pre-existing programme of work would accelerate at scale and pace. The bid application would also include an ask for funding to build a transformation team who's objective would be to facilitate the development and launch of the Family Hubs.

The Board fully supported the bid application and commented that it would accelerate the existing vision for Tameside.

#### **RESOLVED**

**That the Health and Wellbeing Board:-**

- (i) Support a bid application to the Family Hubs: Local Transformation Fund; and**
- (ii) Recommend to the Strategic Commissioning Board to support the bid application and approve detail for the full bid application.**

#### **12. URGENT ITEMS**

There were no urgent items.

**CHAIR**

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# Agenda Item 5.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 March 2022
<b>Executive Member:</b>	Councillor Wills - Executive Member for Health, Social Care and Population Health
<b>Reporting Officer:</b>	Sarah Threlfall - Director of Transformation
<b>Subject:</b>	<b>CHILDREN AND YOUNG PEOPLE'S JOINT STRATEGIC NEEDS ASSESSMENT</b>
<b>Report Summary:</b>	The Tameside Joint Strategic Needs Assessment for children and young people illustrates the key health and wellbeing outcomes and makes recommendations to improve these outcomes that will feed directly into the Children's Plan for Tameside.
<b>Recommendations:</b>	That the Health and Wellbeing note the Tameside Joint Strategic Needs Assessment in order for it to inform the Children and Young People's Plan for Tameside.
<b>Corporate Plan:</b>	The Tameside Joint Strategic Needs Assessment supports all strands of the Corporate Plan, in particular areas relating to Starting Well.
<b>Policy Implications:</b>	Since the 1 April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep an up to date Joint Strategic Needs Assessment. A Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.
<b>Financial Implications:</b> <b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	There are no direct financial implications for the Council relating to this report.
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>Since the 1 April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep an up to date Joint Strategic Needs Assessment. A Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.</p> <p>The aim is to develop local evidence-based priorities for commissioning, which will improve the public's health and wellbeing and reduce inequalities. A Joint Strategic Needs Assessment will be used to determine actions local authorities, the local NHS and other parties need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.</p>
<b>Risk Management:</b>	The purpose of Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies is to improve the health and

wellbeing results of the local community and reduce inequalities for all ages.

There is a statutory duty to produce a Joint Strategic Needs Assessment. The reasoning for this is that strategic planning for health and wellbeing is best done in partnership and based on evidence. It is intended to promote joint working in local areas.

**Background Information:**

All papers relating to this report can be obtained by contacting Jacqui Dorman, Public Health Intelligence Manager



Telephone: 0161 342 2119



e-mail: [jacqui.dorman@tameside.gov.uk](mailto:jacqui.dorman@tameside.gov.uk)



# Joint Strategic Needs Assessment (JSNA)

## Children and Young People

### GROWING UP IN TAMESIDE



**2021/2022**

*Produced by Public Health Intelligence: Policy, Performance and Intelligence*

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# 1. Children's JSNA Summary – 2021

This summary JSNA report provides a snapshot of some of the key issues affecting children and young people in Tameside.

Identified in the below table are the main issues affecting different age group and the statistics available by age bands. Some topics will cross some or all age bands.

Pre-birth		0-4 years		5-9 years		10-14 years		15-19 years		20-24 years	
Poverty and the wider determinants											
Preterm births		Breast Feeding		Oral Health				Sexual Health			
Healthy weight and Physical activity						Crime & Justice					
Immunisation											
Smoking in pregnancy		Low Birth Weight		Alcohol and Drugs							
Teenage pregnancy		School readiness				educational attainment					
Vulnerabilities											
Hospital Attendances											
Mental wellbeing											



More JSNAs can be found at <https://www.lifeintamesideandglossop.org/document/>

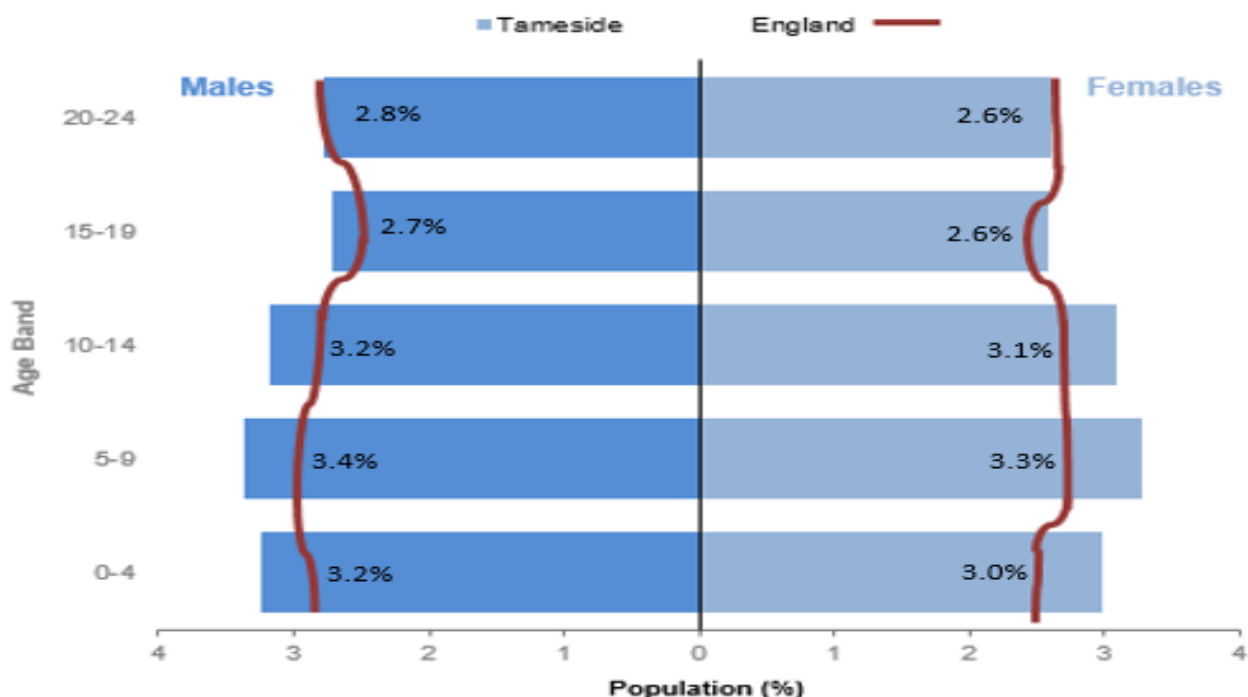
# At a Glance

<b>POPULATION</b>	30% of the Tameside population are aged 0-24 years. The number of children and young people living in Tameside has increased year on year for the last 10 years. The forecasted growth of our young population will need to be considered in local plans.
<b>POVERTY</b>	Deprivation has an important impact on children's lives and health. Continuing to tackle child poverty, improve educational attainment, boost jobs and the local economy will be crucial to improving the health of our children.
<b>BIRTH RATE</b>	In 2020 there were 2,475 babies born in Tameside with the boroughs birth rate being higher than the national average. The birth rate in under 18s is significantly higher than England.
<b>PROTECTING CHILDREN</b>	Tameside faces significant challenges in protecting children who experience neglect, family breakdown or crisis and has significantly higher numbers of children who are cared for than the England average.
<b>EDUCATION</b>	Children growing up in poorer families emerge from school with substantially lower levels of educational attainment. This is a major contributing factor to patterns of social mobility and poverty. We therefore need to be committed to improving the life chances of children from all income backgrounds, and increasing opportunity for the children growing up in poorer families.
<b>PHYSICAL HEALTH</b>	High rates of childhood obesity and poor oral health demonstrate the need for focused work to improve children's diet and levels of physical activity across the borough. High levels of urgent care hospital admissions for asthma should also be a focus to improve outcomes for our children and young people.
<b>MENTAL WELLBEING</b>	Tameside has high levels of deprivation, inequality and variable attainment in school. These are risk factors to the poor mental health in our children so needs a sustained focus of work.
<b>SEXUAL HEALTH</b>	Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. We need to ensure our children and young people grow up with a positive attitude to their sexual health and develop healthy relationships with others.

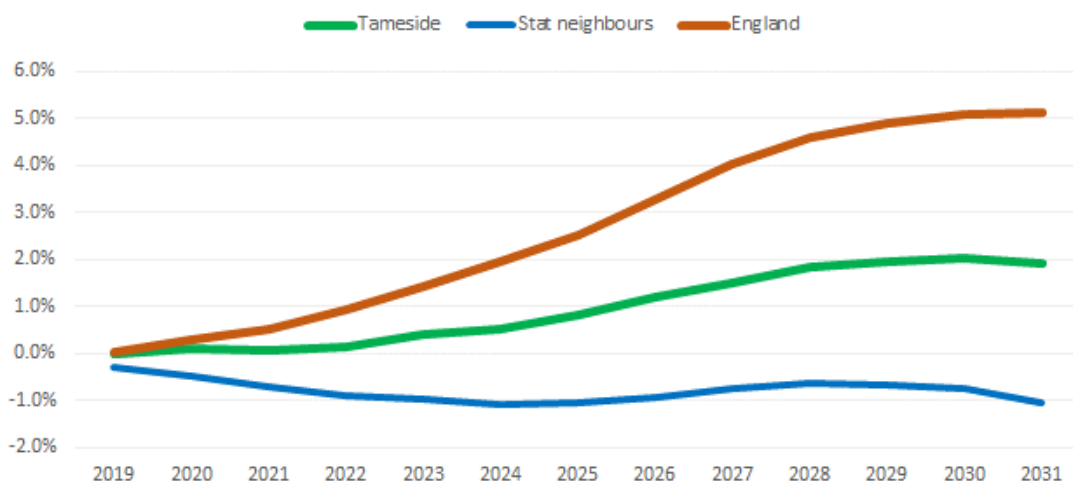
## 2. Tameside's 0 to 24 population: Age, gender, ethnicity, language, Special Educational Needs & Disability (SEND)

Nearly a third (67,682) of Tameside's residents are aged 0-24 years. Tameside has similar proportions of younger people as England.

Tameside (and England) population by age and gender



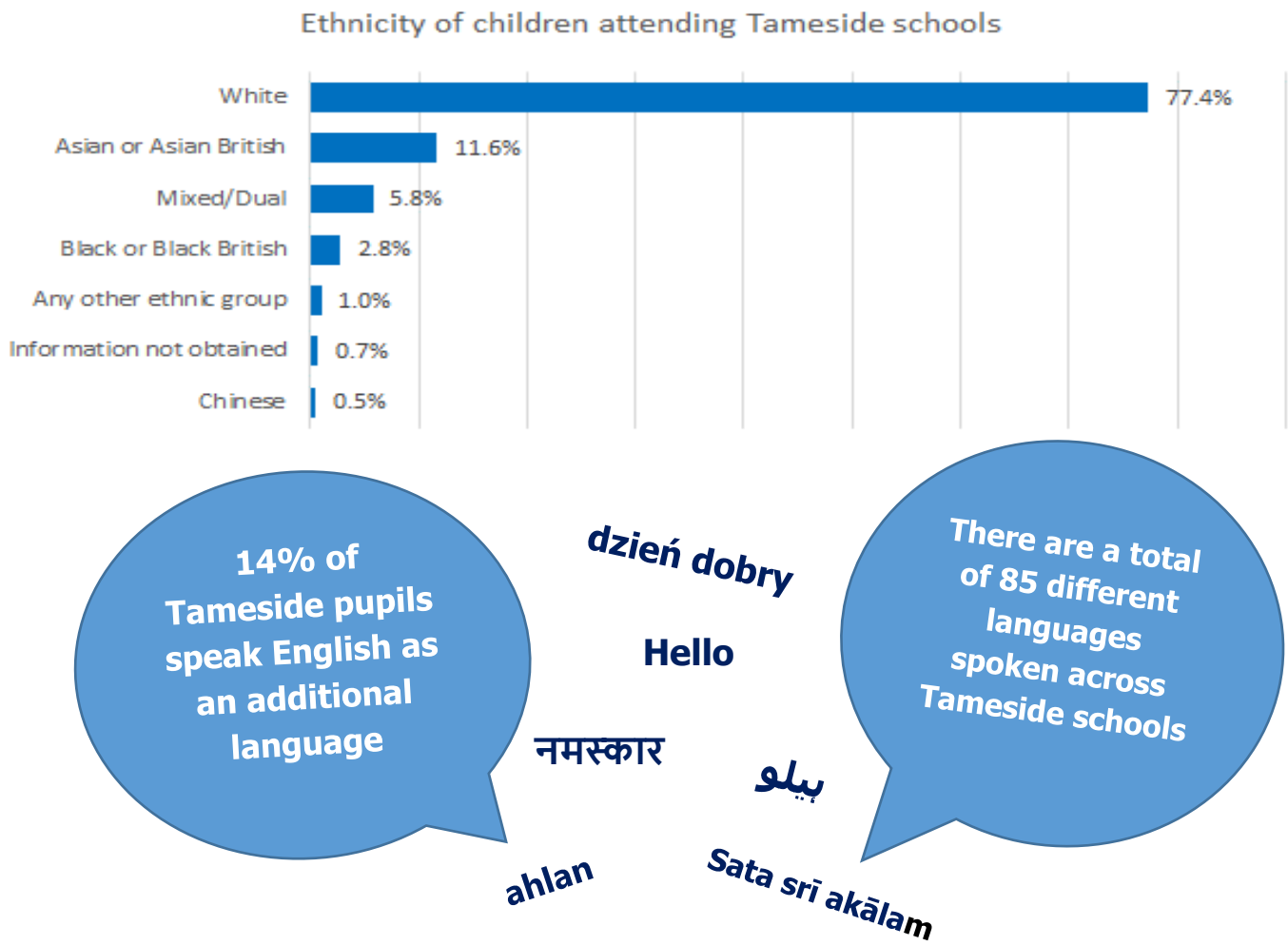
Since 2011 the overall population of Tameside has increased by 3%, this is lower than England, where there has been a 5% increase.



The 0-24 population in Tameside is set to rise over the next 10 years at a higher rate than our closest statistical neighbours, although lower than England.

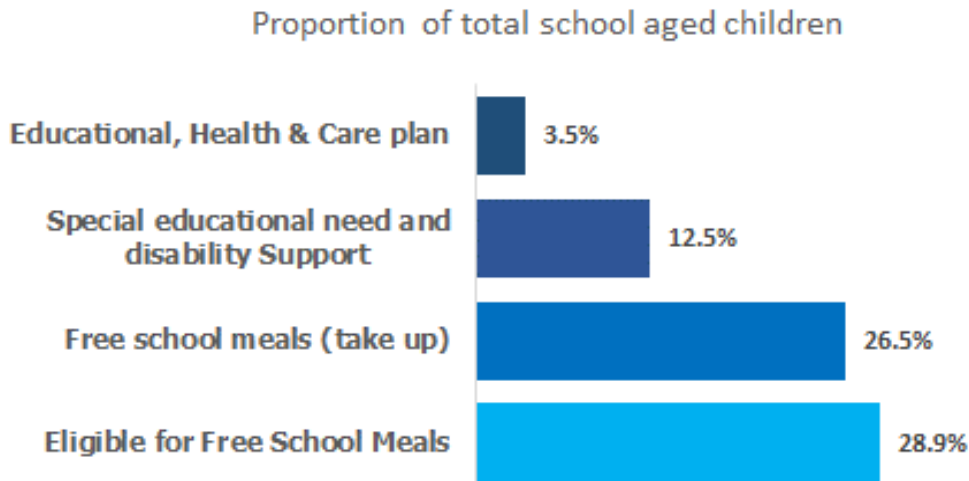
About 37,313 children attend Tameside schools, most of these are resident in the borough. The school population is diverse, many are from deprived backgrounds and some have complex special educational needs.

Ethnicity and characteristics of the school population



Top five languages spoken after English across Tameside schools are Urdu, Bangla, Polish, Punjabi and Arabic

Source: School Census 2021



### 3. The Wider Determinants to Health & Wellbeing

A person's physical and mental health and wellbeing are influenced throughout their life by the wider determinants of health, which are a diverse range of social, economic and environmental factors, alongside behavioural risk factors. The Marmot 10 years on review, published in 2020, raised the profile again of the wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Addressing the wider determinants of health has a key role to play in reducing the stark health inequalities that exist in Tameside.

Wider Determinant Measures	Tameside	England
Child poverty after Housing Costs (2019) %	33	30
Income Deprivation affecting Children (2019) %	22	18
Children living in absolute low income families (2019/20) %	20	16
% Children eligible for free school meals (2020)	29	18
Unemployment rate (%)	4.5	5.1
Workless households (2020) %	18.0	13.0
Average earnings (per week) (2020) %	£480	£590
Homelessness - households with dependent children per 1,000 (2019/20)	14.6	14.9
Homeless young people (16-24 years) per 1,000 (2018/19)	0.57	0.52
Home Ownership (mortgage or outright) %	63.8	63.6
Crime deprivation (score) (2019)	0.35	0.01
Violence offences per 1,000 (2018/19)	39.1	28.2
Children in the youth justice system (10-17 years) per 1,000 (2019/20)	2.9	3.5
Density of fast food outlets (2019)	143.0	96.1

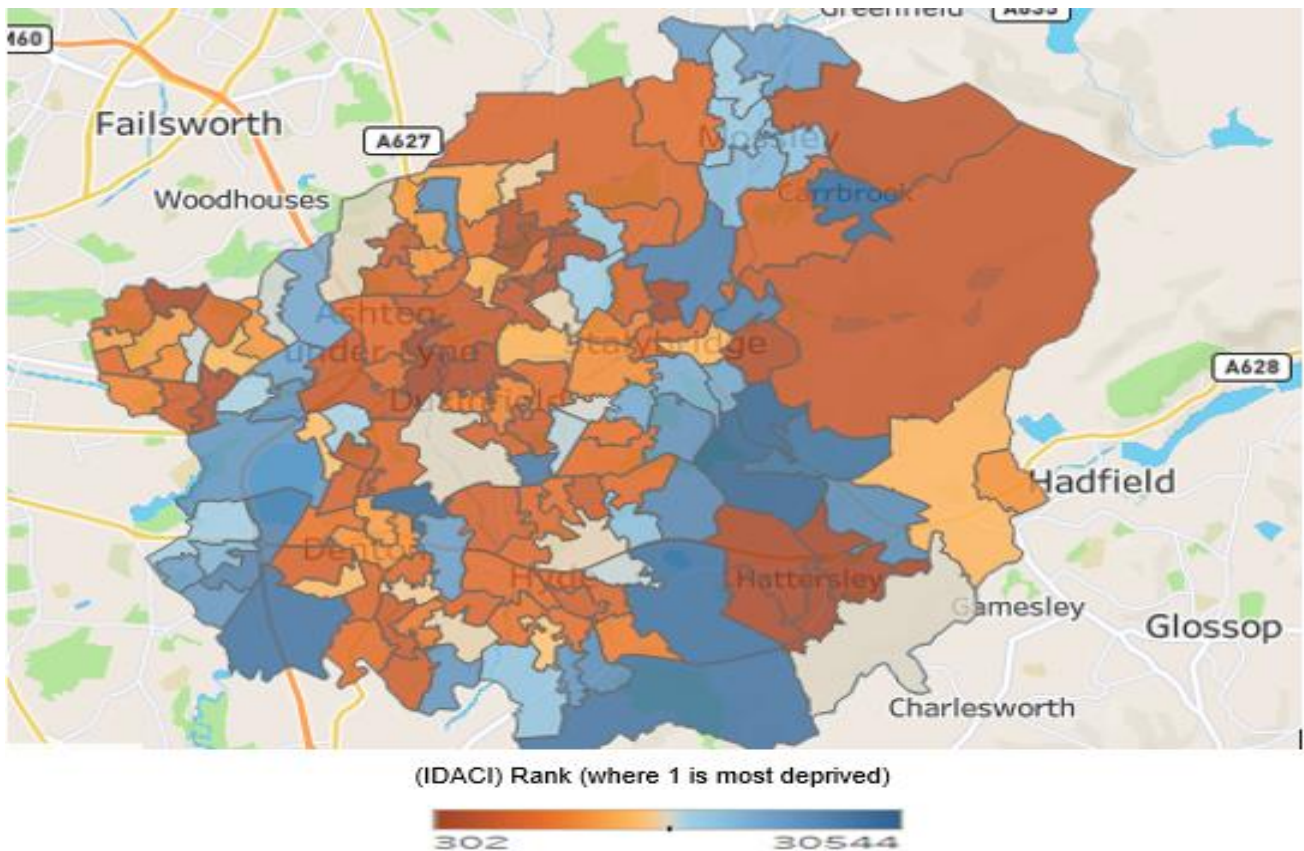
*Significantly worse than the England average*

Children and young people in Tameside experience significantly higher levels of deprivation and poverty than the rest of England. Of the fourteen wider determinants above, Tameside fares considerably worse across 50% of the key wider determinant measures.



## Child poverty within Tameside

The following map illustrates income deprivation affecting children by LSOA. The dark orange areas represent those Lower Super Output Areas (LSOAs) that are most income deprived, the blue areas represent areas that are less income deprived.



The map above highlights the spread of income deprivation affecting children across the borough. It shows that a high proportion of children in Tameside are affected by income deprivation.

Income deprivation or child poverty means that many parents can't afford the basics of food, clothing and shelter. Unemployment in Tameside is low compared to the England average with a high proportion of children living in poverty having at least one employed parent. Low paid jobs and zero-hour contracts mean many working families live hand to mouth.<sup>1</sup>

Children and families living and growing up in poverty and low-income households experience many disadvantages. These can have negative health and social consequences during childhood and into adulthood.

Being exposed to some or all of the key factors below, as well as the accumulation of exposure over time, can adversely impact on child development and health outcomes.

Limited money for everyday resources - including good quality housing, stress of living in poverty, unhealthy lifestyles, poorer education and employment opportunities.<sup>2</sup>

<sup>1</sup> [https://www.childrenssociety.org.uk/what-we-do/our-work/ending-child-poverty?gclid=CjwKCAjw\\_L6LBhBbEiwA4c46uq3o5bFGRWy4kQtnBSzCcwGHFh5Dw3HIQJoqZluL9v7\\_fOpwZuNAyBoCp5wQAvD\\_BwE](https://www.childrenssociety.org.uk/what-we-do/our-work/ending-child-poverty?gclid=CjwKCAjw_L6LBhBbEiwA4c46uq3o5bFGRWy4kQtnBSzCcwGHFh5Dw3HIQJoqZluL9v7_fOpwZuNAyBoCp5wQAvD_BwE)

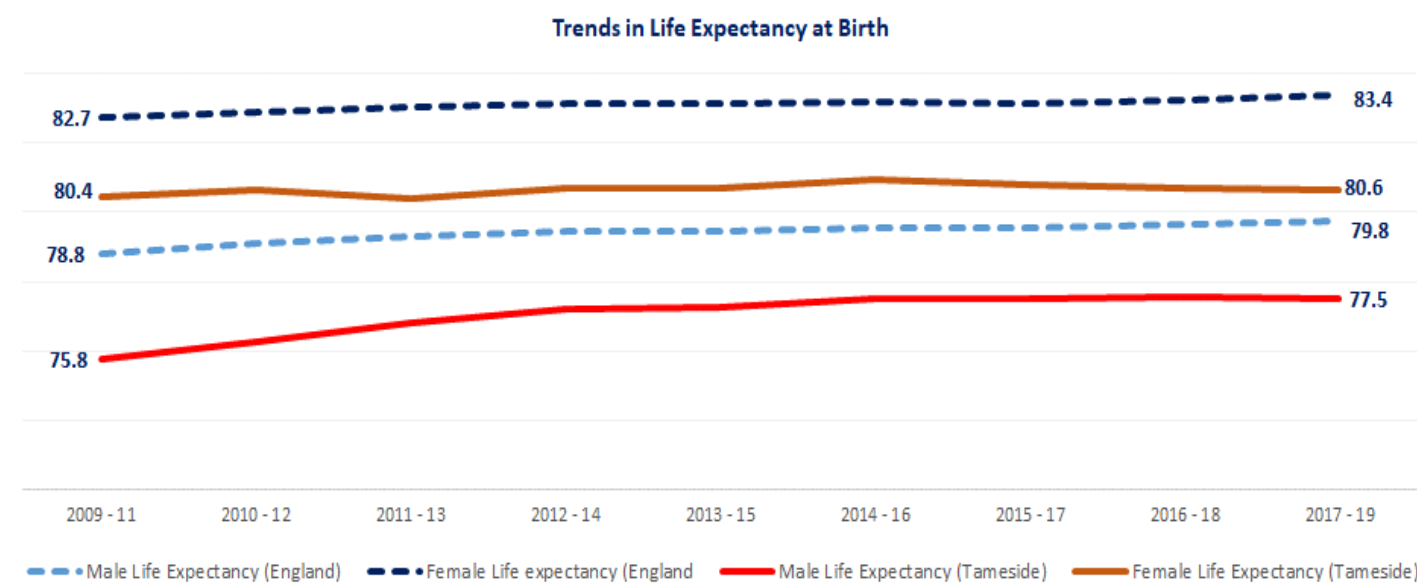
<sup>2</sup> <http://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty#:~:text=Poverty%20has%20negative%20impacts%20on,disease%20and%20mental%20health%20problems.>



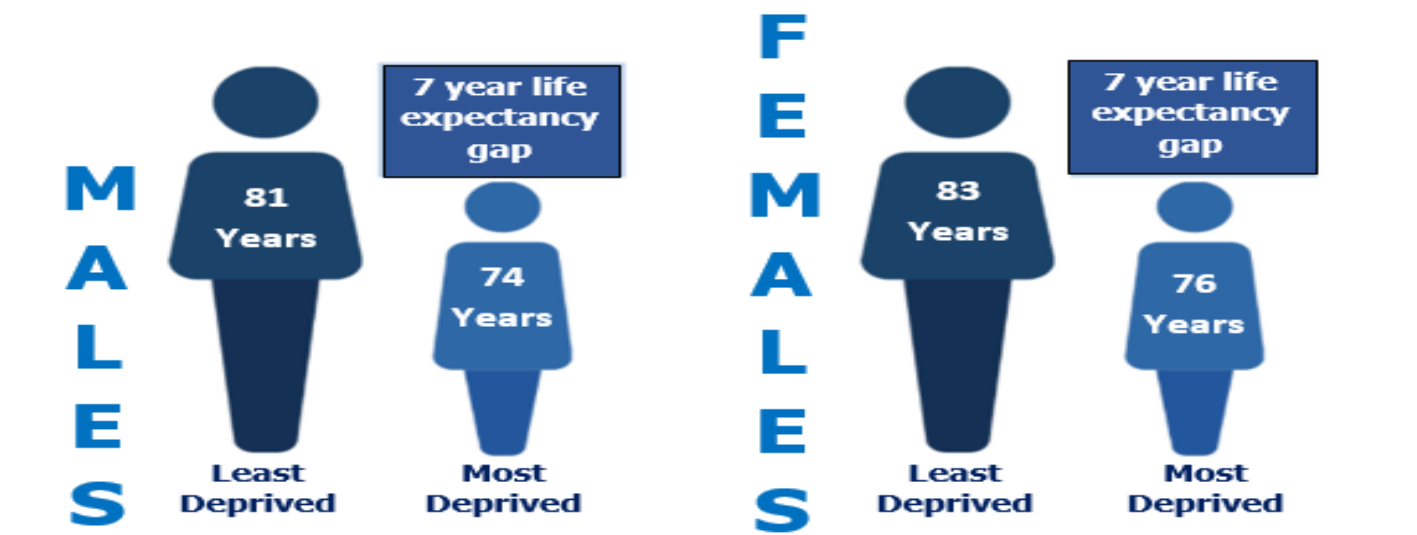
# Life Expectancy and Healthy Life Expectancy at Birth

Life expectancy at birth is defined as how long, on average, a new born can expect to live, if current death rates do not change. Life expectancy at birth is one of the most frequently used health status indicators. Gains in life expectancy at birth can be attributed to a number of factors, including rising living standards, improved lifestyle and better education, as well as greater access to quality health services. Therefore life expectancy is closely related to people’s socio-economic circumstances.

Life expectancy at Birth has been improving year on year for the past two decades across Tameside but in the last few years the rate of increase has started to slow.



Those born in our more deprived areas have significantly shorter life expectancies compared to those born in our least deprived areas.



Source: ONS Life expectancy data (2019)

## 4. Pre Birth and Early Years (0-4 years)

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may have an effect on health and wellbeing outcomes in later life. Ensuring that every baby gets the best start in life is important for a range of health and well-being outcomes for children and young people, the implications of which persist into adulthood.<sup>3</sup> Many factors contribute to achieving the best start in life. This chapter covers some of the factors which may be present during pregnancy and early infancy.

Pre birth and Early Years Measures	Tameside	England
Folic acid supplement before pregnancy (%) 2018/19	18.7	27.3
Maternal Obesity (2019/20)	26.3	21.9
Smoking at time of delivery (2020/21)	10.2	9.6
Under 18 conceptions (per 1,000) (2019)	27.9	15.7
Premature births per 1,000 (<37 weeks) 2017/19	90.7	81.2
Low birth weight of term babies (%), 2019	3.1	2.9
Babies first feed (breast milk) (%) (2019/20)	53.3	67.4
Breastfeeding prevalence at 6-8 weeks after birth (%) (2020/21)	34.9	47.6
Vaccination coverage (Dtap / IPV / Hib (2 years old) (%) (2020/21)	96.0	93.8
0-4 years A&E attendances per 1,000 (2018/19)	676.2	655.3

More information can be found [here](#)

	significantly worse than the England average
	better than the England average
	similar to the England average

## Key Challenges for maternity and the early years

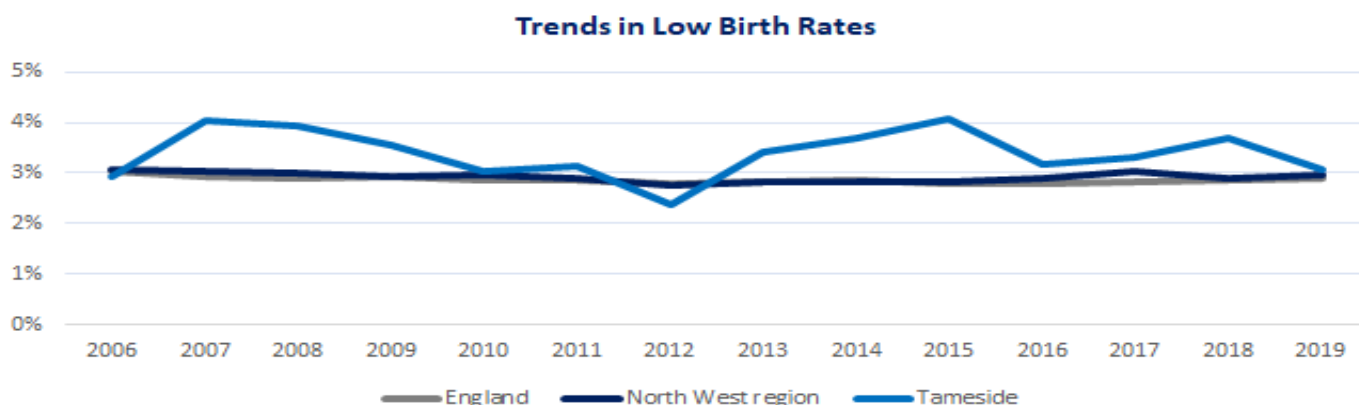
The maternal risks during pregnancy include gestational diabetes and preeclampsia. The foetus is at risk for stillbirth and congenital anomalies. Obesity in pregnancy can also affect health later in life for both mother and child.<sup>4</sup> Tameside has significantly worse outcomes across a number of pre-birth and early year's outcome measures. With folic acid supplementation, maternal obesity, under 18 conceptions, premature births, breast feeding and A&E attendance of particular concern.

Smoking during pregnancy is associated with the foetus growing at a slower rate in the womb and can result in babies being small for gestational age and having a low birth weight at term. Smoking during pregnancy is also associated with higher rates of stillbirth and infant mortality<sup>5</sup>

Early parenthood carries a number of risks for both mother and child. The baby is more likely to have a low birth weight at term and has a higher risk of infant mortality. Due to parenting responsibilities, young mothers are less likely to complete education and may be further economically disadvantaged by a failure to enter employment.<sup>6</sup>

Evidence shows breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life.<sup>7</sup>

### Low Birth weight (trends)



Source: PHE Fingertips

Low birth rate trends in Tameside have fluctuated over the last decade or so and are now similar to the England and North West averages. Low birthweight at full term of pregnancy is an important public health measure as it indicates whether the baby was able to grow as expected while in the womb. Low birthweight can be associated with the ethnicity of mothers, smoking during pregnancy, younger maternal age and some medical complications such as maternal diabetes or hypertension.<sup>8</sup>

<sup>4</sup> Department of Health (2013) Annual Report of the Chief Medical Officer 2012: Our children deserve better: prevention pays

<sup>5</sup> Royal College of Physicians (2010) Passive smoking and children. Chapter 3: Effects of maternal active and passive smoking on fetal and reproductive health.

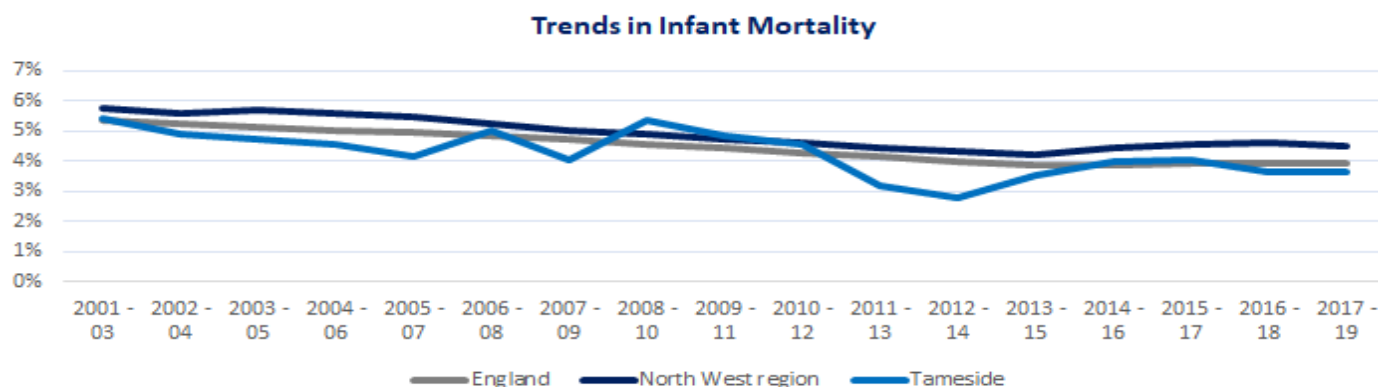
<sup>6</sup> Hadley A, Ingham R, Chandra-Mouli V (2016) Implementing the United Kingdom's 10-year teenage pregnancy strategy for England (1999-2010): How was this done and what did it achieve? Reproductive Health 13:139.

<sup>7</sup> <https://www.thelancet.com/series/breastfeeding>

<sup>8</sup> Department of Health (2013) Annual Report of the Chief Medical Officer 2012: Our children deserve better: prevention pays.

Being born at low birthweight is an important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.<sup>8</sup>

## Infant Mortality (trends)



Source: PHE Fingertips

Infant mortality has fluctuated somewhat over the last decade or so and is currently lower than both the North West and England averages, but it has been considerably lower in the recent past. Increases in infant mortality started to occur from 2014 and although currently stable it is important to monitor. Infant mortality covers all deaths within the first year of life. The majority of these are neonatal deaths which occur during the first month and the main cause is related to prematurity and preterm birth, followed closely by congenital abnormalities.

More information can be found at the following links:

[Mortality profile](#)

[Early Years profile](#)

## 5. Physical Health and Wellbeing (5-24 years)

The physical health of children and young people can be directly or indirectly effected by the wider determinants and their early years (pre-birth/infancy). Positive experiences early in life are closely associated with a range of beneficial long-term outcomes, including better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.<sup>9</sup> Children living in poverty in particular are more likely to experience a wide range of health problems, including poor nutrition and chronic disease, which they will be at higher risk of taking into their adult lives.

### Primary school years

Primary school Years	Tameside	England
Vaccination coverage age 5 (% MMR 2 doses) 2019/20	86.8	86.8
Dental caries (% 5 year olds with experience of visually obvious dental decay) 2019	33.1	23.4
Overweight/obesity at reception (%) 2019/20	27.1	23
Overweight/obesity at year 6 (%)	36.2	35.2
School Readiness (2019) (%)	66.9	71.8
School Readiness: Children with free school meal status achieving a good level of development at the end of Reception (2019) (%)	54.4	56.5
School readiness: Children achieving the expected level in the phonics screening check in Year 1 (2019) (%)	78.3	81.8
Special Educational Needs & Disability with a Educational Health Care plan 2021(%)	1.9	2.1
Special Educational Needs & Disability without a Educational Health Care plan 2021 (%)	12.9	12.6

	significantly worse than the England average
	better than the England average
	similar to the England average

**78% of reception aged children reach the expected level of communication skills**



**68% of reception children reach the expected level of language and literacy skills**

## Secondary school years

Secondary school Years	Tameside	England
Physical activity levels (5-16 years) Active 60+ minutes per day (%) 2018/19	44.3	43.3
Physical activity levels (5-16 years) Less Active <30 minutes per day (%) 2018/19	33.3	32.9
Children with one or more decayed, missing or filled teeth 2018	34.1	23.3
Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female) (%) 2019/20	95.9	59.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (rate/10,000) 2019/20	116.9	91.2
Hospital admissions for asthma per 100k (<19 years) 2019/20	405.2	160.7
Special Educational Needs & Disability with a Educational Health Care plan 2021(%)	1.5	2.0
Special Educational Needs & Disability without a Educational Health Care plan 2021 (%)	11.8	11.5
Average Attainment 8 score (2019/20)	48.4	50.7
Average Attainment 8 score for pupils eligible for free school meals (2019/20)	38.0	38.6
Average Attainment 8 score for pupils from ethnic backgrounds (2019/20)	50.6	55.5
Child Mortality rate (per 100,000) 2017/19	12.4	10.8

Source: PHE child and maternal health profiles

	significantly worse than the England average
	better than the England average
	similar to the England average

## Key Challenges for our school aged children and young people

### Educational Outcomes

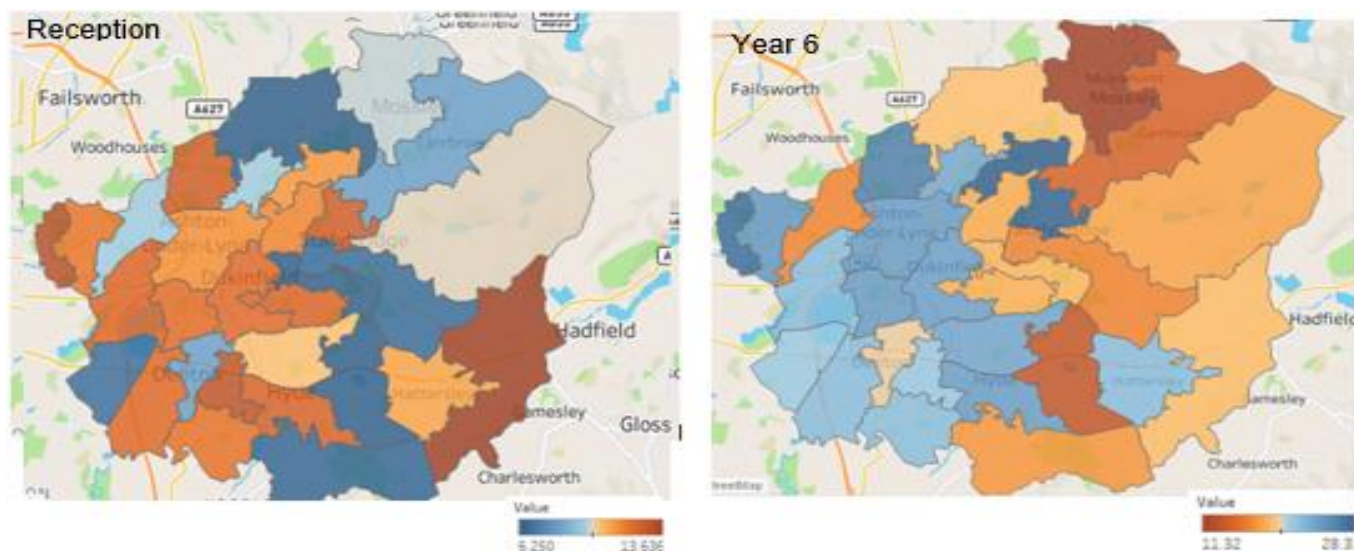
Levels of educational attainment from school readiness through to GCSE results are lower in Tameside compared to the England averages. A good level of education gives young people the opportunity to earn more and be in more fulfilling careers/jobs. Ensuring children and young people are literate and numerate will also enable them to navigate their way through adulthood better. In the competitive job market, academic and vocational qualifications are increasingly important. Those without qualifications are at higher risk of unemployment and low incomes.

Reducing the gap between all student attainment and those children that are disadvantaged is important to improving overall standards and reducing inequalities. Understanding the barriers to learning of disadvantaged children and their educational attainment is important while ensuring disadvantaged children have stable schooling. Improved access to high quality early years provision for disadvantaged children is essential in ensuring these children in particular start their formal education on a level platform with their peers. Ensuring children are ready for school at age 5 will ensure no children are disadvantaged or left behind and ensuring all children with special educational needs receive the support needed to enable them to learn will also impact on overall educational outcomes for children.



## Prevalence of Obesity

The maps below show the distribution in rates of obesity across Middle Super Output Areas (MSOAs) in Tameside. Obesity in children is the measurement of the height and weight of children, which gives the body mass index (BMI). This is completed in Reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. The maps below illustrate obesity and severe obesity only.



Source: NCMP PHE fingertips

The maps above illustrate that the distribution of obesity in reception children ranges from 6% to 13.6% and 11% to 28% at year 6. Rates of obesity more than double between reception and year 6. The MSOAs with the highest levels of obesity are Ashton Waterloo, Droylsden West, Denton East and Stalybridge North (reception) and Droylsden West, Hurst Cross, Stalybridge North and Ashton Waterloo (year 6).

Childhood obesity, and excess weight, are significant health issues for individual children, their families and population health. It can have serious implications for the physical and mental health of children, which can then follow on into adulthood. The numbers of children, who continue to have an unhealthy, and potentially dangerous weight, is a national and local public health concern.

## Hospital admissions

A&E attendances and emergency hospital admissions are a major issue for children and young people in Tameside, where significantly higher attendance and admission rates compared to the England averages exist. **Tameside has the highest emergency hospital admission rate for asthma in England in 2019/20 for under 19s.** Rates are high across different causes and age bands. Poverty and disadvantage are key factors in unintentional child injury and avoidable ill health (illness that can be mainly avoided through effective public health and primary prevention interventions), disability and death in deprived communities.<sup>10</sup> Emergency admissions related to asthma and other chronic conditions are largely preventable with improved management and early intervention. Reducing avoidable emergency admissions improves the quality of life for people with

<sup>10</sup> <https://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Field%20Review%20poverty-report.pdf>

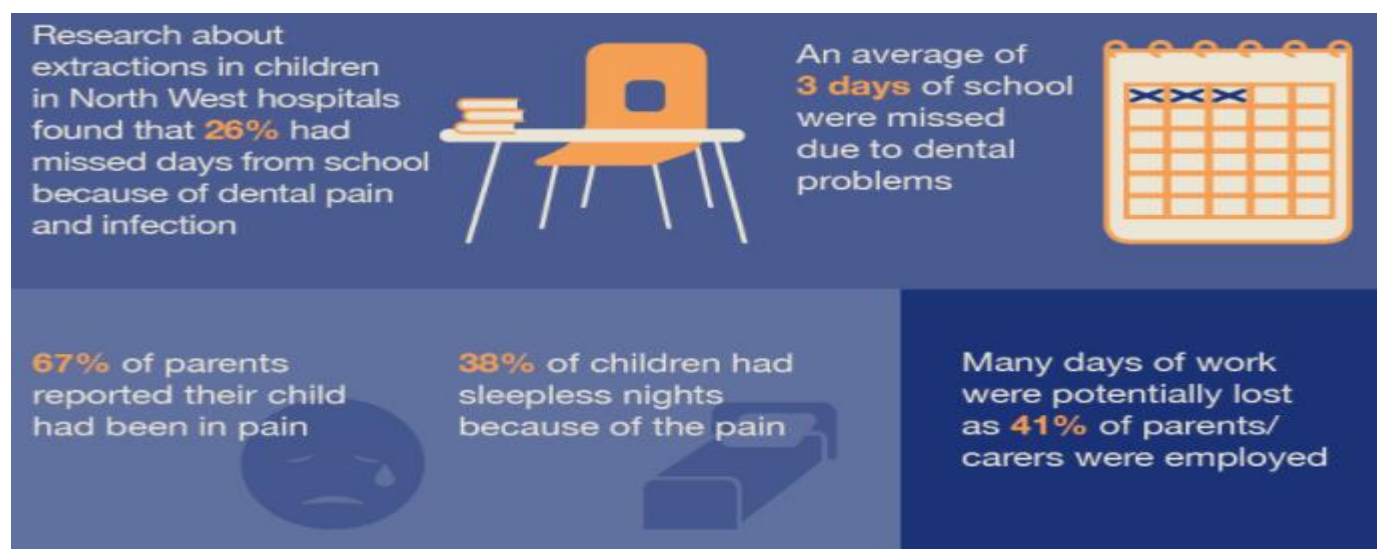
long term and acute conditions and their families, as well as reducing pressures upon the resources of local hospitals.<sup>11</sup>

There are numerous reasons why children and young people, their families and carers may seek emergency care in a hospital. In many situations, it is the right place to go, or it could be the only option. However, apart from the inevitable human cost, such as stress and worry, separation from parents/child, time off school or work; there is also the significant financial cost for the Tameside health care economy. High levels of urgent care admissions are strongly correlated to deprivation with these inequalities impacting worse in areas with higher deprivation levels. A large proportion of these urgent care admissions were avoidable and therefore there is huge potential to improve quality of care and experience for children and their parents/carers outside of the acute health care sector.

## Oral Health

Oral health in children and young people is worse than the England and North West averages, with many children having visually obvious tooth decay as well as missing and filled teeth. Trends in poor oral health for Tameside children and young people has remained stubbornly high with very little change or improvement over the last decade.

Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay and tooth extraction is still the most common hospital procedure in 6 to 10 year olds.<sup>12</sup> Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in at least 60,000 days being missed from school in England during the year for hospital extractions alone.



Improving the oral health of children is a Public Health England (PHE) priority (from 2021 now known as UK Health Security Agency and Office for Health Improvement and Disparities). - PHE has an ambition that every child will grow up free of tooth decay, to help give them the best start in life.<sup>13</sup> Oral health is part of general health and wellbeing, and contributes to the development of a healthy child as well as school readiness.

<sup>11</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/03/red-acsc-em-admissions.pdf>

<sup>12</sup> [Child oral health: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/child-oral-health-applying-all-our-health)

<sup>13</sup> <https://www.gov.uk/government/news/launch-of-the-childrens-oral-health-improvement-programme-board>



## Post school years

Post school Years	Tameside	England
Chlamydia screening (% aged 15 to 24 screened) 2020	10.9	14.3
Chlamydia detection rate 15-24 years (per 100k) 2020	868	1408
Under 25s choosing Long Term Reversible Contraceptive (LARC) (%) 2020	25.5	28.8
New STI diagnoses (exc chlamydia aged <25) / 100,000	422	619
Teenage Conceptions per 1,000 births (2019) (<18 years)	27.9	15.7
Teenage mothers (%) 2019/20	0.8	0.7
Under 25 repeat abortions (%) 2020	30.1	29.2
Hospital admissions due to substance misuse (15-24 years) (rate/100k) 2018/20	95.3	84.7
Emergency admissions by children and young people for road accidents involving pedestrians per 100k (0 to 24 years) 2019/20	20.8	13.4
First time entrants to the youth justice system (rate/100k) 2020	99.0	169.2
16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%) 2019	3.8	5.5

Source: PHE child and maternal health profiles and PHE fingertips

	significantly worse than the England average
	better than the England average
	similar to the England average

## Key Challenges for our Young People

### Sexual and Reproductive Health

In Tameside challenges exist around young people's sexual and reproductive health, with levels of sexual transmitted diseases (STIs), teenage conceptions and repeat termination of pregnancies being higher than the England averages. Poor sexual and reproductive health and ongoing transmission rates of STI's have major impacts on population mortality, morbidity and wider wellbeing, and result in significant costs for health service and local authority budgets.<sup>14</sup> There is a strong association between poor sexual and reproductive health and other risk behaviours, and by seeking to improve sexual and reproductive health these other determinants of health such as developing positive relationships, smoking, and substance misuse may also be identified and addressed. Sexual and reproductive ill health tends to be concentrated in many vulnerable communities, and improving sexual and reproductive health outcomes will address these major health inequalities.<sup>12</sup>

### Hospital admissions for deliberate and accidental injuries

A&E attendances and emergency hospital admissions for accidents and deliberate injuries are a particular issue for young people in Tameside. Rates of young people killed or seriously injured in road traffic collisions have fallen, but Tameside still have significantly higher rates than the England average. Other areas of concern are hospital attendances relating to deliberate injuries. In 2020 there were **154** A&E attendances relating to assault (where the patient disclosed they were assaulted).

## 6. Mental Health and Wellbeing (5-24 years)

Mental health problems affect around one in six children. They include depression, anxiety and conduct disorder (a type of behavioural problem), and are often a direct response to what is happening in their lives.<sup>15</sup> Children's emotional wellbeing is just as important as their physical health. Good mental health helps them develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Mental Health and Wellbeing Measures	Tameside	England
Hospital Admissions mental health conditions per 100k (<18 years) 2019/20	59.2	89.5
Hospital Admissions for self-harm per 100k (10-24 years) 2019/20	371.3	439.3
School aged pupils with emotional or mental health needs (%) 2020	2.8	2.7
Estimated number of children with mental disorder 5-16 years (%) 2018	11.8	12.0
Estimated number children with emotional disorders (%) 2018	3.8	3.6
New referrals to mental health services <18 years per 100k 2018/19	6524	5994
Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) 2018/19	27,213	23,989
School age pupils with a learning disability (%) 2018/19	5.6	5.6
% of primary school suspension from school 2019/20	1.1	1.0
% of secondary school suspensions from school 2019/20	10.2	7.4

	significantly worse than the England average
	better than the England average
	similar to the England average

Source: PHE Fingertips and mental health profiles

Around half of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s, although treatment typically does not start until a number of years later.<sup>16</sup> Inequality underlies many risk factors for mental health problems in children and young people, and needs to be addressed through the wider determinants of health which are outlined in the 'Mental health: environmental factors' and 'Mental health: population factors' chapters of the knowledge guide.

### Key Mental Health Challenges for our children and young people

Tameside had higher than average new referrals to mental health services in 2018/19 compared to the England average and this is an increasing trend. However less children and young people were admitted to hospital in 2019/20 because of a mental health condition or self-harm. This could

<sup>15</sup> <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

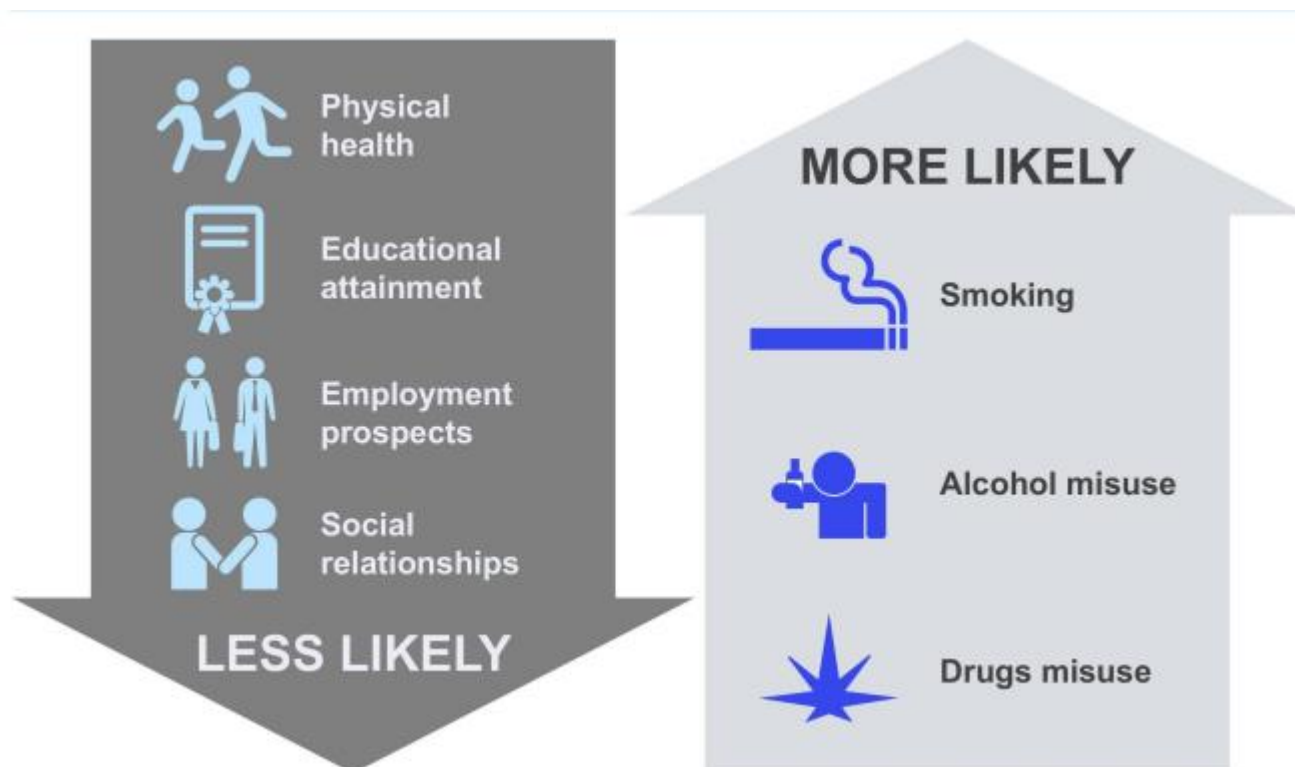
<sup>16</sup> Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. 'Age of onset of mental disorders: a review of recent literature' Current Opinion Psychiatry (2007) 20 (4): 359-64

be related to the increase in children and young people accessing community and outpatient mental health services, which has increased by 32% compared to the previous year. There has been an increase in call outs to the North West ambulance service (NWAS) for children and young people aged 10-24 years for self-harm and attempted suicide. Many of these calls are dealt with at the scene, with direct referral to mental health services being made on attendance. Therefore the reduction in hospital admissions for self-harm will show a reduction as less children and young people are being transferred to hospital.

It is estimated that around 4,229 children and young people aged 5-17 years have a mental health condition in Tameside.<sup>17</sup> However, only 1,034 school aged children and young people are known to have an emotional or mental health need, this suggests that many children and young people in Tameside have an unmet need.

The protective factors to good mental health in children and young people, such as income, housing, school readiness and educational attainment etc. are all indicators to the risk of mental health problems in the population. Tameside children and young people fair significantly worse across a lot of these areas so we would expect to see higher levels of emotional and mental health conditions, yet across many of the mental health and wellbeing measures, Tameside measures similarly to the rest of England.

Mental health illnesses are a leading cause of health-related disabilities in CYP and can have adverse and long-lasting effects.



Source: [The mental health of children](#)

<sup>17</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/1/gid/1938133090/pat/155/par/E45000001/ati/102/are/E08000008/iid/93587/age/221/sex/4/c at/-1/ctp/-1/cid/4/tbm/1>

## 7. Vulnerable Children & Young People

Vulnerabilities are a diverse range of social, economic and environmental factors which influence people's life chances and outcomes. Vulnerability is made up of the characteristics of a person or group and their situation that influence their capacity to anticipate, to cope with, resist and recover from the impact of a crisis or adverse event. Poverty, occupation, ethnicity, exclusion, marginalisation, inequities and social isolation can enhance social vulnerability.

Children and young people across Tameside who might need extra help are those with a learning disability or mental health conditions; young carers, cared for children or care leavers, asylum seekers and refugees, those who experience domestic abuse, children and young people going through adverse experiences, those who live with parents who have substance misuse issues and those who have or live with someone with a long term health condition.

Vulnerabilities	Tameside	England
Number of children with child protection plans per 10,000 (2020)	81.8	55.2
Rate of cared for children	139	67
Proportion of school pupils with SEN (2021)	12.5	12.2
% of SEN with a SEN /EHCP or statement (2020)	26.6	27.7
Children with learning difficulties known to schools per 1,000 (2020)	41.8	34.4
Children living in households where there is domestic abuse (2019/20)	68	66
Domestic abuse identified as a factor in Child in Need assessment (2019/20)	22.9	14.6
Children living in households where a parent has a alcohol or drug problem (2019/20)	40	40
Children living in households where a parent has a severe mental health problem (2019/20)	152	135
Children in households where there are substance misuse, domestic abuse and severe mental health problems (all 3) (2019/20)	11	9
Children in households with any of the 3 issues ( substance misuse, mental health, domestic abuse) (2019/20)	196	182
Proportion of adults in alcohol or drug treatment who live with children (2019/20)	29	24
Proportion of new presentations to alcohol or drug treatment who live with children (2019/20)	23	21
Young carers rate per 1,000 (5-17 years) 2019/20	11.1	4.0
Homeless young people per 1,000 (2018/19)	0.57	0.52

	significantly worse than the England average
	better than the England average
	similar to the England average

Source: NTDMs, PHE Fingertips & Children commissioner

More information on vulnerabilities can be found here

[Local vulnerability profiles | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

[NTDMs - National Drug Treatment Monitoring System](#)

[Child and Maternal Health - Data - PHE](#)

[Overview-case-reviews-7-minute-briefing-2017-2020 \(tamemesidesafeguardingchildren.org.uk\)](#)

# **Key Vulnerability Challenges for our children and young people**

## **Adverse Childhood Experience (ACE's)**

Children and young people in Tameside experience adverse childhood experiences far more than the England average. In particular children living in households where a parent has a severe mental health problem, where domestic abuse exists and where a parent has a substance misuse problem. (Also known as the Toxic Trio)

During 2019/20 2,610 children and young people were referred to children social care services because of domestic abuse. Between 2018 and 2020, 193 children and young people attended A&E because of an assault that occurred at home.

It is estimated that 9,829 children and young people in Tameside live in households where one of the 3 'Toxic Trio' exists<sup>18</sup>

Children who are routinely exposed to situations such as domestic violence, mental ill health, alcohol and other substance misuse problems in their homes experience a negative impact which can last well into adulthood. These chronic stress situations are called Adverse Childhood Experiences (ACEs) and are often associated with poorer outcomes for children in educational attainment, employment, involvement in crime, family breakdown, and a range of health and wellbeing measures.

## **Cared for Children and child protection**

The rate of children who have a child protection plan in place or are cared for by the local authority is significantly higher than the England average. Children in care are some of the most vulnerable members of society. They have often suffered traumatic events which have led to them being placed in care and lack the family support networks that others might take for granted.

Children in care and those leaving care face a variety of lower outcomes compared to their peers. These outcomes follow children to adult life as well; almost 25% of the adult prison population has previously been in care, and children who have been in care reoffend at roughly twice the rate of children who have never been looked after.<sup>19</sup> It is estimated that nearly half of all children in care had a diagnosable mental health issue and the proportion of NEET care leavers between the ages of 19 and 21 is significantly higher than non-cared for peers. Clearly, children in care are more likely to experience a subsequent lifetime of disadvantage. With the number of children being looked after and with child protection plans in place, this means that a lot of children and young people in Tameside will be disadvantaged.

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<sup>18</sup> <https://www.childrenscommissioner.gov.uk/chldrn/>

<sup>19</sup> Outcomes for children looked after, 2017; Bazalgette.L et. Al, 2015



The table below highlights a number of outcomes for cared for children.

Outcomes for Cared for children	Tameside	England
Immunisations of cared for children (%)	96	88
Attainment score children in care	17.0	19.2
% cared for children (CfC) whose emotional wellbeing is a concern	35.0	37.4
% of Cared for Children (CfC) with SEN	24.7	28.1
% of SEN with a SEN /EHCP or statement	26.6	27.7
% of CfC who had a health check	90	90
% of CfC who had a dental check	79	86
Care leavers in suitable accommodation (%)	85	85
Care leavers NEET (%)	49	39

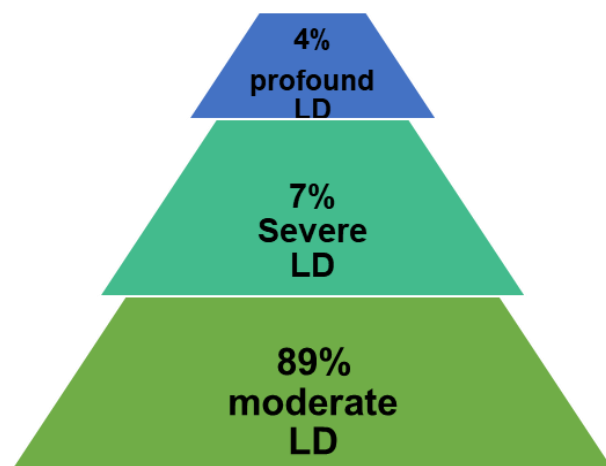
Source: LAIT

Although many of the outcomes for cared for children in Tameside are similar to the England average. Measures compared to their peers vary but are generally worse.

- The average attainment score for non-cared for children is 48.4, which is 65% higher than the average score for cared for children.
- The proportion of NEET in non-cared for young people is 3.8%, which is 13 times lower than cared for young people.
- School pupils with emotional and mental health needs is 13 times higher in children who are cared for compared to their peers.
- Children and young people who are cared for who have a special educational need is 45% higher than non-cared for children and young people.

## Learning Disabilities

A child with a learning disability/difficulty finds it more difficult to learn, understand and do things compared to other children of the same age. When a child is younger than school age, these difficulties are likely to be called a Global Developmental Delay.<sup>20</sup> Tameside has an 18% higher number of school age children and young people with a learning difficulty. There are around 1,500 children and young people known to



schools with a learning disability or difficulty with varying degrees of severity and impact.

Compared to their non-learning disabled peers, children and young people with a learning disability are



Source: Learning disabilities: applying All Our Health

## Young Carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol. There are nearly 3 times as many young carers in Tameside when compared to the England average.

Being a young carer can have a big impact on outcomes for children and young people.

- Caring can have a dramatic detrimental effect on the education and aspirations of young and young adult carers.<sup>21</sup> Young carers are likely to have significantly lower educational attainment at GCSE level than their peers.<sup>22</sup>
- Being a young carer also impacts on mental health. Anxiety is a particular problem among young carers – they can become isolated and fear being different. They also worry about their cared-for family member(s) when they're away from home.<sup>23</sup>
- Young carers are no more likely to be in contact with social services than their peers<sup>24</sup>
- Many young carers remain hidden and do not disclose they are a carer<sup>23</sup>

<sup>21</sup> <https://carers.org/about-caring/about-young-carers>

<sup>22</sup> The children's Society

<sup>23</sup> <https://www.barnardos.org.uk/blog/young-carers-hidden-kids>

<sup>24</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/498115/DFE-RR499\\_The\\_lives\\_of\\_young\\_carers\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/498115/DFE-RR499_The_lives_of_young_carers_in_England.pdf)

## 8. The Impact of the Covid 19 pandemic on Children and young people

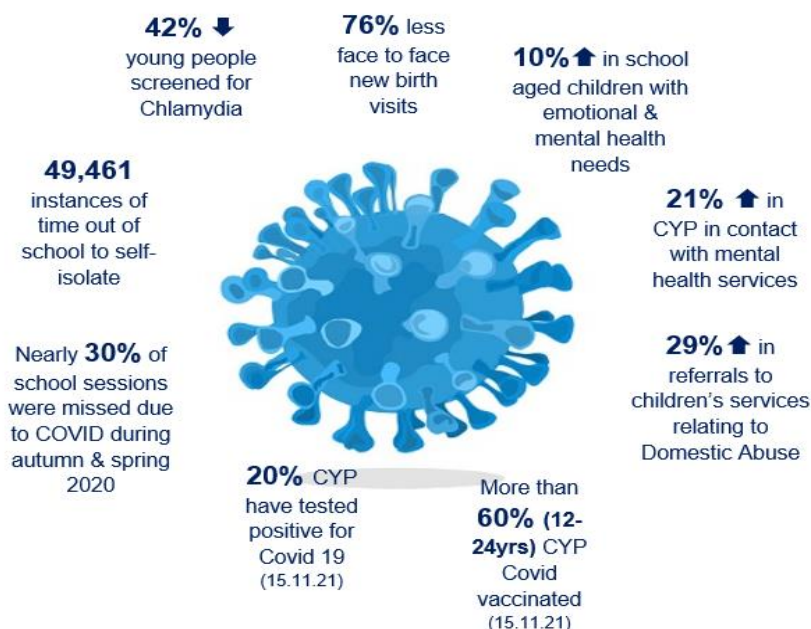
The coronavirus pandemic and restrictions have had a severe impact on children and young people. Emerging evidence on the economic and social impact of the coronavirus (COVID-19) pandemic shows that young people aged 12–24 years are one of the worst-affected groups, particularly in terms of the labour market and mental health outcomes.<sup>25</sup> Children and young people in Tameside have in particular been disproportionately affected by the pandemic.

### Children are not the face of this pandemic. But they risk being among its biggest victims. (United Nations)

Moreover, the harmful effects of this pandemic have not been distributed equally. They are expected to be most damaging for children in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.

Face-to-face child services – schooling, nutrition programmes, maternal and new-born care, immunisation services, sexual and reproductive health services, alternative care facilities, community-based child protection programmes, and case management for children requiring supplementary personalised care, including those living with disabilities, and abuse victims – have often been partially or completely suspended.

The diagram below demonstrates how the coronavirus pandemic has affected our children and young people. Data here is compared to pre-pandemic figures.



For information, Manchester City council released a report on Covid in schools [COVID-19 report.pdf](https://www.manchester.gov.uk/covid-19-report) ([manchester.gov.uk](https://www.manchester.gov.uk))

The direct impact of COVID-19 infection on children has, to date, been far milder than for other age groups. Preliminary data from observed cases in China and the US suggest that hospitalisation rates



for symptomatic children are between 10 and 20 times lower than for the middle aged, and 25 and 100 times lower than for the elderly.<sup>26</sup> Therefore the overwhelming evidence shows that the risk to children and young people from SAR -CoV-2 (the coronavirus that causes COVID-19) is low, but the risks to children and young people of being out of school and college are high and increase the longer restrictions on education are in force. However, up to one in seven children and young people who had COVID-19, developed long Covid and had symptoms linked to the virus 15 weeks later.<sup>27</sup> These symptoms of ill health, including unusual tiredness and headaches.

In contrast to the direct impact of COVID-19, the broader effects of the pandemic on child health and wellbeing are significant. For example reduced household income has forced poor families to cut back on essential health and food expenditures.<sup>28</sup> Less face to face contact with health and care professionals, lower coverage of vaccination and screening programmes.

COVID-19 as had a negative impact on young children's development and well-being, with the largest impact likely to fall on children from the poorest families or those with vulnerabilities and particular needs, including those with Special Educational Needs or Disability (SEND).<sup>29</sup> Attending an early years setting is highly valuable for all children, leading to positive social and emotional, language, and physical development. The lack of access to provision during lockdown meant a further widening of the attainment gap possibly occurring and children's development being significantly compromised.<sup>30</sup>

Data shows that young people's mental health has worsened substantially during the pandemic. [The Opinions and Lifestyle Survey \(OPN\)](#) that has been monitoring the social impact of COVID-19 and has found that young people are more likely than other age groups to report that lockdown has made their mental health worse.

The Children's Society has published a report of findings from its annual UK household survey of over 2,000 parents and their children aged 10 to 17 carried out between 28 April and 8 June, 2020 and a further consultation with 150 children and young people between 21 April and 19 June 2020 on how they felt about lockdown. Key findings were:

- Children and young people report considerably lower levels of life satisfaction during lockdown compared to previous years - 18% of children and young people were dissatisfied with their lives overall, an increase from 10% to 13% over the last five years.
- Overall, 9 in 10 of all children (89%) said they were worried to some extent about coronavirus.
- Children in poverty were more worried during lockdown. A higher proportion of young people in poverty stated they were 'very worried' about Coronavirus than those not in poverty (23% compared to 15%).
- Half of parents (50%) anticipate that coronavirus will harm their children's happiness over the coming year.

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<sup>26</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm>

<sup>27</sup> [Long covid: One in seven children may still have symptoms 15 weeks after infection, data show | The BMJ](#)

<sup>28</sup> [https://unsdg.un.org/sites/default/files/2020-04/160420\\_Covid\\_Children\\_Policy\\_Brief.pdf](https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf)

<sup>29</sup> Education Policy Institute (EPI) (2020) Preventing the Disadvantage Gap From Increasing During and After the COVID-19 Pandemic:

<sup>30</sup> <https://www.suttontrust.com/wp-content/uploads/2020/06/Early-Years-Impact-Brief.pdf>

## 9. In Summary

<b>POPULATION</b>	Nearly a third (67,682) of Tameside's residents are aged 0-24 years. About 37,313 children attend Tameside schools, most of these are resident in the borough. The school population is diverse, many are from deprived backgrounds and some have complex special educational needs.
<b>Wider Determinants</b>	Children and young people in Tameside experience significantly higher levels of deprivation and poverty when compared to the England averages. They fare much worse across a number of measures that represent the wider determinants to health and wellbeing. Low income and high crime deprivation in particular are issues that most affect our children and young people.
<b>Life Expectancy</b>	Life expectancy at Birth has been improving year on year for the past two decades across Tameside but is still significantly lower than the England average and in the last few years the rate of increase has started to slow.
<b>Maternity and Early years</b>	Tameside has significantly worse outcomes across a number of pre-birth and early year's outcome measures. With rates of folic acid supplementation, maternal obesity, under 18 conceptions, premature births, breast feeding and A&E attendance of particular concern.
<b>EDUCATION</b>	Levels of educational attainment from school readiness through to GCSE results are lower in Tameside compared to the England averages.
<b>PHYSICAL HEALTH</b>	<p>A&amp;E attendances and emergency hospital admissions are a major issue for children and young people in Tameside, where significantly higher attendance and admission rates compared to the England averages exist. Rates are high across different causes and age bands but admissions for asthma are a particular challenge in Tameside.</p> <p>Oral health in children and young people is worse than the England and North West averages, with many children having visually obvious tooth decay as well as missing and filled teeth. Trends in poor oral health for Tameside children and young people has remained stubbornly high with very little change or improvement over the last decade.</p> <p>Overweight and obesity are significant health issues for individual children, their families and population health. Rates of obesity more than double between reception and year 6. The MSOAs with the highest levels of obesity are Ashton Waterloo, Droylsden West, Denton East and Stalybridge North (reception) and Droylsden West, Hurst Cross, Stalybridge North and Ashton Waterloo (year 6).</p>

	<p>A&amp;E attendances and emergency hospital admissions for accidents and deliberate injuries are a particular issue for young people in Tameside. Rates of young people killed or seriously injured in road traffic collisions have fallen, but Tameside still has significantly higher rates than the England average. Other areas of concern are hospital attendances relating to deliberate injuries. In 2020 there were 154 A&amp;E attendances relating to assault (where the patient disclosed they were assaulted).</p> <p>In Tameside challenges exist around young people's sexual and reproductive health, with levels of sexual transmitted diseases (STIs), teenage conceptions and repeat termination of pregnancies being higher than the England averages.</p>
<b>MENTAL WELLBEING</b>	<p>Tameside had higher than average new referrals to mental health services in 2018/19 compared to the England average and this is an increasing trend. However less children and young people were admitted to hospital in 2019/20 because of a mental health condition or self-harm. This could be related to the increase in children and young people accessing community and outpatient mental health services, which has increased by 32% compared to the previous year. There has been an increase in call outs to the North West ambulance service (NWAS) for children and young people aged 10-24 years for self-harm and attempted suicide.</p> <p>It is estimated that around 4,229 children and young people aged 5-17 years have a mental health condition in Tameside. However, only 1,034 school aged children and young people are known</p>
<b>Vulnerable Children and Young People</b>	<p>Children and young people in Tameside experience adverse childhood experiences far more than the England average. In particular children living in households where a parent has a severe mental health problem, where domestic abuse exists and where a parent as a substance misuse problem.</p> <p>It is estimated that 9,829 children and young people in Tameside live in households where one of the 3 'Toxic Trio' exists<sup>31</sup></p> <p>The rate of children who have a child protection plan in place or are cared for by the local authority is significantly higher than the England average.</p> <p>Tameside has an 18% higher number of school age children and young people with a learning difficulty.</p> <p>There are nearly 3 times as many young carers in Tameside when compared to the England average.</p>

<sup>31</sup> <https://www.childrenscommissioner.gov.uk/chldrnr/>

## 10. Recommendations

### The Wider Determinants of health and wellbeing

Ensuring families have enough money to live on is critical to improving children's life chances. Children born in poverty have lower birthweights and higher infant mortality, and are more likely to experience a wide range of physical and mental health and behavioural problems. When incomes rise, these problems are reduced.<sup>30</sup> This requires system change and improvements in opportunities and access to good quality employment for parents.

Tackling the levels of disadvantage in Tameside requires intensive, targeted and challenging interventions at a point in people's lives when they are open to change.<sup>31</sup> Early intervention is cost effective and it saves lives. It releases social capital. Above all, it gives families who have lived in entrenched deprivation, sometimes across generations, the opportunity to make the most of their lives. It's not easy, it requires a lot of determination, but it works.<sup>31</sup>

### Improving Maternity and Early Years outcomes

There are currently a number of national initiatives in place that can help local authorities' better tailor their early years support to the needs of the most disadvantaged children and their families. These include the Early Intervention Grant, Start for life scheme and the expansion of the troubled families programme.

Support parents from more deprived backgrounds at the pre-birth stage more. Reduce smoking in pregnancy, increase pre-birth health visiting visits to parents to be, from the most deprived backgrounds to ensure they are fully prepared for birth.

Targeting the most disadvantaged children and their families with intensive support, supplementing specific interventions with mainstream universal family support services is key in ensuring children are not more disadvantaged.

The Family Nurse Partnership – a voluntary home visiting programme for vulnerable mothers from early in pregnancy until their child is 2 – for example, has generated savings of more than five times the programme costs.<sup>32</sup> This approach could be broadened and embedded in universal services to support more young parents.

### Improving Physical Health

Attempts to change individual behaviours, such as unhealthy eating, drinking alcohol, smoking and lack of exercise, have met with important but limited success. For example, increased awareness of links between childhood obesity and ill health – and the importance of exercise and healthy diet – will only have limited success if we don't tackle broader issues.

These broader issues might include the many fast food outlets that children may walk past, the lack of access to high quality play and recreational facilities, streets that are not safe for children to walk or cycle to school, poor quality school food, insufficient income to buy healthy food and inadequate access to primary and community health and care services. Therefore the prevention of physical and mental ill-health will come from the cumulative effect of multiple, system-wide interventions.

<sup>32</sup> [https://cpag.org.uk/sites/default/files/cpag\\_book\\_summary.pdf](https://cpag.org.uk/sites/default/files/cpag_book_summary.pdf)

<sup>33</sup> [https://rebuildingshatteredlives.org/wp-content/uploads/2013/01/deprivation\\_and\\_risk\\_the\\_case\\_for\\_early\\_intervention1.pdf](https://rebuildingshatteredlives.org/wp-content/uploads/2013/01/deprivation_and_risk_the_case_for_early_intervention1.pdf)

<sup>34</sup> (HM Government 2011b).

## Improving mental wellbeing

Because the majority of mental health problems begin during childhood and adolescence, prevention targeted at young people can bring about greater personal, social and economic benefits than intervention at any other time during the life course.<sup>33</sup>

Under the Long Term Plan, the NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Locally we need to ensure local mental health services for children are following this plan.

Disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences. Addressing inequalities in mental health requires a universal proportionate response, balancing improved access to support for all with an additional focus on those most vulnerable to poor mental health.<sup>34</sup>

## Vulnerabilities

The approach to reducing the number of children who are more vulnerable to poorer outcomes described below, proposes that these 3 domains are used as a basis for structuring coordinated local action.<sup>35</sup>

- **primary prevention** – interventions to address the root causes of vulnerability, tackling health inequalities and the wider determinants of health
- **early intervention** – interventions to support children and their families
- **mitigation** – ensuring services help to reduce the negative impact of circumstances and experiences and build resilience (tertiary prevention)

Local government has a crucial role in addressing the social determinants of health such as housing, income, community resilience, jobs, education and wider built and environmental conditions. Local government is also best placed to influence adoption of a locally-led, shared vision across organisational boundaries such as voluntary sector services, early help services and the Troubled Families programme, which prioritise and address the underlying causes, as well as the outcomes, of vulnerability.

More information can be found here [No Child Left Behind](#)

## Covid 19 Recovery

We don't yet know the full impact of the pandemic on children, young people and their families.

Future pressure may come from referrals that would normally have been made when children were being seen regularly by professionals, but who disappeared from view for months; from increased need for family, child and adolescent support, including as a result of domestic abuse and isolation through lockdown; and from the strain on families as they try to cope with mental health challenges, job losses, substance misuse problems, bereavements and more as a result of the pandemic.

We will need to work swiftly to deal with the long term challenges to children, young people and their families if we are to avoid long-term damage to their prospects. We need to make sure mental health support is available, for both children and adults that local safety nets are properly resourced and well organised to avoid families falling into crisis, and that actions are put in place to avoid the disadvantage gap widening any further.<sup>36</sup>

<sup>35</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

<sup>36</sup> [https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision?gclid=Cj0KCQiAsqOMBhDFARIsAFBTN3f9o9iJfaZEhFix7XQq11ZBLEqLppoZj3TyIShqDbuWv51okuC-J7UaAqCDEALw\\_wcB](https://www.kingsfund.org.uk/blog/2018/03/transforming-children-young-people-mental-health-provision?gclid=Cj0KCQiAsqOMBhDFARIsAFBTN3f9o9iJfaZEhFix7XQq11ZBLEqLppoZj3TyIShqDbuWv51okuC-J7UaAqCDEALw_wcB)

<sup>37</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/913764/Public\\_health\\_approach\\_to\\_vulnerability\\_in\\_childhood.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf)

<sup>38</sup> <https://www.local.gov.uk/publications/child-centred-recovery>

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# JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHILDREN AND YOUNG PEOPLE

GROWING UP IN TAMESIDE  
2021/2022



# The summary JSNA report provides a snapshot of some of the key issues affecting children and young people in Tameside.

## At a Glance

### POPULATION

30% of the Tameside population are aged 0-24 years. The number of children and young people living in Tameside has increased year on year for the last 10 years. The forecasted growth of our young population will need to be considered in local plans.

### POVERTY

Deprivation has an important impact on children's lives and health. Continuing to tackle child poverty, improve educational attainment, boost jobs and the local economy will be crucial to improving the health of our children.

### BIRTH RATE

In 2020 there were 2,475 babies born in Tameside with the boroughs birth rate being higher than the national average. The birth rate in under 18s is significantly higher than England.

### PROTECTING CHILDREN

Tameside faces significant challenges in protecting children who experience neglect, family breakdown or crisis and has significantly higher numbers of children who are cared for than the England average.





## At a Glance continued

### EDUCATION

Children growing up in poorer families emerge from school with substantially lower levels of educational attainment. This is a major contributing factor to patterns of social mobility and poverty. We therefore need to be committed to improving the life chances of children from all income backgrounds, and increasing opportunity for the children growing up in poorer families.

### PHYSICAL HEALTH

High rates of childhood obesity and poor oral health demonstrate the need for focused work to improve children's diet and levels of physical activity across the borough. High levels of urgent care hospital admissions for asthma should also be a focus to improve outcomes for our children and young people.

### MENTAL WELLBEING

Wameside has high levels of deprivation, inequality and variable attainment in school. These are risk factors to the poor mental health in our children so needs a sustained focus of work.

### SEXUAL HEALTH

Poor sexual health can lead to unintended pregnancies and sexually transmitted infections. We need to ensure our children and young people grow up with a positive attitude to their sexual health and develop healthy relationships with others.



# **The contents of the JSNA looks at the following topic areas**

- 1. The Wider Determinants to Health & Wellbeing**
- 2. Pre Birth and Early Years (0-4 years)**
- 3. Physical Health and Wellbeing (5-24 years)**
- 4. Mental Health and Wellbeing (5-24 years)**
- 5. Vulnerable Children & Young People**
- 6. The Impact of the Covid 19 pandemic on Children and young people**



# Key Challenges across the different age groups

## Maternity and the early years

- Maternal obesity
- Low birth weight
- Breast feeding
- Infant mortality

## Physical Health and Wellbeing (5-24 years)

- Educational outcomes
- Overweight & obesity
- Hospital admissions for asthma
- Oral health

## Post School years

- Sexual and reproductive health
- Hospital admissions for deliberate and accidental injuries

## Mental Wellbeing

- High level of new referrals to mental health services
- The levels of unmet need
- Higher levels of risk factors to poor mental health

## Vulnerable Children & Young People

- Adverse Childhood Experience (ACE's)
- Cared for Children and child protection
- Outcomes for our cared for children

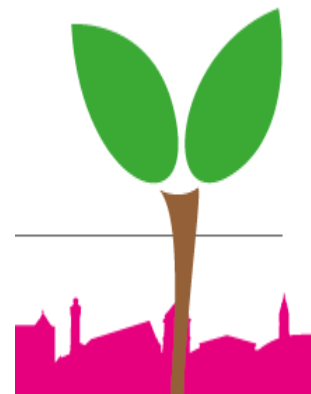


# 1. In Summary

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Wider Determinants	Children and young people in Tameside experience significantly higher levels of deprivation and poverty when compared to the England averages. They fare much worse across a number of measures that represent the wider determinants to health and wellbeing. Low income and high crime deprivation in particular are issues that most affect our children and young people.
Life Expectancy	Life expectancy at Birth has been improving year on year for the past two decades across Tameside but is still significantly lower than the England average and in the last few years the rate of increase has started to slow.
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<b>Physical health continued</b>	<p>Overweight and obesity are significant health issues for individual children, their families and population health. Rates of obesity more than double between reception and year 6. The MSOAs with the highest levels of obesity are Ashton Waterloo, Droylsden West, Denton East and Stalybridge North (reception) and Droylsden West, Hurst Cross, Stalybridge North and Ashton Waterloo (year 6).</p> <p>A&amp;E attendances and emergency hospital admissions for accidents and deliberate injuries are a particular issue for young people in Tameside. Rates of young people killed or seriously injured in road traffic collisions have fallen, but Tameside still has significantly higher rates than the England average. Other areas of concern are hospital attendances relating to deliberate injuries. In 2020 there were 154 A&amp;E attendances relating to assault (where the patient disclosed they were assaulted).</p> <p>In Tameside challenges exist around young people's sexual and reproductive health, with levels of sexual transmitted diseases (STIs), teenage conceptions and repeat termination of pregnancies being higher than the England averages.</p>
<div>Page 47</div> <b>Mental wellbeing</b>	<p>Tameside had higher than average new referrals to mental health services in 2018/19 compared to the England average and this is an increasing trend. However less children and young people were admitted to hospital in 2019/20 because of a mental health condition or self-harm. This could be related to the increase in children and young people accessing community and outpatient mental health services, which has increased by 32% compared to the previous year. There has been an increase in call outs to the North West ambulance service (NWAS) for children and young people aged 10-24 years for self-harm and attempted suicide. It is estimated that around 4,229 children and young people aged 5-17 years have a mental health condition in Tameside. However, only 1,034 school aged children and young people are known</p>
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# Recommendations

## The Wider Determinants of health and wellbeing

Ensuring families have enough money to live on is critical to improving children's life chances. Children born in poverty have lower birthweights and higher infant mortality, and are more likely to experience a wide range of physical and mental health and behavioural problems. When incomes rise, these problems are reduced.<sup>30</sup> This requires system change and improvements in opportunities and access to good quality employment for parents.

Tackling the levels of disadvantage in Tameside requires intensive, targeted and challenging interventions at a point in people's lives when they are open to change.<sup>31</sup> Early intervention is cost effective and it saves lives. It releases social capital. Above all, it gives families who have lived in entrenched deprivation, sometimes across generations, the opportunity to make the most of their lives. It's not easy, it requires a lot of determination, but it works.<sup>31</sup>

## Improving Maternity and Early Years outcomes

There are currently a number of national initiatives in place that can help local authorities' better tailor their early years support to the needs of the most disadvantaged children and their families. These include the Early Intervention Grant, Start for life scheme and the expansion of the troubled families programme.

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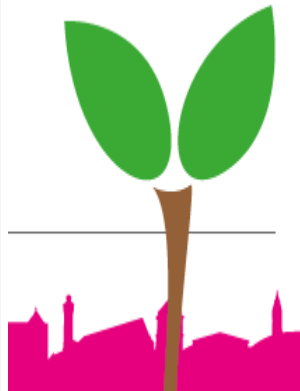
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# Recommendations continued

## Improving mental wellbeing

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Under the Long Term Plan, the NHS is making a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. Locally we need to ensure local mental health services for children are following this plan.

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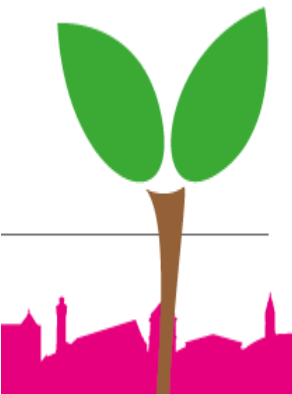
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We don't yet know the full impact of the pandemic on children, young people and their families.

Future pressure may come from referrals that would normally have been made when children were being seen regularly by professionals, but who disappeared from view for months; from increased need for family, child and adolescent support, including as a result of domestic abuse and isolation through lockdown; and from the strain on families as they try to cope with mental health challenges, job losses, substance misuse problems, bereavements and more as a result of the pandemic.

We will need to work swiftly to deal with the long term challenges to children, young people and their families if we are to avoid long-term damage to their prospects. We need to make sure mental health support is available, for both children and adults that local safety nets are properly resourced and well organised to avoid families falling into crisis, and that actions are put in place to avoid the disadvantage gap widening any further.<sup>36</sup>







## Next Steps

- The findings and recommendations from this needs assessment will inform and be incorporated into the development of the 5-year Children & Young Peoples Strategic Plan for Tameside
- Work has taken place with groups of Tameside Children & Young People to understand what things are important to them living in Tameside (using Tameside's LISTENing co-production framework)
- Our ultimate ambition is to deliver outstanding outcomes for children and young people, and deliver on the things which they tell us matter the most to them
- We are asking for the Health & Wellbeing Board to note the progress made on the development of this plan and support the ongoing work



# Agenda Item 6.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 March 2022
<b>Reporting Officer:</b>	Dr Henri Giller - Independent Chair of Tameside Safeguarding Children Partnership
<b>Subject:</b>	<b>TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 20/21</b>
<b>Report Summary:</b>	This Annual Report discusses the work of Tameside Safeguarding Children Partnership. The business that has been completed as a result of the arrangements, and how effective these arrangements have been in practice during 2020/21.
<b>Recommendations:</b>	That the Health and Wellbeing Board note the contents of the report and consider how they can contribute to the joint work of the Board.
<b>Links to Health and Wellbeing Strategy:</b>	Tameside Safeguarding Children Partnership priorities for 2020/21 Transition, Trio of Risk and Vulnerability, Complex and Contextual safeguarding, Trauma informed Professional Practice and Early Help offer and Thresholds will contribute to the work of the Health and Wellbeing Strategic Priorities.
<b>Policy Implications:</b>	In compliance with existing policies.
<b>Financial Implications:</b> (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications arising from this report.
<b>Legal Implications:</b> (Authorised by the Borough Solicitor)	Working Together 2018 directs Local Children Safeguarding Partnerships to publish a report at least once in every 12-month period in order to bring transparency for children, families and all practitioners about the activity undertaken by the safeguarding partners.
<b>Risk Management:</b>	The Safeguarding Partnership is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting: Pam Gough, Business Manager  Telephone: 07854 163183  e-mail: <a href="mailto:pam.gough@tameside.gov.uk">pam.gough@tameside.gov.uk</a>

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# *Review of* **TAMESIDE'S MULTI-AGENCY SAFEGUARDING ARRANGEMENTS**



**APRIL 2020 / MARCH 2021**

# Scrutinizing The New Safeguarding Children Partnership In Tameside – Dr Henri Giller, Independent Chair of the Tameside Safeguarding Children Partnership

The new safeguarding arrangements, introduced by the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018, require that they include provision for the scrutiny by an independent person of the effectiveness of the arrangements. This section of the report provides the scrutiny of the Independent Chair of the Tameside Partnership of the second working year of the new partnership arrangements. The criteria for scrutiny is that proposed by Sir Alan Wood in his report proposing new safeguarding arrangements (para. 69 Wood report: review of the role and functions of local safeguarding children boards (2016)). These criteria are said to reflect the key strategic issues that need to authorise and underpin effective multi-agency practice.

## Determining the physical area of operation covered by the multi-agency arrangements

This issue remained unaltered during the period under review. The issue may need to be revisited during 2022 with the reconfiguration of the NHS into integrated care systems. In particular, the remit and reach of services that will service the Greater Manchester area may require the Tameside Partnership to establish new working arrangements with the newly configured commissioning authority.

Judgement: **Green**

## The authorising vision for multi-agency arrangements, the partnership commitment

This issue remained unaltered during the period under review. This issue may need to be revisited during 2022-023 with the reaffirmation of the contribution of the child's lived experience to the local safeguarding enterprise and proposed refreshed messages with respect to the engagement of localities in safeguarding initiatives.

Judgement: **Green**

**The resource framework, e.g. the cost of the multi-agency strategic decision making body, the cost of agreed initiatives, e.g. joint training, agreed local research, innovation in service design**

The Covid pandemic effectively constrained any further consideration of reframing the resource framework in the period under review. Initiatives which commenced in 2019-29 – MASH, enhanced team around the school, improved early help offer, enhancing workforce skills, developing a complex safeguarding team – were all consolidated during 2020-21 and became established elements of the Tameside safeguarding architecture.

The work proposed by the Tameside Children's Improvement Board in early 2020 to undertake a "framework approach" to resourcing across the Partnership was stalled by the Covid crisis. This is now getting back on track and further developments are anticipated in 2021-22.

Judgement: **Amber**

## The method to assess outcomes of multi-agency practice, including how intervention happens if performance falters, and how "independent" external assurance/scrutiny will be utilised.

The assessment of outcomes, particularly in relation to the strategic priorities of the Partnership, has been a real strength of activity in the period under review, despite the impact of Covid. Multiagency audits have been undertaken with respect to neglect and domestic violence and have demonstrated the need to enhance policy and practice in both areas. Tameside complex safeguarding team has fully participated in the GM complex safeguarding initiative, including participation in the GM peer review process on the way in which the team has been deployed and has engaged with those with safeguarding risk.

The proposed peer review of practice with Cheshire East, flagged in the last annual review, did not materialise due to the Covid pandemic. Rescoping of the peer review initiative has now commenced with the Oldham safeguarding partnership and the fieldwork should be undertaken in 2021.

The GM safeguarding alliance did not become operational in the period under review. Tameside will engage with the alliance's proposed programme of shared learning when it commences in autumn 2021.

Throughout the period of the Covid pandemic the statutory partners and the independent chair have been meeting regularly (initially weekly, latterly monthly) to monitor the impact of the pandemic on safeguarding demand and agency response to it. This has provided a significant opportunity for the partners to share intelligence and perspectives on the impact of the pandemic, develop a risk register to document the safeguarding risks created by the pandemic and the actions taken to mitigate them and evaluate the effectiveness of modified safeguarding work practices and how these might be built into any new normal ways of working.

External review of the working of the Partnership arrangements continues to be led by the independent Chair. This exercise in the evaluation of the Wood strategic criteria is a further iteration of that function.

Judgement: **Green**



**The strategy for information and data sharing, including to allow for identification of vulnerable children in need of early help.**

A protocol for information sharing between the statutory partners and between the partnership and key stakeholder organisations was operationalised during this period. This has proven robust and effective and has enabled information to be shared both in the arena of safeguarding need and for the purposes of early help. Work proposed in the last annual report to consider how the identifiable risk factors to criminal exploitation can be used in a proactive manner by operational teams to prevent and protect children and young people was interrupted by the Covid pandemic. The request from Government to report on initiatives in the Borough to combat youth violence demonstrated the need for Partners to more readily share intelligence on critical need issues and on strategies being developed to impact on concerns. Currently there is a resurgence of interest in intelligence-led strategy development and a focus on what effective intervention looks like.

Judgement: **Amber**

**High level oversight of workforce planning, e.g. gaps in skilled areas.**

Work force planning continues to be primarily undertaken on a partnership- specific basis, with limited consideration of the potential for cross-partnership work force development. Active strategies to enhance the quality and quantity of the workforce were significantly interrupted by the Covid pandemic, with the primary emphasis on supporting the workforce thereby enabling staff to continue to provide support and services for those with significant safeguarding risk. The demands created by Covid undoubtedly affected the capacity of the workforce to engage with the strategic agenda of the Partnership, their priority understandably being to discharge the operational imperative of safeguarding. Multi-agency training initiatives continued to be provided during this period, with virtual learning being the predominant medium. Training initiatives continued to be focussed on Partnership priorities, with the experience of the past 12 months being assimilated into the Partnership’s forward planning for training and workforce development.

Judgement: **Amber**

**A multi-agency communication strategy on protecting children**

As with workforce planning, communicating issues relating to safeguarding has hitherto been addressed on a partnership-specific basis. The children’s partnership in this period had commenced scoping the communication needs of the learning and improvement sub-group. Particular communication initiatives were undertaken relating to improvements recommended from child safeguarding practice reviews. These included initiatives with respect to the mental health needs of children and young people, self-harm and sexually harmful behaviours. There is a growing recognition that there needs to be more ready communication between the various partnerships in Tameside. Members of the children’s partnership who sit on other partnerships will be expected to report back more routinely on emergent issues being considered elsewhere that may have an impact on the safeguarding of children.

Judgement: **Amber**

**Risk strategy, identifying and adapting to challenges including new events, and establishing a core intelligence capacity.**

The Covid pandemic rapidly accelerated the Partnership’s understanding and appreciation of risk identification and risk management and the sharing of information and intelligence on these issues. Identification of patterns of safeguarding risk, both on an individual and a real basis, were well documented by the local statutory partners throughout the period and the knowledge and experience gained stored for the development of the next iteration of the local (three year) safeguarding strategy. Strategic risk identification, management and amelioration will be focussed on both priority risk groups and risk settings such as key localities and neighbourhoods, school clusters and estates. Sharing information across the Partnership to facilitate an intelligence-led approach to safeguarding is intended to become a hallmark of the Tameside approach. Key in this will be effective working between the wide variety of Partnerships that operate across the Borough (e.g. Health and Wellbeing, Community Safety etc.). Continued efforts will be made to ensure that shared priorities are effectively delivered on and demonstrated to be effective.

Judgement: **Amber**

**The model of local inquiry into incidents**

The rapid review arrangements in Tameside have quickly become established as an effective mechanism for responding to serious child safeguarding incidents. A variety of methods for undertaking review and reflection continue to be trialled and tested and active communication with the National Panel has continued to produce positive outcomes from local decisions and support for local initiatives. The development of local arrangements to date has led to a streamlining of the review process and the avoidance of unnecessary duplication. The Partnership continues to be challenged to ensure that arrangements are in place to deliver effective practice change where required from practice reviews. This remains a priority for the partners, and one that continues to require audit and evaluation. The Learning and Improvement Group has a continuing responsibility to provide assurance in this regard.

Judgement: **Green**

# Section 2- General Information about Tameside

The Office of National Statistics (ONS) recorded 2,629 births in 2020. In Tameside there is an estimated 50,956 children within its geographical boundaries (see table 1 for breakdown).

**Table 1 Breakdown of Children living within Tameside geographical boundaries** (ONS Mid-year estimates)

0-4	5-10	11-16	17
14,117	18,080	16,355	2,404

The number of children on a school roll within Tameside is 37,313 with a breakdown shown in Table 2. A snapshot on the March 21 showed that pupils in either a good or outstanding Ofsted rated were; Primary (89%), Secondary (66%) and Special categorised schools (71%).

**Table 2 Number of Children on Roll by school type and whether eligible for Free School Meals (FSM)**

Type	Roll	FSM	FSM%	Pupils in Schools with good/outstanding rated Ofsted
Primary	22,468	6,242	28%	89%
PRU	125	52	42%	
Secondary	14,076	3,324	24%	66%
Special	644	264	41%	71%
Grand Total	37,313	9,882	26%	

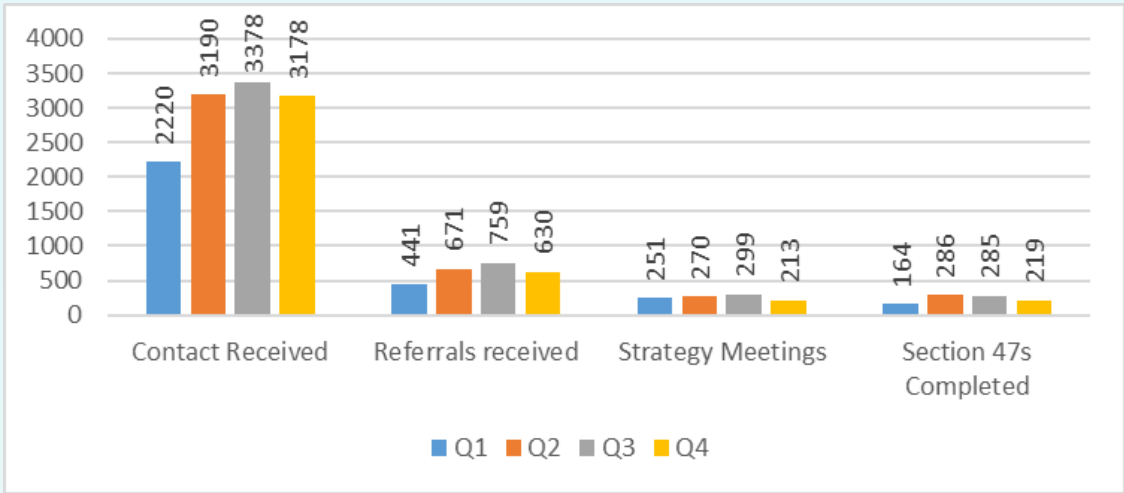
Across Tameside and Glossop there are approximately 14,471 children resident and 14,286 registered aged under the age of five years.

In 2020 there were 2,475 babies born in Tameside & Glossop, with 28% of babies born in the most deprived decile. 6% of babies were born with a low birth weight (<2,500 grams) and the highest proportion of births were born to mothers aged 25-34 years (60%). Less than 1% of babies were born to mothers under 18 years; 20% to mothers aged 18 to 24 years and 19% to mothers over the age of 35 years.

# Section 3- Vulnerable Children in Tameside

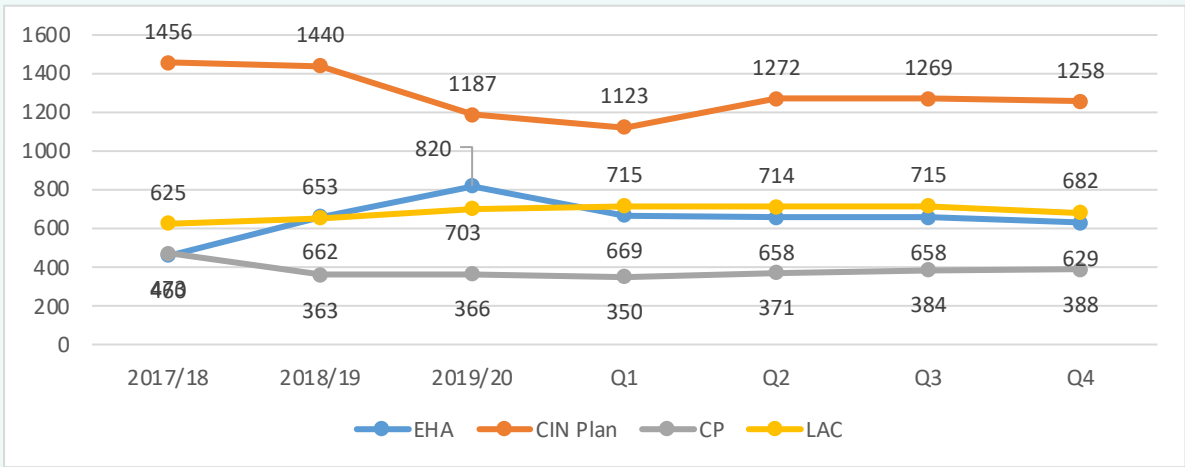
## Contacts and referrals

The volume of contacts and referrals to children services remains high, with the last three quarters of 2020/21 receiving over 3,000 contacts per quarter, and averaging over 600 referrals to social care.



## Children Services demographic data

The number of Cared for Children (LAC) and Child Protection Plans has remained stable during 2020/21. The number of Children in need status has increased but is still lower than 2018/19. We have seen a decline in the number of children with an Early Help Assessment.

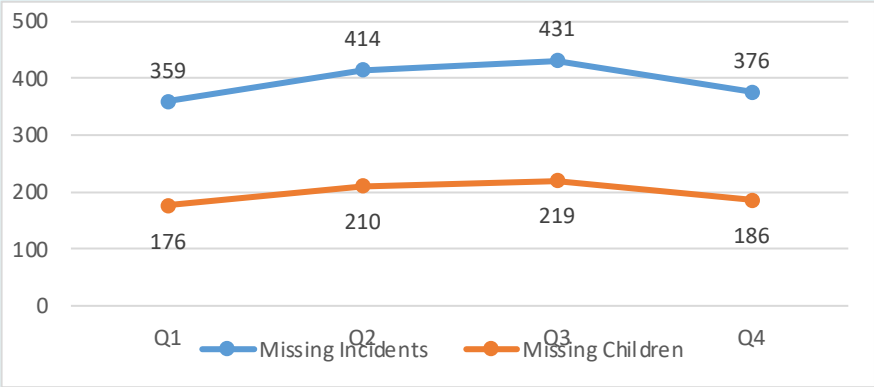


EHA= Early Help Assessment, CIN- Children in Need, CP, Children Protection Plan, LAC= Cared for Child.



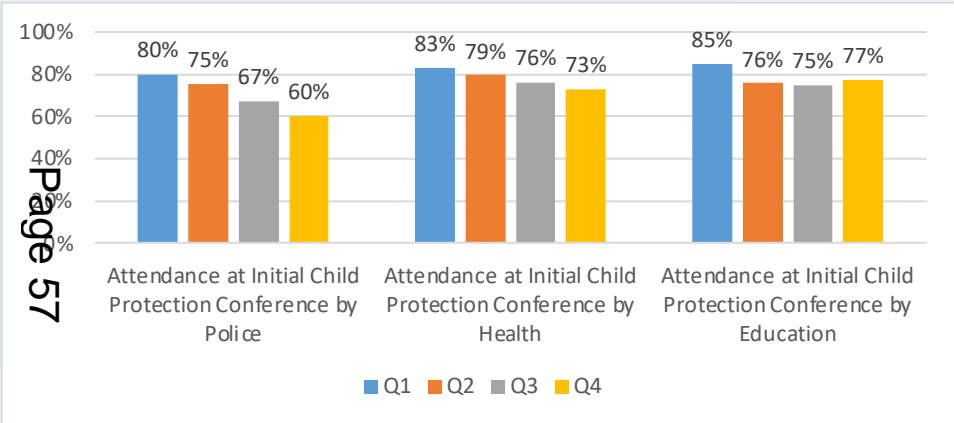
Children Missing from Home and Missing from Home incidents

The number of children missing from home and missing from home incidents have been consistent at just below 200 children and with an average of 395 incidents per quarter.



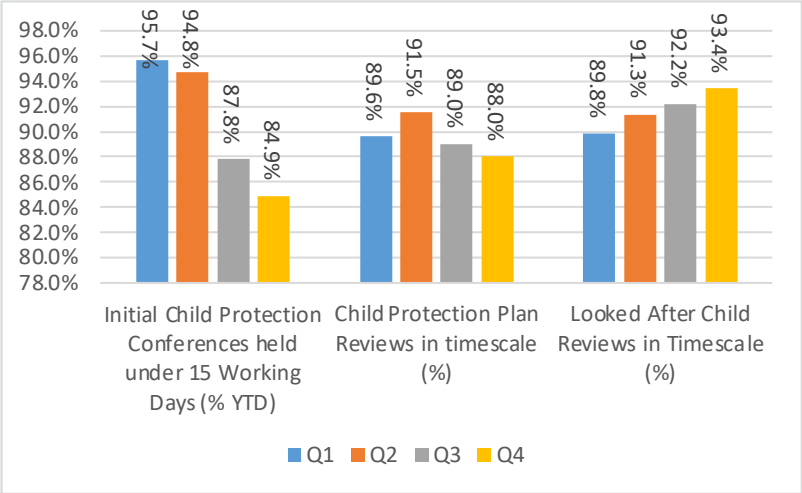
Attendance at Initial Child Protection Conferences by agency

During 2020/21 there has been a decline in multi-agency attendance at Initial Child Protection Conferences.



Timescales in CP and Cared for Children meetings.

The timescales for meetings (ICPC, CPP and LAC reviews) has remained over 80% in 2020/21.



Section 4 - What do we know about the quality of services supporting children and families in Tameside?

Tameside Children’s Services

What went well in 2020/21?

During the 2020/21 pandemic Children’s Services were able to respond proactively to changing needs and to ensure a robust service was maintained for the DfE defined “vulnerable”. Effective joint working across CSC, Education, Schools, EH and wider supported early identification of families on edge of crisis & response. Innovative methods of engagement supported many 100s of children and prevented all but a handful of escalations to statutory services.

TSCP Covid strategic group provided partnership oversight & response, CLT Covid operational group provided real time problem solving & decision making.

Complex Safeguarding Team was fully established and staffed, ACT launched.

Single point of access for CAMHS launched alongside EHAP.

FIWs supported over 400 families on a CIN plan.

Early Years virtual GROW offer. 1,200 children supported though Children Centre pathways (over 92 with SEND) and over 3,000 attendees on virtual groups.

Group and 1-1 parenting support - Over 200 families have received support.

Virtual Early Help Panel. 53 TAS settings with FGC support as needed supporting 320 children.

Young Carers service virtual offer. Activity packs for 674 Young Carers as well as food parcels.

Targeted Holiday Activities with Active and Action Together.

Links with schools identified 964 children only 2 escalated to CSC.

What were the major challenges / issues faced?

Significantly increased contacts in to the service and to a lesser extend referrals from Sept/October 2020 onwards has seen a rise in open cases, CIN and CP both investigations and plans, together with staffing vacancies has created a challenging environment over the past 10/12 months. Effectively closing the loop on audit learning, both individually and collectively and embedding learning has proved challenging and a revised and update/enhanced QA framework remains to be full embedded.

GCP has not been fully embedded.

Although CS service has launched and now produces a comprehensive CS offer, the ACT training was impacted by the pandemic and demand into the service is high and increasing.

Rapid reviews have highlighted early recognition and response to CCE as an area for development. What areas have been identified for improvements in 2021/22?

More fully embed SoS practice model and align QA to this approach.

Improve learning from Audit, QA and reviews, move more from quantitative to qualitative.

Improve consistency in quality of SW practice.

Stabilise staffing (specifically SWs) and enhance capacity in key areas to support direct work and a focus on the child’s lived experience.

Further develop multi-agency locality approach to service delivery through tiers 2 – 4.

Early identification and action re CCE.

Predicted demand / challenges for next 12 months

At this time demands into the system does not appear to be reducing and indications are that this may increase further.

Jigsaw Homes

What went well in 2020/21?

- Page 58
- Despite the challenges faced by Covid, we have still been able to keep up our training with staff with the 1395 individual training sessions being delivered on line.
  - We were able to identify 100’s of our customers who were more vulnerable and make direct contact at the beginning of the pandemic and within the first few months of the initial lock-downs. This in turn helped us identify safeguarding concerns and make appropriate referrals.
  - Within the year we have extended the number of properties specifically for Care leavers and have also introduced a number of measures to assist this vulnerable group, such as listing them as a priority group for housing, guaranteeing interviews and giving greater access to additional training opportunities linked to healthy eating and getting back into the workforce.
  - Internally we have investigated 613 concerns around people’s welfare over the year via our dedicated Neighborhood Safety Team.
  - We have established a dashboard for greater transparency and communication of what we are doing within the organisation around safeguarding. This is also reported to our Board every quarter. Under reporting in some areas has enabled us to target training.
  - We have established a cross departmental working group to share good practice and lessons learned. This brings all areas of the business together to ensure we are consistent with our approach and that everyone takes responsibility for safeguarding no matter what their role.

What were the major challenges / issues faced?

- As Covid resulted in the bulk of staff working from home, who would have previously been out visiting customers or present within our Neighborhoods, there was a reduction in the opportunity to identify Safeguarding cases.
- The lack of one to one contact is something we have been able to overcome with new ways of working and moving services online, but inevitably our ability to have the same depth of conversations will have been affected.
- Like all businesses and industries, we had to adapt to home working, change a number of processes, procure IT equipment and ensure risk assessments were in place. This was a major distraction for the work force and for a short period we also saw a drop in demand at the beginning of lockdown.
- Concerns about Domestic Abuse increase and effect on children due to reduced contact with customers.
- Staffing shortages due to isolation/infection.
- Increase in drug overdoses due to daily scripts going to weekly due to pandemic.

What areas have been identified for improvements in 2021/22?

- We have recently taken the opportunity to write a suicide prevention strategy and have now separated our Domestic Abuse strategy from our Anti- Social Behaviour Strategy, so it can have its own focus in line with the new DA bill.
- Rolling out of Trauma informed training across Jigsaw Support staff.
- Regular safeguarding messages to all staff at interim periods across the year.

Predicted demand / challenges for next 12 months

- Mental health is a growing concern within our communities, which will have been exacerbated by the pandemic and self-isolation.
- We have also just employed a new post of Hoarding specialist who will be working on our strategy to tackle this area, which will likely identify more individuals at risk of self-neglect.
- Increase in Homelessness due to eviction ban being removed – effects on children’s home environment.
- Increase in Domestic abuse – greater pressure on the Children’s IDVA’s in our Bridges service.

What went well in 2020/21?

1. Continuous Improvement Of Service Delivery

Training

CCG continue to support the TSCP training pool and support multi agency training. We have improved GP leads safeguarding sessions via virtual platforms there has been an increase in sessions. Topics delivered include; Domestic Violence, ICON, Alcohol and drug use & safeguarding and Complex Safeguarding.

Learning

CCG designated doctor has chaired a short life task & fish group to accelerate the pace of implementing actions from case reviews. We have contributed to the development of the TSCP communication strategy and have used this to improve the way we communicate learning with commissioned health providers and CCG staff. CCG hold a safeguarding assurance meeting with commissioned providers to share learning and assure learning from reviews are embedded within the health system. During covid the Designated Nurse has facilitated a new communication and network forum that reports to the L&I sub group. The forum was established to provide agencies an opportunity to share updates in safeguarding practices within their own agency, to highlight problems, which they may be encountering, and to receive information about multi agency children is safeguarding practice in Tameside.

2. Ensuring Compliance And Quality Of Safeguarding Arrangements

We have contributed to multi agency audit throughout the year including DA and neglect. CCG have participated in channel and complex safeguarding peer reviews across greater Manchester. CCG have continue to undertake annual safeguarding assurance and there has been a good return despite impacts of covid. We have seen an increase in GP returns. Themes that have affected full compliance during covid is the ability to undertake training and supervision. We have changed the way that training is delivered and agencies have been encouraged to access virtual training and webinars.

3. Response To Strategic Priorities And Emerging Need

Icon

ICON is a programme aimed at preventing abusive head trauma in babies. This was launched to multi-agencies partners with good attendance in Jan 21 .The designated nurse is leading on the roll out across 5 touch points

- Ante-natal.
- Hospital based following delivery, within the first 10 days of birth – Community Midwife.
- Health Visitor - birth Visit (within 14 days).
- Health Visitor - team follow-up (within 21 days).
- Primary Care - 6/8 week check.

Perinatal and Parent Infant Mental Health

Work to refresh the P&PIMH integrated pathway is almost complete, ensuring that parents have swift and easy access into the right service, whether this is the Perinatal Community MH Team, psychological therapy, the Early Attachment Service or our rich VCSE offer. Chosen as one of three Pilot

sites for the new Maternal MH Service our local offer will be enriched by the addition of a specialist service for women experiencing mental health difficulties due to the maternity experience.

Complex Safeguarding

CCG have commissioned a full time complex safeguarding nurse within the complex safeguarding team. This role is co-located with the CST however; this has been impacted by covid restrictions. The aim of the role is to coordinate effective health provision to meet health needs, the role has made improvements to the communication between health professionals and providers. A focus has been to develop pathways and fast track to services for vulnerable young people. There are improved links with sexual health, universal services and primary care.

What were the major challenges / issues faced?

- Covid capacity and demand.
- COVID19 act easements.
- COVID 19 Prioritisation community.
- Increase in demand at all levels.
- Increased complexities in child and family presentations - either new or exacerbated.

What areas have been identified for improvements in 2021/22?

Cared for children health outcomes: timeliness of health assessments continues to be problematic for partners despite efforts to make quality improvements. The CCG have established a strategic group of leaders across the partnership to drive quality improvements required. It is acknowledged that the system is complex and multi-facetted that it needs to work cohesively as one accountable system.

Ofsted findings and improvement plan affecting partnership work. We will continue to work with LA and police partners to review and improve the MASH arrangements including timeliness of and attendance of partners at statutory meetings. CCG will work with health partners to improve coordination of health information in statutory and safeguarding processes in response to audit findings. Waiting list for ADHD and ASC is long. More work to understand the impact of the waiting list initiatives in ASC and ADHD pathway and then improve the pre and post diagnosis support for ASC and ADHD.

Commissioning for children with complex needs. We need to review how we make decisions across the strategic commission and use budgets in a better joined up way.

Predicted demand / challenges for next 12 months

The effects of COVID-19 continue to affect the safeguarding system. The effects present a “situational risk” for vulnerable children and families, with the potential to exacerbate pre-existing safeguarding risks and bring new ones.

Concerns that continued investment into children’s services without equitable investment in other areas will further impact partners’ ability to withstand demands and pressure in the system.



Development of ICS. CCG will no longer exist. There will be a significant amount of work in planning shut down and transfer of business. Safeguarding statutory function will transfer to ICS and there is no current model of how this will link in with Place.

## **Tameside and Glossop Integrated Care NHS Foundation Trust**

### **What went well in 2020/21?**

The past year has been a year like no other in the history of the National Health Service (NHS) with the challenges of the global pandemic caused by the COVID-19 virus and its impact. The Trust recognises that it is only able to provide quality and safe health care for the population of Tameside and Glossop with the dedication and commitment of its staff. During the unprecedented pressures of COVID-19, our colleagues and staff have gone significantly above and beyond what might be expected of them to ensure that patients are treated safely, compassionately and with respect. In recognition of the priority afforded to safety and therefore safeguarding within the Trust's values, during the last year the Trust has ensured that patient safety and Safeguarding has remained a top priority and this focus has been assertively managed throughout the pandemic.

#### **1. Continuous Improvement Of Service Delivery**

As one of the TSCP strategic priorities, there has been ongoing development of the Complex Safeguarding Agenda across the Trust. A specialist nurse for safeguarding children- complex safeguarding commenced in post in 2020. This post is co-located within the multi-agency complex safeguarding team (although this was limited due to the Covid-19 pandemic) and takes a lead role across the health economy for complex safeguarding.

We have continued to provide daily representation in the Multi-agency Safeguarding Hub (MASH) with a Specialist Safeguarding children's Nurse, although during the pandemic this has been undertaken remotely. This is a key role and contributes to the overall aim of the MASH in providing a high level of knowledge and analysis of all known intelligence and information across the safeguarding partnership to ensure all safeguarding activity and intervention is timely, proportionate and necessary. An increasing demand and complexity of safeguarding has been observed

Safeguarding is included on the agenda at the daily Trust wide site safety huddles introduced in 2020, ensuring it is 'our everyday business', providing key messages and informing management of risks, incidents and concerns. This has generated useful conversations where actions and learning have been identified and shared

To promote key messages about safeguarding, staying safe, health and wellbeing, a number of our services launched;

- Integrated Safeguarding Twitter handle @tgsafeguarding
- Tameside School Health Service Facebook page
- Tameside Health Visiting Service Facebook page
- School Health Advice Line (for parents)

Keeping our children safe- The national immunisation programme is in place to protect the nation's health from the impact of devastating disease but vaccinations routinely given in schools were suspended during the COVID-19 pandemic. Recognising that one of the most important things that a parent can do for their child is to make sure that they have all their routine vaccinations, our School Nursing Service addressed the challenge, despite the snow, wind and rain, taking the learning from

the community COVID-19 vaccination hubs and set up Drive Through Clinics for children from Tameside schools to ensure the immunisation programme was still operational.

In total 1318 immunisations were given in our 'Drive through clinics' during term time over 26 sessions between 18th January 2021 and the 10th March 2021 with the support of the School Nursing Team. As a result our immunisation programme will be completed within the current year without the need for catch up in 2021/22. The Immunisation Team and their team Leader have become finalists for the Patient Safety Awards 2021 for this work.

#### **2. Ensuring Compliance And Quality Of Safeguarding Arrangements**

Although Covid - 19 priorities have remained the Trust's primary focus, our staff have demonstrated resilience and responsiveness to competing demands and maintained a focus on safeguarding unborn babies, children, young people and their families. The Trust has remained vigilant and fully sighted to the challenges that have presented to safeguarding throughout Covid-19.

Although business continuity plans the safeguarding team continued to be proactive, reactive and visible in supporting staff and in offering advice, guidance and support as required to empower them to fulfil their duty to safeguard in a timely and effective manner. Home visiting did not stop for vulnerable unborn babies and children.

Section 47 medicals continued face to face and as a priority / business as usual, with no change, other than to consider Covid-19 during the triage upon receipt of the referral. The number of referrals were monitored which significantly reduced in the initial lockdown period in line with the reduction in referrals into the MASH. Oversight and scrutiny of this was undertaken with children's social care in providing assurance that those children requiring a medical had taken place.

Named Nurse for Safeguarding Children contributed to the weekly partnership operational group established early in the pandemic, and reported back key messages through the Trust command structure.

Within the Tameside and Glossop Integrated Foundation Trust (TGICFT), the Director of Nursing/Executive Lead for Safeguarding chairs the bi-monthly Integrated Safeguarding Committee (ISC), with support from the Deputy Director of Nursing Professional Standards, Safeguarding and Assurance. This meeting is attended by the Head of Nursing for Integrated Safeguarding, Named Professionals and service leads from across the ICFT. The Safeguarding Committee continued to meet throughout the pandemic to ensure that the Trust was able to meet with its statutory and regulatory requirements. The ISC receives key updates and is sighted on emerging themes, partnership activity, headlines and risks about the safeguarding system across TGICFT and partnership. The membership feeds into local governance and divisional management structures and meetings. The ISC reports to Service Quality & Operational Governance Group (SQOGG) that reports to Quality & Governance Committee which reports to the Trust Board that all reports and updates about Safeguarding. Baseline self-assessment has been completed against the Safeguarding Children, Young People and Adults at Risk Contractual Standards Audit 2020/2021 providing assurance and action plans in response.

Partnership working has continued to be strong with membership and contribution to TSCP Executive, subgroup meetings, multi-agency meetings, safeguarding children's reviews, and domestic homicides reviews. We have contributed to all requests for information and ongoing case review activity.

The Trust contributed to the development of the TSCP communication strategy detailing our floor to board approach to communication and dissemination of key messages, 7 minute briefings and embedding learning.

### 3. Response To Strategic Priorities And Emerging Need

Along with our safeguarding partners, we have focused on Domestic Abuse and preventing abusive head trauma, two areas of learning from a local review (Child V) that we know were critical during this pandemic. We have increased awareness raising and targeted A&E and Maternity services, promoted access to the early help offer, had a refreshed focus on routine enquiry in pregnancy and have implemented ICON (a national programme of intervention based around coping with crying babies and preventing abusive head trauma).

#### Complex Safeguarding

The newly commissioned specialist nurse for complex safeguarding contributed to the complex safeguarding peer review on behalf of the Trust. The audit demonstrated a positive impact of the employment of the Complex Safeguarding Nurse to the team. It was clear that there was an improved understanding of the role which health services can bring to the Complex Safeguarding Multi agency Team and the benefit which this brings to the young person and their family.

#### Neglect

The Trust contributed to the multi-agency neglect audit and are actively engaged with tackling neglect as a TSCP priority.

#### Domestic Abuse

The Trust contributed to the TSCP Domestic Abuse audit and completed the single agency audit on routine enquiry for domestic abuse in pregnancy.

We supported 16 days of Activism against gender based violence campaign in 2020.

The Trust continued to contribute to the MARAC, virtually during the Covid-19 pandemic, as it remained absolutely vital that we continued to share information to safeguard our highest risk victims and their children.

#### Mental Health

The Trust recruited a practitioner for Children and Young Person's Mental Health and Substance Misuse who is based on the Children's Unit providing an expert resource and a key link with Pennine Care.

### What were the major challenges / issues faced?

Impact of Covid -19 Pandemic on-

- Delivery of services and redeployment of staff;
- National guidance informed our business continuity plans during the pandemic.; COVID-19 prioritisation within community health services; Novel coronavirus (COVID-19) standard operating procedure: Community health services NHS England; iHV Covid-19 Professional Advice for delivering the Healthy Child Programme; Guidance for antenatal and postnatal services in the evolving Coronavirus (Covid-19) pandemic

- Mandatory training. This was stepped down reflecting the national decision that Trusts should reduce training demands in order to effectively address the pandemic.
- Workforce- Staffing, operational pressures and service delivery including changes to agile working practices.
- Work streams, such as the implementation of the Neglect Strategy and embedding learning from case reviews, did not progress at the pace we had anticipated during 2020 /21 as a result of reprioritisation.

A continued area of focus and risk has been the ongoing issues with the timeliness of health assessments. It is acknowledged this is system wide issue

### What areas have been identified for improvements in 2021/22?

The Trust has identified a number of actions required to strengthen the Safeguarding service. Actions have been determined from our internal practice and review, regulatory and commissioning requirements, restoration and recovery of services, safeguarding reviews and from the lessons learned from case reviews.

A summary of work planned in 2021 - 22 is as follows:

- Embedding learning from case reviews learning from safeguarding case reviews is a priority for 2021/2022.
- System approach to 'Cared for Children'. A multi-agency monthly monitoring and innovation group has been established chaired by Divisional Director, Surgery, Women's & Children's Services.
- Supporting continued use of digital platforms and partnership working aligned to our partners and restoration response.
- Recovery planning is ongoing to restore safeguarding mandatory training compliance by December 2021 to 95%.
- Review our training strategy underpinned by the intercollegiate frameworks. Further develop our training offer in response to working virtually and ensuring that all staff have the relevant training, to enable them to carry out their duties safely.
- Further build on the Integration of safeguarding team and workforce transformation in these teams
- Ongoing development of the Complex Safeguarding Agenda across the Trust in response to emerging themes and priorities.
- Safeguarding restorative supervision training for supervisors has been commissioned to be delivered in September 2021. This will inform the development of a new policy and embed a safeguarding restorative supervision model and approach in the Trust.
- Key to having a renewed focus on the Neglect Strategy will be the development and implementation of a Trust wide 'Promoting engagement' with services Policy to include 'Was Not Brought' and 'No Access'.
- Respond to Ofsted feedback with regards improving attendance at multi-agency meetings and timeliness of health assessments for children in care.
- To have an enhanced focus on domestic abuse for our staff and our local population aligned to the Tameside domestic abuse strategy.

### Predicted demand / challenges for next 12 months

- Ongoing impact of the Covid-19 Pandemic.
- There is a continued awareness of the prolonged pressure staff are currently under in re-



- sponse to the pandemic, health and wellbeing remains a priority.
- The Trust is continuing to experience very significant and sustained pressure on services.
- Recovery and restoration of services
- Our paediatric services are experiencing a significant increase in demand due to Respiratory Syncytial Virus (RSV) which can cause bronchiolitis. This is normally not seen until the winter months in babies (under age 1), but due to the impact of Covid19 there is an increase in children under the age of 2 years experiencing RSV or other respiratory type illnesses which is causing a surge in admissions of severely ill, very young children.
- Demand and capacity for health role in the MASH. The role has evolved since the original commission and now includes daily high risk triage of domestic abuse cases and an increasing number of referrals and strategy meetings.
- Increasing complexity of cases and impact on staff when managing competing priorities and emotional demands.

## Pennine Care

### What went well in 2020/21?

1. Continuous Improvement of Service Delivery.
  - Our Safeguarding Team has been fully established from May 2020 including 3 new practitioners who joined during Covid. Our safeguarding team have provided advice, support and guidance throughout Covid so our staff had access to safeguarding advice, support and guidance. In addition we continued to support the work of the TSCP and all its subgroups despite the demands of Covid.
  - Due to having to cease face to face training as a result of Covid by May 20 the safeguarding team had transferred the full mandatory safeguarding training offer on to a virtual platform enabling staff to continue to access training to develop their safeguarding knowledge and skills.
  - Our Trust Safeguarding Strategy recognises a 'Think Family' approach as children, adults and their families and carers do not exist or operate in isolation and there has been a focus in 2020/21 to deliver safeguarding children training to adult services practitioners.
  - From January 2021 the Trust implemented a new leadership structure to build a stronger and more visible clinical and professional leadership including a greater locality focus. Supported by the Network Director of Nursing, Quality and Allied Health Professionals and the Heads of Quality the leadership structure enhances the work of our services and supports our trust's commitment to the TSCP and respective sub groups.
2. Ensuring Compliance and Quality of Safeguarding Arrangements.
  - There has been consistent Trust representation at the Executive, L&I and QAPM sub groups.
  - The Trust contributed to the TSCP Domestic Abuse audit. In addition our trust identified a key priority to establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way. A survey was undertaken to establish a base line of staff knowledge and awareness of domestic abuse to support a trust wide domestic abuse learning programme, [Survey results embedded.]

### 3. Response to Strategic priorities and Emerging Need.

- All our services continued to be delivered during the year although due to Covid they have had to embrace different ways of working but referral criteria did not change.
- The Specialist Safeguarding Families Practitioners continue to review every Trust child safeguarding incident, providing specialist support and advice and signposting as necessary to the Local Authority. The Heads of Quality support safeguarding and the Trust learning from incidents.
- The safeguarding team developed and recorded 'lunch and learn' sessions for our staff including managing disclosure of historical child abuse and professional challenge as the result of learning from a safeguarding multi-agency reviews which are available to all staff via the trust safeguarding web page.

### What were the major challenges / issues faced?

- Impact of COVID on face to face delivery of clinical services.
- Impact of COVID on face to face safeguarding mandatory training.

### What areas have been identified for improvements in 2021/22?

1. Enhance the work within the Trust in relation to the Mental Capacity Act to ensure compliance with NHS Assurance and Accountability Framework for Safeguarding with a focus on 16-17 year olds.
2. Establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way.
3. Review Trust model for representation at local borough MARAC and develop a robust information sharing process.
4. Update Trust Safeguarding Training Strategy and explore and implement a training evaluation model which provides assurance in relation to practice and outcomes for people.
5. Review Safeguarding Supervision Strategy and implement framework that is underpinned by standards and competencies to ensure the Trust meets its responsibilities.
6. To ensure safeguarding is embedded in the new Integrated Leadership Model with clear safeguarding roles, responsibilities and assurance processes including a robust system for oversight and completion of action plans that arise from serious case reviews to prevent drift and the dissemination of the learning across the Trust footprint.
7. Review revised Looked After Children: Roles and Competencies for Healthcare Staff Framework Dec 2020 and development model for training delivery.

Link to PCFT Safeguarding Annual Report 2020 PCFT Safeguarding Annual Report 2020.

### Predicted demand / challenges for next 12 months

1. Continued impact of COVID on staffing pressures and service delivery including changes to agile working practices.

2. Increasing demand on CAMHS services due to impact of COVID restrictions in children and young people including:-
  - An increase in young people presenting with anxiety which taking into account the uncertainty of Feb-March 2021 and young people having to isolate in their bubbles.
  - Challenging behaviour and the uncertainty, lack of routine and school and parents feeling they can't manage behaviours.
  - An increase in the number of young people admitted to the Children's ward having made attempts on ending their life.
3. Capacity within the safeguarding team due to staff changes and recruitment.
4. Ensuring safeguarding is embedded in the new Integrated Leadership Model with clear safeguarding roles, responsibilities and assurance processes including a robust system for oversight and completion of action plans that arise from serious case reviews to prevent drift and the dissemination of the learning across the Trust footprint.

## Community Safety

### What went well in 2020/21?

During 2020 there has been an increase in output and activity from the Community Safety Unit despite issues relating to COVID.

The Tameside Independent Advisory Group was reinstated in March 2020. IAGs have been developed nationally by police forces and police authorities to provide independent advice in understanding the role and impact of the police in diverse communities. In Tameside we are seeking to do this in a more co-operative way, and to establish an IAG for the Community Safety Partnership as a whole. This recognises the way in which a range of partner organisations in the Borough work together, and with local people, to create safer communities and build good community relations.

Please see the attached document with the Terms of Reference.

The group has met weekly since that time, has 29 active members of whom 14 regularly attend the meetings. The group has an independent chair and provides scrutiny for policing issues and, uniquely for GM, wider Community Safety Issues. The meetings have been invaluable in sharing COVID and Vaccine messaging to the groups that are represented. One outcome for the group has been the creation of a Young Persons IAG, inaugural meeting August 2021.

This work is evidence of the commitment in the strategy of Building Stronger Communities. There has been a focus on raising awareness of Hate Crime across the borough. A significant number of online and, more recently, face to face presentations have been conducted to partner agencies and organisations to encourage reporting. These have been very popular. As a result Tameside launched its Hate Crime Fund in Feb 2021 to encourage groups to bid to a max of £1000 for their projects to raise awareness of Hate Crime. Eight bids were approved and it is hoped to run the fund each year.

### What were the major challenges / issues faced?

COVID 19 has proved a significant challenge for much of the work being carried out. Staff have adapted and conducted meetings online with greater frequency and higher attendance. Many of the funded projects have been delayed due to the pandemic and will require support as restrictions

ease. Not having the ability to run face to face events has been a challenge. It is anticipated that many of the groups the unit deals with will have funding issues post pandemic. This will be a challenge to support. We will need to be creative and innovative in identifying and allocating funding to the groups most in need.

### What areas have been identified for improvements in 2021/22?

The draft Community Safety Strategy is below and identified five priorities for 2021-2024 which are; Building stronger communities, Preventing and reducing violent crime, knife crime & domestic abuse, Preventing and reducing crime & anti-social behaviour, Preventing and reducing the harm caused by drugs & alcohol and Protecting vulnerable people and those at risk of exploitation.

### Predicted demand / challenges for next 12 months

The Community Safety Strategy will be signed off in due course and this will provide focus for the unit.

It is anticipated that post pandemic there will be an increase in ASB (Antisocial Behaviour), this has already started to increase as lockdown eases

## Tameside Channel Panel and Prevent

### What went well in 2020/21?

The Panel benefits from a wide range of expertise from partner organisations, including, for example, representatives from Mental Health, Social Care and a Local Authority Designated Office (LADO) representative.

The Channel Panel was reviewed as part of the GM Channel Peer Review process in May 2021 and received positive feedback overall.

The Panel membership has been expanded to include a Primary Care representative after being identified as an area of improvement for the Panel.

The above is evidence of the Panel's commitment to Strategic Priority 1 in the TCSP Business Plan, 'Continuous Improvement of Service Delivery'. The Panel have utilised online meetings due to the pandemic, and following positive partner feedback will continue to do so. Overall Panel membership attendance has been high.

During April 2020 – July 21, 4 cases have been considered at the Tameside Channel Panel after being triaged by the Counter Terrorism Policing team. Of the 4 cases discussed, all were male, 2 were adults and 2 were children.

### What were the major challenges / issues faced?

The Covid-19 pandemic's disruption on schooling and home life will have led to increased feelings of isolation for children and may have increased their vulnerability to inappropriate online sources. Schools provide a high proportion of the Prevent referrals submitted. Due to the disruption to schooling, it is a concern that the vulnerability of individuals may have gone unnoticed whilst the schools were closed.

As a voluntary process, cases are closed to the Channel Panel if consent to the process is not given.



However, the Panel has the expertise to signpost individuals to receive the appropriate safeguarding assistance if required.

**What areas have been identified for improvements in 2021/22?**

The draft Community Safety Strategy, including an appended Prevent Action Plan, is due to commence the governance process for approval.

Please see the attached document for the specific objectives, agreed by the multi-agency Channel Panel Members.

Priorities.

The Prevent Strategy in Tameside is driven by key objectives on the Tameside Prevent Action Plan which are informed by national and local The Tameside Prevent Action Plan has five key objectives:

1. To ensure partnerships and governance structures are in place to maintain and evaluate the delivery of the Prevent Duty across Tameside.
2. Aim to tackle the causes of radicalisation and respond to the ideological challenges of extremism.
3. To identify those at risk of radicalisation, ensure safeguarding measures are in place and offer support through early intervention.
4. Enable those who have already engaged in extremism to disengage and rehabilitate.
5. To support a range of organisations where there is a risk of radicalisation.

**Predicted demand / challenges for next 12 months**

The Counter-Terrorism Local Profile (CTLP) is due to be released shortly by the Counter Terrorism Policing North West Team. The CTLP provides a strategic threat assessment and will assist the evaluation of the challenges for the year ahead. It is possible that the effect of the pandemic, with regards to increasing the levels of isolation and therefore vulnerability in children, will continue to be a factor in the coming year.

**Action Together**

**What went well in 2020/21?**

Tameside Safeguarding Children’s Partnership Voluntary, Community, Faith and Social Enterprise Sector Safeguarding Event 30.11.20

- The aim of the event was to build a working relationship / partnership between the VCFSE and Tameside Safeguarding Children’s Partnership.
- 16 leads from VCFSE organisations attended.
- The event included a welcome and overview of the Tameside Safeguarding Children’s Partnership, Early Help overview, serious case reviews and 7-minute briefings, training opportunities and break out discussion groups.
- Organisations signed up to be involved in future training, events.

Volunteering

Action Together had 207 volunteers during covid. All volunteers received safeguarding training via

the safeguarding video for volunteers and guidance from the Tameside Safeguarding Partnership. What were the major challenges / issues faced?

Covid was an issue as organisations closed or priorities changed. However, there were also opportunities for example the increase in volunteers and uptake of safeguarding training.

**What areas have been identified for improvements in 2021/22?**

Building a working relationship/partnership between the VCFSE and Tameside Safeguarding Children’s Partnership.

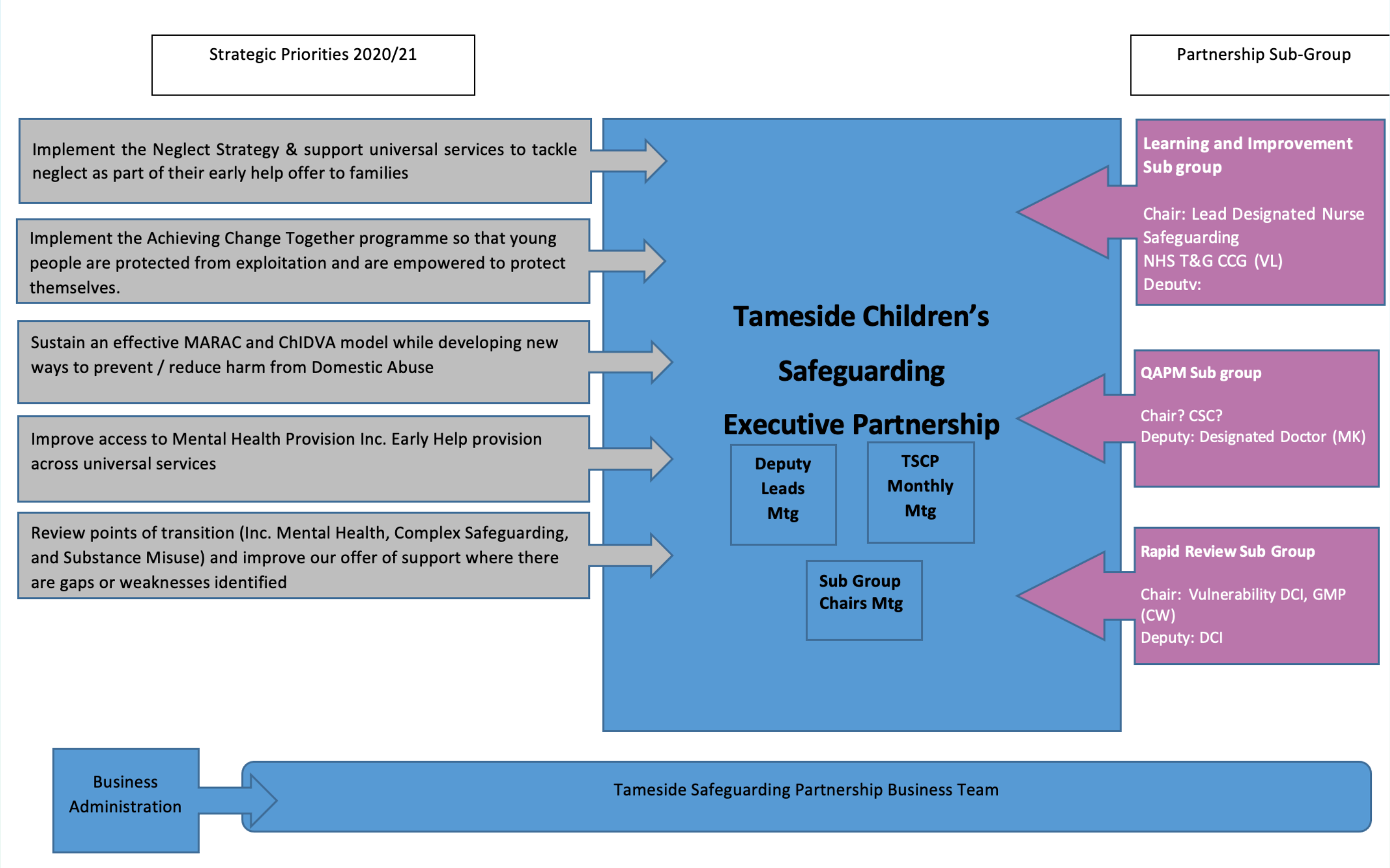
- 7-minute briefing training.
- VCFSE sign up to the Tameside Safeguarding Children Partnership E – bulletin.
- Promote Tameside Safeguarding training offer.
- Themed online Safeguarding, for example, Understand the Role of the Local Authority Designated Officer and safer working practices.
- Neglect strategy – promote and training. Objective 1.1 / 3.1.
- Develop communication and relationship with Complex Safeguarding Team, Community safety at a local level, for example, county lines.
- Reporting mechanism for the work is via the Learning and Improvement Group.

**Predicted demand / challenges for next 12 months**

- Our capacity to support VCFSE groups will not change in the short term – 1 year.
- We will continue to develop appropriate support for VCFSE groups re: Safeguarding.
- Our resource is finite, we will not be able to take on additional responsibilities.

# Section 5 - Partnership Structure and Strategic Priorities 2020-21

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# Section 6 - Strategic Priorities and Key Activity

## Priority 1 Child Neglect: Implement the Neglect Strategy & support universal services to tackle neglect as part of their early help offer to families

Tameside Safeguarding Children Partnership launched the Neglect Strategy in the 1st quarter of 2020.

- The 4 priorities of the strategy were to;
- Secure strategic commitment across all agencies.
  - Prevent neglect through early help.
  - Improve awareness, understanding and recognition of neglect.
  - Improve effectiveness of interventions.

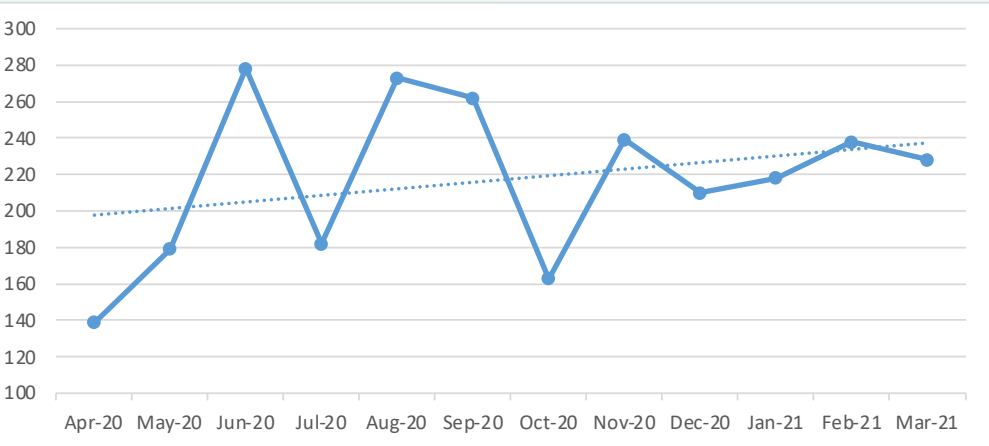
A Neglect Screening Tool and the Graded Care Profile were promoted via regular training and guidance at various points within the safeguarding system including Early Help Access Point and MASH for example. Feedback regarding training and support is positive but the use of the Graded Care Profile has remained low while the number of neglect cases has risen.

QAPM Group	March 2020	March 2021
Children in Need	726	921
Child Protection	145	193
Cared for Children (LAC)	549	537

Feedback has identified that practitioners find the existing assessment tools to be time consuming and difficult to complete within their settings alone. The Neglect Task and Finish Group has been re-convened in 2021 to update the existing tools and resources and to consider alternative approaches to tackling neglect at the earliest opportunity.

## Priority 2 Domestic Abuse: Sustain an effective MARAC and ChiDVA model while developing new ways to prevent / reduce harm from Domestic Abuse

The number of notifications for domestic abuse to Children Services has increased from an average of 155 (2019/20) to 217 (2020/21).



A full multi-agency audit on Domestic Abuse was completed by Tameside Safeguarding Children Partnership in March 2021. Six cases were audited at all levels of social care involvement and covered the full range of domestic abuse including common couple violence, intimate terrorism and violent behaviour across situations (i.e., criminality and violence towards others). In addition there were difficulties in getting victims to engage with support available.

There was evidence of strong partnership work with children and families, two out of six children had a planned to step down due to reduction in Domestic Abuse in their home and there was clear evidence of the voice of the child in all cases.

The audit did identify a 9 month waiting list for the Children’s Independent Domestic Violence Advocate (ChiDVA) service. This prompted an immediate review and prioritisation of referrals and funding for an additional ChiDVA being allocated. The audit also discovered that GP’s weren’t fully informed of the MARAC process and a lack of evidence of direct work with children. These findings have been incorporated into a wider strategic needs assessment which will inform a new Domestic Abuse Strategy in 2021.

Other case reviews completed in 2020/21 have highlighted an effective referral process into the MARAC and an appropriate categorisation of risk. The partnership will be seeking further assurance regarding MARACs information sharing protocols to ensure there is timely sharing of relevant information with partners who are working directly with the family.

## Priority 3 Complex Safeguarding: Implement the Achieving Change Together (ACT) programme so that young people are protected from exploitation and are empowered to protect themselves.

A Complex Safeguarding Team and offer was implemented in March 2020 and now encompasses sexual exploitation, criminal exploitation, County lines/Trafficking and Modern Slavery. The team secured its first prosecution for Modern Slavery in 2020/21. The team includes a co-located Education Liaison Officer and Health Practitioner and a virtual link to a mental health practitioner. Partner agencies and front line practitioners have worked well together to identify risks and develop plans but there are improvements to be made around services planning with CAMHS and Adult mental health.

Planned operational activity and promotion of the service was disrupted due to Covid-19 and this has included the roll out of the Achieving Change Together (ACT) programme. A mock JTAI completed in June 2020 identified that there is a range of meetings and mechanisms to consider the risks for children at risk of child sexual exploitation, missing and criminal exploitation (including country lines), at an operational level, but these are not yet sufficiently coherent to direct joint working.

The Complex Safeguarding team has been operating at capacity since it was implemented. Rapid Review referrals in quarter 3 and quarter 4 indicate emerging problems in relation to child criminal exploitation and contextual safeguarding which isn’t reflected in the quarterly statistics shown below. The partnership has committed to reviewing the existing service offer alongside emerging national research, recommendations and good practice to determine how to further improve its response to these safeguarding concerns.

2020/21	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of referrals into the Complex Safeguarding Team	15	26	18	21
Current children and young people open to Complex Safeguarding Team	29	40	39	38
Criminal Exploitation	10	14	10	16
Sexual Exploitation	13	17	17	11
Other	4	9	5	3
Multiple-CCE&CSE	2		7	8

**Priority 4 Mental Health; Improve access to Mental Health Provision Inc. Early Help provision across universal services.**

Tameside’s THRIVE model now offers a whole system, multi-agency approach to delivering needs based interventions. A new Single Point of Entry was launched in July 2020 alongside Early Help and Safeguarding Team which has reduced waiting times to initial appointment. There is strong partnership working between schools and mental health professionals and evidence of good partnership working was identified in the partnerships mental health assurance exercise.

The THRIVE framework below conceptualises 5 needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation with young people and parents with experiences of service use.



Tameside adopted Kooth which is an online counselling & wellbeing service available to young people aged between 11 & 18 in Tameside & Glossop. It offers a safe & anonymous website that provides confidential support and is a fantastic way for young people to get the help & support they need, when they need it. Tameside Safeguarding Children Partnership supported the delivery of two awareness raising webinars to the multi-agency workforce.

A 40% increase in referrals to ADHD pathway has led to a growing waiting list for ADHD-ASC and this rise in demand will need to be addressed in 2021-22.

**Priority 5 – Transitions - Review points of transition (Inc. Mental Health, Complex Safeguarding, and Substance Misuse) and improve our offer of support where there are gaps or weaknesses identified**

Developing the transition offer for young people aged 16 & 17 years old with mental health needs has been a priority area for the Children and Young People’s Strategic Steering Group. The THRIVE model has been offered to children and young people up to the age of 18 and for some areas of work such as ADHD and eating disorders there is consideration being given to extending this to 25. Similarly the Complex Safeguarding Strategic Group has recognised the need to support vulnerable young adults at risk of harm beyond the age of 18. Adult Services are now a core member of the Complex Safeguarding Group and this work is being developed. Proposals to develop the service offer will need to be considered regarding this issue in 2021-22.

A comprehensive needs assessment for both substance use and domestic abuse have been completed during 2021. The recommendations from these will be considered and implemented as part of a new strategy for these critical areas of work.



# Section 7 TSCP Assurance Exercises

Overall, the evidence is suggestive that each agency could document the criteria set out in the S.11 of the Child Care Act (2004).

What working well (each agency provided)	What isn't working well
A list of services they commission having a lead safeguarding person, senior person taking responsibility for safeguarding in the organisation.	Little evidence of TSCP or Greater Manchester procedures being used in agency particular with escalation policy (which supportive of case reviews).
Whistleblowing procedures in place.	No references of TSCP minimum standards for delivery of training.
Safe recruitment procedures.	
Appropriate supervision process.	
Dealing with allegations against professionals.	
Voice of the Child (including the launch of Listen co-production of services in March 2020	

## Education (S.175)

Tameside aligns the S.175 audit with the Keeping Children Safe in Education Guidance. Overall 79 of 98 schools completed returns (2020/21), therefore leaving only five schools that we haven't received a S.175 audit over the last two years. The school self-assessment returned 274 actions for schools to complete (206 primary, 40 secondary and 28 specialist schools). This year schools reported more actions postponed due the covid-19 situation.

What working well (each agency provided)	What isn't working well (three areas that 10% of schools reported amber or red on traffic light system)
There being significant increase in school participation in the S.175 audit over the last two years.	Bullying annual survey.
categories that flagged up concerns by schools in 2019/20 are no longer are concern include; understanding pupils views on safeguarding, promoting child protection in lessons, safeguarding training and the Early Help process.	School e-safety briefings.
No school was identified as being inadequate for safeguarding by Ofsted (snapshot in September 20).	Governing overview of mental health (new in keeping children safe in education).

# Section 8 - Workforce Development

Prior to the onset of the pandemic the Partnership's Multi-Agency Training offer comprised of traditional face-to-face courses delivered at four local authority venues spanning the borough. A typical training year commencing in April & concluding in March the following year would consist of the delivery of 58 courses covering 22 topics associated with safeguarding children.

The initial lockdown in March 2020 resulted in the scheduled programme of training for 2020-21 being cancelled & as an interim measure a suite of free e-learning courses were researched & made available to the Multi-Agency Workforce. This was a short term measure intended to facilitate redesign/modernisation of traditional training, which included research, piloting & upskilling in relation to a preferred online virtual learning platform.

In July 2020 a new programme of learning was implemented involving virtual webinar type courses utilising a combination of 'Skype for Business' & 'Zoom' technology. As the programme embedded, 'Zoom' emerged as the preferred learning platform.

In view on the nature of online learning all previous courses, which were normally delivered over one full day utilising traditional face-to-face teaching methods, were redesigned & mostly involved virtual learning activity over a 2 hour or half-day period.

Between July 2020 and March 2021 a total of 34 Multi-Agency Learning Events covering 15 topics were delivered on the Partnership's new virtual programme of learning. Please see appendix C for details.

Evaluations from all courses on the programme reflect that virtual training methodology has been well received and engaging for participants. Virtual training is seen as time efficient whilst at the same time maintaining high standards of content and learning.

Notwithstanding a positive evaluation of the new approach, face-to-face training is cited as key to in depth learning, networking & greater awareness of roles, responsibilities & Multi-Agency resources. This hasn't been lost and the situation is continually under review.

It is anticipated that at some stage in the near future there will be a reintroduction to face-to-face training and planning for this, taking into account the pandemic situation, will be informed by representatives from the Multi-Agency workforce.

## Section 9 – Learning from Case Reviews

In 2021 TSCP completed a review of its case reviews over the past 3 years. The most common themes were non-accidental injury (4 cases), sexual harmful behaviour (2) and self-harm suicide (2). Additional evidence from Public Health profile (March 2021) indicates that non-accidental injury is higher than national average and self-harm hospital admissions is similar to the national average. Tameside launched ICON and promoted prevention of accidents resources in January 2021 as a result of the learning from case reviews. The GM Strategic CDOP group has also said that non-accidental injuries will be a priority area of work. In Tameside Task and Finish Groups have been created to develop improved operational responses to sexually harmful behaviour and self-harm and further tools, training and guidance will be launched in 2021/22.

In five out of the ten cases reviewed there was either mental health problems or diagnosis of mental health condition with a child involved in the case review. There have been significant changes in the last 12-24 months around early support for mental health problems, such as adaption of I-Thrive model, and use of Kooth within Tameside.

The toxic trio (parental mental health, substance misuse and domestic Abuse) were a theme in the case reviews. These have all been identified as priority areas for the TSCP strategy in 2021-2025.

In half of the case reviews there was challenge between agencies when the case was active. In addition to the challenge between agencies there was a lack of understanding within two case reviews on the use of the escalation policy. The escalation policy has subsequently been revised and promoted.

## Section 10 - Moving Forward

**TSCP agreed to continue working towards its strategic priorities for 2020/21 up to autumn 2021. This was in light of the disruption caused by Covid-19 and the capacity issues it generated for service delivery.**

A TSCP development session was held in July 2021. The following priority areas were identified and these will be developed into a 3 year strategy following further consultation with the Children's Safeguarding Executive Partnership in September 2021.

## Strategic Priorities Oct 2021-2024

Our priorities are: -

### Trio of Risk & Vulnerability

At both local and national level, the toxic trio effects parental/carer ability to care for their children. The toxic trio have featured heavily in the last three years of case reviews; Domestic Abuse (50%), Parental mental health (60%) and parental substance misuse (60%). Reducing toxic trio in the population, therefore, is a partnership priority, alongside mitigating risk to children whose lived experience is affected by these risk factors.

### Transitions

Ensuring safeguarding is prioritised in any context of transition.

### Complex & Contextual Safeguarding –

TSCP will have the strategic oversight of the contribution of Partners, individually and collectively, to safeguard and protect children at risk from all forms of exploitation. TSCP strive for a Partnership approach to improve productivity and outcomes for adolescents.

### Trauma informed professional practice –

Local reviews have informed TSCP response to identify this as priority. Across Tameside there are pockets of good practice where ACES and trauma informed practice build resilience and can improve outcomes for the individuals, families and communities.

TSCP will embrace this work to inform and contribute to the development of this area of work, to provide a workforce that is trauma informed and able to apply an ACE lens to ensure their practice is informed by trauma.

### Early help offer and thresholds

This remains a continuation of the work that TSCP have been involved in to date. TSCP are committed to gain assurance that there are clear pathways so that thresholds are understood, consistently applied and that there is effective multi-agency working in responding to early identified needs.

# Appendix A - Attendance at TSCP Children's Safeguarding Executive Partnership 2020/21

TSCP Partner	15.6.2020	15.6.2020	15.6.2020	15.6.2020
Independent Chair	Yes	Yes	Yes	Yes
Children Services	Yes	Yes	Yes	Yes
Greater Manchester Police	Yes	Yes	Yes	Yes
Clinical Commissioning Group	Yes	Yes	Yes	Yes
Education	Yes	Yes	X	Yes
Secondary Head representative	Yes	X	Yes	X
Primary Head representative	X	Yes	Yes	Yes
Children's Social Care	Yes	Yes	Yes	Yes
Pennine Care NHS Foundation Trust				
Tameside & Glossop Integrated Care Foundation Trust				
Voluntary & Community Sector	X	Yes	X	Yes
Operations and Neighbourhoods (Community Safety)	Yes	X	X	X

to represent

Attendance level
75% or more
50%
Less than 50%

\* Maintaining operational delivery services during Covid impacted on attendance at TSCP meetings but there was an agreement at the start of the Pandemic that GG as a Statutory Partner, would represent all Health colleagues.

\*Population Health were unable to attend meetings due to Covid-19 but it was agreed that cover would be provided by Pennine Care NHS Foundation Trust at the June and September meetings and by T&G ICFT at the December and March meetings.

# Appendix B - TSCP Financial Statement 2020/21

Income/Contributions 2020/21	Income Position 2020/21
Tameside Council contribution	64,723
Clinical Commissioning Group	74,357
Greater Manchester Police	6,600
Schools	44,742
Academies	47,127
Other contributions	4,951
Training Charges & Contributions	3,883
<b>Total Contributions</b>	<b>246,383</b>

Account Code Description	Expenditure Position 2020/21
Staffing costs	191,723
TSCP General	18,833
Training Strategy	13,103
Case Review	22,725
<b>Total Expenditure</b>	<b>246,383</b>

<b>Balance at the end of March 2020/21</b>	<b>0</b>
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Financial Reserve 2020/21	Movement 2020/21
Funds from 1 April 2020	83,611
+ end of March 2020/21 balance	0
<b>Balance in Reserve 31/03/21</b>	<b>83,611</b>



# Appendix C - TSCP virtual programme of learning 2020/21

Virtual event/topic.	Number of times delivered.
Working Together to Safeguard Children – Virtual Foundation Course.	7
Virtual Neglect Training.	6
Safeguarding Practice Update.	1
Virtual Domestic Abuse Awareness.	4
Virtual Reducing Parental Conflict Practitioner Training.	2
Solihull Approach Awareness Virtual Training.	2
Virtual Professional Challenge Course.	1
Reducing Parental Conflict: Role of supervisors & managers.	1
Virtual refresher training in child protection.	2
Safeguarding vulnerable teenagers: Making a connection using trauma informed practice.	2
Safeguarding Children & Parental Mental Health.	2
Virtual Forced Marriage & Honour Based Violence awareness briefing.	1
Safeguarding children facing female genital mutilation (FGM).	1
Understanding Exploitation.	1
Virtual Voice of the Child.	1
<b>Total = 15</b>	<b>Total = 34</b>



# Agenda Item 7.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 March 2022
<b>Reporting Officer:</b>	Andrew Searle – Independent Chair of Tameside Adults Safeguarding Partnership Board
<b>Subject:</b>	<b>TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2020/21</b>
<b>Report Summary:</b>	This Annual Report discusses the work of the members of Tameside Adults Safeguarding Partnership Board to carry out and deliver the objectives of the strategic plan during 2020/21.
<b>Recommendations:</b>	The Health and Wellbeing Board note the contents of the report and consider how they can contribute to the joint work of the Board.
<b>Links to Health and Wellbeing Strategy:</b>	Safeguarding vulnerable adults is a fundamentally important issue throughout the Health and Wellbeing Strategy.
<b>Policy Implications:</b>	In compliance with existing policies.
<b>Financial Implications:</b> (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications arising from this report.
<b>Legal Implications:</b> (Authorised by the Borough Solicitor)	The report highlights the strategic direction of the Safeguarding Board and its partners. It is in line with the duties and responsibilities set out in the Care Act 2014. There is a statutory duty for the Safeguarding Board to produce an annual report setting out the work of the Board to improve the outcomes for Adults at risk of abuse.
<b>Risk Management:</b>	The Safeguarding Board is required to produce an annual report and would be in breach of the legislative requirement if it failed to do so.
<b>Access to Information:</b>	All papers relating to this report can be obtained by contacting Pam Gough, Business Manager



Telephone: 07854 163183



e-mail: [pam.gough@tameside.gov.uk](mailto:pam.gough@tameside.gov.uk)

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# **Tameside Adults Safeguarding Partnership Board (TASPB)**

## **Annual Report 2020/21**

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# Foreword

I need to start this introduction with a big thank you to everyone linked to adult safeguarding in Tameside, I would do this under normal circumstances but the past 12 months and more has been difficult and a totally different way of doing 'business' due to the COVID-19 Pandemic had to be sought. The new challenges were faced and I am pleased to say the partners continued to work together and words such as resilience and dedication are probably not sufficient to describe the efforts of all individuals with a role for safeguarding especially front line workers looking after the needs of others has been tremendous.

It will take many years to review what was good, what could be better, what in hindsight would be done differently but lessons can always be learned and my wish is that we take a collective learning approach after all safeguarding adults is everyone's business.

This annual report once again gives the reader an insight to the world of adult safeguarding in Tameside and reminds everyone that adults with care and support needs can often be in difficult situations and need the help and support that we know collectively we can deliver with consistency and still be person centred.

Within the following pages you will see the partners that come together to deliver a strategic response to the abuse and neglect of adults at risk. It outlines the structures we have in place and includes some small amount of data relating to the issues investigated in accordance of S42 of the Care Act 2014.

I make no apology for repeating a message that abuse, neglect is a reality in adults too, and if we adhere to the guidance we have through our policies and procedures the issues are addressed as soon as possible and the risks to the individual are removed or reduced wherever possible.

During the past 12 months, I have constantly sought assurance from senior individuals within our partnership that they have been able to deliver and place resources to tackle adult safeguarding concerns. The assurance I always received was that safeguarding of adults and children has always been a priority and will continue despite the pandemic.

We have not got over recent past challenges and new ones will come I'm sure, the introduction of the Integrated Care Services (ICS) due in 2022 will be a different way of working but I believe if we mirror the already close partnership work as exemplified in adult safeguarding we are well placed to make it a success and perhaps provide a better service to all.

I usually say thanks to everyone at this stage however as I have already done that, it just leaves me to say please be kind to each other and remember that:

**"Adult safeguarding needs to be everyone's responsibility".**



**Andy Searle**  
Independent Chair



# Introduction

## TASPB 2020/21

Tameside Adult Safeguarding Partnership Board (TASPB), throughout 2020/21, continued to support the local Safeguarding arrangements and partners to help to protect adults in its area who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

This Annual Report discusses the work of the members of TASPB to carry out and deliver the objectives of the strategic plan [TASPB Prevention Strategy.pdf \(tameside.gov.uk\)](#) during the last 12 months.

## TASPB Priorities

### Making Safeguarding Personal

TASPB promote and support partner organisations to provide a means of promoting and measuring practice that supports an outcomes focus and person led approach to safeguarding.

### Quality Assurance

TASPB will seek assurance of the effectiveness of safeguarding activity and that safeguarding practice is continuously improving and enhancing the quality of life for adults with care and support needs in Tameside.

### Prevention

TASPB will endeavour to keep those people safe who, as a result of their care and support needs, are unable to protect themselves from abuse or neglect.

## Key Facts in Adult Safeguarding in Tameside 20/21

- TASPb Partner Organisations responded to 581 Safeguarding Concerns.
- 156 Safeguarding Enquiries during 2020/21. This equates to 88 enquiries per 100,000 of the adult population in Tameside
- 27% of Safeguarding Concerns raised prompted a Section 42 enquiry
- Neglect and Acts of Omission are the most prevalent type of abuse in Tameside
- The most common location of abuse is within a person's home.
- TASPb have had 52,199 hits on the website [Safeguarding Adults - Signs and Symptoms of Abuse \(tameside.gov.uk\)](https://www.tameside.gov.uk/safeguarding-adults) during 2020/21
- TASPb are represented by 3 Statutory Partner Organisations and 6 Partner Organisations and Elected Members:-

### Statutory Organisations:

- Tameside MBC
- Tameside and Glossop Clinical Commissioning Group (CCG)
- Greater Manchester Police (Tameside Division)

### Partner Organisations:

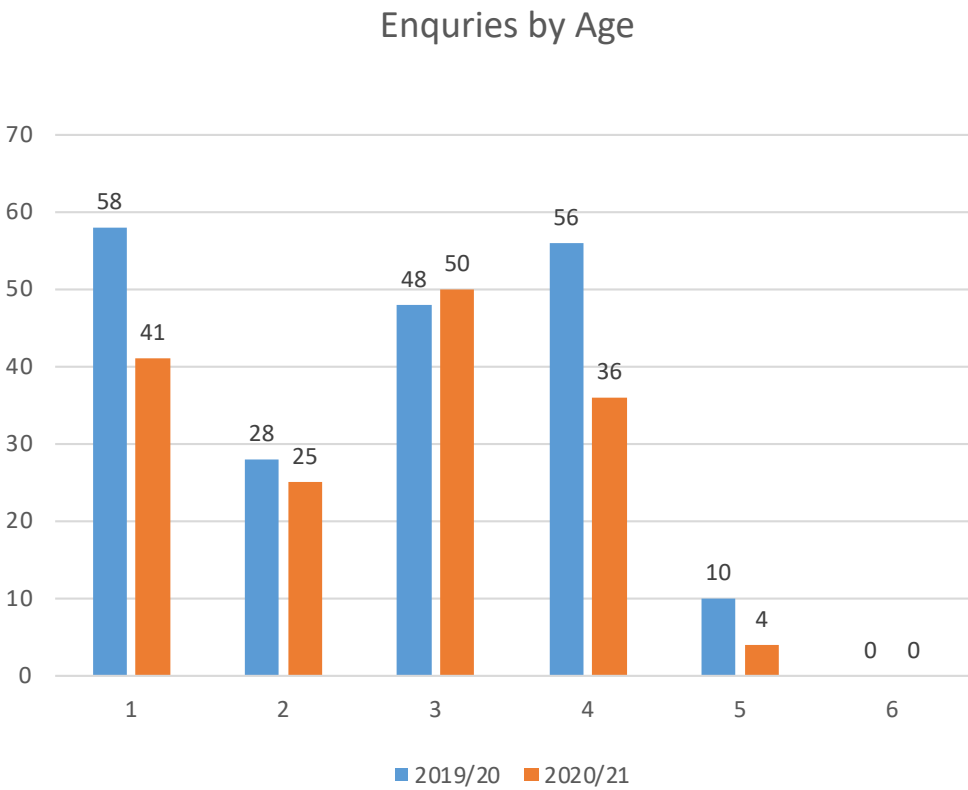
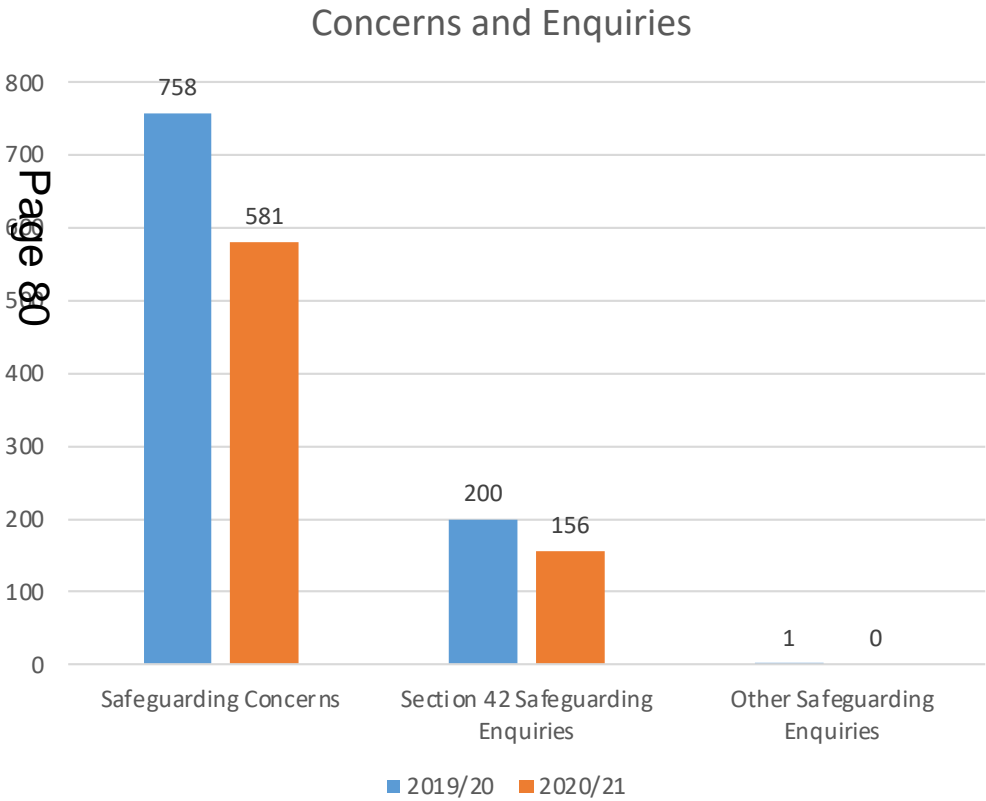
- Healthwatch
- National Probation Service
- Tameside and Glossop Integrated Care Foundation Trust
- Pennine NHS Foundation Trust
- North West Ambulance Service
- Greater Manchester Fire and Rescue Service

### Elected Member:

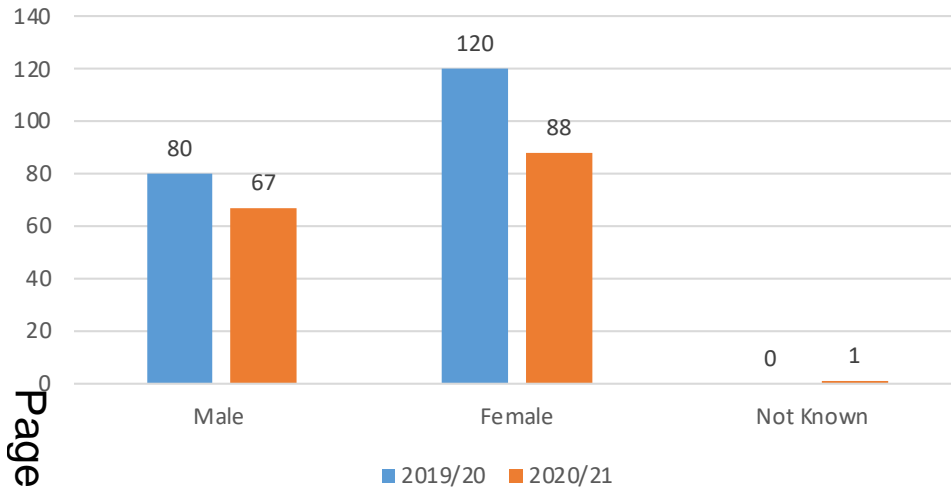
- Cllr Wills

# Safeguarding Adult Activity in Tameside

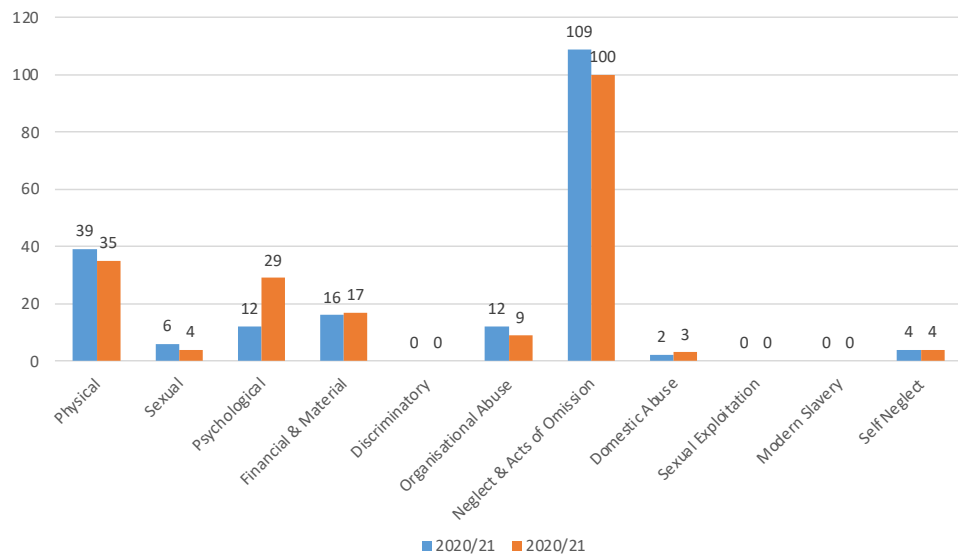
The following information provides an overview of the concerns and enquiries raised by Partner Organisations in response to Adult Safeguarding in Tameside to pro-actively protect and prevent Adult Abuse.



### Enquiries by Gender



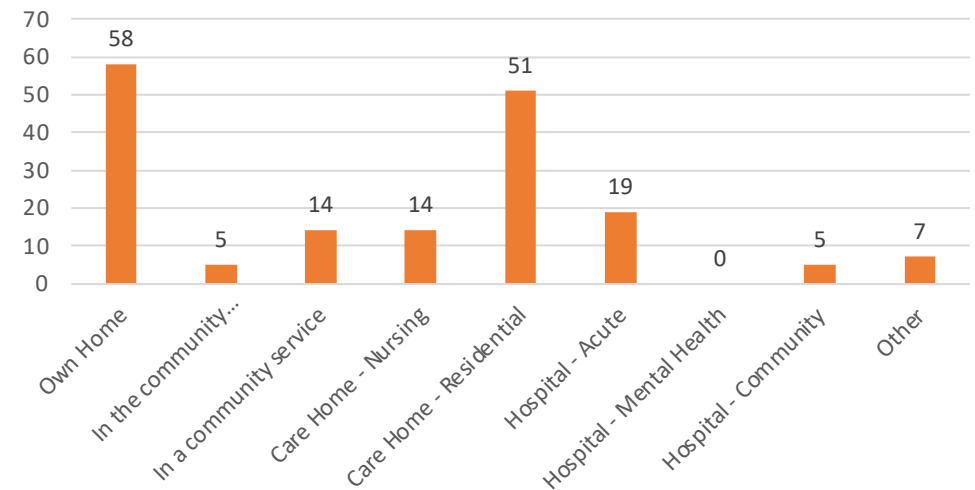
### Enquiries by type of Abuse



A reduction in concerns and enquiries has been noted by TASPb and quarterly discussions to monitor this continued during 2020/21.

However, an increase in abuse as the location 'person's own home' was reported in 2020/21 compared to the previous 12 months and a reduction in abuse in other settings was recorded. The reduction in overall enquiries is therefore, considered to be due to the Corona Virus Disease 2019 (COVID-19) pandemic and the opportunity for organisations to be alerted to adult safeguarding concerns.

### Location of Abuse 20/21



# Partnership Working

## Safeguarding during COVID-19

COVID-19 has brought a number of challenges across all organisations, Safeguarding has not been exempt. TASPb acknowledge that the situation during the pandemic has meant that people may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

During this time TASPb have had to work differently to ensure that Safeguarding Adults is everybody's business. This included exploring options to deliver training and host meetings using various platforms also working closely with Tameside Children Safeguarding Partnership to ensure communication regarding safeguarding is available far and wide and avoiding duplication. Scrutinising the data is a key piece of work to inform conversations with Partner Organisations to gain assurance that Adult Safeguarding remains primary business. All organisations provide a quarterly summary identifying any COVID-19 related information to share with TASPb and any requests of TASPb to support them in this work.

## Safeguarding Adult Reviews (SAR)

TASPB have a statutory obligation to undertake Safeguarding Adult Reviews.

During 2020/21 10 SAR referrals were received from partner organisations for consideration for the Board. TASPB agreed that two of the referrals met the criteria for a SAR and highlighted that there is learning for Partner Organisations.

The reports for the concluded SARs raised in 2019 and 2020 are presented on the TASPB Web page. [TASPB Safeguarding Adult Review page. \(tameside.gov.uk\)](https://www.tameside.gov.uk/taspb/safeguarding-adult-review-page)

Learning Themes for these SARs included:

- Overall quality of support offered.
- Communication.
- Record Holding.
- Discharge Planning Processes.
- Systems for Sharing Information.
- The use of advocacy services.
- Communication and the role of practitioners in ensuring that clients and families are able to participate in decision making.
- Administration of covert medication.
- The interface of the Best Interest Assessment.



## Outcomes for Safeguarding Adults in Tameside 2020/21

TASPB have worked together to achieve various outcomes across Partner Organisations to enhance the work to Safeguard Adults from Abuse

Making Safeguarding Personal	Prevention	Quality Assurance
<div>Page 84</div> <ul style="list-style-type: none"> <li>• Increase awareness of MSP which has provided support to staff when responding and learning from safeguarding enquiries</li> <li>• Increase empowerment</li> <li>• Adult feels safer as a result of safeguarding arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness raising and helping Adults to feel safer as a result of the safeguarding arrangements</li> <li>• Increase in Safe and Well visits</li> <li>• No accidental or non-accidental fire deaths</li> <li>• Increase in safeguarding adult referrals to the LA</li> <li>• Improvement in organisational learning and safeguarding awareness</li> <li>• Partnership work improved with the introduction of Multi Agency Safeguarding Hub (MASH)</li> <li>• Improved outcomes for young people going through transition (transition means from children's services to adult services)</li> <li>• Awareness raising of PA (positional asphyxiation) - prevents further risk/deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Assurance to Board that robust and effective procedures are in place to protect individuals from abuse</li> <li>• Transparency in the application of safeguarding procedures across the system</li> <li>• Assurance to Board that processes are in place to turn learning from reviews into action</li> <li>• Adults with Care and Support Needs feel safer as a result of safeguarding adult referrals</li> <li>• Improved quality of safeguarding adult referrals</li> <li>• Enhanced subject knowledge and adherence to guidance</li> </ul>

## World Elder Abuse Awareness Day (WEAAD)

The Annual World Elder Abuse Awareness Day and National Adult Safeguarding Week are key dates in the TASPb diary.

To promote these dates Partner Organisations and the Tameside Community do amazing work together to promote Adult Safeguarding. Despite the challenges due to COVID-19, 2020/21 was no exception. Work to promote WEAAD included working closely with Tameside Community Safety Partnership to produce TASPb WEAAD video that included Partner Organisations, Community Groups and Care homes to name but a few.



Dukinfield Town Hall shone Purple for the Night  
on 15<sup>th</sup> June 2020

## National Safeguarding week

November 16- 22/ 2020, TASPb were in a unique situation as it launched its first virtual Safeguarding Adult Manager Event. This provided the opportunity for Practitioners across all Partner Organisations and the Independent Sector, to explore Complex Safeguarding and consider their approach to this in practice. This was a huge success and was the platform for more virtual events.

TASPb also promoted “Rats in the sofa” theatre presentation, presented Made by Mortals which promoted the safeguarding of vulnerable adults [www.madebymortals.org/rats-in-the-sofa](http://www.madebymortals.org/rats-in-the-sofa)

# Individual Organisations Contribution

Tameside Adult Social Care Services ..... 14

Greater Manchester Police Tameside District (GMP) ..... 15

Tameside & Glossop Clinical Commissioning Group (CCG) ..... 16

Pennine Care NHS Foundation Trust ..... 17 - 18

Integrated Care NHS Foundation Trust (ICFT) ..... 19 - 20

Healthwatch Tameside ..... 21

Greater Manchester Fire & Rescue Service (GMFRS) ..... 22 - 24

Greater Manchester Probation Service ..... 25 - 26

## Tameside Adult Social Care Services

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- Work is underway to revise the paperwork documentation to ensure the voice of the person is at the centre of this. Practitioners and managers have been involved in developing this.
- Legal and ethical Literacy Safeguarding training has been provided to most ASC staff involved in leading safeguarding enquiries. This involved consideration of the principles of MSP and its application in practice.
- Safeguarding Standards of practice incorporate MSP.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- The documentation will not be launched until 21/22. However, the person's voice will be at the centre of their records. Records of concerns and responses will be shared more frequently with the person and feedback gathered on their experience.
- Staff are more confident in their practice and the voice of the person will be at the forefront of Safeguarding work going forward.

### Activity in response to the Prevention work stream

- Work has taken place alongside the Police to establish an Adult MASH – current partners involved are the Homelessness Service, Mental Health and Police. The aim is to identify case for early intervention and prevention work with regards to safeguarding adults. Alongside improved partnership working and information sharing.
- ASC have been represented on the Operational Complex Safeguarding group.
- System wide Complex Safeguarding workshop facilitated to ensure system aware of children and adult complex safeguarding work.
- Engagement with the development of Self Neglect strategy, and subsequent Launch
- Engagement and participation in learning events.
- Representation at Safeguarding Adult Managers Group.
- Participation in redrafting TASPb safeguarding guidelines.
- A detailed guide on Positional Asphyxiation (PA) and assessing risk has been developed and designed to support practitioners and providers re: identifying and preventing risk re: PA.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- MASH - Partnership working will be improved, issues will be dealt with sooner and be led by the most appropriate organisation.
- Complex Safeguarding – Partnership working will improve, better outcomes for young people going through transition.
- Improved understanding and support to adults who are vulnerable and may not meet thresholds.
- Awareness raising re: PA prevention of further risk/deaths.

### Activity in response to the Quality Assurance work stream

- Standards of Practice, audit tools and CPD learning resources have been implemented as part of the new quality assurance process.
- Learning Reviews have been taking place following Inquests, complaints of Safeguarding Enquiries, guidance has been circulated and learning is shared via Manager's Forums.
- Actions plans are in place re: improvements to policies and procedures as a result of SARs, DHRs and local Learning Reviews.
- DASS and Assistant Director TASPb Lead and attendance at Board.
- Contribution to Annual Report.
- Attendance at Learning and Accountability Principle Group from Assistant Director AD and Principal Social Worker
- Attendance and contribution to multi agency Policy and Procedures re design.
- Contribution to the re design of the SAR Framework.
- Contribution to the TASPb training strategy refresh.
- Contribution to the SAR process including providing panel members.
- TASPb quarterly audit completion.
- Contribution to TASPb development days, learning from reviews.
- Improved outcomes for individuals in receipt of services.
- Improved services to support adults.
- Assurance to Board that robust and effective procedures are in place to protect individuals from abuse.
- Assurance to Board that there is transparency in the application of safeguarding procedures across the system
- Assurance to Board that processes are in place to turn learning from reviews into action.



## Greater Manchester Police (Tameside Division)

### Activity in response to the Making Safeguarding Personal (MSP) work stream

GMP have implemented a new Adult at Risk Policy, which is used by front-line offices attending calls to service where they recognise vulnerability. This was implemented after much consultation especially with the Director Adult Social Care (DASS) to ensure compatibility with all agencies.

The aim of the policy is to -

- Protect the lives and preserve the safety of all adults at risk who may be at risk of harm.
- Investigate all safeguarding concerns regarding adults at risk of harm.
- Facilitate effective action against offenders so that they can be held accountable through the criminal justice system.
- Adopt a proactive and, wherever possible, multi-agency approach to preventing offences against adults at risk.

The specific aim of the policy is to provide assistance to GMP officers and staff who have a responsibility to investigate and take action when an adult is believed to be at risk of, or suffering abuse.

The policy allows the police to signpost and refer vulnerable adults to the most appropriate agencies at the first opportunity and has ensured that the right safeguarding pathways are followed. We have also seen the introduction of Stalking Protection Orders (SPO) which are civil orders that do not need victim support to implement. Therefore, if any agency feels that an individual is at risk but is fearful to support an SPO the police can apply for one regardless. This is relatively new legislation and operates in a similar way to Domestic Violence Protection Orders.

Complex Safeguarding, Domestic Abuse and Child Abuse(Child Criminal Exploitation/ Child Sexual Exploitation CCE/CSE) have emerged as increasing trends and demands during 2020/21 as a consequence of the COVID-19 Pandemic and as our communities emerged from two major lockdowns, reporting concerns regarding children and vulnerable adults have increased significantly via the Tameside MASH. Work is currently underway within the wider partnership to understand and to address the increases in referrals and the demand generated as a result.

The Investigative Safeguarding Review (ISR2) has been an evaluation of how GMP safeguards Children and Adults with our partners across Greater Manchester. As a result, GMP has introduced the Child Protection Investigation Units across all policing districts and preparation is underway to introduce the Adult Safeguarding Unit (ASU) in the near future.

The ASU will enhance GMP's response to adult safeguarding. D.A .victims will be contacted and supported throughout the Criminal Justice (CJ) process. The ASU will also provide an enhanced response in relation to aggrieved party/ person (AP). The ASU will triage each AP incident and identify adults who are in need of support. Working closely with adult social care, mental health services, drug and alcohol services and Neighbourhood Beat Officer's (NBOs), AP concerns will be problem solved and resolved quickly by the most appropriate agency and, in so doing, it is anticipated that demand into all services will be reduced.

GMP Tameside District will continue to service and respond to all strands of vulnerability and safeguarding including Domestic Abuse, Stalking, Harassment and Child Abuse (CCE/CSE). The increased demand experienced during the COVID- 19 Pandemic, and as we return to a degree of normality, our key challenge will to keep abreast of all current and historic incidents and allegations, giving victims the highest level of service and support. It is also expected that we will continue to see a rise in reports across all areas of vulnerability due to the continuance of certain restrictions such as the need to isolate having tested positive with COVID- 19 and having to remain in close proximity to others within a domestic setting.

Safeguarding is the responsibility of every member of staff on the Tameside District. From call takers, Response Officers, Neighbourhood Officers, Detectives, Specialist Officers within the MASH Team (as was) and the Child Protection & Investigation Unit (CPIU). Safeguarding is the foremost priority when attending all incidents reported to the police and there is a necessity for staff to comply with the correct systems and processes that will trigger the relevant referrals to multi-agency partners whose support may be required.

### Activity in response to the Quality Assurance work stream

From a governance perspective, the Stalking Scrutiny Panel made up of police, the Crown Prosecution Service (CPS) and Victim Service Coordinators is due to sit on the 15th October. The purpose of this exercise is to dip sample random reports of this crime set in order to quality assure all aspects of these investigations. Previous panels have found some excellent investigations and tenacity of officers, good evidence of CPS and police working together on cases, some excellent statements and good applications for restraining orders. Poor performance has also been identified in the form of file quality and supervisory oversight with delays in responding to the CPS and VCOP (Victim Code of Practice) compliance.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

Improved standards and quality of investigations - Supervisory oversight and governance.

## Tameside and Glossop Clinical Commissioning Group (CCG)

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- CHC staff attend MSP training.
- Individualised Care Plans, and Personal Health Budgets.
- Transforming Care Agenda.
- Designated Nurse completes Safeguarding Audits.
- CCG completed MSP Survey.
- Designated Nurse involved in review and delivery of MSP training.
- Assessment of MSP in practice at SAR Review Panel Meetings.
- Deputy Designated Nurse for Adult Safeguarding Chairs Learning and Accountability Group oversight and scrutiny of learning from Reviews and application of MSP in all safeguarding activity.
- Safeguarding supervision Framework in place MSP discussed at Safeguarding Supervision.
- MSP principals reinforced at GP Safeguarding Leads Forums.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- Raised awareness of the importance of MSP Raised awareness of the importance of embedding Safeguarding Principals, Mental Capacity Act Principals and Human rights.
- No decision about me without me, increased empowerment and person focused outcomes
- Improved autonomy control and personal ownership over safety.
- Equality and Diversity considerations treating all individuals with dignity and respect.
- The adult with Care and support needs feels safer as a result of safeguarding procedures

### Activity in response to the Prevention work stream

- Engagement with the development of Self Neglect strategy, and subsequent Launch.
- Engagement and participation in learning events.
- Engagement and participation in WEAAD.
- Ongoing engagement with Complex safeguarding work streams and transition.
- Representation at Safeguarding Adult Managers Group.
- Participation and leadership in redrafting TASPb safeguarding guidelines.
- Raising Safeguarding awareness across health systems re Multi-agency Risk Management.
- Raising awareness across Primary Care in Complex Safeguarding, Domestic Abuse, Mental Capacity, Neglect/Self Neglect and Prevent.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- Raised Awareness helps all organisations understand and recognise risks and signs of abuse and how to respond promptly to protect the individual potentially preventing serious harm.
- Adults with care and support needs feel safer as a result of safeguarding procedures.

### Activity in response to the Quality Assurance work stream

- Director of Nursing TASPb Lead and attendance at Board.
- Contribution to Annual Report.
- Attendance at Learning and Accountability Group (CCG Chair).
- Attendance and contribution to multi agency Policy and Procedures re design.
- Contribution to the re design of the SAR Framework.
- Contribution to the TASPb training strategy refresh.
- Contribution to the SAR process including providing panel membership and author for 3 SARS.
- Membership on 3 DHR Panels completion of 3 GP IMRs
- TASPb quarterly audit completion.
- Contribution to TASPb development days, learning from reviews.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- Assurance to Board that robust and effective procedures are in place to protect individuals from abuse.
- Assurance to Board that there is transparency in the application of safeguarding procedures across the system.
- Assurance to Board that processes are in place to turn learning from reviews into action.
- Adults with Care and Support Needs feel safer as a result of safeguarding.



## Pennine Care NHS Foundation Trust

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- Our Safeguarding Team are committed to embed the Making Safeguarding Personal a key part of our everyday core business, and when delivering the Level 3 training which as continued to be available to all staff to access via a virtual platform since May 2020.
- When the safeguarding team provides advice and guidance to the practitioner across Tameside and we ensure that they embed making safeguarding personal in their practice and when making safeguarding enquiries. This 'duty' service for staff has been available throughout 20/21 despite the challenges of COVID-19.
- The safeguarding team have oversight of all incidents within the trust and ensure that MSP features in their response and support to both practitioner and people who use our services.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- The safeguarding team have oversight of all incidents within the trust and ensure that MSP features in their response and support to both practitioner and people who use our services.
- Ensuring staff are able to recognise when an adult may be at risk of abuse or neglect and feeling supported by the safeguarding team to manage the concern focusing on ensuring MSP is at the forefront of decision making.
- Ensuring that when an adult is experiencing abuse and/or neglect the appropriate response is put in place.
- Ensuring the feelings and wishes of the adult at risk is heard and acted upon.

### Case Study

As a child Andrea had experienced bereavement and had spent some time as a looked after child. She had significant attachment difficulties and there were historical concerns relating to sexual abuse and she was known to Healthy Young Minds. She was initially diagnosed with an eating disorder and as an adult had an admission to an adult inpatient unit and was diagnosed with Emotionally Unstable personality Disorder with impulsive behaviours of running away and self-harm. She had developed a mistrust of professionals and understanding of how to respond to care and support. Andrea was unable to understand and maintain safe emotional and sexual relationships. She became a mother as a teenager and the father also had experience of being a looked after child.

There was domestic abuse in this relationship which resulted in a referral to the Multi-Agency Risk Assessment Conference [MARAC]. She had periods of homelessness and spent time in a refuge. Andrea and her child was known to Children's Services due to her chaotic lifestyle.

The Safeguarding Team became aware of Andrea when they were contacted for advice and support by a mental health practitioner. The practitioner had identified a number of safeguarding concerns which included repeat presentations at Accident and Emergency (A&E) in relation to alcohol use, nutritional deficiencies, bruising and self-harm. There was a history of past sexual assaults from a number of males going back to childhood and a number of unknown males visiting her accommodation.

Andrea was well known to Children's Services as the mother of a child where there were concerns but it was identified that she needed safeguarding as an adult at risk of abuse and/or neglect. An adult safeguarding concern was raised by the practitioner that triggered a multi-agency response. Andrea was involved at each stage to ensure making safeguarding personal. However she did disengage with some agencies after a period of time. To date the concerns remain and Andrea remains open to our services who continue to monitor her mental health.

### Activity in response to the Prevention work stream

- The delivery of safeguarding training remains a key priority for our safeguarding teams, with the requirement that all staff are provided with the appropriate level of training, according to their role and responsibilities which has continued to be available to all staff to access via a virtual platform since May 2020.
- A number of lunch and learn have also been delivered in response to themes from the consultations with our safeguarding team and lessons learned from serious case reviews including managing historical disclosure of childhood sexual abuse, adult grooming and financial abuse ([https://www.youtube.com/watch?v=atn\\_jipq8Zo](https://www.youtube.com/watch?v=atn_jipq8Zo)) along with briefings are all available to all staff via our safeguarding page on the intranet

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- Ensuring staff are able to recognise when an adult may be at risk of abuse or neglect at the earliest point possible.

### Activity in response to the Quality Assurance work stream

- It is the responsibility of our Trust to develop and maintain quality standards and quality assurance, to ensure appropriate systems and processes are in place and to embed a safeguarding culture within the organisation. Safeguarding Children, Young People and Adults at Risk Contractual Standards 2020-21 provides clear service standards against which our Trust is measured to ensure that its responsibilities are being fulfilled. The Safeguarding Strategic Safeguarding group provides oversight on the contractual standard Action Plan 20-21 which is monitored by our colleagues at the CCG

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- This ensures as a trust we have all appropriate measures in place to fulfil our contractual standards ensuring the principles and duties of safeguarding adults at risk are holistically, consistently and conscientiously applied at the centre of what we do.

## Tameside and Glossop Integrated Care Foundation Trust (ICFT)

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- TGICFT has remained vigilant and fully sighted to the challenges that have presented to safeguarding throughout COVID-19.
- TGICFT supported safeguarding Adult Week 2020 that aimed to create a time where we could all focus on the importance of safeguarding adults.
- TGICFT supported Elder Abuse Day 2020.
- TGICFT launched Integrated Safeguarding Twitter handle @tgsafeguarding to promote key messages and continually raise awareness.
- There has been an increase in the visible presence of specialist adult safeguarding nurses in the clinical areas and proactive support to promote and enhance safeguarding practice and continually raise awareness.
- Although our focus has been on the pandemic and there has been fewer opportunities to identify abuse, 'every contact must count' has been promoted and the Trust has remained focused on our safeguarding responsibilities.
- The integrated safeguarding team has continued to offer a duty service, support, guidance and advice and be proactive, reactive and visible in supporting staff to safeguard.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

Throughout 2020 and the pandemic, staff working directly with adults at risk have continued to have access to advice, support and supervision and therefore adults at risk have continued to be recognised and responded to at the earliest opportunity. The impact being- prevention, early intervention and creating safer cultures.

### Activity in response to the Prevention work stream

- TGICFT has remained vigilant and fully sighted to the challenges that have presented to safeguarding throughout COVID-19.
- TGICFT supported safeguarding Adult Week 2020 that aimed to create a time where we could all focus on the importance of safeguarding adults.
- TGICFT supported Elder Abuse Day 2020.
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Throughout 2020 and the pandemic, staff working directly with adults at risk have continued to have access to advice, support and supervision and therefore adults at risk have continued to be recognised and responded to at the earliest opportunity. The impact being- prevention, early intervention and creating safer cultures

### Activity in response to the Quality Assurance work stream

- TGICFT has continued to be responsive to meeting its statutory responsibilities, as outlined in the Care Act 2014 and the Children's Act 2014, reporting and providing assurance to the Trust's Integrated Safeguarding Committee (ISC), Service Quality & Operational Governance Group (SQOGG), Quality & Governance Committee which and the Trust Board.
- The Trusts Safeguarding structure has been strengthened through integration providing a focus on Safeguarding across the lifespan, promoting a 'think family approach' and culture shift.
- TGICFT has demonstrated continued compliance and assurance with ongoing work to make continuous improvement, through the completion and submission of the baseline self-assessment- Safeguarding Children, Young People and Adults at Risk, Contractual Standards 2020-2021 CCG Assurance Audit Tool. The Trusts Integrated Safeguarding Committee monitors action plan and compliance with oversight from the CCG.
- TGICFT has remained an active participant in the Tameside Adults Safeguarding Partnership Board (TASPB) and wider multi-agency activity.
- TGICFT has contributed to the work of the Board and sub-groups.
- TGICFT has participated in and contributed to Safeguarding Adult Reviews and Domestic Homicide Reviews.

*What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

The Trust's activity demonstrates we are fulfilling our statutory duties and regulatory responsibilities to safeguard adults at risk and are on a journey of continual quality improvement. The impact of our compliance to safeguarding standards and our activity for adults at risk will be seen and experienced in our commitment to prioritise safeguarding, in the care they receive when they are at their most vulnerable and from staff who are competent to recognise and respond to their needs.

## Healthwatch Tameside

Healthwatch Tameside has actively engaged with the local population throughout 2020/21. This has included an increased emphasis on engaging with people by post and phone at a time when many organisations were engaging entirely through digital means. This was a deliberate strategy on our part as we were concerned that vulnerable people who did not have Internet access or smartphones might find it difficult to have their voices heard.

In terms of specific safeguarding concerns none have come to our attention through our work this year. All our staff members receive safeguarding and suicide prevention training as part of their induction and at regular intervals. Our interviews for new staff always include a question to assess their understanding of the key principles of safeguarding.

As an additional note in terms of the past year we feel it is important to recognise that 2020/21 has been an unusual and unexpected period due to the COVID-19 pandemic. Whilst this has caused challenges for all of us and led to a transfer of some Healthwatch capacity away from some of our partnership working and into important community engagement we are aware that TASP very quickly identified safeguarding risks associated with the pandemic and moved swiftly to monitor and act on these.

## Greater Manchester Fire and Rescue Service (GMFRS)

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- MSP is now referenced within the organisational Safeguarding Policy & Procedure.
- Area Prevention Manager and Community Safety Team Leader have attended MSP training delivered on behalf of TASP, to increase existing awareness and to inform shared learning.
- All prevention and operational staff will carry out the principles of MSP and Making Every Contact Count (MECC) daily. Our Safe & Well intervention is a person-centred fire risk assessment.
- Staff undertake referrals in relation to vulnerable adults and wherever possible this will be based on their wishes and preferred outcomes as an individual. Sometimes this isn't achievable if, for example, a safeguarding referral is as a result of a fire related incident and the adult is unable to provide consent due to the circumstances e.g. they may have been taken to hospital.
- Previous Designated Safeguarding Officer (DSO) training did not include MSP, however, GMFRS has recently introduced a new Level 3 Safeguarding training requirement for all DSOs, which incorporates MSP principles (GMFRS has over 30 DSOs available to offer advice and support to staff). Training is currently being rolled out and the area Prevention Manager has completed this.
- The organisation's Safeguarding e-learning training provides base level awareness training only. However, consideration is being given to the inclusion of MSP in an additional Safeguarding e-learning module (which will focus on the organisation's policy, procedure, and processes), currently being scoped by a recently appointed Safeguarding Development Officer for the service.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- Increased existing awareness.
- Informed shared learning and improvements.
- Supported DSO's advice to staff in relation to safeguarding queries or concerns.

### Activity in response to the Prevention work stream

- GMFRS Safeguarding Policy & Procedure outlines the organisation's approach to safeguarding children, young people and adults and preventing abuse, neglect, and exploitation, and how to respond effectively, where concerns are raised, to protect the public, GMFRS service users and personnel from harm.

The procedure provides the standard process for GMFRS personnel to follow, to report and record safeguarding concerns within the context of their work. Should personnel require support to address concerns affecting a colleague or member of the public, advice / support can be sought via GMFRS managers, DSOs, or local Safeguarding teams if that is deemed more appropriate.

- As GMFRS acts as a signposting/referring agency in most safeguarding related cases, all GMFRS staff, including new starters, irrespective of role, are required to complete mandatory Safeguarding e-learning training. A recently updated package (Safeguarding Children & Adults at Risk) was disseminated to all staff in December 2020. Staff induction booklet detailed mandatory safeguarding training requirements.
- Safeguarding is briefly covered during GMFRS volunteer recruitment processes and is also dealt with during a scenario undertaken during their two-day induction process. Volunteers are also required to complete the organisational Safeguarding e-learning training as an element of their probation.
- Completion rates for mandatory safeguarding training are monitored via an internal MiLearning system, via staff 1-2-1s and Personal Reflective Appraisals.
- All apprentice firefighter recruits training includes a face-to-face session regarding safeguarding alongside Prevent training (radicalisation). This training includes information regarding the organisational Safeguarding Policy & Procedure, firefighter responsibilities and where and how to access support.
- Prevention Manager delivers additional brief safeguarding awareness sessions with operational firefighters to further enhance knowledge of subject and procedures. Case studies regarding self-neglect/hoarding; DV; complex safeguarding etc. are included.
- The organisation has provided opportunities for staff to engage in and benefit from both centrally delivered training e.g. domestic abuse training delivered by Women's Aid. Unfortunately, however, face-to-face training during 2020/21 (COVID-19-19 period) has not been possible.
- Prevention Team participated in Local Authority training opportunities including Female genital mutilation (FGM) awareness, what constitutes a safeguarding concern, learning from SARs, hate crime awareness, suicide lite training etc.
- Effective daily monitoring of an area safeguarding mailbox to alert the Prevention Manager (DSO) of referrals passed to Tameside Adult Services. This mailbox is used to collate information about alerts/referrals and the data (quantitative, qualitative) is used to identify/address emerging themes, patterns, or trends, to minimise impact on vulnerable people, and to inform wider improvements.
- Quarterly referral data is collated centrally and discussed as a standard agenda item at the GMFRS Safeguarding Board (which reports to a recently formed Prevention Functional Board). Data (quantitative, qualitative) is used to identify/address emerging themes and inform wider improvements.

Patterns and trends are also identified / monitored, and actions taken to minimise impact on vulnerable people. Local or national safeguarding updates are discussed.

- GMFRS Safeguarding Policy & Procedure outlines our approach to safe recruitment and procurement. This details that GMFRS has established a set of recruitment procedures that help deter, reject, or identify people who might abuse children, young people, or adults. The GMFRS Safe Recruitment Process describes those checks that are, or may be, required for any individual working for the service. In addition, GMFRS procurement processes ensure that individuals, consultants, or agencies contracted to deliver work for or on behalf of the organisation, have their own safeguarding policies in place, or agree to adhere to the GMFRS Safeguarding Policy & Procedure.
- A new Safeguarding Development Officer (fixed term for 18 months) has been appointed and will act as the strategic advisor to the GMGRS Senior Management and Leadership Team for safeguarding, providing professional and appropriate advice, guidance and developing enhanced safeguarding practices. The role will lead on the development, implementation of policies, procedures and working practices and will support managers and stakeholders with the roll out of organisation wide initiatives, projects and key actions relating to safeguarding. This lead will also work collaboratively across GMFRS directorates to provide internal focused consultancy, training, support, and guidance.
- GMFRS refined the existing Safe & Well offer in late March 2020 in response to COVID-19 to:
  - Those subject to an 'urgent threat to life' via a potential arson attack (referrals being accepted from GMP, domestic abuse organisations, or as a result of Multi-Agency Risk Assessment Conference MARAC).
  - People in our communities who are most vulnerable to fire (people whose risk of having a fire, being injured in a fire, or dying in a fire, is increased by one or more of the following: their physical or mental health or social care needs, their lifestyle or occupations/routines, the physical and social environment in which they live).
  - Moved to a telephone intervention, whereby GMFRS staff contact households who have requested, or been referred for a visit, and provide a verbal fire risk assessment. We have continued to provide fire safety advice to assist them to mitigate their fire risk, and where we have identified that the support of other agencies may be required to help them further, we continue to signpost or refer to those agencies.
  - Risk reduction equipment, if required, has been either posted or delivered to the occupier.
  - Arrangements for priority arson threat visits (including a face-to-face element) have continued as per existing processes.
- Extensive partnership work has continued across the borough, in support of the GMFRS Safe and Well referral pathway, with, for example, Tameside Adult Social Care (including Tameside Community Response Service), Jigsaw Homes (including Sanctuary and Bridges), Change Grow Live (CGL) / My Recovery Tameside, and Pennine Care NHS Foundation Trust.

- 1-2-1s, Personal Reflective Appraisals, team meetings, and the Safeguarding Board are all forums available to allow for reflective practice.
- GMFRS supported World Elder Abuse Awareness Day 2020.

### *What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?*

- 533 Safe and Well visits have been undertaken in the Tameside area during 2020/21 (301 undertaken by operational firefighters, and 232 more complex visits undertaken by Prevention staff).
- There have been no accidental or non-accidental fire deaths in Tameside during 2020/21.
- GMFRS operational firefighters and Prevention staff made 20 adult safeguarding referrals during 2020/21 compared to 18 referrals during 2019/20.
- Partnership working has resulted in GMFRS receiving 157 Tameside related referrals for priority arson threat Safe and Well visits during 2020/21 (a priority visit can include the fitting of additional smoke alarms and letterbox protection, and the provision of advice on how to reduce the risk of arson and accidental fires). GMFRS aims to carry out priority Safe and Well visits within 24 hours of receiving the report of an actual threat of fire related crime or violence, or an attempted attack or a threat to kill.
- Refreshed training supports/improves organisational learning and safeguarding awareness.

### *Activity in response to the Quality Assurance work stream*

- Effective daily monitoring of an area safeguarding mailbox to alert the Prevention Manager (DSO) of referrals passed to Tameside Adult Services. This mailbox is used to collate information about alerts/referrals and the data (quantitative, qualitative) is used to identify/address emerging themes, patterns, or trends, to minimise impact on vulnerable people, and to inform wider improvements.
- Quality assurance of Safe & Well records by appropriate line managers.
- Quality assurance of PAIROF (Person at Increased Risk of Fire) register and individual chronologies completed by Prevention staff.
- Auditing of Safe & Well telephone intervention outcomes, to ensure any potential safeguarding concerns have been highlighted/referred to Council safeguarding teams.
- Conducted an evaluation of GMFRS telephone interventions with recipients of a Safe & Well telephone intervention (final findings currently being collated).
- Contributed to SAR/Domestic Homicide Review (DHR) related requests for prior engagement and chronology of previous engagement if required.



- Mandatory Safeguarding Children & Adults at Risk training for all new starters, staff and volunteers.
- All apprentice firefighter recruits training includes a face-to-face session regarding safeguarding alongside Prevent (radicalisation) training.
- Our dedicated Prevention and Protection staff have had limited training on complex safeguarding based on the nature of their roles, but the wider organisation have not received any training in relation to this. However, a skills matrix exercise is now underway by the Safeguarding Development Officer re. Future training requirements. This will involve a suite of additional and tailored training modules beyond what currently exists for staff (including complex safeguarding).
- The Prevention, Protection and Youth Engagement Training team has identified for 2021/22 Training Needs Analysis (TNA) the requirement for micro learning on additional subjects e.g. cuckooing, human trafficking and modern slavery. The team will work with internal and external partners and experts to create/deliver this.
- Prevention Manager supported additional Safeguarding awareness training to operational firefighters to further enhance subject knowledge and procedures.
- GMFRS is an active member of the National Fire Chief Council (NFCC) Safeguarding Group and is also a member of a regional Community Safety Manager/Safeguarding Practitioners Group. As a sector there is a significant development in relation to the introduction of the requirement for Disclosure & Barring Service (DBS) checks for all firefighters, however GMFRS already undertake enhanced DBS as standard on all operational staff, existing and new recruits (introduced 7 years ago). DBS checks for non-operational GMFRS staff are according to their role, e.g. Prevention Manager has an enhanced DBS in place.

***What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?***

- Enhanced subject knowledge/awareness and improved adherence to GMFRS Safeguarding Policy & Procedure.
- Improved quantity and quality of safeguarding referrals. 2020/21 referral numbers have increased slightly when compared to 2019/20, despite reduced opportunities to identify safeguarding concerns whilst a visit in the home is being undertaken, due to the cessation of face to face Safe & Well visits (in line with our refined offer).
- Learning from SARs/7-minute briefings etc. are shared with staff to support awareness, learning and improvement (mainly circulated to Prevention staff, as most of the learning usually relates to Adult Social Care / CCGs etc., but if pertinent for the wider workforce, these are also shared with operational colleagues e.g. Incels / Extremist Ideologies 7-minute briefing, circulated by TASPb).

# Greater Manchester Probation Service

## Greater Manchester Probation Service

### Activity in response to the Making Safeguarding Personal (MSP) work stream

- Focus on safeguarding during COVID-19 – Undertaking joint home visits with police.
- Focus on staff training and development of virtual learning internally – ensuring all staff are up to date with their mandatory safeguarding and completion of e-learning re working with men who commit sexual offences
- Continuation of focus on risk including no gap in delivery of Multi Agency Public Protection Arrangements (MAPPA) during the pandemic
- Alternative delivery following temporary pause on delivery of group work with focus on high risk, sex offender and domestic abuse interventions
- Ensuring all High risk of Harm offenders have at 4 weekly 'face to face' contact.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

- This work has continued to manage the risk of those who pose the greatest harm to others.

Alternative delivery of interventions has allowed us to continue to address offending needs whilst we have been unable to deliver group work. For example, for domestic abuse perpetrators, we have delivered virtual sessions via WhatsApp and via one to one office appointments.

### Activity in response to the Prevention work stream

- GM IRS will enhance positive outcomes for our people on probation, increase desistance from reoffending and reduce victimisation. This includes work with families of people on probation.
- Ensuring the backlog of interventions are delivered – stepped up approach and developing GM Integrated Rehabilitation Services (GM IRS)

## Greater Manchester Integrated Rehabilitation Services

CO-COMMISSIONED SERVICE	SUMMARY OF CURRENT STATUS, ISSUES AND RISKS
ACCOMMODATION	<ul style="list-style-type: none"> <li>• Contract awarded to Ingeus</li> <li>• However - 1 month extension condition in the current interim contract with Shelter to enable a 'meaningful' period of time for the Transfer of Undertakings (protection of Employment) (TUPE) consultation before GM IRS commencement 1<sup>st</sup> Oct</li> </ul>
EDUCATION, TRAINING AND EMPLOYMENT	<ul style="list-style-type: none"> <li>• Contract award imminent</li> <li>• Service to commence beginning of Oct</li> <li>• Co-Financing Organisation CFO Activity Hubs look to compliment this service in particular</li> </ul>
DEPENDENCY AND RECOVERY	<ul style="list-style-type: none"> <li>• GM IRS / Her Majesty's Prison &amp; Probation Service (HMPPS) co-investment in Dependency and Recovery Services for each of the ten GM localities to align with existing substance misuse service provision and Local Authority commissioning arrangements for year one</li> <li>• A Partnership Agreement is being drafted alongside Service Description so that in subsequent years a change in LA provider will not cause disruption to GM IRS and to build in flexibility</li> </ul>
PEER SUPPORT	<ul style="list-style-type: none"> <li>• Service commenced 1<sup>st</sup> Sept</li> <li>• Contract awarded to Community Led Initiatives</li> <li>• Service to prioritise Dependency and Recovery and Accommodation cohorts</li> </ul>
FAMILY SUPPORT	<ul style="list-style-type: none"> <li>• Contract award imminent</li> <li>• Service to commence end of Oct</li> <li>• Delay</li> </ul>
EMOTIONAL WELLBEING	<p>Twin – track approach:</p> <ul style="list-style-type: none"> <li>• Short term alignment with Greater Manchester Mental Health (GMMH) and Mental Health Treatment requirements model and potential additional investment in Peer Support contract</li> <li>• Medium-long terms – exploring joint commissioning with health linked to Learning Difficulty (LD), Re-connect prison health pathways programme etc.</li> </ul>
WOMEN	<ul style="list-style-type: none"> <li>• Contract awarded to Greater Manchester Women's Support Alliance</li> <li>• Service to commence 27<sup>th</sup> Sept</li> </ul>

Community Accommodation Service tier 3 (CAS3)  
Not yet mobilised for Tameside.

### Activity in response to the Quality Assurance work stream

- Improving the quality of our Pre-Sentence Reports, to ensure all safeguarding information and third-party checks are undertaken in all report cases.
- In 2019, Her Majesty's Inspection Probation (HMiP) inspected North West National Probation Service (NPS) and they identified we fell short in terms of making safeguarding and domestic abuse checks in our reports. Since then, we have:
- Audited 10% of reports and ensure feedback is presented to the report authors.
- Developed a Management Reporting System that allows us to monitor safeguarding/ domestic abuse checks have been undertaken.
- In the past 12 months, we have seen steady improvements – At the start of the audit activity we were attracting 52% of 'good or above', we are now achieving 83% of 'good or above' ratings.
- In the same period, we have improved our third-party safeguarding/domestic abuse checks from 35% to 70% (recorded). However, closer inspection reveals checks are usually done but not recorded (evidence within the reports).
- We have also employed an intelligence admin worker, who will be trained on the police system to provide report authors with domestic abuse call out information – Tameside Magistrates' Court will be the first to go live.
- In conjunction with Her Majesty's Courts & Tribunal Service(HMCTS), we are also developing a Pre-Sentence Report pilot at Tameside Magistrates Court to ensure the right cohort of defendants receive a report to support sentencing decisions based on ethnicity, age and gender.
- In addition to the above audit activity, OSAG have continued to dip sample sentence management cases throughout to ensure we were complying with the Exceptional Delivery Model.

### What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?

This has had a positive impact in respect to more robust risk assessment, targeting offenders and ensuring they receive the right intervention, for example accredited programmes, which in turn, will go some way to reduce the risk of reoffending/repeat victimisation.

# Summary

Tameside Adult Safeguarding Partnership Board (TASPB), throughout, 2020/21 have continued to support the local Safeguarding arrangements and the delivery of TASPB strategic plan. Despite the challenges that COVID-19 has presented, TASPB are assured that partner organisations promote and measure practice that supports an outcomes focus and person led approach to safeguarding.

This work is evident in the safeguarding activity and the pro-active approach partner organisations have to engage in this work. This has been particularly apparent in the approach to changes in practice due to COVID-19 and the approach taken to strengthen communication across Partnerships as well as Partner organisations.

The Safeguarding Activity in Tameside and the contribution from all Partner Organisations provides assurance of the effectiveness of the activity. The sharing of learning from safeguarding practice, as discussed during National Adult Safeguarding week is just one example that provides assurance to TASPB how partners safeguarding practice is continually improving. In turn, TASPB acknowledge, this, will enhance the quality of life for adults with care and support needs in Tameside.

This work continues to support the Prevention agenda which endeavours to keep Adults at risk of abuse safe. TASPB support of the development of Adult Safeguarding in the Multi Agency Safeguarding Hub (MASH), is just one of the many indicators to demonstrate this principle.

TASPB acknowledge that whilst the work is in the final year of the TASPB strategy, the work to safeguard adults at risk in Tameside will continue. TASPB priorities for 21/22 will remain as:

- Making Safeguarding Personal
- Quality Assurance
- Prevention

Work to respond to these priorities will be outlined in the TASPB Business Plan for 21/22 and will provide the foundation for TASPB to support a further long term strategy to maintain and develop this agenda in 2022 and beyond ensuring Safeguarding Adults remains everybody's business....

# Glossary

AD	Assistant Director
A&E	Accident and Emergency
ASC	Adult Social Care
CCE	Child Criminal Exploitation
CCG	Clinical Commissioning Group
CFO	Co-Financing Organisation
CGL	Change Grow Live
CHC	Continuing Health Care Team
Cllr	Councillor
COVID-19	Coronavirus Disease - 2019
CPE	Continuous Professional Development
CS	Complex Safeguarding
CSA	Child Sexual Exploitation
CSP	Community Safety Partnership
DA	Domestic Abuse
DASS	Disability Advisory & Support Service / Director Adult Social Care
DBS	Disclosure & Barring Service
DHR	Domestic Homicide Review
DSO	Designated Safeguarding Officer
DV	Domestic Violence
FGM	Female Genital Mutilation
GM	Greater Manchester
GMHH	Greater Manchester Mental Health
GMFRS	Greater Manchester Fire and Rescue Service
GM IRS	Greater Manchester Integrated Rehabilitation Service
GMP	Greater Manchester Police
GMPS	Greater Manchester Probation Service
GP	General Practitioner
HMCTS	Her Majesty's Courts & Tribunal's Service
HMIP	Her Majesty's Inspection Probation

HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire and Rescue
HMPPS	Her Majesty's Prison & Probation Service
ICFT	Tameside & Glossop Integrated Care Foundation Trust
IMR	Individual Management Review
ISC	Integrated Safeguarding Committee
LA	Local Authority
LD	Learning Difficulty
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MBC	Metropolitan Borough Council
MECC	Making every contact count
MEN	Manchester Evening News
MOU	Memorandum of Understanding
MSP	Making Safeguarding Personal
NFCC	National Fire Chief Council
NPS	National Probation Service
ONS	Office of National Statistics
PA	Positional Asphyxiation
PAIROF	Person at Increased Risk of Fire
Pennine	Pennine Care NHS Foundation Trust
SAR	Safeguarding Adult Review
SQOGG	Service Quality & Operational Governance Group
TASPB	Tameside Adult Safeguarding Partnership Board
TGICFT	Tameside & Glossop Integrated Care Foundation Trust
TMBC	Tameside Metropolitan Borough Council
TNA	Training Needs Analysis
TUPE	Transfer of Undertakings (protection of Employment)
WEAAD	World Elder Abuse Awareness Day



# Agenda Item 8.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 March 2022
<b>Executive Member:</b>	Councillor Wills - Executive Member for Adult Social Care and Population Health
<b>Reporting Officer:</b>	Stephanie Butterworth - Director of Adult Services Kathy Roe - Director of Finance
<b>Subject:</b>	<b>BETTER CARE FUND 2021-22</b>
<b>Report Summary:</b>	This report provides an update regarding the Better Care Fund for 2021/22.
<b>Recommendations:</b>	The Health and Wellbeing Board is asked to sign off the plan.
<b>Links to Health and Wellbeing Strategy:</b>	<p>The Better Care Fund is one of the government's national vehicles for driving health and social care integration. It requires CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board.</p> <p>These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).</p>
<b>Policy Implications:</b>	<p>The national conditions for the Better Care Fund in 2021/22 are:-</p> <ul style="list-style-type: none"><li>• a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board</li><li>• NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution</li><li>• invest in NHS commissioned out-of-hospital services</li><li>• a plan for improving outcomes for people being discharged from hospital</li></ul>
<b>Financial Implications:</b> <b>(Authorised by the Section 151 Officer &amp; Chief Finance Officer)</b>	<p>Following the 2020 spending round the national CCG contribution to the Better Care Fund has risen in actual terms by 5.3%. Minimum contributions to social care have also increase by 5.3%.</p> <p>There was a mandated overall increase of 5.05% to the CCG contribution to TMBC, which results in a contribution by the CCG to TMBC of £18,427k.</p> <p>Overall spend on the Better Care Fund in 2021/22, including the CCG contribution, amounts to £33,491k.</p>
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	<p>The Better Care Fund (BCF) is only a proportion of the wider pooled fund and the initiatives assigned to the BCF are all key elements of the wider strategic plan. All commissioning decisions relating to the BCF are considered by the Strategic Commissioning Board. To complete the circle this report needs to go to SCB to note.</p>



**Risk Management:**

This report sets out how the funding is being used to avoid the risk of recovery.

**Access to Information:**

All papers relating to this report can be obtained by contacting Neil Walmsley, Senior Management Accountant, CCG



Telephone: 07342 055998



e-mail: [neil.walmsley@nhs.net](mailto:neil.walmsley@nhs.net)

## **1. INTRODUCTION**

- 1.1 The information in this paper sets out the current situation for the Better Care Fund (BCF) and the development of 2021/22 BCF Plans.
- 1.2 The BCF is one of the government's national vehicles for driving health and social care integration. It requires CCG and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWBB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 1.3 The response to the COVID-19 pandemic has demonstrated how joint approaches to the wellbeing of people, between health, social care and the wider public sector can be effective even in the most difficult circumstances.
- 1.4 Given the ongoing pressures in systems, there has been minimal change made to the BCF this year. The 2021/22 BCF policy framework was designed to build on progress made during the COVID-19 pandemic by strengthening the integration of commissioning and delivery of services and delivering person-centred care, as well as continuing to support system recovery from the pandemic.
- 1.5 The non-elective admissions metric has been replaced by a metric on avoidable admissions. This reflects better the focus of joint health and social care work to support people to live independently in their own home and prevent avoidable stays in hospital. Wider work on the metrics for the BCF programme will continue during the year to take into account improvements to data collection and to allow better alignment to national initiatives such as the Ageing Well programme.
- 1.6 As in previous years, the NHS contribution to the BCF includes funding to support the implementation of the Care Act 2014, which is set out via the Local Authority Social Services Letter.
- 1.7 Funding previously earmarked for reablement and for the provision of carers' breaks also remains in the NHS contribution.

## **2. BETTER CARE FUND 2021/22**

- 2.1 The national conditions for the BCF in 2021/22 are:-
  - a jointly agreed plan between local health and social care commissioners, signed off by the HWBB
  - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
  - invest in NHS commissioned out-of-hospital services
  - a plan for improving outcomes for people being discharged from hospital
- 2.2 Following the 2020 spending round the national CCG contribution to the BCF has risen in actual terms by 5.3% to £4,263 billion. Minimum contributions to social care have also increased by 5.3%.
- 2.3 There was a mandated overall increase of 5.05% to the CCG contribution to TMBC and 4.83% to Derbyshire County Council. This resulted in a contribution by the CCG to TMBC of £18,427k and Derbyshire of £2,622k for the BCF in 2021/22.
- 2.4 A return was completed in November 2021 setting out a detailed breakdown of the schemes being funded by the CCG contribution in 2021/22. A summary of the income and expenditure

for the BCF for Tameside can be found at **Appendix 1**. The key metrics for Tameside can be found at **Appendix 2**. A breakdown of the individual schemes funded by the BCF for Tameside can be found at **Appendix 3**.

- 2.5 A summary of the BCF income reported by Derbyshire is detailed at **Appendix 4**, which highlights the CCG contribution of £2,662k. In addition the breakdown of the major schemes funded in Derbyshire (spend >£500k) is detailed at **Appendix 5** and highlights the CCG contribution of £534k, which directly supports the Glossopdale Neighbourhood scheme. The remaining £2,128k helps support other schemes and services across Derbyshire, which Glossop residents will benefit from.

### **3. RECOMMENDATIONS**

- 3.1 As set out at the front of the report.

## TMBC Better Care Fund summary 2021-22

### Better Care Fund 2021-22 Template

#### 3. Summary

Selected Health and Wellbeing Board:

Tameside

#### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,849,319	£2,849,319	£0
Minimum CCG Contribution	£18,426,804	£18,426,804	£0
iBCF	£12,215,146	£12,215,146	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£33,491,269</b>	<b>£33,491,269</b>	<b>£0</b>

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,210,025
Planned spend	£5,264,668

#### Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£9,811,029
Planned spend	£11,976,897

#### Scheme Types

Assistive Technologies and Equipment	£3,149,984	(9.4%)
Care Act Implementation Related Duties	£766,368	(2.3%)
Carers Services	£162,640	(0.5%)
Community Based Schemes	£17,391,556	(51.9%)
DFG Related Schemes	£2,849,319	(8.5%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfe	£80,000	(0.2%)
Home Care or Domiciliary Care	£1,347,694	(4.0%)
Housing Related Schemes	£40,000	(0.1%)
Integrated Care Planning and Navigation	£4,127,283	(12.3%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£2,487,611	(7.4%)
Personalised Budgeting and Commissioning	£103,514	(0.3%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£985,300	(2.9%)
Other	£0	(0.0%)
<b>Total</b>	<b>£33,491,269</b>	

## APPENDIX 2

### TMBC Better Care Fund key metrics 2021-22

#### Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1422.2*Predicted	1,437.0

#### Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	10.2%	10.0%
	LOS 21+	4.8%	4.7%

#### Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	91.7%

#### Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	620	650

#### Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	75.9%

## APPENDIX 3

### TMBC Better Care Fund schemes 2021-22

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Telecare/Telehealth	investment in telehealth services	Assistive Technologies and Equipment	Telecare		Community Health		Joint	Local Authority	Minimum CCG Contribution	£1,110,008	Existing
2	Integrated Community Equipment	Investment in assistive equipment to support hospital discharge and	Assistive Technologies and Equipment	Community based equipment		Social Care		Joint	Private Sector	Minimum CCG Contribution	£1,441,102	Existing
3	Wheelchairs	Investment in the wheelchairs contract	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG	Private Sector	Minimum CCG Contribution	£578,874	Existing
4	Parkinson's Nurse	Parkinson's Nurse	Home Care or Domiciliary Care	Other	Home-based nursing	Community Health		CCG	CCG	Minimum CCG Contribution	£51,628	Existing
5	Integrated Care models to support hospital	Integrated Care models to support hospital discharge and	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£1,373,761	Existing
6	Carer Breaks (Adults)	Carer Breaks (Adults)	Carers Services	Respite services		Social Care		CCG	Private Sector	Minimum CCG Contribution	£152,640	Existing
7	Integrated Urgent Care Team	Integrated Urgent Care Team	Integrated Care Planning and Navigation	Care navigation and planning		Other	Joint Social Care and Health team	Joint	NHS Acute Provider	Minimum CCG Contribution	£2,177,366	Existing
8	Home based IC services (including crisis response)	Home based IC services (including crisis response)	Community Based Schemes	Other	Home-based IC	Community Health		CCG	NHS Community Provider	Minimum CCG Contribution	£1,158,269	Existing
9	Transitional Care Home Beds	Access to beds as an interim placement will support a timely discharge from hospital	Residential Placements	Care home		Social Care		LA	Private Sector	iBCF	£130,000	Existing
10	In house Home Care Service	management and staffing & through the night programme	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA	Local Authority	iBCF	£468,000	Existing



11	Additional Social Work Capacity	Team to ensure prompt response to support admissions	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA	Local Authority	iBCF	£162,926	Existing
12	Housing Officer post based in the Urgent	Housing Officer post based in the Urgent Integrated Care Team	Housing Related Schemes			Other	Housing related support	CCG	Private Sector	iBCF	£40,000	Existing
13	Trusted assessor Role	These posts will build relationships with care providers and carry out assessments	High Impact Change Model for Managing Transfer of Care	Trusted Assessment		Social Care		LA	Local Authority	iBCF	£80,000	Existing
14	Additional Occupational Therapy/Manual	– increased capacity will support prompt assessments	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA	Local Authority	iBCF	£38,110	Existing
15	Voluntary Sector Support	avoiding social isolation	Community Based Schemes	Other	Voluntary Sector Support	Social Care		LA	Charity / Voluntary Sector	iBCF	£200,000	Existing
16	Winter Pressure kits for reablement staff	Winter Pressure kits for reablement staff	Reablement in a persons own home	Reablement service accepting	Cold weather kits for reablement	Social Care		LA	Local Authority	iBCF	£15,000	Existing
17	Reablement Services	Reablement Services	Reablement in a persons own home	Reablement service accepting	Funding of reablement service to	Social Care		LA	Local Authority	Minimum CCG Contribution	£2,368,421	Existing
18	Early Supported Discharge Team	Early Supported Discharge Team	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Social Care		LA	NHS Acute Provider	Minimum CCG Contribution	£315,348	Existing
19	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Community Occupational Therapists to undertake timely assessments and support discharge from hospital	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		Social Care		LA	Local Authority	Minimum CCG Contribution	£828,065	Existing
20	Investment in Community and Residential Mental health Services	Investment in Community and Residential Mental health Services	Community Based Schemes	Integrated neighbourhood services	Community and Residential Mental Health Services	Social Care		LA	Private Sector	Minimum CCG Contribution	£2,701,412	Existing
21	Adult Social Care - Community based Services (Inc care Homes)	Adult Social Care - Community based Services (Inc care Homes)	Community Based Schemes	Multidisciplinary teams that are supporting independence,		Social Care		LA	Private Sector	Minimum CCG Contribution	£3,586,623	Existing

22	Impact of New Care Act Duties	Impact of New Care Act Duties	Care Act Implementation Related Duties	Other	Staffing and various programmes to	Social Care		LA	Local Authority	Minimum CCG Contribution	£583,284	Existing
23	Disabled Facilities Grant	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA	Private Sector	DFG	£2,849,319	Existing
24	Use of i-BCF recurrent funding to fund a range of key social care services	Use of i-BCF recurrent funding to fund a range of key social care services which support hospital discharges and independent living	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as anticipatory care		Social Care		LA	Private Sector	iBCF	£9,428,110	Existing
25	Community Response Service investment to avoid acute admissions and discharge to support	Community Response Service investment to avoid acute admissions and discharge to support	Assistive Technologies and Equipment	Telecare		Social Care		LA	Local Authority	iBCF	£20,000	Existing
26	Care Home Contract	Funding to support price increases from April 2019	Residential Placements	Care home	Early fee increase to support local	Social Care		LA	Private Sector	iBCF	£416,000	Existing
27	Carers Additional Support	Carers Additional Support	Carers Services	Other	Support for carers not limited to	Social Care		LA	Local Authority	iBCF	£10,000	Existing
28	Third Sector Capacity/Investment	Third Sector Capacity/Investment	Community Based Schemes	Other	Mixed voluntary sector partners	Social Care		LA	Charity / Voluntary Sector	iBCF	£35,000	Existing
29	Autism Social Worker	Specialist Social Work post	Community Based Schemes	Integrated neighbourhood services	Specialist social work post	Social Care		LA	Local Authority	iBCF	£13,007	Existing
30	Quality Assurance Team	Works closely with Care Homes to improve standards of care across Tameside	Residential Placements	Care home	Quality improvements in Car Homes across Tameside	Social Care		LA	Local Authority	iBCF	£439,300	Existing
31	Reablement Service - system investment costs	Reablement Service - system investment costs	Reablement in a persons own home	Other	Cold weather kits for reablement	Social Care		LA	Local Authority	iBCF	£104,190	Existing

32	Shared Lives - additional Social Workers	Shared Lives - additional Social Work capacity	Community Based Schemes	Other	Shared Lives-live-in support	Social Care		LA	Local Authority	iBCF	£65,170	Existing
33	LD Employment Services	LD Employment Services	Community Based Schemes	Multidisciplinary teams that are supporting	Supporting LD clients into paid	Social Care		LA	Local Authority	iBCF	£38,620	Existing
34	Assessment and Care Management	Assessment and Care Management Capacity	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA	Local Authority	iBCF	£97,881	Existing
35	Direct Payment Capacity	Direct Payment Capacity	Personalised Budgeting and Commissioning		Promotion / awareness of Direct	Social Care		LA	Local Authority	iBCF	£103,514	Existing
36	AMHP & CoP Capacity	Approved Mental Health Practitioner and COP capacity to support and review DOL's cases	Care Act Implementation Related Duties	Independent Mental Health Advocacy	Approved Mental Health Practitioner and COP capacity to support DOL's cases	Social Care		LA	Local Authority	iBCF	£183,084	Existing
37	PMO/Demographic Pressures	PMO/Demographic Pressures	Community Based Schemes	Other	Meeting increased demand for	Social Care		LA	Private Sector	iBCF	£97,942	Existing
38	Sensory Services	Additional sensory worker capacity	Community Based Schemes	Integrated neighbourhood services	additional sensory service capacity	Social Care		LA	Local Authority	iBCF	£29,292	Existing

# APPENDIX 4

## Derbyshire County Council BCF Income Summary

### Better Care Fund 2021-22 Template

#### 4. Income

Selected Health and Wellbeing Board:

Derbyshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Derbyshire	£7,898,005
DFG breakdown for two-tier areas only (where applicable)	
Amber Valley	£1,454,493
Bolsover	£1,134,054
Chesterfield	£1,371,747
Derbyshire Dales	£601,736
Erewash	£1,062,242
High Peak	£554,969
North East Derbyshire	£819,693
South Derbyshire	£899,071
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£7,898,005</b>

iBCF Contribution	Contribution
Derbyshire	£34,682,034
<b>Total iBCF Contribution</b>	<b>£34,682,034</b>

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes
---	-----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Derbyshire	£1,647,028	Integrated Community Equipment
Derbyshire	£430,806	P1 Home Care Capacity and Amber Valley
Derbyshire	£180,433	Local Area Coordinators
<b>Total Additional Local Authority Contribution</b>	<b>£2,258,267</b>	

CCG Minimum Contribution	Contribution
NHS Derby and Derbyshire CCG	£60,216,002
NHS Tameside and Glossop CCG	£2,621,880
<b>Total Minimum CCG Contribution</b>	<b>£62,837,882</b>

# APPENDIX 5

## Derbyshire County Council Schemes

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Mental Health Enablement	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Mental Health		LA			Local Authority	Minimum CCG Contribution	£577,893	Existing
1	Integrated care teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,566,000	Existing
1	ICS - Integrated Workforce (social care)	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	Minimum CCG Contribution	£2,378,978	Existing
1	Care packages to maintain clients in a social care	Home Care or Domiciliary Care			Social Care		LA			Local Authority	Minimum CCG Contribution	£6,962,505	Existing
1	Dementia Reablement Service	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,350,124	Existing
1	Falls Recovery	Prevention / Early Intervention	Other	Physical Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£202,920	Existing
1	Mental Health Triage	Prevention / Early Intervention	Other	Mental Health / Wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Mental Health Acute Based Social Worker	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£104,278	Existing
1	Seven Day Working	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£823,246	Existing
1	Mental Health - Recovery and Peer Support	Other		Mental Health Recovery & Support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£289,135	Existing
1	ICS Reablement & DSO Reablement	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,859,348	Existing

1	Community Support Beds	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Social Care		LA			Local Authority	Minimum CCG Contribution	£3,683,594	Existing
1	ICS - Hospital Teams	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency		Social Care		LA			Local Authority	Minimum CCG Contribution	£987,895	Existing
1	Dementia Support	Prevention / Early Intervention	Other	Advice & Information	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£431,074	Existing
1	Assistive Technology	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£683,410	Existing
1	ICS - Specialist Teams	Prevention / Early Intervention	Other	Care Planning, Assessment and Review	Social Care		LA			Local Authority	Minimum CCG Contribution	£654,206	Existing
1	Supporting the Care Market	Other		Care Market Sustainability	Social Care		LA			Private Sector	iBCF	£7,937,693	Existing
1	Reduce Budget Savings to Protect Social	Other		Adult Social Care Delivery	Social Care		LA			Local Authority	iBCF	£11,351,652	Existing
1	Support to Improve System Flow	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£3,473,500	Existing
1	Winter Pressures	Other		Care Market Sustainability	Social Care		LA			Local Authority	iBCF	£3,627,306	New
1	Community Nursing	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£9,569,462	Existing
1	Integrated Teams	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,286	Existing
1	Evening Nursing Services	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,184,493	Existing
1	Care Co-ordinators	Other		Care Coordination	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£723,194	Existing
1	Community Matrons	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£2,250,914	Existing



1	Community Therapy	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,634,940	Existing
1	Senior Medical Input	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£371,240	Existing
1	Primary Care Hubs	Prevention / Early Intervention	Other	Access to Primary Care	Primary Care		CCG			NHS Community Provider	Minimum CCG Contribution	£136,835	Existing
1	Care Home Support Service	Other		Healthcare Services to Care Homes	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£462,305	Existing
1	Glossopdale Neighbourhood Team	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£508,685	Existing
1	Intermediate Care Team Chesterfield	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£42,894	Existing
1	Intermediate Care Team BSV	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£209,525	Existing
1	Intermediate Care Team NED	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,032,671	Existing
1	Community IV Therapy	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£156,904	Existing
1	Clinical Navigation Service	Integrated Care Planning and Navigation	Care Coordination		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£890,418	Existing
1	Pathway 1 home care	Community Based Schemes			Community Health		CCG			Local Authority	Minimum CCG Contribution	£589,835	Existing
2	Local Area Coordinators	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Local Authority	Minimum CCG Contribution	£180,433	Existing
2	Carers	Carers Services	Other	Carer Advice, Information and Respite	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£2,153,612	Existing
2	Disabled Facilities Grant	DFG Related Schemes	Other	Adaptations, wider Health & Housing	Social Care		LA			Local Authority	DFG	£7,898,005	Existing

2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Minimum CCG Contribution	£4,766,780	Existing
2	Integrated Community Equipment	Assistive Technologies and Equipment	Community Based Equipment		Social Care		LA			Private Sector	Additional LA Contribution	£1,646,760	Existing
2	Preventative Services (inc. Public Health	Prevention / Early Intervention	Other	Health & Housing	Social Care		LA			Local Authority	iBCF	£1,867,000	Existing
2	Wheelchairs	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,034,852	Existing
3	Autism Support	Other		Pathway Development	Social Care		LA			Local Authority	Minimum CCG Contribution	£663,425	Existing
4	Workforce Development	Enablers for Integration	Integrated workforce		Social Care		LA			Local Authority	Minimum CCG Contribution	£274,415	Existing
4	Programme Management (BCF & TCP)	Other		Enabler	Social Care		LA			Local Authority	Minimum CCG Contribution	£428,088	Existing
4	Information sharing across health	Enablers for Integration	Shared records and Interoperability		Social Care		LA			Local Authority	Minimum CCG Contribution	£109,766	Existing
4	Care Act	Care Act Implementation Related Duties	Other	Various - Advocacy, Prisoners,	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,259,286	Existing
4	Enablers (System and Service	Enablers for Integration	Implementation & Change Mgt capacity		Social Care		LA			Local Authority	iBCF	£6,424,883	Existing

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# Agenda Item 9.

<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Date:</b>	17 March 2022
<b>Executive Member:</b>	Councillor Brenda Warrington – Executive Leader
<b>Reporting Officer:</b>	Debbie Watson – Interim Director of Population Health
<b>Subject:</b>	<b>DEVELOPING THE ROLE OF THE HEALTH AND WELLBEING BOARD</b>
<b>Report Summary:</b>	<p>The presentation is to consider proposals to ensure the Board is working effectively and doing all it can to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population.</p> <p>The proposal is that the Health and Wellbeing Board should review its priorities/workplan/membership in the new landscape of system, place and neighbourhood working to ensure that it is anchored into system architecture in the development of ICS plans. The next Health and Wellbeing Board development session will aim to agree areas of focus to inform a 2022/23 forward plan for the Board.</p>
<b>Recommendations:</b>	<p>That the Health and Wellbeing Board:-</p> <ul style="list-style-type: none"><li>• receive the presentation and note the updates in relation to the various actions being taken by the locality; and</li><li>• agree to focus the next Health and Wellbeing Board as a development session to agree a 12 month forward plan for the Board.</li></ul>
<b>Corporate Plan:</b>	It is important to continue to work to address the pre-existing inequalities across Tameside & Glossop, which have added to the disproportionate impact that Covid-19 has had for our residents. These are influenced across the life-course.
<b>Policy Implications:</b>	This work represents the need to ensure the future workplan of the Health and Wellbeing Board links to wider pieces of work such as the development of the ICS, which will inform and enable wider policy across the Council as to the steps we take to protect lives and the population's health.
<b>Financial Implications:</b> (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	As this is a general update, there are not any direct financial implications to consider.
<b>Legal Implications:</b> (Authorised by the Borough Solicitor)	As this is a general update report and no decisions are required there are no immediate legal implications.
<b>Risk Management:</b>	The ambition behind the Health and Wellbeing Board is to build strong and effective partnerships, which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. An agreed forward plan, with impacts monitored

will be undertaken within future planning processes.

**Background Information:**

The background papers can be inspected by contacting Debbie Watson, Interim Director of Population Health: -



Telephone: 07970 456338



e-mail: [debbie.watson@tameside.gov.uk](mailto:debbie.watson@tameside.gov.uk)

# Developing role of Tameside Health and Wellbeing Board

Debbie Watson, Interim Director of  
Population Health





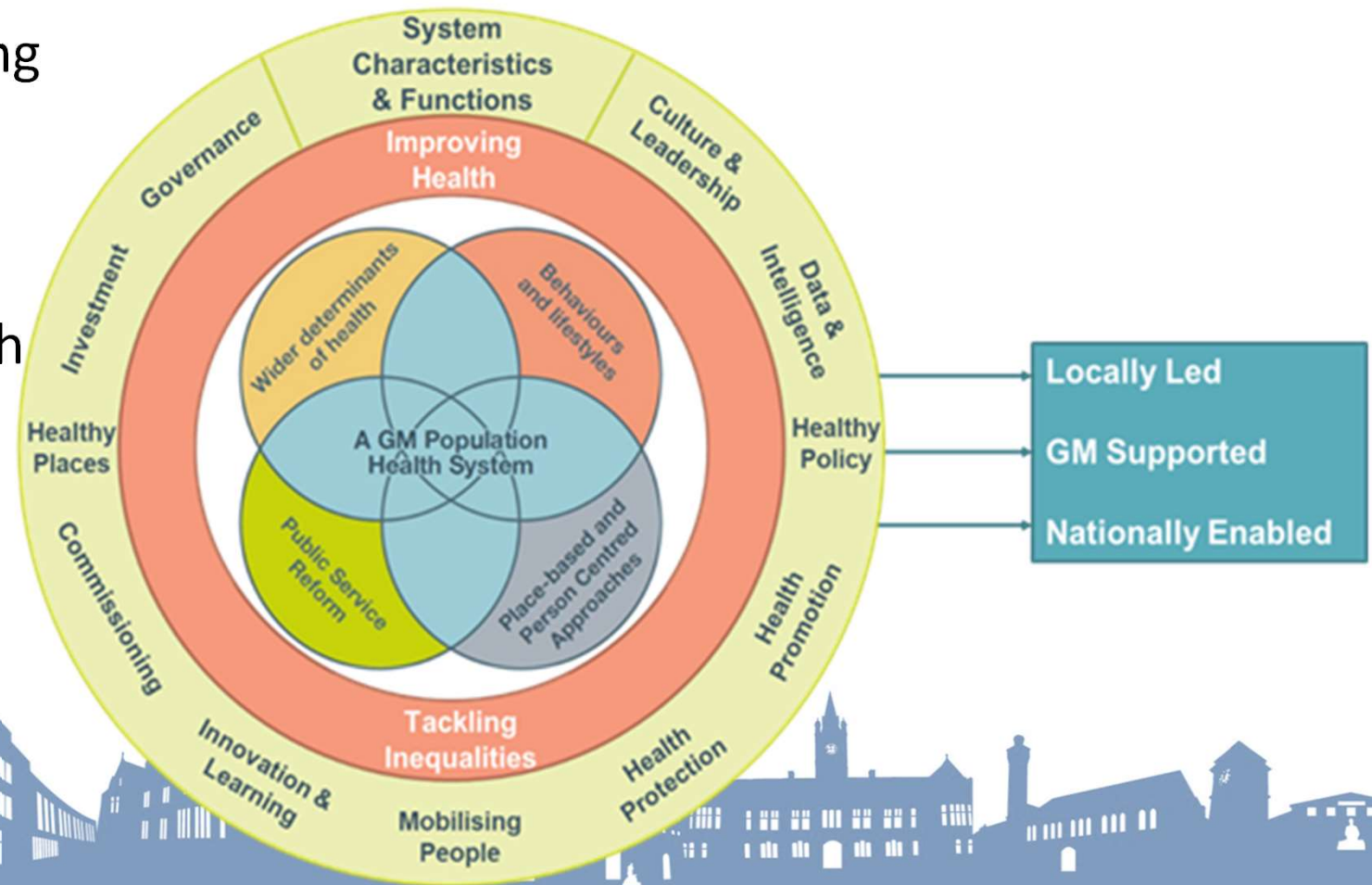
# Current HWB role and responsibilities at a glance

- Encourage integrated working across health and social care system – supporting the development of integrated arrangements, such as joint commissioning and pooled budgets.
- Produce joint strategic needs assessments (JSNAs)
- Produce a joint health and wellbeing strategy (JHWS)
- Have oversight of relevant local authority and CCG plans to make sure they are aligned with JSNAs and JHWSs
- Statutory membership requires representation from at least one local authority elected member, from the CCGs within the health and wellbeing board area, local Healthwatch, and directors of adult social services, children's services and public health.
- **HWBs should address the wider social, environmental and economic factors that impact on health** and should work closely with other partners, such as housing providers, DWP, police and crime commissioners, the voluntary and community sector and many others
- Building on the core membership of Local Healthwatch, HWBs should identify ways to engage with a wide range of people from local communities.



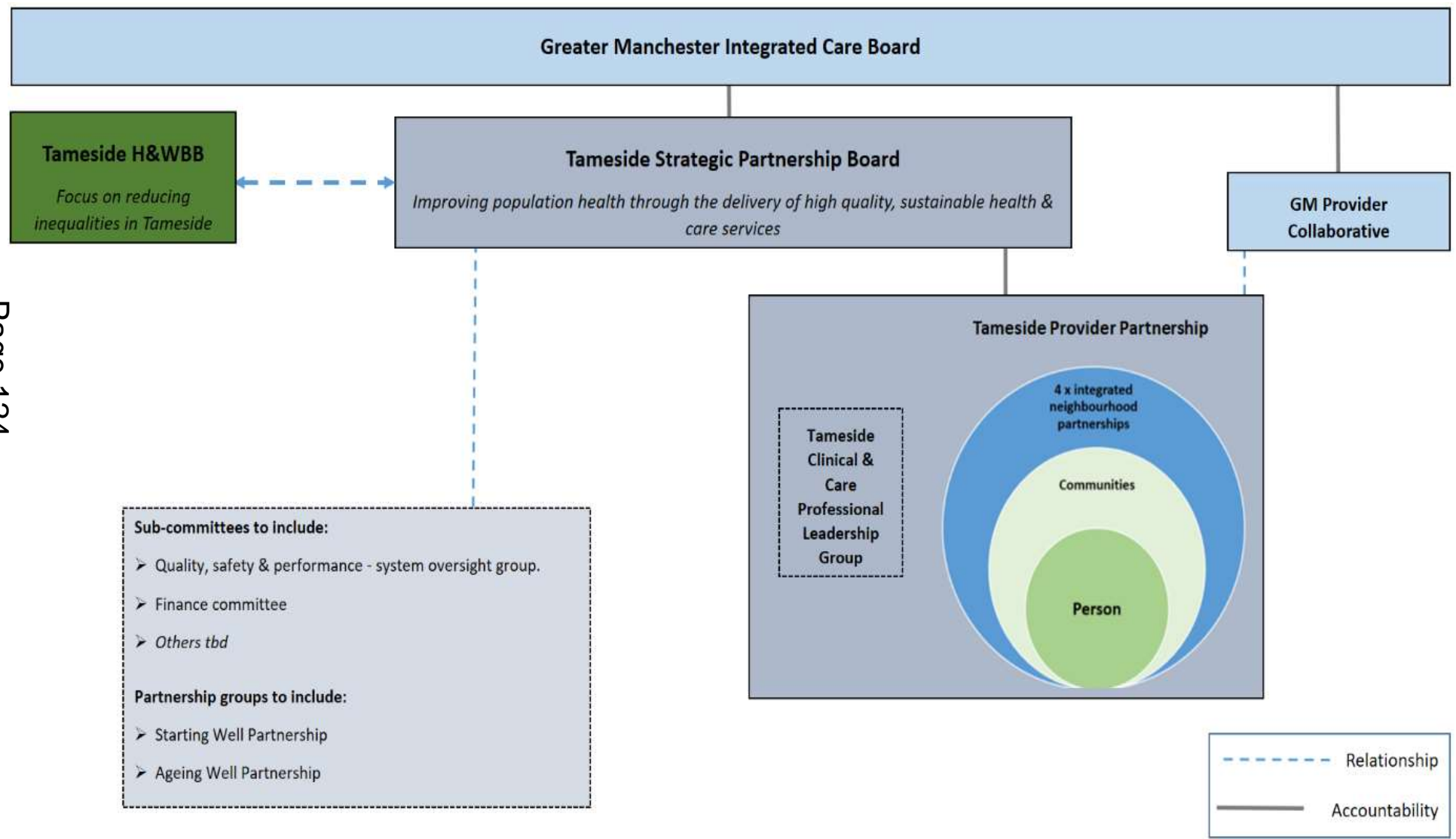
# The GM Model of a Population Health system

Health and Wellbeing Boards support the 'primacy of place' and the principle of subsidiarity in health care and wellbeing planning, commissioning and delivery



# Summary of DRAFT Governance

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# A Population Health System Approach in Tameside

- Consideration to 'recast' Tameside HWB to focus on developing the population health system as its unique role in the partnership arrangements
- HWB as a principle forum for system leaders to drive forward work on addressing health inequalities in the borough
- In undertaking its workplan for 22/23, the HWBB will have regard to implementing the GM Model of a Population Health system, the Independent Commission on inequalities in GM (2021), and the GM wide Marmot Review (2021) into health inequalities.



## Recommendations for June Development Session

- To ensure the board is working effectively and doing all it can to develop integration and prevention, providing the shared vision, principles and outcomes needed to improve the health and wellbeing of the population.
- The HWB should review its priorities/workplan/membership in the new landscape of system, place and neighbourhood working to ensure that HWB is anchored into system architecture including the development of ICS plans
- To agree targeted areas of focus to inform a focused 22/23 forward plan for the Board

